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Teens Talk with Parents about Sex, Alcohol, Drugs, and Suicide... Or Do They? Vol. 1

Vanessa Sneed

Eastern Illinois University

This research is a product of the graduate program in [Communication Studies](#) at Eastern Illinois University. [Find out more](#) about the program.

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Teens Talk with Parents about Sex, Alcohol,
Drugs, and Suicide... Or Do They?

(TITLE)

BY

Vanessa Sneed

THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF

Master of Arts in Speech Communication

IN THE GRADUATE SCHOOL, EASTERN ILLINOIS UNIVERSITY
CHARLESTON, ILLINOIS

2005

(YEAR)

I HEREBY RECOMMEND THAT THIS THESIS BE ACCEPTED AS FULFILLING THIS
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Running head: TEENS TALK WITH PARENTS

Teens Talk with Parents about Sex, Alcohol, Drugs, and Suicide... Or Do They?

Vanessa Sneed

Eastern Illinois University

Abstract

This study is a comparison of students from two high schools in Illinois. It examines adolescents' perceptions of communication with their parents related to the topics of alcohol, drugs, sex, and suicide. Historically, School 1 is located in a county that has above average teen pregnancy rates. Traditionally, School 2 is located in a county with lower pregnancy rates than School 1. In addition to providing the groundwork for more detailed analysis of alcohol, drugs, sex, and suicide related to specific family communication styles and strategies, this study provides support for intervention programs that promote family communication. The decisions adolescents make regarding sex, alcohol, drugs and suicide can impact their lives and their futures. The adolescents' comfort discussing sexual issues with their parents is correlated to their discussions about other high-risk behaviors, specifically alcohol use, drug use and suicide. Much of the existing body of research surrounding adolescents and parent communication has focused on teen sexuality issues. This study expands the body of research by including questions regarding alcohol, drugs and suicide, including how they relate to sexuality issues.

Dedication

This thesis is dedicated to my family and friends for their support while completing this project. I would also like to dedicate this research to families who struggle with substance abuse.

Acknowledgements

I would like to thank my thesis advisor, Dr. Melanie Mills, for her guidance, knowledge and patience while working on this project over the past six years. I would also like to thank my other thesis committee members, Dr. Mark Borzi and Dr. Julie Dietz, for assistance and expertise. I am also very grateful to Gaye Harrison for her support professionally and personally. I also greatly appreciate the participation of the two school districts that allowed their students to participate in the prevention program and survey.

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Appendix B

Analysis of Variance for Parents' Marital Status and Sex

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- Table 56 After viewing the tour, I _____ discuss drug abuse with my parents.
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Appendix C

Analysis of Variance for Comfort Discussing Sexual Issues and Sex

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Appendix D

Chi Square for Sex

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Appendix E

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Appendix F

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Appendix G

Chi Square for Comfort Discussing Sexual Issues

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- Table 42 I don't think I can tell my parents how I really feel about some things.
- Table 43 We can express our feelings in our family.
- Table 44 We tend to worry about many things in our family.
- Table 45 We really do trust and confide in each other.
- Table 46 We have the same problem over and over in our family.
- Table 47 Family members feel loyal to each other.

- Table 48 Accomplishing what we want to do seems difficult for our family.
- Table 49 We are critical of each other.
- Table 50 We share similar values and beliefs as a family.
- Table 51 Things work out well for us as a family.
- Table 52 Family members respect one another.
- Table 53 There are many conflicts in our family.
- Table 54 We are proud of our family.
- Table 55 After viewing the tour, I _____ discuss alcohol abuse with my parents.
- Table 56 After viewing the tour, I _____ discuss drug abuse with my parents.
- Table 57 After viewing the tour, I _____ discuss teen sexuality with my parents.
- Table 58 After viewing the tour, I _____ discuss suicide with my parents.

Teens Talk with Parents about Sex, Alcohol, Drugs, and Suicide... Or Do They?

Chapter 1: Review of Literature

Often we turn on the television and see a celebrity asking us to talk to a child about substance abuse, sexuality, or to spend adequate time with children. What we do not take into consideration is the research needed to conduct and create these public service announcements or health education and prevention programs. Each year more studies are added to the existing research helping us better to understand adolescents and parent-child communication about sex, drugs, and alcohol.

My literature review examines parent-adolescent or teenage communication research about high-risk behaviors. I begin by examining the number of adolescents engaging in high-risk behaviors, such as alcohol use, drug use, and unprotected sex. I also examine the many potential problems associated with these high-risk behaviors. I then assess the research on parent-child communication related to these topics leading to my research questions.

Increase in Adolescent High Risk Behaviors

Growth of High Risk Behavior

Researchers have reported contradicting statistics on adolescent sexual behaviors over the past decade. They have examined a wide variety of topics ranging from the flirting habits of thirteen to sixteen-year-old girls (Moore, 1995) to males' condom usage (Sonenstein, Ku, Duberstein-Lindberg, Turner, & Pleck,

1998) to how substance abuse relates to sexual activity in adolescents (Lowry, Holtzman, Truman, Kann, Collins, & Kolbe, 1994).

Adolescents are beginning to experiment with sexual intercourse at an earlier age. The number of young adolescents practicing sexual intercourse depends greatly on the population being surveyed, specifically urban and rural populations. In mixed populations of rural and urban adolescents, 7% of females and over 11% of males under the age of thirteen had engaged in sexual intercourse (Santelli, Brener, Lowry, Bhatt, & Zabin, 1998; Robinson, Price, & Thompson, 1998). In contrast to the previously discussed studies, significantly larger numbers were reported in a study of urban youth. Thirty percent of urban students entering a sixth grade reported initiating sexual intercourse with an additional 5% becoming sexually active that year (Kinsman, Romer, Fustenberg, & Schwartz, 1998).

When researching the high school populations the studies begin to focus more on condom usage and consistency of usage than on the age of first intercourse. Sonenstien, Ku, Duberstein-Lindberg, Turner, and Pleck (1998) found that 27% of 15-year-old males and 84% of nineteen years old males were sexually active. Their research also concluded that condom usage in teenage males rose 10% between 1988 and 1995 from 57% to 67%. In contrast to this, an earlier study by Pleck, Sonenstein, and Ku (1991) found the condom usage rates for urban adolescents to be lower than the previously discussed article. They also found that 29.5% of fifteen to nineteen-year-old teenagers used

condoms consistently and 19.5% of the teenagers never used a condom with their last partner.

Another high school study examined the masturbation patterns of adolescents who are virgins or have not engaged in vaginal intercourse. In a study of 9th and 12th grade virgins, Schuster, Bell, and Kanouse (1996) found that 9% of the virgin students have practiced fellatio with ejaculation and 10% practice cunnilingus. Although the students are not engaging in vaginal intercourse, they are still at risk for sexually transmitted diseases, such as herpes and HIV, which they can transmit orally. Many students practicing oral sex do not know that STD's can be transmitted orally as easily as they are vaginally. They are lacking the knowledge to make healthy decisions.

Adolescent substance abuse can also be a factor in increased teenage sexual intercourse. Research has found that adolescents who initiate marijuana use are 2.2 times more likely to initiate sexual intercourse during this time. They have also identified alcohol and tobacco use as a factor in early initiation of sexual intercourse (Dorius, Heaton, & Steffen, 1993; Kowaleski-Jones & Mott, 1998).

Teens with more sexual partners and lower levels of condom usage are often abusing drugs and/or alcohol. Students who reported no substance abuse were the least likely to report having had four or more partners and not using a condom at last sexual intercourse. Students who had used marijuana, cocaine, or other illicit drugs were practicing the riskiest sexual behaviors (Lowry, et al., 1994). With more than 40% of 4th graders and 50% of 5th graders reporting they

have tried alcohol (Britt & Jachym, 1996), we can assume current substance experimentation or abuse will or is influencing their present and future sexual behavior.

The structure of the adolescents' free time has also been found to influence their sexual practices. When comparing mothers of teens who were pregnant and those who were not pregnant, non-pregnant girls had more supervision (East, 1999). It has been determined that adolescents who spend an above average amount of time in an unstructured or leisure-settings are more likely to abuse a substance. Alcohol consumption, illicit drug use and sexual experimentation often occur in social leisure settings that are not well-supervised (Caldwell & Darling, 1999). Higher levels of delinquent behaviors have also been shown to result from mothers working part or full time (Harris, Furstenburg, & Marmer, 1998).

Even with the elevated rates of high-risk behaviors, many myths about teen sexuality do exist. One of the greatest myths presented by Warren (1992) is the misperception that due to higher sexual activity rates, American teenagers have higher pregnancy rates than teens in other countries. He disproves this particular myth by explaining that the US has similar intercourse rates to many European nations, so the higher pregnancy rate is not because of a higher rate of sexual activity. Another myth is that adolescents are rather immature to use birth control and will become more sexually active if birth control is available. Warren again disproves this myth by citing Sweden as an example. Swedish girls become sexually active at a younger age and experience only a third of the

pregnancies of US girls. Other countries that provide adolescents with birth control have not witnessed an increase within intercourse rates and have a much lower level of teen pregnancy and abortion rates (Warren, 1992).

