

## Consistencies and Discrepancies in Communication Between Parents and Teenage Children About Sexuality<sup>1</sup>

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**Abstract:** The family is one of the most important socializing agents in adolescent sex education. However, multiple barriers to communication within families have been identified. Therefore, this study aimed to characterize and understand the processes by which parents and their adolescent children communicate about sexuality. Two questionnaires were completed by 711 fathers/mothers and 566 male/female students in 21 schools in Cali (Colombia), and 15 discussion groups were formed. The results showed that conversations about sexuality focused on protection for women and on sexuality promotion for men. Furthermore, it was found that greater fluency exists in father/son and mother/daughter conversations. The largest discrepancy between parents and teenagers was the adults' belief that it is sufficient to mention certain topics in a directive manner and the children's expectations that parents will discuss the value and dynamics of the sexual experience. Embarrassment and lack of communication tools hinder communication processes.

**Keywords:** family, sexuality, communication, adolescence

## Consistências e Discrepâncias na Comunicação Sobre Sexualidade Entre Pais e Filhos Adolescentes

**Resumo:** A família é um dos principais agentes de socialização na formação da sexualidade adolescente. No entanto, diferentes barreiras de comunicação são identificadas. Esta pesquisa tem por objetivo caracterizar e compreender os processos de comunicação sobre sexualidade entre os pais e seus filhos adolescentes na cidade de Cali, Colômbia. Dois questionários foram aplicados a 711 pais/mães e 566 alunos homens/mulheres em 21 escolas em Cali (Colômbia). Foram também conduzidos 15 grupos focais. Foram encontrados discursos de proteção sobre a sexualidade, no caso das mulheres, e incitamento para os homens. Foram relatadas mais frequentemente as conversas entre pai/filho do que entre mãe/filha. A principal discrepância é que os adultos consideram que é suficiente apresentar de maneira imperativa alguns tópicos, enquanto os seus filhos/as esperam discussões reais sobre valores e dinâmicas da experiência sexual. A vergonha e a falta de ferramentas de comunicação impedem estes processos.

**Palavras-chave:** família, sexualidade, comunicação, adolescência

## Congruencias y Discrepancias en la Comunicación Sobre Sexualidad Entre Padres e Hijos Adolescentes

**Resumen:** La familia es uno de los agentes socializadores más importantes para la formación en sexualidad de los adolescentes. Sin embargo, se han identificado múltiples barreras en los procesos de comunicación. Por este motivo, esta investigación tuvo como objetivo caracterizar y comprender los procesos de comunicación en sexualidad entre los padres de familia y sus hijos adolescentes en la ciudad de Cali, Colombia. Se aplicaron dos cuestionarios a 711 padres/madres de familia y 566 estudiantes hombres/mujeres en 21 colegios de Cali (Colombia) y se desarrollaron 15 grupos de discusión. Se encontraron discursos de protección frente a la sexualidad hacia las mujeres y de incitación hacia los hombres. Además, se identificó que existe mayor fluidez en las conversaciones entre padre/hijo y madre/hija. La mayor discrepancia es que los adultos consideran suficiente mencionar de manera directiva ciertos temas, mientras que sus hijos/as esperan discusiones en torno a valores y dinámicas de la experiencia sexual. La vergüenza y falta de herramientas de comunicación dificultan estos procesos.

**Palabras clave:** familia, sexualidad, comunicación, adolescencia

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Adolescence is a period in which biological, psychological, and social changes put youth at risk for sexually transmitted diseases (STDs) and unplanned pregnancies that compromise their sexual health and quality of life (Lavielle-Sotomayor et al., 2014). In Colombia, according to the 2010 data obtained by the Demographic and Health Survey (Encuesta Nacional de Demografía y Salud

[ENDS]), only 52% of women who had become sexually active used condoms, and 61% of women between the ages of 15 and 24 had sexual intercourse before the age of 18 (Profamilia, 2010). Although a decrease in the adolescent pregnancy rate was identified, it is still estimated that this figure is approximately 20% (Profamilia, 2010).

According to recent reports provided by Profamilia (2010), adolescents who become sexually active possess general knowledge about Sexual and Reproductive Health (SRH), but gaps in their knowledge prevent self-care. One of these gaps is ignorance about the functions of social networks in providing information, emotional support, and material support. These functions allow social networks to respond to the high demand created by the concerns that arise during the sexual exploration and sexual experiences that are typical of the adolescent stage of development (Sevilla & Orcasita, 2014). Studies have found that some of the barriers to accessing health services and communicating with support networks include discomfort talking about sexuality, fear that the information could reach parents, limited negotiation skills, and the perception of these spaces as unfriendly (Regmi, van Teijlingen, Simkhada, & Acharya, 2010; Sevilla & Orcasita, 2014). Researchers such as Urrea-Giraldo, Congolino, Herrera, Reyes, and Botero (2006) have identified differences in access to health care based on gender, reporting that adolescent females are more likely to access these resources.

