

**A STUDY OF HPV VACCINE ACCEPTABILITY: THE ROLE OF
FEMALE PRIMARY CAREGIVER ASCRIBED ADOLESCENT
GENDER AND SEXUALITY IN LIMA, PERU**

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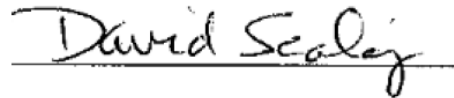


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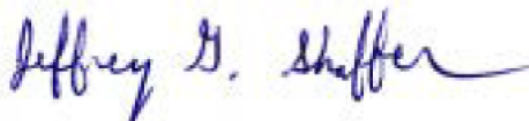
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ACRONYMS

AG	Ascribed Gender
AG-F	Ascribed Gender - Female Scale
AG-M	Ascribed Gender - Male Scale
AS	Ascribed Sexuality
AS-F	Ascribed Sexuality - Female Scale
AS-M	Ascribed Sexuality - Male Scale
ASI	Ambivalent Sexism Scale
AWS-15	15 item Attitude Towards Women Scale
BSRI-12	12 item Bem Sex Role Inventory
EPI	Expanded Programme on Immunization
FPC	Female Primary Caregivers
HPV	Human Papillomavirus
INEI	Instituto Nacional de Estadística e Informática (Peru's National institute of Statistics and Information.)
IRB	Investigational Review Board
LMIC	Low- and Middle- Income Country
MINEDU	Ministry of Education of Peru
PCFA	Principle Component Factor Analysis
SDSS	Sexual Double Standard Scale
STI	Sexually Transmitted Infections

ABSTRACT

All three vaccines available for the prevention of Human Papillomavirus (HPV) related diseases are intended for use in both sexes before sexual debut, with first doses generally recommended between 9-13 years of age. Yet, parents have frequently expressed hesitation giving their child the HPV vaccine for several reasons including fears about sexual promiscuity, concerns about tacitly condoning sexual behaviors, and inducing sexual debut at earlier ages. While several countries, including Peru have been successful using school-based programs to promote HPV Vaccination, series completion rates vary greatly in developing countries. Further, few studies have evaluated how perceptions of adolescent gender roles, and sexuality affect HPV vaccination series completion or how these beliefs shape parental perception of susceptibility to sexually transmitted Infections (STIs) including HPV infection.

The purpose of this dissertation is to describe the role female primary caregivers' (FPC) beliefs about their child's gender and sexuality play in shaping their perceptions of susceptibility of STIs, including HPV and their acceptance and completion of the HPV vaccination series. First, FPC construction of pre-adolescent sexuality was determined to be dependent upon "othering," namely constructing other people's pre-adolescent children as hypersexual and predatory, often in-line with traditionally negative gender tropes, while at the same time constructing their pre-adolescent's sexuality in terms of asexuality. Second, principle component factor analysis was conducted to construct 4 new, sex specific scales assessing caregivers ascribed gender and sexuality for their child. Finally, unlike FPC of male children, FPC of female children who prescribe greater sexuality to their child were determined to be more likely to perceive a greater degree of

susceptibility to STIs, including HPV. FPC of female children who maintain a traditional sexual double standard – that is they are more accepting of sexual behaviors in boys than in girls - are also more likely to ensure their female child completes the HPV vaccination series.

INTRODUCTION

It is estimated that more than 500,000 women globally are diagnosed with cervical cancer each year. Cervical cancer accounts for approximately 250,000 deaths annually, 88% of which occur in low and middle income countries (LMIC).¹ In Latin America, cervical cancer is the second most common cause of cancer-related deaths among women with an annual reported incidence of 21.2 per 100,000 women and a mortality rate approaching 8.7 deaths per 100,000 women. This is projected to increase by 45% by 2030.¹ Within Latin America, Peru has one of the highest mortality rates of cervical cancer in the region.² With 34.5 new cases per 100,000 women per year, an estimated 2098 deaths are attributed to cervical cancer annually making it the most common cause of mortality among Peruvian women 25-44 years old.^{3,4}

HPV is the most common sexually transmissible infection among sexually active men and women worldwide.⁵ While most HPV infections will be asymptomatic, transient, and clear spontaneously, it is now widely recognized as the causative agent of most cervical cancer and has been associated with increased incidence of various anogenital, oral, and neck cancers in both women and men.⁵⁻⁷ While a meta-analysis of HPV prevalence studies found that global prevalence of the HPV is 10.4% among women with normal cytology, the prevalence differs by region with Africa having the highest prevalence at 22.1%, followed by Central America and Mexico at 20.4%, South America at 12.3% and North America, Europe, and Asia at 11.3%, 8.1%, and 8.0% respectively.⁸ Multiple HPV strains are capable of infecting the anogenital tract and oral cavities, yet only a high-risk subset of these are oncogenic. The two most frequent high-risk strains -

HPV-16 and -18 - are present in 60-78% of cervical squamous cell carcinomas and 72-94% of adenocarcinoms.⁹ While Peru has among the highest prevalence of high risk strains of HPV in the region, this increased prevalence is similar to other middle and low income countries.^{2,8,10,11}

Since first licensed in 2006, several vaccines for HPV have been introduced in countries around the world mainly targeting young adolescent girls ages 10-14 years.¹² While the specific recommendations for vaccine administration vary by country, the World Health Organization currently recommends vaccinating all adolescent girls 9-14 years of age with vaccination commencing before sexual debut over a six-month period using a 2 to 3 dose schedule.¹³ Data about vaccine uptake and series completion in developing countries is frequently missing. Estimates, based on converted birth-cohort-specific rates using an imputation model to account for missing data, and applied to global population estimates and cervical cancer projections in 16 Latin American and Caribbean countries, show that by October 2014 only 22% of 10-20 year old Latin American and Caribbean women are likely have received at least 1 dose and only 19% are likely to have received the full course.¹² Peru, like many countries, established a government sponsored, school-based HPV vaccination program for girls between the ages of 9-13 years old, which would be supplemented by vaccinations offered through medical facilities to both male and female adolescents.^{14,15} While there is limited literature addressing VUSC within Peru and LMIC generally, school based programs of this type generally have high vaccine uptake and series completion rates while health facility based programs lag behind in both metrics.¹⁵

Despite the general success of school-based programs, many Latin American countries are currently reporting a decrease in uptake of the first dose within their public programs; a pattern only observed with the HPV vaccine.¹³ Nogueira-Rodrigues et. al. reported in January 2017 that Brazil saw a 23% decrease in uptake of the first dose of the HPV vaccine between 2014 and 2015 while Mexico saw a similar decrease between 2009 and 2015. Colombia, despite having the second-best vaccine uptake in the world at 97.5% in 2013, saw coverage decrease to 20.4% by the end of 2014.¹³ This trend makes it important to recognize that the HPV vaccine has distinct characteristics and barriers to overcome to devise optimal immunization strategies.

One of these barriers is the belief among caregivers that the vaccine may disinhibit adolescent sexual activity or promote unsafe sexual behaviors as frequently discussed in the literature and in the media along with various gender and cultural beliefs.^{16,17} While researchers within Peru have consistently identified an undercurrent of HPV vaccine hesitation among parents based in beliefs and attitudes around fears of precocious adolescent sexual activity or maturation,^{3,18-20} several studies from around the world have found that adolescents do not change their sexual behavior after receiving the HPV vaccine.^{29,21-24} These beliefs however remain a frequent topic of concern among some caregivers worldwide.^{3,19,25-27} To address this barrier, this dissertation examined HPV vaccination beliefs, attitudes, and behaviors in light of caregivers beliefs about their adolescent child's gender and sexuality, an innovative approach to understanding acceptability of the HPV vaccine that has been understudied in the literature. This allowed for a better characterization of factors that impact vaccine acceptability and vaccine uptake rates.

Research Questions

The goal of this project is to understand if FPCs' beliefs and attitudes about adolescent gender and sexuality affect the acceptability of HPV vaccination, specifically FPCs perception of susceptibility to STI's including HPV in Peru and their decision to complete the HPV vaccination series for their child. This information will provide insights into how beliefs about adolescent sexuality and gender affect caregiver decision making involving adolescent reproductive and sexual health. We believe that FPCs who hold more traditional beliefs and attitudes about adolescent gender and sexuality will have lower perceived susceptibility to STIs, including HPV and be less likely to complete the vaccination series while those with less traditional views will perceive greater susceptibility and greater rates of series completion.

To examine this, there were several research questions:

RQ₁: How do FPCs construct adolescent gender and sexuality within the study population?

RQ₂: Do FPCs with more traditional adolescent gender and sexuality constructions perceive less susceptibility to STI's, including HPV for their child than FPCs with less traditional adolescent gender and sexuality beliefs and attitudes?

RQ₃: Are FPCs with more traditional constructions of adolescent gender and sexuality less likely to complete the HPV vaccination series for their children than FPCs with less traditional adolescent gender and sexuality beliefs and attitudes?

These contributed to the completion of a dissertation composed of three papers including 1) Ascribing Pre-adolescent Sexuality in Lima, Peru – Exceptionalism As a Key Narrative, 2) Ascribed Gender and Sexuality Scales: Measures of Parentally Ascribed Beliefs Constructions of Their Own Children, and 3) HPV Vaccine Completion In Light of Caregiver Ascribed Gender and Sexuality and Sexual Double Standards.

PAPER 1: “SHE STILL PLAYS WITH DOLLS”: PARENTAL CONSTRUCTIONS OF GENDERED AND SEXUAL IDENTITIES OF ADOLESCENTS IN LIMA, PERU

Abstract

The purpose of this study was to assess female primary caregiver’s (FPC) construction of pre-adolescent sexuality and gender and understand the role their child’s age and sex play in shaping these constructions for their child. Thirty in-depth interviews were conducted with FPCs of varying socioeconomic status from urban neighborhoods in metropolitan Lima. Transcriptions were analyzed for emergent themes, in accordance with grounded theory, using an open coding approach followed by focused coding in order to identify tacit meanings and actions to elucidate key themes and categories. Two main narratives emerged representing discursive constructions of pre-adolescent sexuality – asexual and hypersexual – a distinction that largely revolves around whether they are speaking about their child or someone else’s. This discursive construction of pre-adolescent sexuality was supported by several cultural, social, and psychological discourses for adolescent sexual activity. By painting pre-adolescent sexual activity in terms of danger, deviance, and parental failures, FPCs were able to draw a distinction between the majority of pre-adolescents who they believe participate in these negative behaviors, compared to their own inherently asexual, exceptional, innocent, and “good” children. While this distinction was held by most parents regardless of the sex of their child, stereotypical gender tropes frequently played a role on their hypersexual construction of adolescent sexuality. As has been found in other studies, FPC construction of pre-adolescent sexuality is dependent upon “othering,” namely constructing other people’s pre-adolescent children as hypersexual and predatory, often

in-line with traditionally negative gender tropes, while at the same time highlighting the childlike characteristics of their own pre-adolescents, constructing their sexuality in terms of asexuality and innocence. Understanding, this discursive view of pre-adolescent sexuality is essential for interventions to change parenting behaviors including early sexual education, HPV vaccination, and introduction of contraceptives.

Background

Within the last 60 years, adolescence as a period in the life course has gradually gotten longer as puberty has started earlier, and social and economic forces have delayed entry into adulthood.^{28,29} This has resulted in the fragmentation of adolescence with pre-adolescence (as it will be referred to hereon) or the period between the ages of 10-14, emerging as a separate stage in the life course.^{30,31} Marking a critical transition between childhood and late adolescence, pre-adolescence encompasses not just puberty, but the emergence of all the physical, cognitive, and social changes associated with more mature adolescence and adulthood. As a transitory phase in the life course, the way in which society views the sexuality of pre-adolescents is not well understood, with this distinct group of adolescents frequently falling through our discursive conceptions of childhood sexuality – that historically constructed around moralistic notions of victimhood and asexuality^{32,33} - and adolescent sexuality – largely thought of as hypersexual.³⁴⁻³⁷ This paper seeks to explore the sexual identity of pre-adolescents and how it is socially and historically negotiated and then incorporated into their identity. The difficulty with this, however, is that the socially constructed sexual identity of pre-adolescents may represent a middle ground between the asexuality and innocence of childhood and the perceptions of hypersexuality of adolescence.³⁸

For the past two decades there has been a growing interest in pre-adolescents, and their sexual and reproductive health needs among public health practitioners.³⁹⁻⁴¹ This is based in the recognition that while this life stage represents one of the healthiest periods of life, it also represents an opportunity to lay the foundation for positive sexual and reproductive health outcomes throughout their life, by intervening when attitudes and

behaviors are still malleable. Despite this opportunity, for many parents this may run afoul to their notions of what their pre-adolescent's sexuality actually entails, and as such, their perception of the need for such interventions (or lack thereof).

A significant body of research exists about how sex and sexuality education are frequently ingrained with contradictory constructions of sexuality. Drawing on interviews with fathers and mothers, Elliott (2010) notes that parents often take a restrictive stance in their lessons to their adolescents about sex and sexuality by focusing on the dangerous or perilous consequences of sexual activity. She, along with other authors, have noted that these restrictions are often based on their assumptions about their own child's innocence while at the same time characterizing other adolescents as sexually deviant.^{42,43} In another study, researchers found fathers tend to promote a sexual double standard in relation to the sexuality of the male versus female adolescent based on views that may be grounded in heteronormativity, traditional views of gender and sexual hierarchies, and feelings of parental responsibility as a model of heterosexual relationships and sex.⁴⁴ In the Peruvian context this is observed in Nencel's (1994) study examining constructions of male sexuality.⁴⁵ In her interviews with men about obtaining sex from sex workers beginning in adolescence, she notes that the essentialist notion of male sexuality and desire becomes fragmented from emotion allowing men to create different sexualities for women; those who serve only as sexual outlets (sex workers) and those with whom they want more serious, emotional relationships (girlfriends, wives). She argues that this fragmentation is then justified based on perceptions of a woman's acceptability as part of their social circles. While this body of research focuses on adolescents generally, to our knowledge, constructions pre-adolescent sexuality has not

been specifically characterized. Yet, this opens the possibility that caregivers construct their pre-adolescent's sexuality in such a way that it downplays the risk of sexually transmitted infections, like HPV, while also maintaining the historically and socially ingrained discourse of adolescence as a period bound by sexual impulses, bad decisions, and trauma. Drawing on 30 in-depth interviews with FPCs of varying socioeconomic status from urbanized neighborhoods within metropolitan Lima, this article examines caregivers' understanding of pre-adolescent sexuality specific to the Lima context and how conceptions of age and gender shape their understanding. This study will be used to inform the development of a quantitative measure of parentally ascribed gender and sexuality scripts to be used in a larger HPV Vaccine acceptability study.

Sexual Script Theory and Sexual Ascription

This topic was approached with a Foucauldian understanding of Simon and Gagnon's Sexual Script Framework which is useful for linking culture to the individual psyche.^{38,46} According to Sexual Script Theory, all social behavior, including sexual behavior, is socially scripted.⁴⁶ These scripts are shaped by socially prescribed discourses that vary according to ideals of masculinity and femininity as defined by the particular culture, and by socio-demographic factors including race, social class, geography, ethnicity, and age.⁴⁷ Because sexual scripts have three major dimensions - cultural, interpersonal, and intrapsychic - each of which shape an individual's behavior, sexual discourse often vie for prominence in the minds of actors. Reshaped to fit everyday life, discourses can reinforce each other while also contrasting and contradicting one another. More importantly for this paper are the socio-sexual discourses that shape sexual mores

and expressions of sexuality which are linked to power structures, values and culture within a particular society. As such, in this context, sexuality is more closely related to the sexual scripts associated with the sexual actors than the act of physical sex. Hence, sexual ascription as described by Nagel (2001) is most relevant. This refers to the assignment of sexual meanings, evaluations, and categories to others, which are often linked to personal characteristics such as age, race, or ethnicity and used to justify systems of inequality. Sexual scripts then are assigned to us, shaped by our personal characteristics and the meanings those carry for the people we interact with.⁴⁸

Sexualities in Peru

Several scholars have suggested that the study of the sexual must adopt a contextual approach in which sociocultural, historical, and political landscapes that may influence the construction of sexualities are considered.^{38,49} However, the limited scientific literature on the social construction of adolescent sexuality within the Latin American context impedes this approach. The historical construction of adolescence and adolescent sexuality throughout the western world (primarily the US and western Europe) as well as its similarities to adolescent sexuality within Latin America has been well studied.^{36,50-52} While these sources help us understand sexuality within the Peruvian context, especially in our globalized society, they fail to account for Peru's unique culture and history.

Marked by a close relationship between the ruling class and the Roman Catholic Church throughout much of its history and the virtual extermination of pre-Columbian notion of sexuality, adolescent sexualities in Peru have long been defined in terms of

conservative Judeo-Christian views.^{53,54} It wasn't until the 1970's that Peru adopted some form of population education in schools, which only later expanded to include a more holistic approach to reproductive education that encompassed the social aspects of sex and sexuality for young people.^{55,56} In fact, the church maintained significant influence until the election of Alberto Fujimori in the 1990s when his neoliberal and authoritarian policies about permanent surgical sterilization constituted a clear break with Roman Catholic teachings.⁵³ Yet, the overreach of these policies and the human rights abuses of the Fujimori administrations gave conservatives and religious groups grounds for eventually demanding the end of all state funded family planning services and a return to sexual conservatism.^{56,57} This political shift resulted in conservative policies for adolescent reproductive and sexual health including the condemnation of premarital sex, homosexuality, condom use, and the promotion of abstinence and natural family planning.^{53,57,58} Meanwhile, the terms "gender", "sexual and reproductive rights", and "sexual orientation" were censored from Ministry documents.⁵⁷ Moreover, as part of their effort to justify conservative policies, these groups invoked much of the entrenched gender roles associated with machismo in order to appeal to the conservative sexual values within Peruvian society which over the past 40 year had been challenged in Peru through various feminist movements.^{53,59,60} While the 2000's saw the reversal of many of these far-right policies,⁵³ the ideas enshrined during this period persist in the public consciousness today and has created a conservative version of adolescent sexuality which continues to be propagated through social movements like the gender ideology movement.^{61,62} This movement, which represents a traditional view of sexuality based in heteronormative gender roles and conservative sexual values, has gained support from

several groups on the right, including various religious denominations, the Roman Catholic Church, and several conservative politicians⁶³⁻⁶⁶ demonstrating the immense influence religion, conservative politics, and traditional gender roles, have in the construction of Peruvian sexualities even today.

Methods and Data Collection

Study site

This study was conducted in the capital city of Lima, Peru, with an approximate population of 10 million people, representing almost a third of the population of the entire country.⁶⁷ The province of Lima is divided into 4 administrative areas, with 30 urbanized districts making up metropolitan Lima, along with 13 rural, more sparsely populated districts.⁶⁷ According to Instituto Nacional de Estadística e Informática (INEI), Lima is considered a young city with those below the age of 30 making up more than half the total population.⁶⁸ While socioeconomically diverse, over the past 15 years Lima, along with the rest of Peru, has experienced one of the most significant drops in poverty in the region with the incidence of poverty declining by up to 61% by 2014.⁶⁹

Site selection

“Private” schools – defined in Peru as having some tuition or fee associated with enrollment -- made up fifty percent of all enrollments in basic education in Lima in 2016.^{70,71} Thirty private schools were chosen at random from a list of 5308 schools accessed from the Ministry of Education (MINEDU). Schools were identified across

three tuition strata (10 schools per strata): less than S/.200/month (equivalent to approximately US\$60 or less), S/.201-500/month (~US\$60-\$150), and S/.501 or more/month (~US\$150 or greater). While it did not affect site selection, the geographical distribution of the 30 selected schools was examined using ArcGIS. Selected schools were located in 19 of the 30 districts that make up urbanized metropolitan Lima.

Using the World Health Organization's Expanded Programme on Immunization (EPI) sampling strategy, within the immediate neighborhood of each of the 30 randomly selected schools, 1 FPC was selected to be interviewed according to a purposive framework to ensure equal representation of FPCs according to their child's age (between the ages of 9-13) and sex; 6 per age group divided evenly, 3 male and 3 females. Refusals were sparse, though efforts to account for non-response bias were not actively undertaken. In order to approach thematic saturation and reach redundancy, a total of 30 in-depth interviews were conducted. Saturation – a common sampling strategy used in qualitative studies -- of conceptual categories and clarification of relationships was expected at around 20 interviews, but I pursued 30 to maximize the chance that negative cases and hypothetical negative cases were explored in the data.⁷²

Recruitment

Participants for the in-depth interviews were recruited from the immediate neighborhoods of private schools representing different socio-economic status and geographic regions of the city. The PI (TM) and an assistant (AD) conducted thirty in-depth interviews with a socio-economically diverse group of FPCs of pre-adolescents in Lima, Peru. Interviews ranged between one to one and a half hours and were conducted

in public places, including cafes, restaurants, and parks, with both TM and AD being present at all interviews.

A guide was used to lead the in-depth interviews to ensure each of the main themes were covered, including HPV vaccination status and acceptability and the caregivers' beliefs and experiences about their child starting puberty, dating, and eventually sex. FPCs were asked to think of only their child within the 9-13 age range when answering questions. To account for the range of ages of the children in question, an expansive view was taken to define each of these behaviors to include not just formal courtship and penetrative intercourse but also more innocent and casual behaviors including having a "crush" or "liking" someone, kissing and/or light "petting." Interviews were conducted using predominantly open-ended questions that elicited narrative responses in order to explore the context and meaning, interaction, and possible contradictions in the responses. All interviews were tape recorded and transcribed verbatim. Participants were never asked their names and any names mentioned during the interviews were changed during transcription. Pseudonyms will be used throughout this article for ease of understanding.

Analysis

Transcriptions were analyzed for emergent themes in accordance with grounded theory.⁷³ By collecting and analyzing contextual data (i.e., situations, environments, life circumstances) surrounding primary areas of interest (i.e., HPV vaccination and adolescent gender and sexuality), we are able to rearticulate aspects of FPCs' adolescent gender and sexuality beliefs and attitudes that we may not otherwise be able to describe.

Field notes for the in-depth interviews with FPCs were reviewed and used as a complement to the transcriptions, but not formally analyzed.

A multistage approach was employed for the first five transcripts, which were independently read and reread carefully by two coders (TM and MG) employing open coding; a process whereby each coder analyzed the data line by line in order to build larger concepts and categories. Each coder then employed focused coding which uses open codes as a guide, but attempts to reassess tacit meanings and actions found in open codes in order to further develop the understanding of key themes and categories.⁷⁴ TM and MG met to discuss and compare open and focused codes to identify redundancies, categories, and subcategories, as well as emergent themes, in order to create a synthesized codebook. The next 5 transcripts were then double coded using this synthesized codebook. When necessary, modifications to the synthesized codebook were made by each coder; discrepancies in coding and changes to the codebook were discussed in regular team meetings until consensus was reached at which point the previously coded transcripts were recoded with the new modified codebook. Decision trails were noted and documented to ensure that interpretations were supported by the data. This process continued iteratively until each transcript had been double coded with a final codebook, and all discrepant codes between TM and MG had been discussed and agreement reached. All analysis was conducted using Dedoose (V. 3.2.14).⁷⁵

Ethical Considerations

Ethical approval was granted by the Institutional Review Boards (IRBs) of Tulane University School of Public Health and Tropical Medicine and from the Asociación

Benéfica PRISMA (a local non-governmental organization). Verbal consent was obtained from all participants, as approved by both IRBs – a copy of the consent form was given to the participants. The study objectives and participant expectations were read out loud to facilitate their understanding. Any questions that participants posed were answered prior to starting the interviews.

Results

The 30 study participants represented a range of socio-economic levels, as designed. The average age of participants was 42.3 (range: 25-60, n=27). Equal numbers of participants were recruited around low, medium, and high tuition level schools. All participants identified as either Catholic, or other Christian denominations, including Evangelical or Jehovah Witness. Most interviews were conducted with FPCs alone, although in two interviews a female friend was present and in one interview, a male partner quietly sat next to the FPC.

Two main narratives regarding pre-adolescent sexuality emerged in interviews with caregivers representing discursive constructions of pre-adolescent sexuality. The first narrative assumes one's child is unique among his or her peers, sexually innocent, and possesses a certain degree of naiveté. This narrative was widely shared among caregivers in the sample and was used to develop one construction of pre-adolescent sexuality. The second narrative identified was one in which caregivers assume that other pre-adolescents are sexually precocious, sexually motivated, and sexually liberated. While being highly gendered, this understanding reflects the dominant discourse of sex as an uncontrollable urge to which adolescents are uniquely vulnerable and establishes a

moral imperative. Each of these two narratives are described in more detail below and summarized in Table 1. While English quotes are presented in text along with the gender of the child of the participant, all original Spanish translations are presented in Table 2.

Constructing “My” Asexual Pre-Adolescent

Exceptionalism – Naiveté and Innocence

Almost every FPC characterized their own child as naive and/or innocent in this study. One mother commented about her daughter *“Sure, because [...] she is still so innocent, very innocent [...] She spends more time with her dolls, she is with her dolls, until now she wants her dolls...”*-Female (Q 1.1.1) while another commented about her son- *“what happens is that I still see that..., what I see every day is that ... his mentality is still that of a child, right... He plays, he is with his friends, it’s, it’s typical of his age ...”* – Male (Q 1.1.2). For these quoted women, accentuating the childlike behaviors of their children seemed to reinforce their views of their children as immature, sexually naïve and unready for discussions about puberty, relationships, or sex.

This innocent profile was frequently created in comparison to their child’s pre-adolescent peers. Like many women, when asked about the sexual development of her 13-year-old son in relation to other pre-adolescents, one mother not only draws a distinction between the way she views her son’s sexuality and that of adolescents generally, but tries to justify this distinction by noting:

“That they are more... More advanced! They already know more. Maybe I’ve raised my son very... I’ve overprotected him a lot, you understand? I have not let

him out, it's not that there's not much, but ... I think I've made them more homebodies, they stay at home more." – Male (Q 1.1.3).

In fact, in constructing their children as asexual, most caregivers rely on what they perceive as some special characteristic of their child to draw a distinction between their understanding of their child as young and immature as opposed to other children of similar ages. Twenty-one women compared some characteristic of their child's personality to other children, in which their child was either calmer than other pre-adolescents, more obedient, more responsible, more immature, or simply not interested in sexual behaviors. One woman noted about her daughter "... *she has turned out more responsible, yes, she has turned out very responsible, imagine, right now she wants to work.*" – Female (Q 1.1.5), while another said, "*So far, I do not see it like that she changed suddenly like her other friends, but yes, I see that her friends are very, like, 'moviditas' [party a lot].*" – Female (1.1.6).

Most caregivers also relied on some aspect of their parenting to differentiate their own children -- perceived as sexually naïve -- and other pre-adolescents, viewed as hypersexual. Their comments focused on their involvement in the child's life and their level of communication, both generally and specifically about sexual and reproductive health. Typifying this was a comment by one woman about her daughter

"What I have gone through, my daughter is not going through, because, at least she has a mom and dad who are there, that tell her what is bad, tells her what is good, they are advising her, they are watching her. Something that in my case I

did not have a good mom, a good dad who told me that is wrong, that's fine. So, I did it because I was a girl and I was out in the street but my daughter is not like that. My daughter is at home, she goes to school, she does not go out." – Female (Q 1.1.7)

Many said (either explicitly or implied) that they didn't believe other parents had exhibited the same "positive" behaviors. Twenty-two women described how their involvement supported the notion that their child was parented in a way that maintained their child's innocence or instilled values that made them less likely to be sexually curious or fall victim to poor sexual outcomes. While Emma, when asked if she viewed raising adolescents as a challenge, implied this by saying *"It's not a challenge, the thing is to advise them and talk to them and trust them too"* -Female (Q 1.1.8). Another woman, when describing how her daughter was distinct from other adolescents, stated it more directly by saying *"I think we have given her more information, talk a lot about her sexuality, now that she is 12 years old, inform her a little bit more, so that she knows and is more informed, so that, suddenly, she does not make mistakes later"* – Female (Q 1.1.9). Other caregivers implied that it was their unique closer relationship which led to more open conversations speaking to the quality of conversations and relationships they felt they had. In describing how her 13-year-old daughter was different from other adolescents today, Lucia mentioned that *"not many teenagers talk about these things [sex] with their parents"* and when asked to clarify said,

"So there are a lot of teenagers who sometimes do not have much confidence with their parents and I always have, I have ... I have always dedicated myself to putting... I am very social almost with everybody. I like to advise young people, I like to talk to young people, I like this ... support them. Suddenly, as I say, not always economically but, that is, my... idea, my intelligence that can support them by advising them." – Female (Q 1.1.10-11)

In other words, these caregivers believe that their comparatively open conversations to most other adolescent-parent relationships makes their children more informed about avoiding sexual behaviors, and allows the caregiver to view their children in an asexual or more innocent light.

Several FPCs relied on the values they have tried to instill in their child in order to shape their construction of their child's sexuality in comparison to other pre-adolescents, especially for boys, though not exclusively. These values frequently included responsibility, restraint, and respect, suggesting that caregivers viewed adolescent sexual activity as irresponsible, deviant, a temptation which was disrespectful, and to be avoided. One FPC noted:

"When I look at teenagers, yes, I have seen cases of children already, of my daughter's age, in the little park they are kissing, hugging and I do not think it's good, right? I do not think it looks good, already, little kids..." – Female (Q 1.1.12).

Meanwhile Martina, when discussing how she believes her 9-year-old daughter is different than other pre-adolescents today, pointed to the values she tried to impart on her daughter, noting that she has taught her daughter about the consequences of one's actions, suggesting that this be applied to everything from online bullying to "more serious things." This focus on consequences and responsibility associated with sexual activity was shared by a few FPCs who linked these values to various religious convictions which would make their children more likely than other pre-adolescents to be careful in relation to sexual behavior. Quick to draw a distinction between their pre-adolescent child and their child's peers one mother noted about her daughter "... *she's not like going out like that, to parties, she does not like it. As I made her read biblical passages since she was little, then she... is very careful* " – Female (Q 1.1.13) while another said:

"If you follow that Church of Jehovah's Witnesses because as I repeat there is advice on values, right? On ... values, principles. How a relationship has to behave, a puberty must behave, how it should be with their parents, in their work, their peers, that. " – Female (Q 1.1.14).

Three caregivers were aware that though they may wish that their child was different than how they perceive pre-adolescents today, their child is likely the same and will progress through adolescence in a similar way as to their peers. One mother exemplifies this way of thinking when she says about her daughter:

"I would like it to be different, I would like her to be a girl of modesty, of respect, I would like it, because I talk to her and I do not think it goes in one ear and out the other, but sometimes one commits mistakes, I do not know." – Female (Q 1.1.15).

Denial of Sexual Agency – Age, Maturity, Responsibility

Another theme within the asexual pre-adolescent narrative was the denial or lack of recognition of pre-adolescent sexual desire and agency due to perceived barriers such as lack of maturity and financial responsibility, and the caregiver's own concerns about the perceptions of their parenting ability. Caregivers use their construction of their children as naïve and immature to support their understanding of their children as not being capable of desiring sex or relationships, acting on those desires, or managing the accompanying responsibilities. Twenty-three caregivers expressed some sort of fear of their child as a sexual being, either in relation to the responsibilities and risk that accompany sexual activity or the denial of their child's agency in desiring sexual or romantic relationships. For example, when one FPC's 13-year-old son shared with her that he liked a girl and expressed interest in having a girlfriend she responded:

"No!" I said, 'They are all your friends, when you are in university you are going to choose the one you want, you are going to choose the majors, you will have girls... in university, you are going to choose the girl you want! You cannot define anything because you still do not know what you want, right now you want a

green polo, then you want a black polo! [...] Don't you think you're too small,' I said, 'to have a crush ... they are all your friends!' I said. 'Mmm ... I'm not going to touch the subject anymore' ... " – Male (Q 1.2.1)

Another FPC noted a similar response when her daughter expressed interest in a boy by saying:

"Yes, that is, she tells me that her friend has bothered her, or also when she was studying in the other school, she told me, second grade, she told me: 'Mom, there is a little boy that I like', then I said to her: 'How can you like him if you are still a little girl,' I have tried to talk to her." – Female (Q 1.2.2)

Most caregivers linked this lack of maturity to some age cutoff before which they had difficulty seeing their child as having sexual agency as noted by one FPC when describing how she may feel when her son starts to want a girlfriend:

"E: I do not know ... If he's a certain age, yes, that is, I would understand...

I: At what age?

E: Mmm ... 25-26." – Male (Q 1.2.3)

Several FPCs also did this by referring to an independence discourse in which in which economic stability was a prerequisite to sexual activity. When asked when she thought her son would be ready for sex, one mother responded:

"E: Oh, I think ... when he's a person, like ... accomplished...

I: Accomplished ...?

E: I mean that you have finished your studies, be a professional, right, that you already have a stable job, I think that there, there yes." – Male (Q 1.2.4).

In fact, when asked when they thought their child would be ready for sex, most caregivers stated ages well into their twenties, or at the very least, above the age of 18. While this is in line with the legal age of maturity in Peru, for many this was in line with when they personally considered someone an adult and able to be financially and emotionally responsible for the consequences of sexual intercourse. Frequently this denial of sexual agency seemed to be linked to their caregiver's own identity as a "good parent." Emilia talks about the confluence of these two ideas when asked at what age she thought people were ready to have sex:

18 years, 20 years. Because a young man, look, a young man gets a girl pregnant. So, she gets pregnant, two teenagers raise a child. The girl laughs, the boy laughs, they do not realize that this baby is going to need someone to take care of him, someone to guide him. What are the young people doing?! They leave the child with the grandmother and go to the disco; the boy suddenly goes home ... Not all are mature. So ... and why give that, that, because the parents do not guide them, we do not teach them then the child, right? Then the child grows up immature. They are 15 years old, they are children, they do not have the ability to

think, to discern ... Now, they get pregnant, well, whatever the child is raised, how do they raise that child? -Female (Q 1.2.5)

Here she uses a legal guideline that establishes adulthood, a point at which Emilia is no longer legally responsible for the actions of her daughter, to establish an age at which she thinks initiation of sexual activity is acceptable, while also linking it to her parental responsibility to “guide” her child through adolescences which she later said ended around the same age. This denial of sexual agency during adolescence, or at least until they achieved financial independence, went hand in hand with the view that pre-adolescent sexuality is a threat due to the possibility of disease or unintended pregnancy which in turn was viewed as a barrier to their child’s education, future success and their own status as successful parents. As one FPC noted about her son:

“Sure, because I already think that all of a sudden, he will not take interest in studying, and suddenly, he will think of other things [...] I talk to him a lot, I say ‘Look son, at this moment, what you have to do is study hard, be someone in life, then you can think of girls, of love, because everyone at some moment falls in love, but you always have to be with our studies, and leave what we want for tomorrow later’.” – Male (Q 1.2.6)

Denial of Sexual Agency – Peer Pressure and Victimization

The influence of peers and the pressure to have sexual relationships during adolescence was a concern for several caregivers. Several caregivers disregarded their child's sexual agency by encasing it within the idea of their child as a victim. When Isabella's 11-year-old son casually mentioned to her how boys in the next grade up from him all had girlfriends, Isabella responded; "*Stay away from that, you don't look for a girlfriend, Period!*" and then later mentioned discussing with her husband the option of changing her son's school to reduce the peer pressure on her son to behave similarly. Isabella has difficulty understanding her son as a sexual being in two ways; she has difficulty seeing her son as being ready for romantic relationships, but also removes his sexual agency by imagining that any romantic relationship he may be interested in would be the result of peer pressure instead of through his own volition. This idea that their child would be pressured or manipulated into unwanted sexual acts or relationships by either friends or a romantic interest was common among several caregivers, especially among those with female children. Similarly, most caregivers of female children frequently portrayed boys as deceitful, and willing to say and do anything to get sex. Meanwhile, half of caregivers of male children portrayed girls as manipulative, using sex to get their way, or trying to trap boys as described by one FPC with a son when asked how women and men are today.

"E: The women of today, the girls of today are very materialistic, right? They see the boys, the quieter ones perhaps as a means of having a lover, as they say, steady and those who are quote unquote more fun are those who take them out dancing, with those who have good sex with, right? And ... but they do not want to

leave the quieter one, right? Because they know he's a good catch, because they know that boy is not going to be unfaithful but sometimes because those masks cannot be hidden, they always come to light and well, it happens that in the end the good boy gets disappointed. And ... this, and the girls are like that, that is, there is everything. As I tell my son, that [behavior] it is not the common denominator [for women], they are a part but you have to know that the girl can be easy come, easy go, promiscuous in contrast to a girl who wants to study, who wants to move forward, wants something different, who cares for a future and who later thinks about forming a good family. [...] The boys the truth is that there are ... according to the upbringing, according to the breeding always opt for the easy, others very hard, have passed such bad experiences that always apply, as they say, the law of ice. Just like the girls but they are also indifferent, they no longer have exclusivity, right? This ... there are no manners, they are a little rough, that is, they propose so easily or so openly to have sex and like ... they feel that way, very sure of themselves and the truth is that, well, I am disappointed because I see that, I see where the values are, right? Well, the children I see, most of them are not raised with values, there is no presence of parents, there is no presence of parents, there is no respect or anything. Even in the university that I go to, with a lot young people, there, that is, there is none of that. – Male (Q

1.3.1)

Every caregiver, regardless of the sex of their child, also mentioned a concern that their child would fall victim to molestation, sexual abuse, or rape – needing to be wary of adult strangers or male family members (most commonly siblings, cousins, uncles, fathers, or grandfathers). One caregiver with a female child noted

“Well with the... so many things, with this danger that is here now in these times, I only tell her to be careful, not to talk to... other people, at least with pers..., with older men, right? And that he has ... and that she always waits for someone to pick her up or that she is accompanied by someone. – Female (Q 1.4.1)

Often caregivers expressed this concern couched in descriptions of their sexual education conversations with their children. As another caregiver noted in describing her conversation about sexual and reproductive health with her son:

“I have not done it because, I think not yet ... that is, no, as it is not, I think he is not thinking about it yet, that is why I have not spoken to him. But, what I have talked to him about is rapes, that, yes, I have talked to him about this, right?” - Male (Q 1.4.2)

Yet, by using their opportunity to impart sexual education to focus instead on the possibility of malicious occurrences, caregivers yet again highlight their discomfort imagining their adolescents’ as sexual agents and their preference for viewing their children as ill prepared, immature, and naïve.

Constructing “Others” – The “bad” Hypersexual Pre-Adolescents

While caregivers struggled to envision their own child as sexual agents, they frequently described their child’s peers or other pre-adolescents as “sexually precocious” or “sexually advanced.” In characterizing her concern about the HPV Vaccine causing promiscuity, Amanda (Daughter, 12) summarizes this dichotomy well by saying:

“Yes, of course because right now you see many cases of many young children, girls, teenagers, who are not even 12, 13 years old and are already having babies. In the school here, there hasn’t been any cases, but, yes ... that’s why you talk to your children, is not it? With my daughter, that’s what I practice, 12 years old, she is still a girl, right? She plays with dolls.” -Female (Q 2.1.1)

Sexually “liberal” was another term frequently used to describe pre-adolescents generally. One FPC with a daughter noted the sexual nature with which she sees other children dressing by saying:

“The difference is that now the girls are very liberal, they wear tight shorts, they look at you, they go out with the lovers, they get pregnant at a young age. There is a lot of looseness, before this did not happen, it was a taboo that you put on short shorts or a blouse that you see almost half of the breast, that was not used, you used your polo and your normal shorts.” - Female (Q 2.1.2)

Meanwhile another FPC with a son explained:

“Ehh... The only thing I would say to young people who reach a certain age who can practice sex ... don't do that so quickly. Nowadays the boys know a girl and the first thing is ... to have sex.” – Male (Q 2.1.3)

Here I try to characterize the narratives caregivers discuss in relation to this discourse which was frequently described with gender overtones. In order to capture and fully describe the gender nuance that contributes to caregiver understanding of the hypersexual pre-adolescent, discussion among caregivers with male and female children are stratified.

The Aggressive Girl - “The girls now they lure the boys”

Caregivers of boys were nearly twice as likely as caregivers of girls to describe girls as hypersexual, sexually aggressive, and being sexually more aware than their sons. Meanwhile, they were only half as likely to describe girls as victims or naïve. Natalia, who describes her 12-year-old son as “*timid*,” says that she’s worried about the promiscuity she sees in adolescents today, but takes the opportunity to focus on pre-adolescent girls by saying:

“What worries me is the promiscuity, there is too much, and I worry because the girls are not like before, there used to be a few liberal girls and many

conservative girls and now it is the other way around, you have to look for those few girls who are raised well because there is a lot of debauchery.” – Male (Q 3.1.1)

She continued with “[...] *It is not just the women, men have more risk [these days], because if he [sleeps] with a girl, that girl may have had many partners, it's like a tree, like a pyramid, a fan that opens up, right?*” – Male (Q 3.1.2)

Like Natalia, the belief that girls matured faster than boys and were therefore more sexually aware was present in about half the interviews with caregivers of boys and was frequently linked to behaviors they disapproved of for girls as noted by one FPC who was comparing her niece to her son

“E: I think she's going to screw up faster than my son.

I: What does that mean?

E: In her dancing and everything else, I watch her too, she is more awake than my son, more awake.” – Male (Q 3.1.3)

Going out to parties and drinking was a common undesirable trait in female partners for the sons of the FPCs in this study. FPCs of boys frequently discussed warning against these girls' behaviors. When asked what an ideal girl for her son would look like, one FPC responds *“the girls who dress very scandalously now, or who go to nightclubs, those girls no” – Male (Q3.1.4)*. Another notes *“[a girl] that is not crazy. [...] a crazy girl likes to go to parties and drink.” – Male (Q 3.1.5)*

A few FPCs of boys evoked the term “movidas” to describe a girl who is thought to be dating multiple guys; a behavior that was perceived as a risk and looked down upon, almost universally, among caregivers of sons. One FPC describes this well when she says

“Me as a woman, I feel quite uncomfortable, because it bothers me, maybe the word is not uncomfortable, but I feel uncomfortable because they are girls. They are children that are just coming out of the flower, and they have already had sex with one, they already had sex with another and so on. You see, not that I am in bed watching them, but I know when they are with a friend [romantic friend], and they are with another friend [romantic friend] and with another friend [romantic friend]. So, when I see a girl who is ‘movida’ you can tell that she is with a boy and then with another boy.

I: What is ‘movida?’

E: In the sense that she goes to parties, [...] rather that she already had relations with several boys, not with one, but with two, three, boys already. Because they change their boyfriend, the girls are already 17, 16, since they are in the 5th year of high school, they change their boyfriends in the same school. Two, three months [they are] with one, and two, three months they are with another. The girl is not only friends, they are already having sex, you can tell a person who has sex from one who does not have sex, in the way that the girl is ‘movida,’ in that sense I say it.” – Male (Q 3.1.6)

In this way, girls were frequently portrayed as sexual temptresses, who use their sexuality to manipulate boys. This theme was shared by most FPCs with boys and incorporated into the way they discuss romantic relationships with their children as noted by one FPC who said:

“[...] I think sometimes when you’re young, or a girl, you think...that it’s easy to manipulate...your partner, ¿right? Because she’s very sure that he is in love with her, right? And if she tells him this and he does not pay attention to her, then she’ll end it with him. That way she manipulates him, right? That is what affected him, that he feared that, that she would end it with him. You understand? She threatened him that way every time.” – Male (Q 3.1.7)

This portrayal of girls as sexual temptresses even filtered into their conceptualization of who is responsible for sexual violence as noted by another FPC who said *“There have already been rapes, right? Because girls in elementary schools now, I have seen it, my students, they lure the boys. The girls now, yes, they lure the boys”*. – Male (Q 3.1.8)

Several caregivers elicited an established cultural trope of “gold-diggers” as characterized in popular American hip-hop culture⁷⁶ and Latin American Reggaetón.⁷⁷ In doing so they created the construction of the temptress girl who use sex and relationships to manipulate boys for material goods as one FPC noted when she said *“The girls [...] before where demurer, right? Now, the way they dress is more provocative [...] I think that they mostly get involved with men for the money.”*- Male (Q 3.1.9)

While the dominant narrative of girls discussed by caregivers of boys was that of a hypersexual manipulative temptress, at least one other narrative was also present. As mentioned before a significant portion of caregivers of boys described girls in terms of being naïve and innocent. Interestingly, however, this was predominantly used to describe girls who would be suitable partners for their male children in the future, or their own other female children. This narrative, though tangential to the way caregivers currently construct female pre-adolescent peers of their male pre-adolescent children, centered on hegemonic ideals of femininity including being reserved, polite, and cloistered in their house until an appropriate age. One FPC noted that part of this narrative also revolves around the education and ambitions of the girl. Many caregivers of boys seemed to suggest that although their sons should be wary of girls, there are certain kinds of girls that are more acceptable – read less threatening - than others. Specifically, these girls were perceived as being more focused on their education and seeking a professional lifestyle, much like these caregivers wanted for their sons. In discussing the advice she would give her son when he starts to have relationships, one FPC noted:

*“I would warn him to, to think about the future first” [and that the right girl]
“Would be a girl that also wants to be professional like him and who has the
same objectives” [while the wrong girl] “would be liberal. That...goes to
parties, ah... that doesn’t study, that” – Male (Q. 3.1.11-13).*

The Aggressive Boy – “Men only want to abuse a girl, to have sex with a girl, and then leave them”

While caregivers of boys warned their sons away from girls who they painted as sexual temptresses, caregivers of girls painted an equally negative picture of boys – essentially establishing their daughters as madonnas rather than having their own sexual agency. In fact, while caregivers of boys were more than twice as likely to describe boys using terms such as “docile,” “caring”, and “quiet” while evoking images of masculinity centered around fatherhood, protector, and provider, caregivers of girls were more than twice as likely to describe boys as deceptive, aggressive, and dangerous, while also playing on hegemonic narratives of male sexuality including being sexually insatiable, having multiple partners, and being dirty – specifically in the spread of disease. In this construction, as their girls begin to date and have relationships, many caregivers spoke extensively about their concern for their daughter’s safety around all males. As one FPC noted about her discussion with her daughter:

“I told her that men only want [...] to abuse a girl, to have sex with the girl, and then leave them, right? Because it's what you mostly see, it's what you see of most men, that is, I told her: "You always be aware, if a man is talking to you, and, he is touching you, tell me or tell someone older than you, so they can help you, be it at school, if at school, they are harassing you at school, on the street, always tell." – Female (Q 4.1.1).

As part of this narrative, girls were frequently constructed to fulfil the role as the gatekeeper of sex; a role historically filled by women due to the perception that they were naturally less interested in sex.⁷⁸ In doing so, however, it also forces boys into the role the sexual aggressor, persistent in their pursuit of sex, willing to manipulate and pressure girls into sex before they are ready, and not to be trusted. One FPC described this belief about boys this way:

“Ehm, sometimes when we like we are here and there behind the girls or sometimes as it says ... inviting them, I do not know, going out or inviting them to go out, all those things, no. So, I mean, I think my daughter does not get carried away at all. That is what they [men] offer, as they say, as they say ... "they offer it until you fall", but she does not get carried away because sometimes they [men] promise a lot and ... until, as they say, "you promise and promise until you get it" and then ... well not anymore. At least, I tell her: "Do not let yourself be carried away my daughter, when you 22 ... you are going to have another idea, it will come to you, now. You will not have the same idea now, you will do it yourself” –
Female (Q 4.1.2)

Meanwhile another noted her worry that a boy will try to wear down her daughter into sexual intercourse as part of “solidifying the relationship:”

“Sex is not forced, right? The day you want to be with someone is because you really love them and because he really loves you and he has to know how to wait

for the moment that you decide. You do not have to... the word that ... "Show me you love me" or that the moon, the sky, is not unexpected [that men promise]" – Female (Q 4.1.3)

Indeed, the manner in which caregivers with girls described boys painted a bleak view of masculinity. For example, in discussing the HPV vaccine for her 9-year-old daughter, Emilia places blame for sexually transmitted diseases squarely on men and what she perceives as their profligate sexual escapades:

"Because they say that the one who produces that problem is the man ... because when having sex, it is not necessarily the woman who has the infection, right? And if the man has been with an infected person, he will have relations with several people, several girls, he will infect them, will he not?" – Female (Q 4.1.4)

This notion of men seeking out sexual intercourse outside of committed relationships, becoming infected with an STD, and then sharing it with their spouse or partner was mentioned as a concern by half of the caregivers with girls. In fact, it was also shared by several caregivers of boys including Daniela who noted:

"I find it interesting because before there wasn't all of this and the majority of... for the most part [men] infected the women with whatever disease. Moreover, you can say "no, but I have only been with my husband," whatever, you can be

faithful as they say, but what is expected from the man? And he is the one who brings alllll the bacteria, all of it...” – Male (Q 4.1.5).

For most caregivers, male sexual activity and desire was considered a normal part of being a boy and a man. Highlighting the double standard, out of 30 caregivers, 21 discussed male sexuality in such a way as to normalize it as part of male identity, while only 6 characterized female sexuality in the same way. One FPC with a son exemplified this sexual double standard when asked how she would feel when her 11-year-old son started to have romantic interest. She answered, *“Like I told you, it is part of life, right? He has to grow up and he has to experiment.” – Male (Q 4.1.6)* When asked how she would feel if her child had multiple sexual partners before marriage she said, *“I think that like any kid that is starting to experiment he is going to have various... various partners, that’s more how it is today, how I see things now, right?” – Male. (Q 4.1.7)* Yet, when asked if this was true for girls she relied *“Well, not really... I haven’t... thought about what the rest do.” – Male (Q 4.1.8)*

Interestingly, despite the normalization of male sexuality and the associated sexual double standard, the subsequent inequality was discussed by several caregivers of girls. While one FPC blamed this on “machismo” and the accompanying gender roles, Nicole (Daughter, 12) highlighted the sexual double standard when she said

“Look, the differences are...completely different. The man has all the doors open to him in every way. And the woman, sadly, we don’t have that. There are still certain taboos. Like, the man can have a thousand women and he is the man

among men. The woman has a thousand men and she is the largest whore in the world, right?" – Female (Q 4.1.9)

Indeed, the discourse of boys and men as aggressive, sexually insatiable, and dangerous was nearly universal. Even among caregivers of boys, describing men in these terms was not uncommon and these same female caregivers were twice as likely to describe their sons as also “domineering” and “controlling” when compared to caregivers of girls.

Discussion

The analysis of these 30 interviews with FPCs of 9-13-year-olds suggest that caregivers construct pre-adolescent sexuality in one of two ways – asexual and hypersexual – a distinction that largely rest on whether they are speaking about their child or someone else’s. These constructions are informed by a number of cultural, structural, and psychological forces which incentivize caregivers to view their own child as a victim. Chief among these forces is the “danger discourse” of adolescent sexual activity as described by a large body of literature.^{34,42,79,80} Pervasive among the caregivers in this study, the danger discourse is reflective of the larger moral panic and associated societal anxiety that has surrounded adolescent sexually over the last few decades both globally,^{81,82} and specifically in Latin America.⁸³⁻⁸⁵ In accordance with the danger discourse, most caregivers in this study focused solely on the negative aspects of adolescent sexual actively, often using this to warn their pre-adolescent children against such behaviors. They rarely articulated any positive aspect of their child’s burgeoning sexuality, despite more recent discourses which point to sexuality as essential for

personal fulfillment, integral to personal identity, and a healthy part of adolescence and young adulthood.⁸⁶ In fact, outside of unwanted pregnancy, most caregivers pointed to the possibility of contracting an STI, specifically HIV, and death as the outcome of adolescent sexual activity. Caregivers regularly describe their child's sexuality in terms of risk. The incentive then is for caregivers to asexualize their understanding of their child's sexuality. Caregivers experience their own fear of adolescent sexuality along with the accompanying psychological incentives to imagine their child as innocent and in need of protection.

Exceptionalism was prominent in many of the caregiver's discussions. For most caregivers, their child represented some exception to the rule that all adolescent will eventually engage in sexual activity; a behavior that most caregivers would describe as deviant, at least before a certain age or maturity. As noted earlier, caregivers predominantly thought their child wouldn't be ready for sex until well into their twenties, despite the fact that over 34% of women and 60% of men in Peru have had their first sexual experience before the age of 18.⁸⁷ The notion that adolescent sexuality represented some aspect of a deviant lifestyle to which their children would not be part of was common. As noted by Mia when asked how she felt about the pubertal changes she had started to see in her 11-year-old son,

"No, I feel calm because they are good guys ... E: Well they are obedient, they study, as I say, they get good grades at school. If they are going out, they ask me for permission or they let me know if they are going to go out or leave or

something. They are quiet boys who are not in the street, they like to be in the house ... " – Male (Q 5.1.1).