The Effects of High Risk Behavior

There are many consequences that adolescents may face when they participate in high risk behaviors. Consequences may have only short term effects. However, many consequences will affect the adolescents for their entire lives.

Early sexual activity can cause many consequences to males and females alike. There are many more consequences that a female may have to endure. These consequences include pregnancy, sexual transmitted diseases, lower educational levels, social factors, drug use, and various health problems (Klepinger, Lundberg, & Plotnick, 1999; American Academy of Pediatrics Committee on Adolescence, 1999).

Women who become mothers before they are twenty are often affected by many economical consequences. White teenage mothers often have 2.4 years less education and 1.9 years of work experience than their non-mother counterparts (Klepinger, et al., 1999). Black teen mothers have 2.6 years less education and 3.4 years less work experience than their non-mother counterparts. There is also a significant difference in the hourly wages of teen mothers and non-teen mothers. White teen mothers earn 24% less per hour and black teen mothers earn 17% less than their non-mother counterparts.

Fathers can also be affected by the consequences of early sexual activity. Fathers of babies born to teenage mothers generally lack three or more years of education when compared to their non-father counterparts (Breslin, 1997). Insufficient education can also affect the fathers' work experience and hourly wages.

Besides the educational and economic consequences of early sexuality, there are many health consequences as well. As previously discussed, teens have a low condom usage. This low condom usage can lead to an increase in sexually transmitted diseases. Fifteen to nineteen-year-old girls have the highest numerical incidences of gonorrhea among the female population. Fifteen to nineteen-year-old boys have the second highest incidence of gonorrhea among the male population. Early infection of sexually transmitted diseases (STD's) can lead to many reproductive problems and infertility in both sexes. STD'S also can affect the health of the unborn Child. Complications can include premature birth, damaged vision, low birth weight, and still birth (John Hopkins University Population Information Program, 1995).

The premature age and maturity level of the teenage mothers can affect both their pregnancy and their babies. Even though it is very important to see a doctor during the first trimester of a pregnancy, few teen mothers do. The average time for teen mothers to visit a doctor or a clinic is at 17. 3 weeks of pregnancy. Seventeen point three weeks is well into the second trimester of the pregnancy. Also, only 13% of adolescents made five or more visits to a clinic or doctor (Blankson, Cliver, Goldenburg, Hickey, Jin, & Dubard, 1993). Researchers

have also found that teen mothers have poor dietary habits. Generally, teen mothers have low fruit and vegetable, fiber, and iron intakes (Dunn, Kolasa, Dunn, & Ogle, 1994). Poor diet does not allow the teens to gain the recommended weight for the pregnancy. The lack of weight gain often leads to lower birth weights of the babies (Dunn, et al., 1994). Many teen diets could be improved with proper prenatal care.

Other researchers have linked sexual activity, drug and alcohol use, and delinquency. Huizinga, Loeber, and Thornberry (1993) found that a larger proportion of serious drug users are delinquent. Twenty-two point seven percent of delinquencies up to the age of 17 are sexually active and use drugs and alcohol. A majority of girls who are pregnant report delinquency, drug or alcohol use, or both (Huizinga, Loeber, and Thornberry, 1993). From this report, we can conclude that high risk behaviors can lead to criminal activity and delinquency.

High risk behaviors of adolescents can lead to long and short term consequences. These consequences can affect males and females, mothers and fathers, and mothers and their babies. Teens need to be aware of the chain effect of high risk behaviors. Alcohol consumption and drugs use can easily lead to sexual activity and criminal behaviors. Just as easily early sexual activity may lead to STD's or pregnancy; from pregnancy, many consequences can occur.

Research on Parent-Child Communication

The role of parent-child communication can have either a negative or positive impact on the adolescent's sexual behavior. Family, mother, father, and adolescent communication affect the communication between the parent and the

child. Parent-child communication occurs either nonverbally or verbally and may also cause an increase or decrease in the risk of high risk activities for the child.

Family Communication

Often family members communicate with other family members differently. For instance, family members of the same sex are more likely to discuss intercourse with a family member of that particular sex. Opposite sex family members tend to avoid sexual topics (Guerrero & Afifi, 1995).

Different prevention programs have demonstrated an increase in parent-child communication. Ary, James, and Biglan (1999) discuss the success of a parent pamphlet on tobacco smoking and family expectations. The study examined the amount of success during the conversation, conflict during the conversation, and resistance felt by both parties. Overall, more than 55% of both parents and children felt the conversation went well. Fifty-nine percent of daughters and 89% of parents reported no conflict during the tobacco conversation.

Another prevention program that focuses on parent communicating with their child is "Reducing the Risk." "Reducing the Risk" is a secondary sex education program that focuses on pertinent information and behaviors (Hubbard, Giese, & Rainey, 1998). A portion of the course requires students to discuss sexual issues in required assignments with their parents. Comparing the pre-tests and post-tests of communication between the child and parent, researchers witnessed an increase in discussion on pregnancy, STD's, and birth

control (Hubbard, Giese, & Rainey, 1998). These percentages are very encouraging for a parent wanting to talk to their child.

Mother-Child Communication

Researchers have discovered many areas of mother-adolescent communication regarding sexual communication. The study of first sexual intercourse and mother-adolescent sexual communication was very important. The teens who discuss sex with their mothers are more likely to practice safer sex, delay sexual intercourse, and increase condom usage (Whitaker, Miller, May, & Levin, 1999; Henderson, 1998; Miller, Levin, Whitaker, & Xu, 1998; Pick & Palos, 1995). Daughters are the most likely to discuss issue with their mothers (Guerrero & Afifi, 1995). Young men who discuss sex with their mothers also had the least chance of impregnating a girl (Pick & Palos, 1995). Moore, Peterson, and Furstenberg (1986) also feel that despite gender, early sexual communication between mothers and adolescents decreases early sexual activity.

These findings are disputed in a follow-up article by Fisher (1989), that says that gender plays a significant role in early sexual communication and early sexual intercourse. Some researchers believe that communication with our mothers about high risk topics begins as early as infancy. Males sense a higher security in their early relationship with their mother than females (Greenberger & McLaughlin, 1998).

The openness of communication about sex between the mother-child may also influence the child's sexual morality. If a mother is an effective listener, then

the emotional feelings of the child are transferred to the mother and understanding is reciprocated by the mother. Therefore, the mother's influence on the child's sexual morality will greatly increase (Taris, Semin, and Bok, 1998). This increase in sexual morality will decrease the child's sexual risk. More than 24% of articles, written with advice for parents when speaking to their children about sexual issues, advise parents to have open communication with their child and to be honest with their child (Simanski, 1998).

Father-Child Communication

While developing a sense of understanding in mother-child communication is important; father-child communication is just as important. Much of the research concludes that children and adolescents have a more difficult time discussing issues with their fathers. Adolescents felt that their sexual communication with their father was lower than what their fathers realized. Pick and Palos (1995) found males were much more unlikely to talk with a male about issues than a female. Guerrero and Afifi (1995) stated that:

Children were more likely to avoid communication with fathers than with mothers on a variety of topics, including relationship norms, the state of the parent-child relationship, negative relational behavior, activities with friends, dating experience, romantic feelings about others, and dangerous behaviors in which they had engaged. (p. 227)

Raffaelli, Bogemschneider, and Flood (1998) identify contrasting research stating that fathers do play an important role in their children's high-risk communication. "Father's belief that other teens are sexually active predicted

conversations about the dangers of STD's and birth control, and the fathers who were more accepting of teen sexuality were more likely to have teens who reported discussing dangerous STD's" (Raffaelli, Bogemschneider, & Flood, 1998, p. 328). Fathers need to be open, willing to talk, and listen to their children in order for the child to understand that their fathers are someone they can disclose to about high risk behaviors.

One of the major discrepancies in parent-child communication is the exclusion of fathers from the research. Many studies only research the mother's communication patterns with her children (e.g., Henderson, 1998; Dilorio, Hockenberry-Eaton, & Richman, 1996; Miller, Levin, Whitaker, & Xu, 1998). Hovell, Sipan, Blumberg, Atkins, Hofstetter, and Kreitner (1994) concluded that generally daughters are most comfortable discussing sex with their mother and sons are most comfortable discussing sex with their fathers. This research raises several questions about parent-adolescent communication. From these results, an individual might become curious about why fathers have been excluded from research on parent-adolescent communication. Another flaw in previous research is how it does not account for single father households as many studies account for single mother households.

Adolescent Communication

Often parents only realize that their children are involved in high risk behaviors by their physical actions. However, they can also detect their children's opinions about sex, drugs, and alcohol through their word choices. By using contextual analysis, Krizek, Hecht, and Miller (1993) identify words and phrases

that can help a parent identify their children's feelings. "Language, as an implicit plan of action, had the ability to provide drug prevention communities with signposts." (p. 258). By interviewing 44 adolescents about their experiences with drugs, the researchers were able to identify the high, medium, and low risk teenagers. Metaphoric words like "escape," "joy," "cool," "treat," "takin' a break," "release," or "killin' time," are terms high-risk adolescents use to describe their opinions or experiences with drugs. Many of terms describe an effect of losing control. The low-risk group described their opinions of drug in a negative light: "uncomfortable," "problems," "hurt me," "mess you up," "stoners," "humiliating," and "you'll get hooked." The low-risk group wants to feel in control of their body and actions. The medium-risk group often focuses around experimentation. If parents are willing to talk with their children and listen to what the adolescents are saying, often parents will be able to tell if their children are at risk for use drug and alcohol.

