Parent-Child Sexual Communication among Middle School Youth

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ABSTRACT

Middle school youth (N = 1472) in Central Indiana completed a survey about parent-adolescent sexual communication. Youth discussed a limited number of topics an isolated number of times. Being older, female, mixed race, ever had sex, ever arrested, and higher HIV knowledge were associated with more frequent sexual communication.

ABBREVIATIONS

STDs sexually transmitted diseases

HIV human immunodeficiency virus

Parent-child communication about sexual behavior has been linked to protective sexual behaviors among youth, including later sexual debut, increased contraceptive use, decreased teen pregnancy, and decreased risk of sexually transmitted diseases (STDs).[1-4] Among studies that examine parent-child communication about sexual topics, the majority focus on middle/older adolescents (ages 15-21) and Caucasian families, with less being known about younger adolescents (ages 11-14), particularly minority youth.[5] Studies including early adolescents and middle school youth are important, as parent-child conversations about sex are most effective at decreasing sexual risk behavior when they occur prior to first sex.[6]

We examined the frequency and content of parent-child conversations about sex among middle schoolers in central Indiana, including factors associated with increased parent-child sexual communication. Our study extends the current literature by investigating parent-child sexual communication in a large, ethnically diverse sample of Midwestern urban middle schoolers, specifically sampled from communities with high rates of teen pregnancy, foster care and juvenile justice involvement, and a large proportion of minority students.

METHODS

1. Sampling & Recruitment

Baseline surveys were administered to 7th and 8th graders (N = 1472) across 12 urban middle schools in Central Indiana from November 2014 to May 2016, in health class prior to a sex education program. Schools were recruited from communities with high rates of teen pregnancy and a large proportion of African American and Hispanic/Latino youth. Race/ethnicity was assessed due to the disproportionate number of African Americans and Latinos affected by teen pregnancy and STDs.[7,8]

The study was determined to be exempt by the Institutional Review Board at Indiana

University. An opt-out parental consent approach was used where parents were notified of the surveys and the sex education program with the ability to decline participation for their child.

2. Survey Data

Surveys included sociodemographic information (e.g., age, grade level, gender, race, ethnicity) and dichotomous (yes/no) questions assessing: (1) baseline sexual experiences (ever had sex), (2) youth system involvement (ever in foster care, ever arrested), (3) intentions to abstain from sex throughout high school, and (4) confidence saying "no" to sex (self-efficacy). Four true/false human immunodeficiency virus (HIV) knowledge questions (e.g., "Breast milk, blood, vaginal fluids, and semen can transmit HIV") and a scale measuring our primary outcome (frequency and content of parent-adolescent sexual communication) were also included. Youth involvement in the foster care system and/or juvenile justice system was assessed due to the high levels of system involvement in the school district surveyed, as well as the increased risk of negative sexual health outcomes in this population.[9,10]

Parent-Child Sexual Communication Scale. Communication was examined using an adapted version of scale previously shown to be reliable,[11] asking students how many times they had talked with a parent or guardian about: (1) sex, (2) STDs or HIV, (3) abstinence or waiting to have sex, (4) relationships, (5) how to know if they were ready to have sex, (6) how to handle sexual pressure, (7) homosexuality, (8) how to use a condom, and (9) how babies are made or preventing pregnancy. Response options were "never," "once or twice,", or "often." Increased scores represented more frequent communication. Scale range was 0-18; Cronbach's $\alpha = 0.891$.

3. Data Analysis

Analyses were conducted using SPSS version 24. Frequencies of scale items were computed and multivariate linear regression was run with the parent-adolescent communication

scale score sum as the outcome variable and demographic information, behaviors, attitudes, and knowledge as the predictor variables.

RESULTS

Average age was 12.7 years (range 11-15 years). Most (86%) were in 7th grade (Table 1). Racial make-up was diverse, with 63% African American or reporting more than one race, and 32% Latino ethnicity. Baseline sexual experiences and youth system involvement were as follows: 10% ever had sex, 6% ever in foster care, 9% ever arrested.