Family is one of the most important socializing and educational agents in sex education because life lessons and behavior patterns are learned in the family context (M. Montañés, Bartolomé, J. Montañés, & Parra, 2008; Orcasita & Sevilla, 2014; Uribe & Rodríguez, 2014). Thus, it has been found that adolescents' perception of emotional closeness with their parents determines how they communicate about sex-related topics and influences their decision making (Barrera & Vargas, 2005). Additionally, it was found that parents' main barriers to talking about sexuality include their feelings of discomfort when addressing the topic (Seloilwe, Magowe, Dithole, & Lawrence, 2015); parents' fear of embarrassing their children (Jones, 2010); lack of knowledge about the characteristics of contemporary sexual life and their children's forms of communication (Sevilla & Orcasita, 2014); and the perception that their children are too young to receive sex education (Elliott, 2010). Adolescents, in turn, perceive that sexuality is a personal topic that should not be discussed with their parents. This assumption of independence in adolescents is presented as one of the most outstanding discrepancies between parents and children (M. Montañés et al., 2008). However, protective factors are more prevalent among youth who experience more family acceptance and better family dynamics (Lavielle-Sotomayor et al., 2014).

Some studies have found that the topic of sexuality is approached differently depending on the sex of the child and of the parent. Women are more likely to talk about the topic with their parents, especially with their mothers, than men (Jones, 2010; Kapungu et al., 2010). Although previous studies have established that parent-child communication

about sexuality is limited, abstinence, menstruation, and prevention of sexually transmitted diseases have been identified as the topics most often addressed by parents (Manu, Mba, Asare, Odoi-Agyarko, & Asante, 2015). When discussing abstinence, female sexual activity is represented as rational only when the relations are based on love and a stable partnership (Jones, 2010). When this topic is broached with male children, the bond with their partner and the necessary motivation for becoming sexually active are not emphasized; rather, it is more common for them to be given condoms, implying approval and encouragement to initiate sexual activity (Jones, 2010). Seloilwe et al. (2015) emphasized that these conversations are based on characteristics of practices and do not reflect the values or motivations associated with lived experience of those practices.

It is necessary to recognize two characteristics that shape adolescents' current approach to sexuality. The first aspect is the diversity of family type, leading to diversity in the specific dynamics, forms of communication, norms, standards, and levels of cohesion that permeate sex education within the family (M. Montañés et al., 2008). These families include (a) traditional nuclear families consisting of a married couple and, typically, children; (b) blended families formed by family ties that are not necessarily biological (stepmother, stepfather, stepson/stepdaughter, stepbrothers/sisters); and (c) single-parent families, that is, a family in which only the father or mother is present as a consequence of death, separation/divorce, abandonment, etc. (Agudelo Bedoya, 2005).

Second, although there are gender and cultural differences in the way the topic is addressed, it has been found that parents are not the main source of information about sexuality for adolescents (Manu et al., 2015). However, the information about sexuality provided by peers and the media, whether due to ease of access or proximity, can be stereotyped, inaccurate, and encourage the creation of distorted representations (Martino, Collins, Elliott, Kanouse, & Berry, 2009; Regmi et al., 2010). According to Sevilla and Orcasita (2014), sexual initiation and the use or non-use of condoms in adolescence are more related to friends' attitudes than to messages promoted by parents. It is essential to emphasize that new information technologies allow adolescents to interact, explore, and easily access information and resources about sexuality. These new possibilities indicate the necessity of considering the new approaches to knowledge about sexuality in this population and invite us to rethink the potential social and health implications (Wolak, Finkelhor, & Mitchell, 2012).

Therefore, this study aimed to characterize and understand the sexual communication processes that occur between parents and their adolescent children in the city of Cali, Colombia. Furthermore, the consistencies and discrepancies between the type and content of these educational practices were analyzed based on parents' reports and children's perceptions. Consistencies were defined as similarities in the topics, knowledge, practices, and meanings that parents and children reported; discrepancies were the differences identified. This study also included traditional nuclear, single-parent, and blended families to study the

consistencies and discrepancies in gender discourses linked to sexual communication processes.