Another article focuses on how adolescents responded to offers of drugs and alcohol. Albert, Miller Rassulo, and Hecht (1991) interviewed 30 adolescents about who offered them drugs, what they were offered, where it was offered, how they were approached, how they responded to the question, and why they chose to accept the drug or not. From these questions the researchers were able to analyze the adolescents' responses and their reactions. Fifty percent of the teenagers accepted the drug or alcohol and they were twice as likely to report accepting alcohol as drugs. From these findings, prevention specialists and parents can help children develop compliance-resisting strategies.

The Effect of Parental Substance Abuse

Many researchers have discovered that if the parents of an adolescent abuse drugs or alcohol, the chance the child will abuse is very high. Even if the parent verbally states that the child should not use drugs or alcohol, the parent's actions of using drugs or alcohol use often has a greater impact on child than the verbal message. Twenty-eight point five percent of children in the fifth grade or below who have parents who smoke have used tobacco compared to only 9.2% if children of non-smoking parents. Over 20% of the fifth-graders who reported tobacco or alcohol use have one or more parents that smoke or drink at least weekly (Jackson, Henriksen, Dickson, & Levine, 1997). Similar results were found for parents who drank alcohol. Only 14.4% of fifth graders whose parents who do not drink have consumed alcohol, while 47.7% of the fifth graders whose parents do drink report alcohol use (Jackson, Henriksen, Dickson, & Levine, 1997). A study on fetal alcohol syndrome and Native American teenagers revealed that watching their family members drink has influenced many to drink alcohol (Ma, Toubbeh, and Cline, 1998). Also, many street males who abuse drugs come from homes where their parents use drugs (Baron, 1999). Even adolescents with parents who smoke are much more likely to smoke than other adolescents (Britt and Jachyn, 1996).

Some parents go as far as to verbally encourage their child to abuse drugs and alcohol. When surveyed, junior high school students with alcohol abuse problems often report they are encouraged to drink and their parents provide alcohol to them (Stevens, Mott, and Youells, 1996).

Family Structure

Differing results are discussed when correlating family structure to early adolescent sexuality. Upchurch, Levy-Storm, Sucoff, and Aneshensel (1998) believe due to changes in family structure through divorce or death of a parent, an adolescent in a one parent family is more likely to have sex at a younger age than adolescents in a family with two biological parents or a stepparent. Miller and Bingham (1989) also found similar results affecting adolescent sexuality due to changes in their family structure.

Factors that influence an increase in the sexual activity of adolescents include reduced income, reduced supervision, lower religiosity, and a more passive sexual attitude (Miller and Bingham, 1989). Usually a lowered level of knowledge about sexual issues can be related to the reduced income. Thus, parents with a lower income may not have the knowledge to communicate with their children about healthy sexual habits. Reduced supervision decreases the availability of the parent to talk to their adolescent or to answer questions they may have. Finally, a child may adopt passive sexual habits of their parents. If the child sees their parents with multiple sexual partners, the parent is nonverbally displaying their values to their children. Thus, the children may have many sexual partners. The Wright-Young, Jensen, Olsen, and Cundick (1991) study shows similar research results to the Miller and Bingham (1989) study.

Children may also have more run-ins with the law if their parents are divorced. Klein, Forehand, and Armistead (1997, p. 69 and p. 75) believe that, "parents' marital status was a significant predictor, indicating that young adults

from divorced homes reports more index offenses than did those from intact homes." Adolescents with the highest rates of crime usually come from homes with "poor maternal communication/ problem solving skills, and family stress."

Communication Style

The communication style of the family may also influence the adolescent's sexual activity. Adolescents who perceive their parents' communication style as being friendly and attentive report less sexual activity (Muller & Powers, 1990). Open communication is also important in a parent child dyad. This openness allows the child to identify family communication about sex, alcohol, and drugs (Booth-Butterfield & Sidelinger, 1998). White (1996) discovered that when children viewed their parents' communication style as open, the parents have a much greater influence on their child's moral views.

Children who feel their parents' communication styles are contentious, expressive, dramatic, or dominant are more likely to be sexually active (Mueller & Powers, 1990). Similar studies found that adolescents' perceptions of very strict parental discipline and rules or lack of parental rules are also related to an increase in sexual activity (Miller, McCoy, Olson, & Wallace, 1986).

These studies once again fail to recognize the difference between rural and urban parent communication and how the children perceive it. Coleman, Ganong, Clark, and Madsen (1989) report that rural parents often begin having dyadic conversations with their children at a younger age than urban parents do. They also found that rural parents tend to spend more time with their children in such activities as reading together or doing tasks that encourage a child to ask

questions. Given these both are true; one could assume that a more open communication environment is formed between the rural parents and their children than in an urban family. However, no research has investigated this characteristic of rural parent-child communication.

Conclusion

Over the past two decades there has been an increase in the information about adolescents' sexual habits and their alcohol and drug use. Communication scholars have taken an interest in young people's communication styles and have developed methodologies to examine why some engaged in high-risk behaviors while others did not. Other scholars have analyzed parent-child communication and identified the strengths of mothers and fathers in dyads.

However, there are still two areas that need more research. First and foremost, research should focus on both parents. Second, more research is needed in the rural areas of the country. Few researchers have studied areas or cultures similar to those in Central Illinois. The existing research is a valid evaluation of teenage behaviors in some areas of the country, in some families, and in some situations. However, much of the research is difficult to apply to areas such in the rural Midwest.

I Sing the Body Electric is an art-based, prevention program based in the Midwest that focuses on teen health issues. The program is funded by state and federal agencies to work with high schools in a seven county region in Central Illinois. Biennially, high school students are surveyed on their behaviors and are asked to identify their greatest health concerns. During this research period, the

four areas included alcohol abuse, drug abuse, teen pregnancy, and suicide. During the years when the survey is not being distributed, high school students create projects based on these four areas using a variety of different art mediums. The projects tour different schools throughout Central Illinois in an effort to reduce high risk behaviors in adolescents.

The four issues identified by Central Illinois teens (I Sing the Body Electric, 1998) are reflected in my research questions. The lack of research on both parents' communication and the need for rural research leads me to these research questions.

RQ1: Does the child's perception of the parents' communication predict their willingness to discuss alcohol, drugs, sex, and suicide?

RQ2: How do the School 1 and School 2 parent-child communication styles compare regarding alcohol use?

RQ3: How do the School 1 and School 2 parent-child communication styles compare regarding drug issues?

RQ4: How do the School 1 and School 2 parent-child communication styles compare regarding sexuality issues?

RQ5: How do the School 1 and School 2 parent-child communication styles compare regarding suicide?

Chapter II: *Method*

Study Design

The design of my research is a comparison of two high schools in Illinois. School 1 is a high school that is located in Central Illinois and participates in the I Sing the Body Electric prevention program. School 2 is a high school located in Southern Illinois. Historically, School 1 is located in a county that has above average teen pregnancy rates. Traditionally, School 2 is located in a county with lower pregnancy rates than School 1.

I Sing the Body Electric is a grant-sponsored program that works with twenty-seven high schools in the seven counties of East Central Illinois. I Sing the Body Electric operates on a three-year cycle. During the first year of the program, 55% of East Central Illinois high school students were surveyed about their health concerns. The students ranked alcohol abuse, drug abuse, teen sexuality, and suicide as their greatest concerns. During the second year of the program, high school students created art media projects about the four areas of concern. Projects ranged from drama skits to murals to music videos to creative writing to a life size sculpture of a pregnant boy. During this third year of the program, the art projects toured the seven counties to educate the students about how other students were feeling about the pressures of being a teenager and how they were meeting the challenges. I Sing the Body Electric tours are planned for all grade levels, for community events, and for individual organizations. The Body Electric tours provided the opportunity to survey the students about their perceptions of their communication with their parents.

The Sample

School 1

A total of 545 surveys were collected from a high school and junior high school. Both schools were located in small town in Central Illinois. The schools were both sites for tours of a local arts based prevention program.

After removing 18 incomplete surveys, 527 were successfully collected. Two-hundred and forty-seven surveys were completed by males, and 280 surveys were completed by females. Forty-five students were 11 years old or younger. One hundred and sixty-one were 12 or 13 years old. One hundred and seventy-six were 14 or 15 years old. One hundred and twenty-six were 16 or 17 years old. Twenty-one were 18 years old or older. Nearly 87% of the students were white. Less than 4% were either black or Hispanic.

Almost 54% of students live with both parents. Nearly 35% of students live with one parent. A little over 2% live with a step-parent, and 6% live with a guardian. Less than that lived with someone else other than those previously listed.