In this case, despite having discussed her son's desire to have multiple relationships before marriage and to "experiment" with multiple girls, Mia, by describing her son as a "good guy" in relation to the pubertal changes (specifically the deepening of his voice, and physical developments such as the development of his scrotum and body hair), suggests that her idea of pre-adolescent sexuality is aligned with deviance. In fact, 18 caregivers associated pre-adolescents perceived to be "more sexual" with other behaviors they perceived to be deviant such as smoking, drugs, parties, going out, and being "in" or "from" the street. This notion of adolescent sexuality as deviant is also a well-established social discourse in the literature,^{88,89} and bears a striking resemblance to how adolescent sexuality has historically, and is currently constructed by medical, religious, and political leaders. Despite recent suggestions from social scientist and feminist thinkers about the need to be sex positive in adolescent reproductive and sexual health, for decades the medical establishment has looked negatively on adolescence and adolescent sexuality.^{36,90} This has established adolescent sexual activity as a set of discrete problems and moral failings to be addressed and medicalized. By focusing on the risk of adolescent sexuality and casting it as a moral failing, doctors, parents, and educators have instilled in the public consciousness the negative perception of all adolescent sexual activity while disregarding the capabilities of adolescents themselves and creating the ideal of an asexual adolescent.³⁴

Religious and political leaders also contribute to this understanding. In Peru as recently as 2017, battles erupted over an education curriculum that detractors, including activist groups such as “Con Mis Hijos No Te Metas” [Don’t mess with my kids], the Catholic Church, and conservative politicians felt tried to indoctrinate children with progressive ideals of gender, sexuality, and gender equality. In response large protests, which drew more than a million people to the streets of Lima alone, resulted in the delayed implementation of the curriculum and a return to a curriculum that presented more traditional ideals of gender and sexuality. While this decision was championed by several politicians, the Conference of Catholic Bishops in Peru, and the Pope himself,⁶³⁻⁶⁶ it is indicative of the way these groups reinforce the notion of pre-adolescents as non-sexual beings, much less non-homosexual beings, and helps reinforce in caregivers minds this asexual construction of pre-adolescents.

The social pressure to be a “good parent” and raises children that are not part of the sexually precocious group of pre-adolescents is yet another motivation for caregivers to construct their child’s sexuality as distinct from that of other pre-adolescents. Caregivers frequently invoked an independence discourse in which economic independence was a prerequisite to becoming sexually active. Here the mantle of parental responsibility to shepherd their child from childhood, through adolescence, and into adulthood is satiated when they have successfully raised their child to be a contributing member of society. At that point, their children are no longer in need of protection, and sexual activity is not associated with the negative outcomes of adolescent sexual activity, but instead is associated with monogamy, marriage, and reproduction. Common in the individualistic society of the United States,^{91,92} this discourse has perhaps

found grounds in Peru through a long history of government policies which paired population control with overall economic development, pitting pregnancy and reproduction against economic stability.^{93,94} However, perhaps as a reflection of the younger age of the children in question, this discourse differed from its usual basis of personal responsibility and self-control normally seen in relation to older adolescents and premarital sex.^{95,96} In this context it was interwoven with notions of parental responsibility; casting adolescent sexual activity as a failure of the parent to ensure the future financial and social well-being of their child.

Yet even as caregivers construct the sexuality of their own children as asexual, their construction of other pre-adolescent's sexuality is based on highly sexual and sexualized tropes. While caregivers do not imagine their children as capable of having sexual desire, they imagine their child's sexual peers as not only sexually agentic, but predatory. These contradictory discourses allow caregivers to construct an understanding of pre-adolescent sexuality that is both innocent and vulnerable as well as sexually driven, insatiable, and precocious.^{34,42}

Part of this hypersexual construction contains gender tropes that caregivers relied on in constructing other pre-adolescents as sexually aggressive while also assisting in separating their child from their gendered and highly sexualized counterparts. In this study, the gendered depictions used by caregivers to construct the sexualities of other male and female pre-adolescents share well documented gendered stereotypes based on ideals of hegemonic masculinity while also sharing similarities with the traditional Madonna-whore dichotomy of female sexuality discussed in various feminist works.^{97,98} This discourse for splintered female sexuality is interesting because it is reflective of the

limited way in which girls can express their sexuality and may offer some indication of how caregivers are able to cast their child's female peers in such a negative light. For instance, if girls violate the cultural stereotype of demure girls, naturally less interested in sex than their male counterparts, they are labeled as sluts.⁵¹ The sexuality of young pre-adolescent girls is then constructed by their caregivers and those of their male peers as either sexually innocent, passive Madonna's or sexually aggressive whores. Using this dichotomy, most caregivers of boys (and a few of girls) then construct their understanding of other girls as sexually aggressive, allowing them to maintain their construction of their son's sexuality (and frequently their daughter's) as the opposite of that, sexually innocent victims. Interestingly, there is a significant body of research that points to the contrary about the role girls play in pressuring male peers into sexual activity. In fact, most research indicates that girls frequently feel pressured into their first sexual experience before they are "ready" while predominant theories of gender highlight the role of men as sexual aggressors.^{99,100} Meanwhile caregivers of girls largely described boys according to hegemonic notions of masculinity;^{101,102} dangerous, predatory boys who only wanted destroy the reputation of their otherwise innocent girl by using her for sex before moving on. With this understanding, caregivers are able to preserve their conceptualization of their girl's sexuality as also sexually innocent. Given the negative light in which caregivers then view adolescent sexual relationships, this dichotomy accentuates the difficulty caregivers have comprehending their pre-adolescent as a sexual agent.

Of particular note was the finding that all participants, regardless of the sex of their child, expressed fear that their child might be abused or coerced into sex. This

prompted further exploration in a separate, as yet unpublished, study focusing on the factors that shape parental perceptions of risk around childhood victimization. A manuscript of this study, currently under peer review, reveals that much of this fear is founded in pervasive distrust in the government and justice system which trickles down to ultimately undermine participants sense of security while increasing the perception of risk of CSA in all arenas of daily life including both interpersonal and intrafamilial interactions. This was often exacerbated by structural manifestations of gender and power which resulted in widespread distrust of men, including male family members, and limited the efficacy of women to exercise protective behaviors.¹⁰³

While in many cases it is difficult to say how each of these caregiver's view would be different if their roles were reversed - that is if the sex of the child they were referring to was opposite – it seems as though the gender, sexual politics, and social discourses of adolescent sexuality have shaped their constructions and reactions to the burgeoning sexuality of their children. Noticeably, missing from these constructions are female sexual desire, pleasure, and agency, as well as notions of love and emotion for their male counterparts. Using this understanding, these constructions work in tandem to create a gender and sexual system that justifies caregivers' construction of adolescent sexuality and allows them to maintain the view of their own child as sexually innocent and distinct.

None of this is to say that caregivers' constructions of their child's sexuality independently shape their behaviors surrounding adolescent sexual activity. Several parties are involved in raising adolescents and the beliefs, and attitudes of these parties play a significant role in many parenting decisions. In fact, a limitation of this study is

the absence of how other members of society construct pre-adolescent sexuality, including healthcare providers, male caregivers, and adolescents themselves. Future research should examine how these parties shape their understanding of pre-adolescent sexuality, and how it influences their behaviors as well as those of primary caregivers. Additionally, nearly every caregiver in this study defaulted to heterosexuality in their discussions about their children, only discussing homosexuality when prompted, it seemed to be a second thought. The absence of this discussion and reliance on heteronormativity, represents a significant gap in our understanding of how caregivers think of their children as sexual beings, how caregivers construct homosexuality for adolescents, and if that in turn changes the way they prepare their children for their first sexual experience. Further, the social constructions of pre-adolescent sexuality described here represent the views of female primary caregivers within a large, cosmopolitan, Latin American capital city. The representativeness of these views outside of Lima or other large metropolitan settings, much less other rural settings, constitutes a significant limitation. Future research will be needed to confirm these findings in other urbanized areas as well as understand any differences in non-urbanized settings within Latin America. Finally, over the past 40 years Peru has experienced significant rural-urban internal migration from country's sierra highlands and rainforest regions – regions with significantly different cultural and social traditions and histories.¹⁰⁴⁻¹⁰⁶ While several FPC were asked if they were originally from Lima or if they had migrated, this was not done routinely enough to be included in the analysis. The migration and acculturation experience of these individuals may have played a significant role in shaping their construction of their child's sexuality and should be explored in the future.

The assignment of responsibility for adolescent sexual activity is at the root how caregivers construct pre-adolescent sexuality and how it plays in parental decision making surrounding a host of parenting behaviors around adolescence and sexual initiation including sexual education, HPV vaccination, and access to contraceptives. Contributing to an already large body of literature examining adolescent sexualities, this article highlights the temporality and subjectivity of caregiver understandings of pre-adolescent sexuality and how that may affect the parental role in adolescent sexual activity, especially as public health efforts begin to explore the role very young adolescence plays in healthy sexual reproductive health outcomes.³⁹⁻⁴¹ The findings presented here also have implications for countries seeking to initiate sexual reproductive health initiatives much earlier in the adolescent life stage, including earlier sex education, and those who are introducing the HPV Vaccine for the first time, as well as those, like Peru, seeking to eventually expand their existing programs to include public vaccinations for boys. While caregivers frame adolescent sexuality as uncontrollable, dangerous, and deviant, this understanding seems to be largely limited to other people's children. It highlights the conflict caregivers feel when trying to reconcile their notions of adolescent sexuality and their perceptions of their own children. This contradictory way in which caregivers construct pre-adolescent sexuality represents a challenge to how caregivers perceive, and by extension act to prevent, the risk associated with sexual activity. It underscores the need to understand how and why caregivers hold the beliefs they have and begins to shed light on the latent ideologies, discourses, and misconceptions they bring to bear in their parental decision making with regards to their preadolescent's sexual maturation. Meanwhile, as long as adolescent sexuality is cast in a predominantly

negative light, it may continue to be very difficult for caregivers to understand their child as a sexual being.

Conclusion

This study identified divergent constructions of preadolescent sexuality based largely on whether FPC were describing their pre-adolescent child or their pre-adolescent child's peers. These constructions stemmed largely from social discourses that shaped pre-adolescent "sexual activity" as a largely dangerous deviant behavior that represented not only an individual failing but also a parental failure. These findings align with existing literature on adolescent sexualities though differ slightly in the focus on parental responsibility as opposed to established narratives about adolescent sexuality and sexual activity that focus on personal responsibility. This is likely a reflection of the young age of the children in question. This study underlines the difficulty parents have thinking of their child as a sexual being, and highlights some of the latent ideologies and beliefs parents bring into their parenting behaviors.

Table 1: Summary of Findings

Constructions of Sexuality	Narratives	Themes	Discourse for Pre-Adolescent Sexual Activity
"My" Asexual Pre-Adolescent	Exceptionalism	Naiveté and Innocence Special Characteristics of their Pre-Adolescent Values - Religious or Otherwise	Danger
"Others" – The "bad" Hypersexual Pre-Adolescents	Denial of Sexual Agency	Age, Maturity Responsibility Peer Pressure and Victimization Comparatively Rapid Maturation	Deviance
	The Aggressive Girl	Other "bad" behaviors Sexual Temptress/Manipulator Dangerous Sexual Aggressors	Personal/Parental Responsibility
	The Aggressive Boy	Sexually Persistent Users Dirty/Spreader of Disease Sexual Double Standards	

Table 2: In-Depth Interview Quotes

Quote Number	Quote English	Quote Spanish
1.1.1	"Sure, because [...] she is still so innocent, very innocent [...] She spends more time with her dolls, she is with her dolls, until now she wants her dolls..."	"Claro, porque [...] todavía ella es tan inocente, bien inocente [...] Más se dedica con las muñecas, está con sus muñecas, si hasta ahorita pide muñecas..."
1.1.2	"what happens is that I still see that..., what I see every day is that ... his mentality is still that of a child, right... He plays, he is with his friends, it's, it's typical of his age ..."	"lo que pasa es que todavía lo veo que..., a lo que yo lo veo diariamente es que... su mentalidad todavía es de un niño, no... Juega, está con sus amiguitos, lo, lo típico de su edad o sea..."
1.1.3	"That they are more... More advanced! They already know more. Maybe I've raised my son very... I've overprotected him a lot, you understand? I have not let him out, it's not that there's not much, but ... I think I've made them more homebodies, they stay at home more."	"Que ellos están más este... ¡Más adelantados! Ellos ya saben más. Tal vez yo a mi hijo lo he criado muy... lo he sobreprotegido mucho, ¿me entiendes? No lo he dejado salir, no es que no lo haya mucho, sino... creo que yo los he convertido a ser más hogareños, pasan más en la casa."

1.1.4	"I'm like normal, because she is 12 years old but she is a quiet child, I notice it as normal."	"yo como normal, porque como ella tiene 12 años, pero es un niño tranquilo, si lo noto normal."
1.1.5	"... she has turned out more responsible, yes, she has turned out very responsible, imagine, right now she wants to work. "	"...se ha vuelto mas responsable, sí, bien responsable se ha vuelto, imagínese, que ahorita ella ya quiere trabajar."
1.1.6	"So far, I do not see it like that she changed suddenly like her other friends, but yes, I see that her friends are very, like, moviditas"	"hasta ahora no lo veo así cambio de repente como sus demás amigas, pero sí veo que sus amigas son bien, este, moviditas"
1.1.7	"What I have gone through, my daughter is not going through, because, at least she has a mom and dad who are there, that tell her what is bad, tells her what is good, they are advising her, they are watching her. Something that in my case I did not have a good mom, a good dad who told me that is wrong, that's fine. So, I did it because I was a girl and I was out in the street but my daughter is not like that. My daughter is at home, she goes to school, she does not go out."	"Lo que yo he pasado, mi hija no lo está pasando pues, porque, al menos tiene una mamá y un papá que están ahí, que sea malo, sea bueno, la están aconsejando, la están viendo. Algo que en mi caso no tuve una buena mamá, un buen papá que me decían eso está mal, eso está bien. Entonces yo lo hacía porque era niña y andaba en la calle, pero mi hija no es así. Mi hija está en su casa, va al colegio, no sale."
1.1.8	"It's not a challenge, the thing is to advise them and talk to them and trust them too."	"no es un reto simplemente es la cosa es aconsejarles y hablarles y tenerle confianza también."
1.1.9	"I think we have given her more information, talk a lot about her sexuality, now that she is 12 years old, inform her a little bit more, so that she knows and is more informed, so that, suddenly, she does not make mistakes later."	"Creo que darle más información, conversarle bastante sobre ese punto de su sexualidad, ahora que ya está 12 años, un poquito más informarle más, para que sepa y esté más informada, para que, de repente, no cometa errores más adelante."
1.1.10	"When I look at teenagers, yes, I have seen cases of children already, of my daughter's age, in the little park they are kissing, hugging and I do not think it's good, right? I do not think it looks good, already, little kids... "	"A los adolescentes cuando miro yo, sí, he visto casos de niños ya, de la edad de mi hija, en el parquecito que se están besando, abrazando y no me parece bueno, ¿no?, no lo veo bien eso, todavía, chicos pequeños..."

1.1.11	"So there are a lot of teenagers who sometimes do not have much confidence with their parents and I always have, I have ... I have always dedicated myself to putting I am very social almost with everybody. I like to advise young people, I like to talk to young people, I like this ... support them. Suddenly, as I say, not always economically but, that is, my... idea, my intelligence that can support them by advising them."	"o sea que hay mucho adolescente que a veces no tienen mucha confianza con sus padres y eso siempre me he, me he... yo me he dedicado a veces siempre a poner estoy muy socialmente casi con la mayoría. Me gusta aconsejarles a los jóvenes, me gusta hablarles a los jóvenes, me gusta este... apoyarlos. De repente, como le digo, no económicamente sino siempre, o sea, mi... idea, mi inteligencia que le puede apoyar es aconsejándoles."
1.1.12	"not many teenagers talk about these things with their parents"	"no muchos adolescentes conversan de estas cosas con sus papas"
1.1.13	"... she's not like going out like that, to parties, she does not like it. As I made her read biblical passages since she was little, then she... is very careful "	"...no es de salir así de repente, a fiestas, a ella no le gusta. Como le hice leer pasajes bíblicos desde pequeña, entonces ella...se cuida bastante"
1.1.14	"If you follow that Church of Jehovah's Witnesses because as I repeat there is advice on values, right? On ... values, principles. How a relationship has to behave, a puberty must behave, how it should be with their parents, in their work, their peers, that. "	"si es que sigue a esa Iglesia de los testigos de Jehová porque como le repito ahí muchos consejos sobre los valores ¿no?, sobre... los valores, los principios. Cómo una relación tiene que portarse, una pubertad debe portarse, cómo debe ser con sus padres, en su trabajo, sus compañeros, eso."
1.1.15	"I would like it to be different, I would like her to be a girl of modesty, of respect, I would like it, because I talk to her and I do not think it goes in one ear and out the other, but sometimes one commits mistakes, I do not know."	"Me gustaría que sea diferente, me gustaría que sea una niña de pudor, de respeto, me gustaría a mí, porque yo le converso y no creo que le entre por una oreja y le salga por la otra, pero a veces uno comete sus errores, no sé."
1.2.1	"No!" I said, "They are all your friends, when you are in university you are going to choose the one you want, you are going to choose the majors, you will have girls... in university, you are going to choose the girl you want! You cannot define anything because you still do not know what you want, right now you want a green polo, then you want a black polo! [...] Don't you think you're too small," I said, "to have a crush ... they are all your friends!" I said. "Mmm ... I'm not going to touch the subject anymore" ... "	"¡No!" le digo, "Todas son tus amigas. Cuando estés en la universidad vas a elegir a la que quieras. Vas a elegir las carreras. Vas a tener chicas por... por facultad. ¡Vas a elegir a la chica que quieras! Ahorita no puedes definir nada porque todavía no sabes lo que quieres. ¡Ahorita quieres un polo verde, después quieres un polo negro! [...] "Pero, ¡¿qué no te parece que estás muy pequeño?!" le digo, "Pa que tengas enamorada... To todas son tus amigas" le digo. "Mmm... ya no voy a tocar el tema ya"..."

1.2.2	<p>"Yes, that is, she tells me that her friend has bothered her, or also when she was studying in the other school, she told me, second grade, she told me: "Mom, there is a little boy that I like", then I said to her: "How can you like him if you are still a little girl", I have tried to talk to her."</p>	<p>"Sí, o sea, que me cuenta, que su amigo la ha molestado, o también cuando estudiaba en el otro colegio, me contaba, segundo grado, me decía: "Mamá acá hay un chiquito que me gusta", entonces yo le decía: "Cómo te puede gustar si todavía eres una niña", le trataba de hablar pasado"</p>
1.2.3	<p>"E: I do not know ... If he's a certain age, yes, that is, I would understand... I: At what age? E: Mmm ... 25-26. "</p>	<p>"E: No sé... Si está una cierta edad, sí, o sea le comprendería... I: ¿A qué edad? E: Mmm... 25-26."</p>
1.2.4	<p>"E: Oh, I think ... when he's a person, like ... accomplished... I: Accomplished ...? E: I mean that you have finished your studies, be a professional, right, that you already have a stable job, I think that there, there yes."</p>	<p>"E: Ay, yo pienso...cuando ya sea una persona, este...realizada... I: ¿Realizada...? E: Me refiero a que haya terminado sus estudios, sea profesional, ¿no?, que ya tenga un trabajo estable, pienso yo que ahí, ahí sí.</p>
1.2.5	<p>"18 years, 20 years. Because a young man, look, a young man gets a girl pregnant. So, she gets pregnant, two teenagers raise a child. The girl laughs, the boy laughs, they do not realize that this baby is going to need someone to take care of him, someone to guide him. What are the young people doing?! They leave the child with the grandmother and go to the disco; the boy suddenly goes home ... Not all are mature. So ... and why give that, that, because the parents do not guide them, we do not teach them then the child, right? Then the child grows up immature. They are 15 years old, they are children, they do not have the ability to think, to discern ... Now, they get pregnant, well, whatever the child is raised, how do they raise that child?"</p>	<p>"18 años, 20 años. Porque un joven mira, un joven embaraza a una chica. Ponte que embarazada, dos adolescentes crían a un niño. La niña se ríe, el niño se ríe, no toma consciencia de que ese ser va a necesitar que alguien lo cuide, que alguien lo guíe. ¡¿Qué hacen los jóvenes?! Dejan a la abuela y se van a la discoteca, el niño de repente se va a su casa... No todos son maduros. Entonces... y porqué da ese, eso, porque los padres no los guiamos, no les enseñamos pues al niño, ¿no? Entonces el niño crece inmaduro. Llegan 15 años, son niños, no tienen la capacidad para pensar, para discernir... Ahora, salen embarazadas, bueno ya como sea crío al niño, pero cómo crían a ese niño, ¿no"</p>
1.2.6	<p>"Sure, because I already think that all of a sudden, he will not take interest in studying, and suddenly, he will think of other things [...] I talk to him a lot, I say 'Look son, at this moment, what you have to do is study hard, be someone in life, then you can think of girls, of love, because everyone at some moment falls in love, but you always</p>	<p>"Claro porque ya yo pienso que de repente, ya no le va a tomar mucho interés a los estudios, de repente, ya tendrá otra mentalidad, pensará en otras cosas, [...] yo converso con él bastante, y le digo: "Mira hijito tú, ahorita, lo que tienes que hacer es estudiar bastante, ser alguien en la vida, después ya puedes pensar en las niñas, en enamorarte, porque todos en algún momento</p>

	<p>have to be with our studies, and leave what we want for tomorrow later”</p>	<p>tenemos que enamorarnos, pero siempre hay que esta con nuestros estudios, con lo que nosotros queremos para mañana más tarde”</p>
<p>1.3.1</p>	<p>“I: How are women, how are men? E: The women of today, the girls of today are very materialistic, right? They see the boys, the quieter ones perhaps as a means of having a lover, as they say, steady and those who are quote unquote more fun are those who take them out dancing, with those who have good sex with, right? And ... but they do not want to leave the quieter one, right? Because they know he’s a good catch, because they know that boy is not going to be unfaithful but sometimes because those masks cannot be hidden, they always come to light and well, it happens that in the end the good boy gets disappointed. And ... this, and the girls are like that, that is, there is everything. As I tell my son, that [behavior] it is not the common denominator [for women], they are a part but you have to know that the girl can be easy come, easy go, promiscuous in contrast to a girl who wants to study, who wants to move forward, wants something different, who cares for a future and who later thinks about forming a good family. I: And how are the boys? E: The boys the truth is that there are ... according to the upbringing, according to the breeding always opt for the easy, others very hard, have passed such bad experiences that always apply, as they say, the law of ice. Just like the girls but they are also indifferent, they no longer have exclusivity, right? This ... there are no manners, they are a little rough, that is, they propose so easily or so openly to have sex and like ... they feel that way,</p>	<p>“I: ¿Cómo son las mujeres? ¿cómo son los hombres? E: Las mujeres de ahora, las chicas de ahora son muy materiales ¿no? Ven a los chicos, al que es más tranquilo quizás como medio de tener un enamorado, como se dice, fijo y los que son más divertidos entre comillas son los que las sacan a bailar, con los que tienen buen sexo, ¿no? Y... pero no quieren dejar al tranquilo ¿no? Porque saben que es buen partido, porque saben ese chico no les va a ser fiel, pero a veces pues esas caretas no se pueden ocultar, siempre salen a la luz y bueno pues pasa que al final pues el chico bueno se toma las decepciones ¿no? Y... este, y las chicas son así, o sea, hay de todo. Como yo le digo a mi hijo que no es el común denominador, son una parte, pero hay que saber que tan la chica puede ser pasajera, libertina como de repente una chica que quiere estudiar, que quiere progresar, quiere algo diferente, que se preocupa por un futuro y quien más adelante piensa en constituir una buena familia. I: ¿Y cómo son los chicos? E: Los chicos la verdad es que hay... de acuerdo a la crianza, de acuerdo a la crianza siempre optan por lo fácil, otros muy duros, han pasado tan malas experiencias que siempre se aplican, como dicen ellos, la ley del hielo. Así como las chicas, pero ellos también son indiferentes, ya no tienen tratos, ¿no? Este... no hay modales, son un poco muy rudos, o sea, se proponen tan fácilmente o tan abiertamente tener relaciones y como que... se sienten así, muy seguros de sí mismos y la verdad es que, bueno,</p>

	<p>very sure of themselves and the truth is that, well, I am disappointed because I see that, I see where the values are, right? Well, the children I see, most of them are not raised with values, there is no presence of parents, there is no presence of parents, there is no respect or anything. Even in the university that I go to, with a lot young people, there, that is, there is none of that.”</p>	<p>a mí me decepciona porque veo que, veo donde están los valores, ¿no? Bueno los chicos que veo, la mayoría no están criados con valores no hay presencia de padres, no hay presencia de padres no se ve un respeto ni nada. Incluso estando en la universidad que he ingresado con bastantes jóvenes de ahí, o sea, no hay eso.”</p>
1.4.1	<p>“Well with the... so many things, with this danger that is here now in these times, I only tell her to be careful, not to talk to... other people, at least with pers..., with older men, right? And that he has ... and that she always waits for someone to pick her up or that she is accompanied by someone.”</p>	<p>“Bueno con los... tantas cosas, con este peligro que hay acá ahora en estos tiempos, yo lo único que le digo es que tenga cuidado, que no hable con... personas ajenas, al menos con pers..., con hombres mayores, ¿no? Y que tenga... y que espere siempre que uno la vaya a recoger o que vaya acompañada con alguien.”</p>
1.4.2	<p>“I have not done it because, I think not yet ... that is, no, as it is not, I think he is not thinking about it yet, that is why I have not spoken to him. But, what I have talked to him about is rapes, that, yes, I have talked to him about this, right?”</p>	<p>“No lo he hecho porque, creo que todavía no...o sea, no, como que no está, pienso yo que él todavía no está pensando en eso, por eso será que no le he hablado. Pero, lo que sí, le he conversado es sobre las violaciones, eso sí le he conversado, ¿no?”</p>
2.1.1	<p>“Yes, of course because right now you see many cases of many young children, girls, teenagers, who are not even 12, 13 years old and are already having babies. In the school here, there hasn’t been any cases, but, yes ... that's why you talk to your children, is not it? With my daughter, that’s what I practice, 12 years old, she is still a girl, right? She plays with dolls.”</p>	<p>“Sí, claro porque ahorita ya se ven muchos casos de muchos niños pequeños, niñas, adolescentes, que no tienen siquiera los 12, 13 años y ya están teniendo sus bebés. En el colegio acá no ha habido ningún caso, pero, sí...para eso se conversa con los hijos, ¿no?, con mi hija yo practicante, 12 años, todavía es una niña, ¿no?, juega con las muñecas.”</p>

<p>2.1.2</p>	<p>The difference is that now the girls are very liberal, they wear tight shorts, they look at you, they go out with the lovers, they get pregnant at a young age. There is a lot of looseness, before this did not happen, it was a taboo that you put on short shorts or a blouse that you see almost half of the breast, that was not used, you used your polo and your normal shorts.</p>	<p>La diferencia es en que ahora las chicas son bien liberales, usan los shorts como calzón, te miran, salen con los enamorados, salen embarazadas a temprana edad. Hay mucha soltura no, entonces antes eso no había, era un tabú que tú te pongas un short como calzón o una blusa que se te vea casi la mitad del seno, eso no se usaba, se usaba tu polo y tu short normal.</p>
<p>2.1.3</p>	<p>E: Ehh... The only thing I would say to young people who reach a certain age who can practice sex ... don't do that so quickly. Nowadays the boys know a girl and the first thing is ... to have sex.</p>	<p>E: Ehh... Lo único que le diría a los jóvenes que llegan a una cierta edad que puedan practicar el sexo... no así a lo rápido. Hoy en día los chicos conocen a una chica y lo primero que es... tener relaciones</p>
<p>3.1.1</p>	<p>"What worries me is the promiscuity, there is too much, and I worry because the girls are not like before, there used to be a few liberal girls and many conservative girls and now it is the other way around, you have to look for those few girls who are raised well because there is a lot of debauchery.</p>	<p>"A mí lo que me preocupa es la promiscuidad, demasiado, y me preocupa porque las chicas ya no son como antes, que habían pocas chicas liberales y muchas chicas conservadoras y ahora al revés, hay que buscar cuanto de ese poquito de chicas que son bien criadas porque hay mucho libertinaje.</p>
<p>3.1.2</p>	<p>"[...] It is not just the women, men have more risk [these days], because if he [sleeps] with a girl, that girl may have had many partners, it's like a tree, like a pyramid, a fan that opens up, right?"</p>	<p>"E: [...] no solamente es la mujer, que el hombre tiene más riesgo, porque si anda con una chica que esa chica puede haber tenido muchas parejas, es como un árbol, como una pirámide, un abanico que se abre pues, ¿no?"</p>
<p>3.1.3</p>	<p>E: I think she's going to screw up faster than my son. I: What does that mean? E: In her dancing and everything else, I watch her too, she is more awake than my son, more awake.</p>	<p>E: Me parece que va a meter la pata mas rápido que mi hijo. I: ¿Qué significa eso? E: En su forma de bailar y todo lo demás, yo la observo también, ella es más despierta que mi hijo, más despierta.</p>
<p>3.1.4</p>	<p>I: How would a non-ideal girl for your son be? E: the girls who dress very scandalously now, or who go to nightclubs, those girls no.</p>	<p>I: ¿Y cómo sería una chica no ideal para su hijo? E: Mmm... esas chicas que ahora pues están que se visten muy escandalosamente, que paran en discotecas, ellas no.</p>

<p>3.1.5</p>	<p>I: And would a girl be, tell us, that you don't want for you son? E: That is not crazy. I: That is not crazy. What is a crazy girl? E: A crazy girl likes to go to parties and drink.</p>	<p>I: ¿Y cómo sería la niña, digamos, que no quiere que esté con su hijo? E: Que no sea loca. I: Que no sea loca ¿cómo es una chica loca? E: Una chica loca le gusta salir a fiestas, venir borracha.</p>
<p>3.1.6</p>	<p>E: Me as a woman, I feel quite uncomfortable, because it bothers me, maybe the word is not uncomfortable, but I feel uncomfortable because they are girls. They are children that are just coming out of the flower, and they have already had sex with one, they already had sex with another and so on. You see, not that I am in bed watching them, but I know when they are with a friend [romantic friend], and they are with another friend [romantic friend] and with another friend [romantic friend]. So, when I see a girl who is "movida" you can tell that she is with a boy and then with another boy. I: What is "movida?" E: In the sense that she goes to parties, [...] rather that she already had relations with several boys, not with one, but with two, three, boys already. Because they change their boyfriend, the girls are already 17, 16, since they are in the 5th year of high school, they change their boyfriends in the same school. Two, three months [they are] with one, and two, three months they are with another. The girl is not only friends, they are already having sex, you can tell a person who has sex from one who does not have sex, in the way that the girl is "movida", in that sense I say it.</p>	<p>Yo a mí como mujer, me siento bastante incómoda, por qué incómoda, tal vez la palabra no es incómoda, pero me siento incómoda porque son niñas, son criaturas que recién están saliendo de la flor, y ya tuvieron sexo con uno, ya tuvieron sexo con el otro y así. Se ve, no que uno esté en la cama viéndolos, pero se ve en el sentido, cuando uno está con un amigo, está con otro amigo y con otro amigo. Entonces al ver a la muchacha que es movida uno se da cuenta que está con un muchacho y que está con otro muchacho. I: ¿Cómo es movida? E: En el sentido de que se va a fiestas, [...] más bien de que ya tuvo relaciones con varios muchachos, no con uno, sino con dos, tres, muchachos ya. Porque cambian el enamorado, las chicas ya de 17, 16, ya que están el 5to de secundaria así, en el mismo colegio cambian el enamorado, dos, tres meses estoy con uno, y dos, tres meses estoy con el otro, y ellas no solamente son amiguitos, ya tienen sexo, se nota a una persona que tiene sexo de una que no lo tiene, de la manera, que la chica es movida, en ese sentido lo digo.</p>

3.1.7	“[...] I think sometimes when you’re young, or a girl, you think...that it’s easy to manipulate...your partner, ¿right? Because she’s very sure that he is in love with her, right? And if she tells him this and he does not pay attention to her, then she’ll end it with him. That way she manipulates him, right? That is what affected him, that he feared that, that she would end it with him. You understand? She threatened him that way every time.”	“[...] pienso que a veces cuando uno es joven, o sea niña, piensa que... que es fácil manipular al... a la otra pareja ¿no? porque... ella está bien segura de que él está bien enamorado de ella ¿no? [...] Y que si ella le dice este... no le hace caso, entonces ella va a terminar con él. De esa manera le manipula ¿no? Eso es lo que a él le afectaba, o sea él temía eso, que acabara con él. ¿Entiendes? Todas las veces le amenazaba de esa manera. “
3.1.8	“There have already been rapes, right? Because girls in elementary schools now, I have seen it, my students, they lure the boys. The girls now, yes, they lure the boys”	“Ya han habido violaciones, ¿no? Porque las chicas ahora en el colegio también he visto, mis alumnas a los chicos los jala. Las chicas de ahora, sí, los jala a los chicos.”
3.1.9	The girls [...] before where demurer, right? Now, the way they dress is more provocative [...] I think that they mostly get involved with men for the money.	A las chicas, las chicas este...más antes también eran mas este recatadas, ¿no? Ahora el tipo de vestimenta también es mas provocativo y a parte que... yo veo que mayormente se metan con los varones por el dinero.
3.1.10	Of course, in the end I think that, although ... [raising a daughter with the same freedoms as a boy] may be a challenge, this, I also have to show her that a lady owes it to herself and she has to be respected. That no matter how much the man can have all the freedom that he can, or that he wants, the woman always has to maintain a level, a standard as a professional, as a daughter and as a mother in the end, right?	Claro, al final pienso de que, de que... aunque pueda ser un reto, este, también tengo que enseñarles que una dama se debe a sí mismo y se tiene que hacer respetar. De que por más que el hombre pueda tener toda la libertad que pueda, o que quiera, la mujer siempre tiene que conservar un nivel, un estándar como profesional, como hija y como madre al final, ¿no?
3.1.11	“I would warn him to, to think about the future first”	“Le advertía que, que piense en el futuro primero.”
3.1.12	“Would be a girl that also wants to be professional like him and who has the same objectives”	Sería una chica que también sea profesional como él y que tengan los mismos objetivos.”
3.1.13	“would be liberal. That...goes to parties, ah... that doesn’t study, that”	“Que sea liberal. Que... salga a fiestas, ah... que no estudie, así.”

<p>4.1.1</p>	<p>"I told her that men only want [...] to abuse a girl, to have sex with the girl, and then leave them, right? Because it's what you mostly see, it's what you see of most men, that is, I told her: "You always be aware, if a man is talking to you, and, he is touching you, tell me or tell someone older than you, so they can help you, be it at school, if at school, they are harassing you at school, on the street, always tell."</p>	<p>"Bueno yo le he dicho de que los hombres lo único que quieren, le digo los hombres, es abusar de una niña, para tener relaciones con la niña, le digo, y luego ya dejarlos, ¿no?, porque es lo más, lo más que se ve de los hombres, o sea, yo le he dicho: "Tú siempre estate así al tanto, si un hombre te está diciendo, de repente, te está manoseando, cuéntame o cuenta a alguien mayor tuyo para que te puedan ayudar, sea en el colegio, de repente en el colegio, te estén acosando en el colegio, en la calle, siempre cuenta".</p>
<p>4.1.2</p>	<p>Ehm, sometimes when we like we are here and there behind the girls or sometimes as it says ... inviting them, I do not know, going out or inviting them to go out, all those things, no. So, I mean, I think my daughter does not get carried away at all. That is what they [men] offer, as they say, as they say ... "they offer it until you fall", but she does not get carried away because sometimes they [men] promise a lot and ... until, as they say, "you promise and promise until you get it" and then ... well not anymore. At least, I tell her: "Do not let yourself be carried away my daughter, when you 22 ... you are going to have another idea, it will come to you, now. You will not have the same idea now, you will do it yourself "</p>	<p>Ehh, a veces cuando nos gusta estamos ahí y ahí atrás de las chicas o a veces como dice... invitándoles, no sé, saliéndoles o sea invitándole a salir, todas esas cosas, no. Entonces, como dice, o sea yo pienso que mi hija no se deja llevar del todo también. O sea lo que ofrecen, como dice, como dicen... "te ofrecen hasta que caigas", pero ella no se deja llevar porque a veces mucho prometemos y... hasta que, como dicen, "prometes y prometes hasta que lo metes" y después... así ya no. Yo al menos, yo a ella le digo: "No te dejes llevar hija, ya cuando tú tienes tus 22... vas a hacer otra idea te va venir, ya. Ya no vas a tener la misma idea que ahorita, tú mismo ya vas a hacer ya"</p>
<p>4.1.3</p>	<p>"Sex is not forced, right? The day you want to be with someone is because you really love them and because he really loves you and he has to know how to wait for the moment that you decide. You do not have to... the word that ... "Show me you love me" or that the moon, the sky, is not unexpected [that men promise]"</p>	<p>"El sexo no es forzado, ¿no?, o sea el día que tu quieras estar con alguien es porque realmente lo ames y porque el realmente te ame y el tiene que saber esperar el momento en tu decidas. No tienes que... la palabra que pu... "demuéstrame el amor" o que la luna, el cielo, no es inesperado"</p>

4.1.4	Because they say that the one who produces that problem is the man ... because when having sex, it is not necessarily the woman who has the infection, right? And if the man has been with an infected person, he will have relations with several people, several girls, he will infect them, will he not?	Porque por ahí dicen también que el que produce ese problema es el hombre...porque al tener relaciones sexuales no necesariamente la mujer es la que tiene, la que esta infectada, ¿no? Y si el hombre ha estado con una persona infectada, va a tener relaciones con varias personas, varias chicas, las va a contagiar, ¿no?
4.1.5	“I find it interesting because before there wasn’t all of this and the majority of... for the most part [men] infected the women with whatever disease. Moreover, you can say “no, but I have only been with my husband,” whatever, you can be faithful as they say, but what is expected from the man? And he is the one who brings alllll the bacteria, all of it...”	“Me parece interesante porque anteriormente pues no había y la mayoría pues de... mas que todo nosotras las mujeres pues nos contagiaban de cualquier enfermedad. Por que una dice “mmm, pero yo nomás estoy con mi esposo,” igual...tu puedes ser fiel, como se usa la palabra, pero del hombre ¿Qué se espera? Y él es el que trae toooodas las bacterias, todo...”
4.1.6	“Like I told you, it is part of life, right? He has to grow up and he has to experiment”	“come te digo es parte de la vida ¿no?, tiene que crecer y también tiene que experimentar”
4.1.7	I think that like any kid that is starting to experiment he is going to have various...various partners, that’s more how it is today, how I see things now, right?	“Creo que como cualquier niño que empieza a experimentar va a tener varias... varias parejas, y mas como esta ahora, como se ve ahora las cosas ¿no?
4.1.8	“Well, not really...I haven’t...thought about what the rest do.”	“Bueno en realidad no...no tengo... que pensar nada de lo que haga el resto.”
4.1.9	Look, the differences are...completely different. The man has all the doors open to him in every way. And the woman, sadly, we don’t have that. There are still certain taboos. Like, the man can have a thousand women and he is the man among men. The woman has a thousand men and she is the largest whore in the world, right?	Mira, las diferencias son... completamente diferentes. El hombre tiene las puertas abiertas en todos los sentidos. Y las mujeres lamentablemente no las tenemos. Todavía seguimos con ciertos tabúes. O sea, el hombre puede tener mil mujeres y es el macho de los machos. La mujer tiene mil hombres y es la puta mas grande del mundo, ¿no?”

5.1.1	"No, I feel calm because they are good guys ... E: Well they are obedient, they study, as I say, they get good grades at school. If they are going out, they ask me for permission or they let me know if they are going to go out or leave or something. They are quiet boys who are not in the street, they like to be in the house ... "	"No, yo me siento tranquila porque son buenos muchachos...E: Bueno son obedientes, estudian, como te digo, sacan buenas notas en el colegio. Si van a salir me piden permiso o me anticipan si otro día van a salir o algo. Son muchachos tranquilos que no están en la calle, les gusta estar en la casa..."
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***PAPER 2: EXPLORATORY FACTOR ANALYSIS: MEASURES OF PARENTALLY
ASCRIBED GENDER AND SEXUALITY***

Abstract

While several scales exist to assess individual gender and sexuality attitudes and beliefs, very few existing scales account for the biases introduced when applying those beliefs to other people, while the ones that do exist have not been designed with pre-adolescents in mind. The purpose of this study was to develop and test four multi-item measures for Ascribed Gender and Ascribed Sexuality among caregivers of pre-adolescent children. Using a cross-sectional design, survey data was collected from a convenience sample of 592 female primary caregivers of 9-13-year-old adolescents. Based on a review of existing instruments and previously discussed in-depth interviews with the target population, a large pool of candidate items was generated, tested, and revised using expert reviewers and focus groups. Each of the 4 scales was analyzed for its factor structure using exploratory factor analysis, internal consistency, and content validity. Convergent and divergent validity were also explored in relation to the Sexual Double Standard Scale, the Bem Sex Role Inventory, the Ambivalent Sexism Inventory, and the Attitudes Towards Women Scale.

Exploratory factor analysis revealed factor solutions ranging from a single factor to 4 factors for the resulting scales measuring male and female ascribed gender and male and female ascribed sexuality. Each scale had acceptable internal consistency ($\alpha = 0.60-0.72$). Very few significant Pearson correlations were found between the Ascribed Gender and Ascribed Sexuality scales and other validated measures of gender and sexuality attitudes. While these measures offer a first step in developing potentially useful tools for both public health practitioners and researchers, based on these results

and several noted limitations, the need to further evaluate and modify both the items within each scale and the scales themselves is suggested.

Background

There is a significant body of literature that holds that a person's desires influence their assessments of future events, in particular their assessment of the likelihood of avoiding negative events and benefiting from positive events as opposed to their peers.¹⁰⁷⁻¹¹² Because it is statistically impossible for everyone to be at low risk for negative events, this unrealistic optimism leads individuals to inaccurate assessments of risk. This phenomenon isn't limited to self-assessed risk. Parents frequently ascribed the same unrealistic optimism to the risky behaviors of their children compared to other children.^{108,113} Over the past century, our construction and understanding of adolescent gender and sexuality in most of the Western world has been dominated by an essentialist configuration maintaining adolescent sexuality as hypersexual, hormone laden, and sex obsessed.³⁶ Yet, while some parents conceptualize their own child's adolescence in much the same way as they would imagine that of other children, this often represents a minority.^{42,114} More often than not, parents express an incongruency between their conceptualization of their child's gender schema and sexuality and their preconceived notions of adolescent gender and sexuality generally.⁴²

Similar to this "unrealistic optimism," Elliot (2012) identified a paradox in parental behaviors around adolescent sexual activity. She noted that while almost all parents understand that many teenagers are sexually active, they insist their own adolescent children were not, while characterizing their children's peers as hypersexual.^{42,114} Similar findings were found in a qualitative study with adolescent caregivers in Lima, Peru, which suggested that much of this thinking was rooted in the fear and anxiety parents experience in relation to teen sexuality; namely, disease,

pregnancy, future well-being and the desire to be known as “good parents.” (Miles, Paper 1)

1) While published literature about the factors underlying this bias is limited, much of what is known about parental assessments of adolescent sexual behaviors centers on the role of parental communication and monitoring.¹¹⁵⁻¹¹⁸ Yet, other factors have been associated with greater incongruencies in perceptions of adolescent sexual experience among parents and actual reported sexual experience among their adolescent children; these include the parents’ implicit personal theory about the factors that impinge or promote sexual activity and their teen’s relative standing on those factors,^{116,117} perceived religiosity,^{115,117} adolescent age,^{115,117} a parents’ own disapproval of teen sexual activity,¹¹⁷ perceived closeness to their child,^{116,117} and adolescent school performance.¹¹⁵ Jaccard et al. for example, found that mothers of younger children or those who were more strongly disapproving of teen sexual activity tended to underestimate their teen’s sexual experience. They argue that this suggests that mothers may be reluctant to accept the sexuality of younger teens or may unrealistically assume that teens conform to parental norms. They infer that perhaps mothers hold a certain degree of cognitive dissonance which molds their perception of teen behavior to fit their own attitudes.¹¹⁷

Additionally, people do not hold a single coherent gender schema – a cognitive structure that guides an individual’s perception of gender-based attributes and behaviors– that is universally applied,¹¹⁹⁻¹²² suggesting the possibility of separate parental gender schema for adolescents generally and that of their child. For instance, parents may express more feminist or gender equitable views when assessing strangers or women generally, but when discussing their adolescent daughter may subconsciously ascribe more traditional gender schema, i.e. the need to be chaste and marry, in the face of the

socio-structural pressure normally experienced as part of early adolescence and the beginning of puberty.^{123,124} While research on this is limited, in general it is known that families represent a primary environment for the development and transmission of gender role schema in adolescence and that a person's gender schema isn't fixed, and in fact changes and shifts with time, often in response to life events.¹²⁵⁻¹²⁸ Yet, while parents play a primary role on the development of gender role schema in their children, they are by no means the sole influence. In fact, some studies find only minor correlations between parental gender role attitudes and their children's gender schema¹²⁹ while others identify several factors that moderate this relationship, including family structure, life experiences, and other environmental factors.^{128,130,131}

These incongruencies in parental adolescent gender and sexuality attitudes generally and the gender schema and sexuality of their own child represent an increased likelihood of failure to anticipate the sexual behaviors and internalized gender schema of their child. By extension, this could result in a decrease in the ability of parents and public health practitioners to address risky sexual behavior before it happens. When researchers have sought to examine associations between parent's gender or sexuality attitudes and adolescent sexual behaviors, they have predominantly relied on measures that assess parents' gender role and sexuality attitudes generally, or instruments originally designed to measure attitudes about gender roles in adults.^{131,132} These measures rely on the assumption that if parents are more traditional or progressive about gender role attitudes and adolescent sexuality they might be equally so in their assessment of the gender or sexuality of their children. Yet these incongruencies demonstrate that. Thus, this approach limits the assessment of their child's gender schema and sexual behaviors;

instead, it may assess their attitudes about an idealized or desired version of the gender schema and sexual behaviors they wish for their child.

There are several measures researchers have used to measure attitudes about gender and sexuality. One of the earliest and most used measures of gender attitudes is the Attitudes Towards Women Scale (AWS) developed by Spence and Hermreich in 1972.¹³³ This measure, however, has been the subject of much debate as even one of the original authors noted a “ceiling effect” among women, often associated with the increase in social gender equality throughout the decades since it was first developed.¹³⁴ In response to the waning utility of this scale, other measures of gender attitudes have been developed since then, including the Ambivalent Sexism Inventory (ASI) developed by Glick and Fiske.^{135,136} This scale separately measures both hostile and benevolent sexism or both hostile feelings towards another gender and protective and paternalistic attitudes towards women, given the traditional view of women as helpless and in need of protection by men. Both these measures, however, use self-assessment to measure one’s own internalized gender related attitudes about gender roles in adults without addressing how those attitudes may be reshaped if applied to one’s child.

When examining attitudes towards sexuality, several measures assess participants attitudes towards adolescent sexual behaviors, though most center on premarital sexual permissiveness. Both the Reiss Male and Female Sexual Permissiveness Scale¹³⁷ developed in 1964 and the Premarital Sexual Permissiveness Scale¹³⁸ developed in 1998 assess an individual’s acceptance of or attitudes towards premarital sexual behaviors under various conditions. However, these instruments focus on these attitudes generally

and do not consider the unique variance that may be encountered when asking about the acceptance of premarital sexual behaviors for their child.

It is clear that many measures exist which capture various facets of an individual's gender and sexuality-based attitudes as they pertain to both adults generally and for oneself; however, there seems to be virtually none which capture parental beliefs about the gender socialization and sexuality of their own children. In a comprehensive literature review, only one scale was found which attempted to measure adults' attitudes about gender, sexuality, or sexual behaviors in their children. The Child Gender Socialization Scale attempts to categorize parents into traditional or feminist parents based on their assessment of various hypothetical gender-based behaviors of their child.¹³⁹ This scale, however, is limited to use with parents of young children (2-8 years old) and has not been widely validated for populations outside the United States. The Bem Sex Role inventory developed in 1974 is another scale frequently used to measure gender roles.¹⁴⁰ While traditionally used as a self-assessment, some evidence was found of its modification for assessing gender roles in others, an approach used in this paper.^{141,142}

In studying sexuality, and by extension the various social constructions of sexuality ascribed to individuals based on characteristics and factors beyond their control, the most difficult aspect is defining the subject. While sexuality has been the subject of innumerable studies, as a concept it is rarely defined and hence maintains an array of definitions and meanings.^{143,144} However, naming and defining constructs is central to most research endeavors. Hence, within the context of this study Ascribed Sexuality is conceptualized in much the same way Goettsche (1989) defined Sexuality: the belief in

an individual's capacity to respond to physical experiences which are capable of producing body-centered genital excitation, that subsequently becomes associated with cognitive constructs (either anticipatory for new experiences or reflective of past experiences), independent of ongoing physical experiences.¹⁴⁵

The objective of this paper is to propose the development of new scales for parent' beliefs about their own pre-adolescent's gendered and sexual behaviors in order to fill a gap in the instruments available to characterize parents as well as address the dearth of instruments validated, and in fact, developed for use outside the United States. This paper presents the three phased process towards the development of male and female versions of these two scales: Ascribed Sexuality-Male, Ascribed Sexuality-Female, Ascribed Gender-Male, and Ascribed Gender-Female. The intended audiences for these scales are researchers studying issues related to parental beliefs about gender and sexuality and how these may impact parental behaviors towards young adolescents in terms of adolescent sexual and reproductive health, and ultimately, their adolescents' own gender-related and sexual behaviors. Presented here are only the results of the exploratory factor analysis, leaving confirmatory factor analysis and measures of validity to future studies.

Ethical Considerations

Ethical approval was granted by the Institutional Review Boards of Tulane University School of Public Health and Tropical Medicine (IRB # FWA00002055) and from the Asociación Benéfica PRISMA a Peruvian non-governmental organization (IRB #FWA00001219). Verbal consent was obtained from all participants. The study

objectives and the expectations of the participants were read out loud to facilitate their understanding. Any questions that participants posed were answered prior to starting the survey.

Phase 1 – Item Construction and Face Validity

Phase 1 began the process of constructing measures of caregiver ascribed gender and sexuality. Phase 1 was designed to: 1) generate a large male and female initial item pools to be included in the instrument development process, 2) assess and ensure the face validity of each item within the initial item pools, as well as other, previously validated instruments to be used in study three, and 3) reduce the number of items ultimately included in the final version of the resulting scales.

Methods

There were various steps undertaken during item construction and face validity which are outline in Figure 1.

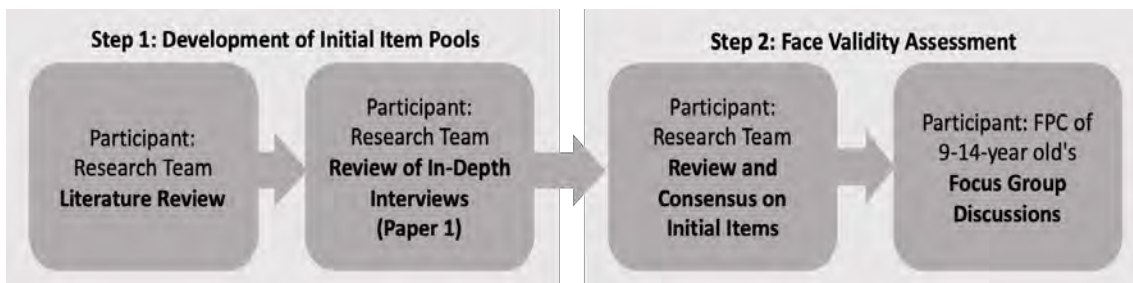


Figure 1: Item Development and face validity assessment process.

Participants

First, the initial item pool development was undertaken by the research team. Second, following item development (described below), face validity, defined as “the

appropriateness, sensibility, or relevance of the test and its items as they appear to the person answering the test,”¹⁴⁶ of each item and construct was assessed using two methods. A study review team consisting of 2 professional Peruvian psychologists, a public health doctoral student, several public health master’s students, and an established Peruvian researcher assessed each item for clarity and completeness. Next, three focus groups of FPC of 9-14-year-old children were undertaken to assess face validity of the items within each item pool as well as other established scales that would be used later in the study. In order to approach thematic saturation each focus group was composed of 10 women in each, for a total of 30 women and was facilitated by a native Spanish speaker trained in psychology using a semi-structured field-tested focus group guide.¹⁴⁷ FPC were recruited by community health workers stationed at the Asociación Benéfica PRISMA offices based in San Juan de Miraflores and Villa El Salvador, two shantytowns on the southern outskirts of Lima. Utilizing the existing research networks of the author, community health workers recruited FPC with at least one child 9-14 years old using a purposive, convenience sampling framework until a total of approximately 10 FPC agreed to participate in each focus group. Each focus group lasted approximately 1 hour. While each focus group was audio recorded, two note takers were also present in each focus group. Participation was confidential and voluntary. All participants gave verbal consent prior to the beginning of each session and were reimbursed for time and travel.

Procedure

The initial set of items were constructed using two steps. First, a literature review was conducted of other gender and sexuality scales, particularly as they applied to adolescents. This focused on shared constructs, and commonly shared item formulations. These commonly shared items were collected and added to the item pools. Next, two members of the study team, guided by the literature review, identified and defined 5 constructs that were theoretically associated and frequently conserved across other masculinity and femininity scales: Emotional Effectiveness, Household Responsibilities, Gendered Behaviors, Physical and Mental Attributes, and Sexuality. These constructs are defined in Table 1.

Table 1. Theoretical constructs of adolescent gender and sexuality and their definitions.

Theoretical Construct	Definition
Emotional Effectiveness	Describing the level of child emotional expressiveness.
Household Responsibilities	Describing the type and value of child’s work in relation to socially prescribed gender roles.
Gendered Behaviors	Describing behaviors of child in relation to socially prescribed gender roles.
Physical and Mental Attributes	Describing the child's physical and mental characteristics in relation to their gender.
Sexuality	Describing the present or future capacity for sexual activity (including homosexual activity) of child in relation to each gender.