Parent-child sexual communication was isolated and limited in content (Table 2). While most (90%) of students indicated they had discussed at least 1 of the 9 sex-related topics, about half (56%) had discussed 5 or more of the topics with a parent or guardian; only 12% had discussed all topics; 4% had discussed all topics more than 1-2 times. In multivariate linear regression analysis, being older ($\beta = 0.51$, $p < 0.05$), female ($\beta=0.80$, $p < 0.05$), of mixed race ($\beta = 1.22$, $p < 0.05$), ever having had sex($\beta = 1.26$, $p < 0.05$), ever arrested($\beta = 1.73$, $p < 0.01$), and having higher HIV knowledge ($\beta = 1.36$, $p < 0.01$), were significantly associated with higher parent-adolescent communication scores ($F_{(6, 938)} = 7.97$, $p < .0001$). Together, these variables explained 5% of the variance in parent-child sexual communication (R square = 0.048).

DISCUSSION

This study contributes to the broader parent-child sexual communication literature in three main ways. First, the majority of middle school youth reported having sex-related discussions with a parent or guardian, but discussed a limited number of topics an isolated number of times. These data are consistent with the few prior studies indicating that parent-adolescent communication may limited in content and frequency in this age range,[5] but extend

the literature by providing recent information on a diverse group of Midwestern early adolescents.

Second, our sample of middle school youth can be considered at risk for teen pregnancy and STIs. About 10% of middle schoolers had already had sex (compared to recent average estimates for large urban school districts of 5-12%),[12] yet almost 60% had not discussed how to handle sexual pressure and 70% had not discussed condoms with a parent. This reiterates that both parent-based and school-based programs should begin prior to middle school and include topics less commonly discussed by parents throughout middle school. Clinicians may also wish to emphasize these less frequently discussed topics (bottom of Table 2). Effective parent-based communication interventions for Latino and African American middle school youth already exist and could be used to help diversify the content of sexual conversations.[13]

Finally, some of our highest risk youth (already sexually active, already arrested) were the most likely to report frequent parent-child sexual communication. While our study did not examine if parental communication about sex occurred before or after these experiences, best practice guidelines have long emphasized that parent-child sexual communication should occur prior to sexual debut. Parental reactions to youth high risk experiences may offer one explanation for our findings. Future studies should explore the timing of parent-child sexual communication in relation to sexual debut and juvenile justice involvement.

The above data provide valuable information on a large sample of predominantly minority middle school youth but are limited by being cross-sectional and containing only youth self-report (no parents surveyed). Altogether, adolescent health care providers and sex educators are needed to encourage early, content-diverse, and continued conversations about sex.

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Table 1. Baseline characteristics of sample.

Demographic Characteristics	N (%) or Mean (SD)
Age (years)	12.7 (0.9)
Grade 7th	1258 (85.5%)
Grade 8th	214 (14.5%)
Male Gender	796 (54.4%)
Hispanic or Latino Ethnicity	457 (32.3%)
Race:	
African American	558 (49.6%)
Caucasian	333 (29.6%)
American Indian/Alaskan Native	55 (4.9%)
Asian or Pacific Islander	25 (2.2%)
More than one race	153 (13.6%)
System Involvement:	
Ever in foster care	86 (5.9)
Ever arrested	128 (9.0)
Knowledge, Attitudes, Behavior	
Ever had sex	118 (9.5)
Intend to abstain from sex	917 (67.9)
Confident saying "no" to sex	1006 (71.7)
High HIV knowledge	1077 (83.1)

High HIV knowledge = ≥75% of True/False questions answered correctly.

Table 2. Parent-child communication scale item-specific frequencies.

Have talked with a parent or guardian about	% Never discussed	% Discussed once or twice	% Discussed many times
Relationships	20.3	38.5	41.2
Sex	30.6	42.6	26.8
Preventing pregnancy	31.1	37.0	31.9
Abstinence	42.1	31.7	26.2
STDs or HIV	47.9	32.7	19.4
Being ready to have sex	56.6	24.6	18.8
Handling sexual pressure	57.9	25.1	17.0
Homosexuality	61.2	22.0	16.8
How to use a condom	69.7	18.5	11.8