My original intent was to also collect surveys from parents. However due to low attendance of the community event, I was unsuccessful in collecting a valid or reliable number of surveys from parents.

School 2

Sixty-one high school students in another small town in Southern Illinois completed the parent-child communication survey during their parenting or home economic classes. Seventeen males and 44 females completed the survey. Of

those 61 students, 21% were 14 or 15 years old, 70 percent were 16 or 17, and 8% were 18 years old or older.

Ninety-eight percent were white Caucasian. Sixty-two percent lived with both parents, while nearly 25% lived with one parent. Almost 41% of the students were most comfortable talking about sexual issues with their mothers. Neither parent ranked as the highest choice with 47.5%.

Procedures

Instrumentation

I created the instruments from a combination of previously validated instruments. The first portion of my parent-adolescent communication survey was developed by Miller, Kotchick, Dorsey, Forehand, and Ham (1998). They created the survey by examining literature on adolescents and sex education to measure sexual communication between adolescents and their mothers. I adjusted the questions to say parents instead of mother and provided the students with the option of responding with mother, father, both, or neither. "Have you and your parents ever talked about when to start having sex?" or "Have you and your parents ever talked about birth control?" are two examples from the first portion of my survey. I added four additional questions to the existing survey about alcohol abuse, marijuana, suicide, and cocaine to include the I Sing Body Electric topics. Miller, Kotchick, Dorsey, Forehand, and Ham (1998) developed the next eight questions to measure the process of sexual communication. The responses are measured by a 5-Point Likert Scale. Again, "mother" was replaced with "parents."

The survey continued with twenty more questions about parent-adolescent communication. No changes were made to the Werner-Wilson (1998) survey. Both of the subsequent sections are measured by using a 5-Point Likert Scale. The next twelve items were designed by Werner-Wilson (1998) to measure family strengths. I added four questions to the end of the School 1 survey to measure future communication between the students and their parents regarding the Body Electric tour.

Data Collection

The student sample includes the students at a middle school and two high schools. Implied consent forms were distributed to the students to take home to their parents prior to the survey. I asked the parents to return the form to their child's principal if they did not wish their child to participate in the survey. The survey was also viewed prior to the survey by the school's principals and the regional office for recommendations on changes and approval.

At both Body Electric locations, the physical education classes viewed the tour for approximately 40 minutes. During the following class period, the physical education teachers distributed and collected the surveys to the students. The School 2 group's teacher surveyed her students during their parenting and home economic courses.

Method of Analysis

In the end, I was able to analyze 323 School 1 and 61 School 2 surveys by using t-tests, Chi Squares, and ANOVAs. By using these methods of analysis,

I was able to identify significant similarities and differences in the groups' responses.

Chapter III: Results

Chapter III highlights significant findings when analyzing the data using t-tests, ANOVAs and Chi Squares for questions six through sixty-three for both the School 1 group and School 2 group. Analysis of all questions can be found in Appendices A, B, C, D, E, F, and G. The ethnic background of the adolescents was not analyzed since 87% of the School 1 group and 98% of the School 2 group were White/Caucasian.

The first section of the survey examined adolescents' communication with their parents about alcohol, drugs, suicide and sex. Significant responses are addressed here.

Question 6: Have you and your parents ever talked about alcohol abuse?

When using an ANOVA to examine the relationship between the sex of the adolescent and their comfort discussing sexual issues with their parents, who the School 1 group is comfortable discussing sexual was a significant factor (see Appendix C, Table 1).

When using a Chi Square analysis, the School 1 group showed significant findings in the adolescent's responses to their sex, parents' marital status and their comfort discussing sexual issues with his or her parents (see Appendix D, Table 1; Appendix F, Table 1; Appendix G, Table 1). The School 2 group demonstrated significant findings when analyzed by age only (see Appendix E, Table 1).

Question 7: Have you and your parents ever talked about marijuana?

Age was a significant factor in the School 1 group of determining whether or not the adolescent had talked to his or her parents about marijuana (see Appendix A, Table 2). The adolescent's comfort discussing sexual issues with his or her parents was also significant for the School 1 group when using an ANOVA to examine the adolescent's sex and comfort discussing sexual issues (see Appendix C, Table 2). When an ANOVA was used to examine the relationship of the sex of the adolescent and his or her parents' marital status in the School 2 group, the parents' marital status was found to be a significant factor (Appendix B, Table 2).

The parents' marital status and the adolescent's comfort discussing sexual issues were significant in both the School 1 and School 2 groups using a Chi Square analysis (see Appendix F, Table 2 and Appendix G, Table 2). Age was also significant using the same type of analysis for the School 1 group (see Appendix E, Table 2).

Question 8: Have you and your parents ever talked about suicide?

The t-test revealed significant results between the School 1 C group and the School 2 group [$t(381) = -2.6595, p = .0081$] (see Appendix A, Table 3). When comparing the sex of the child and his or her age using an ANOVA, the School 2 group displayed significant factors when analyzing the child's sex (see Appendix B, Table 3).

When comparing the child's sex, parents' marital status and comfort discussing sexual issues with his or her discussions about suicide his or her

parents, all three independent factors were significant in the Chi Square analyses. The students' sex in the School 1 group was a significant factor (see Appendix D, Table 3). Age was a significant factor only in the School 2 group (see Appendix E, Table 3). The adolescent's comfort discussing sexual issues was also a significant factor in both the School 1 and School 2 groups (see Appendix G, Table 3).

Question 9: Have you and your parents ever talked about cocaine?

When analyzing the child's responses to this question using an ANOVA, the School 1 group showed a significant response in the combined analysis of the child's sex and his or her parents' marital status (see Appendix B, Table 4). The same group also had significant responses to the individual factor of his or her comfort discussing sexual issues with his or her parents (see Appendix C, Table 4).

The parents' marital status and the adolescent's comfort discussing sexual issues were significant in both the School 1 and School 2 groups using a Chi Square analyses (see Appendix F, Table 4; Appendix G, Table 4). Sex was also significant in the School 1 group (see Appendix D, Table 4).

Question 10: Have you and your parents ever talked about when to start having sex?

In an ANOVA comparing sex and age, sex of the adolescent was significant in both the School 1 and School 2 group in predicting whether he or she had talked to their parents about when to start having sex (see Appendix A, Table 5). Using the same type of analysis comparing sex and parents' marital

status, the sex of the adolescent was a significant factor in the School 2 group (see Appendix B, Table 5). By also using an ANOVA to study the relationship between the adolescent's sex and his or her comfort discussing sexual issues, the School 1 group's comfort discussing sexual issues was a significant factor (see Appendix C, Table 5).

The Chi Square analysis revealed that in the School 1 group both the parents' marital status and comfort discussing sexual issues were significant (see Appendix F, Table 5; Appendix G, Table 5). The School 2 group also showed that their comfort discussing sexual issues was significant (see Appendix G, Table 5). Both groups showed significant Chi Square results related to the adolescent's sex (see Appendix D, Table 5).

Question 11: Have you and your parents ever talked about birth control?

In the ANOVA comparing sex and age, age was a significant factor in predicting if the parent had talked to the adolescent about birth control in the School 1 group (see Appendix A, Table 6). Using the same type of analysis only comparing sex and comfort discussing sexual issues, the School 1 group demonstrated significance in both independent factors of sex and comfort discussing sexual issues (see Appendix C, Table 6). In the final analysis comparing sex and the parents' marital status, sex was a significant factor in both the School 1 and School 2 group (see Appendix B, Table 6).

Separate Chi Square analyses showed that in the School 1 group the adolescent's sex, parents' marital status and his or her comfort discussing sexual issues were significant factors (see Appendix D, Table 6; Appendix F, Table 6;

Appendix G, Table 6). The School 2 group only showed significance in the adolescent's sex and his or her comfort discussing sexual issues (see Appendix D, Table 6; Appendix G, Table 6).

Question 12: Have you and your parents ever talked about condoms?

A t-test revealed significant results between the School 1 group and the School 2 group [$t(381) = -1.972, p = .0493$] (see Appendix A, Table 7). In the School 1 group, sex was significant factor when comparing sex and age (see Appendix A, Table 7). When comparing sex and comfort discussing sexual issues in the School 1 group, the adolescent's comfort discussing sexual issues was a significant factor (Appendix C, Table 7).

When examining the students' sex, parents' marital status, and his or her comfort discussing sexual issues with his or her parent, all three independent factors results were significant in a Chi Square analysis in the School 1 group (see Appendix D, Table 7; Appendix E, Table 7; Appendix F, Table 8).

Question 13: Have you and your parents ever talked about HIV or AIDS?

When analyzing the adolescent's age and sex in an ANOVA, the sex of the adolescent was found to be a significant factor in the School 1 group (see Appendix A, Table 8). Comparing sex and the parents' marital status, parents' marital status was significant in the School 2 group (see Appendix B, Table 8).

When testing the significance of the parents' marital status and the adolescent's comfort discussing sexual issues with his or her parents using a Chi Square analysis, both independent variables were significant in the School 1 and

School 2 groups (see Appendix F, Table 8; Appendix G, Table 8). Sex was found to only be significant in the School 1 group (see Appendix D, Table 8).