Following the process outlined by DeVillis (2017), a theoretically-informed, deductive approach was used by the study team to create additional items for each of these theoretical constructs using information gained during the in-depth interviews performed previously (Miles, dissertation paper 1). Using this information, the research

team sought to inform and develop items using the exact words and language of FPCs in metropolitan Lima.

Face validity of both the initial item pools, as well as validated instruments not previously validated for Peruvian context was assessed including The Abridged Sexual Double Standard Scale (SDSS),¹⁴⁸ *The Ambivalent Sexism Inventory (ASI)*,¹⁴⁹ The 12-item Bem Sex Role Inventory (BSRI-12),¹⁵⁰ and the 15-item Attitudes Towards Women Scale (AWS-15).¹⁵¹ For the initial item pools, the research team considered each item based on clarity and fidelity to a previously agreed upon theoretical construct definition until a majority consensus was reached. This was followed by three focus groups with FPC of 9-13-year-olds. Focus group participants were given a paper and pencil version of the item pool that corresponded to the gender of their child within the 9-14-year-old age range. Using a 7-point Likert scale, each participant rated the level agreement to each item based on their perceptions of their child. For example, caregivers were asked, on a 7-point scale, how much do you agree with the statement “*My son is weak because he is emotional. [Mi hijo es débil porque es emocional.]*” They were encouraged to note any difficulty they had answering specific items. After the allotted time for completing the instrument had passed (approximately 30 minutes), participants were asked to proceed to other parts of the survey instrument, including assessing the face validity of instruments not previously validated for use in Peru or with this target population. This length of time was based on field testing which showed that it was sufficient to completely answer each item within the item pools. In assessing the face validity of the additional instruments, female participants were given paper and pencil copies of each instrument and asked to complete them to the best of their ability. Once all the

participants completely answered each of the instruments, a study team member began the focus group discussion by asking about readability, wording, intelligibility, and response fatigue. Successive groups had their attention drawn to specific items if not brought up unprompted such that each item was discussed in at least one of the focus groups. Paper-pencil responses of focus group participants were examined for response patterns (extreme response styles), but not analyzed. All recordings and detailed notes were summarized and discussed extensively among the research team.

Results

This item generation process yielded a universe of 220 potential items across the male and female item pools (110 for each sex). The majority of these items were common to both item pools (i.e., traditional differences for each item based on sex, such as “*My son has shown romantic interest in girls*” [*Mi hijo ha demostrado interés romántico en chicas*] and “*My daughter has shown romantic interest in boys*” [*Mi hija ha demostrado interés romántico en chicos*]) or with only minor changes to the pronouns or gender of each item (i.e. “*My son regularly washes the dishes*” [*Mi hijo lava los platos regularmente.*]/ “*My daughter regularly washes the dishes*” [*Mi hija lava los platos regularmente.*]). Some differences in initial male and female item pools did exist representing divergent theoretical conceptions of masculinity and femininity. Each item was translated by a native Spanish-speaking Peruvian and then back translated by a bilingual, native English-speaking member of the research team.

The initial study team review resulted in the elimination of 10 items from each pool, as well as the rewording of several items. This process resulted in two (male and female) modified item pools, each pool composed of the 5 theoretical constructs relating

to adolescent gender and sexuality identified by the research team based on the in-depth interviews, and each containing 100 items. Focus group summaries revealed that across groups, suggestions were very similar with only minor changes (i.e., to reflect language used by Peruvian women) and the scale was changed to a 5-point Likert-scale due to difficulty among focus group participants differentiating responses using a 7-point scale.

The length of the entire survey instrument – the new 100-item pool plus a socio-demographic section, as well as four validated instruments -- proved to be burdensome for participants with several noting difficulty in completing each item in the allotted time. For this reason, the research team decided to implement the survey instrument such that participants would be randomized in to one of two versions of the survey: everyone would respond the socio-demographic and new 100-item pool depending on the sex of their child, but only two of the four validated instruments per respondent, thereby reducing the time burden on participants. There was no indication from the focus groups that individual items or constructs needed to be replaced or eliminated.

Phase 2 – Content Validity

Phase two was designed to 1) assess the content validity of each item and the theoretical constructs within the modified item pool (100 remaining items from study one), and 2) further reduce the number of items in each measure.

Methods

Participants

Representing potential users of a new measure of ascribed gender and sexuality, a panel of 15 Peruvian and international content experts was assembled using a snowball

sampling method, including researchers and practitioners in adolescent health, gender, sex and sexuality, psychology, and sociology.

Procedure

A bilingual (Spanish and English) version of the modified item pools, consisting of 100 male and 100 female items grouped across the five theoretical constructs and their definitions, were sent to a convenience sample of 22 members of the expert panel using REDCap electronic data capture tools hosted at Tulane University.^{152,153} Members were identified through author's existing networks of Peruvian and American researchers and practitioners who work on, or are knowledgeable about, adolescent reproductive and sexual health, psychology, gender and sexuality studies, and sociology. Each modified item pool was sent separately to each person where, upon completion of rating the male item pool, they were automatically sent the female item pool. For this reason, one participant did not rate both scales; he/she stopped at the male item pool. While 15 people responded to the male item pool questionnaire, only 14 responded to the female item pool questionnaire, apparently from response fatigue. Content validity was assessed using Lawshe's quantitative method¹⁵⁴ by asking the members of the expert panel to rate each item as either 1) essential, 2) useful but not required, or 3) not necessary component to the measurement of the associated theoretical construct. A content validity ratio (CVR) was calculated for each item as it related to the overall definition of each theoretical construct. An acceptable content validity ratio was determined based on the adjusted critical values reported by Ayre and Scally (2014): 0.6 and above for the male item pool and 0.571 and above for the female item pool.¹⁵⁵ The expert panel was also

asked to make comments on individual items in relation to the accuracy, clarity, style, and cultural relevance of items. Finally, a content validity index (CVI) was calculated for all the retained items for both male and female versions resulting in the male and female modified item pools.¹⁵⁶

Results

This process resulted in retaining 63 items for the male item pool and the 59 items for the female item pool across all 5 theoretical constructs which included Emotional Effectiveness, Household Responsibilities, Gendered Behaviors, Physical and Mental Attributes, and Sexuality. For the male item pool 42 items, out of the original 100, received a CVR less than 0.6 and hence were eliminated. The remaining 58 items had CVR scores ranging from 0.6-0.99, and combined, possessed a CVI of 0.8415. The female modified item pool had similar result: 46 items had CVRs below the critical value (0.572), leaving 54 items for inclusion. The individual item CVRs ranged from 0.572 - 0.99, and the items combined possessed a CVI of 0.818. Further, the study team identified 5 items to be retained in the female item pool and 4 items in the male item pool despite having CVRs below their respective critical values due to their complimentary items being retained in the other gender's item pool. For example, the item "*My son helps with domestic chores. [Mi hijo ayuda con las tareas domesticas.]*" was retained in the male item despite receiving a CVR below 0.6 because it was a directly comparable item whose counterpart in the female item pool did receive a sufficient CVR. For the retained items, the panel primarily suggested minor changes which were incorporated

into the modified item pools. The full list of retained items along with their respective item numbers are shown in Appendix A.

Phase 3 – Exploratory Factor Analysis (EFA)

Phase 3 is the final phase in creating scales measuring parentally ascribed gender and sexuality, and it consists of two main steps. First, EFA was performed on the items retained after the first two studies to reduce the total item count. Second, convergent and discriminant validity based on the association between our scales and other validated instruments was assessed. We hypothesized that parents who endorse more feminist and tolerant views as measured by these established instruments would respond in the same direction using our scales, compared to those who expressed traditional and conservative views. We also anticipated a greater degree of variance in our scales which examined respondents' beliefs specifically about their own children versus those more established instruments which assessed more general attitudes about gender or sexuality.

Methods

Participants

Seeking to include participants from a range of socio-economic status, recruitment was conducted in different areas of metropolitan Lima. Metropolitan Lima, with an estimated population of approximately 10 million people, is divided into 30 districts. In Peru, private schools are defined as having some tuition or fee associated with enrollment; in 2016, these private schools make up fifty percent of all enrollments in basic education in Lima.^{70,71} Thirty private schools were chosen at random from a list of

over 5308 private schools. This was accessed from the Ministry of Education (MINEDU), and the 30 randomly selected schools were located in 19 of the 30 districts of Lima.¹⁵⁷ Schools were identified across three tuition strata, defined as: approximately US\$60 or less (less than 200 soles), approximately \$60-\$150, and approximately \$150 or greater. An equal number of schools (10) for each tuition strata were identified. While it did not affect site selection, the geographical distribution of the 30 selected schools was examined using ArcGIS (Appendix B).

Sample size was calculated to evaluate the following null hypothesis: there will be no difference in the proportion of FPCs who perceive greater susceptibility to STI's, including HPV, and those who ascribe "more" and "less" sexuality to their child. Assuming a 0.05 type 1 error rate for a two-tailed comparison of proportions test, and selecting the most conservative estimates to detect a clinically significant difference of at least 20% with 80% power, a minimum of 194 FPCs were needed to complete quantitative surveys. This number was adjusted by 40% to include design effects resulting in a final sample size of 272 for each of the two versions of the survey instrument, resulting in a minimum sample size of 544 respondents.

Adequate sample size, or more precisely sample power for EFA has been the subject of much literature as it is frequently affected by several factors that are often not empirically known by researchers in the early stages of factor analytic research.¹⁵⁸⁻¹⁶⁰ While it is recognized that larger sample sizes result in more stable, generalizable solutions, this number varies based on the number of variables being analyzed, the absolute number of subjects, and the "strength" of the data indicated by high communalities, the lack of cross-loadings, strong primary loadings per factor, the nature

of the data, the number of resulting factors, and the number of items per factor.¹⁵⁸⁻¹⁶¹ The sample size for the EFA within this study was selected based on the minimum sample size need to complete the analysis in Paper 3, as well as several published rules of thumb governing sample size for EFA. First several absolute N values from 100-1000 have been suggested in the literature, though Cromrey (1973) suggested that samples of $N \geq 500$ are very good for ensuring a factor structure solution can be replicated in a different sample.¹⁶² Other guidelines suggested ratios of N participants to p items ranging from 5 to 10, though Tinsley and Tinsley (1987) suggest these ratios can be relaxed as N approaches 300.¹⁶³ The sample size of $N=544$ in this study satisfies both these suggestions.

Procedure

Within the surrounding area of the identified schools, a convenience sample of approximately 20 FPC who cared for at least one child between the ages of 9-13 years old was taken using a modified version of the World Health Organization's Expanded Program on Immunization (EPI) sampling method.^{164,165} No efforts were made to assess non-response bias, hence individuals who were approached but refused to participate were not counted.. Participants were randomly assigned to complete one of two versions of the survey covering different measures to reduce the amount of time that each FPC would need to complete the survey, but allow us to have sufficient information about each measure. Each version of the survey instrument assessed demographic characteristics of the participant, the item pool for the new measurement according to the gender of their child, and several different established measurements relating to gender

and sexuality. Surveys were conducted using tablets alongside a field team member who would read question aloud should that have been necessary and took approximately 45 minutes to complete. Participation was anonymous: names were not collected. A total of 277 participants completed the male item pool while 315 participants completed the female item pool for a total of 592 participants.

Measures

Participants self-reported demographic information including number of children, age of their children, and their own age. Additional items requested information about level of education, civil status, occupation family income per month, home ownership, and the number of people living in their house. They were then asked to think specifically about one of their children within the target age range. They were asked that child's gender, their specific age, and who that child lived with. The sex of their child was dichotomized (male and female) while the age was limited to one-year categories between 9 and 13 year of age. Socio-economic status was assessed using self-reported monthly family income. Participants then responded to each item from the item pools remaining after the first two studies to assess ascribed gender and sexuality corresponding to the gender of their child.

Finally, half of the respondents were randomly assigned and responded to the SDSS¹⁴⁸ and the BSRI-12¹⁵⁰ while the other half were randomly assigned and responded to the ASI¹⁴⁹ and the AWS-15.¹⁵¹ While face validity of each measure in Phase 1 was assessed, none had previously been validated in the Peruvian context. Table 2 shows their respective sample sizes, definitions, and measures of internal consistency when

applied to our sample comparable samples in the United States. Validated measures are discussed in detail in Appendix C.

Table 2: Measures used to assess convergent and discriminant validity, definitions, measurements of internal consistency, and sample size.

Instrument	α	α (Original Sources)	Definition	Sample Size (N)
Sexual Double Standard Scale (SDSS)¹⁴⁸				
Global Index of Sexual Double Standard (GI-SDS)	0.76		Measurement of attitudes toward traditional and inverse SDS	297
Index of Double Standard for Sexual Freedom (IDS-SF)	0.60	0.84		
Index of Double Standard for Sexual Shyness (IDS-SS)	0.80	0.87		
Bem Sex Role Inventory (BSRI-12)¹⁵⁰				
Masculine Subscale	0.78	0.74	Measurement of an individual's ascribed femininity and/or masculinity.	297
Feminine Subscale	0.85	0.89		
Ambivalent Sexism Inventory (ASI)¹⁴⁹				
Ambivalent Sexism Inventory	0.81	0.90	Measurement of ambivalent sexist beliefs and attitudes.	294
Hostile Sexism	0.77	0.89	Measurement of antipathy towards women based upon a faulty and inflexible generalizations.	
Benevolent Sexism	0.73	0.86	Measurement of attitudes toward women that are sexist in terms of viewing women stereotypically and in restricted roles but that are subjectively positive in feeling tone (for the perceiver) and also tend to elicit behaviors typically categorized as prosocial and intimacy seeking.	
Attitudes Towards Women (AWS-15)¹⁵¹				
Attitudes Towards Women Scale	0.50	0.83	Measurement of beliefs about the roles of women in society.	294

*Description and original sources discussed in Appendix C.

Analysis

Exploratory factor analysis (EFA) was conducted to examine the construct validity of the Ascribed Gender and Sexuality Scales. A reliability analysis for the scales was also conducted. Pearson's Correlation Coefficients were also calculated to compare Ascribed Gender and Sexuality to other validated scales measuring other dimensions of Gender and Sexuality attitudes. All analyses were conducted in STATA 15.¹⁶⁶

Results

Four separate scales assessing Ascribed Gender and Sexuality of either Male or Female children with acceptable internal consistency were produced from this process. Initially efforts to create a single, a unified scale of Ascribed Gender and Sexuality to their male and female children was attempted by performing a principal component factor analysis (minimum eigenvalue 1.0) on all items remaining after Phase 2 for both the male and female item pool (63 and 59 items, respectively). This however resulted in an 11-factor solution for the male instrument and an 8-factor solution for the female instrument that was difficult to interpret. As such, the decision was made that because ascribed gender and ascribed sexuality may represent conceptually different and independent domains, separate scales should be pursued for each. Items remaining after Phase 2 relating to the theoretical constructs of Emotional Effectiveness, Household Responsibilities, Gendered Behaviors, and Physical and Mental Attributes were used to construct the Ascribed Gender measurements while those relating to the Sexuality construct were primarily used in the Ascribed Sexuality measurement. One exception was items 45m and 43f: "My son/daughter is submissive" [Mi hijo/a es sumiso/a] as loading patterns suggested that this loaded with various other gender-based items as

opposed to sexuality-based items. For the male measurements this represented a total of 38 items for ascribed gender and 25 items for ascribed sexuality while for the female measurements the total was 36 and 23, respectively.

First Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy and Bartlett's test were examined for each set of items. The KMO for the sample data for each group of items was 0.650-0.733, suggesting that the correlations among the items within each group of items was at least adequate for conducting factor analysis. For each set of items, when examining sample data, the Bartlett's test of sphericity had a p-value of $p < 0.000$, indicating that the correlation matrix among each set of items was not an identity matrix. Principal component factor analysis (PCFA) was then conducted on each group of items. Only the factors that had eigenvalues of at least 1.0 were retained. The strength of the correlations of items within each factor were explored and redundancies were considered using an oblique rotation ($\Delta=0$) based on the assumption that the underlying factors were at least moderately related. At the conclusion of each analysis, specific items were examined in order to eliminate some from further consideration. Items were eliminated that did not have factor loadings of 0.20 or greater for the ascribed sexuality scales and 0.30 or greater for the ascribed gender scales. If items were not clearly positioned on a single factor (ie. loaded greater than 0.20 or 0.30 on more than a single factor) the difference in the factor loadings between factors was calculated and items not having a difference greater than 0.20 were eliminated. This allowed for maximum parsimony in the final solutions and accounted for the maximum variance found within the measured survey questions.

Ascribed Sexuality-Male Scale (AS-M)

For AS-M, items were reverse coded to give ascriptions of greater sexuality a higher score. Iterative PCFA was performed and shown in Figure 1. The initial PCFA did not specify a number of factors resulting in a 3-factor solution explaining 79% of the variance. Successive PCFA were conducted resulting in retaining 20 items and a 3-factor solution each comprising items that were similar and conceptually meaningful: 1) Ascribed Sexuality, 2) Ascribed Interpersonal Sexuality, and 3) Ascribed Homosexuality. Following this analysis, efforts were made to maximize internal consistency by eliminating item 38m and item 62m from factor 1 and items 43m and 47m from Factor 3. Factors 1, 2, and 3 had resulting alphas equal to 0.67, 0.67, and 0.53, respectively, and the total scale had an alpha of 0.60 as shown in Table 3.

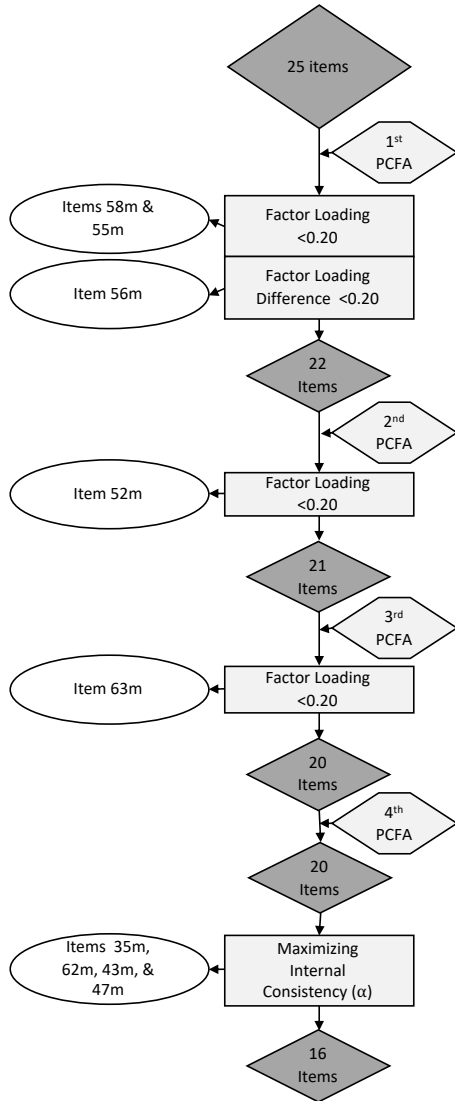


Figure 2: Principal Component Factor Analysis (PCFA) Process for AS-M

0.67, and 0.53, respectively, and the total scale had an alpha of 0.60 as shown in Table 3.

Table 3: Factor loadings of items for Ascribed Sexuality-Male Scale (AS-M) and alpha coefficients of each sub-scale.

	Factor Loadings
Factor 1: Ascribed Sexuality	
51m. My son will experiment sexually as he becomes a man. [Mi hijo experimentará sexualmente mientras se convierte en un hombre.]	0.67
50m. My son eventually having sex with multiple people over the course of his adolescence will likely happen. [Eventualmente mi hijo tendrá sexo con múltiples personas sobre el transcurso de su adolescencia.]	0.57
49m. When my son starts having sex, he will likely be the initiator. [Cuando mi hijo comience a tener relaciones, es mas probable que él sea el iniciador.]	0.44
42m. <i>My son will be a virgin until he is married. [Mi hijo será casto hasta que esté casado.]</i>	0.42
48m. My son will masturbate. [Mi hijo se masturbará.]	0.42
39m. My son is likely to have had a lot of girlfriends before marriage. [Es muy probable que mi hijo tenga muchas enamoradas antes del matrimonio.]	0.40
40m. My son having sexual desires is normal. [Es normal que mi hijo tenga deseos sexuales.]	0.40
44m. My son will likely be more knowledgeable about sex than a girl he dates. [Mi hijo probablemente tendrá mayor conocimiento sobre sexo, que la chica con la que sale.]	0.32
Cronbach Alpha (α)	0.67
Factor 2: Ascribed Interpersonal Sexuality	
54m. <i>My son would never compliment another male. [Mi hijo nunca le daría un piropo a otro hombre.]</i>	0.87
53m. <i>My son would never flirt with another male. [Mi hijo jamás coquetearía con otro hombre.]</i>	0.88
41m. <i>My son doesn't have the personality to be a "player" [Mi hijo no tiene la personalidad de ser un "Don Juan".]</i>	0.38
46m. I will support my son having a relationship with a girl. [Apoyaré que mi hijo tenga una relación con una chica.]	0.23
Cronbach Alpha (α)	0.67
Factor 3: Ascribed Homosexuality	
59m. My son may go out to gay parties, gay bars, and gay clubs as he gets older. [Mi hijo podrá ir a fiestas gays, bares gays y club gays mientras va creciendo.]	0.52
60m. I can imagine a future in which my son has a male partner. [Puedo imaginar un futuro en donde mi hijo tenga una pareja masculina.]	0.52
57m. My son has shown romantic interest in boys. [Mi hijo ha demostrado interés romántico en chicos.]	0.39
61m. <i>My son acts like a girl. [Mi hijo actúa como una chica.]</i>	0.41
Cronbach Alpha (α)	0.53
Total Scale Cronbach Alpha (α)	0.60

Italics Indicate Reverse Coding

Ascribed Sexuality-Female Scale (AS-F)

For the AS-F, items were reverse coded to give ascriptions of greater sexuality a higher score. Iterative PCFA was performed as described in Figure 2. The initial analysis did not specify a number of factors resulting in a 2-factor solution explaining 72% of the variance. Successive PCFA resulted in a 12-item single factor solution resulting in a single factor solution presented in Table 4. The single factor solution was comprised of items that were similar and conceptually meaningful around the idea of Ascribed Sexuality and had an alpha equal to 0.67.

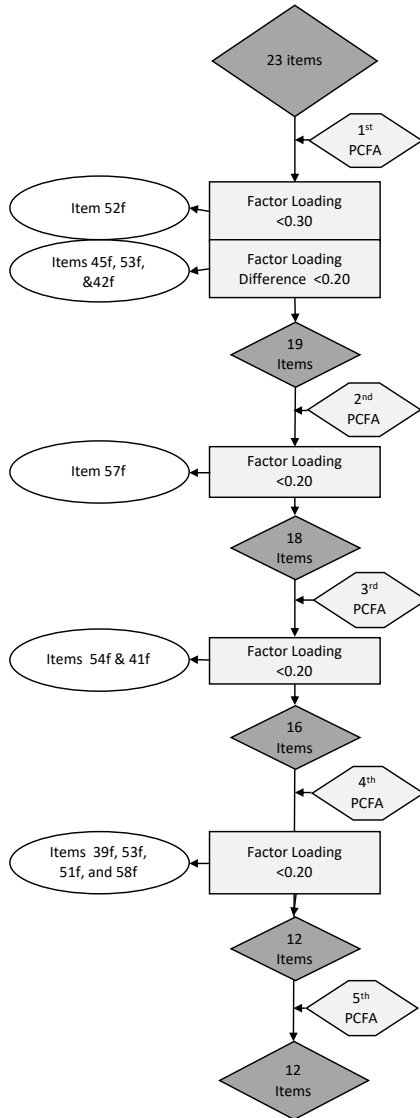


Figure 3: PCFA Process for AS-F

Table 4: Factor Loadings of items in the Ascribed Sexuality-Female Scale (AS-F) with alpha coefficients.

Factor 1: Ascribed Sexuality	Factor Loadings
47f. When my daughter starts having sex, she will likely be the initiator. [Cuando mi hija comience a tener relaciones, es más probable que ella sea la iniciadora.]	0.56
48f. My daughter eventually having sex with multiple people over the course of her adolescence will likely happen. [Eventualmente mi hija tendrá sexo con múltiples personas sobre el transcurso de su adolescencia.]	0.54
56f. I can imagine a future in which my daughter has a female partner. [Puedo imaginar un futuro en donde mi hija tenga una pareja femenina.]	0.46
46f. My daughter will masturbate. [Mi hija se masturbará.]	0.45
49f. My daughter will experiment sexually as she becomes a woman. [Mi hija experimentará sexualmente mientras se convierte en una mujer.]	0.44
55f. My daughter may go out to gay parties, gay bars, and gay clubs as she gets older. [Mi hija podrá ir a fiestas gays, bares gays y club gays mientras va creciendo.]	0.43
38f. My daughter having sexual desires is normal. [Es normal que mi hija tenga deseos sexuales.]	0.43
59f. I will support my daughter having a relationship with a girl. [Apoyaré que mi hija tenga una relación con otra chica.]	0.40
37f. My daughter is likely to have a lot of boyfriends before marriage. [Es muy probable que mi hija tenga muchas enamoradas antes del matrimonio.]	0.37
44f. I will support my daughter having a relationship with a boy. [Apoyaré que mi hija tenga una relación con un chico.]	0.28
36f. My daughter has shown romantic interest in boys [Mi hija ha demostrado interés romántico en chicos.]	0.27
40f. <i>My daughter will be a virgin until marriage. [Mi hija será virgen hasta que esté casada.]</i>	0.23
Cronbach Alpha (α)	0.67

Italics Indicate Reverse Coding

Ascribed Gender-Male Scale (AG-M)

For the AG-M, items were reverse coded to ensure that FPCs who ascribe more traditionally masculine roles and behaviors to their child receive higher scores. Iterative PCFA was performed and shown in Figure 3. The initial analysis did not specify a number of factors resulting in a 4-factor solution explaining 70% of the variance. Successive PCFA resulted in a 17 item, 3 factor solution with each comprised of

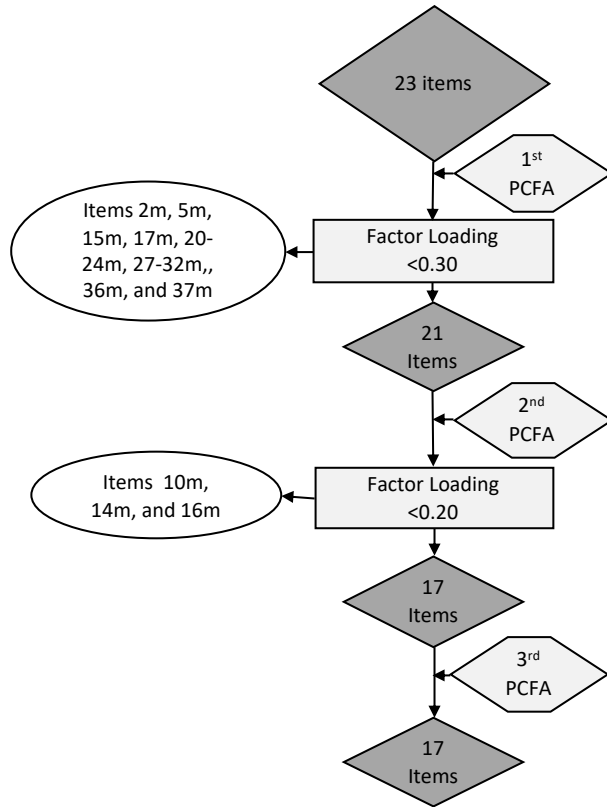


Figure 4: PCFA process for AG-M

items that were conceptually meaningful: 1) Stereotyped Gender Roles, 2) Emotional and Physical Gendered Attributes, and 3) Feminine Behaviors. Factors 1, 2, and 3 had resulting alphas equal to 0.81, 0.62, and 0.88, respectively, while the total scale had an alpha of 0.71 as shown in Table 5.

Table 5: Factor loadings of items in the 3 scales of the Ascribed Gender-Male Scale (AG-M), and alpha coefficients for each sub-scale.

	Factor Loadings
Factor 1: Stereotyped Gender Roles	
<i>12m. My son helps with domestic chores. [Mi hijo ayuda con las tareas domésticas.]</i>	0.73
<i>7m. My son regularly washes the dishes. [Mi hijo lava los platos regularmente.]</i>	0.66
<i>10m. My son helps take care of his siblings. [Mi hijo ayuda a cuidar a sus hermanos.]</i>	0.60
<i>13m. If left alone, my son will be able to prepare his own dinner. [Si mi hijo está solo, él será capaz de preparar su propia cena.]</i>	0.58
<i>14m. My son helps take care of siblings so that he can take care of his children when he has a family. [Mi hijo ayuda a cuidar a sus hermanos para que él pueda cuidar de sus hijos cuando tenga una familia.]</i>	0.58
<i>9m. My son knows the basics of cooking. [Mi hijo conoce los bases para cocinar.]</i>	0.57
<i>8m. My son regularly helps with the laundry. [Mi hijo regularmente apoya con la lavandería.]</i>	0.56
<i>15m. My son knows how to do repairs around the house. [Mi hijo sabe cómo hacer reparaciones en la casa.]</i>	-0.60
<i>16m. My son knows how to do domestic chores around the house to help his future spouse. [Mi hijo sabe cómo hacer las labores domésticas en la casa para ayudar a su futura esposa.]</i>	0.53
Cronbach Alpha (α)	0.81
Factor 2: Emotional and Physical Gendered Attributes	
<i>34m. My son knows how to physically defend himself. [Mi hijo sabe cómo físicamente defenderse a si mismo.]</i>	0.53
<i>1m. My son is weak because he is emotional. [Mi hijo es débil porque es emocional.]</i>	0.53
<i>6m. If my son is being picked on at school, he would stand up for himself. [Si a mi hijo lo molestaran en el colegio, él se defendería a si mismo.]</i>	0.51
<i>3m. My son isn't respected among friends and family because he shows his feelings too much. [Mi hijo no es respetado entre sus amigos y familia porque él muestra demasiado sus sentimientos.]</i>	0.44
<i>4m. When my son has a fear, he keeps it to himself. [Cuando mi hijo tiene miedo, él lo guarda para si mismo.]</i>	-0.37
<i>45m. My son is submissive. [Mi hijo es sumiso]</i>	0.43
Cronbach Alpha (α)	0.62
Factor 3: Stereotyped Female Gendered Behaviors	
<i>25m. My son wants to wear makeup. [Mi hijo quiere usar maquillaje.]</i>	0.85
<i>26m. My son wants to wear feminine clothing. [Mi hijo quiere usar ropa femenina.]</i>	0.84
Cronbach Alpha (α)	0.88
Total Scale Cronbach Alpha (α)	0.72

Italics Indicate Reverse Coding

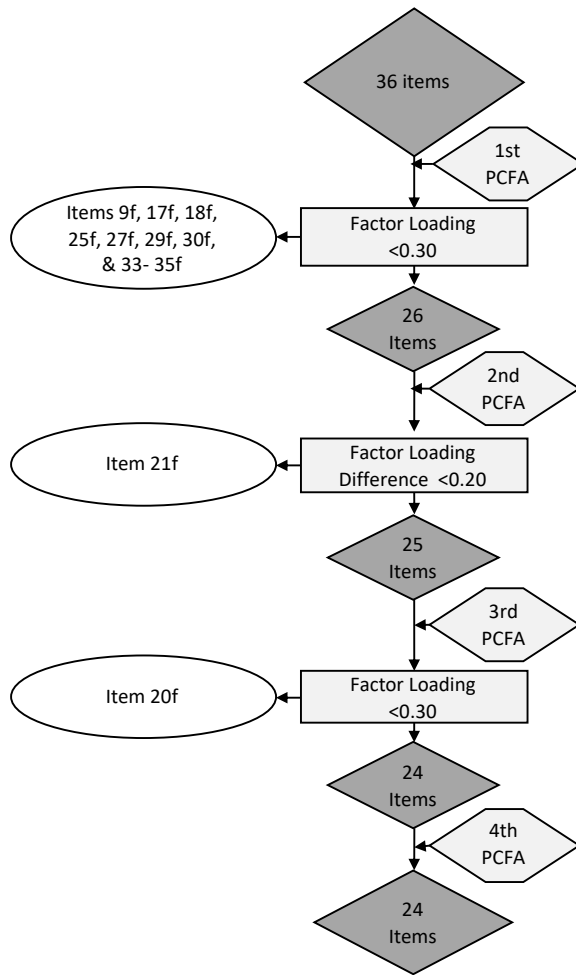


Figure 5: PCFA process for Female Ascribed Gender Scale (AG-F)

Ascribed Gender-Female Scale (AG-F)

For the AG-F, items were reverse coded to ensure that parents who ascribe more traditionally feminine roles and behaviors to their children received a higher score. Iterative PCFA was performed, the process of which is shown in Figure 4. The initial analysis did not specify a number of factors resulting in a 5-factor solution explaining 87% of the variance. Successive PCFA were performed producing the 24 item, 4-factor solution shown in Table 4. Each factor was comprised of items that were similar

and conceptually meaningful: 1.) Stereotyped Female Gender Roles, 2.) Stereotyped Male Gender Roles, 3.) Stereotyped Female Gender Behaviors, and 4.) Emotional and Physical Gendered Attributes. Factors 1, 2, 3, and 4 had resulting alphas equal to 0.80, 0.61, 0.76, and 0.57 respectively while the total scale had an alpha equal to 0.62 as shown in Table 6.

Table 6: Factor loadings of items in Female Ascribed Gender Measure (AG-F), and alpha coefficients for each sub-scale

	Factor Loadings
Factor 1: Stereotyped Female Gender Roles	
4f. My daughter regularly washes the dishes. [Mi hija lava los platos regularmente.]	0.73
7f. My daughter knows the basics of cooking. [Mi hija conoce lo básico para cocinar.]	0.66
10f. My daughter helps with domestic chores. [Mi hija ayuda con las tareas domésticas.]	0.67
5f. My daughter regularly helps with the laundry. [Mi hija regularmente apoya con la lavandería.]	0.62
14f. My daughter knows how to do domestic chores around the house to help her future spouse. [Mi hija sabe cómo hacer las labores domésticas en la casa para ayudar a su futuro esposo.]	0.58
6f. I think my daughter’s education will prepare her for child rearing. [Creo que la educación de mi hija la preparará para la crianza de hijos.]	0.52
12f. My daughter helps take care of siblings so that she can take care of her children when she has a family. [Mi hija ayuda a cuidar a sus hermanos para que ella pueda cuidar de sus hijos cuando tenga una familia.]	0.54
11f. If left alone, my daughter will be able to prepare her own dinner. [Si mi hija está sola, ella será capaz de preparar su propia cena.]	0.43
8f. My daughter helps take care of her siblings. [Mi hija ayuda a cuidar a sus hermanos.]	0.41
<hr/>	
Cronbach Alpha (α)	0.80
Factor 2: Stereotyped Male Gender Roles	
32f. My daughter will worry about being too muscular because boys won’t like it. [Mi hija se preocupa de ser muy musculosa porque a los chicos no les gustaría eso.]	0.63
31f. My daughter being physically strong would be an undesirable characteristic. [Que mi hija físicamente sea fuerte, sería una característica indeseable.]	0.50
15f. I think my daughter would be happy as a homemaker when she is older and supported by her husband. [Creo que mi hija sería feliz como madre del hogar cuando sea mayor y es sostenida por su esposo.]	0.46
26f. <i>My daughter has more male friends than female friends.</i> [Mi hija tiene más amigos que amigas.]	-0.42
19f. <i>I could see my daughter pursuing a career in something like law enforcement, military, or a vocational trade.</i> [Podría ver a mi hija siguiendo una carrera en algo como oficial de la ley, militar o una carrera vocacional.]	-0.36
13f. <i>My daughter knows how to do repairs around the house.</i> [Mi hija sabe cómo hacer reparaciones en la casa.]	-0.34
16f. <i>I think my daughter would be happy as the sole breadwinner in her family and her partner stayed home with children.</i> [Creo que mi hija]	-0.34

sería feliz como la proveedora de su familia y que su pareja se quede en casa con los niños.]

Cronbach Alpha (α)	0.61
Factor 3: Stereotyped Female Gender Behaviors	
23f. <i>My daughter doesn't like dressing up. [A mi hija no le gusta arreglarse.]</i>	0.80
24f. <i>My daughter is not concerned about her appearance. [Mi hija no está preocupada por su apariencia.]</i>	0.74
22f. <i>My daughter doesn't want to wear dresses for special occasions. [Mi hija no quiere ponerse vestidos para ocasiones especiales.]</i>	0.58
Cronbach Alpha (α)	0.76
Factor 4: Factor 2: Emotional and Physical Gendered Attributes	
1f. <i>My daughter is weak because she is emotional. [Mi hija es débil porque es emocional.]</i>	0.52
2f. <i>My daughter does not speak her mind even if she feels strongly about something. [Mi hija no dice lo que piensa aún cuando tiene una opinión fuerte sobre algo.]</i>	0.49
43f. <i>My daughter is submissive. [Mi hija es sumisa.]</i>	0.45
28f. <i>I think my daughter will be naive in her relationships. [Creo que mi hija será ingenua en sus relaciones.]</i>	0.35
3f. <i>If my daughter is being picked on at school, she would stand up for herself. [Si a mi hija la molestaran en el colegio, ella se defendería a sí misma.]</i>	0.37
Cronbach Alpha (α)	0.57
Total Scale Cronbach Alpha (α)	0.62

Italics Indicate Reverse Coding

Associations between Our Scales and Other Gender Related Attitudes

A secondary objective of Phase 3 was to explore the validity of the Ascribed Gender and Ascribed Sexuality scales by examining their associations to other validated measures of gender and sexuality attitudes. We expected that parents who expressed more feminist and tolerant views as measured by these validated instruments would answer these new scales in the same direction. We also expected some correlation between each measure in order to demonstrate convergent or discriminant validity. Finally, while we did not anticipate seeing gender effects in relation to ASI, AWS-15, and SDSS as these measures represent parental beliefs and attitudes in general, we did

anticipate seeing some unique variance for Ascribed Gender and Ascribed Sexuality and BSRI-12 as these scales were answered in relation to the participants child specifically. As such, we anticipated a significant degree of correlation between participant responses for BSRI-12 and Ascribed Gender and Ascribed Sexuality.

Pearson correlations between ASI, AWS-15, SDSS, and BSRI-12 and/or their sub-scales and the new measures of Ascribed Gender and Ascribed Sexuality for both male and female children were examined. These correlations can be seen in Table 7. One should note that higher scores on AWS-15 are associated with more feminist or egalitarian attitudes while higher scores on ASI, and SDSS represent more traditional views of gender and sexuality. Higher scores on BSRI-12 subscales represent the greater ascription of perceived masculine or feminine characteristics to the participants child while for AS-M/F and AG-M/F higher scores indicate greater ascribed sexually and the greater ascription of traditional gender roles and behaviors respectively.

Table 7: Correlations among validated scales and Male and Female Ascribed Gender and Sexuality. Caregivers of male and female children combined.

	BSRI-12 ^k		SDSS ^g			ASI ^f			(AWS-15) ^e	AG-F	AS-F	AG-M	AS-M
	Fem. Sex Role	Masc. Sex Role	GI-SDS ^j	IDS-SS ⁱ	IDS-SF ^h	Total Sexism	Hostile Sub-Scale	Benevolent Sub-Scale					
AS-M^a	0.050	0.090	-0.033	-0.038	-0.008	-0.019	0.014	-0.038	0.130	-	-	0.022	1
AG-M^b	-0.012	0.114	-0.006	-0.019	0.014	-0.051	0.010	-0.077	0.024	-	-	1	
AS-F^c	0.011	0.063	0.033	0.037	0.010	-0.052	-0.017	-0.071	0.149	-0.026	1		
AG-F^d	0.079	-0.065	0.151	0.085	0.160	0.262**	0.178*	0.286**	-0.161*	1			

*P<0.05; **P<0.01;***p<.0001

a. Male Ascribed Sexuality Scale; b. Male Ascribed Gender Scaler; c. Female Ascribed Sexuality Scale; d. Female Ascribed Gender Scale; e. Attitudes Towards Women; f. Ambivalent Sexism Index; g. Sexual Double Standard Scale; h. Index of Double Standard for Sexual Freedom; i. Index of Double Standard for Sexual Shyness; j. Global Index for Sexual Double Standard; k. Bem Sex Role Inventory.

For the majority of the validated measures, correlations between AG and AS for both sexes were not significant. AG-F was significantly positively correlated with all the measures of sexism within ASI ($r=0.26$, $r=0.17$, $r=0.29$) and ASW ($r=-.16$). AG-M and AS-M scales didn't have any significant correlations with any of the validated measures used in this study.

Discussion

This paper presents the development of novel measures of caregivers' ascriptions of traditional gender roles and sexuality to be used in the assessment of their child. This exploratory factor analysis provides insights as researchers frequently have a need to examine relationships between gender and sexuality related attitudes, parenting behaviors, and outcomes within children or parental decision making. Yet, to our knowledge there are no published measures developed specifically to classify parents' constructed schema about the gender and/or sexuality of their own child. This represents a significant addition to a large pool of validated instruments seeking to measure a various dimension of gender and sexuality, and specifically contributes to the paucity of measures developed or validated for use in the Peruvian context.

This process began by developing 2 item pools (one male and one female) consisting of 110 items each pertaining to parental ascriptions of traditional gender schema and sexuality. In the first two studies, face and content validity of each item based on the theoretical domains thought to be part of the larger constructs of Ascribed Gender and Ascribed Sexuality were examined. In these two studies the item pools were reduced to 63 and 59 items for the male and female item pools respectively. Items within

4 of the theoretical domains were eventually used to construct AG-M/AG-F while the fifth theoretical domain (sexuality) were exclusively used to construct a AS-M/AS-F.

Results from Phase 1 suggested difficulty understanding and using the 7-point Likert scale format in the Peruvian context. Face validity focus group summaries revealed a preference for lower variability in response options including a preference for dichotomous response categories (e.g. Yes/no, agree/disagree, true/false) and the 5-point Likert scale that was eventually used in this study. Likert scales have previously been the subject of cultural bias research because some populations may have difficulty understanding the continuum of responses.^{167,168} While different cultures may not draw a distinction among these gradations of agreement and disagreement, some populations may view the degrees of variation as too abstract and as such ascribe no significance to them.¹⁶⁹ Thus, it has been suggested that a Likert-type scale format may be better implemented within populations with a higher level of underlying education.^{167,170,171} In an effort to make our scales intelligible to the widest swath of participants in metropolitan Lima, the face validity focus groups participants were from shantytowns on the outskirts of Lima, likely representing lower levels of education and socioeconomic status, and the final instruments utilized I 5 point Likert scale response.

In phase three EFA on each group of items that were retained after phase one and two was conducted with the goal of further reducing the number of items in each scale as well as to illicit a plausible factor solution for the Ascribed Gender and Ascribed Sexuality scales. A large, socioeconomically diverse, sample of Peruvian female primary caregivers of 9-14-year-old children was surveyed to examine the structure and internal

consistency of each set of items as well as examine the convergent and discriminant validity when compared to established gender and sexuality measures.

EFA revealed that AS-M had a three-factor solution with subscales characterized by ascribed sexuality, interpersonal sexuality, ascribed homosexuality. The first two of these had an acceptable level of reliability, while the third, was substantially weaker.

EFA for the AS-F found a single factor solution containing many of the same items as the ascribed sexuality factor of the male ascribed sexuality scale. However, the single-factor AS-F also contains items 32f and 55f both of which relate to homosexuality, and items 44f and 59f both of which relate to the interpersonal nature of sexuality. In fact, the male counterparts of these items (except for item 59f which wasn't included in the male scale) load in separate factors for the male version of the scale suggesting that caregivers of male children may think of their son's sexuality differently than caregivers of female children think about their daughter's sexuality, particularly in relation to interpersonal sexuality and homosexuality.

The AG-M had a three-factor solution each with an acceptable Cronbach α , representing three domains: Stereotyped Female Gender Roles, Emotional and Physical Gendered Attributes, and Stereotyped Female Gendered Behaviors. AG-F had a 4-factor solution with three having acceptable reliability measures. These represented similar domains as AG-M but included a separate domain for Stereotyped Male Gender Roles which primarily included items relating to future careers, their status as a provider for their future families, and physicality. Interestingly, none of the male counterparts for the items within the Stereotyped Male Gender Roles domain of the AG-F were retained in the AG-M other than Item 15m/13f which loaded on the Ascribed Gender Role factor.

What this may suggest is that while parents of female children think provider status, career, and physicality are associated with the same underlying latent factor (manliness), caregivers of male children do not hold the same association.

Phase 3 also explored the relationship between each of the new measures and other validated measures. In the absence of a gold standard an array of measures was used to understand the relationship between AG-M/F and AS-M/F and gender role and sexuality-based attitudes generally including Attitudes Towards Women, Ambivalent Sexism Scale, The Sexual Double Standard Scale, and The Bem Sex Role inventory which had been adapted to reflect the ascription of gender roles to the participants child.

For the most part the scales developed here had no significant correlations with any of the established measures. AG-F was significantly negatively correlated with ASW as well as positively correlated with all measure of ASI. Thus, those caregivers who ascribe more traditional notions of feminine gender to their daughters tend to have less egalitarian and more sexist attitudes. In examining the larger correlation patterns for AS-F and AG-F, we see correlations with most scales trending, that is positive or negative, in predictable directions for each established scale even though these correlations were not significant. While it is important to keep in mind that all of these correlations were relatively modest, this may suggest a certain degree of convergent and discriminant validity for the AG-F and AG-M scales. Research has previously suggested that holding beliefs and attitudes contrary to traditional gender roles is associated with less sexist attitudes.^{172,173}

The absence of significant correlations for AG-M and AS-M is troublesome, though examination of the larger correlation pattern reveals that correlations trend in

anticipated directions. As such, despite the lack of significant correlations, it is possible that these measures possess a certain degree of validity, and the lack of significance reflects the less than ideal psychometric qualities of the measures, varied factor structure of each of the measures, or something intrinsic to notions of masculinity in a Latin American culture. Efforts to further develop these scales are needed.

The lack of significant correlation between BSRI-12 and the new scales, in particular those relating to Ascribed Gender was surprising. As the BSRI-12 had been adapted to reflect the masculine or feminine characteristics caregivers ascribe to their own child much the same way that the new measures asked caregivers to ascribe aspects of sexuality and gender to their own child, we had expected to see a greater degree of correlation between the two, particularly among their masculine and feminine counterparts (ie. AG-M/BSRI-12-Masculine and AG-F/BSRI-12-Feminine). This lack of correlation however, could be attributed to several factors. First, the Bem Sex Role Inventory was developed in the United States in 1974 and is the most widely used and validated measures of gender roles. Nonetheless, the validity of the adjectives used in the measure has been called into question with some suggesting that gender roles have changed since the 1970s and the validated items may no longer reflect current sex-type roles. Along these same lines, despite our best efforts to translate this measure for the Peruvian context, perhaps our version did not adequately capture notions of masculinity and femininity within the cultural context of our study participants. Finally, it is possible caregivers' constructions of their children's identity do not yet include notions of masculinity and femininity due in part to their child's perceived immaturity and young age and thus had difficulty differentially ascribing masculine and feminine gender roles.

According to gender intensification hypothesis, during adolescence gender typing intensifies as pressures increase to fit into specific gender roles, while parents start to believe that their child “should have” or “do have” gendered stereotyped characteristics.^{123,174} While the children referenced in this study are considered early adolescents, they may simply make up too young of an age group for parents to have clearly developed their expectations and beliefs about their child’s gender roles.

This study has several limitations. First, the conceptualization of these scales along binary constructions of gender represents a significant limitation. While the decision was made to pursue separate scales for caregivers of male and caregivers of female children because of the dominant way in which parents in Peru were likely to classify the gender of their child, this approach limits comparability between sexes and hence utility, while failing to account for the growing dialogue about intersex, transsexual, and gender fluid youth and their healthcare needs. Future efforts to address ascribed gender and sexuality would be well served to refine these scales using gender neutral language that would be appropriate for assessing the ascription of gender and sexuality regardless of the child’s biological sex and unifying items such that items for both caregivers with girls and caregivers with boys are identical. This would allow for greater utility to researchers and practitioners who seek to compare parental beliefs about both male and female children. Second, in the evaluation of content validity, efforts to reduce response fatigue and bias introduced by having respondents consecutively responding to male items followed by female items should have been taken. This undertaking may have been better executed if half of the respondents had been prompted to rate female items first and the other half prompted to rate male first. Next, while the

internal consistency of most of the subscales of AG-M/AG-F and AS-M/AS-F represent an acceptable level of reliability, the reliability measures below 0.70 suggest significant room for improvement in our assessment of the underlying latent variables. For this reason, it will become important in future studies to enhance the robustness of sub-scales with additional items in order to improve reliability measures for each scale. Along the same lines, several items could be interpreted in many ways despite our best efforts to construct clearly worded items and ensure the face validity of each item before implementation. This not only made scoring the resulting scales difficult and subject to a certain degree of subjectivity, but points to the larger problem of intelligibility among participants. Further efforts to develop these scales will need to be undertaken by refining items. While attempts were made to address convergent and discriminant validity, this will need to be undertaken again along with other test of validity and reliability as each scale is refined. Next, surveys were filled out in the presence of a study team member using an electronic tablet to respond to questions. Questions were read aloud upon the request of participants and responses were given verbally and recorded by the study team member. Given the sensitive nature of discussing gender and sexuality, particularly of your child, it is possible that a certain degree of social desirability bias was introduced in participant responses. Finally, while the actual sample size exceeded that needed to account for the a priori design effect of the sampling method as calculated, the analytic technique did not account for possible clustering and the lack of independence between participant responses. Future efforts utilizing multilevel exploratory factor analysis to account for the variance introduced by the complex sampling method should be undertaken.

Conclusion

Given the outsized role of parents in adolescent reproductive health, understanding the way parents think about their children as gendered sexual beings is particularly important as public health practitioners broaden the focus of adolescent reproductive health to encompass very young adolescents, those between 10-14 years of age.^{39,175} Although there is evidence in the literature that parental attitudes in relation to gender and sexuality are related to parental behavior with their children, there is much to be learned about the link between parental attitudes and their actual parenting behaviors. While several measures exist to assess various dimensions of gender and sexuality, this study found almost none which accounted for the unique variance introduced by the differing constructions of gender and sexuality parents ascribe to their child and their child's sexual peers. For programs seeking to address adolescent sexual and reproductive health, in particular this much younger age group of adolescents, there is a need for a standardized measurement tool to understand, evaluate, and monitor parental ascriptions of gender and sexuality to their own children specifically and how that may affect their perception of risk. The AG-M/AG-F and AS-M/AS-F offers a strong initial step towards this goal. We presented an important initial field test of this survey in urban Peru and suggest that more work is needed to improve reliability and validity.

PAPER 3: RISK PERCEPTIONS AND HPV VACCINE: EXAMINING ASCRIBED GENDER, SEXUALITY, AND SEXUAL DOUBLE STANDARDS.

Abstract

Though several studies have documented various behavioral correlates and structural barriers related to Human Papillomavirus (HPV) vaccination, very few studies have attempted to understand the larger social and normative beliefs that may influence HPV vaccination behaviors through salient behavioral constructs like the perception of risk. The current study aims to identify modifiable correlates of both parental perception of their child's susceptibility to STI infections, including HPV, as well as their health seeking behavior in terms of HPV vaccination series completion. An additional objective is to understand how these correlates vary by the gender of the child in question. In 2018 a cross sectional survey of 592 female primary caregivers (FPC) of 9-13-year-old adolescents was conducted in Lima, Peru. Correlates related to the perception of susceptibility to STIs, including HPV, among FPCs of both boys and girls was analyzed using logistic regression models. Cox proportional hazard models were used to analyze correlates related to HPV vaccine series completion among girls. When controlling for various constructs from the Health Belief Model and the Theory of Reasoned Action, stratified multivariate regression models suggest that several factors including ascribing greater sexuality to their daughter is associated with a greater perception of susceptibility for FPC with girls while only perceived effectiveness of the HPV vaccine and believing that genital warts will make it difficult for their child to find future sexual partners was associated with increased perceptions of susceptibility among FPC with boys. Holding a sexual double standard in favor of boys, having greater HPV and HPV vaccine knowledge, and being in a relationship was associated with a greater hazard of

completing the HPV vaccination series among FPC with girls. These potentially modifiable beliefs offer novel intervention targets for future interventions designed to increase HPV vaccine coverage, and suggest a need for intervention targeting the shared responsibility and consequences for both boys and girls in terms of HPV prevention.

Background

Human Papillomavirus (HPV) is a sexually transmissible infection that is common among sexually active men and women worldwide.⁵ In fact, in the United States it is estimated that the average lifetime probability of acquiring HPV with at least one sexual partner of the opposite sex is between 53.6% and 95% among women and between 69.5% and 97.7% among men.¹⁷⁶ While most HPV infections will be asymptomatic, transient, and clear spontaneously, there are some HPV serotypes that are highly oncogenic and associated with almost all cases of cervical cancer, and have been associated with increased incidence of various anogenital and oropharyngeal cancers.^{7,177} Within Latin America, Peru has among the highest prevalence of high risk HPV infection, with prevalence estimates ranging 12.6% in a study from 2001 involving 5435 women from the Peruvian jungle to 34.5% based on a sample of 2247 women from diverse urban areas in 2014.^{4,178-181} This is compared to regional estimate of 16.1%.¹⁸² This increased prevalence of HPV translates into higher incidence of cervical cancer in Peru. While 2012 data from the Metropolitan Cancer Registry of Lima notes a cervical cancer age-standardized rate incidence of 21.1 new cases per 100,000 people annually¹⁸³ and national estimates based on 2012 data from GLOBOCAN indicate an incidence of 32.7 per 100,000,¹⁸⁴ for South America as a whole, the incidence is 20.3 per 100,000.³ Within Peru, for almost a decade now, prevention of infection with HPV has been possible through immunization with two readily available, safe, and effective vaccines.¹⁸⁵⁻¹⁸⁷ The quadrivalent (HPV4) and bivalent (HPV2) HPV vaccines protect against those serotypes which are most commonly associated cervical cancers, as well as visible genital warts, and were originally administered in a three-dose series over the

course of 6 months; in mid-2018, following World Health Organization recommendations, the Ministry of Health of Peru issued guidance for a two-dose series.