## Method

This study was conducted using a mixed methods approach. This approach allows methodological triangulation and facilitates the study of the general trends and particular details of the population's processes, thus enriching the perspective provided by the contributions and scope of each design component (Bergman, 2011).

### Participants

The sample comprised 566 students (315 women and 251 men) between the ages of 11 and 20 ( $M = 14.7$ ;  $SD = 1.6$ ) from 21 private (46.7%) and public (53.3%) educational institutions in the city of Cali. In addition, 711 parents of students participated (540 mothers and 171 fathers); the adults' ages ranged between 21 and 78 years ( $M = 42.2$ ;  $SD = 8.0$ ). In terms of socio-economic status, according to the national system for socio-economic stratification, 53.8% of the participating families belonged to the lower class (strata 1 and 2), 29.1% to the middle (strata 3 and 4), and 17% to the upper class (strata 5 and 6). It was found that 37.3% of mothers were homemakers, while only 4.8% of fathers did this type of work. A total of 34.7% of fathers were stable employees, and 40.3% were self-employed; these percentages are lower among the mothers. School selections were performed randomly using a database provided by the city's Secretariat of Municipal Public Health (Secretaria de Salud Pública Municipal [SSPM]).

### Instruments

Quantitative data collection was performed by distributing two questionnaires: the *Knowledge, Attitudes, Practices, and Social Meanings Questionnaire* (Sevilla & Orcasita, 2014), designed specifically for this research study, and the *Confidential Questionnaire of Sexual Activity* (Cuestionario Confidencial sobre Vida Sexual Activa [CCVSA]; Ministerio de Salud, 1997), which has been validated in previous studies. In this article, the data collected from the first instrument is presented. This instrument possesses the following characteristics:

*Knowledge, Attitudes, Practices, and Social Meanings Questionnaire* (Sevilla & Orcasita, 2014). This questionnaire contains 47 questions designed to explore the main practices used in sexual communication processes between parents and children. The questions gather data about (a) demographic information, (b) family communication about sexuality, (c) sexual educational practices, and (d) family dynamics. The response format was multiple choice. Prior to distribution to study participants, the instrument was reviewed by a panel of three expert judges responsible for the validation and approval of its use (validation by judges).

Qualitative data were collected from 15 discussion groups (10 with youth and five with fathers/mothers from

different parts of the city). These groups included participants who, during the quantitative component, expressed interest in participating in this phase. The qualitative data collection facilitated the exploration of common values and comparison of similar cases and investigation of the proposed categories (concepts associated with sexuality, sources and content of information about sexuality, and communication process characteristics) based on the perspectives and experiences of the participants themselves – their feelings, meanings, and senses, taking their perspectives and language into consideration (Bonilla-Castro & Rodríguez Sehk, 1997).

### Procedure

**Data collection.** In the quantitative phase, a pilot test of the instruments was performed, and the personnel responsible for data collection were trained. The questionnaires were distributed, first to the parent group and subsequently to their children, in institutional spaces designed for this purpose and after obtaining informed consent. For the qualitative phase, the participants who had expressed interest in attending the discussion groups were contacted. The parent discussion groups, conducted in each of the five areas of the city, included five to seven participants each. The aim was to work with mixed groups (fathers and mothers), and couple participation was allowed. Two student discussion groups of five to seven participants (men and women) were organized in each of the five areas of the city. Discussion was guided by a moderator (principal investigator) and was supported by a rapporteur (research assistant) who was responsible for audio recording the session (with prior participant consent).

**Data analysis.** Data processing was supported by quantitative (SPSS V17) and qualitative (ETHNOGRAPH V 5.0) analysis software. Quantitative data were derived from descriptive and interpretative analyses (correlations). To identify the consistencies and discrepancies between parents' and children's responses, parent-children dyads were analyzed in a nested manner using the non-parametric Wilcoxon test. The main trends discovered during the quantitative component were taken into account in the preparation of the final version of the discussion group guidelines to enable the in-depth study and interpretation of the complex symbolic levels represented by the numerical figures. The qualitative data analysis followed a procedure involving organization, segmentation, and correlation, after which the initial concise transcription and coding was performed for each segment, followed by work on the various analytic categories. The final step involved the construction of the final analysis, in which in the triangulation of the quantitative and qualitative data was governed by the central research question.

### Ethical Considerations

This study was guided by the scientific, technical, and administrative standards for health research in effect at the national level under Ministry of Health resolution n. 008430 (1993), which regulates research involving human subjects. In the case of research involving minors, an informed consent form must be signed and a guardian's consent must also be given.