Question 14: Have you ever talked to your parents about reproduction and having babies?

In the School 1 group, the adolescent's sex was found to be significant when comparing the adolescent's sex and parents' marital status (Appendix B, Table 9). When testing this question using a Chi Square, both the School 1 and School 2 group displayed significant factors analysis. The sex and parents' marital status were found to be significant in the School 1 group (see Appendix D, Table 9; Appendix F, Table 9). The adolescent's comfort discussing sexual issues was found to be significant in both the School 1 and School 2 groups (see Appendix G, Table 9).

Question 15: Have you ever talked to your parents about physical/sexual development?

Age was found to be a significant factor when examining age and sex in the School 1 group using an ANOVA (see Appendix A, Table 10). Comparing sex and the parents' marital status, sex was found to be a significant factor in the School 1 group (see Appendix B, Table 10).

When testing this question with a Chi Square analysis, sex was significant factor for both the School 1 and School 2 groups (see Appendix D, Table 10). The child's comfort discussing sexual issues was a significant factor in the School 1 group only (see Appendix G, Table 10).

Question 16: Have you ever talked to your parents about masturbation?

The School 2 group displayed several significant factors in the ANOVA comparing sex and parents' marital status. Both sex and the combined factors of sex and parent's marital status were significant in the School 2 group (see Appendix B, Table 11). Sex was also significant in the School 2 group when testing sex and comfort discussing sexual issues (see Appendix C, Table 11).

The Chi Square analysis also revealed significant factors for this variable. The analysis showed that sex was a significant factor in both the School 1 and School 2 groups (see Appendix D, Table 11). Parents' marital status was found to be significant in the School 2 group (see Appendix F, Table 11). Both the School 1 and School 2 groups displayed significant factors in the Chi Square analysis of the adolescent's comfort discussing sexual issues with his or her parents (Appendix G, Table 11).

Question 17: Have you ever talked to your parents about Sexual Transmitted Diseases (STD's)?

Age was a significant factor in the School 1 group when compared in the ANOVA with sex (see Appendix A, Table 12). In contrast, the parents' marital status was found to be significant in the School 2 group when analyzed using a variance analysis comparing sex and the parents' marital status (Appendix B, Table 12).

When using a Chi Square to analyze the significance of the parents' marital status and the adolescent's comfort discussing sexual issues with his or her parents, both independent variables were significant in both the School 1 and

School 2 groups (see Appendix F, Table 12; Appendix G, Table 12). Sex was found only to be significant in the School 2 group (see Appendix D, Table 12).

Question 18: Have your parents ever talked to you about becoming sexually active?

When using an ANOVA to analyze sex with the parents' marital status and sex with comfort discussing sexual issues, the independent factor of sex was significant in both comparisons for the School 1 group (see Appendix B, Table 13; Appendix C, Table 13).

In the Chi Square analysis of sex, both the School 1 and School 2 groups responses were significant (see Appendix D, Table 13). The same type of analysis of the parents' marital status revealed that it was significant in the School 1 group (see Appendix F, Table 13). The adolescent's comfort discussing sexual issues were found to significant in both the School 1 and School 2 groups (see Appendix G, Table 13).

Question 19: Have your parents ever talked to you about abstaining from sex?

In the School 1 group's ANOVA between age and sex and sex and parent's marital status, sex was found to be a significant factor in both (see Appendix A, Table 14; Appendix B, Table 14).

Chi Square test revealed that in the School 1 group parents' marital status was significant (see Appendix F, Table 14). It also revealed that both in the School 2 and School 1 groups the adolescent's sex and comfort discussing sexual issues with his or her parents was significant (see Appendix D, Table 14; Appendix G, Table 14).

The next twenty-eight questions examine parent-child communication. Fourteen questions examine positive communication skills, and fourteen examine negative communication skills between parents and children.

Question 20: My parents don't know enough about topics like this to talk to me.

The t-Test revealed significant results between the School 1 group and the School 2 group [$t(381) = -2.8042, p = .0053$] (see Appendix A, Table 15). In the School 1 group's ANOVA between the adolescent's sex and parents' marital status, sex was found to be a significant factor (see Appendix B, Table 15).

A Chi Square analysis of the School 1 group revealed adolescent's comfort discussing sexual issues with his or her parents was significant (see Appendix G, Table 15).

Question 21: My parents want to know my questions about these topics.

In an ANOVA between age and sex, the sex of the adolescent in the School 1 group was found to be significant (Appendix A, Table 16). Also in an ANOVA between sex and the adolescent's comfort discussing sexual issues with his or her parents, the School 1 group demonstrated significance related to their comfort discussing sexual issues (see Appendix C, Table 16).

The School 1 group also showed significant Chi Square result in the adolescents' comfort discussing sexual issues with their parents (see Appendix G, Table 16).

Question 22: My parents try to understand how I feel about topics like this.

The adolescent's sex was significant in an ANOVA of age and sex in the School 1 group (see Appendix A, Table 17). The School 1 group also revealed

significant results the adolescent's comfort discussing sexual issues with his or her parents (see Appendix C, Table 17).

In a Chi Square analysis, the School 2 group showed significant factors both in age and their comfort discussing sexual issues with their parents (see Appendix E, Table 17; Appendix G, Table 17). The School 1 group also demonstrated significant results in their comfort discussing sexual issues with their parents (see Appendix G, Table 17).

Question 23: When my parents talk about these topics, they warn or threaten me about the consequences.

In the School 2 group, sex was found to be a significant factor in the analysis using an ANOVA of age and sex (see Appendix A, Table 18). In the School 1 group, the adolescent's comfort discussing sexual issues with his or her parents showed significance when tested (see Appendix C, Table 18).

By analyzing the sex of the adolescent using a Chi Square, the School 2 group demonstrated significant results (see Appendix D, Table 18). The School 1 group's responses to their comfort discussing sexual issues with his or her parents were significant (see Appendix G, Table 18).

Question 24: My parents know how to talk to me about topics like this.

In a variance analysis of the School 1 group, the adolescent's comfort discussing sexual issues with his or her parents was found to be a significant factor (see Appendix C, Table 19). Using a Chi Square test, the School 1 group's responses to their comfort discussing sexual issues with their parents was found to be significant (see Appendix G, Table 19).

Question 25: I can ask my parents the questions I really want to know about topics like this.

The School 1 group's responses to their comfort discussing sexual issues were significant in an ANOVA (see Appendix C, Table 20).

In a Chi Square test of the adolescent's comfort discussing sexual issues with his or her parents, the School 1 group's responses were significant (see Appendix G, Table 20).

Question 26: My parents tell me things about these topics that I already know.

Using an ANOVA to test the relationship between age and sex, both the School 1 and School 2 groups demonstrated significant factors. The School 1 group showed significance in sex, and the combined factors of age and sex showed significance in the School 2 group (see Appendix A, Table 21). When comparing sex and who they live with, sex was significant in the School 1 group (see Appendix B, Table 21). Sex and the combined variables of sex and comfort discussing sexual issues were also significant the School 1 group (see Appendix C, Table 21). In separate Chi Square analyses of their sex and comfort discussing sexual issues with their parents, the School 1 group demonstrated significant factors in both tests (see Appendix D, Table 21; Appendix G, Table 21).

Question 27: My parents don't talk to be about these topics; they lecture me.

In the ANOVA analyzing age and sex, age was a significant factor in the School 2 group (see Appendix A, Table 22).

Question 28: I can discuss my beliefs with my parents without feeling restrained or embarrassed.

In an ANOVA of this question examining their sex and comfort discussing sexual issues, the School 1 group's response to their comfort discussing sexual issues showed significant factors (see Appendix C, Table 23). In a Chi Square test of the adolescent's comfort discussing sexual issues with his or her parents, the School 1 group responses were significant (see Appendix G, Table 23).

Question 29: Sometimes I have trouble believing everything my parents tell me.

The adolescent's sex showed significance in the School 2 group when analyzed using an ANOVA comparing age and sex (see Appendix A, Table 24). In a Chi Square analysis of their comfort discussing sexual issues with their parents, both the School 1 and School 2 group's responses were significant (see Appendix G, Table 24).

Question 30: My parents are always good listeners.

In an ANOVA comparing sex and comfort discussing sexual issues, School 1 showed a significant factor in their responses to comfort discussing sexual issues (see Appendix C, Table 25).

Question 31: I am sometimes afraid to ask my parents for what I want.

In the School 2 group, sex contained significant factor when an ANOVA test of age and sex (see Appendix A, Table 26).

Question 32: My parents have a tendency to say things to me which would be better of left unsaid.

In a Chi Square analysis examining the adolescent's comfort discussing sexual issues with his or her parents, the School 2 group displayed a significant factor (see Appendix G, Table 27).

Question 33: My parents can tell how I feel without asking.