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Peru was one of the first Low- or Middle-Income Countries (LMIC) to offer routine immunization for all adolescent girls 9-13 years old through a free nationwide, school based, vaccination program.^{193,194} This program, which requires parents to give consent, provides the initial dose of the vaccine to girls in the 5th grade (approximately 9-10 years old), usually around late April or early May each year; followed by a second dose around late September/October. Additionally, free catch up immunizations for girls 9-13 years of age can be accessed through community health facilities. Those outside of this age range, as well as boys, can further access the vaccine through private healthcare providers at cost.¹⁸⁵⁻¹⁸⁷

Despite the many advantages afforded by HPV vaccination, the rates of series completion – both in Peru and globally -- are well below that needed to achieve HPV serotype elimination or even population level effects – normally optimized around 80% coverage of the target population.¹⁹⁵ In 2014 only 23% of Peruvian girls in the 5th grade received the first dose of the HPV vaccine while only 3% had completed the series.¹⁸⁵ By 2016, this seems to have improved, with 55.5% and 30% of 10 and 11-year-old girls, respectively, completing the series with either two or three doses.¹⁸⁶

Considering that the HPV vaccine is to prevent acquisition of a sexually transmitted virus and is recommended before adolescents have become sexually active, parental attitudes and acceptance play a critical role in attaining vaccination coverage goals. Much of the literature establishes parental HPV vaccine acceptability in terms of

individual and structural factors in the form of salient behavioral constructs and structural barriers. These constructs are most notably associated with either the Health Belief Model (HBM)^{196,197} or the Theory of Reasoned Action (TRA)¹⁹⁷⁻²⁰⁸ and include perceived benefits and barriers of the vaccine, susceptibility to contracting HPV, and – in the HBM -- severity of an HPV infection, whereas in the case of the TRA, a measure of subjective norms and attitudes. The structural barriers frequently assessed include receiving a provider recommendation, cost, and access.^{199,209-211} While the association between these factors and vaccine acceptance is well established, qualitative literature from developed countries notes that some parents may be less willing to vaccinate younger adolescents.²¹²⁻²¹⁶

One reason for this “unacceptability” of the vaccine may be rooted in the moral panic that surrounds adolescent sexuality and teen sexual activity generally,^{36,42,81,114,217} and how it shapes parental perceptions of their child’s susceptibility or risk of acquiring sexually transmitted infections (STIs), including HPV. Research frequently notes that parents from various settings have reservations regarding the implications of the HPV vaccine, particularly in relation to the belief that the vaccine removes barriers to sexual activity or is viewed as a parent’s tacit consent for their child to initiate sexual activity. These anxieties are further animated through media depictions of the HPV vaccine as a license to have sex.^{16,218-220} While these assumptions have largely been disproven,^{221,222} the notion among parents that the vaccine should be delayed to align with their conceptions of when adolescent sexual behavior is deemed more acceptable is still quite common.^{212,215,220} As Perkins et. al. note in their study of reasons why parents choose to delay the HPV vaccine until their child is older or refuse it outright, HPV vaccination was

often guided by the perception among parents and providers that the child in question was subject to less risk of participating in sexuality activity.²²³

This relationship between HPV vaccination behaviors and perceptions of risk of participating in sexual activity highlights the limitation of the barrier-focused approach used in much of the literature. This approach relies on the assumption that if barriers are removed - be they individual or structural - parents will choose to vaccinate their child. While many do, a significant number of parents find themselves having persistent hesitation vaccinating their not-yet-sexually-active adolescents for a sexually transmitted infection.^{214,220,224-226} Hence, there is a need to understand the context of larger cultural, historical, and social values and practices that shape parent's resistance and hesitancy to vaccinating their pre-adolescent child for HPV.

To understand quantitatively how social constructions of pre-adolescent sexuality and gender shape parental assessments their child's susceptibility to STIs, including HPV, and ultimately their vaccination behaviors, constructs from the HBM and TRA, as well as measures for ascribed sexuality and gender and sexual double standards were employed. The findings from this study will build on the already large body of literature examining parents' hesitancy to vaccinate their child for HPV by exploring the parental gender and sexual attitudes and beliefs shape risk perceptions and vaccination behaviors in a high burden, LMIC setting.

Methods

Study Design

Private schools in urbanized areas of Metropolitan Lima were identified from a list provided by the Ministry of Education (MINEDU). All private schools were first stratified across three tuition strata: less than S/.200/month (equivalent to approximately US\$60 or less), S/.201-500/ month (equivalent to approximately \$60-\$150), and S/.501 or more/month (equivalent to approximately \$150 or greater). From each stratum, 10 schools were chosen at random. The geographical distribution of the 30 selected schools was examined using ArcGIS; 19 of the 30 districts that make up metropolitan Lima were represented. Using a modified World Health Organizations Expanded Programme on Immunization (EPI) Sampling Strategy, starting at each of the 30 randomly selected schools, a convenience sample of approximately 20 Female Primary Caregivers (FPCs) was taken at each location.²²⁷ No efforts were made to assess non-response bias; individuals who were approached but refused to participate were not counted. Once each FPC had given verbal consent, they were randomly assigned to complete one of two different version of a structured survey (Survey 1 [n=297], Survey 2 [n=294]). Each version of the survey contained a core set of questions consisting of various demographic measures, measures of religiosity, measures of caregiver ascribed gender and sexuality, questions relating to knowledge about HPV and the HPV vaccine, behavioral constructs from the TRA and HBM including perceived susceptibility to STI infection, including HPV, and whether their child had completed the HPV vaccine series. To limit the time of each survey application, each interview also applied one of two validated instruments that assess various domains of the participants' gender and sexuality related beliefs: hence, all participants completed the first section, and then half of the participants completed one set of validated instruments, while the other half completed a different set of validated

instruments. Surveys were self-applied using tablets in the presence of a field team member who could read items aloud, if necessary, and for general logistical support. Surveys were applied between August and September 2018 and took approximately 45-60 minutes to complete. The study was approved by the Institutional Review Boards of a local non-governmental organization, Asociación Benéfica PRISMA (IRB #FWA00001219), and Tulane University School of Public Health and Tropical Medicine (IRB # FWA00002055).

Sample size was calculated to evaluate the following null hypothesis: there will be no difference in the proportion of FPCs who perceive greater susceptibility to STI's, including HPV, and those who ascribe “more” and “less” sexuality to their child. Assuming a 0.05 type 1 error rate for a two-tailed comparison of proportions test, and selecting the most conservative estimates to detect a clinically significant difference of at least 20% with 80% power, a minimum of 194 FPCs were needed to complete quantitative surveys. This number was adjusted by 40% to include design effects resulting in a final sample size of 272 for each of the two versions of the survey instrument, resulting in a minimum sample size of 544 respondents.

Measures

Outcomes

Perceived susceptibility to STIs and HPV, defined as the caregiver's perceived risk of their child contracting an STI, including HPV, was the main outcome of this study. Various other outcomes related to TRA and HBM were also assessed. Respondents were asked a series of three items ($\alpha=0.85$) adapted from a study by

Dempsey et al.²⁰⁹ These three items measured the likelihood that their child would become infected with a sexually transmitted infection, including HPV; specifically: “I am concerned that my child will be infected with HPV,” “I am concerned that my child will be infected with hepatitis B,” and “I am concerned that my child will have a sexually transmitted disease someday.” Respondents responded using a 5-point Likert scale of agree/disagree. Scores were derived and scored by summing the responses for each question which were then dichotomized at the median to produce measurements of low and high perceived susceptibility to STIs.

HPV vaccination series completion was another outcome for this study and was assessed by specifically asking about the respondent’s child in question by referencing the child’s age previously answered in the survey. They were asked “Has your ‘X’ year-old child completed the HPV vaccination series?” Response options were “Yes,” “No,” and “Unsure/Prefer not to say.” Because part of this study assessed an individual’s knowledge of HPV and HPV vaccination, no clarification was given to participants about HPV or the HPV vaccine. Nonetheless, preliminary qualitative studies conducted by the author indicated good overall knowledge of HPV within the population. Further, while scores on the HPV and HPV vaccine knowledge scale used in this study could range from 0-17, with 0 being knowing nothing and 17 being perfect knowledge of HPV and the HPV vaccine, the scores for the whole sample were above the theoretical average of 8.5 with a mean of 10.68 and standard deviation of 3.11.

Demographics

Participants self-reported demographic information including their age, number of children, and age of their children. Additional information concerning level of education completed (none, primary, secondary, technical training, 4-year university, or graduate studies), civil status – defined as in a relationship (married/living together) and single (separated, divorced, widowed, single mother), and family monthly income was also requested. Participants were then asked to think specifically about one of their children within the target 9-13-year-old age range. This child will be referred to as the child of interest (COI) hence forth. Participants were asked to provide details on the child's gender, age, and who they lived with. The sex of their child was dichotomized to male or female, while the age was limited to one year between 9 and 13 years of age. Cost as a specific barrier to accessing the HPV vaccine was dichotomous. Knowledge about where to access the HPV vaccine was categorized with “Yes,” “No,” and “Unsure/Prefer not to say.”

Other Beliefs and Instruments

Attitudes and beliefs in relation to HPV and the HPV vaccine were assessed using measures of psychological constructs from the HBM and TRA adapted from several studies^{209,228-232} while a measure of HPV and HPV vaccine knowledge was adapted from studies by Yacobi et. al. and Khan et. al.^{229,233} This measure consisted of a series of 17 true-false questions. Correct responses were then summed giving each participant a score. Religiosity was assessed using the previously validated Spanish version of the Duke University Religion Index (DUREL)²³⁴⁻²³⁶, while trust in the medical establishment was assessed using The Trust in the Medical Profession scale developed by Hall et. al. in

2002.²³⁷ These constructs along with various other measures of FPC beliefs and attitudes towards gender and sexuality are summarized in Table 1, along with their associated measures of internal consistency for this sample, definitions, and number of items. Further detail is provided about the validity of the uke university Religion Index, The Sexual Double Standard Scale, The Bem Sex Role inventory, the Ambivalent Sexism Inventory, and the Attitudes Towards Women Scale in this context, and how it compares to published literature in the supplemental text in Appendix C.

Table 1: Measurements and Constructs, Definitions, Number of Items, and Measures of Internal Consistency (α)

Construct	Definition	# of Items	Cronbach α
Health Belief Model			
Perceived Effectiveness	Measurement of the belief that the HPV vaccine will offer some form of protection for their child.	2	0.72
Perceived Barriers	Measurement of the belief that their child receiving vaccines in general will result in some form of discomfort and danger.	4	0.70
Perceived Severity	Measurements of beliefs about pain, mortality, and future sexual prospects associated with HPV related illness in their children.	3	0.39
Theory of Reasoned Action			
Normative Beliefs	Measurement of the belief that "other parents" and "their child's doctor" think young adolescents (9-13 years old) should be vaccinated against HPV.	2	0.74
Motivation to Comply	Measurement of the belief that the opinions of "other parents" and their child's doctor" are important.	2	0.46
Subjective Norm	Measurement of the belief that people closest to them and who's opinions they value expect them to vaccinate their child for HPV.	3	0.76
Attitudes	Measurement of the belief that the HPV vaccine is "necessary", "a good idea", and "beneficial" for their child.	3	0.93
Cues to Action			
Have they or someone close to them been diagnosed with genital warts?		1	NA
Have they or someone close to them been diagnosed with Cervical Cancer?		1	NA
Have they received a recommendation for the		1	NA

HPV vaccine for their child from a medical professional?			
Other Beliefs			
Religiosity - Duke Religion Index (DUREL)			
Organized Religiosity	Measurement of participation in organized religious services of any denomination.	1	NA
Non-Organized Religiosity	Measurement of participation in non-organized, private, religious activities.	1	NA
Intrinsic Religiosity	Measurement of the degree of personal religious commitment or motivation.	3	0.80
Trust in the Medical Establishment			
The General Trust in Physicians Scale	Measurement of the degree of trust in physicians in general.	10	0.86
Sexual Double Standard			
Global Index of Sexual Double Standard (GI- SDS)		16	0.76
Index of Double Standard for Sexual Freedom (IDS-SF)	Measurement of attitudes toward traditional and inverse SDS	8	0.60
Index of Double Standard for Sexual Shyness (IDS-SS)		8	0.80
Gender Roles			
Bem Sex Role Inventory (BSRI-12)	Measurement of an individual's ascribed femininity and/or masculinity.	12	
Masculinity Scale		6	0.78
Femininity Scale		6	0.85
Sexism			
Ambivalent Sexism Inventory	The sum of Hostile Sexism and Benevolent Sexism Sub-Scales. Measurement of antipathy towards women based upon a faulty and inflexible generalizations.	22	0.81
Hostile Sexism	Measurement of attitudes toward women that are sexist in terms of viewing women stereotypically and in restricted roles but that are subjectively positive in feeling tone (for the perceiver) and also tend to elicit behaviors typically categorized as prosocial and intimacy seeking.	11	0.77
Benevolent Sexism		11	0.73
Ascribed Sexuality			
Female Ascribed Sexuality Scale (AS-F)	Measurement of the belief in another's individual capacity to respond to physical experiences which are capable of producing body-centered genital excitation, that subsequently becomes associated with cognitive constructs (either anticipatory for new experiences or reflective of past experiences), independent of ongoing physical experiences	12	0.67
Male Ascribed Sexuality Scale (AS-M)		16	0.60
Ascribed Gender			
Female Ascribed Gender Scale (AG-F)	Measurement of the belief that an "other" conforms to traditional gender roles and norms.	23	0.62
Male Ascribed Gender Scale (AG-M)		17	0.72

HPV and HPV Vaccine knowledge	The degree of knowledge about HPV and the HPV vaccine.	18	0.79
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^a. Internal reliability estimates for Perceived Severity and Motivation to Comply were unacceptably low, indicating that individual items actually assessed multiple, unrelated psychological domains. These items were assessed and considered individually in both bivariate analyses and multivariate regression. ^b. The General Trust in Physician Scale was missing one item, specifically the item reading “Sometimes doctors do not pay full attention to what patients are trying to tell them.”

Analysis

Frequencies and bivariate analyses were estimated using STATA 15.1 (College Station, TX).¹⁶⁶ Two-sided t-tests and chi-2 were used tests to examine the relationship between each continuous and categorical independent variable respectively and the two outcomes - perceived susceptibility and HPV vaccination series completion. Variables that were significantly associated with either perceived susceptibility or HPV vaccination series completion (p<0.05) in bivariate analysis were included in multivariate logistic regression models to assess the strength of each independent variable’s association with their respective outcomes. Additionally, variables there were borderline significant (p<0.05) were explored in multivariate regressions. These models also controlled for demographic variables thought to be theoretically relevant. While demographic variables described in Table 1 are categorical for descriptive purposes, in the bivariate and multivariate analysis the following were used as continuous variables: age of the COI, age of FPC in years, FPC education, number of children, and monthly family income.

Associations between parents’ beliefs and perceived risk and whether those differed according to the sex of their child were also explored. For each subgroup, a multivariate logistic regression model was constructed and composed of the same variables as the multivariate model for the full sample. Analyses were unweighted and statistical tests were two-tailed using a critical alpha of 0.05

The same process was undertaken for HPV vaccine series completion. However, to account for right censoring of this outcome related to the for varying times between

initial HPV vaccination eligibility and data collection, Cox proportional hazard regression models using the Efron method for ties was used to assess the relationship between HPV vaccine series completion and the significant covariates from bivariate analysis. The proportional hazards assumptions were verified on the basis of Schoenfeld residuals with a $p > 0.1$ for all covariates in the model. Finally, because the number of FPC with male children who had completed vaccination series ($n=6$) was low the construction of an equivalent models for both FPC of female and male children for this variable was not possible. Only the FPC with female children were included in both the bivariate and multivariate analysis of HPV vaccine series completion.

Results

Table 2: Demographic Characteristics of Children and Female Primary Caregivers (FPC) (n=591)

	% (n)	
Of the 591 FPC who completed the survey, most were caregivers to female children (53.1%), in a relationship (67.0%), less than 40 years of age (85.8%), had at least completed secondary school (75.3%), and reported a monthly household income greater than S/1000 (61.4%), equivalent to approximately	Child Characteristics	
	Gender of COI	
	Male	46.87 (277)
	Female	53.13 (314)
	Age of COI	
	9 years	22.00 (130)
	10 years	17.26 (102)
	11 years	18.44 (109)
	12 years	17.43 (103)
	13 years	24.87 (147)
	FPC Characteristics	
	Age of FPC in Years	
	<40	85.79 (507)
	40+	14.21 (84)
	FPC Education	
	None/Primary Only	24.70 (146)
	Secondary or More	75.30 (445)
	Civil Status of FPC	
	In a relationship (Married/Living together)	67.01 (396)
	Single (separated, divorced, widowed, single mother)	32.99 (195)
Number of Children		
1 child	15.91 (94)	
2 children	33.67 (199)	
3 children	28.09 (166)	
4 or more children	22.34 (132)	
Monthly Family Income		
Less than S/1000 per month	38.41 (227)	
Greater than S/1000 per month	61.42 (363)	
Not Reported	0.17 (1)	

US\$335 (Table 2). One FPC declined to respond to questions about family income. Participants were randomized into two separate survey instrument subgroups, therefore while the total sample has an N=591, the Bem Sex Role typology and the Global Index of Sexual Double Standard have an n=297, while the Ambient Sexism Inventory and Attitudes Towards Women scale have an n=294. Eighteen FPCs who did not provide HPV vaccine series completion data (responded “unsure/prefer not to say”) were excluded from all further analyses involving this variable. The vast majority of FPCs reported perceiving their COI as having a high level of susceptibility (91.71%) while a majority reported not completing the HPV vaccine series (89.35%) (Table 3).

In bivariate analysis, valuing the opinion of their doctor, non-organized religious participation, intrinsic religiosity (Table 3) and FPC level of education (Table 4), were associated with perceived susceptibility. Additionally, all three measures of perceived severity -- believing that the treatment of HPV is painful, believing that HPV related cancers can be fatal, and believing that genital warts will impede finding sexual partners - - were significantly associated with perceived susceptibility.

Subjective norms from TRA and perceived effectiveness from the HBM, were associated with perceived susceptibility (Table 4). This suggests that FPCs who perceive a greater effectiveness of the HPV vaccine and perceive greater subjective norms supporting vaccination were more likely to also perceive high susceptibility to STIs, including HPV. Among FPCs with female children, ascribed sexuality was also associated with perceived susceptibility such that those FPC who ascribe greater sexuality to their daughters were more likely to perceive greater susceptibility. Monthly

family income and having personally received a previous diagnosis, or knowing someone who was diagnosed with genital warts were borderline associated ($P < 0.1$) with perceived susceptibility to STIs including HPV. Finally, among FPC with female children, ascribed gender was also borderline associated with prescribed susceptibility while among FPC of male children Ascribed Gender and Sexuality were examined as an additional covariate in multivariate models (Table 4).

Table 3. Frequencies for categorical variables related to Perceived Susceptibility among entire sample and HPV Vaccination Series Completion among FPC with female children.

Characteristics	Perceived Susceptibility				HPV vaccine series completion among FPC with female children ^a			
	Total %(N)	Low Perceived Susceptibility Total %(N)	High Perceived Susceptibility Total %(N)	P-Value	Total %(N)	No Total %(N)	Yes Total %(N)	P-Value
TOTAL	100.00 (591)	8.29 (49)	91.71 (542)		100.00 (302)	81.79 (247)	18.21 (55)	
Gender of COI								
Male	46.87 (277)	44.90 (22)	47.05 (255)	0.773				
Female	53.13 (314)	55.10 (27)	52.95 (287)					
Civil Status of FPC								
In a relationship	67.01 (396)	28.57 (14)	33.39 (181)	0.492	65.89 (199)	63.97 (158)	74.55 (41)	0.135
Single	32.99 (195)	71.43 (35)	66.61 (361)		34.11 (103)	36.03 (89)	25.45 (14)	
Religiosity								
Nonorganized Religiosity (NOR) ^b								
Low NOR	68.31 (403)	48.98 (24)	70.06 (379)	0.002	67.88 (205)	69.64 (172)	60.00 (33)	0.166
High NOR	31.69 (187)	51.02 (25)	29.94 (162)		32.12 (97)	30.36 (75)	40.00 (22)	
Intrinsic Religiosity (IR)								
Low IR	40.10 (237)	63.27 (31)	38.01 (206)	0.001	7.28 (22)	6.88 (17)	9.09 (5)	0.469
High IR	59.90 (354)	36.73 (18)	61.99 (336)		92.72 (280)	81.79 (230)	90.91 (50)	
Perceived Severity								
The treatment of HPV infections is seriously painful.								
Totally Disagree, Somewhat Disagree, Neutral	61.25 (362)	44.90 (22)	62.73 (340)	0.014	61.59 (186)	63.56 (157)	52.73 (29)	0.135
Somewhat agree or Totally Agree	38.75 (229)	55.10 (27)	37.27 (202)		38.41 (116)	36.44 (90)	47.27 (26)	
HPV related Cancers are fatal.								
Totally Disagree, Somewhat Disagree, Neutral	16.58 (98)	30.61 (15)	15.31 (83)	0.006	17.22 (52)	18.22 (45)	12.73 (7)	0.329
Somewhat agree or Totally Agree	83.42 (493)	69.39 (34)	84.69 (459)		82.78 (250)	81.78 (202)	87.27 (48)	
Having genital warts will make it difficult to find a sexual partner.								

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Totally Disagree, Somewhat Disagree, Neutral	35.36 (209)	53.06 (26)	33.76 (183)	0.007	35.76 (108)	36.44 (90)	32.73 (18)	0.604
Somewhat agree or Totally Agree	64.64 (382)	46.94 (23)	66.24 (359)		64.24 (194)	63.56 (157)	67.27 (37)	
Perceived Control								
FPC knows where to obtain HPV vaccine ^c								
Yes	54.40 (315)	56.25 (27)	54.24 (288)	0.789	65.89 (197)	59.02 (144)	96.36 (53)	0.000
No	45.60 (264)	43.75 (21)	45.76 (243)		34.11 (102)	50.89 (100)	3.64 (2)	
Cues to Action								
Previously Diagnosed with Genital Warts (self or someone close) ^d								
Yes	19.22 (109)	30.23 (13)	18.32 (96)	0.057	18.62 (54)	16.81 (40)	26.92 (14)	0.090
No	80.78 (458)	69.77 (30)	81.68 (428)		81.38 (236)	83.19 (198)	73.04 (38)	
Previously diagnosed with Cervical Cancer ^e								
Yes	37.00 (212)	38.30 (18)	36.88 (194)	0.847	29.32 (116)	35.83 (86)	54.55 (30)	0.010
No	63.00 (361)	61.70 (29)	63.12 (332)		60.68 (179)	64.17 (154)	45.45 (25)	
Healthcare Provider Previously Recommended the HPV Vaccine for Child ^f								
Yes	13.15 (76)	14.89 (7)	12.99 (69)	0.712	21.02 (62)	15.00 (36)	47.27 (26)	0.000
No	86.85 (502)	85.11 (40)	87.01 (462)		78.98 (233)	85.00 (204)	52.73 (29)	
Motivation to Comply								
Other Parents Opinions Important								
Totally/Somewhat Agree	66.16 (391)	59.19 (29)	66.79 (362)	0.281	67.88 (205)	65.99 (163)	76.36 (42)	0.136
Totally/Somewhat Disagree/Neutral	33.84 (200)	40.82 (20)	33.21 (180)		32.12 (97)	34.01 (84)	23.64 (13)	
Doctor Opinions Important								
Totally/Somewhat Agree	69.20 (409)	81.63 (40)	69.08 (369)	0.049	72.52 (219)	68.83 (170)	89.09 (49)	0.002
Totally/Somewhat Disagree/Neutral	30.80 (182)	18.37 (9)	31.92 (173)		27.48 (83)	31.17 (77)	10.91 (6)	
Perceived Susceptibility								
Low Perceived Susceptibility								
	-	-	-	-	7.95 (24)	8.10 (20)	7.27 (4)	0.838
High Perceived Susceptibility								
	-	-	-	-	92.05 (278)	91.90 (227)	92.73 (51)	
Complete HPV Vaccination series								
Yes	10.32 (61)	8.16 (4)	10.52 (57)	0.385	-	-	-	-
No	86.63 (512)	85.71 (42)	86.72 (470)		-	-	-	
Unsure	3.05 (18)	6.12 (3)	2.77 (15)		-	-	-	

- a. Vaccine Series Completion included the response option of "Unsure/Do not wish to share." These responses were subsequently treated as missing. Among FPC with female children, 12 respondents were unsure or did not want to share if their female child had completed the vaccine series resulting in N= 302.
- b. There was 1 missing response for Non-Organized Religiosity and Organized Religiosity (N=590).
- c. This variable included the response option of "Unsure/Do not wish to share." These were treated as missing and resulting in N=579 for the perceived susceptibility analysis and N=299 for the vaccine series completion analysis
- d. This variable included the response option of "Unsure/Do not wish to share." These were treated as missing and resulting in N=567 for the perceived susceptibility analysis and N=290 for the vaccine series completion analysis
- e. This variable included the response option of "Unsure/Do not wish to share." These were treated as missing and resulting in N=573 for the perceived susceptibility analysis and N=295 for the vaccine series completion analysis
- f. This variable included the response option of "Unsure/Do not wish to share." These were treated as missing and resulting in N=578 for the perceived susceptibility analysis and N=295 for the vaccine series completion analysis

In bivariate analysis, HPV vaccine series completion was significantly and positively associated with the age of their child, the total number of children, knowledge of where to obtain the HPV vaccine, having a previous diagnosis of cervical cancer or knowing

someone with a previous diagnosis, having received a recommendation for the HPV vaccine from a medical professional, and having greater HPV/HPV vaccine knowledge. Valuing the opinion of their doctor, and holding a sexual double standard – or assuming greater sexual freedom for men than to women - were also positively associated with HPV vaccine series completion. The Bem Sex Role Typology, either of its two subscales, measures related to participation in organized religion, normative beliefs, the Ambient Sexism Inventory, The General Trust in Physicians Scale, and the question “Cost of the HPV Vaccine is a barrier to vaccination” were not at least borderline associated ($p < 0.10$) with either outcome and were therefore not shown in either Table 3 or Table 4 or further considered for multivariate analysis. Several items including FPC civil status, having a previous diagnosis of genital warts, perceived barriers, perceived effectiveness, subjective norms, normative beliefs, and attitudes were explored in multivariate models of HPV vaccine series completion. Many of these, however, were dropped from the hazard model presented in Table 6 as they did not affect other associations in the model and reduced the degrees of freedom.

Table 4. Means and standard deviations for continuous variables correlated with Perceived Susceptibility among entire sample and HPV Vaccination Series Completion among FPC with female children.

Characteristics (N)	Perceived Susceptibility				HPV Vaccine Series Completion ^d			
		Low Perceived Susceptibility	High Perceived Susceptibility	P-Value	No	Yes		P-Value
	Total Mean (SD)	Mean (SD)	Mean (SD)		Mean (SD)	Mean (SD)		
Age of 9-13-year-old child (591)	3.06 (1.49)	3.00 (1.65)	3.06 (1.8)	0.772	2.98 (0.86)	2.73 (0.94)	4.09 (0.14)	0.000
Age of FPC in Years (591)	40.40 (9.01)	39.20 (8.77)	40.51 (9.03)	0.332	40.32 (9.39)	39.97 (9.54)	41.91 (8.51)	0.166

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FPCs Education (591)	3.07 (0.93)	3.39 (1.04)	3.05 (0.92)	0.007	3.12 (0.92)	3.13 (0.94)	3.09 (0.87)	0.779
Monthly Family Income (590) ^a	3.66 (3.60)	3.47 (0.74)	3.69 (0.87)	0.094	3.67 (0.87)	3.66 (0.86)	3.72 (0.92)	0.582
Number of Children (590)	2.73 (1.37)	2.47 (1.52)	2.75 (1.35)	0.169	2.53 (1.04)	2.45 (1.02)	2.89 (1.01)	0.004
HPV Knowledge (591)	10.68 (3.11)	10.84 (3.69)	10.66 (3.11)	0.707	10.62 (2.99)	10.33 (3.00)	11.95 (2.58)	0.003
Global Index of Sexual Double Standard (GI-SDS) (297) ^c	0.758 (3.43)	0.409 (3.97)	.785 (3.39)	0.622	0.579 (3.46)	0.235 (3.22)	1.90 (4.05)	0.018
Female Ascribed Gender – (AG-F) (314) ^b	76.05 (10.93)	72.52 (12.50)	76.38 (10.74)	0.079	75.87 (11.03)	75.87 (11.36)	75.85 (9.49)	0.990
Female Ascribed Sexuality – (AS-F) (314) ^b	27.52 (7.59)	24.25 (7.05)	27.83 (7.58)	0.019	27.50 (7.63)	27.30 (7.85)	28.44 (6.50)	0.317
Male Ascribed Gender – (AG-M) (277) ^b	50.88 (8.46)	53.05 (9.71)	50.69 (8.34)	0.211	-	-	-	-
Male Ascribed Sexuality – (AS-M) (277) ^b	56.11 (8.52)	53.32 (7.02)	56.35 (8.61)	0.109	-	-	-	-
Perceived Effectiveness Scale (591)	9.52 (1.16)	8.67 (2.05)	9.60 (1.02)	0.000	9.63 (0.96)	9.66 (0.87)	9.44 (1.25)	0.104
Perceived Barriers Scale (591)	12.45 (4.52)	11.97 (3.71)	12.49 (4.59)	0.445	12.08 (4.54)	12.30 (4.57)	11.10 (4.28)	0.080
Subjective Norms (591)	13.55 (2.17)	12.96 (2.26)	13.59 (2.16)	0.048	13.62 (2.04)	13.51 (2.15)	14.07 (1.40)	0.069
Attitudes (591)	14.39 (1.78)	14.10 (2.15)	14.41 (1.75)	0.242	14.53 (1.58)	14.45 (1.73)	14.90 (0.35)	0.051

a. The total sample had an N=591, however there was 1 missing response for Monthly Family Income hence N=590.
 b. AS-M/AG-M and AS-F/AS-G were completed by only FPC with boys and girls, respectively.
 c. GI-SDS was completed by those respondents randomized to Survey 1 while ASI and AWS was completed by those respondents randomized to Survey 2, hence differing N values.
 d. Vaccine Series Completion includes N=302 as this analysis only included FPC with female children and 12 respondents were unsure or did not want to share if their daughter had completed the vaccine series.

Table 5: Odds Ratios (95% CI) for multivariate correlates of Perceived Susceptibility to STI infection, including HPV Infection, full sample and stratified by sex with and without Perceived Sexuality and Gender Variables.

	Full Sample n=566	Girls - Model 1 n=301	Girls – Model 2 n=301	Boys - Model 1 n=265	Boys - Model 2 n=265
Mother's Education	0.69 (0.48-98)*	0.57 (0.34-0.96)*	0.62 (0.21-1.81)	0.82 (0.47-1.45)	0.79 (0.43-1.43)
Monthly Family Income	1.42 (0.96-2.11)	1.38 (0.81-2.34)	1.33 (0.76-2.33)	1.66 (0.85-3.20)	1.55 (0.79-3.05)
Religiosity					
Nonorganized Religiosity (NOR)					

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Low Participation in Non-Organized Religion	ref.	ref.	ref.	ref.	ref.
High Participation in Non-Organized Religion	0.64 (0.31-1.30)	0.34 (0.13-0.92)*	0.30 (0.11-0.84)*	1.82 (0.48-6.82)	1.98 (0.49-7.96)
Intrinsic Religiosity (IR)					
Low Intrinsic Religiosity	ref.	ref.	ref.	ref.	ref.
High Intrinsic Religiosity	1.33 (0.42-4.21)	1.73 (0.43-6.96)	1.19 (0.27-5.28)	0.20 (0.00-10.52)	0.18 (0.00-13.00)
Cues to Action					
Previously diagnosed with Genital Warts (self or someone close)					
No	ref.	ref.	ref.	ref.	ref.
Yes	0.68 (0.32-1.47)	0.69 (0.24-1.96)	0.61 (0.21-1.81)	0.61 (0.17-2.22)	0.69 (0.17-2.72)
Motivation to Comply					
Doctors Opinion is Important					
Totally/Somewhat Disagree/Neutral	ref.	ref.	ref.	ref.	ref.
Totally/Somewhat Agree	0.34 (0.14-0.85)*	0.31 (0.08-1.26)	0.37 (0.09-1.54)	0.37 (0.09-1.57)	0.33 (0.07-1.44)
Perceived Severity					
The treatment of HPV infections is seriously painful.					
Totally Disagree, Somewhat Disagree, Neutral	ref.	ref.	ref.	ref.	ref.
Somewhat agree or Totally Agree	0.36 (0.18-0.74)**	0.40 (0.15-1.05)	0.32 (0.12-0.89)*	0.36 (0.11-1.18)	0.42 (0.13-1.44)
HPV related Cancers are fatal.					
Totally Disagree, Somewhat Disagree, Neutral	ref.	ref.	ref.	ref.	ref.
Somewhat agree or Totally Agree	2.23 (0.95-5.23)	4.05 (1.33-12.35)*	4.94 (1.47-16.50)**	0.69 (0.10-4.68)	0.69 (0.10-4.70)
Having genital warts will make it difficult to find a sexual partner.					
Totally Disagree, Somewhat Disagree, Neutral	ref.	ref.	ref.	ref.	ref.
Somewhat agree or Totally Agree	2.03 (1.00-4.10)*	1.65 (0.59-4.61)	1.19 (0.40-3.53)	3.78 (1.13-12.62)*	3.92 (1.15-13.37)*
Perceived Effectiveness	1.36 (1.07-1.74)**	0.97 (0.65-1.44)	1.01 (0.65-1.57)	1.96 (1.33-2.88)***	2.00 (1.35-2.97)***
Perceived Barriers	1.06 (0.97-1.14)	1.08 (0.97-1.21)	1.09 (0.97-1.24)	0.99 (0.86-1.14)	1.01 (0.87-1.18)
Normative Beliefs					
Not supportive/Neutral	ref.	ref.	ref.	ref.	ref.
Supportive	1.10 (0.52-2.31)	0.71 (0.24-2.12)	0.59 (0.19-1.83)	2.06 (0.60-7.13)	2.19 (0.62-7.76)
Subjective Norms	1.16 (0.97-1.39)	1.11 (0.85-1.45)	1.07 (0.81-1.42)	1.08 (0.82-1.43)	1.08 (0.81-1.45)
Attitudes	0.97 (0.79-1.20)	1.11 (0.82-1.51)	1.11 (0.80-1.54)	0.85 (0.61-1.21)	0.87 (0.61-1.25)
Ascribed Sexuality-Female Scale (AS-F) (N=314)	-	-	1.09 (1.02-1.18)*	-	-
Ascribed Gender-Female Scale (AG-F) (N=314)	-	-	1.03 (0.98-1.08)	-	-
Ascribed Sexuality-Male Scale (AS-M) (N=277)	-	-	-	-	1.05 (0.96-1.14)

Ascribed Gender-Male Scale (AG-M) (N=277)	-	-	-	-	1.02 (0.94-1.10)
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*Full sample includes n=566 (data not included for 24 respondents that did not know if they had been diagnosed with genital warts in the past and 1 respondent who failed to answer questions regarding Monthly Family Income). OR=odds ratio, CI-confidence interval, ref. = reference group. *p<0.05, **p<0.01, ***p<0.001*

In multivariate analysis of the full sample (Table 5; Full Sample), the odds of an FPC perceiving high levels of susceptibility to ST were lower among those who had more education, believed that treatment of an HPV infection would be painful, and who valued the opinion of their doctor. Additionally, the odds FPCs perceiving high susceptibility to STIs, including HPV increases by a factor of 2.03 and 1.36 for each unit increase in the belief that having genital warts would make it difficult to find sexual partners and the perceived effectiveness of the HPV vaccine respectively.

When stratifying by gender of the COI (Table 5; Girls-Model 1), the odds of FPCs perceiving high levels of susceptibility to STIs, including HPV was lower by a factor of 0.57 for each unit increase in mother’s education. Having high levels of participation in non-organized religious activity also reduced the odds perceiving high levels of susceptibility to STIs, including HPV infections by a factor of 0.34. FPCs of female children were more likely to perceive greater susceptibility if they believed that HPV related cancers could be fatal. When controlling for AS-F and AS-G (Table 5; Girls-Model 2), all of associations remain significant except for FPC level of education. However, FPCs were less likely to perceived high levels of susceptibility if they believed that treatment of an HPV infection would be painful, while for every unit increase in ascribed sexuality, FPC of female children were more likely to perceive high levels of susceptibility by a factor of 1.09.

Among FPCs with male children (Table 5; Boys-Model 1 & 2), the odds of FPCs perceiving high levels of susceptibility increase by a factor of 3.92 and 1.96 among those

FPC who believed genital warts would make it difficult for their male child to find a sexual partner and for every unit increase in their perceived effectiveness of the HPV vaccine respectively. Controlling for AS-M and AG-M did not change the significance of the associations in the model.

Multivariate analysis of HPV vaccine series completion among FPC with female children is shown in Table 6. Among FPC of female children, being married or living with a significant other, knowing where to obtain the HPV vaccine, having better knowledge of HPV and the HPV vaccine, and holding a sexual double standard in favor of boys were all associated with a greater hazard of completing the HPV vaccination series.

Table 6: Hazard ratios (95% CI) for multivariate correlates of HPV Vaccine Completion for Girls	
	HPV Vaccine Series Completion (n=140) Hazard Ratio (95% CI)
Civil Status of FPC	
Single (Separated, Divorced, Widowed, Single Mother)	ref.
In a relationship (Married/Living together)	2.78 (1.01-7.59)*
Monthly Family Income	0.73 (0.48-1.12)
Mother's Education	1.07 (0.59-1.95)
Total number of children	1.13 (0.80-1.60)
Previously diagnosed with Cervical Cancer	
No	ref.
Yes	0.92 (0.33-2.52)
Health Provider Previously Recommended the HPV Vaccine for Child	
No	ref..
Yes	1.17 (0.42-3.23)
FPC knows where to obtain HPV vaccine.	
No	ref.
Yes	10.49 (1.55-71.23)*
HPV and HPV Vaccine Knowledge	1.24 (1.01-1.53)*
Global Index of Sexual Double Standard	
Sexual double standard in favor of girls.	ref.

No Sexual double standard.	1.75 (0.35-8,73)
Sexual double standard in favor of boys.	4.58 (1.55-13.55)**
Perceived Effectiveness of HPV Vaccine	0.75 (0.47-1.21)
Perceived Barriers to HPV Vaccine	0.98 (0.86-1.11)
Perceived Susceptibility of HPV Infection	0.97 (0.27-3.46)
Doctors opinion is important to me.	
No	ref.
Yes	0.79 (0.22-2.80)
<i>*p<0.05, **p<0.01</i>	

Discussion

Our results support a large body of qualitative evidence that suggest that FPC perceptions of their child’s sexuality may affect how they perceive their child’s susceptibility to STIs, including HPV, while also showing that holding a sexual double standard in favor of men may affect FPC efforts to ensure their daughter completes the HPV vaccine series.^{212-214,216,223} This has important implications for the future of HPV vaccine research. Not only does it identify new modifiable targets for future intervention studies aimed at increasing HPV vaccination, but suggests that interventions targeting gender norms and gender equality among caregivers may be a useful way forward for increasing HPV vaccination rates, particularly those that emphasize the shared responsibility among men and women for reproductive and sexual health. In the context of our findings, it becomes important to reduce barriers to access for female adolescents while developing interventions for caregivers that highlight the common risk and consequences of HPV infection among both boys and girls in order to reduce the role caregiver assumptions and stereotypes about adolescent sexuality and gender play in shaping HPV vaccination behaviors.

While several studies have included measures of the perception of susceptibility or likelihood of contracting STIs and HPV as a correlate of HPV vaccine

acceptability,^{199,203,206,207} this study is the first to examine the correlates of perceived susceptibility and how these factors may influence overall HPV vaccine series completion. While the link between HPV vaccination and early sexual behaviors or promiscuity are persistently discussed in global HPV vaccine acceptability literature^{3,224-226,238-240}, this study offers a unique examination of how parental constructions of adolescent gender and sexuality influence parental perceptions of susceptibility to STI's, including HPV and, by extension, HPV vaccine series completion. In bivariate analysis, several covariates were correlated with FPC perception of their child's susceptibility to STIs, while stratified multivariate analysis showed that correlates of perceived susceptibility varied significantly between FPCs of male versus female children.

Multivariate subgroup analysis demonstrates that the factors which shape FPC perception of their child's susceptibility to STIs, including HPV, differ based on the gender of the child in question and, at least for girls, may reflect an association between parental ascription of sexuality and perceptions of risk. This is not particularly surprising. In her 2012 review of the literature, Walhart notes that parents who thought their children were more likely to engage in risky behaviors including intercourse without a condom and illicit substance use were more likely to vaccinate their child for HPV,²⁰⁷ suggesting that parental perceptions of risk have less to do with the nature of the disease itself, and more to do with their perceptions of their children.

Cox regression analysis of HPV vaccine series completion among FPCs of female children showed strong associations with knowledge of HPV and the HPV vaccine. This adds to the large body of research already examining the relationship between objective HPV knowledge and acceptability. While knowledge and awareness of HPV and the

HPV vaccine is by far the most frequently assessed construct in HPV vaccine acceptability research, its relationship to vaccine uptake is complicated.^{200,203,205,241-243} Likewise, being married or living with a partner was also associated with significantly greater hazard of completing the vaccination series, the relationship between civil status and parental vaccination behaviors are difficult to ascertain from existing literature examining HPV vaccination behaviors globally.²⁴⁴⁻²⁴⁷

FPC who endorsed a sexual double standard (SDS) that favors men were nearly five times more likely to have completed the HPV vaccine series for their daughters. Thus, those who assume more sexual freedom for men than for women in some contexts, or in other words presume greater acceptance of male sexuality than female sexuality, are more likely to ensure their daughters complete the HPV vaccination series. While the initial interpretation of this result may indicate that FPCs who hold a double standard perceive greater risk and therefore take protective measures for their daughters, the lack of association between SDS and perceived susceptibility to STIs, including HPV suggest this association is likely not based on objective perceived risk but instead may highlight some of the subtle differences in the significance of the HPV vaccination in terms of caregiver notions about male and/or female adolescent sexuality.

This study has several important strengths including a sampling scheme that allowed for comparison between genders for perceived susceptibility to STIs including HPV, robust measures of several domains of gender beliefs, and a large sample of parents who reside in an area with one of the highest cervical cancer rates in Latin America.^{2,3,248,249} While the cross-sectional nature of the study design is a major limitation, limiting our ability to interpret the temporality of these associations, there

were several other limitations that may affect the interpretations of results. Because the survey was self-administered and field staff were instructed to give minimal explanations of items, FPCs did not have the opportunity to ask for clarification or seek answers to unresolved questions about HPV from medical personnel which may have influenced their responses to various measures, including the primary outcome: HPV vaccine series completion; whether parents were certain of how many doses of the HPV vaccine constituted vaccination series completion was not assessed. Next, while this study was designed to assess the effects of caregiver gender and sexuality beliefs and attitudes on vaccine completion for boys and girls, Peru's policy promoting HPV vaccine for girls only limited being able to examine this topic for FPCs of boys. Additionally, it should be noted that while vaccine series completion was analyzed using proportional hazard models based on the age of the COI up to age 13, many adolescents completing the series in longer time frames may be similarly protected prior to sexual debut. An additional limitation to this study is that while every attempt was made to implement validated instruments according to previous literature, two instruments were mistakenly implemented containing errors. First, the measure for non-organized religiosity was implemented using a 5-point Likert scale as opposed to the 6-point scale described by Koenig and Büssing.²³⁴ This may have somewhat reduced variability and allowed for FPCs to remain neutral in their response. While this may have reduced bias introduced by forced choice,²⁵⁰ some literature suggest that this may have increased social desirability bias.²⁵¹ Additionally, The General Trust in Physicians Scale was missing one item, specifically the item reading "*Sometimes doctors do not pay full attention to what patients are trying to tell them.*" This may have affected the psychometric

properties of this scale, but Hall et al. notes that this item was primarily retained in the original development of the scale to reduce acquiescence bias despite lower factor loading.²³⁷ Regardless, the psychometric properties of the scale in this study still proved to be acceptable.

Finally, because this study as well as the instruments measuring ascribed gender and sexuality were part of a larger project examining parental constructions of adolescent gender and sexuality, these measures are still in the early stages of development and have not been fully evaluated in terms of their psychometric qualities as described in previous research (Miles, Paper 2). Despite significant associations among FPCs of female children between prescribed sexuality and perceived susceptibility, results using these scales should be viewed as tentative until the psychometric qualities of these scales are examined further, and results are confirmed by additional research.

Conclusion

The results from this study suggest that FPCs' beliefs about sexual double standards may influence their efforts to complete the HPV vaccine series. It also suggests that, at least for girls, caregiver conceptions of their daughter's sexuality may play a role in shaping their perceptions of risk of STIs, including HPV, which in turn may shape their HPV vaccination behaviors. These findings are in line with a large body of both qualitative and quantitative literature that suggest parental opinions about gender and sexuality, especially their assessment of their child's gender and sexuality, play a significant role in HPV vaccination behavior. This study also identifies the factors that influence caregiver perception of risk of STIs and on their child's completion of the HPV vaccination series, factors that may differ between genders. While future research is

needed, including the further development ascribed gender and sexuality measures, and longitudinal data to confirm and expand on these findings, these results present possible unaddressed intervention targets for HPV vaccination efforts.

CONCLUSION

The purpose of this dissertation was to understand the role female primary caregivers (FPC) beliefs and attitudes about pre-adolescent gender and sexuality play in shaping risk perceptions and ultimately FPC HPV vaccination behaviors. To do this a multi-method process was undertaken whereby 1.) the social constructions of pre-adolescent gender and sexuality was qualitatively examined, 2.) the development of quantitative scales to assess the novel constructs of Ascribed Gender and Sexuality was undertaken, and 3.) we ultimately tried to answer how these constructs affect FPC perceptions of susceptibility to STIs, including HPV, and their HPV vaccination behaviors.

Our findings suggest that FPC interviewed in this study ascribe different sexual constructions to pre-adolescents: while these parents do not see their pre-adolescents as sexually desiring subjects with their own sexual agency, they describe their child's pre-adolescent peers in terms of being highly sexually motivated, and at times predatory. This distinction frequently relied on negative gender stereotypes, and was articulated regardless of their children's actual sexual behaviors, highlighting the difficulty FPC experience when thinking of their children as sexual agents. From a public health perspective, is it important that parents construct their pre-adolescents as largely asexual while constructing other pre-adolescents as hypersexual? From a public health perspective, this represents an important distinction as parent's perception of susceptibility to the negative outcomes associated with sexual activity - including contracting HPV or other STIs - may be mitigated, as they believe their child is not, or will not be in the future, part of the "at risk" population of sexually active adolescent.

Understanding the way FPCs construct pre-adolescent sexuality and gender, four, sex-specific scales to assess FPC ascriptions of gender and sexuality to their own children were developed. Using quantitative methods to assess content validity and exploratory factor analysis, initial item pools for each scale were refined. Despite only undertaking exploratory factor analysis in the creation of measures for ascribed gender and sexuality, each of these scales possessed an acceptable level of internal consistency. The scales were applied to assess the role of ascribed gender and sexuality in FPC perceptions of susceptibility to STIs, including HPV, and ultimately their HPV vaccination behaviors; our findings reveal among caregivers with female children in this study, those who ascribe a greater deal of sexuality to their child were more likely to perceive a higher level of susceptibility to STIS, INCLUDING HPV. Additionally, among FPC with female children the role sexual double standards play in shaping HPV vaccination behaviors was explored. Association between parents with female pre-adolescent children who held a sexual double standard in favor of men and their daughters' completion of the HPV vaccine series were identified. While the mechanism for this finding was not immediately apparent, the notion that FPCs with female children compensate in their vaccination behaviors for what they believe is the increased risk associated with sexually precocious boys was proposed.

The qualitative results from Paper 1 align with existing literature which points to conflicting discourses of adolescent sexuality primarily based on the relationship between the participant and the pre-adolescent in question.^{42,114,252} Meanwhile, the contradictory discourses often discussed in terms of age, class, and gender that underpin how many of the FPC in our study seemed to construct their understanding of pre-adolescent sexuality,

have also been well established in the literature and media.^{34,35,79} Nonetheless, our findings build on our understanding of the social discourses that shape the social construction of adolescent sexuality in two ways. First, by focusing on the pre-adolescent, those between the ages of 9-13, and how their burgeoning sexuality is understood by their closest guardians, this study offers a better understanding of the way parents think about their young children as sexual beings with their own sexual desires. While it appears that FPCs construct pre-adolescent sexuality using much of the same social discourses historically used to construct our understanding of adolescence and adolescent sexuality, the emphasis on personal responsibility within our study has largely shifted to focus on parental responsibility, likely as a reaction to the younger age of the pre-adolescents in question. Second, by conducting this study in Peru, a low- and middle-income country, this study attempted to address a paucity of literature addressing of adolescent sexuality outside of higher income countries.

The quantitative results support a large body of qualitative literature from the United States that suggest that perceptions of a child's likelihood of participating in sexual behaviors affect how parents perceive their child's susceptibility to negative sexual health outcomes including contracting an STIS AND HPV.^{212-214,216,223} Meanwhile, while feminization or gendering of the HPV vaccine as a social phenomenon has been discussed in depth within HPV vaccine implementation literature from the US or other developed countries,^{253-257 258} these frequently do not include discussions of sexual double standards and their influence on individual acceptability. While previous studies have found that sexual double standards may play a part in limiting the acceptability of HPV vaccine to girls based on relative parental discomfort with emerging

female sexuality,²⁵⁹ this study found that it is associated with increased vaccination series completion among parents with female children in the Peruvian context. While this is counter to the limited existing literature examining sexual double standards in HPV vaccination acceptability, and should be investigated further, this study is among the first to explore if and how sexual double standards affect HPV vaccine acceptability and behaviors on the individual level in a low- and middle-income country.

From a theoretical perspective, the findings fit well within discussions of what several social scientists have described as the “constructed nature” of risk or the subjective understanding of what constitutes danger, threats, and hazards and for whom.²⁶⁰⁻²⁶² Building from this, Lupton notes that the field of public health, and particularly health communications, has frequently relied on what she calls a “discourse of risk.” In this discourse, risk has become synonymous with danger. She argues that public health often uses this discourse to inform research which is frequently based on the assumption that knowledge and awareness of danger will result in avoidance of certain activities.²⁶³ Yet much of the research into a person’s acceptance or perception of risk is based on quantitative measures of risk perception and fails to consider respondents’ belief systems relating to the causes of diseases and health behaviors, often using too narrow a range of explanatory variables and thus failing to understand the impact of cultural factors upon behavior.²⁶³ Within the context of HPV vaccination, not only has the marketing of the HPV vaccine been shaped by a similar discourse in which vaccinating your child is a way to protect him/her from future dangers,^{253,255,264} but much of the available literature suggests that the field of public health has applied much of the same framework to understanding HPV vaccine acceptability. It often assumes that various

combinations of structural, social, or individual barriers must necessarily be the reason parents refuse the HPV vaccination for their children without accounting for the larger social and cultural factors that shape parent's perceptions of risk of HPV infection and ultimately their vaccination behaviors.^{214,220,224-226}

This study is a direct extension of much of this theoretical work, and in a quantitative way, attempts to build on our understanding of HPV vaccine acceptability by acknowledging at least part of the larger social and cultural context in which parental decision making about HPV vaccine occurs. While the way parents conceive their children's sexuality and gender is just one of a broad range of explanatory variables that could shape parental risk perceptions and HPV vaccination behaviors, our study represents the first step in developing tools for future researchers to explore how these constructs contribute to parenting behaviors and reinforces the need to further explore acceptability of the HPV vaccine in terms of distal social and cultural constructs, particularly as implementation of the HPV vaccine around the world has struggled to achieve sufficient vaccine coverage.^{12,186}

Like every study, this study has limitations which are critical to understanding our findings and their interpretations. Chief among these limitations is the interpretation of the findings related to the use of the ascribed gender and sexuality scales. Scale development is an iterative process, frequently requiring more than one sample to refine items, adjust assessment methods, assess the validity of the proposed constructs, and fully understand the psychometric qualities of the proposed scales. While the limitations of the Ascribed Gender and Sexuality scales are discussed in-depth in previous sections (Miles, Paper 2), it is worth reiterating that these scales represent only the initial phase in the

development of these constructs. Confirmatory factor analysis is more common where there are two distinct samples, which would allow the exploratory factor analysis with one sample and confirmatory analysis with a second. Given that this study had one sample, it is limited to the exploratory analysis.