## Results

### Sources of Information About Sexuality Reported by Adolescents and Parents

The results showed that adolescents obtain information about sexuality primarily from family members (men: 44.9%; women: 52.9%), friends (men: 34.8%; women: 39.4%), and health professionals (men: 27.5%; women: 37.1%). In contrast, the least consulted sources were neighbors (men: 2.8%; women: 2.3%), radio programs (men: 6.5%; women: 5.8%), and the Church (men: 6.1%; women: 6.8%). The sources most frequently reported by parents were health professionals (fathers: 41.1%; mothers: 47.9%), television shows (fathers: 40.2%; mothers: 41.9%), and the Internet (fathers: 29%; mothers: 24.8%). The least consulted sources were neighbors (fathers: 0%; mothers: 1.3%) and the Church (fathers: 15.9%; mothers: 10.2%).

The qualitative data detailing the spaces and direct sources through which information about sexuality is acquired coincide with the numerical data in indicating that the most significant education about values and guiding principles is received through direct interactions with peers and family members. Adolescent males perceive that there is a greater emphasis on formal preventative accounts about sexuality than on relational and emotional aspects. For adolescent males, it is clear that parents want to prevent early pregnancy. This is communicated not only in open and detailed conversations with fathers but also through specific actions, such as dispensing condoms. Mothers, in contrast, talk to male children in terms of personal care, their life plan, and maintaining control over their futures. One adolescent male remarked, "at home, my dad is mainly the one who says that you have to be careful, about all the women he's had children with (...) He's made a lot of mistakes having children like that. So, protection".

Adolescent females consider their parents, their friends, and health services as their primary sources of information. Their conversations with their fathers, which are based on their masculine experience and a sense of protection towards vulnerable women, differ from their conversations with their mothers, which are more directive and focus on values and morals. Health services are perceived as places in which one can ask open questions and receive both guidance and direct support with planning. As one adolescent female commented, "(...) I think that you learn the most from your friends and also if you want to know something, you can look it up on the Internet".

For participating mothers, discussions about access to information included both the education they received as adolescents and the information they seek and receive now that they are mothers. Such information typically includes matters related to intimacy and female conversation. The father's presence was remembered as directive and aimed at preventing "something evil" that was not identified. The permanent idea that "you should be careful" was not broken down into specific dangers or controllable situations but remained vague and generic, producing anxiety regarding

intimacy and the body. At other times, the mothers remembered that their own mothers referred to negative events that they had experienced to draw general conclusions that sexuality and interaction with the opposite sex should be avoided. One mother reported, "when I was 10 years old, which was when my period started, that was a dilemma because nobody had talked to me about that; when my period came, how frightening! Because it started when I was sleeping and I almost died when I got up".

In their experience as mothers, most of the women claim to have sought information at school or from health institutions. However, for most of them, this knowledge was not as valued as having clear principles with which they could educate their daughters. Some participants described strategies they had developed to educate their daughters with accurate information, while others preferred to tell their daughters to get information at school or from health institutions. Mothers with sons had difficulty recognizing what their sons needed to know, indicating knowledge gaps and a lack of clarity about available resources.

### Sexual Communication Dynamics Between Children and Parents

Overall, adolescents reported less difficulty talking to the parent of their same sex. Approximately 76% of adolescent males reported difficulty talking to their mothers and 63% to their fathers, while 64.1% of the adolescent females reported such difficulties with their mothers and 86.5% with their fathers. Generally, adolescent males and females reported that they do not talk to their parents about this topic primarily because it embarrasses them (with their fathers: 37.3%; with their mothers: 45.1%), they do not trust their parent enough (with their fathers: 27.4%; with their mothers: 20.4%), or they do not know how to address the topic (with their fathers: 12.9%; with their mothers: 18.8%). From the parents' perspective, 13.1% have difficulty talking about sexuality with their children, and 36.3% sometimes have difficulty talking about these topics. Nevertheless, there is a greater percentage of mothers (51.5%) who do not have difficulty talking to their children about sexuality than fathers (46.5%). The main reasons for this difficulty are that they do not know how to address the topic (34.5%) or it embarrasses them to talk about it (11.9%).

### Topics Addressed in Conversations About Sexuality

The adolescents reported that they talk to their mothers more frequently than to their fathers. The most frequent sexuality-related topics discussed with their parents included partner relationships (with their fathers: 55.2%; with their mothers: 78%), self-care (with their fathers: 51.0%; with their mothers: 72.4%), faithfulness (with their fathers: 44%; with their mothers: 71.8%), and sexual prevention (with their fathers: 72.4%; with their mothers: 71.8%). The topics least discussed with their parents were sexual relations, including vagina to vagina (with their fathers: 4.6%; with their mothers: 8.7%), anal (with their fathers: 6.9%; with



their mothers: 11.1%), and oral (with their fathers: 7.7%; with their mothers: 13.2%).