The t-Test revealed significant results between the School 1 group and the School 2 group [$t(381) = 2.130, p = .0338$] (see Appendix A, Table 28). When comparing sex and comfort discussing sexual issues in an ANOVA, the School 1 group responses to their comfort discussing sexual issues was a significant factor (see Appendix C, Table 28). When analyzing the responses to their comfort discussing sexual issues using a Chi Square, the School 1 group and the School 2 group's responses were significant (see Appendix G, Table 28).

Question 34: I am very satisfied with how my parents and I talk together.

In an ANOVA testing the adolescent's sex and parents' marital status, the School 2 group's responses regarding their parents' marital status was a significant factor (see Appendix B, Table 34). In another ANOVA comparing the adolescent's sex and comfort discussing sexual issues the School 1 group had significant responses to their comfort discussing sexual issues (see Appendix C, Table 29). In a Chi Square analysis of the adolescent's comfort discussing sexual issues with his or her parents, the School 1 group displayed significant responses (see Appendix G, Table 29).

Question 35: If I were in trouble, I could tell my parents.

The t-Test revealed significant results between the School 1 group and the School 2 group [$t(381) = 2.1637, p = .0311$] (see Appendix A, 36). The School 1 group revealed several significant factors in an ANOVA. In the test analysis between their sex and parents' marital status, the School 1 group's responses to their parents' marital status showed a significant factor (see Appendix B, Table 30). The group also displayed a significant factor in their comfort discussing sexual issues with their parents (see Appendix C, Table 30).

In Chi Square analyses, both the School 1 and School 2 group displayed significant factors. The School 2 group showed that age was a significant factors (see Appendix E, Table 30). The School 1 group's responses to their comfort discussing sexual issues displayed a significant factor (see Appendix G, Table 30).

Question 36: I openly show affection to my parents.

The t-Test revealed significant results between the School 1 group and the School 2 group [$t(379) = 2.275, p = .0234$] (see Appendix A, Table 31). The adolescent's sex was significant in the ANOVA between age and sex in the School 1 group (see Appendix A, Table 31). In another ANOVA between their sex and comfort discussing sexual issues with their parents, the School 1 group's responses to their comfort discussing sexual issues showed significance (see Appendix C, Table 31).

When examining the parents' marital status and whether the adolescent openly showed affection to their parents, the results were significant in the Chi

Square analysis in the School 2 group (see Appendix F, Table 31). Both the School 1 and School 2 group's comfort discussing sexual issues with their parents showed significance (see Appendix F, Table 31).

Question 37: When we are having problems, I often give my parents the silent treatment.

When analyzing the data using an ANOVA to compare the age and sex of the participants, age was found to be significant in the School 1 group. In the School 2 group, age and the combined age and sex showed significance (see Appendix A, Table 32).

Question 38: I am careful about what I say to my parents.

In an ANOVA comparing their sex and parents' marital status, the School 2 group's response to their parents' marital status was significant (see Appendix B, Table 33). Using a Chi Square test to examine the School 1 group's responses to the adolescent caution about what they say to their parents and their parents' marital status revealed significance (see Appendix F, Table 33).

Question 39: When talking with my parents, I have a tendency to say things that would be better left unsaid.

In an ANOVA of the adolescent's sex and his or her comfort discussing sexual issues with his or her parents, the School 2 group's comfort discussing sexual issues revealed significant responses (see Appendix C, Table 34). In a Chi Square analysis of the adolescent's sex, the School 1 group showed significance (see Appendix D, Table 34).

Question 40: When I ask questions, I get honest answers from my parents.

In the School 1 group, sex is significant in both variance analysis between sex and age and sex and parents' marital status (see Appendix A, Table 35; Appendix B, Table 35). An ANOVA between sex and comfort discussing sexual issues with their parents revealed a significant factor in the School 1 group's response to their comfort discussing sexual issues (see Appendix C, Table 35). In two Chi Square analyses of sex and comfort discussing sexual issues, the School 1 group was significant in both analyses (see Appendix D, Table 35; Appendix G, Table 35).

Question 41: My parents try to understand my point of view.

In an ANOVA of sex and comfort discussing sexual issues, the School 1 group's response to their comfort discussing sexual issues with their parents was significant (see Appendix C, Table 36). The School 1 group revealed significant factors in the Chi Square analysis of their comfort discussing sexual issues (see Appendix G, Table 36).

Question 42: There are topics I avoid with my parents.

The t-Test revealed significant results between the School 1 group and the School 2 group [$t(379) = 3.2756, p = .001$] (see Appendix A, Table 37). In an ANOVA of the School 2 group, their parents' marital status was a significant factor when tested with their sex and parents' marital status (see Appendix B, Table 37). When examining the students' comfort discussing sexual issues with their parents and whether they avoid talking with their parents about certain

topics, the independent variable was significant in a Chi Square analysis in the School 1 group (see Appendix G, Table 37).

Question 43: I find it easy to discuss problems with my parents.

In an ANOVA testing their sex and comfort discussing, the School 1 group's comfort discussing sexual issues with their parents showed significance (see Appendix C, Table 38). Both groups revealed significant findings in separate Chi Square analyses. The School 2 group's responses to their parents' marital status were significant (see Appendix F, Table 38). Their comfort in discussing sexual issues with their parents was also significant in the School 1 group (see Appendix G, Table 38).

Question 44: It is easy for me to express all my true feelings to my parent.

In an ANOVA comparing the adolescent's sex and comfort discussing sexual issues, the School 1 group's responses to their comfort discussing sexual issues showed significance (see Appendix C, Table 39). School 1 and School 2 group's Chi Square tests of the adolescent's comfort discussing sexual issues with his or her parents were significant (see Appendix G, Table 39).

Question 45: My parents nag/bother me.

While using an ANOVA to test the significance of their sex and comfort discussing sexual issues with their parents, the School 1 group's responses to their comfort discussing sexual issues showed significance (see Appendix C, Table 40).

Question 46: My parents insult me when they are angry with me.

Both the School 1 and School 2 groups had significant factors in the ANOVA of age and sex. In both groups, age was significant (see Appendix A, Table 41). While using the same type of analysis testing sex and parents' marital status, the School 2 group showed that both the parents' marital status and the combined factors of sex and parent's marital status was significant (see Appendix B, Table 41). Comfort discussing sexual issues was significant for the School 1 group in their responses to sex and comfort discussing sexual issues (see Appendix C, Table 41). In a Chi Square analysis of the School 1 group, their comfort discussing sexual issues with their parents was significant (see Appendix G, Table 41).

The next twelve questions measure family strengths. Complete analysis of these questions can be found in the Appendices A, B, C, D, E, F, and G.

Question 48: We can express our feelings in our family.

When studying the School 1 group using an ANOVA to examine age and sex, sex and sex and age combined were significant factors (see Appendix A, Table 43). In another ANOVA of their sex and comfort discussing sexual issues, comfort discussing sexual issues was significant in the School 1 group (see Appendix C, Table 43). In a Chi Square test of their comfort discussing sexual issues, the School 1 group's responses showed significance (see Appendix G, Table 43).

Question 49: We tend to worry about many things in our family.

In an ANOVA of sex and the parents' marital status, the parents' marital status was a significant factor in the School 1 group (see Appendix B, Table 44). In the same group marital status was a significant in a Chi Square analysis (see Appendix F, Table 44).

Question 50: We really do trust and confide in each other.

Both the School 1 and School 2 groups had significant factors in the ANOVA of comfort discussing sexual issues with their parents and their sex. In both groups, their comfort discussing sexual issues was a significant factor (see Appendix C, Table 45). During a Chi Square analysis, the School 1 group's comfort discussing sexual issues was also significant (see Appendix G, Table 45).

Question 51: We have the same problem over and over in our family.

The School 2 group showed several significant factors when analyzed using an ANOVA. When comparing their sex and parents' marital status, sex was shown to be a significant factor (see Appendix B, Table 46). Comfort discussing sexual issues was significant in the ANOVA test of their comfort discussing sexual issues and sex (see Appendix C, Table 46).

Question 52: Family members feel loyal to each other.

In the ANOVA between the adolescent's sex and comfort discussing sexual issues, the School 1 group's comfort discussing sexual issues with their parents was significant (see Appendix C, Table 47). The School 1 group's

comfort discussing sexual issues with their parents was significant in a Chi Square analysis (see Appendix G, Table 47).

Question 53: Accomplishing what we want to do seems difficult for our family.

In an ANOVA between comfort discussing sexual issues and sex, the School 2 group showed significant results both for comfort discussing sexual issues and sex (see Appendix C, Table 48).

Multiple Chi Square analyses resulted in significant factors. The parents' marital status was significant in the School 1 group (see Appendix F, Table 48). In addition to the School 1 group, the School 2 group was also significant in their comfort discussing sexual issues with their parents (see Appendix G, Table 48).

Question 54: We are critical of each other.

In an ANOVA of the adolescent's sex and comfort discussing sexual issues with his or her parents of the School 2 group, the adolescent's comfort discussing sexual issues showed significance (see Appendix C, Table 49). In a Chi Square analysis, the School 2 group's comfort discussing sexual issues with their parents showed a significant factor (see Appendix G, Table 49).

Question 55: We share similar values and beliefs as a family.