In this same vein, the construction of the Ascribed Gender and Sexuality scales in this study relied on a binary view of sex and thus presents a significant theoretical gap in the ascription of gender and sexuality. While the qualitative findings suggested that FPC within the Peruvian context were likely to think of the gender and sexual desire of their child in binary, heteronormative terms, the construction of separate male and female scales fails to address androgyny theory which argues that masculine and feminine characteristics can be displayed by anyone regardless of sex and that both will contribute uniquely to self-conceptualization.²⁶⁵ It follows then that parents may attribute both sets of characteristics in the construction of their conceptualizations of their children as both gendered and sexual beings. This not only limits inter-sex comparisons which may be useful in future studies examining differences in parenting practices for male and female children, but ignores the issues related to parenting intersex, transsexual, or even gender fluid children.

Finally, it is worth asking whether Peru was the ideal settings of this study given that 1) HPV vaccine is not currently routinely offered to boys and hence required that this study focus only on girls and that 2) to date, much of the conversation around vaccine hesitancy has framed it as a problem within the developed world.^{266,267} Nonetheless, researchers in Peru have consistently identified an undercurrent of HPV vaccine hesitation among parents based on beliefs and attitudes around fears of sterilization,

precocious adolescent sexual activity or maturation, distrust in the quality of health services provided by the Peruvian healthcare system, and concerns about the safety of the vaccine itself.^{3,18-20} Additionally, according to WHO/UNICEF Joint Reporting Form data from 2015–2017 only 14 countries of 194 reported no vaccine hesitancy which ultimately prompted the WHO to declare vaccination hesitancy a top global health threat in 2019.^{268,269} Hence, the minority of Peruvians caregivers who hold these beliefs and attitudes represent an outsized threat to public trust in HPV vaccination through their ability to organize through various online media platforms and not just influence those who have a priori negative beliefs of vaccines but also those simply seeking information about the HPV Vaccination program or HPV vaccine itself.³ As such, conducting this study and studies like this in countries that may only just be beginning to see the influence of vaccine hesitancy is essential if vaccine hesitant beliefs in LMIC are to be addressed before these beliefs are allowed to gain a foothold in the wider population.²⁷⁰

Future Research and Implications.

This dissertation represents the intersection of several fields of study including gender and sexuality studies, adolescent reproductive and sexual health, and acceptability research; various future studies related to topics examined would be useful. First, culturally sensitive/relevant gender and sexuality scales for LMICs are needed; the ascribed gender and sexuality scales developed for this purpose is a first step towards this, but there is a need to develop and validate measures and scales that can be used for pre-adolescent and adolescent reproductive and sexual health. While this study found some evidence that ascribed sexuality may play a role in perceived risk of STIs, including

HPV, it is not difficult to see how these constructs may shape other parenting attitudes around their behaviors associated with participation in sexual education, provision of contraceptives, abortion support, and even early marriage, just to name a few. Further work on the scales developed for this dissertation is needed to refine items within each scale, test them using additional and varied samples, and eventually perform confirmatory factor analysis. This should also involve efforts to validate the scales in other settings in order to maximize the utility of these instruments for both researchers and practitioners.

This dissertation examined FPC beliefs and how they affected their perceptions of risk and HPV vaccination behaviors, but FPCs are by no means making these decisions in a vacuum. Their perception of risk and ultimately their vaccination behaviors are subject to a host of influences from other people including their partners, doctors, and their adolescent child -- views that were absent from this study. Future research could examine differences in how each of these parties construct adolescent sexually and ultimately shape the own vaccination behaviors. Given the perennial importance placed on healthcare provider recommendations and communication in vaccination decision making, it would be particularly interesting to examine provider opinions, beliefs, and attitudes about adolescent sexual behavior, and its role in whether they actively promote HPV vaccination.

Finally, while this dissertation examined the factors that shape HPV vaccine acceptability at the individual level within a particular socio-cultural setting, a fertile area for future research may involve examining the macro or political factors that have shaped HPV vaccine implementation globally. Today these exist all the knowledge and tools

necessary to see the elimination of cervical cancer within our lifetimes.^{271,272} Yet, most of these predictive models depend on the implementation of HPV vaccine programs that are successful at reaching large swaths of the population. Understanding the core aspects of successful HPV vaccination programs while identifying ways to tailor programs to their particular socio-cultural context is a logical next step in this line of research.

From a programmatic standpoint, in terms of adolescent reproductive and sexual health, ascribed gender and sexuality may hold particular salience as public health practitioners turn their attention to pre-adolescence as an important life stage for ensuring future positive sexual and reproductive health outcomes. The understanding of pre-adolescent sexuality developed in this dissertation should inform practitioners efforts to address pre-adolescent sexual and reproductive health by allowing for the greater understanding of parental notions of pre-adolescent sexuality and how those notions may aide or hinder reproductive and sexual health efforts. Meanwhile, from a vaccine confidence perspective, this study has immediate applications to the risk communication used by practitioners, and the larger health communication field. This study highlights the need to tailor HPV vaccine behavior change communication messaging to address parental notions of gender and sexuality as well as their beliefs about the sexual nature of their child. By taking this more tailored approach to risk communication, addressing not just those concerns about the vaccine itself, but what the vaccine means in the specific socio-cultural context, practitioners may be better equipped to address the concerns of particular audience or even parent thereby increasing the likelihood that they pursue vaccination for their child during the pre-adolescent vaccination window.

This dissertation offers a broader examination of pre-adolescent sexuality and how caregivers' construction of pre-adolescent sexuality influence their objective perceptions of risk of contracting STIs including HPV and ultimately, the HPV vaccination behaviors. We explored in greater detail the role caregiver attitudes about gender and sexuality play with regards to HPV and found some evidence of a more nuanced relationship between gender and sexuality attitudes and caregiver risk perceptions and HPV vaccination behaviors. These findings will contribute to a large body of literature that highlights parental concerns about sexual outcomes related to HPV vaccination, while also shedding some light on the role social constructions of sexuality may play in behavior change and risk communication.

APPENDICES

Appendix A – Items Used in Phase 2 and 3.

<i>Male</i>		<i>Female</i>	
<i>Item #</i>	<i>Emotional Effectiveness</i>	<i>Item #</i>	<i>Emotional Effectiveness</i>
1m	My son is weak because he is emotional. [Mi hijo es débil porque es emocional.]	1f	My daughter is weak because she is emotional. [Mi hija es débil porque es emocional.]
2m	My son lets people know how he feels. [Mi hijo permite a la gente saber cómo se siente.]	2f	My daughter does not speak her mind even if she feels strongly about something. [Mi hija no dice lo que piensa aún cuando tiene una opinión fuerte sobre algo.]
3m	My son isn't respected among friends and family because he shows his feelings too much. [Mi hijo no es respetado entre sus amigos y familia porque él muestra demasiado sus sentimientos.]		
4m	When my son has a fear, he keeps it to himself. [Cuando mi hijo tiene miedo, él lo guarda para si mismo.]		
5m	My son is nurturing. [Mi hijo es cariñoso.]		
6m	If my son is being picked on at school, he would stand up for himself. [Si a mi hijo lo molestaran en el colegio, él se defendería a si mismo.]	3f	If my daughter is being picked on at school, she would stand up for herself. [Si a mi hija la molestaran en el colegio, ella se defendería a si misma.]
<i>Household Responsibilities</i>		<i>Household Responsibilities</i>	
7m	My son regularly washes the dishes. [Mi hijo lava los platos regularmente.]	4f	My daughter regularly washes the dishes. [Mi hija lava los platos regularmente.]
8m	My son regularly helps with the laundry. [Mi hijo regularmente apoya con la lavandería.]	5f	My daughter regularly helps with the laundry. [Mi hija regularmente apoya con la lavandería.]
		6f	I think my daughter's education will prepare her for child rearing. [Creo que la educación de mi hija la preparará para la crianza de hijos.]
9m	My son knows the basics of cooking. [Mi hijo conoce lo básico para cocinar.]	7f	My daughter knows the basics of cooking. [Mi hija conoce lo básico para cocinar.]
10m	My son helps take care of his siblings [Mi hijo ayuda a cuidar a sus hermanos.]	8f	My daughter to helps take care of her siblings [Mi hija ayuda a cuidar a sus hermanos.]
11m	My son will know how to repair a car. [Mi hijo sabrá cómo reparar un carro.]	9f	My daughter will know how to repair a car. [Mi hija sabrá como reparar un carro.]
12m	My son helps with domestic chores. [Mi hijo ayuda con las tareas domésticas.]	10f	My daughter helps with domestic chores. [Mi hija ayuda con las tareas domesticas.]
13m	If left alone, my son will be able to prepare his own dinner. [Si mi hijo está solo, él será capaz de preparar su propia cena.]	11f	If left alone, my daughter will be able to prepare her own dinner. [Si mi hija está sola, ella será capaz de preparar su propia cena.]
14m	My son helps take care of siblings so that he can take care of his children when he has a family [Mi hijo ayuda a cuidar a sus hermanos para que él pueda cuidar de sus hijos cuando tenga una familia.]	12f	My daughter helps take care of siblings so that she can take care of her children when she has a family. [Mi hija ayuda a cuidar a sus hermanos para que ella pueda cuidar de sus hijos cuando tenga una familia.]
15m	My son knows how to do repairs around the house. [Mi hijo sabe cómo hacer reparaciones en la casa.]	13f	My daughter knows how to do repairs around the house. [Mi hija sabe cómo hacer reparaciones en la casa.]
16m	My son knows how to do domestic chores around the house to help his future spouse. [Mi hijo sabe cómo hacer las labores domésticas en la casa para ayudar a su futura esposa.]	14f	My daughter knows how to do domestic chores around the house to help her future spouse. [Mi hija sabe cómo hacer las labores domésticas en la casa para ayudar a su futura esposa.]
17m	I think my son would be happy as homemaker when he is older and supported by his future	15f	I think my daughter would be happy as a homemaker when she is older and supported

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	wife [Creo que mi hijo será feliz como amo de casa cuando sea mayor y ser sustentado por su esposa.]		by her husband. [Creo que mi hija sería feliz como madre del hogar cuando sea mayor y ser sostenida por su esposo.]
18m	I think my son would be happy as the sole breadwinner in his family and his partner stayed home with children. [Creo que mi hijo sería feliz como el proveedor de su familia y que su pareja se quede en casa con los niños.]	16f	I think my daughter would be happy as the sole breadwinner in her family and her partner stayed home with children. [Creo que mi hija sería feliz como la proveedora de su familia y que su pareja se quede en casa con los niños.]
19m	I think my son will handle the bills of the house when he has a family. [Creo que mi hijo será quien maneje las cuentas de la casa cuando él tenga una familia.]	17f	My daughter will handle the bills of the house when she has a family. [Creo que mi hija será quien maneje las cuentas de la casa cuando ella tenga una familia.]
Gendered Behaviors		Gendered Behaviors	
20m	I could see my son perusing a career in something like nursing, teaching, or cosmetology. [Podría ver a mi hijo siguiendo la carrera en algo como enfermería, enseñanza o cosmetología.]	18f	I could see my daughter pursuing a career in something like nursing, teaching, or cosmetology. [Podría ver a mi hija siguiendo la carrera en algo como enfermería, enseñanza o cosmetología.]
31m	I could see my son pursuing a career in something like law enforcement, military, or a vocational trade. [Podría ver a mi hijo siguiendo la carrera en algo como oficial de la ley, militar o una carrera vocacional.]	19f	I could see my daughter pursuing a career in something like law enforcement, military, or a vocational trade. [Podría ver a mi hija siguiendo la carrera en algo como oficial de la ley, militar o una carrera vocacional.]
22m	My son will pursue a career that allows him to be the primary breadwinner to support his family. [Mi hijo va seguir una carrera que le permita ser el principal proveedor para sostener a su familia.]	20f	My daughter will pursue a career that allows her to be the primary breadwinner for her family. [Mi hija va seguir una carrera que le permita ser el principal proveedor para sostener a su familia.]
23m	My son will pursue a career that allows him time to take care of his children. [Mi hijo seguirá una carrera que le permita cuidar de sus hijos.]	21f	My daughter will pursue a career that allows her time to take care of her children. [Mi hija seguirá una carrera que le permita cuidar de sus hijos.]
24m	My son wants to wear pink. [Mi hijo quiere usar el color rosa en sus ropas.]	22f	My daughter doesn't want to wear dresses for special occasions. [Mi hija no quiere ponerse vestidos para ocasiones especiales.]
25m	My son wants to wear makeup. [Mi hijo quiere usar maquillaje.]	23f	My daughter doesn't like dressing up. [A mi hija no le gusta arreglarse.]
26m	My son wants to wear feminine clothing. [Mi hijo quiere usar ropas femeninas.]	24f	My daughter is not concerned about her appearance. [Mi hija no está preocupada por su apariencia.]
		25f	My daughter is more interested in sports like soccer than like volleyball. [Mi hija está más interesada en deportes como el fútbol que el vóleibol.]
27m	My son has more female friends than male friends. [Mi hijo tienes más amigas que amigos.]	26f	My daughter has more male friends than female friends. [Mi hija tiene más amigos que amigas.]
28m	My son is more interested in things like fashion than in things like video games. [Mi hijo está más interesado en cosas como la moda en vez de video juegos.]	27f	My daughter is more interested in things like video games than things like fashion. [Mi hija está más interesada en video juegos que en cosas de la moda.]
Physical and Mental Attributes		Physical and Mental Attributes	
29m	I think my son will be naive in his relationships. [Creo que mi hijo será ingenuo en sus relaciones.]	28f	I think my daughter will be naive in her relationships. [Creo que mi hija será ingenua en sus relaciones.]
30m	My son to be physically strong. [Mi hijo será físicamente fuerte.]	29f	My daughter wouldn't walk alone in the street by herself because she is physically vulnerable. [Mi hija no caminaría sola por si misma por la calle porque ella es vulnerable físicamente.]

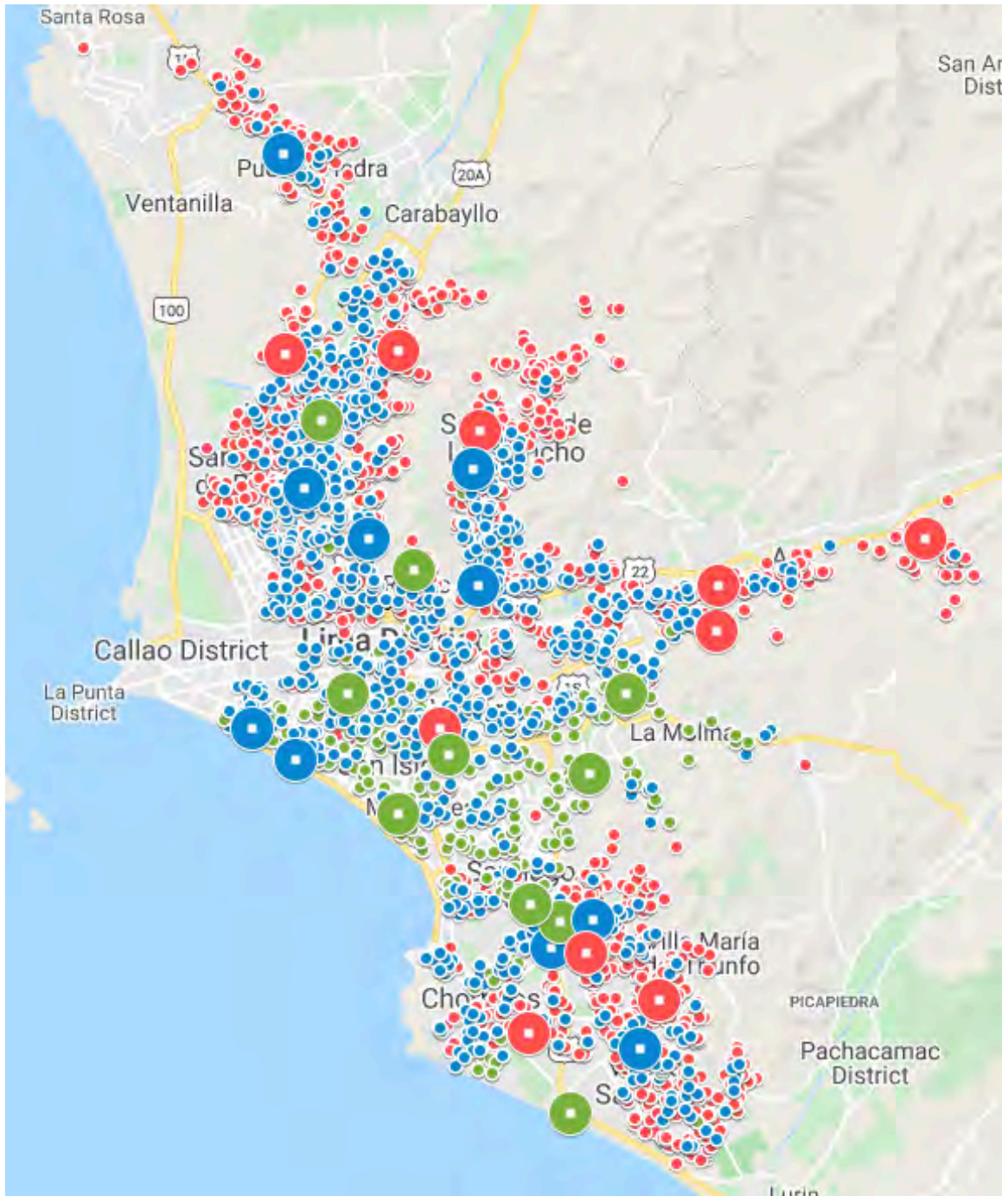
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31m	My son will be physically tough even if he is not big. [Mi hijo será físicamente fuerte, aunque no sea grande.]	30f	My daughter will be physically tough even if she is not big. [Mi hija será físicamente fuerte, aunque no sea muy grande.]
32m	My son finds a means to demonstrate his physical prowess. [Mi hijo encuentra una manera para demostrar su destreza física.]	31f	My daughter being physically strong would be an undesirable characteristic. [Que mi hija físicamente sea fuerte, sería una característica indeseable.]
33m	My son is not athletic. [Mi hijo no es atlético.]	32f	My daughter will worry about being too muscular because boys won't like it. [Mi hija se preocupa de ser muy muscular porque a los chicos no le gustaría eso.]
34m	My son knows how to physically defend himself. [Mi hijo sabe cómo físicamente defenderse a si mismo.]		
35m	My son would never hit another guy to get respect. [Mi hijo nunca golpearía a otro chico para obtener respeto.]	33f	My daughter would never hit another girl to get respect. [Mi hija nunca golpearía a otra chica para obtener respeto.]
36m	If someone physically threatened my son, my son can't defend himself. [Si alguien amenazara físicamente a mi hijo, mi hijo no podría defenderse a si mismo.]	34f	If someone physically threatened my daughter, my daughter can't defend herself. [Si alguien amenazara físicamente a mi hija, mi hija no podría defenderse a sí misma.]
37m	My son will back down from a fight. [Mi hijo se alejaría de una pelea.]	35f	My daughter will back down from a fight. [Mi hija se alejaría de una pelea.]
<i>Sexuality</i>		<i>Sexuality</i>	
38m	My son has shown romantic interest in girls. [Mi hijo ha demostrado interés romántico en chicas.]	36f	My daughter has shown romantic interest in boys [Mi hija ha demostrado interés romántico en chicos.]
39m	My son is likely to have had a lot of girlfriends before marriage. [Es muy probable que mi hijo tenga muchas enamoradas antes del matrimonio.]	37f	My daughter is likely to have a lot of boyfriends before marriage. [Es muy probable que mi hija tenga muchas enamoradas antes del matrimonio.]
40m	My son having sexual desires is normal. [Es normal que mi hijo tenga deseos sexuales.]	38f	My daughter having sexual desires is normal. [Es normal que mi hija tenga deseos sexuales.]
41m	My son doesn't have the personality to be a "player" [Mi hijo no tiene la personalidad de ser un "Don Juan".]	39f	My daughter doesn't have the personality to be a "loose". [Mi hija no tiene la personalidad de ser una "suelta".]
42m	My son will be a virgin until he is married. [Mi hijo será casto hasta que esté casado.]	40f	My daughter will be a virgin until marriage. [Mi hija será virgen hasta que esté casada.]
43m	My son will only have sex if he is in love. [Mi hijo solo tendrá sexo si está enamorado.]	41f	My daughter will only have sex if she is in love. [Mi hija solo tendrá sexo si está enamorada.]
44m	My son will likely be more knowledgeable about sex than a girl he dates. [Mi hijo probablemente tendrá mayor conocimiento sobre sexo, que la chica con la que sale.]	42f	My daughter will likely be more knowledgeable about sex than a boy she dates. [Mi hija probablemente tendrá mayor conocimiento sobre sexo, que el chico con el que sale.]
45m	My son is submissive. [Mi hijo es sumiso.]	43f	My daughter is submissive. [Mi hija es sumisa.]
46m	I will support my son having a relationship with a girl. [Apoyaré que mi hijo tenga una relación con una chica.]	44f	I will support my daughter having a relationship with a boy. [Apoyaré que mi hija tenga una relación con un chico.]
47m	I think my son might find it important to act like he is sexually active even if he is not. [Creo que mi hijo ve importante actuar como si fuera sexualmente activo, aunque no creo que lo sea.]	45f	I think my daughter might find it important to act like she is sexually active even if she is not. [Creo que mi hija ve importante actuar como si fuera sexualmente activa, aunque no creo que lo sea.]
48m	My son will masturbate. [Mi hijo se masturbará.]	46f	My daughter will masturbate. [Mi hija se masturbará.]

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49m	When my son starts having sex, he will likely be the initiator. [Cuando mi hijo comience a tener relaciones, es más probable que él sea el iniciador.]	47f	When my daughter starts having sex, she will likely be the initiator. [Cuando mi hija comience a tener relaciones, es más probable que ella sea la iniciadora.]
50m	My son eventually having sex with multiple people over the course of his adolescence will likely happen. [Eventualmente mi hijo tendrá sexo con múltiples personas sobre el transcurso de su adolescencia.]	48f	My daughter eventually having sex with multiple people over the course of her adolescence will likely happen. [Eventualmente mi hija tendrá sexo con múltiples personas sobre el transcurso de su adolescencia.]
51m	My son will experiment sexually as he becomes a man. [Mi hijo experimentará sexualmente mientras se convierte en un hombre.]	49f	My daughter will experiment sexually as she becomes a woman. [Mi hija experimentará sexualmente mientras se convierte en una mujer.]
52m	My son being interested in boys means that he wants to be a girl. [Que mi hijo esté interesado en otros chicos significa que el quiere ser una mujer.]	50f	My daughter being interested in girls means that she wants to be a man. [Que mi hija esté interesada en otras chicas significa que ella quiere ser un hombre.]
53m	My son would never flirt with another male. [Mi hijo jamás coquetearía con otro hombre.]	51f	My daughter would never flirt another female. [Mi hija jamás coquetearía con otra mujer.]
54m	My son would never compliment another male. [Mi hijo nunca le daría un piropo a otro hombre.]		
55m	My son would not continue a friendship with another boy if he finds out that the other boy is gay. [Mi hijo no continuaría una amistad con otro chico si él se entera que este chico es gay.]	52f	My daughter would not continue a friendship with another girl if she finds out that the other girl is lesbian. [Mi hija no continuaría una amistad con otra chica si ella se entera que esta chica es gay.]
56m	My son has had a close friend who I thought might be gay. [Mi hijo ha tenido un amigo cercano que yo pensé que era gay.]		
57m	My son has shown romantic interest in boys. [Mi hijo ha demostrado interés romántico en chicos.]	53f	My daughter has shown romantic interest in girls. [Mi hija ha demostrado interés romántico en chicas.]
58m	My son makes derogatory remarks like "faggot" or "queer" to people he suspects may be gay. [Mi hijo hace comentarios despectivos como "maricón" o "cabro" a gente que sospecha que sea gay.]	54f	My daughter makes derogatory remarks like "faggot" or "queer" to people she suspects may be gay. [Mi hija hace comentarios despectivos como "maricón" o "cabro" a gente que sospecha que sea gay.]
59m	My son may go out to gay parties, gay bars, and gay clubs as he gets older. [Mi hijo podrá ir a fiestas gays, bares gays y club gays mientras va creciendo.]	55f	My daughter may go out to gay parties, gay bars, and gay clubs as she gets older. [Mi hija podrá ir a fiestas gays, bares gays y club gays mientras va creciendo.]
60m	I can imagine a future in which my son has a male partner. [Puedo imaginar un futuro en donde mi hijo tenga una pareja masculina.]	56f	I can imagine a future in which my daughter has a female partner. [Puedo imaginar un futuro en donde mi hija tenga una pareja femenina.]
61m	My son acts like a girl. [Mi hijo actúa como una chica.]	57f	My daughter acts like a boy. [Mi hija actúa como un chico.]
62m	If a boy had made an advance on my son, my son would probably react negatively. [Si un chico se sobrepasaría con mi hijo, mi hijo probablemente reaccionaría negativamente.]	58f	If a girl had made an advance on my daughter, my daughter would probably react negatively. [Si una chica se sobrepasaría con mi hija, mi hijo probablemente reaccionaría negativamente.]
63m	I will support my son having a relationship with a boy. [Apoyaré que mi hijo tenga una relación con otro chico.]	59f	I will support my daughter having a relationship with a girl. [Apoyaré que mi hija tenga una relación con otra chica.]

Appendix B – GIS Map of Schools



Red dots represent schools whose monthly tuition ranged from S./1-200, Blue dots represent schools whose monthly tuition ranged from S./201-500, and Green dots represent schools whose monthly tuition was S./500 or greater. Larger circles with squares represent schools randomly chosen as starting points and their respective tuition strata.

Appendix C – Describing Other Validated Measures

While the main objective of Paper 2 was to explore a factor structure for a measure that researchers could use to measure parentally ascribed beliefs about gender and sexuality for their participants own child, we additionally sought to explore the relationship of the Ascribed Gender and Sexuality measures by examining their relationships to other measures of gender and sexuality attitudes including: Attitudes Towards Women (AWS-15), Ambivalent Sexism Inventory (ASI), The Sexual Double Standard Scale (SDSS), and Bem Sex Role Inventory (BSRI-12). Spanish versions of the SDSS and *the ASI* were used. No Spanish version BSRI-12 or the AWS-15 were available, thus English versions were independently translated by two native Spanish speakers. Translations were then compared and merged. The merged translation was then back translated by a native English speaker fluent in Spanish to ensure fidelity to the original English scale. Spanish versions of said scales were used and assessed for readability during the face validity focus groups with female caregivers. When necessary, minor suggestions from the focus groups were considered, assessed, and incorporated into the scales. The examination of the psychometric properties of each of these validated measures are discussed here.

Measures

Sexual Double Standard. The Abridged Spanish Version of Sexual Double Standard Scale described by Sierra et al (2018) was used to measure adherence to traditional sexual double standards which assumes greater sexual freedom for men than for women.¹⁴⁸ The scale consists of 16 items across two subscales “Acceptance of Sexual Shyness” and “Acceptance of Sexual Freedom” each made up of a single factor which can be combined into a second order factor to form a Global Index of Sexual Double Standard.¹⁴⁸ Participants are asked to rate their level of agreement on a 4-point Likert scale (0= Totally Disagree/3= Totally Agree) (Ntotal=297, Nmale=146 Nfemale=151). In the application of this scale in our study population, minor changes were made to the wording of a few items as a result of feedback received during focus groups in order to make items more intelligible. For example, the wording of item 1 which in English reads “It is okay for a woman to have more than one sexual relationship at the same time” was changed in Spanish from “Está bien que una mujer compagine más de una relación sexual al mismo tiempo” to “Está bien que una mujer tenga más de una relación sexual al mismo tiempo,” since the word “compagine” was not recognized by most individuals. Polychoric Factor analysis using oblimin rotation of this sample revealed a similar two factor structure to that described by Sierra et al. explaining 53% of the variance.¹⁴⁸ The only difference was that Item 1 loaded on both factors as opposed to only the factor associated with sexual shyness. Indices were created of each factor as described in the original study¹⁴⁸ resulting in the Index of Double Standard for Sexual Freedom (IDS-SF) and the Index of Double Standard for Sexual Shyness (IDS-SS). On each index participants could receive a score of -12 to +12 with negative scores signifying a double standard in favor women and positive scores signifying a double standard in favor of men for both indices. These indices were summed to create a Global Index of Sexual Double Standard (GI-SDS) whose scores ranged from -24 to +24 signifying sexual double standards in favor of women and men respectively. Cronbach α for the IDS-SF and IDS-SS was 0.60 and 0.80, respectively, compared to 0.84 and 0.87 reported by Sierra et al.¹⁴⁸ They did not report a Cronbach α for GI-SDS but for this study it was 0.76.

Gender Roles. The 12-item shorter version of the Bem Sex Role Inventory (BSRI-12) was used to measure gender roles. While the full 60-item and short versions of Bem Sex Role Inventory has been used across cultures and countries, BSRI-12 has been validated with similar, though not perfectly comparable, populations of Spanish²⁷³ and Brazilian²⁷⁴ seniors and middle aged American Latino women.²⁷⁵ Normally BSRI-12 quantifies self-attribution of traits indicative of gender, though users have also modified the scale by asking respondents to use BSRI to rate

someone other than themselves.¹⁴¹ In this study FPC were asked to rate their child between the age of 9-13 using the BSRI-12. Participants were asked to rate on a 7-point Likert scale how each of the 6 masculine/instrumental (has leadership abilities, strong personality, acts as leader, dominant, defends own beliefs, makes decisions easily) and the 6 feminine/expressive (warm, gentle, affectionate, sympathetic, sensitive to other's needs, tender) characteristics applied to their pre-adolescent child (1= totally disagree/7= totally agree) (Ntotal=297, Nmale=146 Nfemale=151). Principal component factor analysis with oblique rotation was performed on this sample indicating a similar 2 factor solution as other studies of the psychometric properties of the BSRI-12.¹⁵⁰ Reliability measures for the masculine and feminine subscales in this study were similar to high levels of reliability reported in previous studies (Cronbach α =0.78 and 0.85, respectively).¹⁵⁰

Sexism. The Spanish version of the Ambivalent Sexism Inventory (ASI) presented by Exposito, Moya and Glick, (1998) was used in this study.¹⁴⁹ The inventory is composed of 22 items, and asked participants, using a 5-point Likert scale, to rate their level of agreement with various statements, with higher scores indicating a higher level of sexism (Ntotal=294; Nmale=131; Nfemale=163). It is composed of two sub-scales, benevolent sexism (BS) and hostile sexism (HS), which totaled together produced a sexism score. While originally developed for adolescents in Mexico, the scale has been validated for use in Peru among young adults 18-30 year of age,²⁷⁶ university students,^{277,278} and secondary school students.^{279,280} Factor analysis of this sample revealed a 2-factor solution, each factor solely composed of items from either the BS or HS subscales, as past studies have noted. However, it was not immediately clear that the BS subscale represented 3 subfactors (protective paternalism, complementary gender differentiation, and heterosexual intimacy) as described by the original authors. Reliability measures for each subscale as well as the total ASI were acceptable (BS α =0.73; HS α =0.77, Total α =0.81) though notably lower than those reported by Glick and Fiske in the original study (BS α =0.83; HS α =0.89, Total α =0.90)¹³⁶ or by Esposito, Moya, and Glick in the original Spanish language validation (BS α =0.86; HS α =0.89, Total α =0.90).¹⁴⁹

Women's Roles. To measure how participants viewed the roles of women in society, the English version of the 15-item version of the Attitudes Towards Women Scale (AWS-15) was translated and implemented such that a low score represented more traditional, antifeminist views while those who score higher hold more positive, pro-feminist attitudes towards women (Ntotal=294; Nmale=131; Nfemale= 163). While the dimensionality of the 15-item version of this scale has been described by Whatley (2008) within a population of college undergraduates as one of the earliest scales of its type¹⁵¹, the Attitudes Towards Women Scale has been administered to a wide range of populations and geographical regions.^{141,281} The AWS-15 uses a four-point Likert Scale from 0 to 3. Previous literature has noted that maximum likelihood factor analysis with one varimax rotation produced a three-factor structure with factor 1 having a significantly higher eigenvalue than the proceeding 2 factors, each having eigenvalues barely greater than 1, and factor 1 accounting for approximately 25% of the variance.¹⁵¹ Following this method, factor analyses of this sample revealed a similar 3-factor structure, though the eigenvalues for all three factors were similar and factor 1 only explained 16% of the variance while factor 2 and factor 3 explained 18% and 14% respectively. Reliability measures also pointed to problems with the AWS-15 for this sample with α =0.50 compared to reliability measures in the literature ranging from α =0.62-0.96 with an average of α =0.83.^{151,282}

Appendix D – Associations between other validated measures.

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The intercorrelations among the validated measures themselves for our combined sample of FPCs of male children and FPCs of Female children were examined (Table A) and show minor differences to those of based on FPC of male children (Table B) and female children (Table C). It is important to note however that all these intercorrelations were less than 0.2 in magnitude. Differences between FPC of male children and female children were also minor, with the most significant difference among correlations with the SDSS. Among the combined sample (Table A), IDS-SF had significant positive correlations to the Masculinity Sub-Scale from the BSRI-12, IDS-SS and GI-SDS. This suggesting that among all caregivers those who hold a sexual double standard for sexual freedom favoring men also ascribed greater degree of masculine characteristics to their child. However, when stratifying by gender of the caregiver's child, among caregivers of boys, IDS-SF was only significantly positively correlated with GI-SDS while among caregivers of girls (Table C) there were no significant correlations for IDS-SF other than IDS-SS and GI-SDS. These minor differences, suggest that being caregiver of a male or female child, may significantly affect whether a caregiver holds a sexual double standard, but for the most part our participants view gender roles in general the same regardless of the sex of their child.

Table A: Correlations among validated scales. Caregivers of male and female children combined.

	BSRI-12		SDSS			ASI		
	Fem. Sex Role	Masc. Sex Role	GI-SDS	IDS-SS	IDS-SF	Total Sexism	Hostile Sub-Scale	Benevolent Sub-Scale
AWS-15^e	-	-	-	-	-	-0.326***	-0.225**	-0.3321***
ASI^f	Benevolent Sub-Scale	-	-	-	-	0.840***	0.476***	1
	Hostile Sub-Scale	-	-	-	-	0.873***	1	
	Total Sexism	-	-	-	-	1		
SDSS^g	IDS-SF^h	-0.043	0.127*	0.673***	0.139*	1		
	IDS-SSⁱ	0.002	0.018	0.826***	1			
	GI-SDS^j	-0.023	0.087	1				
BSRI-12^k	Masc. Sex Role	0.022	1					
	Fem. Sex Role	1						

*p<0.05; **p<0.01;***p<.0001

e. Attitudes Towards Women; f. Ambivalent Sexism Index; g. Sexual Double Standard Scale; h. Index of Double Standard for Sexual Freedom; i. Index of Double Standard for Sexual Shyness; j. Global Index for Sexual Double Standard; k. 12 item Bem Sex Role Inventory.

Table B: Correlations among validated measures among caregivers of male children.

	BSRI		SDSS			ASI		
	Fem. Sex Role	Masc. Sex Role	GI-SDS	IDS-SS	IDS-SF	Total Sexism	Hostile Sub-Scale	Benevolent Sub-Scale
AWS-15^e	-	-	-	-	-	-0.310**	-0.210*	-0.313**
ASI^f	Benevolent Sub-Scale	-	-	-	-	0.845**	0.483**	1
	Hostile Sub-Scale	-	-	-	-	0.873**	1	
	Total Sexism	-	-	-	-	1		

SDSS ^g	IDS-SF ^h	-0.053	0.096	0.682** *	0.112	1		
	IDS-SS ⁱ	0.035	0.056	0.803** *	1			
	GI-SDS ^j	-0.006	0.098	1				
BSRI-12 ^k	Masc. Sex Role	0.028	1					
	Fem. Sex Role	1						

*p<0.05; **p<.0.01;***p<.0001

e. Attitudes Towards Women; f. Ambivalent Sexism Index; g. Sexual Double Standard Scale; h. Index of Double Standard for Sexual Freedom; i. Index of Double Standard for Sexual Shyness; j. Global Index for Sexual Double Standard; k. Bem Sex Role Inventory.

Table C: Correlations among validated measures among caregivers of female children.

	BSRI-12		SDSS			Total Sexism	ASI Hostile Sub-Scale	Benevolent Sub-Scale
	Fem. Sex Role	Masc. Sex Role	GI-SDS	IDS-SS	IDS-SF			
AWS-15 ^e	-	-	-	-	-	-0.343***	-0.239*	0.352***
ASIf	Benevolent Sub-Scale	-	-	-	-	0.835***	0.468***	1
	Hostile Sub-Scale	-	-	-	-	0.873***	1	
	Total Sexism	-	-	-	-	1		
SDSS ^g	IDS-SF ^h	-0.038	0.1584	0.6667***	0.1653*	1		
	IDS-SS ⁱ	-0.029	-0.0117	0.8453***	1			
	GI-SDS ^j	0.043	0.077	1				
BSRI-12 ^k	Masc. Sex Role	0.0173	1					
	Fem. Sex Role	1						

*p<0.05; **p<.0.01;***p<.0001

e. Attitudes Towards Women; f. Ambivalent Sexism Index; g. Sexual Double Standard Scale; h. Index of Double Standard for Sexual Freedom; i. Index of Double Standard for Sexual Shyness; j. Global Index for Sexual Double Standard; k. Bem Sex Role Inventory.

Intercorrelations among the published measures based on parents of children of both sexes combined as well as those based on parents of boys and girls separately were examined. While minor differences in the correlation patterns were observed in relation to the SDSS, it appears that caregivers viewed these domains of gender and sexuality in much the same way regardless of the sex of their child. Much of the differences associated with the SDSS which is based on the idea that respondents view men and women unequally is in line with previous research that shows that parents retain some distinct gender role attitudes or parenting styles which vary in magnitude depending on the sex of the child in question.²⁸³ Given the larger context of the questionnaire, focusing on the gender and sexuality of the participants child, perhaps participants were more cognizant of what each of the items associated with the SDSS meant in relation to their child as opposed to answering about their beliefs and attitudes generally.

Appendix E – In-depth Interview Guide (English)

Human Papillomavirus and Human Papillomavirus vaccine

First, is your child between 9-13 years of age a boy or a girl?

I want to start off with a brief discussion about vaccines.

1. Tell me what you have heard about vaccines, either from friends, family, or the media.
2. What do you think about vaccines?
3. Talk to me about getting your ____ (daughter/son) vaccinated as a child. What were some of the things you thought about?
 - Probe: Did ____ (daughter/son) receive all their vaccines on schedule (approximately)? Why/why not?
 - Probe: What about the influenza vaccine, do you and/or ____ (daughter/son) receive that regularly? Talk to me about how you come to this decision?
4. What do you know about HPV?
 - Probe: Specific strains, causes, treatment, related diseases.
5. In discussions with ____'s (daughter/son) healthcare provider what have they told you about HPV?
6. Tell me what you know about the HPV vaccine?
 - Probe: Who is it for (girls, boys, ages, etc.)? What does it do? When is it needed? Where do you get it? How do you get it? Tell me about situations in which you think someone might need it?
7. Has ____ (daughter/son) received the HPV vaccine?
 - IF YES
 - What made you decide to give ____ (daughter/son) the vaccine?
 - How many doses has ____ (daughter/son) received?
 - Will or has ____ (daughter/son) finish the vaccination series?
 - Where did ____ (daughter/son) receive the vaccine?
 - IF NO
 - Do you think that you will have ____ (daughter/son) vaccinated in the next 12 months?
 - When do you think you will do this?

Tell me why do you think you will/will not get the vaccine for _____. (daughter/son) How did you make this decision? Has anyone/anything influenced this decision making?

The Human Papilloma Virus is a very common sexually transmitted viral disease among both men and women. This virus can cause genital warts, but often there are no symptoms. There are hundreds of strains of the disease, a few of which are more likely to lead to serious health problems such as certain cancers. It frequently will clear up on its own, have no symptoms, and a person may not be aware they are infected. If it does not clear up on its own and is left untreated, HPV has been associated with cervical cancer in women, and various other cancers in both women and men.

Women can get HPV testing through molecular testing and/or through a Pap smear. Currently, there is no test for men. There are several types of vaccines that prevent the most dangerous strains of HPV as well as those most likely to cause noticeable genital warts. Each of them requires either 2 or 3 injections over a 6 month period. All the vaccines are approved for use in girls and boys between the ages of 9 and 26. It is recommended that people receive it before they become sexually active, generally between the ages of 9 and 14. Currently the government of Peru provides the vaccine for 4 strains of HPV for free to girls 9-13 years old through their school. Both girls and boys can receive the vaccine through a healthcare provider at a cost. Do you have any questions about what I just told you?

If the mother has no information, incorrect information, or incomplete information about HPV and the HPV vaccine, read the script.

8. How do you feel about the HPV vaccine for your ____ (daughter/son)?
9. What specific concerns do you have about the HPV vaccine?
 - Probe: Safety, Susceptibility, Severity, Effectiveness, Access, Cost, Promiscuity, Other Barriers?
10. Tell me what you think about the usefulness of the HPV vaccine for your ____ (daughter/son).
 - Probe: Reasons for thinking this?
11. What do you know about the vaccination program in your ____'s (daughter/son) school?
 - Probe: What has your ____ (daughter/son) said about this?
 - Probe: What do you think about this program?
12. How do you think your family will feel about vaccinating your ____ (daughter/son) for a sexually transmitted infection?
 - Probe: What makes you say that?
13. What do you think other parents think about the vaccine?
14. Tell me how supportive your doctor would be of the HPV vaccine for your ____ (daughter/son)?
15. Knowing what you know, if your doctor recommended would you want your ____ (daughter/son) to receive the vaccine?

Family Life: *Ok, now we are going to talk about your ____ (daughter/son) and how your family works.*

16. Please describe your (son or daughter)'s typical day.
17. How important do you think it is to have rules for teens?
18. What kinds of rules do you have? How do you enforce these rules?
 - Probe: Chores? Homework? R-rated movies? TV? The Internet? Spending the night at friends' houses? Social Media? Cell phones?

Puberty: *These next few questions are about the development and physical changes kids go through during puberty and adolescence.*

19. When did you notice your child entering puberty?
20. Tell me about the changes (physical/emotional/behavioral) that you have noticed in your child.
21. How did it make you feel to see him/her changing?
 - Probe: Things you worried about? Thoughts you have had about his/her life changing?
22. Tell me about any conversations you have had with your ____ (daughter/son) about puberty?
 - Probe: What made you think this conversation was necessary?
 - Probe: What topics did you discuss?
23. Tell me what you think the differences are between being a teenager and growing up today compared to when you were a teen.
 - Probe: The opposite sex (girls if their child is a boy and boys if their child is a girl)? Sexual activity?

Dating: *These next few questions are about dating.*

24. As your son/daughter starts to become interested in dating and relationships, tell me how that makes you feel.
 - Probe: What advise are you going to give them once they start wanting to date?
 - Probe: What are some of the things you worry about or want to warn them about?
25. Tell me about any types of relationships your ____ (daughter/son) may have had with another child. (I.e. Girlfriend/boyfriend)

IF THE CHILD HAS HAD EXPERIENCES WITH A GIRLFRIEND/BOYFRIEND

- Probe: What did they do together?
- Probe: how, when, where

- Probe: Tell me how you felt/what you did?
 - Probe: Did you meet them? What did you think of them?
- IF THE CHILD HAS NOT HAD ANY EXPERIENCES WITH A GIRLFRIEND/BOYFRIEND
- Probe: Has your ____ (daughter/son) ever given you the impression they may like someone else romantically? (I.e. A crush)
 - Probe: Tell me how you felt or what you thought about this.
 - Probe: What did you know about this person?
 - Probe: Knowing your ____, (daughter/son) do you think they would ever act on these feelings?
 - Probe: how, when, where
26. Tell me about any questions your ____ (daughter/son) has had about dating or relationships.
- Probe: etiquette – who calls, gifts, feeling pressured to date, etc.
27. How would you feel if your ____ (daughter/son) dated someone from a different background than your family?
- Probe: Race, class, ethnicity
- Sex: These next few questions are about sex.*
28. Tell me about the conversations you have had with your ____ (daughter/son) about sex and dating.
- Probe: How did that conversation come about? What made you think you needed to talk to them about this?
 - Probe: How did this conversation go?
 - Probe: What did you say? (i.e. Information about: Contraception? Masturbation? Being ready? Gender roles?)
29. What are some of the specific things you told them to be aware of about the opposite sex?
- Probe: Motivations? Taking sexual risk? Opinions about sex?
 - Probe: What makes you think you needed to include this information when you were talking to them?
30. Have you ever talked with your ____ (daughter/son) about sexual orientation?
- Probe: What do you want ____ (daughter/son) to know about sexual orientation?
 - Probe: How would you feel if you found out that your ____ (daughter/son) was gay?
31. Tell me about any time that your ____ (daughter/son) asked you about sex? What did he/she ask?
- Probe: How comfortable do you feel talking to your ____ (daughter/son) about sex and sexuality?
 - Probe: How did you feel about the information you provided?
 - Probe: How did your ____ (daughter/son) respond?
32. Tell me about the sex education your ____ (daughter/son) has received in school. What has he/she learned about sex at school?
- Probe: Mechanics, STDs, peer pressure, pubertal changes.
 - Probe: How do you feel about the sex education program at your ____ (daughter/son) school?
 - Probe: How involved were you in this class? (i.e. Met the teacher, previewed materials, consented.)
33. How do you feel about sex education being taught in schools generally?
- Probe: At what age do you think people should start learning about sex?
34. Why do you think it is important for young people to know about sex?
- Probe: if they say something about “making good decisions”/what are good decisions?
35. Thinking back to when you were your ____'s (daughter/son) age, what did you know about sex?

- Probe: How did you learn about sex?
- 36. Tell me about any experience your ____ (daughter/son) has had with a sex education program outside school (i.e. through church, community groups, NGOs)
 - Probe: Have you ever asked other people to talk with your ____ (daughter/son) about sex?

IF YES

- Probe: Who and what made you think that person should have that discussion?
- Probe: What other sources of information did you/would you seek out when trying to talk about sex with your ____ (daughter/son)?
- 37. Tell me what you think about the idea that teenagers experiment sexually?
 - Probe: When and what context/condition is this acceptable or not.
- 38. Tell me about any type of sexual experiences your ____ (daughter/son) has had. (I.e. Kissing, etc. etc.)

IF THE CHILD HAS HAD SEXUAL experience

- Probe: How did/do you feel about that?
- Probe: Concerns? Differences for girls and boys
- 39. When do you think someone is ready to have sex?
 - Probe: When do you think that will be for your ____ (daughter/son)?
 - Probe: Age
- 40. What would you think if in the future your ____ (daughter/son) were in a serious relationship with someone and wanted that person to spend the night in his/her room?
 - Probe: If a negative response- At what time, and under what conditions would you consider allowing that in the future.
- 41. Talk to me about the similarities and differences in the issues your ____ (daughter/son) is/will be dealing with around dating and sexuality and those you dealt with when you were his/her age?
- 42. When you look at teenagers today, what do you worry about in relation to your ____'s (daughter/son) sexual development?
 - How do you think your ____ (daughter/son) is/will be different from other teenagers today with respect to their sexual development and sexual experimentation?

Final questions: *These last few questions are more general about raising adolescents and the future?*

- 43. A lot of people think raising teenagers is challenging. What is your opinion on this?
 - Probe: What would you say has been the most challenging thing you have encountered/expect to encounter?
 - Probe: How would you say that your experience as a teenager has affected/will affect how you raise your ____ (daughter/son)?
- 44. When do you think a child is ready to move out of the house?
- 45. At what age will you consider your ____ (daughter/son) an adult?
- 46. What are your expectations or things that you hope for your ____'s (daughter/son) future?
- 47. Is there anything you would like to add to our discussion here that you feel like we did not cover?

Appendix F – In Depth Interview Guide (Spanish)

Virus del Papiloma Humano y la vacuna del virus del Papiloma Humano.

En primer lugar, ¿su hijo entre 9-13 años de edad es un niño o una niña?

Quisiera empezar con una breve introducción respecto a las vacunas.

1. ¿Cuénteme, qué ha escuchado sobre las vacunas, ya sea de sus amigos, familia o medios de comunicación?
2. ¿Qué piensa usted de las vacunas?
3. Hábleme de su ____ (hijo/a) y si lo/a ha vacunado cuando era menor. ¿Qué cosas pensó al respecto en ese momento?
 - Sondear: ¿Le dio usted sus vacunas cuando correspondía? ¿Por qué si? O ¿por qué no?
 - Sondear: ¿Y la vacuna de la influenza? ¿Usted y su ____ (hijo/a) la reciben regularmente? Por favor cuénteme cómo llegó a la decisión de vacunarse para la influenza. ¿Qué cosas consideró?
4. ¿Qué sabe del virus de papiloma humano?
 - Sondear: Características específicas, causas, tratamiento, enfermedades relacionadas
5. En conversaciones con el/la médico de su ____ (hijo/a) ¿qué le dijo acerca del virus del papiloma humano?
6. ¿Qué sabe usted de la vacuna del virus del papiloma humano?
 - Sondear: ¿Para quién es? (Niñas, niños, edades, etc.) ¿Qué hace la vacuna? ¿Cuándo es necesaria? ¿Dónde la consigue? ¿Cómo la consigue? Cuénteme ¿En qué situación cree que alguien podría necesitar la vacuna? ¿Cuántas dosis son necesarias para que sea efectiva?
7. ¿Su ____ (hijo/a) ha recibido la vacuna VPH?
Si su respuesta es SÍ,
 - ¿Qué hizo que se decida por vacunar a su ____ (hijo/a)?
 - ¿Cuántas dosis ha recibido su ____ (hijo/a)?
 - ¿Él/Ella ha terminado la serie de dosis de la vacuna?
 - ¿Dónde recibió su ____ (hijo/a) la vacuna?Si su respuesta es NO,
 - ¿Cree usted que vacunará a su ____ (hijo/a) en los próximos 12 meses?
 - ¿Cuándo cree usted que lo hará?
 - Por favor, cuénteme ¿por qué piensa que vacunará o no vacunará a su ____ (hijo/a)? ¿Cómo ha llegado a tomar esta decisión? ¿Hay alguien/algo que haya influido en esta toma de decisión?

Si la madre no cuenta con información, o tiene información incorrecta o incompleta acerca del virus del papiloma humano o la vacuna relacionada, lea el siguiente guión.

El Virus del Papiloma Humano es una enfermedad viral de transmisión sexual muy común entre hombres y mujeres. Este virus puede causar verrugas genitales, pero muchas veces no hay síntomas. Hay cientos de cepas de la enfermedad, algunas de las cuales son más propensas a causar graves problemas de salud, como ciertos tipos de cáncer. Con frecuencia se resuelve por sí mismo, no tiene síntomas, y es posible que una persona no sepa que está infectado. Si no se resuelve por sí solo y no se trata, el VPH se ha asociado con el cáncer de cuello uterino en mujeres y otros cánceres en mujeres y hombres.

Las mujeres pueden hacerse la prueba del VPH a través de pruebas moleculares y/o pueden detectar células anormales en el cuello uterino (causadas por este virus) a través de un examen de Papanicolaou. Actualmente, no hay test de prueba de VPH para los hombres. Hay actualmente varios tipos de vacunas que son para prevenir las cepas más peligrosas, así como las más propensas a causar verrugas genitales. Cada uno de ellas requiere 2 o 3 vacunas durante un período de 6 meses. Todas las vacunas están aprobadas para ser utilizados en niñas y niños entre las edades de 9 y 26 años. Se recomienda que las personas las reciban antes de ser sexualmente activos, generalmente entre los 9 y 14 años. Actualmente el gobierno del Perú da esta vacuna para VPH gratis para niñas de 9-13 años a través de su escuela. Tanto las niñas como los niños pueden recibir la vacuna a través de un proveedor de atención médica a un costo. ¿Tiene alguna pregunta sobre lo que acabo de decirle?

8. ¿Cómo se siente respecto a la aplicación de la vacuna de VPH para su _____ (Hijo/a)?
 9. ¿Qué le preocupa específicamente respecto a la vacuna de VPH?
 - Sondear: Seguridad, Efectividad, Acceso, Costo, Promiscuidad, ¿otras barreras?
 10. ¿Cuénteme ¿qué piensa acerca de la utilidad de la vacuna de VPH?
 - Sondear: Razones por las que piensa esto
 11. ¿Sabe usted del programa de vacunación en la escuela de su _____ (hijo/a)?
 - Sondear: ¿Qué ha dicho su _____ (hijo/a) de esto?
 - Sondear: ¿Qué piensa usted del programa?
 12. ¿Cómo piensa usted que su familia se sentirá respecto a vacunar a su _____ (hijo/a) para prevenir una enfermedad de transmisión sexual?
 - Sondear: ¿Qué le hace pensar eso?
 13. ¿Qué cree usted que piensan otros padres sobre la vacuna? ¿Cómo se siente al respecto?
 14. Cuénteme, ¿qué tanto apoyo le daría su médico para vacunar a su _____ (hijo/a) de VPH?
 15. Teniendo en cuenta lo que sabe, si su médico le recomienda la vacuna, ¿usted cree que vacunaría a su _____ (hijo/a)?
- Vida familiar:** Ahora vamos a hablar de su _____ hijo/a y la organización dinámica familiar
16. Por favor describa la rutina diaria de su _____ (hijo/a).
 17. ¿Cuán importante cree usted que es establecer normas y reglas para los adolescentes?
 18. ¿Qué clase de reglas tiene usted para su hijo/a?
 - Sondear: ¿Tareas del hogar? ¿Tareas de la escuela? ¿Televisión? ¿Internet? ¿Pasar la noche en casa de amigos o amigas? ¿Redes sociales? ¿Teléfonos celulares?
- Pubertad:** Las siguientes preguntas son acerca del desarrollo y los cambios físicos que los niños pasan durante la pubertad y la adolescencia.
19. ¿Cuándo se dio cuenta que su hijo/a inició la pubertad?
 20. Cuénteme acerca de los cambios (físicos, emocionales y de comportamiento) que ha notado en su _____ (hijo/a)?
 21. ¿Cómo se sintió al ver estos cambios?
 - Sondear: ¿Hay algo que le preocupe? ¿Qué piensa de estos cambios en la vida de su _____ (hijo/a)?