The t-Test revealed significant results between the School 1 group and the School 2 group [$t(379) = 2.9384, p = .003501$] (see Appendix A, Table 50). In an ANOVA between their sex and comfort discussing sexual issues, the School 1 group's comfort discussing sexual issues was a significant factor (see Appendix C, Table 50).

A Chi Square test of the School 2 group's parents' marital status revealed the responses were significant (see Appendix F, Table 50). The School 1 group also showed significant results in their answers to their comfort discussing sexual issues with their parents (see Appendix G, Table 50).

Question 56: Things work out well for us as a family.

The t-Test revealed significant results between the School 1 group and the School 2 group [$t(377) = 2.2593, p = .0244$] (see Appendix A, Table 51). The School 2 group revealed that their parent's marital status was a significant factor in an ANOVA of sex and parent's marital status (see Appendix B, Table 51). Both groups revealed significant factors in an ANOVA of sex and comfort discussing sexual issues. The School 1 group's responses to their comfort discussing sexual issues with their parents showed significance. The School 2 group showed that the combined responses to sex and comfort discussing sexual issues were significant (see Appendix C, Table 51). The Chi Square analyses of the parent's marital status and comfort discussing sexual issues separately revealed that the School 1 group's responses were significant (see Appendix F, Table 51; Appendix G, Table 51).

Question 57: Family members respect one another.

When examining the School 2 group using an ANOVA with age and sex, age was significant in whether adolescents felt family members respected each other (see Appendix A, Table 52). In another analysis of sex and comfort discussing sexual issues, both groups' responses demonstrated significant factors. The School 1 group revealed that their comfort discussing sexual issues

was a significant factor. The School 2 group showed that both their comfort discussing sexual issues and the combined responses of sex and comfort discussing sexual issues were significant (see Appendix C, Table 52). A Chi Square analysis of their comfort discussing sexual issues revealed significant responses in the School 1 group (see Appendix G, Table 52).

Question 58: There are many conflicts in our family.

Using an ANOVA testing age and sex as independent variables, the School 1 group showed age was a significant factor in whether the adolescent felt the family had many conflicts (see Appendix A, Table 53). An analysis of the School 1 group's sex and parent's marital status revealed sex showed significance (see Appendix B, Table 53). Both groups demonstrated significant factors in the analysis of sex and comfort discussing sexual issues. The School 1 group revealed that sex was as significant factor while the School 2 group revealed that their comfort discussing sexual issues with their parents was significant (see Appendix C, Table 53). A Chi Square analysis of the School 1 group parent's marital status showed significant findings (see Appendix F, Table 53).

Question 59: We are proud of our family.

The t-Test revealed significant results between the School 1 group and the School 2 group [$t(374) = 2.9032, p = .003912$] (see Appendix A, Table 54). In an ANOVA of sex and comfort discussing sexual issues with their parents, the School 1 group's comfort discussing sexual issues was significant (see Appendix C, Table 54).

In a Chi Square analysis of age, the School 1 group showed significance (see Appendix E, Table 54). In another Chi Square analysis, the School 1 group's responses revealed their comfort discussing sexual issues was significant (see Appendix G, Table 54).

Question 60: After viewing the tour, I _____ discuss alcohol abuse with my parents.

In an ANOVA of their sex and comfort discussing sexual issues, the School 1 group showed both the individual factor of their comfort discussing sexual issues and the combined factor of comfort discussing sexual issues and the adolescent's sex were significant (see Appendix C, Table 55). The School 1 group's comfort discussing sexual issues with their parents was significant in a Chi Square analysis (see Appendix G, Table 55).

Question 61: After viewing the tour, I _____ discuss drug abuse with my parents.

Again in an ANOVA of the sex and comfort discussing sexual issues with their parents, the School 1 group showed both the individual factor of their comfort discussing sexual issues and the combined factors of comfort discussing sexual issues and the adolescent's sex were significant (see Appendix C, Table 56). The Chi Square analysis also revealed the same result as Question 60. The School 1 group's responses to their comfort discussing sexual issues were significant (see Appendix G, Table 56).

Question 62: After viewing the tour, I _____ discuss teen sexuality with my parents.

As in Question 60 and 61, an ANOVA of sex and comfort discussing sexual issues with their parents revealed that both the individual factor of their comfort discussing sexual issues and the combined factor of comfort discussing sexual issues and the adolescent's sex were significant the School 1 group (see Appendix C, Table 57). A Chi Square also showed that the School 1 group's answers to their comfort discussing sexual issues were significant (see Appendix G, Table 57).

Question 63: After viewing the tour, I _____ discuss suicide with my parents.

While using an ANOVA testing age and sex, the School 1 group showed age and sex separately were significant factors in whether the adolescent would discuss suicide with their parents after the intervention. In separate Chi Square analysis of sex, age, parents' marital status and comfort discussing sexual issues with their parents, the School 1 group showed significant results in all four analyses (see Appendix D, Table 58; Appendix E, Table 58; Appendix F, Table 58; Appendix G, Table 58).

Chapter IV: Discussion

Many researchers have examined the influence of family and family communication on adolescent high-risk behaviors, such as substance abuse. During this research two surveys (Miller, Kotchick, Dorsey, Forehand, and Ham, 1998; and Werner-Wilson, 1998) were combined to study adolescents in two rural, Mid-western communities. These surveys, like many others, focused on teen sexuality topics. Modifications to the existing questions were made to include alcohol abuse, drug abuse and suicide. The independent variables of the adolescent's sex, age, parent's marital status, and comfort discussing sexual issues with their parents were analyzed in t-tests, ANOVAs and Chi Squares. These modifications allowed me to expand upon existing research to include additional risk factors in the analysis of teen pregnancy and family influences. Each research question is addressed individually.

Does the child's perception of the parents' communication predict their willingness to discuss alcohol, drugs, sex, and suicide?

The results indicate that, yes, the child's perception of parents' communication did affect their willingness to discuss alcohol, drugs, sex, and suicide. When analyzing the responses to the adapted questions from Miller, Kotchick, Dorsey, Forehand, and Ham (1998), the independent factors of sex, parents' marital status, and comfort discussing sexual issue were significant. The independent factor of age displayed significance only if the adolescents had talked to their parents about marijuana or birth control. This indicates that there is a higher likelihood of adolescents talking with their parents about alcohol, drugs,

sex, and suicide according to their sex, comfort with the topic, and family structure.

In regards to substance abuse, the adolescent's sex was a significant factor in whether he or she had spoken to his or her parents about alcohol or cocaine in the School 1 group. Over two-thirds of students had talked to their parents about alcohol while only 40% had talked to their parents about cocaine. This can be explained several ways. Alcohol is much more accessible than cocaine, both financially and socially. Because alcohol is legally obtainable, the social stigma attached to it as a drug is minimized, even though adolescents may not legally purchase it. Cost makes alcohol a more likely choice for students, which may contribute to it being a more likely topic of conversation with parents too. Future research should consider methamphetamine for several reasons. It is cheaper than cocaine (comparable to alcohol), yet just as illegal as cocaine. It is also a growing addiction in the rural communities that were surveyed.

Adolescents talked to their parents about when to start having sex, birth control, condoms, HIV/AIDS, reproduction, sexual development, masturbation, STD's, becoming sexually active and abstaining from sex. Talking to their parents about when to start having sex was where sex of the student was the most significant of all dependent factors in this section, showing significance in both groups and in the ANOVA and Chi Square analyses. More significant factors were seen in the School 1 group's responses in regard to sex (eight ANOVAs and nine Chi Squares) than the School 2 group (three ANOVAs and six

Chi Squares). This suggests that there is more conversation about sex topics in the community with the higher pregnancy rates.

Although the rate of sexual experience was not surveyed, the adolescent's communication about sexuality agreed with much of the existing research (Guerrero and Afif, 1995). Overall, adolescents from both the School 1 and School 2 groups reported that much of their talking about sexual issues occurred with their mothers. Though still a small amount, the School 1 group was more likely to report talking to fathers about sexual issues. These findings are similar to Miller, Kotchick, Dorsey, Forehand, and Ham (1998). Unlike the findings of Miller, et al. where HIV/AIDS and STD's were the most discussed topics, in this study when to start having sex, abstaining from sex, and reproduction were the three most discussed topics.

The parents' marital status was also a significant factor in students talking about substance abuse and sexual issues. It was not significant in their talking about suicide. Chi Square analysis revealed twelve significant factors in relation to the parents' marital status. As with sex, the School 1 group of adolescents showed more significant factors than the School 2 group. This is likely due to the larger sample for School 1, however further research comparisons would clarify this assumption.

Family structure and teen sexuality has been examined in multiple studies. Upchurch, Levy-Storm, Sucoff, and Anehensel (1998) and Miller and Bingham (1989) both concluded that a change in family structure leads to an increase in an adolescent becoming sexual at an earlier age. One could conclude this could

be in part from lack of discussion about sexual issues. This study confirms that family structure is a significant variable affecting family discussion of alcohol, drugs, sex, and suicide. Further research is necessary to determine what specific structures facilitate what kinds of discussions.