22. Cuénteme si ha tenido conversaciones acerca de la pubertad con su ____ (hijo/a)?
- Cuénteme ¿por qué pensó que esta conversación era necesaria?
 - Sondear: ¿Qué temas hablaron?
23. ¿qué piensa de las diferencias entre ser un adolescente hoy y haber sido un adolescente en su época.
- Sondear: ¿El sexo opuesto (chicas si el adolescente es un niño y chicos si el adolescente es una niña) ¿Actividades sexuales?

Noviazgo: las siguientes preguntas son acerca del sexo opuesto al de su hijo/a

24. Cuando a su hijo/a le empiecen a interesar las relaciones y noviazgo. ¿Cómo cree que le haría sentir eso?
- Sondear: ¿Qué consejo le vas a dar una vez que empiece a querer tener un noviazgo?
 - Sondear: ¿Cuáles son algunas de las cosas que le preocupan o quisiera advertirle?
25. Hábleme de cualquier tipo de relación no amical que su ____ (hijo/a) haya tenido con otro niño o niña. (Es decir, ENAMORADA/ENAMORADO)
- SI EL NIÑO/A TUVO/TIENE UNA ENAMORADA/ENAMORADO
- Sondear: ¿Qué hicieron juntos?
 - Sondear: ¿Cómo? ¿Cuándo? ¿Dónde?
 - Sondear: ¿Cómo se sintió, que hizo?
 - Sondear: Que pensó de él/ella?
- SI EL/LA (NIÑO/A) NO HA TENIDO ALGÚN ENAMORADA/ENAMORADO
- Sondear: según el comportamiento de su ____ (hijo/a) ¿le ha dado a usted la impresión de que le gusta alguien?
 - Sondear: ¿Qué sintió usted y qué piensa al respecto?
 - Sondear: ¿Qué sabe del otro niño/a?
 - Sondear: ¿Conociendo a su ____ (hijo/a) usted piensa que él/ella en algún momento actuará en base a sus sentimientos hacia esta persona?
 - Sondear: ¿Cómo? ¿Cuándo? ¿Dónde?
26. Cuénteme acerca de las preguntas que su ____ (hijo/a) ha hecho respecto a las relaciones no amicales
- Sondear: roles de género, quién llama, preguntas, sentimientos de presión, etc.
27. ¿Cómo se sentiría si su ____ (hijo/a) tiene un enamorado/a con un nivel socio económico diferente al suyo?
- Sondear: raza, clase socioeconómica, etnicidad.

Sexo: Las siguientes preguntas son respecto al sexo

28. Cuénteme acerca de las conversaciones que tuvo con su ____ (hijo/a) acerca de tener enamorado/a y sexo.
- Sondear: ¿Cómo se inició esa conversación? ¿Qué le hizo pensar que necesitaba tener esta conversación con su ____ (hijo/a)?
 - Sondear: ¿Cómo cree usted que resultó esa conversación?
 - ¿Qué le dijo a su ____ (hijo/a)? (i.e. Información sobre: ¿anticoncepción? ¿Masturbación? ¿Estar listo? ¿Roles de género?)
29. ¿Qué cosas específicas le dijo usted acerca del sexo opuesto?
- Sondear: ¿Motivaciones? ¿Tomando riesgos sexuales? ¿Opiniones sobre sexo? ¿Diferencias en la manera en que el sexo opuesto ve las consecuencias del sexo?
 - Sondear: ¿Qué te hizo pensar que era necesario incluir esta información cuando hablaste con él/ella?
30. ¿Alguna vez habló acerca de la orientación sexual con su ____ (hijo/a)?
- Sondear: ¿Qué quisiera que su ____ (hijo/a) sepa acerca de la orientación sexual?

- Sondear: ¿Cómo se sentiría usted si supiera que su hijo/a es homosexual?
31. ¿Su ____ (hijo/a) le preguntó alguna vez acerca de sexo? ¿Qué le pregunto?
- Sondear: ¿Cuán cómoda se siente usted hablando con su ____ (hijo/a) acerca de sexo y sexualidad?
 - Sondear: ¿Cómo se siente respecto a la información que le dio a su hijo/a?
 - ¿Cómo respondió su ____ (hijo/a) a la conversación?
32. Cuénteme acerca de la educación sexual que su ____ (hijo/a) ha recibido en la escuela. ¿Qué ha aprendido él/ella acerca de sexo en la escuela?
- Sondear: ¿Reproducción sexual? enfermedades de transmisión sexual, presión grupal, cambios de pubertad.
 - Sondear: ¿Cómo se siente usted respecto al programa de educación sexual en la escuela de su ____ (hijo/a)?
 - Sondear: ¿Qué tan involucrado estuvo usted en este programa? (i.e. ¿conocía al profesor? ¿Vio los materiales? ¿Estuvo de acuerdo?)
33. En general ¿cómo se siente usted respecto a que se imparta educación sexual en las escuelas?
- Sondear: ¿A qué edad piensa que es apropiado para las personas aprender respecto al sexo?
34. ¿Por qué piensa usted que es importante que los jóvenes sepan sobre sexo?
- Sondear: si dicen algo sobre "tomar buenas decisiones" / ¿cuáles son las buenas decisiones?
35. ¿Qué sabía usted de sexo cuando tenía la edad de su ____ (hijo/a) ?
- Sondear: ¿Cómo aprendió del sexo?
36. Cuénteme de alguna experiencia que su ____ (hijo/a) ha tenido con un programa de educación sexual afuera de su escuela. (como la iglesia, grupo comunitario, alguna ONG)
- Sondear: ¿Alguna vez le pidió a otra persona que hable con su ____ (hijo/a) acerca de sexo?
SI la respuesta es SI,
 - Sondear: ¿Quién y qué le hizo pensar que esta persona debía tener esta conversación?
 - Sondear: ¿Qué otras fuentes de información buscó o buscaría cuando trate de hablar de sexo con su ____ (hijo/a)?
37. Cuénteme, ¿que piensa acerca de que adolescentes experimenten sexualmente?
- Sondear: Cuándo y en qué contexto/condición y si es aceptable o no.
38. Cuénteme si su ____ (hijo/a) ha tenido alguna experiencia sexual. (i.e. Besos, etc., etc.)
SI EL/LA NIÑO/A HA TENIDO ALGUNA EXPERIENCIA SEXUAL
- Sondear: ¿Cómo te hizo sentir eso?
 - Sondear: ¿Preocupaciones? ¿Diferencias entre los chicos y chicas?
39. ¿Cuándo piensa que alguien está preparado para tener sexo?
- Sondear: ¿Cuándo cree que su hijo/a está listo/a para tener sexo?
 - Sondear: edad
40. ¿Qué pensaría si en EL futuro su ____ (hijo/a) está en una relación seria con alguien y quiere que esa persona pase la noche con él/ella en su habitación?
- Sondear: Si la respuesta es negativa- en qué momento y bajo qué condiciones usted consideraría permitir esto en el futuro.
41. Hábleme de las similitudes y diferencias en los temas que su ____ (hijo/a) está enfrentando ahora o enfrentará en el futuro y los que enfrentó usted cuando tenía su edad.
42. Cuándo mira a los adolescentes de hoy, ¿de qué se preocupa en relación al desarrollo sexual de su ____ (hijo/a)?

- ¿De qué manera piensa usted que su ____ (hijo/a) será diferente a los adolescentes de hoy respecto a su desarrollo sexual y experimentación sexual?

Preguntas finales: Estas últimas preguntas son más generales respecto a la crianza de los adolescentes y el futuro.

43. Mucha gente piensa que criar adolescentes es un desafío. ¿Cuál es su opinión al respecto?
 - Sondear: ¿Cuál diría usted que ha sido el mayor desafío que ha encontrado o espera encontrar al respecto?
 - Sondear: ¿Como diría que su experiencia como adolescente ha afectado o afectará la crianza de su ____ (hijo/a)?
44. ¿Cuándo piensa que un hijo/a esta lista para mudarse fuera de la casa?
45. ¿A qué edad usted consideraría a su ____ (hijo/a) como un adulto?
46. ¿Cuáles son sus expectativas o las cosas que desea para el futuro de su ____ (hijo/a)?
47. ¿Hay alguna otra cosa que desea añadir a nuestra conversación que sienta que no hemos cubierto?

Appendix G – Focus Group Guide (English)

You are here to ensure that the survey and instruments we are going to use in a larger study later are understandable, clear, and relevant. We would like you to begin by taking the survey itself in-full. None of your responses will be used in data collection and will be discarded upon examination by our research team. We simply want you to be familiar with the survey.

GIVE TIME TO COMPLETE THE SURVEY.

Now that everyone has finished the survey, we want to get your thoughts (45 min).

What do you think of the appearance of the survey?

- Did anyone think it was intimidating?
- Did anyone think that it was confusing when they received it?
- When you first received the survey, what did people think about the length of the survey?
- If you completed this on a tablet how would that change your perception?

What did you think about the instructions?

- Where they clear?
- Did you read them? How carefully?
- How can we make people read the directions?
- Did you have any questions about them?

How clear did you find the specific items or questions?

- Where there any items where you weren't sure what we were asking?
- What about the specific wording? Do you think that there are any questions we could use different wording that may be more common or appropriate for Peru/Lima?
- At any point were any of you confused about what we were asking.
- What about repetitiveness? Tell me about any place where you felt like any of the questions were asking something very similar to another question.
- Where there any items or questions where you felt like you were precluded from responding because the question simply didn't apply to you.
- Did you have difficulty recalling the appropriate responses at all?

Tell me what you think about your response options?

- At any point did you feel like the response options didn't make sense?
- Did you feel like the options for your response were adequate for capturing how you wanted to respond? (Response set sufficient)
- Did you feel like any questions asked you about two or more things while only giving you one response? (Doubled barreled questions – give examples to clarify)

Did anyone not finish the survey?

- Where their specific sections/questions/items that you skipped?
- Did anyone else skip those same items?
- Did everyone answer all the questions in order?

- Did everyone answer all the questions or did they leave questions at the end blank?
- Did anyone feel uncomfortable answering certain questions?
- Can you explain why you didn't? (It's not a problem if they didn't)

AT THIS POINT THE MODERATOR WILL ASK PARTICIPANTS TO TURN TO A SPECIFIC SECTION OF THE SURVEY. HERE WE WILL ASK QUESTIONS ABOUT SPECIFIC SECTIONS OF THE SURVEY.

Tell me what you thought generally about this section of the survey?

- Where specific items clear?
- Do you think the wording of specific items/questions is sufficient/intelligible/appropriate for the context?
- What do you think about the instructions for this section?

Draw their attention to specific questions where we have questions.

- How did they interpret the response categories?
- How did they interpret the wording of a particular question?
- Do they feel like the question specifically captures their feelings or response?

Appendix H – Focus Group Guide (Spanish)

Usted está aquí para asegurarse de que la encuesta y los instrumentos que vamos a utilizar en un estudio más amplio más adelante sean comprensibles, claros y relevantes. Nos gustaría que comiences tomando la encuesta en su totalidad. Ninguna de sus respuestas se utilizará en la recopilación de datos y será descartada al ser examinada por nuestro equipo de investigación. Simplemente queremos que esté familiarizado con la encuesta. (DAR ENCUESTA EN ESTE MOMENTO)

DAR TIEMPO PARA COMPLETAR EL CUESTIONARIO.

Ahora que todos han terminado el cuestionario, queremos saber tus opiniones (45 min).

¿Qué piensa de la apariencia del cuestionario?

- ¿Alguien piensa que fue intimidante?
- ¿Alguien piensa que fue confuso cuando lo recibieron?
- ¿Cuándo recibió el cuestionario por primera vez, que pensó de la longitud del cuestionario?
- ¿Si hubieses completado esto en una Tablet, como cambiaría tu percepción?

¿Qué piensas de las instrucciones?

- ¿Fueron claras?
- ¿Las leíste? ¿Con cuanta atención?
- ¿Cómo podemos hacer que la gente lea las instrucciones?
- Tienes preguntas al respecto?

¿Qué tan claras son las preguntas y los ítems?

- ¿Encontraste preguntas donde no estabas seguro/a de que estábamos preguntando?
- ¿Qué piensas de algunas palabras específicas? Piensas que hay algunas preguntas que pueden usar palabras diferentes para que sean mejor para Perú/Lima?
- ¿En algún punto se confundieron con lo que estábamos preguntando?
- ¿Y qué piensas de la repetitividad? ¿Me puedes comentar si en algún momento algunas de las preguntas te parecen similares?
- Hay algunos ítems o preguntas donde te sentiste excluido/a porque la pregunta no se aplica a tí.
- ¿Tuviste alguna dificultad recordando las respuestas apropiadas?

¿Qué piensas de las opciones para las respuestas?

- ¿En algún momento sentiste que las opciones de respuestas no tienen sentido?
- ¿Sentís que las opciones de respuesta son adecuadas para capturar tus respuestas? (Respuestas son suficientes)
- ¿Sentís que algunas de las preguntas te preguntan dos o más cosas mientras solo te da una respuesta? (Preguntas dobles – dar ejemplos para clarificar)

¿Hay alguien que no terminó el cuestionario?

- ¿Hay algunas preguntas específicas/secciones/ítems que salteaste?
- ¿Hay alguien que salteó las mismas preguntas?
- ¿Todos respondieron a las preguntas en orden?
- ¿Todos respondieron a las preguntas o dejaron algunas vacías al final?
- ¿Hay alguien que se sintió incomodo al responder algunas preguntas?
- ¿Puedes explicar por qué no lo hiciste? (no es un problema si no respondieron)

EN ESTE PUNTO, EL MODERADOR PEDIRÁ A LOS PARTICIPANTES QUE VUELVAN A UNA SECCIÓN ESPECÍFICA DE LA ENCUESTA. AQUÍ HACEMOS PREGUNTAS SOBRE SECCIONES ESPECÍFICAS DE LA ENCUESTA.

¿Dime que piensas en general acerca de esta sección del cuestionario?

- ¿Qué ítems específicos son claros?
- ¿Qué piensas de las palabras usadas para ciertos ítems y preguntas específicas? ¿Es suficiente? ¿Inteligible? ¿Apropiado para el contexto?
- ¿Qué piensas de las instrucciones para esta sección?

Dirige su atención a preguntas específicas donde tenemos preocupaciones.

- ¿Cómo interpretaron las categorías de las respuestas?
- ¿Cómo interpretan las palabras usadas de una pregunta en particular?
- ¿Sienten que la pregunta captura en específico sus sentimientos o respuestas?

Appendix I – Expert Panel Survey for Content Validity

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Content Validity Questionnaire - Masculinity

Thank you for agreeing to help assist in this project. The list of items and constructs within this survey were developed from a series of thirty, semi-structured, in depth interviews among mothers of 9-13-year-old adolescents in Lima, Peru. The themes of these interviews were meant to explore maternal beliefs and attitudes about adolescent gender and sexuality (referring to both sexual orientation and sexual behaviors). We are using the information gathered from these interviews as well as a review of existing validated scales to create a new instrument to measure the way parents perceive their own child's gender and sexuality. In order to assess content validity of this new instrument, we plan to employ the Lawshe method to have an expert panel assess each item and the degree to which the instrument sufficiently represents the content of the subject domain.

Please take your time and read each item carefully. If need be, you can save your progress and return at a latter time to finish. There are two parts to this survey corresponding to the constructs of Adolescent Masculinity and Adolescent Femininity. Upon completing this questionnaire about masculinity, you will be sent another survey where you will be asked to judge each item in relation to femininity. We would like to have everyone's responses within 2 weeks of first receiving the first survey.

Thank you again for your assistance and should you have any questions you can reach Thomas Miles at tmiles@tulane.edu.

Attached please find a file listing both the English and Spanish version of each item for your reference throughout this process should you wish to print it (11 pages). This is strictly for your reference as you evaluate each item.

[Attachment: "Adolescent Gender and Sexuality Scale..pdf"]

Please answer the demographic questions below.

Title/Título

- Mr.
- Ms.
- Dr.
- Sr.
- Sra.
- Dra.

First Name/Nombre

Last Name/APELLIDO

What is your Email,

Does the majority of your work take place in Peru? ¿La mayoría de su trabajo es en el Perú?

- Yes
- No

Who is your primary employer? ¿Quién es tu principal empleador?

02/19/2020 3:26pm

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What would you consider your professional specialty? ¿Cuál considerarías tu especialidad profesional?

- Adolescent Health
- Sex or Sexuality
- Gender
- Reproductive and Sexual Health
- Psychometrics
- Instrument Development
- Psychology
- Sociology
- LGBTQ Health
- Other

You selected "Other" in the previous question, what do you consider your professional specialty? Seleccionó "Otro" en la pregunta anterior, ¿cuál considera que es su especialidad profesional?

What is your gender? ¿Cuál es su género?

- Male
- Female
- Other

For context: there are three levels that I am using for this assessment. The overall domain will examine parents' perception of their child's masculinity or femininity. For these domains, I have developed 5 theoretical constructs that emerged in interviews: Emotional Affectiveness, Household Responsibilities, Gendered Behaviors, Physical and Mental Attributes, and Sexuality. Within each of these constructs, I am including the items that were most salient in interviews and other validated scales of masculinity and femininity.

In the following section we would like you to judge how important you feel that each of these constructs is in relation to the overall domain of "Parentally Perceived Adolescent Masculinity" that we are attempting to measure with parents. For this instrument, this domain is defined as "How parents perceive the MASCULINITY of their male children."

Para darles más contexto: hay tres niveles que estoy usando para esta evaluación. El dominio general examinará la percepción de los padres sobre la masculinidad o feminidad de sus hijos. Para este dominio, he desarrollado 5 "constructs" (categorías) teóricos que surgieron en las entrevistas: afectividad emocional, responsabilidades en el hogar, conductas relacionadas a género, atributos físicos y mentales, y sexualidad. Dentro de cada uno de estos "constructs", incluyo los elementos que fueron más destacados en las entrevistas y en otras escalas validadas de masculinidad y feminidad.

En la siguiente sección, queremos que indiquen la importancia que tienen cada uno de los distintos elementos dentro de los 5 "constructs" que utilizaremos para medir el dominio de "Masculinidad adolescente percibida por los padres". En este instrumento, evaluamos cómo los padres perciben la MASCULINIDAD de sus hijos varones.

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<p>Emotional Affectiveness - Describes the level of emotional expressiveness of the child. Afectividad Emocional - Descripción del nivel de expresividad emocional del niño.</p>	<p> <input type="radio"/> Essential <input type="radio"/> Useful but not essential <input type="radio"/> Not Necessary </p>
<p>Optional Comment about Emotional Affectiveness and Masculinity.Comentario opcional sobre Afectividad Emocional y Masculinidad.</p> <hr/>	
<p>Household Responsibilities - Describes the type and value of child's work in relation to socially ascribed gender roles. Responsabilidades del hogar - Describe el tipo y valor del trabajo del niño en relación a roles de género socialmente atribuidos.</p>	<p> <input type="radio"/> Essential <input type="radio"/> Useful but not essential <input type="radio"/> Not Necessary </p>
<p>Optional Comment about Household Responsibilities and Masculinity.Comentario opcional sobre Responsabilidades del hogar y Masculinidad.</p> <hr/>	
<p>Gendered Behaviors - Describing behaviors of child in relation to socially perscribed gender roles. Comportamientos de Género - Describiendo conductas del niño en relación a los roles socialmente atribuidos a su género.</p>	<p> <input type="radio"/> Essential <input type="radio"/> Useful but not essential <input type="radio"/> Not Necessary </p>
<p>Optional Comment about Gendered Behaviors and Masculinity.Comentario opcional sobre Comportamientos de Género y Masculinidad</p> <hr/>	
<p>Physical and Mental Attributes - Describing the child physical and mental characteristics in relation to gender.Atributos Físicos y Mentales - Describiendo la psicología física y mental del niño en relación a su género.</p>	<p> <input type="radio"/> Essential <input type="radio"/> Useful but not essential <input type="radio"/> Not Necessary </p>
<p>Optional Comment about Physical and Mental Attnbutes and Masculinity.Comentario opcional sobre Atributos Físicos y Mentales y Masculinidad.</p> <hr/>	
<p>Sexuality - Describing the present or future sexual activity (including homosexual activity) of child in relation to each gender.Sexualidad - Describiendo la aceptabilidad de la actividad sexual presente y futura (incluida la actividad homosexual) en relación con cada género.</p>	<p> <input type="radio"/> Essential <input type="radio"/> Useful but not essential <input type="radio"/> Not Necessary </p>
<p>Optional Comment about Sexuality and Masculinity.Comentario Opcional sobre Sexualidad y Masculinidad.</p> <hr/>	

Thank you for rating the theoretical constructs in relation to the the overall domain of "Perceived Adolescent Masculinity."

In this section we examine the importance of each item to its respective theoretical construct. These items were either most salient within in-depth interviews or identified through a review of existing validated scales of masculinity and femininity.

In the following section, we would like you to judge how important you feel that each of these ITEMS is in relation to the respective theoretical construct. Each construct will be defined in the header. In the future, parents will rate each item on a 1-7 Likert scale representing their level of agreement that each statement describes some aspect of masculinity acted out by their male children.

This first matrix asks you to rate the centrality of each item in operationalizing the construct of Emotional Affectiveness, defined as "describing the level of child's emotional expressiveness" in relation to ADOLESCENT MASCULINITY.

PLEASE BE AWARE: Items are not all worded in the same direction (some will be worded towards traditional masculinity and some items are worded towards non-traditional masculinity). Just because an item doesn't support the idea of traditional masculinity or femininity doesn't mean that it is not relevant to the greater domain - "perceived adolescent masculinity or femininity" -- or to its' respective construct. These items may still be relevant to a parent's perception of the masculinity and femininity acted out by their child. Think carefully about what each item is saying.

Gracias por calificar los constructos teóricos en relación con el dominio general de "Masculinidad Adolescente Percibida".

En esta sección, examinarán la relación entre cada elemento (ítem) y su respectivo "construct" teórico. Estos ítems fueron los más destacados en las entrevistas en profundidad y/o identificados a través de una revisión de las escalas validadas de masculinidad y feminidad.

En la siguiente sección, nos gustaría que indique qué tan importante considera que cada uno de estos ELEMENTOS se relaciona con la construcción teórica respectiva. Cada "construct" se definirá en el encabezado. Eventualmente, los padres calificarán en una escala Likert de 1 al 7 su nivel de concordancia de que este elemento describe algún aspecto de la masculinidad de sus hijos varones.

Esta primera matriz te pide que califiques la importancia de cada elemento para operacionalizar el construct de Afectividad Emocional, definido como "describir el nivel de expresividad emocional del niño" en relación a la MASCULINIDAD DEL ADOLESCENTE.

TENGA EN CUENTA: los elementos no están redactados en la misma dirección (algunos son tradicionalmente masculinos y otros no). El hecho de que un elemento no respalde la idea de masculinidad tradicional o feminidad no significa que no sea relevante para el dominio de "masculinidad o feminidad perceptiva". Cada elemento pueden aún ser relevante para la percepción que tienen los padres de la masculinidad y feminidad de su hijo. Piense cuidadosamente sobre cuánto nos dice cada elemento para entender su "construct".

Essential

Useful but not essential

Not Necessary

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Item 1m. My son is frequently emotionally vulnerable. / Mi hijo con frecuencia es vulnerable emocionalmente.

Item 2m. My son doesn't cry even if something really bad happens. / Mi hijo no llora incluso cuando algo realmente malo pasa.

Item 3m. My son is weak because he is emotional. / Mi hijo es débil porque es emocional.

Item 4m. My son does not show affection to those he loves. / Mi hijo no muestra afecto a aquellos que ama.

Item 5m. My son lets people know how he feels. / Mi hijo permite a la gente saber como se siente.

Item 6m. My son does not speak his mind even if he feels strongly about something. / Mi hijo no dice lo que piensa aun cuando tiene una opinion fuerte sobre algo.

Item 7m. My son often looks happy on the outside in order to please others, even if I know he doesn't feel happy on the inside. / Mi hijo a menudo se ve contento por fuera para agradar a otros, incluso cuando sé que no se siente feliz por dentro.

Item 8m. My son isn't respected among friends and family because he shows his feelings too much. / Mi hijo no es respetado entre sus amigos y familia porque él muestra demasiado sus sentimientos.

Item 9m. When my son has a fear, he keeps it to himself. / Cuando mi hijo tiene miedo, él lo guarda para si mismo.

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Item 10m. My son is nurturing. / Mi hijo es cariñoso.

Item 11m. My son is overly emotional. / Mi hijo es demasiado emocional.

Item 12m. My son only express his feelings in a nice way. / Mi hijo solo expresa sus sentimientos en una manera agradable.

Item 13m. My son is "drama queen." / Mi hijo es el "rey del drama."

Item 14m. My son talks about his worries with his friends. / Mi hijo habla de sus preocupaciones con sus amigos.

Item 15m. If my son's friend's feelings were hurt my son would try to comfort them. / Si los sentimientos de la amigo/a de mi hijo se lastimaran, mi hijo trataría de consolar sus sentimientos.

Item 16m. If my son is angry, I think he keeps it to himself. / Si mi hijo está molesto, creo que se lo guarda para sí mismo.

Item 17m. If my son was angry with a friend its possible that he may hit him. / Si mi hijo está molesto con un amigo es posible que lo golpee.

Item 18m. Strong anger is a natural emotion for my son. / La ira fuerte es una emoción natural para mi hijo.

Item 19m. In celebrating successes, I think my son is modest. / Al celebrar el éxito, pienso que mi hijo es modesto.

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Item 20m. If my son is being picked on at school, he would stand up for himself. / Si a mi hijo lo molestaran en el colegio, él se defendería a sí mismo.

Item 21m. If my son is being picked on at school, he would go and tell his teacher. / Si a mi hijo lo molestan en el colegio, él iría a avisarle a su profesor.

Comments on Emotional Affectiveness Items for Masculinity
Comentarios sobre los elementos de Afectividad Emocional para la Masculinidad

This matrix is asking you to rate how important each item is in operationalizing the construct of Household Responsibilities, defined as "describing the type and value of child's work in relation to socially prescribed gender roles" as it relates to ADOLESCENT MASCULINITY. Esta matriz le pide que califique la importancia de cada ítem en operacionalizar el construct de Responsabilidades del hogar, definido como "describir el tipo y valor del trabajo del niño en relación con los roles de género socialmente prescritos" en relación con la MASCULINIDAD DEL ADOLESCENTE.

	Essential	Useful but not essential.	Not Necessary
Item 22m. My son regularly washes the dishes. / My hijo lava los platos regularmente.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 23m. My son regularly helps with the laundry. / Mi hijo regularmente apoya con la lavandería.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 24m. My son regularly takes out the trash. / Mi hijo regularmente saca la basura afuera.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 25m. I think my sons education will prepare him for marriage. / Creo que la educación de mi hijo lo preparará para el matrimonio.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 26m. I think my sons education will prepare him for child rearing. / Creo que la educación de mi hijo lo preparará para la crianza de hijos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 27m. My son knows the basics of cooking. / Mi hijo conoce de cocina básica	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 28m. My son helps take care of his siblings / Mi hijo ayuda a cuidar a sus hermanos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 29m. My son will know how to do mechanical repairs. (Cars, Bikes, motorcycles) / Mi hijo sabrá cómo hacer reparaciones mecánicas (automóviles, bicicletas, motocicletas).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 30m. My son is careful and takes care of his stuff. / Mi hijo es cuidadoso y cuida sus cosas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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- Item 31m. My son does not want to clean his room. / Mi hijo no quiere limpiar su cuarto.
- Item 32m. My son helps with domestic chores. / Mi hijo ayuda con las tareas de la casa.
- Item 33m. If left alone, my son will be able to prepare his own dinner. / Si mi hijo está solo, él será capaz de preparar su propia cena.
- Item 34m. My son knows that his homework should come before his chores. / Mi hijo sabe que sus tareas escolares están primero que las tareas de la casa.
- Item 35m. My son helps take care of siblings so that he can take care of his children when he has a family. / Mi hijo ayuda a cuidar a sus hermanos para así aprender a cuidar de sus hijos cuando tenga una familia.
- Item 36m. My son knows how to do repairs around the house. / Mi hijo sabe como hacer arreglar las cosas de la casa.
- Item 37m. My son knows how to do domestic chores around the house to help his future spouse. / Mi hijo sabe como hacer las labores domésticas de la casa para ayudar a su futura esposa.
- Item 38m. I think my son would be happy as a homemaker when he is older and supported by his future wife. / Creo que mi hijo será feliz como amo de casa cuando sea mayor y sea sustentado por su esposa.

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Item 39m. I think my son would be happy as the sole breadwinner in his family and his partner stayed home with children. / Creo que mi hijo sería feliz como el proveedor de su familia y que su pareja se quede en la casa con los niños.

Item 40m. I think my son will handle the bills of the house when he has a family. / Creo que mi hijo será quien maneje las finanzas de la casa cuando el tenga una familia.

Item 41m. I think my son will be the one who disciplines his children when he has them. / Creo que mi hijo será quien discipline a sus hijos cuando los tenga.

Comments on Household Responsibility Items for Masculinity
Comentarios sobre los elementos de Responsabilidades del Hogar para la Masculinidad.

This matrix is asking you to rate how important each item is in operationalizing the construct of Gendered Behaviors, defined as "describing the behavior of child in relation to socially prescribed gender roles" in relation to ADOLESCENT MASCULINITY.

Esta matriz le pide que califique la importancia de cada ítem en operacionalizar el construct de Conductas de Género, definido como "describir el comportamiento del niño en relación con los roles de género prescritos socialmente" en relación con la MASCULINIDAD ADOLESCENTE.

	Essential	Useful but not essential	Not Necessary
Item 42m. I could see my son pursuing a career in something like nursing, teaching, or cosmetology. / Podría ver a mi hijo siguiendo una carrera en algo como enfermería, enseñanza o cosmetología.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 43m. I could see my son pursuing a career in something like law enforcement, military, or a vocational trade. / Podría ver a mi hijo siguiendo una carrera en algo como oficial de la ley, militar o servicio vocacional.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 44m. My son will pursue a career that allows him to be the primary breadwinner to support his family. / Mi hijo va seguir una carrera que le permita ser el principal proveedor para mantener a su familia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 45m. My son will pursue a career that allows him time to take care of his children. / Mi hijo seguirá una carrera que le permita tener tiempo para cuidar de sus hijos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 46m. My son wants to wear tight clothes frequently. / Mi hijo quiere usar ropas apretadas constantemente.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 47m. My son wants to wear pink. / Mi hijo quiere usar el color rosa en su ropas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 48m. My son wants to wear nail polish. / Mi hijo quiere usar esmalte de uñas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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- Item 49m. My son is too concerned about his appearance. / Mi hijo se preocupa mucho por su apariencia.
- Item 50m. My son wants to wear makeup. / Mi hijo quiere usar maquillaje.
- Item 51m. My son wants to wear feminine clothing. / Mi hijo quiere usar ropas femeninas.
- Item 52m. My son is more interested in sports like volleyball than like soccer. / Mi hijo está más interesado en deportes como el volleyball que el fútbol.
- Item 53m. My son has more female friends than male friends. / Mi hijo tiene más amigas que amigos.
- Item 54m. My son is more interested in things like fashion than in things like video games. / Mi hijo está más interesado en cosas como la última moda en vez de video juegos.
- Item 55m. I think my son may go out to parties, bars, and clubs as he gets older. / Creo que mi hijo irá a fiestas, bares y clubs cuando sea más grande.

Comments on Gendered Behavior Items for Masculinity. Comentarios sobre los elementos de Comportamientos de Género para la Masculinidad.

This matrix is asking you to rate how important each item is in operationalizing the construct of Physical and Mental Attributes, defined as "Describing the child physical and mental characteristics in relation to their gender" in relation to ADOLESCENT MASCULINITY. Esta matriz le pide que califique la importancia de cada ítem en operacionalizar el construct de Atributos Físicos y Mentales, definido como "Describiendo las características físicas y mentales del niño en relación con su género" en relación con la MASCULINIDAD DEL ADOLESCENTE.

	Essential	Useful but not essential	Not necessary
Item 56m. I think my son can easily be taken advantage of. / Creo que se pueden aprovechar de mi hijo fácilmente.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 57m. I think my son can be tricked by girls. / Creo que mi hijo puede ser manipulado por chicas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 58m. I think my son will be naive in his relationships. / Creo que mi hijo será ingenuo en sus relaciones.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 59m. I think my son will be an easy target for scams. / Creo que mi hijo será un objetivo fácil para estafas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 60m. My son will be physically strong. / Mi hijo será físicamente fuerte.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 61m. My son would be uncomfortable dating a taller girl. / Mi hijo se sentiría incómodo saliendo con una chica más alta.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 62m. My son being the smallest in a group of boys would make me nervous. / Que mi hijo sea el más pequeño en un grupo de chicos del colegio me pone nerviosa.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 63m. My son will be physically tough even if he is not big. / Mi hijo será físicamente fuerte aunque no sea grande.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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- | | | | |
|--|-----------------------|-----------------------|-----------------------|
| Item 64m. My son finds a means to demonstrating his physical prowess. / Mi hijo encuentra una manera para demostrar su destreza física. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Item 65m. My son is not athletic. / Mi hijo no es atlético. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Item 66m. My son knows how to physically defend himself. / Mi hijo sabe como físicamente defenderse a sí mismo. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Item 67m. My son would never hit another guy to get respect. / Mi hijo nunca golpearía a otro chico para obtener respeto. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Item 68m. If someone physically threatened my son, my son can't defend himself. / Si alguien amenazara físicamente a mi hijo, mi hijo no podría defenderse a sí mismo. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Item 69m. My son will back down from a fight. / Mi hijo se alejaría de una pelea. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments on Physical and Mental Attributes Items for Masculinity. Comentarios sobre los elementos de Atributos Físicos y Mentales para la Masculinidad.

This matrix is asking you to rate the importance of each item in operationalizing the construct of Sexuality, defined as "Describing the present or future sexual activity (including homosexual activity) of child in relation to each gender." in relation to ADOLESCENT MASCULINITY.
Esta matriz le pide que califique la importancia de cada ítem en operacionalizar el construct de Sexualidad, definido como "Describir la actividad sexual presente o futura (incluida la actividad homosexual) del niño en relación con cada género". en relación con la MASCULINIDAD DE ADOLESCENTES

	Essential	Useful but not Essential	Not Necessary
Item 70m. My son has shown romantic interest in girls. / Mi hijo ha demostrado interés romántico en chicas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 71m. My son is likely to have had a lot of girlfriends before marriage. / Es muy probable que mi hijo tenga muchas enamoradas antes del matrimonio.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 72m. My son having sexual desires is normal. / Es normal que mi hijo tenga deseos sexuales.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 73m. My son doesn't have the personality to be a "player." / Mi hijo no tiene la personalidad de ser un "Don Juan".	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 74m. My son will be very level headed when it comes to the opposite sex. / Mi hijo será muy centrado cuando se refiere al sexo opuesto.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 75m. My son will be the instigator of his relationships. / Mi hijo será el instigador de sus relaciones.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 76m. My son will be a virgin until he is married. / Mi hijo será casto hasta que esté casado.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 77m. My son will only have sex if he is in love. / Mi hijo solo tendrá sexo si está enamorado.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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- Item 78m. My son will likely be more knowledgeable about sex than a girl he dates. / Mi hijo probablemente tendrá mayor conocimiento sobre sexo, que la chica con la que sale.
- Item 79m. My son is docile. / Mi hijo is dócil.
- Item 80m. My son is submissive. / Mi hijo es sumiso.
- Item 81m. My son is calm. / Mi hijo es tranquilo.
- Item 82m. I will support my son having a relationship with a girl. / Apoyaré que mi hijo tenga una relación con una chica.
- Item 83m. I think my son might find it important to act like he is sexually active even if he is not. / Creo que mi hijo ve importante actuar como si fuera sexualmente activo aunque no creo que lo sea.
- Item 84m. My son will masturbate. / Mi hijo se masturbará.
- Item 85m. When my son starts having sex, he will likely be the initiator. / Cuando mi hijo comience a tener relaciones, es probable que él sea el iniciador.
- Item 86m. Even if I don't agree with it, my son eventually having sex with multiple people over the course of his adolescence will likely happen. / Aunque no esté de acuerdo con ello, eventualmente mi hijo tendrá sexo con múltiples personas durante el transcurso de su adolescencia.

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Item 87m. My son will experiment sexually as he becomes a man. / Mi hijo experimentará sexualmente mientras se convierte en un hombre.

Item 88m. My son being interested in boys means that he wants to be a girl. / Que mi hijo esté interesado en otros chicos significa que él quiere ser una mujer.

Item 89m. My son would never flirt with another male. / Mi hijo jamás coquetearía con otro hombre.

Item 90m. My son would never compliment another male. / Mi hijo nunca le daría un cumplido a otro hombre.

Item 91m. My son would not continue a friendship with another boy if he finds out that the other boy is gay. / Mi hijo no continuaría su amistad con otro chico, si se entera que el otro chico es gay.

Item 92m. My son has a close friend who I think might be gay. / Mi hijo tiene un amigo cercano que yo pienso que es gay.

Item 93m. My son has shown romantic interest in boys. / Mi hijo ha demostrado interés romántico en chicos.

Item 94m. My son makes remarks like "faggot" or "queer" to people he suspects may be gay. / Mi hijo hace comentarios como "maricón" o "cabro" a gente que sospecha que sea gay.

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|---|-----------------------|-----------------------|-----------------------|
| <p>Item 95m. In the future, my son may go out to gay parties, gay bars, and gay clubs as he gets older. / En el futuro, mi hijo podría ir a fiestas gays, bares gays y discotecas gays mientras va creciendo.</p> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <p>Item 96m. I can imagine a future in which my son has a male partner. / Puedo imaginar un futuro en donde mi hijo tenga una pareja masculina.</p> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <p>Item 97m. My son wouldn't like holding hands with another boy. / A mi hijo no le gustaría agarrarse de la mano con otro chico.</p> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <p>Item 98m. My son acts like a girl. / Mi hijo actúa como una chica.</p> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <p>Item 99m. If a boy had made an advance on my son, my son would probably react negatively. / Si un chico se sobrepasara con mi hijo, mi hijo probablemente reaccionaría negativamente.</p> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <p>Item 100m. I will support my son having a relationship with a boy. / Apoyaré que mi hijo tenga una relación con otro chico.</p> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments on Sexuality Items for Masculinity. Comentarios sobre los elementos de Sexualidad para la Masculinidad.

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Content Validity Questionnaire - Femininity

Thank you for agreeing to help assist in this project. The list of items and constructs within this survey were developed from a series of thirty, semi-structured, in depth interviews among mothers of 9-13-year-old adolescents in Lima, Peru. The themes of these interviews were meant to explore maternal beliefs and attitudes about adolescent gender and sexuality (referring to both sexual orientation and sexual behaviors). We are using the information gathered from these interviews as well as a review of existing validated scales to create a new instrument to measure the way parents perceive their own child's gender and sexuality. In order to assess content validity of this new instrument, we plan to employ the Lawshe method to have an expert panel assess each item and the degree to which the instrument sufficiently represents the content of the subject domain.

Please take your time and read each item carefully. If need be, you can save your progress and return at a latter time to finish.

Thank you again for your assistance and should you have any questions you can reach Thomas Miles at tmiles@tulane.edu.

Please answer the demographic questions below.

Title/Título Mr.
 Ms.
 Dr.
 Sr.
 Sra.
 Dra.

First Name/Nombre _____

Last Name/Apellido _____

Does the majority of your work take place in Peru? ¿La mayoría de su trabajo tiene lugar en Perú? Yes No

Who is your primary employer? ¿Quién es tu principal empleador? _____

What would you consider your professional specialty? ¿Cuál considerarías tu especialidad profesional? Adolescent Health
 Sex or Sexuality
 Gender
 Reproductive and Sexual Health
 Psychometrics
 Instrument Development
 Psychology
 Sociology
 LGBTQ Health
 Other

You selected "Other" in the previous question, what do you consider your professional specialty? Seleccionó "Otro" en la pregunta anterior, ¿cuál considera que es su especialidad profesional? _____

What is your gender? ¿Cuál es su género?

- Male
- Female
- Other

For context: there are three levels that I am using for this assessment. The overall domain will examine parents' perception of their child's masculinity or femininity. For these domains, I have developed 5 theoretical constructs that emerged in interviews: Emotional Affectiveness, Household Responsibilities, Gendered Behaviors, Physical and Mental Attributes, and Sexuality. Within each of these constructs, I am including the items that were most salient in interviews and other validated scales of masculinity and femininity.

In the following section we would like you to judge how important you feel that each of these constructs is in relation to the overall domain of "Parentally Perceived Adolescent Femininity" that we are attempting to measure with parents. For this instrument, this domain is defined as "How parents perceive the FEMININITY of their female children."

Para darles más contexto: hay tres niveles que estoy usando para esta evaluación. El dominio general examinará la percepción de los padres sobre la masculinidad o feminidad de sus hijos. Para este dominio, he desarrollado 5 "constructs" (categorías) teóricos que surgieron en las entrevistas: afectividad emocional, responsabilidades en el hogar, conductas relacionadas a género, atributos físicos y mentales, y sexualidad. Dentro de cada uno de estos "constructs", incluyo los elementos que fueron más destacados en las entrevistas y en otras escalas validadas de masculinidad y feminidad.

En la siguiente sección, queremos que indiquen la importancia que tienen cada uno de los distintos elementos dentro de los 5 "constructs" que utilizaremos para medir el dominio de "Feminidad adolescente percibida por los padres". En este instrumento, evaluamos cómo los padres perciben la FEMININIDAD de sus hijas mujeres.

Emotional Affectiveness - Describes the level of emotional expressiveness of the child. Afectividad Emocional - Descripción del nivel de expresividad emocional de la niña.

- Essential
- Useful but not essential
- Not Necessary

Optional Comment about Emotional Affectiveness and Femininity. Comentario opcional sobre Afectividad Emocional y Feminidad.

Household Responsibilities - Describing the type and value of child's work in relation to socially ascribed gender roles. Responsabilidades del hogar - Describiendo el tipo y valor del trabajo de la niña en relación a roles de género socialmente atribuidos.

- Essential
- Useful but not essential
- Not Necessary

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Optional Comment about Household Responsibilities and Femininity.Comentario opcional sobre Responsabilidades del hogar y Feminidad.

Gendered Behaviors - Describing behaviors of child in relation to socially ascribed gender roles. Comportamientos de Género - Describiendo conductas de la niña en relación a los roles socialmente atribuidos a su género.

- Essential
- Useful but not essential
- Not Necessary

Optional Comment about Gendered Behaviors and Femininity.Comentario opcional sobre Comportamientos de Género y Feminidad.

Physical and Mental Attributes - Describing the child physical and mental characteristics in relation to gender.Atributos Físicos y Mentales - Describiendo la psicología física y mental de la niña en relación a su género.

- Essential
- Useful but not essential
- Not Necessary

Optional Comment about Physical and Mental Attributes and Masculinity OR Femininity.Comentario opcional sobre Atributos Física y Mental y Masculinidad O Feminidad.

Sexuality - Describing the present or future sexual activity (including homosexual activity) of child in relation to each gender.Sexualidad - Describiendo la aceptabilidad de la actividad sexual presente y futura (incluida la actividad homosexual) en relación con cada género.

- Essential
- Useful but not essential
- Not Necessary

Optional Comment about Sexuality and Femininity.Comentario Opcional sobre Sexualidad y Feminidad.

Thank you for rating the theoretical constructs in relation to the the overall domain of "Perceived Adolescent Femininity."

In this section we examine the importance of each item to its respective theoretical construct. These items were either most salient within in-depth interviews or identified through a review of existing validated scales of masculinity and femininity.

In the following section, we would like you to judge how important you feel that each of these ITEMS is in relation to the respective theoretical construct. Each construct will be defined in the header. In the future, parents will rate each item on a 1-7 Likert scale representing their level of agreement that each statement describes some aspect of Femininity acted out by their female children.

This first matrix asks you to rate the importance of each item in operationalizing the construct of Emotional Affectiveness, defined as "describing the level of child's emotional expressiveness" in relation to ADOLESCENT FEMININITY.

PLEASE BE AWARE: Items are not all worded in the same direction (some will be worded towards traditional masculinity and some items are worded towards non-traditional masculinity). Just because an item doesn't support the idea of traditional masculinity or femininity doesn't mean that it is not relevant to the greater domain - "perceived adolescent masculinity or femininity" -- or to its' respective construct. These items may still be relevant to a parent's perception of the masculinity and femininity acted out by their child. Think carefully about what each item is saying.

Gracias por calificar los constructs teóricos en relación con el dominio general de "Feminidad Adolescente Percibida".

En esta sección, examinarán la relación entre cada elemento y su respectivo "construct" teórico. Estos items fueron los más destacados en las entrevistas en profundidad y/o identificados a través de una revisión de las escalas validadas de masculinidad y feminidad. En la siguiente sección, nos gustaría que indique qué tan importante considera que cada uno de estos ELEMENTOS se relaciona con la construcción teórica respectiva. Cada "construct" se definirá en el encabezado. Eventualmente, los padres calificarán en una escala Likert de 1 al 7 su nivel de concordancia de que este elemento describe algún aspecto de la feminidad de sus hijos varones.

Esta primera matriz te pide que califiques la importancia de cada elemento para operacionalizar el construct de Afectividad Emocional, definido como "describir el nivel de expresividad emocional del niño" en relación a la FEMINIDAD DEL ADOLESCENTE.

TENGA EN CUENTA: los elementos no están redactados en la misma dirección (algunos son tradicionalmente femeninos y otros no). El hecho de que un elemento no respalde la idea de masculinidad tradicional o feminidad no significa que no sea relevante para el dominio de "masculinidad o feminidad perceptiva". Cada elemento pueden aún ser relevante para la percepción que tienen los padres de la masculinidad y feminidad de su hijo. Piense cuidadosamente sobre cuánto nos dice cada elemento para entender su "construct".

Essential Useful but not essential Not Necessary

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- Item 1f. My daughter is frequently emotionally vulnerable. / Mi hija con frecuencia es vulnerable emocionalmente.
- Item 2f. My daughter doesn't cry even if something really bad happens. / Mi hija no llora incluso cuando algo realmente malo pasa.
- Item 3f. My daughter is weak because she is emotional. / Mi hija es débil porque es emocional.
- Item 4f. My daughter does not show affection to those she loves. / Mi hija no muestra afecto a aquellos que ama.
- Item 5f. My daughter lets people know how she feels. / Mi hija permite a la gente saber como se siente.
- Item 6f. My daughter does not speak his mind even if she feels strongly about something / Mi hija no dice lo que piensa aun cuando tiene una opinion fuerte sobre algo.
- Item 7f. My daughter often looks happy on the outside in order to please others, even if I know she doesn't feel happy on the inside. / Mi hija a menudo se ve contento por fuera para agradar a otros, incluso cuando sé que no se siente feliz por dentro.
- Item 8f. My daughter isn't respected among friends and family because she shows her feelings too much. / Mi hija no es respetada entre sus amigas y familia porque ella muestra demasiado sus sentimientos.

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Item 9f. When my daughter has a fear, she keeps it to herself. / Cuando mi hija tiene miedo, ella se lo guarda para si misma.

Item 10f. My daughter is nurturing. / Mi hija es cariñosa.

Item 11f. My daughter is overly emotional. / Mi hija es demasiado emocional.

Item 12f. My daughter to only express her feelings in a nice way. / Mi hija solo expresa sus sentimientos en una manera agradable.

Item 13f. My daughter is a "drama queen." / Mi hija es la "reina del drama."

Item 14f. My daughter talked about her worries with her friends. / Mi hija habla de sus preocupaciones con sus amigas.

Item 15f. If my daughter's friend's feelings were hurt my daughter would try to comfort them. / Si los sentimientos de la amiga de mi hija se lastimaran, mi hija trataría de consolarlas.

Item 16f. If my daughter is angry I think she keeps it to herself. / Si mi hija está molesta, creo que se lo guarda para sí mismo.

Item 17f. If my daughter was angry with a friend its possible that she may hit her. / Si mi hija está molesta con un amiga es posible que la golpee.

Item 18f. Strong anger is a natural emotion for my daughter. / La ira fuerte es una emoción natural para mi hija.

Item 19f. In celebrating successes, I think my daughter is modest. / Al celebrar su éxito, pienso que mi hija es modesta.

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Item 20f. If my daughter is being picked on at school, she would to stand up for herself. / Si a mi hija la molestaran en el colegio, ella se defendería a sí misma.

Item 21f. If my daughter is being picked on at school, she would go and tell her teacher. / Si a mi hija la molestan en el colegio, ella iría a avisarle a su profesor.

Comments on Emotional Affectiveness Items for Femininity
Comentarios sobre los elementos de Afectividad Emocional para la Feminidad.

This matrix is asking you to rate the importance of each item for operationalizing the construct of Household Responsibilities, defined as "describing the type and value of child's work in relation to socially prescribed gender roles" as it relates to ADOLESCENT FEMININITY. Esta matriz le pide que califique la importancia de cada ítem para operacionalizar el construct de las Responsabilidades del hogar, definido como "describir el tipo y valor del trabajo de la niña en relación con los roles de género prescritos socialmente" en relación con la FEMINIDAD ADOLESCENTE.

	Essential	Useful but not essential	Not necessary
Item 22f. My daughter regularly washes the dishes. / Mi hija lava los platos regularmente.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 23f. My daughter regularly helps with the laundry. / Mi hija regularmente ayuda con la lavandería.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 24f. My daughter regularly takes out the trash. / Mi hija regularmente saca la basura afuera.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 25f. I think my daughters education will prepare her for marriage. / Creo que la educación de mi hija la preparará para el matrimonio.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 26f. I think my daughters education will prepare her for child rearing. / Creo que la educación de mi hija la preparará para la crianza de hijos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 27f. My daughter knows the basics of cooking. / Mi hija conoce de cocina básica.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 28f. My daughter helps take care of her siblings. / Mi hija ayuda a cuidar a sus hermanos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 29f. My daughter will know how to do mechanical repairs (cars, bikes, motorcycles). / Mi hija sabrá cómo hacer reparaciones mecánicas (automóviles, bicicletas, motocicletas).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Item 30f. My daughter is careful and takes care of her stuff. / Mi hija es cuidadosa y cuida sus cosas.

Item 31f. My daughter does not want to clean her room. / Mi hija no quiere limpiar su cuarto.

Item 32f. My daughter helps with domestic chores. / Mi hija ayuda con las tareas de la casa.

Item 33f. If left alone, my daughter will be able to prepare her own dinner. / Si mi hija está sola, ella será capaz de preparar su propia cena.

Item 34f. My daughter knows that her homework should come before her chores. / Mi hija sabe que sus tareas escolares están primero que los deberes de la casa.

Item 35f. My daughter helps take care of her siblings so that she can take care of her children when she has a family. / Mi hija ayuda a cuidar a sus hermanos para que ella pueda cuidar de sus hijos cuando tenga una familia.

Item 36f. My daughter knows how to do repairs around the house. / Mi hija sabe como hacer reparaciones en la casa.

Item 37f. My daughter knows how to do domestic chores around the house to help her future spouse. / Mi hija sabe como hacer las labores domésticas en la casa para ayudar a su futuro esposo.

Item 38f. I think my daughter would be happy as a homemaker when she is older and supported by her husband. / Creo que mi hija sería feliz como madre del hogar cuando sea mayor y sea sustentada por su esposo.

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Item 39f. I think my daughter would be happy as the sole breadwinner in her family and her partner stayed home with children. / Creo que mi hija sería feliz como la proveedora de su familia y que su pareja se quede en casa con los niños.

Item 40f. My daughter will handle the bills of the house when she has a family. / Creo que mi hija será quien maneje las finanzas de la casa cuando ella tenga una familia.

Item 41f. My daughter will be the one who disciplines his children when she has them. / Creo que mi hija será quien discipline a sus hijos cuando los tenga.

Comments on Household Responsibility Items for Femininity. Comentarios sobre los elementos de Responsabilidades del Hogar para la Femininidad.

This matrix is asking you to rate the importance of each item for operationalizing the definition of the construct of Gendered Behaviors, defined as "describing the behaviors of child in relation to socially prescribed gender roles" as it relates to ADOLESCENT FEMININITY. Esta matriz te pide que califiques la centralidad de cada ítem para operacionalizar la definición del construct de Conductas de Género, definido como "describir las conductas de la niña en relación con los roles de género prescritos socialmente" en lo que se refiere a la FEMINIDAD ADOLESCENTE.