The most significant independent variable for predicting whether adolescents had talked to their parents about substance abuse and sexual issues was their comfort discussing sexual issues with their parents. All questions pertaining to sexual discussions were significant in a Chi Square analysis in either the School 2 or School 1 group. Talking about birth control and condoms were significant in the School 1 sample and not for the School 2 one. School 2 students reported talking more about abstinence than School 1. The higher pregnancy rates for the School 1 sample might suggest a need for more abstinence talk. Students' comfort discussing sexual issues was also significantly related to talking about alcohol, marijuana, cocaine and suicide. The students' comfort talking about sexual issues translated to their comfort discussing other high-risk behaviors. This suggests that comfort talking about one high risk behavior makes it easier to discuss others.

In the second section of the survey instrument positive and negative communication strategies were assessed. Questions for this section of the survey were taken from existing instruments of Miller, et al. (1998) and Werner-Wilson (1998). The positive strategies were found in question numbers, 21, 22, 24, 25, 28, 30, 33, 34, 35, 36, 40, 41, 43, and 44. The remaining questions in the

second section solicited information regarding negative communication strategies. Results indicate several significant strategies.

The adolescent's comfort discussing sexual issues with his or her parents was the most significant factor in positive strategies. It was found to be significant in all positive strategies in the School 1 group. The School 2 group also showed multiple significant factors in relationship to parents' marital status. This means there was a difference between the groups related to what communication strategies students identified as most effective. While this could be related to sample size, it is a difference that merits further investigation.

The significant negative communication strategies findings were more diverse. Although the adolescents' comfort discussing sexual issues was most significant in the School 1 group, the group also had significant findings for the independent factors of sex, age, combined age and sex, and parents' marital status. This means that while comfort was a positive strategy, it also had negative effects. More detailed investigation is required to determine what differentiates positive and negative comfort strategies.

The School 2 group showed minimal significance regarding their comfort discussing sexual issues. The group's responses were more diversified. Overall, the majority of the group felt their parents did know enough to talk to them about these topics (Question 20), they could believe everything their parents told them (Question 29), and they were not afraid to tell their parents what they wanted (Question 31). Sex was a significant factor in all three questions, which means more investigation differentiating responses by sex would be interesting.

Since the answer to this RQ is affirmative, more investigation into the specific influences of parent communication on adolescent high risk behaviors. Further, since this is a perception question, it is important to not only assess actual behaviors, but also parent and child perceptions of them. The results of this study also suggest that there is value in examining message construction, since the same message strategies showed up both as positive and negative.

What is the difference?

How do the School 1 and School 2 parent-child communication styles compare regarding alcohol use?

The School 1 group's sex, parent's marital status and their comfort discussing sexual issues affect whether they had talked to their parents about alcohol abuse. In contrast, the only significant factor in whether the student had talked to their parents about alcohol abuse for School 2 was age. A larger percentage of School 2 students had spoken with their parent about alcohol abuse (73.8%) than the School 1 (66.16%). This suggests that talking about alcohol may have an effect on adolescent pregnancy rates. The Body Electric Tour could provide such an opportunity.

The adolescents' sex and comfort discussing sexual issues with their parents was significant related to the adolescent reporting they would talk to a parent about alcohol after the School 1 tour. Nearly one-third (31.9%) of adolescents reported they "will" or "more than likely will" discuss alcohol abuse with their parents after viewing the I Sing the Body Electric Tour. These results

support an intervention program that has improved parent-child communication as a goal.

How do the School 1 and School 2 parent-child communication styles compare regarding drug issues?

The School 1 students' responses to whether they had talked to their parents about marijuana showed more significance than School 2. Age, parents' marital status and comfort discussing sexual issues with their parents were all significant factors in the School 1 group when determining if they had talked to their parents about marijuana. In School 2, the parents' marital status and comfort discussing sexual issues were significant. A similar percentage of students from both the School 1 group (56.84%) and School 2 (54.1%) had talked with their father, mother or both parents about marijuana.

When analyzing their discussions with their parents regarding cocaine, the School 1 again showed more significant results than School 2. Sex, parents' marital status and comfort discussing sexual issues were all significant in the School 1 group. In School 2, comfort discussing sexual issues was the only significant factor in whether they had talked to their parents about cocaine. Only 36.97% of the School 1 group and 26.2% of the School 2 group had talked with one or both parents about cocaine.

The results for discussing drug issues after the School 1 tour were similar to the responses to discussing alcohol use after the tour. Again adolescents' sex and comfort discussing sexual issues with their parents was significant. Fewer students report that they "will" or "more than likely will" discuss drug abuse with

their parents after viewing the tour than alcohol abuse (27.92%). Students were more “uncertain” of if they will talk with their parents about drugs. As discussed in the first RQ, there are several possibilities for this conclusion. Additional research is required to determine why students are less likely to discuss drug abuse than alcohol.

How do the School 1 and School 2 parent-child communication styles compare regarding sexuality issues?

Both the School 1 and School 2 showed many significant factors that were previously discussed in the first research questions. Both groups report similar frequencies in students talking with their parents about STD's, including HIV/AIDS, and reproduction and physical development. There are two factors with distinctly different frequency rates that can affect the teen pregnancy rates at the School 1 and School 2: talking with parents about abstaining from sex and talking with parents about condom usage. Over 10% more students at School 2 (65.06%) reported talking with their parents about abstaining from sex than at the School 1 (55.02%). However, School 2's reported 11% fewer parents talking with their children about condoms and 5% fewer parents talking about birth control. Without surveying the rate of sexual intercourse, it is impossible verify the correlation between the parents' talking about abstaining from sex and decrease sexual activity. Additional research is needed to validate the impact of parents' talking about abstaining from sexual intercourse.

As in the previous two research questions, the independent factors of adolescents' sex and comfort discussing sexual issues with their parents were

significant related to whether or not teens would discuss teen sexuality issues after the tour with their parents. Over one-quarter (28.53%) of students reported that they “will” or “more than likely will” discuss teen sexuality issues with their parents due to the tour.

How do the School 1 and School 2 parent-child communication styles compare regarding suicide?

In contrast to previous research questions, School 2 showed more significance to whether students had talked to their parents about suicide than the School 1 group. Sex, age and comfort discussing sexual issues were all significant factors in School 2. The significant factors in the School 1 group included the adolescents’ sex and comfort discussing sexual issues. A greater percentage of students at the School 1 (56.67%) had talked to their parents about suicide than at School 2 (31.1%). Further investigation is necessary to understand these results. Since School 1 had a much larger sample, it is likely there were more students involved in high risk behaviors. High risk behaviors make suicide a more likely topic of discussion. Also, the incidence of suicide increases talk about suicide, so future research should include an investigation of the history of suicide in the school.

Unlike the previous three questions, the adolescents’ age, sex, parents’ marital status and comfort discussing sexual issues with their parents were all significant factors related to if students planned to talk to their parents about suicide after the School 1 tour. Almost 30% of the students surveyed “will” or “more than likely will” talk to their parents about suicide. While this percentage is

lower than for the other questions, that is not unusual given the nature of the topic. Alcohol, drug use, and sex are ongoing behaviors. Suicide is not.

Limitations

The School 2 group that was utilized was a much smaller population than the School 1 group. A larger School 2 sample would constitute a more reliable comparative analysis.

Future Directions

Many suggestions for future research have been included in the discussion thus far. This study provides the groundwork for more detailed analysis of each of the issue areas (alcohol, drugs, sex, and suicide), related to specific family communication styles and strategies. It also provides support for intervention programs that promote family communication, like the I Sing the Body Electric tour.

Additional research is needed to specifically examine single father households. Many articles focus on married parents and single mother households. Given increasing numbers of single father households and research that concludes that adolescents have difficulties discussing issues with their fathers, it is important to gain a better understanding of the father-child relationship and communication.

Also more studies need to be conducted in rural settings. A large portion of the body of research focuses on urban, metropolitan areas of the United States. With comparable substance abuse and teen sexuality rates, research is

needed to examine if the parent-child communication strategies are similar or transferable to the rural settings.

The decisions adolescents make regarding sex, alcohol, drugs and suicide can impact their lives and their futures. The literature review provided an overview of the existing research regarding adolescents' communication with their parents and how the adolescents' perceptions of their parents' communication shapes their decisions regarding high-risk behaviors. The adolescents' comfort discussing sexual issues with their parents is correlated to their discussions about other high-risk behaviors, specifically alcohol use, drug use and suicide.

Much of the existing body of research surrounding adolescents and parent communication has focused on teen sexuality issues. This study attempts to expand the body of research by including questions regarding alcohol, drugs and suicide, including how they relate to sexuality issues. The study also compares parent-child communication styles of a community with a high teen pregnancy rate with a community with a historically traditional teen pregnancy rate.

While there are many factors that influence adolescent high-risk behaviors, such as peer pressure and environmental factors, strong, positive family communication may be the greatest deterrent to substance abuse and self-inflicted injuries. This study hopes to inspire future research into family communication and high-risk adolescent behavior. If parents can keep their children safer through changing how they talk with them, won't they?

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