	Essential	Useful but not essential	Not necessary
Item 42f. I could see my daughter pursuing a career in something like nursing, teaching, or cosmetology. / Podría ver a mi hija siguiendo la carrera en algo como enfermería, enseñanza o cosmetología.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 43f. I could see my daughter pursuing a career in something like law enforcement, military, or a vocational trade. / Podría ver a mi hija siguiendo la carrera en algo como oficial de la ley, milicia o una vocación de comercio.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 44f. My daughter will pursue a career that allows her to be the primary breadwinner for her family. / Mi hija va seguir una carrera que le permita ser el principal proveedor para sostener a su familia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 45f. My daughter will pursue a career that allows her time to take care of her children. / Mi hija seguirá una carrera que le permita cuidar de sus hijos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 46f. My daughter wants to wear tight clothes frequently. / Mi hija quiere ponerse ropas ajustadas frecuentemente.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 47f. My daughter doesn't want to wear dresses for special occasions. / Mi hija no quiere ponerse vestidos para ocasiones especiales.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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- Item 48f. My daughter doesn't like using makeup. / A mi hija no le gusta usar maquillaje.
- Item 49f. My daughter doesn't like dressing up. / A mi hija no le gusta arreglarse.
- Item 50f. My daughter is not concerned about her appearance. / Mi hija no está preocupada por su apariencia.
- Item 51f. My daughter wants to have a very short haircut. / Mi hija quiere tener un corte de cabello bien corto.
- Item 52f. My daughter is more interested in sports like soccer than like volleyball. / Mi hija está más interesada en deportes como el fútbol que el vóleybol.
- Item 53f. My daughter has more male friends than female friends. / Mi hija tiene más amigos que amigas.
- Item 54f. My daughter is more interested in things like video games than things like fashion. / Mi hija está más interesada en video juegos que en cosas de la moda.
- Item 55f. My daughter may go out to parties, bars, and clubs as she gets older. / Creo que mi hija podrá ir a fiestas, bares y clubs cuando sea más grande.

Comments on Gendered Behavior Items for Femininity. Comentarios sobre los elementos de Comportamientos de Género para la Feminidad.

This matrix is asking you to rate the importance of each item for operationalizing the construct of Physical and Mental Attributes, defined as "Describing the child physical and mental characteristics in relation to their gender" in relation to ADOLESCENT FEMININITY. Esta matriz le pide que califique la importancia de cada ítem para operacionalizar el construct de Atributos Físicos y Mentales, definido como "Describir las características físicas y mentales de la niña en relación con su género" en relación con la FEMINIDAD ADOLESCENTE.

	Essential	Useful but not Essential	Not Necessary
Item 56f. I think my daughter can easily be taken advantage of. / Creo que se pueden aprovechar de mi hija fácilmente.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 57f. I think my daughter can be tricked by boys. / Creo que mi hija puede ser manipulada por chicos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 58f. I think my daughter will be naive in her relationships. / Creo que mi hija será ingenua en sus relaciones.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 59f. I think my daughter will be an easy target for scams. / Creo que mi hija será un objetivo fácil para estafas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 60f. My daughter will think its important that the man she is dating be tall. / Mi hija pensará que es importante que el hombre con el que salga sea alto.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 61f. My daughter wouldn't walk alone in the street by herself because she is physically vulnerable. / Mi hija no caminaría sola por si misma en la calle porque ella es vulnerable físicamente.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 62f. My daughter being physically strong would be an undesirable characteristic. / Que mi hija sea fuerte físicamente, sería una característica indeseable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Item 63f. My daughter will be physically tough even if she is not big. / Mi hija será físicamente fuerte aunque no sea muy grande.

Item 64f. My daughter finds a means to demonstrate physical prowess. / Mi hija encuentra una manera para demostrar su destreza física.

Item 65f. My daughter will worry about being too muscular because boy's won't like it. / Mi hija se preocupa de ser muy muscular porque a los chicos no le gustaría eso.

Item 66f. My daughter knows how to physically defend herself. / Mi hija sabe como físicamente defenderse a sí misma.

Item 67f. My daughter would never hit another girl to get respect. / Mi hija nunca golpearía a otra chica para obtener respeto.

Item 68f. If someone physically threatened my daughter, my daughter can't defend herself. / Si alguien amenazara físicamente a mi hija, mi hija no podría defenderse a sí misma.

Item 69f. My daughter will back down from a fight. / Mi hija se alejaría de una pelea.

Comments on Physical and Mental Attributes Items for Femininity. Comentarios sobre los elementos de Atributos Físicos y Mentales para la Feminidad.

This matrix is asking you to rate the importance of each item for operationalizing the construct of Sexuality, defined as "Describing the present or future sexual activity (including homosexual activity) of child in relation to each gender." in relation to ADOLESCENT FEMININITY.
Esta matriz le pide que califique la importancia de cada ítem para operacionalizar el construct de Sexualidad, definido como "Describir la actividad sexual presente o futura (incluida la actividad homosexual) de la niña en relación con cada género". en relación a la FEMINIDAD ADOLESCENTE.

	Essential	Useful but not essential	Not necessary
Item 70f. My daughter has shown romantic interest in boys. / Mi hija ha demostrado interés romántico en chicos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 71f. My daughter is likely to have a lot of boyfriends before marriage. / Es muy probable que mi hija tenga muchos enamorados antes del matrimonio.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 72f. My daughter having sexual desires is normal. / Es normal que mi hija tenga deseos sexuales.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 73f. My daughter doesn't have the personality to be a "loose". / Mi hija no tiene la personalidad de ser una "suelta".	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 74f. My daughter is very level headed when it comes to the opposite sex. / Mi hija será muy equilibrada cuando se refiera al sexo opuesto.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 75f. My daughter will be the instigator of her relationships. / Mi hija será la instigadora de sus relaciones.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 76f. My daughter will be a virgin until marriage. / Mi hija será virgen hasta que esté casada.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Item 77f. My daughter will only have sex if she is in love. / Mi hija solo tendrá sexo si está enamorada.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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|--|-----------------------|-----------------------|-----------------------|
| Item 78f. My daughter will likely be more knowledgeable about sex than a boy she dates. / Mi hija probablemente tendrá mayor conocimiento sobre sexo, que el chico con el que sale. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Item 79f. My daughter is docile. / Mi hija es dócil. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Item 80f. My daughter is submissive. / Mi hija es sumisa. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Item 81f. My daughter is calm. / Mi hija es tranquila. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Item 82f. I will support my daughter having a relationship with a boy. / Apoyaré que mi hija tenga una relación con un chico. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Item 83f. I think my daughter might find it important to act like she is sexually active even if she is not. / Creo que mi hija ve importante actuar como si fuera sexualmente activa aunque no creo que lo sea. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Item 84f. My daughter will masturbate. / Mi hija se masturbará. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Item 85f. When my daughter starts having sex, she will likely be the initiator. / Cuando mi hija comience a tener relaciones, es más probable que ella sea la iniciadora. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Item 86f. Even if I don't agree with it, my daughter eventually having sex with multiple people over the course of her adolescence will likely happen. / Incluso si no estoy de acuerdo con ello, eventualmente mi hija tendrá sexo con múltiples personas durante el transcurso de su adolescencia. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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Item 87f. My daughter will experiment sexually as she becomes a woman. / Mi hija experimentará sexualmente mientras se convierte en una mujer.

Item 88f. My daughter being interested in girls means that she wants to be a man. / Que mi hija esté interesada en otros chicas significa que ella quiere ser un hombre.

Item 89f. My daughter would never flirt with another girl. / Mi hija jamás coquetearía con otra mujer.

Item 90f. My daughter would never compliment another female. / Mi hija nunca le daría un cumplido a otra mujer.

Item 91f. My daughter would not continue a friendship with another girl if she finds out that the other girl is lesbian. / Mi hija no continuaría una amistad con otra chica si ella se entera que esta chica es lesbiana.

Item 92f. My daughter has a close friend who I think might be a lesbian. / Mi hija tiene una amiga cercana que yo pienso que es una lesbiana.

Item 93f. My daughter has shown romantic interest in girls. / Mi hija ha demostrado interés romántico en chicas.

Item 94f. My daughter makes derogatory remarks like "faggot" or "queer" to people she suspects may be gay. / Mi hija hace comentarios despectivos como "maricón" o "cabro" a gente que sospecha que sea gay.

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Item 95f. In the future, my daughter may go out to gay parties, gay bars, and gay clubs as she gets older. / En el futuro, mi hija podrá ir a fiestas gays, bares gays y discotecas gays mientras va creciendo.

Item 96f. I can imagine a future in which my daughter has a female partner. / Puedo imaginar un futuro en donde mi hija tenga una pareja femenina.

Item 97f. My daughter wouldn't like holding hands with another girl. / A mi hija no le gustaría agarrarse de la mano con otra chica.

Item 98f. My daughter acts like a boy. / Mi hija actúa como un chico.

Item 99f. If a girl had made an advance on my daughter, my daughter would probably react negatively. / Si una chica se sobrepasara con mi hija, mi hija probablemente reaccionaría negativamente.

Item 100f. I will support my daughter having a relationship with a girl. / Apoyaré que mi hija tenga una relación con otra chica.

Comments on Sexuality Items for
Femininity.Comentarios sobre los elementos de
Sexualidad y Mentales para la Feminidad.

Appendix J – Quantitative Survey Instrument (English)

Have you had the opportunity to read and completely understand the consent information sheet. This includes reviewing it with a member of the study team and having them answer any and all of your questions or concerns.

Yes No

Do you understand that your participation is completely voluntary?

Yes No

Do you understand that you can stop the survey at any time or choose not to answer questions that make you feel uncomfortable?

Yes No

1. Participant Code.

2. Initials of the Interviewer.

3. Date of Survey. (DD/MM/YY)

4. Name of “School Recruitment Zone” where the survey is being conducted. (Drop down box with list of schools)

5. Time Survey Starts.

6. Time Survey Ends.

For each of the questions below please select the answer that best describes you.

7. How many children do you have total?

8. Please select the age ranges in which you have children?

0-8 9-13 14-18 19-24 Greater than 24

9. How many LIVING children do you have between the ages of 9-13?

None Only 1 More than 1

For this questionnaire, we would like you to keep only one child between the ages of 9-13 in mind.

10. What is the gender of your child between the ages of 9-13?

Male Female

11. Please select the age of your child between the ages of 9-13.

9 years 10 years 11 years 12 years 13 years

12. Does this Child attend school at a private school in Lima Metropolitana?

(Private School is defined as any school in which you pay any fees, regardless of amount)

Yes No

13. With respect to your [GENDER] child with [AGE] years of age and the family they live with, what is the composition of the household. (Please select only 1)

- Living with two parents
- Living with a single parent
- Living with only grandparent(s)
- Living with a single parent and grandparent(s)
- Living with both parents and grandparent(s)
- Other

14. What is your age?

15. What is the highest level of education have you completed? (Please Select One)

- Never Studied
- Primary School
- Secondary School
- Technical School
- University
- Post-Graduate

16. What is your current marital status?

Married Single Divorced Widowed Separated Living Together

17. What is your principle occupation?

- | | |
|--|--|
| <input type="checkbox"/> Housewife | <input type="checkbox"/> Student |
| <input type="checkbox"/> Sales person | <input type="checkbox"/> Administrator/Small business owner |
| <input type="checkbox"/> Public Transport Driver | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Sales person | <input type="checkbox"/> Employ in an office |
| <input type="checkbox"/> Agricultural worker | <input type="checkbox"/> Working in Health Sector or Education |
| <input type="checkbox"/> Police or Military | <input type="checkbox"/> Professional |
| <input type="checkbox"/> Construction worker/Carpenter | <input type="checkbox"/> I don't have an occupation |
| <input type="checkbox"/> Other | <input type="checkbox"/> Fisherman, Farmer, Logger |

a. If you said "Other" occupation, what is your occupation?

18. How much does your family make per MONTH?

- | | |
|---|--|
| <input type="checkbox"/> Less than 300 soles | <input type="checkbox"/> Between 301 y 500 soles |
| <input type="checkbox"/> Between 501 y 1000 soles | <input type="checkbox"/> Between 1001 y 2000 |
| <input type="checkbox"/> between 2001 y 5000 | <input type="checkbox"/> More than 5000 soles. |

19. How many people currently live in your house?

--	--

20. Do you rent or own your house?

- RENT OWN BEING HOSTED FOR FREE OTHER

a. Please Describe Other

21. In meters what is the area of your house?

--	--

METERS

22. In meters what is the area of your roof?

--	--

METERS

23. How many rooms are in your house?

--	--

24. How many bedrooms are in your house?

--	--

25. Of what material is the exterior walls of your house made? (Select all that apply)

- Tripla y/o Calamina Wood Bricks/Blocks
 Concrete Other

26. Of what material is the interior walls of your house made?

- Tripla y/o Calamina Wood Bricks/Blocks
 Concrete Other

27. How would you describe your roof?

- Open Roof Open Roof and Closed Roof Closed Roof

28. What material is the roof of your house made of?

- Straw Calamina Etemit Wood Concrete
 Other

29. What material is the floor of your house made of?

- Dirt/Sand Wood boards or plywood Ceramic tiles
 Concrete Parquet or polished wood Luminant, Vinyl, or similar
 Other

30. How would you describe the material in the windows of your house?

- Open With wood coverings With bars With Glass
 There are no windows.
 Other Materials

31. What material do you use to cook?

- I don't cook Wood Coal Kerosene Gas
 Electricity
 Other Materials

32. What services do you have in your house?

- No Services Potable Water Sewage
 Electricity Telephone Line
 Cellular Telephone Internet Other Services

33. Where do you obtain water to drink and prepare food?

- Rain Water
 Public Water Well
 Public Spicket
 Tank (cistema)
 Well in the house/patio/lot
 Water Delivery
 Water that you bring (bottles)
 Inside the House as part of the Public Network
 Other Places

a. Other places you obtain water to drink and prepare food?

34. What type of sewage drainage system do you have in your house?

- Latrine Sewer with canals Sewer with pipes Other

a. Other type of sewage drainage system that you have in your house?

35. Do you have a refrigerator?

- Yes No

36. Do you have a television?

- Yes No

37. Do you have a Radio?

- Yes No

38. Do you have a DVD player?

- Yes No

39. Do you have a computer?

- Yes No

40. Do you have a stereo sound system?

- Yes No

41. Do you have a gas or electric stove?

- Yes No

42. Do you have a kerosene stove?

- Yes No

43. Do you have a washing machine?

- Yes No

44. Do you have a blender?

- Yes No

45. Do you have a table and chairs (Dining Room Set)?

- Yes No

46. Do you have a sofa?

- Yes No

47. Do you have a closet?
 Yes No
48. Do you have a dresser?
 Yes No
49. Do you have a bicycle?
 Yes No
50. Do you have a motorcycle?
 Yes No
51. Do you have a motocarro?
 Yes No
52. Do you have a triciclo?
 Yes No
53. Do you have a car?
 Yes No
54. In relation to other households in your area, how would the socio-economic level of your household compare.
[Sliding Scale]
55. How often do you attend church or other religious meetings?
 Never
 Once a year or less
 A few times a year
 A few times a month
 Once a week
 More than once/week
56. How often do you spend time in private religious activities, such as prayer, meditation, or Bible study?
 More than once a day
 Daily
 Two or more times/week
 Once a week
 A few times a month
 Rarely or never

The following section contains 3 statements about religious belief or experience. Please mark the extent to which each statement is true or not true for you.

57. In my life, I experience the presence of the Divine (i.e., God).

- Definitely true of me
- Tends to be true
- Unsure
- Tends not to be true
- Definitely not true

58. My religious beliefs are what really lie behind my whole approach to life.

- Definitely true of me
- Tends to be true
- Unsure
- Tends not to be true
- Definitely not true

59. I try hard to carry my religion over into all other dealings in life.

- Definitely true of me
- Tends to be true
- Unsure
- Tends not to be true
- Definitely not true

Here we will briefly describe some people. Please read each description and then think about how much each person is or is not like you. Tick the box to the right that shows how much the person in the description is like you.

HOW MUCH LIKE YOU IS THIS

Very much like me	Like Me	Some -what like me	A little like me	Not like me	Not like me at all
----------------------------	------------	-----------------------------	---------------------------	-------------------	-----------------------------

60. Thinking up new ideas and being creative is important to her. She likes to do things in her own original way.

1	2	3	4	5	6
---	---	---	---	---	---

61. It is important to her to be rich. She wants to have a lot of money and expensive things.

Scaling until Question 80

62. She thinks it is important that every person in the world be treated equally. She believes everyone should have equal opportunities in life.

63. It is important to her to show her abilities. She wants people to admire what she does.

64. It is important to her to live in secure surroundings. She avoids anything that might endanger her safety.

65. She likes surprises and is always looking for new things to do. She thinks it is important to do lots of different things in life.

66. She believes that people should do what they are told. She thinks people should follow rules at all times, even when no-one is watching.

67. It is important to her to listen to people who are different from her. Even when she disagrees with them, she still wants to understand them.

- 68. It is important to her to make her own decisions about what she does. She likes to be free and not depend on others**
- 69. It's very important to her to help the people around her. She wants to care for their well-being.**
- 70. Being very successful is important to her. She hopes people will recognize her achievements.**
- 71. It is important to her that the government ensures her safety against all threats. She wants the state to be strong so it can defend its citizens.**
- 72. She looks for adventures and likes to take risks. She wants to have an exciting life.**
- 73. It is important to her always to behave properly. She wants to avoid doing anything people would say is wrong.**
- 74. It is important to her to get respect from others. She wants people to do what she says.**
- 75. It is important to her to be loyal to her friends. She wants to devote herself to people close to her.**
- 76. She strongly believes that people should care for nature. Looking after the environment is important to her**
- 77. Tradition is important to her. She tries to follow the customs handed down by her religion or her family.**
- 78. She seeks every chance she can to have fun. It is important to her to do things that give her pleasure**
- 79. It is important to her to be humble and modest. She tries not to draw attention to herself.**

- 80. Having a good time is important to her. She likes to “spoil” herself.**
- 81. Had you heard of Human Papillomavirus (HPV) before today?**
 YES NO Unsure
- 82. HPV is the virus that causes herpes.**
 True False Don't know
- 83. Genital warts are caused by HPV.**
 True False Don't know
- 84. The best way to prevent complications caused by HPV is to have regular Pap smears***
 True False Don't know
- 85. If a woman's Pap smear is normal she doesn't have HPV.**
 True False Don't know
- 86. Changes in a Pap smear may indicate that a woman has HPV.**
 True False Don't know
- 87. Genital warts are caused by the herpes virus.**
 True False Don't know
- 88. HPV can cause cancer.**
 True False Don't know
- 89. Pap smears will almost always detect HPV**
 True False Don't know
- 90. Symptoms of HPV include warty growths.**
 True False Don't know
- 91. If untreated HPV can cause pre-cancer or cervical dysplasia**
 True False Don't know
- 92. What increases the risk of getting HPV:**
- a. Sex Before the age of 16**
 True False Don't know
 - b. Multiple sexual partners**
 True False Don't know
 - c. Your partner has many sexual partners**
 True False Don't know
- 93. Is there a vaccine that protects against HPV?**
 YES NO
- 94. The HPV vaccine prevents the chances of cervical cancers.**
 YES NO
- 95. Once vaccinated women no longer have to be screened for cervical cancer.**
 YES NO
- 96. The HPV vaccine is only for people who are sexually active.**
 YES NO
- 97. Should the HPV vaccine be given before commencing sexual intercourse?**
 YES NO
- 98. Had you heard of the HPV vaccine before today?**

YES

NO

99. The cost of the vaccine is a barrier to my child getting vaccinated

YES

NO

For this next group of questions please rate your level of agreement with each statement with “1” being “Strongly Disagree” and “5” being “Strongly Agree.”

- | | | | | | | | |
|--|-------------------|---|---|---|---|---|----------------|
| 100. Doctors [in general] care about their patients’ health just as much or more as their patients do. | Strongly Disagree | 1 | 2 | 3 | 4 | 5 | Strongly Agree |
| 101. Sometimes doctors care more about what is convenient for them than about their patients’ medical needs. | Strongly Disagree | 1 | 2 | 3 | 4 | 5 | Strongly Agree |
| 102. Doctors are extremely thorough and careful. | Strongly Disagree | 1 | 2 | 3 | 4 | 5 | Strongly Agree |
| 103. You completely trust doctors’ decisions about which medical treatments are best. | Strongly Disagree | 1 | 2 | 3 | 4 | 5 | Strongly Agree |
| 104. Doctors are totally honest in telling their patients about all of the different treatment options available for their conditions | Strongly Disagree | 1 | 2 | 3 | 4 | 5 | Strongly Agree |
| 105. Doctors think only about what is best for their patient | Strongly Disagree | 1 | 2 | 3 | 4 | 5 | Strongly Agree |
| 106. Sometimes doctors do no pay full attention to what patients are trying to tell them. | Strongly Disagree | 1 | 2 | 3 | 4 | 5 | Strongly Agree |
| 107. Doctors always use their very best skills and effort on behalf of their patients. | Strongly Disagree | 1 | 2 | 3 | 4 | 5 | Strongly Agree |

108. You have no worries about putting your life in the hands of doctors	Strongly Disagree	1	2	3	4	5	Strongly Agree
109. A doctor would never mislead you about anything	Strongly Disagree	1	2	3	4	5	Strongly Agree
110. All in all, you trust doctors completely.	Strongly Disagree	1	2	3	4	5	Strongly Agree
111. I worry that my child will get infected with HPV.	Strongly Disagree	1	2	3	4	5	Strongly Agree
112. I worry that my child will get infected with Hepatitis B.	Strongly Disagree	1	2	3	4	5	Strongly Agree
113. I worry that my child will get a sexually transmitted disease someday.	Strongly Disagree	1	2	3	4	5	Strongly Agree
114. A vaccine against HPV could benefit both men and women.	Strongly Disagree	1	2	3	4	5	Strongly Agree
115. Getting vaccines is a good way to protect my child's health.	Strongly Disagree	1	2	3	4	5	Strongly Agree
116. A vaccine against HPV could prevent future problems for my child.	Strongly Disagree	1	2	3	4	5	Strongly Agree
117. Newly available vaccines can be dangerous.	Strongly Disagree	1	2	3	4	5	Strongly Agree
118. Shots are extremely painful for my child.	Strongly Disagree	1	2	3	4	5	Strongly Agree
119. Giving my child a new vaccine is like performing an experiment on them.	Strongly Disagree	1	2	3	4	5	Strongly Agree
120. Getting shots is really scary for my child.	Strongly Disagree	1	2	3	4	5	Strongly Agree
121. Treatment for HPV infections are really painful.	Strongly Disagree	1	2	3	4	5	Strongly Agree

122. HPV related cancers are deadly diseases. Strongly Disagree 1 2 3 4 5 Strongly Agree
123. Having genital warts makes it really hard to find a sexual partner. Strongly Disagree 1 2 3 4 5 Strongly Agree

For this next group of questions please rate each statement with a 1—7 scale paying close attention to the scale.

124. My child getting HPV is: Not Serious 1 2 3 4 5 6 7 Very Serious
125. My child getting infected with Hepatitis B is: Not Serious 1 2 3 4 5 6 7 Very Serious
126. My child someday becoming infected with a sexually transmitted disease is: Not Serious 1 2 3 4 5 6 7 Very Serious
127. Both men and women benefiting from and HPV vaccine is: Not Important 1 2 3 4 5 6 7 Very Important
128. Using vaccines to protecting my child’s health is: Not a Concern 1 2 3 4 5 6 7 A Big Concern
129. Preventing future problems related to HPV for my child is: Not a Concern 1 2 3 4 5 6 7 A Big Concern
130. Danger associated with new vaccines is: Not a Concern 1 2 3 4 5 6 7 A Big Concern
131. My child experiencing pain as a result of receiving a shot is: Not a Concern 1 2 3 4 5 6 7 A Big Concern
132. The uncertainty of giving my child a new vaccine is: Not a Concern 1 2 3 4 5 6 7 A Big Concern
133. My child being afraid of receiving shots is: Not a Concern 1 2 3 4 5 6 7 A Big Concern
134. Pain associated with treating an HPV infection is: Not a Concern 1 2 3 4 5 6 7 A Big Concern

135. My child having a deadly disease because of HPV is:	Not a Concern	1	2	3	4	5	6	7	A Big Concern
136. My child finding future sexual partners is:	Not a Concern	1	2	3	4	5	6	7	A Big Concern
137. Other parents think that young adolescents (9-13 years old) should be vaccinated for HPV.	Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree
138. My child's doctor think that young adolescents (9-13 years old) should be vaccinated for HPV.	Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree
139. Generally, the opinion of other parents is important to me.	Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree
140. Generally, the opinion of my child's doctor is important to me.	Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree
141. HPV vaccination is necessary for my child.	Strongly Disagree	1	2	3	4	5	Strongly Agree		
142. HPV vaccination is a good idea for my child.	Strongly Disagree	1	2	3	4	5	Strongly Agree		
143. Getting my child vaccinated for HPV is beneficial for my child.	Strongly Disagree	1	2	3	4	5	Strongly Agree		
144. It is expected of me that I will vaccinate my child against HPV.	Strongly Disagree	1	2	3	4	5	Strongly Agree		
145. The people in my life whose opinions I value would want me to vaccinate my child.	Strongly Disagree	1	2	3	4	5	Strongly Agree		

146. Most people who are important to me think I should vaccinate my child for HPV.
- Strongly Disagree 1 2 3 4 5 Strongly Agree

For each of the questions below please select the ONE answer that best describes you.

147. Have you, or someone close to you ever been diagnosed with genital warts or Human Papillomavirus (HPV), or had an abnormal pap smear?
 YES NO Unsure/Prefer not to say
148. Have you, or someone close to you ever been diagnosed with cervical cancer?
 YES NO Unsure/Prefer not to say
149. Has your doctor ever recommended the HPV vaccine to you for your child between the ages of 9-13?
 YES NO Unsure
150. I know where I can get the HPV vaccine for my child?
 YES NO Unsure
151. Has your 9-13-year-old child completed the HPV vaccination series?
 YES NO UNSURE
152. If you answered NO or UNSURE to Question 151: How many doses of the HPV Vaccine has your 9-13-year-old child received?
 0 doses 1 dose 2 doses 3 doses
153. If you answered NO or UNSURE to Question 151: How likely are you to have your child begin or continue vaccination with the PV vaccine in the next 12 months?
 Very Unlikely
 Somewhat Unlikely
 Unsure
 Somewhat Likely
 Very Likely
154. If your child has received any HPV vaccination, where did your child receive it?
 At school
 From their doctor
 From a mobile clinic
 Unsure
 My child has not received any HPV vaccine.
155. I have had discussions about puberty with my child. YES NO
156. I have asked an adult in my child's life to discuss puberty with my child. YES NO

157. I have had discussions about sexual intercourse with my child. YES NO
158. I have asked an adult in my child's life to discuss sexual intercourse with my child. YES NO
159. I have had discussions about gender roles with my child. YES NO
160. I have asked an adult in my child's life to discuss gender roles with my child. YES NO
161. I have had discussions about sexually transmitted diseases with my child. YES NO
162. I have asked an adult in my child's life to discuss Sexually Transmitted Diseases with my child. YES NO
163. I have had discussions about adolescent pregnancy with my child. YES NO
164. I have asked an adult in my child's life to discuss Adolescent Pregnancy with my child. YES NO
165. I would buy condoms for my child, if I thought they were going to have sex. YES NO
166. I support comprehensive sex education in Primary Secondary Schools. YES NO
167. I support comprehensive sex education taking place in Secondary Schools YES NO
168. Male homosexual couples should be allowed to adopt children the same as heterosexual couples Strongly Disagree 1 2 3 4 5 Strongly Agree
169. I think male homosexuals are disgusting. Strongly Disagree 1 2 3 4 5 Strongly Agree
170. Male homosexuals should not be allowed to teach school. Strongly Disagree 1 2 3 4 5 Strongly Agree

171. Male homosexuality is a perversion.							
172. Just as in other species, male homosexuality is a natural expression of sexuality in human men.	Strongly Disagree	1	2	3	4	5	Strongly Agree
	Strongly Disagree	1	2	3	4	5	Strongly Agree
173. If a man has homosexual feelings, he should do everything he can to overcome them.							
174. I would not be too upset if I learned that my son was a homosexual.	Strongly Disagree	1	2	3	4	5	Strongly Agree
175. Homosexual behavior between two men is just plain wrong.	Strongly Disagree	1	2	3	4	5	Strongly Agree
176. The idea of male homosexual marriages seems ridiculous to me.	Strongly Disagree	1	2	3	4	5	Strongly Agree
177. Male homosexuality is merely a different kind of lifestyle that should not be condemned.	Strongly Disagree	1	2	3	4	5	Strongly Agree
178. Lesbians just can't fit into our society.	Strongly Disagree	1	2	3	4	5	Strongly Agree
179. A woman's homosexuality should not be a cause for job discrimination in any situation.	Strongly Disagree	1	2	3	4	5	Strongly Agree
180. Female homosexuality is detrimental to society because it breaks down the natural divisions between the sexes.	Strongly Disagree	1	2	3	4	5	Strongly Agree
181. State laws regulating private, consenting lesbian behavior should be loosened	Strongly Disagree	1	2	3	4	5	Strongly Agree
182. Female homosexuality is a sin.	Strongly Disagree	1	2	3	4	5	Strongly Agree
183. The growing number of lesbians indicates a decline in morals.	Strongly Disagree	1	2	3	4	5	Strongly Agree
184. Female homosexuality in itself is no problem but what society makes of it can be a problem.	Strongly Disagree	1	2	3	4	5	Strongly Agree
185. Female homosexuality is a threat to many of our basic social institutions.	Strongly Disagree	1	2	3	4	5	Strongly Agree

- | | | | | | | | |
|--|----------------------|---|---|---|---|---|-------------------|
| 186. Female homosexuality is an inferior form of sexuality. | Strongly
Disagree | 1 | 2 | 3 | 4 | 5 | Strongly
Agree |
| 187. Lesbians are sick. | Strongly
Disagree | 1 | 2 | 3 | 4 | 5 | Strongly
Agree |

Please indicate your level of agreement with each statement with 0 being strongly disagree and 3 being strongly agree.

Abridged Spanish version of the SDSS

- | | Strongly
Disagree | Mildly
Disagree | Mildly
Agree | Strongly
Agree |
|---|----------------------|--------------------|-----------------|-------------------|
| 188. It's okay for a woman to have more than one sexual relationship at the same time. | 0 | 1 | 2 | 3 |
| 189. I kind of admire a girl who has had sex with a lot of guys. | 0 | 1 | 2 | 3 |
| 190. It's okay for a man to have sex with a woman he is not in love with. | 0 | 1 | 2 | 3 |
| 191. I kind of admire a guy who has had sex with a lot of girls. | 0 | 1 | 2 | 3 |
| 192. A woman who initiates sex is too aggressive. | 0 | 1 | 2 | 3 |
| 193. It's okay for a man to have more than one sexual relationship at the same time. | 0 | 1 | 2 | 3 |
| 194. I question the character of a woman who has had a lot of sexual partners. | 0 | 1 | 2 | 3 |
| 195. I admire a man who is a virgin when he gets married. | 0 | 1 | 2 | 3 |
| 196. A girl who has sex on the first date is "easy". | 0 | 1 | 2 | 3 |
| 197. I question the character of a man who has had a lot of sexual partners. | 0 | 1 | 2 | 3 |
| 198. A man should be sexually experienced when he gets married. | 0 | 1 | 2 | 3 |
| 199. A guy who has sex on the first date is "easy". | 0 | 1 | 2 | 3 |

200. It's okay for a woman to have sex with a man she is not in love with.	0	1	2	3
201. A woman should be sexually experienced when she gets married.	0	1	2	3
202. I admire a woman who is a virgin when she gets married.	0	1	2	3
203. A man who initiates sex is too aggressive.	0	1	2	3

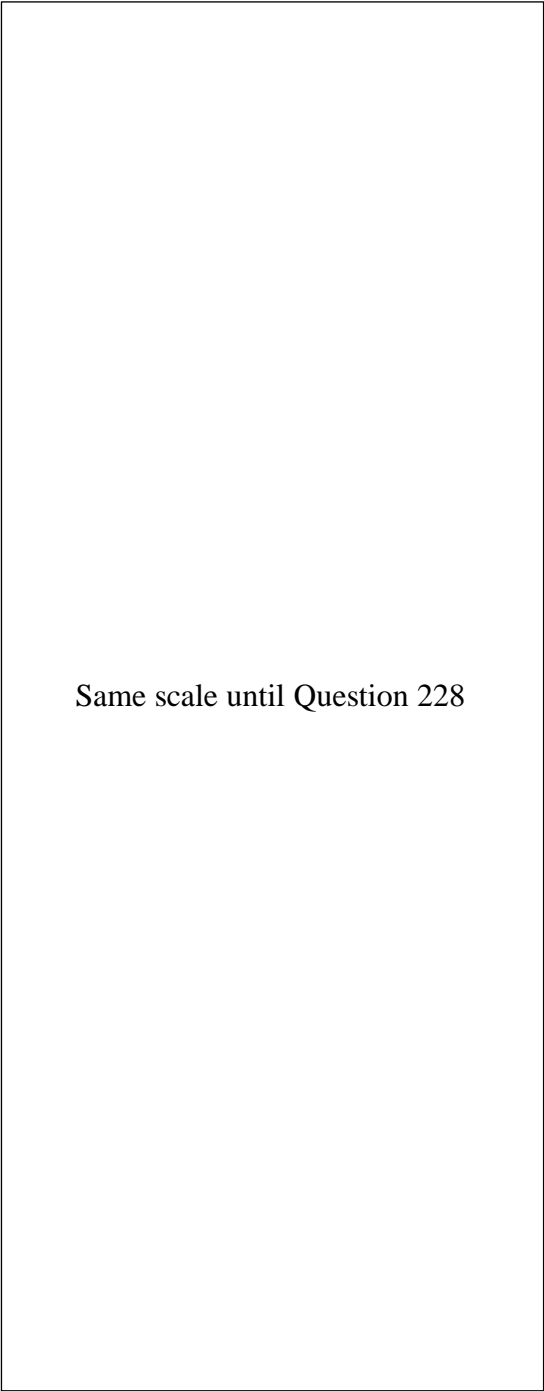
Evaluate the extent to which each item applies to your [GENDER] child of [AGE] with 1 being “Not Applicable” and 7 being “Totally Applicable”.

204. Has leadership abilities	Not Applicable	1	2	3	4	5	6	7	Totally Applicable
205. Strong Personality	Not Applicable	1	2	3	4	5	6	7	Totally Applicable
206. Acts as leader	Not Applicable	1	2	3	4	5	6	7	Totally Applicable
207. Dominant	Not Applicable	1	2	3	4	5	6	7	Totally Applicable
208. Defends own beliefs	Not Applicable	1	2	3	4	5	6	7	Totally Applicable
209. Makes decisions easily	Not Applicable	1	2	3	4	5	6	7	Totally Applicable
210. Warm	Not Applicable	1	2	3	4	5	6	7	Totally Applicable
211. Gentle	Not Applicable	1	2	3	4	5	6	7	Totally Applicable
212. Affectionate	Not Applicable	1	2	3	4	5	6	7	Totally Applicable
213. Sympathetic	Not Applicable	1	2	3	4	5	6	7	Totally Applicable
214. Sensitive to Others Needs	Not Applicable	1	2	3	4	5	6	7	Totally Applicable
215. Tender	Not Applicable	1	2	3	4	5	6	7	Totally Applicable

Please indicate your level of agreement with each statement with 1 being “strongly agree and 7 being “strongly disagree”.

Modern Sexism Scale

- | | |
|---|---|
| <p>216. Women are generally not as smart as men</p> <p>217. I would be equally comfortable having a woman as a boss as a man</p> <p>218. It is more important to encourage boys than to encourage girls to participate in athletics.</p> <p>219. Women are just as capable of thinking logically as men</p> <p>220. When both parents are employed and their child gets sick at school, the school should call the mother rather than the father.</p> <p>221. Discrimination against women is no longer a problem in the United States</p> <p>222. Women often miss out on good jobs due to sexual discrimination</p> <p>223. It is rare to see women treated in a sexist manner on television.</p> <p>224. On average people in our society treat husbands and wives equally</p> <p>225. Society has reached the point where women and men have equal opportunities for achievement.</p> <p>226. It is easy to understand the anger of women's groups in America.</p> | <p>Strongly Agree 1 2 3 4 5 6 7 Strongly disagree</p> |
|---|---|



Same scale until Question 228

227. It is easy to understand why women's groups are still concerned about societal limitations of women's opportunities.
228. Over the past few years, the government and news media have been showing more concern about the treatment of women than is warranted by women's actual experiences.

Same scale until Question 228

Ambivalent Sexism Inventory

The statements below concern women, men, and their relationships in contemporary society. Please indicate the degree to which you agree or disagree with each statement.

- | | | | | | | | |
|--|----------------------|---|---|---|---|---|-------------------|
| 229. No matter how accomplished he is, a man is not truly complete as a person unless he has the love of a woman. | Strongly
Disagree | 1 | 2 | 3 | 4 | 5 | Strongly
Agree |
| 230. Many women are actually seeking special favors, such as hiring policies that favor them over men, under the guise of asking for "equality." | Strongly
Disagree | 1 | 2 | 3 | 4 | 5 | Strongly
Agree |
| 231. In a disaster, women ought not necessarily to be rescued before men. | Strongly
Disagree | 1 | 2 | 3 | 4 | 5 | Strongly
Agree |
| 232. Most women interpret innocent remarks or acts as being sexist. | Strongly
Disagree | 1 | 2 | 3 | 4 | 5 | Strongly
Agree |
| 233. Women are too easily offended. | Strongly
Disagree | 1 | 2 | 3 | 4 | 5 | Strongly
Agree |
| 234. People are often truly happy in life without being romantically involved with a member of the other sex. | Strongly
Disagree | 1 | 2 | 3 | 4 | 5 | Strongly
Agree |
| 235. Feminists are not seeking for women to have more power than men. | Strongly
Disagree | 1 | 2 | 3 | 4 | 5 | Strongly
Agree |

236. Many women have a quality of purity that few men possess.	Strongly Disagree	1	2	3	4	5	Strongly Agree
237. Women should be cherished and protected by men.	Strongly Disagree	1	2	3	4	5	Strongly Agree
238. Most women fail to appreciate fully all that men do for them.	Strongly Disagree	1	2	3	4	5	Strongly Agree
239. Women seek to gain power by getting control over men.	Strongly Disagree	1	2	3	4	5	Strongly Agree
240. Every man ought to have a woman whom he adores.	Strongly Disagree	1	2	3	4	5	Strongly Agree
241. Men are complete without women.	Strongly Disagree	1	2	3	4	5	Strongly Agree
242. Women exaggerate problems they have at work.	Strongly Disagree	1	2	3	4	5	Strongly Agree
243. Once a woman gets a man to commit to her, she usually tries to put him on a tight leash.	Strongly Disagree	1	2	3	4	5	Strongly Agree
244. When women lose to men in a fair competition, they typically complain about being discriminated against.	Strongly Disagree	1	2	3	4	5	Strongly Agree
245. A good woman should be set on a pedestal by her man.	Strongly Disagree	1	2	3	4	5	Strongly Agree
246. There are actually very few women who get a kick out of teasing men by seeming sexually available and then refusing male advances.	Strongly Disagree	1	2	3	4	5	Strongly Agree
247. Women, compared to men, tend to have a superior moral sensibility.	Strongly Disagree	1	2	3	4	5	Strongly Agree

- | | | | | | | | |
|---|----------------------|---|---|---|---|---|-------------------|
| 248. Men should be willing to sacrifice their own well-being in order to provide financially for the women in their lives. | Strongly
Disagree | 1 | 2 | 3 | 4 | 5 | Strongly
Agree |
| 249. Feminists are making entirely reasonable demands of men. | Strongly
Disagree | 1 | 2 | 3 | 4 | 5 | Strongly
Agree |
| 250. Women, as compared to men, tend to have a more refined sense of culture and good taste. | Strongly
Disagree | 1 | 2 | 3 | 4 | 5 | Strongly
Agree |

The statements listed below describe attitudes toward the role of women in society that different people have. There are no right or wrong answers. Only opinions. You are asked to express your feelings about each statement by indicating whether you (0) agree strongly, (1) agree mildly, (2) disagree mildly, or (3) disagree strongly. Please indicate your opinion by circling either 0, 1, 2, or 3 on the answer sheet for each item.

Attitudes Toward Women Scale

- | | | | | | | |
|--|-------------------|---|---|---|---|----------------------|
| 251. Swearing and obscenity are more repulsive in the speech of a woman than a man. | Strongly
Agree | 0 | 1 | 2 | 3 | Strongly
Disagree |
| 252. Under modern economic conditions with women being active outside the home men should share in household task such as washing dishes and doing the laundry. | 0 | 1 | 2 | 3 | | |
| 253. It is insulting to women to have the “obey” clause remaining in the marriage service. | 0 | 1 | 2 | 3 | | |
| 254. A woman should be as free as a man to propose marriage. | 0 | 1 | 2 | 3 | | |
| 255. Women should worry less about their rights and more about becoming good wives and mothers. | 0 | 1 | 2 | 3 | | |
| 256. Women should assume their rightful place in | 0 | 1 | 2 | 3 | | |

	business and all the professions along with men.				
257.	A woman should not expect to go exactly the same places or have quite the same freedom of action as a man.	0	1	2	3
258.	It is ridiculous for a woman to run a locomotive and for a man to mend socks.	0	1	2	3
259.	The Intellectual leadership of a community should be largely in the hands of men.	0	1	2	3
260.	Women should be given equal opportunity with men for apprenticeship in the various trades.	0	1	2	3
261.	Women earning as much as their dates should bear equally the expense when they go out together.	0	1	2	3
262.	Sons in a family should be given more encouragement to go to college than daughters.	0	1	2	3
263.	In general, the father should have greater authority than the mother in the bringing up of children.	0	1	2	3
264.	Economic and social freedom is worth far more than women than acceptance of the ideal femininity which has been set up by men.	0	1	2	3
265.	There are many jobs in which men should be given preference over women in being hired or promoted.	0	1	2	3

The following section as a number of questions about your [GENDER] child who is [AGE] years of age. Keeping this child in mind, please respond to each statement regardless of what you hope or wish for your child, but instead with how much you think each statement describes your child as they actually are. Please reply to each statement with your level of agreement in describing your son or daughter where 1 is “Completely Disagree” and 7 is “Completely Agree”. There are no correct or incorrect responses, only opinions.

	Completely Disagree			Completely Agree	
	1	2	3	4	5
1. My son is frequently emotionally vulnerable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My son doesn't cry even if something really bad happens.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My son is weak because he is emotional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My son does not show affection to those he loves.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My son lets people know how he feels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My son does not speak his mind even if he feels strongly about something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My son often looks happy on the outside in order to please others, even if I know he doesn't feel happy on the inside.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My son isn't respected among friends and family because he shows his feelings too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. When my son has a fear, he keeps it to himself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My son is nurturing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My son is overly emotional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 12. My son to only express his feelings in a nice way.
- 13. My son is "drama queen."
- 14. My son talks about his worries with his friends.
- 15. If my son's friend's feelings were hurt my son would try to comfort them.
- 16. If my son is angry I think he keeps it to himself.
- 17. If my son was angry with a friend its possible that he may hit him.
- 18. Strong anger is a natural emotion for my son.
- 19. In celebrating successes, I think my son is modest.
- 20. If my son is being picked on at school, he would stand up for himself.
- 21. If my son is being picked on at school, he would to go and tell his teacher.
- 22. My son regularly washes the dishes.
- 23. My son regularly helps with the laundry.
- 24. My son regularly takes out the trash.
- 25. I think my sons education will prepare him for marriage.
- 26. I think my sons education will prepare him for child rearing.
- 27. My son knows the basics of cooking.
- 28. My son helps take care of his siblings
- 29. My son will know how to repair a car.
- 30. My son is careful and takes care of his stuff.

- 31. My son does not to want to clean his room.
- 32. My son helps with domestic chores.
- 33. If left alone, my son will be able to prepare his own dinner.
- 34. My son knows that his homework should come before his chores.
- 35. My son helps take care of siblings so that he can take care of his children when he has a family
- 36. My son knows how to do repairs around the house.
- 37. My son knows how to do domestic chores around the house to help his future spouse.
- 38. I think my son would be happy as homemaker when he is older and supported by his future wife
- 39. I think my son would be happy as the sole breadwinner in his family and his partner stayed home with children.
- 40. I think my son will handle the bills of the house when he has a family.
- 41. I think my son will be the one who disciplines his children when he has them.
- 42. I could see my son perusing a career in something like nursing, teaching, or cosmetology.
- 43. I could see my son pursuing a career in something like law enforcement, military, or a vocational trade.
- 44. My son will peruse a career that allows him to be the

- primary breadwinner to support his family.
45. My son will peruse a career that allows him time to take care of his children.
46. My son wants to wear tight cloths frequently.
47. My son wants to wear pink.
48. My son wants to wear nail polish.
49. My son is too concerned about his appearance.
50. My son wants to wear makeup.
51. My son wants to wear feminine clothing.
52. My son is more interested in sports like volleyball than like soccer.
53. My son has more female friends than male friends.
54. My son is more interested in things like fashion than in things like video games.
55. I think my son may go out to parties, bars, and clubs as he gets older.
56. I think my son can easily be taken advantage of.
57. I think my son can be tricked by girls.
58. I think my son will be naive in his relationships.
59. I think my son will be an easy target for scams.
60. My son to be physically strong.
61. My son would be uncomfortable dating a taller girl.

62. My son being the smallest in a group of boys would make me nervous.
63. My son will be physically tough even if he is not big.
64. My son finds a means to demonstrating his physical prowess.
65. My son to not be athletic.
66. My son knows how to physically defend himself.
67. My son would never hit another guy to get respect
68. If someone physically threatened my son, my son can't defend himself.
69. My son will back down from a fight.
70. My son has shown romantic interest in girls.
71. My son is likely to have had a lot of girlfriends before marriage.
72. My son having sexual desires is normal.
73. My son doesn't have the personality to be a "player"
74. My son will be very level headed when it comes to the opposite sex.
75. My son will be the instigator of his relationships.
76. My son will be a virgin until he is married.
77. My son will only have sex if he is in love.
78. My son will likely be more knowledgeable about sex than a girl he dates.
79. My son is docile

- 80. My son is submissive.
- 81. My son is calm.
- 82. I will support my son having a relationship with a girl.
- 83. My son may go out to parties, bars, and clubs as he gets older.
- 84. I think my son might find it important to act like he is sexually active even if he is not.
- 85. My son will masturbate.
- 86. When my son starts having sex, he will likely be the initiator.
- 87. Even if I don't agree with it, my son eventually having sex with multiple people over the course of his adolescence will likely happen.
- 88. My son will experiment sexually as he becomes a man.
- 89. My son being interested in boys means that he wants to be a girl.
- 90. My son would never flirt with another male.
- 91. My son would never compliment another male.
- 92. My son would not continue a friendship with another boy if he finds out that the other boy is gay.
- 93. My son has had a close friend who I thought might be gay.
- 94. My son has shown romantic interest in boys.
- 95. My son makes derogatory remarks like "faggot" or "queer" to people he suspects may be gay.

- 96. My son may go out to gay parties, gay bars, and gay clubs as he gets older.
- 97. I can imagine a future in which my son has a male partner.
- 98. My son of a wouldn't hold hands with another boy.
- 99. My son acts like a girl.
- 100. If a boy had made an advance on my son, my son would probably react negatively .
- 101. I will support my son having a relationship with a boy.
- 102. I think it would be a shame if my son were gay.
- 103. I would be disappointed to learn my son was gay.
- 104. It does not matter to me whether my son is gay or straight.
- 105. If my son were gay, it would damage our relationship.

Completely Disagree Completely Agree
 1 2 3 4 5

- 1. My daughter is frequently emotionally vulnerable.
- 2. My daughter doesn't cry even if something really bad happens.
- 3. My daughter is weak because she is emotional.
- 4. My daughter does not show affection to those she loves.
- 5. My daughter lets people know how she feels.
- 6. My daughter does not speak his mind even if she feels strongly about something

- 7. My daughter often looks happy on the outside in order to please others, even if I know she doesn't feel happy on the inside.
- 8. My daughter isn't respected among friends and family because she shows her feelings too much.
- 9. When my daughter has a fear, she keeps it to herself.
- 10. My daughter is nurturing.
- 11. My daughter is overly emotional.
- 12. My daughter to only express her feelings in a nice way.
- 13. My daughter is a "drama queen."
- 14. My daughter talked about her worries with her friends.
- 15. If my daughter's friend's feelings were hurt my daughter would try to comfort them.
- 16. If my daughter is angry I think she keeps it to herself.
- 17. If my daughter was angry with a friend it's possible that she may hit her.
- 18. Strong anger is a natural emotion for my daughter.
- 19. In celebrating successes, I think my daughter is modest.
- 20. If my daughter is being picked on at school, she would to stand up for herself.
- 21. If my daughter is being picked on at school, she would go and tell her teacher.
- 22. My daughter regularly washes the dishes.
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- 24. My daughter regularly takes out the trash.
- 25. I think my daughter's education will prepare her for marriage
- 26. I think my daughter's education will prepare her for child rearing.
- 27. My daughter knows the basics of cooking.
- 28. My daughter to helps take care of her siblings
- 29. My daughter will know how to repair a car.
- 30. My daughter is careful and takes care of her stuff.
- 31. My daughter does not to clean her room.
- 32. My daughter helps with domestic chores.
- 33. If left alone, my daughter will be able to prepare her own dinner.
- 34. My daughter knows that her homework should come before her chores.
- 35. My daughter helps take care of siblings so that she can take care of her children when she has a family.
- 36. My daughter knows how to do repairs around the house.
- 37. My daughter knows how to do domestic chores around the house to help her future spouse.
- 38. I think my daughter would be happy as a homemaker when she is older and supported by her husband.
- 39. I think my daughter would be happy as the sole breadwinner in her family and her partner stayed home with children.

40. My daughter will handle the bills of the house when she has a family.
41. My daughter will be the one who disciplines his children when she has them.
42. I could see my daughter pursuing a career in something like nursing, teaching, or cosmetology.
43. I could see my daughter pursuing a career in something like law enforcement, military, or a vocational trade.
44. My daughter will peruse a career that allows her to be the primary breadwinner for her family.
45. My daughter will peruse a career that allows her time to take care of her children.
46. My daughter wants to wear tight clothes frequently.
47. My daughter doesn't want to wear dresses for special occasions.
48. My daughter doesn't like using makeup.
49. My daughter doesn't like dressing up.
50. My daughter is not concerned about her appearance.
51. My daughter wants to have a very short haircut.
52. My daughter is more interested in sports like soccer than like volleyball.
53. My daughter has more male friends than female friends.
54. My daughter is more interested in things like video games than things like fashion.

- 55. My daughter may go out to parties, bars, and clubs as she gets older.
- 56. I think my daughter can easily be taken advantage of.
- 57. I think my daughter can be tricked by boys.
- 58. I think my daughter will be naive in her relationships.
- 59. I think my daughter will be an easy target for scams.
- 60. My daughter will think it's important that the man she is dating be tall.
- 61. My daughter wouldn't walk alone in the street by herself because she is physically vulnerable.
- 62. My daughter being physically strong would be an undesirable characteristic
- 63. My daughter will be physically tough even if she is not big.
- 64. My daughter finds a means to demonstrating physical prowess.
- 65. My daughter will worry about being too muscular because boys won't like it.
- 66. My daughter knows how to physically defend herself.
- 67. My daughter would never hit another girl to get respect.
- 68. If someone physically threatened my daughter, my daughter can't defend herself.
- 69. My daughter will back down from a fight.
- 70. My daughter has shown romantic interest in boys
- 71. My daughter is likely to have a lot of boyfriends before marriage.

- 72. My daughter having sexual desires is normal.
- 73. My daughter doesn't have the personality to be a "loose".
- 74. My daughter is very level headed when it comes to the opposite sex.
- 75. My daughter will be the instigator of her relationships.
- 76. My daughter will be a virgin until marriage.
- 77. My daughter will only have sex if she is in love.
- 78. My daughter will likely be more knowledgeable about sex than a boy she dates.
- 79. My daughter is docile.
- 80. My daughter is submissive.
- 81. My daughter is calm.
- 82. I will support my daughter having a relationship with a boy.
- 83. My daughter may go out to parties, bars, and clubs as she gets older.
- 84. I think my daughter might find it important to act like she is sexually active even if she is not.
- 85. My daughter will masturbate.
- 86. When my daughter starts having sex, she will likely be the initiator.
- 87. Even if I don't agree with it, my daughter eventually having sex with multiple people over the course of her adolescence will likely happen.
- 88. My daughter will experiment sexually as she becomes a man.

89. My daughter being interested in girls means that she wants to be a man.
90. My daughter would never flirt another female.
91. My daughter would never compliment another female.
92. My daughter would not continue a friendship with another girl if she finds out that the other girl is lesbian.
93. My daughter has had a close friend who I thought might be lesbian.
94. My daughter has shown romantic interest in girls.
95. My daughter makes derogatory remarks like "faggot" or "queer" to people she suspects may be gay.
96. My daughter may go out to gay parties, gay bars, and gay clubs as she gets older.
97. I can imagine a future in which my daughter has a female partner.
98. My daughter wouldn't hold hands with another girl.
99. My daughter acts like a boy.
100. If a girl had made an advance on my daughter, my daughter would probably react negatively.
101. I will support my daughter having a relationship with a girl.
102. I think it would be a shame if my daughter were gay.
103. I would be disappointed to learn my daughter was lesbian.

104. It does not matter to me whether or not my daughter is gay or straight.
105. If my daughter were gay, it would damage our relationship.

Appendix K – Quantitative Survey Instrument (Spanish)

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Page 1 of 43

Información del entrevistador

Esta porción debe ser completada por el Recopilador de Datos.

Iniciales del entrevistador:

Nombre de la "Zona de reclutamiento de la escuela" donde se realiza la encuesta.

- MARIA_INMACULADA
- SAN_JORGE
- PIO_XII
- VILLA_PROGRESO
- MARETA_AUXILIADORA
- FERMIN_TANGLUIS
- NUESTRA_SEÑORA_DE_LOS_ANGELES
- JUAN_ESPINOZA_MEDRANO
- INNOVA_SCHOOLS_RIMAC
- SANTA_CATALINA
- JOHANNES_GUTENBERG_SCHOOL
- SAN_AGUSTIN
- JOHN_F_KENNEDY
- JUANA_ÁLARCO_DE_DAMMERT
- VISIONARIOS_COLEGIO
- ALFRED_NOBEL
- LA_INMACULADA_CONCEPCION
- VILLA_PER_SE
- CRISTO_LIBERADOR
- PALMERAS_SCHOOL
- ING_CARLOS_LISSON_BEINGOLEA
- CAPITAN_ENRIQUE_OPPEHEIMER
- VICTORIA_BARCIA_BONIFFATTI
- PERUANO_CHINO_DIEZ_DE_OCTUBRE
- HENDRIK_ANTOON_LORENTZ
- SAN_JUAN_DE_LAS_AMERICAS
- SAN_ROQUE
- CASTILLO_DEL_REY
- MONSERRAT_DE_PUENTE_PIEDRA
- INTERNACIONAL_CHRISTIAN_SCHOOL_OF_LIMA

Fecha de la encuesta

Comienza la encuesta de tiempo,

02/19/2020 3:28pm

projectredcap.org



Confidential

Consentimiento

Page 2 of 43

02/19/2020 3:28pm

projectredcap.org



Para comenzar la encuesta, el entrevistador debe ingresar la información a continuación:

Estudio: Aceptabilidad de la vacuna VPH; usando métodos mixtos para explorar el rol de las guardianas primarias (GP) y sus creencias y actitudes respecto al género y la sexualidad adolescente en Lima, Perú.

Investigador Principal: Thomas Miles, MPH

Co-Investigadora(s): Dr. Valen Paz Soldan

Lugar de estudio: Lima, Perú

El siguiente documento de consentimiento es requerido por la Universidad de Tulane para cualquier estudio realizado por investigadores de la Universidad. Este estudio ha sido revisado por la Junta de Revisión Institucional para los Sujetos Humanos de la Universidad y por la Junta de Revisión Institucional de la ONG, Asociación Benéfica PRISMA.

Introducción

Usted está invitada a participar de un estudio de investigación para entender el proceso de la toma de decisiones y el comportamiento que padres y madres tienen respecto a la salud sexual y reproductiva de los adolescentes. Usted está siendo invitada a participar porque usted es la madre o el guardián primario de una niña o niño entre las edades de 9 a 13 años que es elegible para recibir la vacuna del virus de papiloma humano.

Lo que debe saber sobre este estudio:

Este documento se llama 'consentimiento informado' y explicará la investigación y su participación en ella.

Por favor escuche atentamente y tome el tiempo necesario para entenderlo.

Por favor, puede hacer cualquier pregunta en cualquier momento que desea.

Su participación es voluntaria. Usted puede optar por no participar o retirarse en cualquier momento del estudio. No habrá sanciones si decide retirarse del estudio.

Por qué usted está invitada a participar:

Usted ha sido seleccionada como una posible participante de este estudio porque tiene un niño o niña de 9 a 13 años que es alumno/a de una escuela privada del área metropolitana de Lima, Perú.

¿Por qué del estudio?

El propósito de este estudio de investigación es identificar las creencias y actitudes entre madres y guardianas primarias respecto al género y la sexualidad de adolescentes en Lima, Perú.

¿Cuál es el procedimiento de estudio? ¿Qué me pedirán hacer?

Si acepta participar en este estudio, se le pedirá que participe de un cuestionario donde pediremos sus opiniones referentes a los temas de pubertad, inicio de relaciones con el sexo opuesto y la actividad sexual entre los adolescentes y si ha conversado con su hijo/a sobre estos temas. Estos cuestionarios serán confidenciales, nadie le preguntará su nombre. No deben tomar más de 30 minutos y el cuestionario se hará a 600 mujeres madres o guardianas primarias. Sus respuestas serán almacenadas hasta que sean analizadas y se pondrán en un archivo seguro en línea. Al completar el cuestionario, ningún miembro del equipo de investigación intentará comunicarse con usted luego de terminada la sesión.

¿Cuáles son los riesgos o inconvenientes del estudio?

Creemos que no hay riesgos asociados con este estudio de investigación; sin embargo, un posible inconveniente puede ser el tiempo que se tarda en completar el cuestionario. Considere también una posible brecha de confidencialidad. Además, algunos participantes podrían sentirse incómodos o tímidos al responder a algunas preguntas. De ser éste el caso, los participantes pueden terminar el cuestionario en cualquier momento o negarse a contestar cualquier pregunta individual que no quiera responder.

¿Cuáles son los beneficios del estudio?

Usted no puede beneficiarse directamente de esta investigación; sin embargo, esperamos que su participación en el estudio pueda beneficiar tanto a la ciencia como a la sociedad al comprender los roles de las madres y las guardianas primarias en la salud sexual y reproductiva de los adolescentes e identificar maneras de mejorar la salud de los niños a medida que envejecen.

¿Recibiré alguna compensación por mi participación?

Usted no recibirá ninguna compensación por su participación.

¿Hay algún costo para participar?

No existe ningún costo de su parte para participar de este estudio.

¿Como será protegida mi información personal?

Los siguientes procedimientos se utilizarán para proteger la confidencialidad de sus datos. Los investigadores mantendrán todos los registros del estudio (incluyendo cualquier código a sus datos) bloqueados en un lugar seguro. No se le pedirá que se identifique durante el cuestionario. Las respuestas al cuestionario se almacenarán en una base de datos segura y encriptada hasta que puedan ser analizadas. Todos los archivos electrónicos (por ejemplo, base de datos, hoja de cálculo, etc.) estarán protegidos con contraseña. Cualquier computadora que guarde tales archivos también tendrá protección por contraseña para impedir el acceso a usuarios no autorizados. Sólo los miembros del personal de investigación tendrán acceso a las contraseñas. Después del término de este estudio, los investigadores pueden publicar sus hallazgos. La información se presentará de manera resumida y no se identificará a nadie en ninguna publicación o presentación.

También le informamos que la Oficina de Protección de Investigación Humana de la Universidad de Tulane, la Junta de Revisión Institucional Social y de Comportamiento (IRB) y la Oficina de Cumplimiento de la Investigación o la del Comité de ética PRISMA pueden inspeccionar los registros del estudio como parte de su programa de auditoría. Estas revisiones se centrarán solamente en los investigadores y no en sus respuestas o participación. El IRB es un grupo de personas que revisan los estudios de investigación para proteger los derechos y el bienestar de los participantes de la investigación.

¿Puedo retirarme de participar del estudio y cuáles son mis derechos?

Su participación en este estudio es opcional. No tiene que participar en este estudio si no lo desea. Si usted está de acuerdo con participar, pero más tarde cambia de opinión, puede retirarse en cualquier momento. No hay sanciones o consecuencias de ninguna clase si decide que no quiere participar. Durante el cuestionario, no tiene que contestar ninguna pregunta que no quiera responder.

¿A quién contacto si tengo preguntas referentes a este estudio?

Tómese todo el tiempo que desee antes de decidir participar en este estudio. Estaremos a su disposición para responder cualquier pregunta que tenga sobre este estudio. Si tiene más preguntas y quiere expresar su opinión o queja sobre la investigación o si tiene un problema relacionado con la investigación, puede comunicarse con el investigador principal (Thomas Miles -tmiles@tulane.edu) o con la co-investigadora (Dra. Valerie Paz Soldan-vpazsold@tulane.edu). Su número de teléfono es 01-418-7404.

Si desea discutir sus derechos como participante en la investigación, discutir problemas; obtener información; o participar con un individuo informado que no está afiliado a esta investigación, puede comunicarse con la Oficina de Protección de la Investigación Humana de la Universidad de Tulane en irbmain@tulane.edu o Comité de ética de PRISMA en mmateo@prisma.org.pe o por teléfono al 209 -0400 extensión 246.

¿Ha tenido la oportunidad de leer y comprender completamente el documento de consentimiento? Esto incluye revisarla con un miembro del equipo de investigación y hacer que respondan a todas y cada una de sus preguntas o inquietudes.

Sí
 No

¿Entiende que su participación es totalmente voluntaria?

Sí
 No

¿Entiende que puede detener la encuesta en cualquier momento o decidir no responder preguntas que le hacen sentir incómoda?

Sí
 No

¿A qué encuesta fue asignado este participante al azar?

Survey 1
 Survey 2

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Cuestionario de Aceptabilidad de Vacunación contra el VPH

Please complete the survey below.

Thank you!

02/19/2020 3:28pm

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Para cada una de las preguntas a continuación, seleccione la respuesta que mejor le describa.

1. ¿Cuántos hijos/as tiene en total?
- 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 o mas
-
2. ¿Seleccione todo los rangos de edad en los que tiene hijos?
- Si tienes más de un hijo or hija, seleccione cada rango en el que tenga un hijo (hay varias opciones disponibles)
- 0-8
 - 9-13
 - 14-18
 - 19-24
 - Más que 24 años
-
3. ¿Cuántos niños VIVOS tienes entre las edades de 9-13?
- Ninguno
 - Solo Uno
 - Más de 1

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Para este cuestionario, nos gustaría que solo tenga en mente a un solo niño o niña entre las edades de 9-13 años.

02/19/2020 3:28pm

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4. ¿Cuántos años tienes?

- 18
- 19
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- 86

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A STUDY OF HPV VACCINE ACCEPTABILITY

- 87
- 88
- 89
- 90

-
- 5 Por favor, seleccione su nivel más alto de educación completa.
- Nunca estudiado
 - Primaria
 - Secundaria
 - Instituto Técnico
 - Universidad
 - Post Grado
-
- 6 ¿Cuál es su estado civil actual?
- Casada
 - Soltera
 - Conviviente
 - Divorciada
 - Viuda
 - Separada
-
- 7 El niño en el que piensas entre los 9 y los 13 años es:
- niño
 - niña
-
- 8 Por favor, seleccione la edad [genero_child] entre las edades de 9-13 en lo que pensaste.
- 9 años
 - 10 años
 - 11 años
 - 12 años
 - 13 años
-
- 9 ¿Este [genero_child] que tiene [edad_child] asiste a una escuela privada en el área metropolitana de Lima?
- (La Escuela Privada se define como cualquier escuela en la que pague alguna tarifa, independientemente de la cantidad)
- Sí
 - No
-
- 10 Con respecto a su [genero_child] que tiene [edad_child] de edad y la familia con la que viven, cuál es la composición del hogar.
- Vive con papá y mamá
 - Vive con un padre/madre soltero/a
 - Vive con su abuelo/a(s)
 - Vivir con un padre soltero y abuelo(s)
 - Vivir con un madre soltera y abuelo(s)
 - Vive con sus padres y abuelo/a(s)
 - Otra

Por favor describa otros arreglos de vivienda:

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- 11 ¿Cuál es su ocupación principal?
- Ama de casa
 - Estudiante
 - Trabajadora de campo
 - Administradora/Emprendedora
 - Conductora de transporte Público
 - Jubilada
 - Vendedora
 - Trabajo en una oficina
 - Trabajo en Salud o Educación
 - Policía o Militar
 - Profesional
 - Albañil/Carpintera
 - Agricultor
 - No tengo ocupación
 - Otra

Si dijo "Otra" ocupación, ¿cuál es su ocupación?

- 12 ¿Cuánto gana su familia por MES?
- Menos que 300 soles
 - Entre 301 y 500 soles
 - Entre 501 y 1000 soles
 - Entre 1001 y 2000 soles
 - Entre 2001 y 5000 soles
 - Más que 5000 soles

- 13 ¿Cuántas personas viven actualmente en tu casa?
- 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 or more

- 14 ¿Alquila o es dueño de su casa?
- Alquila
 - Propio
 - Soy hospedada gratis
 - Otra

Por favor, describe otro

- 15 ¿Cuántos cuartos hay en tu casa?
- 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 or more

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16. ¿Cuántas habitaciones hay en tu casa?
- 0
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 or more

17. ¿De qué material son las paredes exteriores de tu casa? (Seleccione todas las que apliquen)
- Tripla y/o Calamina
 - Madera
 - Ladrillos
 - Hormigón
 - Otro

Por favor, describa los otros materiales de las paredes exteriores de su casa.

18. ¿De qué material son las paredes interiores de tu casa?
- Tripla y/o Calamina
 - Madera
 - Ladrillos
 - Hormigón
 - Otro

Por favor describa los otros materiales de las paredes interiores de su casa.

19. ¿Como describirías tu techo?
- Techo abierto
 - techo abierto y cerrado
 - techo cerrado

20. ¿De qué material está hecho el techo de tu casa?
- Pajas
 - Calamina
 - Etemit
 - Madera
 - Hormigón
 - Otro

Por favor describa los otros materiales de el techo de su casa.

21. ¿De qué material está hecho el piso en su casa?
- Arena
 - Tableros de madera o cerámica de madera
 - Cerámica
 - Hormigón
 - Parquet o madera luminosa
 - Vinilo o similar
 - Otro

Por favor describa los otros materiales de el piso de su casa.

22. ¿Cómo describiría usted el material de las ventanas de su casa?

- Abierto
- Cubierto con madera
- Con barras
- Con vidrio
- No hay ventanas
- Otros materiales

23. ¿Qué materiales usas para cocinar?

- No cocino
- Madera
- Carbón
- Kerosene
- Gas
- Electricidad
- Otros materiales

24. ¿Que servicios tiene en su casa?

- No tengo servicios
- Agua potable
- Desagüe
- Electricidad
- Línea de teléfono
- Celular
- Internet
- Otros servicios

25. ¿De donde obtiene agua para tomar y preparar comida?

- Agua de lluvia
- Pozo de agua pública
- Cisterna de tanque
- Pozo en la casa/patio
- Agua que traigo
- Dentro de la casa como parte de la red pública
- Otros lugares

¿Otros lugares donde obtiene agua para beber y preparar comida?

26. ¿Qué tipo de desagüe tiene en su casa?

- Letina
- Alcantarillado con canales
- Tuberías de drenaje
- Otro

27. ¿Qué otro tipo de desagüe tiene en su casa?

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	SI	No
28 ¿Tiene Heladera?	<input type="radio"/>	<input type="radio"/>
29 ¿Tiene una televisión?	<input type="radio"/>	<input type="radio"/>
30 ¿Tiene Radio?	<input type="radio"/>	<input type="radio"/>
31 ¿Tiene un reproductor de DVD?	<input type="radio"/>	<input type="radio"/>
32 ¿Tiene una computadora/laptop?	<input type="radio"/>	<input type="radio"/>
33 ¿Tiene un equipo de sonido?	<input type="radio"/>	<input type="radio"/>
34 ¿Tiene gas o una cocina eléctrica?	<input type="radio"/>	<input type="radio"/>
35 ¿Tiene una cocina a kerosene?	<input type="radio"/>	<input type="radio"/>
36 ¿Tiene una licuadora?	<input type="radio"/>	<input type="radio"/>
37 ¿Tiene sillas y mesas (Set de comedor)?	<input type="radio"/>	<input type="radio"/>
38 ¿Tiene un sofá?	<input type="radio"/>	<input type="radio"/>
39 ¿Tiene un closet?	<input type="radio"/>	<input type="radio"/>
40 ¿Tiene un vestidor?	<input type="radio"/>	<input type="radio"/>
41 ¿Tiene una bicideta?	<input type="radio"/>	<input type="radio"/>
42 ¿Tiene una motocideta?	<input type="radio"/>	<input type="radio"/>
43 ¿Tiene un motocarro (tipo mototaxi)?	<input type="radio"/>	<input type="radio"/>
44 ¿Tiene un triciclo/cametilla (no un juguete)?	<input type="radio"/>	<input type="radio"/>
45 ¿Tiene un auto?	<input type="radio"/>	<input type="radio"/>

46. ¿En relación a otros hogares en su área, como usted compararía su nivel económico?

Mucho Menos Lo Mismo Mucho Mas

=====

(Place a mark on the scale above)

47. ¿Con qué frecuencia asiste usted a la iglesia u otros encuentros religiosos?

Nunca

Una vez al año o menos

Unas pocas veces al año

Unas pocas veces al mes

Una vez a la semana

Más de una vez a la semana

48. ¿Con cuánta frecuencia dedica usted tiempo a actividades religiosas, como por ejemplo rezar, meditar, o estudiar la Biblia?

Más de una vez al día

Diariamente

Dos o más veces al día

Una vez a la semana

Unas pocas veces al mes Raras veces o nunca

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La siguiente sección contiene 3 declaraciones sobre la creencia o experiencia religiosa. Por favor, marque la medida en que cada afirmación es verdadera o no para usted. (Cartilla #1)

	Definitivamente no es cierto	Tiende a no ser cierto	No estoy segura	Tiende a ser cierto	Definitivamente cierto para mí
49 En mi vida, yo siento la presencia de lo Divino (i.e. Dios).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50 Mis creencias religiosas son lo que realmente está detrás de mi enfoque hacia la vida.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51 Trato de llevar mis fundamentos religiosos a todos los aspectos de mi vida.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Aquí describiremos brevemente MARIA . Por favor, lea cada descripción y luego piense en la medida en que MARIA ES o NO ES como usted. Marque la casilla a la derecha que coincida con la persona más parecida en la descripción a usted. (Cartilla #2)

¿QUÉ TAN SIMILAR ES ESTA PERSONA PARA USTED?

	1. Muy Parecido a mí	2. Parecido a mí	3. Algo parecido a mí	4. Poco parecido a mí	5. No es parecido a mí	6. No es en nada parecido a mí
52 La creación de nuevas ideas y ser creativo es importante para María. Le gusta hacer las cosas de un modo original.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53 Ser adinerado es importante para María. Quiere tener mucho dinero y cosas costosas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54 María piensa que es importante que todas las personas en el mundo sean tratadas de forma igualitaria. Cree que todos deben tener las mismas oportunidades en la vida.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55 Es importante para María mostrar sus capacidades. Quiere que la gente admire lo que hace.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56 Es importante para María vivir en un ambiente seguro. Evita todo lo que podría poner en peligro su seguridad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57 A María le gustan las sorpresas y siempre está buscando nuevas cosas para hacer. Cree que es importante probar un montón de cosas diferentes en la vida.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58 María cree que las personas deberían hacer lo que se les dice. Piensa que las personas siempre deberían respetar las normas, incluso cuando nadie los controla.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59 Es importante para María escuchar a gente diferente. Aun cuando no esté de acuerdo con ellos, ella quiere entenderlos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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- | | | | | | | | |
|----|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | Para Maria ella es importante tomar sus propias decisiones acerca de lo quiere hacer. Le gusta ser libre y no depender de otros. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 61 | Para Maria es muy importante ayudar a quienes la rodean. Quiere velar por el bienestar de los demás. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 62 | Para Maria es importante ser muy exitosa. Espera que las personas reconozcan sus logros. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 63 | Para Maria es muy importante que el gobierno le garantice seguridad contra toda amenaza. Ella quiere que el Estado sea fuerte de modo tal que pueda defender a sus ciudadanos. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 64 | Maria busca aventuras y le gusta tomar riesgos. Quiere tener una vida excitante. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 65 | Para Maria es importante comportarse siempre de forma adecuada. Quiere evitar hacer cualquier cosa que los demás piensen que está mal | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 66 | Es importante para Maria obtener el respeto de los demás. Quiere que las personas hagan lo que ella dice. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 67 | Es importante para Maria ser leal a sus amigos. Ella quiere dedicarse a las personas que son cercanos. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 68 | Maria cree con firmeza que las personas deben cuidar la naturaleza. Cuidar el medio ambiente es importante para ella. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 69 | Las tradiciones son importantes para Maria. Trata de seguir las costumbres que le inculcaron a través de su familia o religión. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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- Maria busca todas las oportunidades para divertirse. Es importante para ella hacer cosas que le causen placer.
- 71 Para Maria es importante ser humilde y modesta. Tratar de no llamar la atención.
- 72 Pasar un buen rato es importante para Maria. Le gustaria pasarla bien

El VPH es la infección de transmisión sexual más común en el mundo. Existen más de 150 tipos de VPH que no causan ningún problema a la salud, alrededor de 30 tipos de VPH se transmiten a través del contacto genital. (Cartilla #3)

Por favor responda las siguientes preguntas lo mejor que pueda.

	Verdad	Falso	No sé
73 El VPH es el virus que causa el herpes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74 Las verrugas genitales son causadas por el VPH.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75 La mejor manera de prevenir las complicaciones causadas por el VPH es hacerse pruebas regulares de Papanicolaou.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76 Si la prueba de Papanicolaou de una mujer es normal, no tiene VPH.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77 Los cambios en la prueba de Papanicolaou pueden indicar que una mujer tiene VPH.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78 Las verrugas genitales son causadas por el virus del herpes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79 El VPH puede causar cáncer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80 Las pruebas de Papanicolaou detectarán casi siempre el VPH.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81 Los síntomas del VPH incluyen crecimientos en la verruga.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82 Si el HPV no se trata puede causar pre-cáncer o displasia cervical.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83 ¿Qué aumenta el riesgo de contraer el VPH?: Sexo antes de los 16 años	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84 ¿Qué aumenta el riesgo de contraer el VPH?: Múltiples parejas sexuales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85 ¿Qué aumenta el riesgo de contraer el VPH?: Su pareja tiene muchas parejas sexuales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<hr/>			
86 ¿Había oído hablar del virus del Papiloma Humano (VPH) antes de hoy?	<input type="radio"/> Sí <input type="radio"/> No <input type="radio"/> No estoy segura		
<hr/>			
87 ¿Existe una vacuna que proteja contra el VPH?	<input type="radio"/> Sí <input type="radio"/> No		

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-
88. La vacuna contra el VPH evita las posibilidades de cáncer cervical. Sí No
-
89. Una vez que las mujeres están vacunadas ya no tienen que ser examinadas para cáncer cervical. Sí No
-
90. La vacuna contra el VPH es sólo para las personas que son sexualmente activas. Sí No
-
91. ¿Debe administrarse la vacuna contra el VPH antes de iniciar la relación sexual? Sí No
-
92. El costo de la vacuna es una barrera para que mi [genero_child] se vacune. Sí No

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Para este siguiente grupo de preguntas, por favor califique su nivel de afirmación con cada declaración con "1" siendo "Totalmente en Desacuerdo" y "5" siendo "Totalmente de acuerdo". (Cartilla #5)

	1. Totalmente en desacuerdo	2. Un poco desacuerdo	3. Ni acuerdo o ni desacuerdo	4. Un poco acuerdo	5. Totalmente en acuerdo.
93 Los médicos (en general) se preocupan por la salud de sus pacientes tanto como sus pacientes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94 A veces los médicos se preocupan más por lo que es conveniente para ellos que las necesidades médicas de sus pacientes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95 Los doctores son extremadamente minuciosos y cuidadosos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96 Usted confía completamente en las decisiones de los médicos acerca de qué tratamientos médicos son los mejores.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97 Los médicos son totalmente honestos en decirles a sus pacientes acerca de todas las diferentes opciones de tratamiento disponibles para sus condiciones.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
98 Los médicos sólo piensan en lo que es mejor para sus pacientes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
99 Los médicos siempre utilizan sus mejores habilidades y esfuerzos en nombre de sus pacientes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100 Usted no tiene ninguna preocupación al poner su vida en las manos de su médico.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
101 Un médico nunca te engañaría en ninguna ocasión.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
102 En resumen, confía totalmente en los médicos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Para este siguiente grupo de preguntas, por favor califique su nivel de afirmación con cada declaración con "1" siendo "Totalmente en Desacuerdo" y "5" siendo "Totalmente de acuerdo". (Cartilla #5)

	1. Totalmente en desacuerdo	2. Un poco desacuerdo	3. Ni desacuerdo, ni acuerdo	4. Un poco acuerdo	5. Totalmente en acuerdo
103 Me preocupa que mi [genero_child] se infecte con el VPH.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
104 Me preocupa que mi [genero_child] se infecte con hepatitis B.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
105 Me preocupa que mi [genero_child] tenga una enfermedad de transmisión sexual algún día.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
106 Una vacuna contra el VPH podría beneficiar tanto a hombres como a mujeres.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
107 Obtener vacunas es una buena manera de proteger la salud de mi hijo/a.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108 Una vacuna contra el VPH podría prevenir problemas futuros para mi [genero_child].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
109 Las nuevas vacunas disponibles pueden ser peligrosas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
110 Las inyecciones son extremadamente dolorosas para mi [genero_child].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
111 Darle a mi [genero_child] una nueva vacuna es como realizar un experimento con él/ella.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
112 Recibir una vacuna es muy aterrador para mi [genero_child].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
113 El tratamiento de las infecciones por VPH es realmente doloroso.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
114 Los cánceres relacionados con el VPH son enfermedades mortales.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
115 Tener verrugas genitales hace que sea realmente difícil encontrar una pareja sexual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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116 Si mi [genero_child] contrae el VPH:
(Cartilla #6)

1. No es para nada serio
 2. No es muy serio
 3. No es serio
 4. Neutral
 5. Es serio
 6. Es muy serio
 7. Es totalmente serio

117 Si mi [genero_child] infectado con Hepatitis B:
(Cartilla #6)

1. No es para nada serio
 2. No es muy serio
 3. No es serio
 4. Neutral
 5. Es serio
 6. Es muy serio
 7. Es totalmente serio

118 Si mi [genero_child] algún día está infectado con una enfermedad de transmisión sexual:
(Cartilla #6)

1. No es para nada serio
 2. No es muy serio
 3. No es serio
 4. Neutral
 5. Es serio
 6. Es muy serio
 7. Es totalmente serio

119 Tanto los hombres como las mujeres deben beneficiarse de la vacuna contra el VPH:
(Cartilla #7)

1. No es para nada importante
 2. Baja importancia
 3. Ligeramente importante
 4. Neutral
 5. Moderadamente importante
 6. Muy importante
 7. Extremadamente importante

120 Usar vacunas para proteger la salud de mi [genero_child]:
(Cartilla #7)

1. No es para nada importante
 2. Baja importancia
 3. Ligeramente importante
 4. Neutral
 5. Moderadamente importante
 6. Muy importante
 7. Extremadamente importante

121 Prevenir problemas futuros relacionados con el VPH para mi [genero_child]:
(Cartilla #7)

1. No es para nada importante
 2. Muy bajo importancia
 3. Moderadamente sin importancia
 4. Neutral
 5. Moderadamente importante
 6. Es muy importante
 7. Extremadamente importante

122 El peligro asociado con las nuevas vacunas:
(Cartilla #8)

1. Nada preocupado
 2. Ligeramente preocupado
 3. Algo preocupado
 4. Moderadamente preocupado
 5. Extremadamente preocupado

123 Mi [genero_child] que experimenta dolor como resultado de recibir una vacuna:
(Cartilla #8)

1. Nada preocupado
 2. Ligeramente preocupado
 3. Algo preocupado
 4. Moderadamente preocupado
 5. Extremadamente preocupado

- 124 La incertidumbre de darle a mi [genero_child] una nueva vacuna.
(Cartilla #8)
1. Nada preocupado
 2. Ligeramente preocupado
 3. Algo preocupado
 4. Moderadamente preocupado
 5. Extremadamente preocupado
-
- 125 Mi [genero_child] tiene miedo de recibir inyecciones.
(Cartilla #8)
1. Nada preocupado
 2. Ligeramente preocupado
 3. Algo preocupado
 4. Moderadamente preocupado
 5. Extremadamente preocupado
-
- 126 El dolor asociado con el tratamiento de una infección por VPH.
(Cartilla #8)
1. Nada preocupado
 2. Ligeramente preocupado
 3. Algo preocupado
 4. Moderadamente preocupado
 5. Extremadamente preocupado
-
- 127 Mi [genero_child] tiene una enfermedad mortal debido al VPH.
(Cartilla #8)
1. Nada preocupado
 2. Ligeramente preocupado
 3. Algo preocupado
 4. Moderadamente preocupado
 5. Extremadamente preocupado
-
- 128 Mi [genero_child] encontrará futuras parejas sexuales.
(Cartilla #8)
1. Nada preocupado
 2. Ligeramente preocupado
 3. Algo preocupado
 4. Moderadamente preocupado
 5. Extremadamente preocupado
-
- 129 Otros padres piensan que los adolescentes jóvenes (9-13 años) deben ser vacunados.
1. Totalmente en desacuerdo
 2. Un poco desacuerdo
 3. Ni desacuerdo, ni acuerdo
 4. Un poco acuerdo
 5. Totalmente en acuerdo
-
- 130 El médico de mi [genero_child] piensa que los adolescentes jóvenes (9-13 años) deben ser vacunados.
(Cartilla #5)
1. Totalmente en desacuerdo
 2. Un poco desacuerdo
 3. Ni desacuerdo, ni acuerdo
 4. Un poco acuerdo
 5. Totalmente en acuerdo
-
- 131 En general, la opinión de otros padres es importante para mí.
(Cartilla #5)
1. Totalmente en desacuerdo
 2. Un poco desacuerdo
 3. Ni desacuerdo, ni acuerdo
 4. Un poco acuerdo
 5. Totalmente en acuerdo
-
- 132 En general, la opinión del médico de mi [genero_child] es importante para mí.
(Cartilla #5)
1. Totalmente en desacuerdo
 2. Un poco desacuerdo
 3. Ni desacuerdo, ni acuerdo
 4. Un poco acuerdo
 5. Totalmente en acuerdo
-
- 133 La vacunación contra el VPH es necesaria para mi [genero_child].
(Cartilla #5)
1. Totalmente en desacuerdo
 2. Un poco desacuerdo
 3. Ni desacuerdo, ni acuerdo
 4. Un poco acuerdo
 5. Totalmente en acuerdo

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134. La vacuna contra el VPH es una buena idea para mi [genero_child].
(Cartilla #5)
1. Totalmente en desacuerdo
 2. Un poco desacuerdo
 3. Ni desacuerdo, ni acuerdo
 4. Un poco acuerdo
 5. Totalmente en acuerdo
-
135. Conseguir que mi [genero_child] sea vacunado contra el VPH es beneficioso para mi hijo/a.
(Cartilla #5)
1. Totalmente en desacuerdo
 2. Un poco desacuerdo
 3. Ni desacuerdo, ni acuerdo
 4. Un poco acuerdo
 5. Totalmente en acuerdo
-
136. Se espera de mí que vacune a mi [genero_child] contra el VPH.
(Cartilla #5)
1. Totalmente en desacuerdo
 2. Un poco desacuerdo
 3. Ni desacuerdo, ni acuerdo
 4. Un poco acuerdo
 5. Totalmente en acuerdo
-
137. La gente en mi vida cuyas opiniones valoro, les gustaría que vacune a mi [genero_child].
(Cartilla #5)
1. Totalmente en desacuerdo
 2. Un poco desacuerdo
 3. Ni desacuerdo, ni acuerdo
 4. Un poco acuerdo
 5. Totalmente en acuerdo
-
138. La mayoría de las personas que son importantes para mí piensan que debo vacunar a mi [genero_child] contra el VPH.
(Cartilla #5)
1. Totalmente en desacuerdo
 2. Un poco desacuerdo
 3. Ni desacuerdo, ni acuerdo
 4. Un poco acuerdo
 5. Totalmente en acuerdo
-
139. ¿Alguna vez usted, o alguien cercano a usted alguna vez ha sido diagnosticado con verrugas genitales o Virus del Papiloma Humano (VPH), o tuvo una prueba anormal de Papanicolaou?
- Sí
 No
 No estoy segura/Prefiero no Decirlo
-
140. ¿Alguna vez usted, o alguien cercano a usted ha sido diagnosticado con cáncer de cuello uterino?
- Sí
 No
 No estoy segura/Prefiero no Decirlo
-
141. ¿Su médico le recomendó la vacuna contra el VPH para su [genero_child] que tiene [edad_child]?
- Sí
 No
 No estoy segura/Prefiero no Decirlo
-
142. ¿Sabé dónde puede obtener la vacuna contra el VPH para su [genero_child]?
- Sí
 No
 No estoy segura/Prefiero no Decirlo
-
143. ¿Ha completado su [genero_child] que tiene [edad_child] años la serie de vacunas contra el VPH?
- Sí
 No
 No estoy segura/Prefiero no Decirlo
-
144. ¿Cuántas dosis de la vacuna contra el VPH ha recibido su hijo [gender_child] de [edad_child]?
- 0 dosis
 1 dosis
 2 dosis
 3 dosis

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- 145 ¿Qué tan probable es que usted haga que su [genero_child] comience o continúe la vacunación contra el VPH en los próximos 12 meses? 1. Muy poco probable
 2. Algo poco probable
 3. Inseguro
 4. Algo probable
 5. Muy probable
- 146 Si su [genero_child] ha recibido alguna vacuna contra el VPH, ¿Dónde la recibió su [genero_child]? En la escuela
 De su médico
 De una clínica móvil
 No estoy Seguro
- 147 He tenido conversaciones sobre la pubertad con mi [genero_child] de [edad_child]. Si
 No
- 148 Le he pedido a un adulto en la vida de mi hijo para que discuta sobre la pubertad con mi hijo. Si
 No
- 149 He tenido conversaciones sobre relaciones sexuales con mi [genero_child] de [edad_child]. Si
 No
- 150 Le he pedido a un adulto en la vida de mi [genero_child] de [edad_child] para que hable con el sobre relaciones sexuales. Si
 No
- 151 He tenido conversaciones sobre roles de género con mi [genero_child] de [edad_child]. Si
 No
- 152 Le he pedido a un adulto que tiene parte en la vida de mi [genero_child] de [edad_child] para que le hable sobre los roles de género. Si
 No
- 153 He tenido conversaciones sobre enfermedades de transmisión sexual con mi [genero_child] de [edad_child]. Si
 No
- 154 Le he pedido a un adulto que tiene parte en la vida de mi [genero_child] de [edad_child] para que discuta sobre enfermedades de transmisión sexual con mi hijo Si
 No
- 155 He tenido conversaciones sobre el embarazo adolescente con mi [genero_child] de [edad_child]. Si
 No
- 156 Le he pedido a un adulto que tiene parte en la vida de mi hijo, para que discuta sobre el embarazo adolescente con mi [genero_child] de [edad_child]. Si
 No
- 157 En el futuro cuando mi [genero_child] de [edad_child] es un poco mayor, compraría mi [genero_child] condones, si supiera que estaba planeando tener relaciones sexuales. Si
 No
- 158 Yo apoyo la enseñanza de educación sexual comprensiva en las escuelas primarias Si
 No
- 159 Yo apoyo la enseñanza de educación sexual comprensiva en las escuelas secundarias Si
 No

La siguiente sección tiene un número de preguntas sobre su [genero_child] de [edad_child]. Teniendo esto en mente, por favor responda a cada declaración independientemente de lo que usted desea o espera para su [genero_child], sino considerando cuanto cree que cada declaración describe a su [genero_child] tal como realmente es. Por favor responda a cada afirmación con su nivel de aceptación donde el 1 significa completamente en desacuerdo y el 5 es completamente de acuerdo. No hay respuestas correctas o incorrectas, sólo opiniones. (Cartilla #5)

	1. Totalmente en desacuerdo	2. Un poco desacuerdo	3. Ni desacuerdo, ni acuerdo	4. Un poco acuerdo	5. Totalmente en acuerdo
160 Mi hijo es débil porque es emocional.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
161 Mi hijo permite a la gente saber como se siente.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
162 Mi hijo no es respetado entre sus amigos y familia porque él muestra demasiado sus sentimientos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
163 Cuando mi hijo tiene miedo, él lo guarda para sí mismo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
164 Mi hijo es cariñoso.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
165 Si a mi hijo lo molestaran en el colegio, él se defendería a sí mismo.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
166 Mi hijo lava los platos regularmente.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
167 Mi hijo regularmente apoya con la lavandería.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
168 Mi hijo conoce los bases para cocinar.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
169 Mi hijo ayuda a cuidar a sus hermanos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
170 Mi hijo sabrá cómo hacer reparaciones mecánicas (automóviles, bicicletas, motocicletas).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
171 Mi hijo ayuda con las tareas domésticas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
172 Si mi hijo está solo, él será capaz de preparar su propia cena.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	<p>Mi hijo ayuda a cuidar a sus hermanos para que el pueda cuidar de sus hijos cuando tenga una familia.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
174	<p>Mi hijo sabe como hacer reparaciones en la casa.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
175	<p>Mi hijo sabe como hacer las labores domesticas en la casa para ayudar a su futura esposa.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
176	<p>Creo que mi hijo será feliz como amo de casa cuando sea mayor y ser sustentado por su esposa.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
177	<p>Creo que mi hijo sería feliz como el proveedor de su familia y que su pareja se quede en casa con los niños.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
178	<p>Creo que mi hijo será quien maneje las cuentas de la casa cuando el tenga una familia.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
179	<p>Podría ver a mi hijo siguiendo la carrera en algo como enfermería, enseñanza o cosmetología</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
180	<p>Podría ver a mi hijo siguiendo la carrera en algo policia, militar o carrea técnica.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
181	<p>Mi hijo va seguir una carrera que le permita ser el principal proveedor para sostener a su familia.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
182	<p>Mi hijo seguirá una carrera que le permita cuidar de sus hijos.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
183	<p>Mi hijo quiere usar el color rosa en sus ropas.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
184	<p>Mi hijo quiere usar maquillaje.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
185	<p>Mi hijo quiere usar ropas femeninas.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
186	<p>Mi hijo tienes mas amigas que amigos.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
187	<p>Mi hijo está más interesado en cosas como la moda en vez de video juegos.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Creo que mi hijo será ingenuo en sus relaciones.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
189 Mi hijo es físicamente fuerte.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
190 Mi hijo será físicamente fuerte, aunque no sea grande.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
191 Mi hijo encuentra una manera para demostrar su destreza física.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
192 Mi hijo no tiene un cuerpo atlético.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
193 Mi hijo sabe como defenderse físicamente a sí mismo.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
194 Mi hijo nunca golpearía a otro chico para obtener respeto.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
195 Si alguien amenazara físicamente a mi hijo, mi hijo no podría defenderse a sí mismo.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
196 Mi hijo se alejaría de una pelea.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
197 Mi hijo ha demostrado interés romántico en chicas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
198 Es muy probable que mi hijo tenga muchas enamoradas antes del matrimonio.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
199 Es normal que mi hijo tenga deseos sexuales.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
200 Mi hijo no tiene la personalidad de ser un "Don Juan".	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
201 Mi hijo será casto hasta que esté casado.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
202 Mi hijo solo tendrá sexo si está enamorado.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
203 Mi hijo probablemente tendrá mayor conocimiento sobre sexo, que la chica con la que sale.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
204 Mi hijo es sumiso.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
205 Apoyaré que mi hijo tenga una relación con una chica.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
206 Creo que mi hijo ve importante actuar como si fuera sexualmente activo, aunque no creo que lo sea.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
207 Mi hijo se masturbará.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	Cuando mi hijo comience a tener relaciones sexuales, es probable que él sea el iniciador'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
209	Eventualmente mi hijo tendrá sexo con múltiples personas sobre el transcurso de su adolescencia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
210	Mi hijo experimentará sexualmente mientras se convierte en un hombre.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
211	Que mi hijo esté interesado en otros chicos significa que él quiere ser una mujer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
212	Mi hijo jamás coquetearía con otro hombre.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
213	Mi hijo nunca le daría un cumplido a otro hombre.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
214	Mi hijo no continuaría una amistad con otro chico si él se entera que este chico es gay.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
215	Mi hijo tiene un amigo cercano que yo pienso que es gay.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
216	Mi hijo ha demostrado interés romántico en chicos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
217	Mi hijo hace comentarios como "maricón" o "cabro" a gente que sospecha que sea gay.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
218	En el futuro, mi hijo podrá ir a fiestas gays, bares gays y club gays mientras va creciendo.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
219	Puedo imaginar un futuro en donde mi hijo tenga una pareja masculina.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
220	Mi hijo actúa como una chica.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
221	Si un chico se sobrepasara con mi hijo, mi hijo probablemente reaccionaría negativamente.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
222	Apoyaré que mi hijo tenga una relación con otro chico.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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La siguiente sección tiene un número de preguntas sobre su [genero_child] de [edad_child]. Teniendo esto en mente, por favor responda a cada declaración independientemente de lo que usted desea o espera para su [genero_child], sino considerando cuanto cree que cada declaración describe a su [genero_child] tal como realmente es. Por favor responda a cada afirmación con su nivel de aceptación donde el 1 significa completamente en desacuerdo y el 5 es completamente de acuerdo. No hay respuestas correctas o incorrectas, sólo opiniones. (Cartilla #5)

		1. Totalmente en desacuerdo	2. Un poco desacuerdo	3. Ni desacuerdo, ni acuerdo	4. Un poco acuerdo	5. Totalmente en acuerdo
160	Mi hija es débil porque es emocional.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
161	Mi hija no dice lo que piensa aun cuando tiene una opinión fuerte sobre algo.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
162	Si a mi hija la molestaran en el colegio, ella se defendería a sí misma.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
163	Mi hija lava los platos regularmente.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
164	Mi hija regularmente apoya con la lavandería.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
165	Creo que la educación de mi hija la preparará para la crianza de hijos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
166	Mi hija conoce los bases para cocinar.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
167	Mi hija ayuda a cuidar a sus hermanos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
168	Mi hija sabrá cómo hacer reparaciones mecánicas (automóviles, bicicletas, motocicletas).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
169	Mi hija ayuda con las tareas domesticas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
170	Si mi hija está sola, ella será capaz de preparar su propia cena.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
171	Mi hija ayuda a cuidar a sus hermanos para que ella pueda cuidar de sus hijos cuando tenga una familia.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
172	Mi hija sabe como hacer reparaciones en la casa.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	<p>Mi hija sabe como hacer las labores domésticas en la casa para ayudar a su futura esposo.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
174	<p>Creo que mi hija sería feliz como madre del hogar cuando sea mayor y ser sustentada por su esposo.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
175	<p>Creo que mi hija sería feliz como la proveedora de su familia y que su pareja se quede en casa con los niños.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
176	<p>Creo que mi hija será quien maneje las cuentas de la casa cuando ella tenga una familia.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
177	<p>Podría ver a mi hija siguiendo la carrera en algo como enfermería, enseñanza o cosmetología.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
178	<p>Podría ver a mi hija siguiendo la carrera en algo como policía, militar, o carrea técnica.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
179	<p>Mi hija va seguir una carrera que le permita ser el principal proveedor para sostener a su familia.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
180	<p>Mi hija seguirá una carrera que le permita cuidar de sus hijos.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
181	<p>Mi hija no quiere ponerse vestidos para ocasiones especiales</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
182	<p>A mi hija no le gusta arreglarse,</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
183	<p>Mi hija no está preocupada por su apariencia.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
184	<p>Mi hija está más interesada en deportes como el fútbol que el vóleibol.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
185	<p>Mi hija tiene mas amigos que amigas.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
186	<p>Mi hija está más interesada en video juegos que en cosas de la moda.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
187	<p>Creo que mi hija será ingenua en sus relaciones.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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189	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
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191	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
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- | | | | | | | |
|-----|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | Quando mi hija comience a tener relaciones, es más probable que ella sea la iniciadora. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 207 | Eventualmente mi hija tendrá sexo con múltiples personas sobre el transcurso de su adolescencia. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 208 | Mi hija experimentará sexualmente mientras se convierte en una mujer. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 209 | Que mi hija esté interesada en otras chicas significa que ella quiere ser un hombre. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 210 | Mi hija jamás coquetearía con otra mujer. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 211 | Mi hija no continuaría una amistad con otra chica si ella se entera que esta chica es gay. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 212 | Mi hija ha demostrado interés romántico en chicas. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 213 | Mi hija hace comentarios como "marimacha" o "torta" a gente que sospecha que sea gay. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 214 | En el futuro, mi hija podrá ir a fiestas gays, bares gays y club gays mientras va creciendo. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 215 | Puedo imaginar un futuro en donde mi hija tenga una pareja femenina. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 216 | Mi hija actúa como un chico. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 217 | Si una chica se sobrepasara con mi hija, mi hija probablemente reaccionaría negativamente. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 218 | Apoyaré que mi hija tenga una relación con otra chica. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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Para este próximo grupo de preguntas, califique cada afirmación con una escala de 1 a 5 prestando especial atención a la escala. (Cartilla #5)

	1. Totalmente en desacuerdo	2. Parcialmente en desacuerdo	3. Neutral	4. Parcialmente de acuerdo	5. Totalmente de acuerdo
223 Parejas homosexuales de hombres deberían ser permitidos de adoptar niños tal como las parejas heterosexuales.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
224 Pienso que los hombres homosexuales son desagradables.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
225 A los hombres homosexuales no deberían permitirles enseñar en los colegios.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
226 La homosexualidad masculina es una perversión.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
227 Así como en otras especies, la homosexualidad es una natural expresión de sexualidad en el hombre humano.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
228 Si un hombre tiene sentimientos homosexuales, el debería hacer todo para superarlos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
229 Yo no estaría molesto si yo supiera que mi hijo era homosexual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
230 El comportamiento homosexual entre dos hombres es simplemente erróneo.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
231 La idea del matrimonio homosexual de hombres me parece ridículo.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
232 La homosexualidad masculina es simplemente un estilo diferente de vida que no debería ser condenado.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
233 Las lesbianas simplemente no encajan en nuestra sociedad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
234 La homosexualidad de una mujer no debería ser causa para discriminación en ninguna situación para trabajar.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	La homosexualidad femenina es perjudicial para la sociedad porque rompe la división natural entre los sexos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
236	Las leyes que regulan el comportamiento consentido y privado lésbico deberían aflojarse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
237	La homosexualidad femenina es un pecado.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
238	El creciente número de lesbianas indica un declive en la moral.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
239	La homosexualidad femenina en sí misma no es un problema, pero la sociedad lo hace ver como si pudiera ser un problema.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
240	La homosexualidad femenina es una amenaza para muchas de nuestras instituciones sociales básicas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
241	La homosexualidad femenina es una forma inferior de sexualidad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
242	Las lesbianas son enfermas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Por favor, indique su nivel de acuerdo con cada afirmación con 1 "Totalmente en desacuerdo" y 4 "Totalmente en acuerdo." (Cartilla #10)

	1. Totalmente en desacuerdo	2. Parcialmente en desacuerdo	3. Parcialmente de acuerdo	4. Totalmente de acuerdo
243. Está bien que una mujer tenga más de una relación sexual al mismo tiempo.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
244. Siento cierta simpatía por una chica que ha tenido relaciones sexuales con muchos chicos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
245. Está bien que un hombre tenga relaciones sexuales con una mujer de la que no está enamorado.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
246. Siento cierta simpatía por un chico que ha tenido relaciones sexuales con muchas chicas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
247. Una mujer que toma la iniciativa sexual es demasiado atrevida.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
248. Está bien que un hombre tenga más de una relación sexual al mismo tiempo.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
249. Pongo en duda el carácter de una mujer que ha tenido muchas parejas sexuales.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
250. Admiro a los hombres que llegan vírgenes al matrimonio.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
251. Una chica que tiene relaciones sexuales en la primera cita es una chica "fácil".	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
252. Pongo en duda el carácter de un hombre que ha tenido muchas parejas sexuales.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
253. Un hombre debería tener experiencia sexual antes de casarse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
254. Un chico que tiene relaciones sexuales en la primera cita es un chico "fácil".	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
255. Está bien que una mujer tenga relaciones sexuales con un hombre del que no está enamorada.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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| Una mujer debería tener experiencia sexual antes de casarse. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 257 Admiro a las mujeres que llegan vírgenes al matrimonio. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 258 Un hombre que toma la iniciativa sexual es demasiado atrevido. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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Evalué hasta en qué punto aplica a su [genero_child] de [edad_child] siendo 1 "No Aplica" y 7 siendo "Totalmente Aplicable". (Cartilla #11)

	1. Totalmente en desacuerdo	2. Parcialmente en desacuerdo	3. Un poco de desacuerdo	4. Ni de acuerdo, ni desacuerdo	5. Un poco de acuerdo	6. Parcialmente en desacuerdo	7. Totalmente en acuerdo
259 Tiene habilidades de líder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
260 Personalidad fuerte	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
261 Actúa como líder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
262 Dominante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
263 Defiende sus creencias	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
264 Toma decisiones rápidamente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
265 Cálido	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
266 Amable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
267 Cariñoso	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
268 Compasivo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
269 Sensible a las necesidades de otros	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
270 Tierno	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A continuación, se presentan una serie de frases sobre los hombres y las mujeres y sobre su relación mutua en nuestra sociedad contemporánea. Por favor, indique el grado en que Ud. está de acuerdo o en desacuerdo con cada una de las frases usando la siguiente escala: (Cartilla #12)

	1. Totalmente en desacuerdo	2. Parcialmente en desacuerdo	3. Neutral	4. Parcialmente de acuerdo	5. Totalmente de acuerdo
223 Aun cuando un hombre logre muchas cosas en su vida, nunca podrá sentirse verdaderamente completo a menos que tenga el amor de una mujer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
224 Con el pretexto de pedir "igualdad", muchas mujeres buscan privilegios especiales, tales como condiciones de trabajo que las favorezcan a ellas sobre los hombres.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
225 En caso de una catástrofe, las mujeres deben ser rescatadas antes que los hombres.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
226 La mayoría de las mujeres interpreta comentarios o conductas inocentes como sexistas, es decir, como expresiones de prejuicio o discriminación en contra de ellas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
227 Las mujeres se ofenden muy fácilmente.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
228 Las personas no pueden ser verdaderamente felices en sus vidas a menos que tengan pareja del otro sexo.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
229 En el fondo, las mujeres feministas pretenden que la mujer tenga más poder que el hombre.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
230 Muchas mujeres se caracterizan por una pureza que pocos hombres poseen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
231 Las mujeres deben ser queridas y protegidas por los hombres.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	La mayoría de las mujeres no aprecia completamente todo lo que los hombres hacen por ellas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
233	Las mujeres intentan ganar poder controlando a los hombres.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
234	Todo hombre debe tener una mujer a quien amar.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
235	El hombre está incompleto sin la mujer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
236	Las mujeres exageran los problemas que tienen en el trabajo.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
237	Una vez que una mujer logra que un hombre se comprometa con ella, por lo general intenta controlarlo estrechamente.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
238	Cuando las mujeres son vencidas por los hombres en una competencia justa, generalmente ellas se quejan de haber sido discriminadas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
239	Una buena mujer debería ser puesta en un pedestal por su hombre.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
240	Existen muchas mujeres que, para burlarse de los hombres, primero se insinúan sexualmente a ellos y luego rechazan los avances de éstos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
241	Las mujeres, en comparación con los hombres, tienden a tener una mayor sensibilidad moral.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
242	Los hombres deberían estar dispuestos a sacrificar su propio bienestar con el fin de proveer seguridad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
243	Las mujeres feministas están haciendo demandas completamente irracionales a los hombres.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
244	Las mujeres, en comparación con los hombres, tienden a tener un sentido más refinado de la cultura y el buen gusto.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Las declaraciones a continuación describen las actitudes hacia el papel de la mujer en la sociedad que tienen las diferentes personas. No existen respuestas correctas o incorrecta., solo opiniones. Se le pide expresar sus sentimientos sobre cada declaración indicando si estas totalmente de acuerdo, parcialmente de acuerdo, parcialmente en desacuerdo, o totalmente en desacuerdo. Por favor, indique su opinión para cada ítem. (Cartilla #10)

	1. Totalmente en desacuerdo	2. Parcialmente en desacuerdo	3. Parcialmente de acuerdo	4. Totalmente de acuerdo
245 Maldecir y decir obscenidades son más repulsivos en el discurso de una mujer que en el de un hombre.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
246 Estando bajo condiciones económicas modernas con mujeres siendo activas fuera de la casa, los hombres deberían compartir las labores del hogar como lavar platos y hacer la lavandería.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
247 Es insultante para una mujer tener que "obedecer" en la cláusula permaneciendo en el servicio del matrimonio.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
248 Una mujer debería ser tan libre como un hombre para proponerle matrimonio.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
249 Las mujeres deberían preocuparse menos por sus derechos y más sobre convertirse en buenas esposas y madres.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
250 Las mujeres deben asumir su lugar correcto en los negocios y en todas las profesiones juntamente con los hombres.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
251 Una mujer no debería tener la expectativa de ir exactamente a los mismos lugares y tener la misma tranquilidad y libertad de acción como un hombre.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
252 Es ridículo para una mujer reparar un auto y para un hombre enmendar ropas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
253 El liderazgo intelectual de una comunidad debería ser en gran parte manejados por los hombres.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
254				

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- | | | | | |
|-----|-----------------------|-----------------------|-----------------------|-----------------------|
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 255 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 256 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 257 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 258 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 259 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
- Las mujeres deberían recibir oportunidades iguales que los hombres para el aprendizaje de diferentes oficios.
- Mujeres que ganan tanto como sus citas, deberían asumir los gastos cuando salen juntos.
- Los hijos en la familia deberían ser más motivados para ir a la universidad que las hijas.
- En general, el padre debería tener mayor autoridad que la madre en la crianza de los niños.
- Libertad social y económica tienen mucho más valor para una mujer que la aceptación ideal de feminidad que ha sido impuesta por los hombres.
- Hay muchos trabajos donde se debería dar preferencia a los hombres en vez de a las mujeres para ser contratados o ascendidos.

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260 Finaliza la encuesta de tiempo. Por favor, haz clic en el botón "Ahora".

261 Tiempo transcurrido:

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