On average, fathers talk about 13.7 topics with their sons ( $SD = 7.2$ ) and 13.6 topics ( $SD = 7.4$ ) with their daughters, a difference that is not statistically significant ( $p = .98$ ). Similarly, though mothers talk about approximately one more sexuality topic with their daughters ( $M = 15.4$ ;  $SD = 6.1$ ) than with their sons ( $M = 14.1$ ;  $SD = 6.6$ ); this difference is not significant ( $p = .095$ ). However, the differences for sons and daughters were significant. Adolescent males reported talking to their mothers about 10.2 topics on average ( $SD = 6.2$ ), and females reported talking to their mothers about 12.2 topics ( $SD = 5.7$ ), with a difference of  $p = .000$ . In total, males talk about 7.9 topics on average ( $SD = 6.7$ ) with their fathers, while females talk about 6.2 topics ( $SD = 5.7$ ) with their fathers, with a difference of  $p = .042$ .

Therefore, when comparing communication about sexuality topics between a father and his children and a mother and her children, it becomes apparent that adolescent males perceive that they talk about more sexuality topics with their mothers ( $M = 10.2$ ;  $SD = 6.2$ ) than with their fathers ( $M = 7.9$ ;  $SD = 6.7$ ). The same pattern is found among adolescent

females and their mothers ( $M = 12.2$ ;  $SD = 5.7$ ) and fathers ( $M = 6.2$ ;  $SD = 5.7$ ).

### Consistencies and Incongruities in Sexual Communication Processes

Table 1 shows the discrepancy percentages between the topics that fathers and mothers and their adolescent sons and daughters report discussing with each other. The topics in the table were those that participants reported being addressed in conversation at home by one of the parties (father/mother or son/daughter); the discrepancy results when the other party claims that this topic was not discussed. The topic of conversation with the largest discrepancy between mothers and sons/daughters was virginity (56.3%); between fathers and male/female adolescents, it was pregnancy and promiscuity, both with a percentage of 55.6%. The responses of mothers and their children with respect to whether they talk about the topic of abortion were inconsistent in 52% of cases. Overall, a higher discrepancy rate was exhibited between the reports given by fathers and their sons/daughters than between mothers and their sons/daughters.

Table 1  
Percentage of Discrepancy Between Sexuality Topics Discussed, as Reported by Parents and Children

Topics	Mother and children	Father and children
Virginity	56.3	50.0
Abortion	52.0	46.0
Physical changes experienced during adolescence	49.7	53.2
Vaginal intercourse	48.0	46.0
Pornography	47.5	39.5
Promiscuity	45.7	55.6
Family planning methods	42.9	49.2
Pregnancy	40.4	55.6
Sexual abuse	39.8	48.4
Sexual orientation	39.8	43.5
Sexual practices via Internet, telephone, or other means	39.8	40.3
Sexually transmitted diseases	39.6	44.4
Sexual intercourse and alcohol	39.3	44.4
Sexual intercourse and drugs	39.1	45.2
Anal intercourse	38.8	29.8
The decision to have children or not	37.6	44.4
Psychological changes experienced during adolescence	36.3	52.4
Pleasure	36.3	27.4
Self-care and sexual prevention	35.5	40.3
HIV/AIDS	35.0	42.7
Masturbation	32.2	38.7
Fidelity	31.7	54.0
Partner relationships	30.7	45.2
Sexual intercourse: penis to mouth or vagina to mouth	19.0	19.4

By reviewing the specific processes and spaces in which the topic of sexuality is addressed in detail, important patterns are revealed in which certain features correlate with the adolescents' sex and peculiarities emerge in the perspectives of participating fathers and mothers. Adolescent males indicate addressing their first sexual experiences and emphasize the erotic dimensions of sexuality as their primary interest. However, the majority of their encounters with fathers, mothers, and other adults tend to be marked by distrust and embarrassment. The fact that an affective bond exists, especially with their mothers, produces a distance that discourages discussion of these topics. Notably, many of the boys perceived their mothers as possessive or invasive. Thus, the mother's interest in being present and offering guidance is not always received positively. In these cases, adolescent males seek fathers or other older men to offer guidance without interfering in their lives. As one adolescent male commented, "they [parents] are used to you being the child, and they don't accept that you've already grown up and want to be free".

Adolescent females indicate that conversations with their parents are marked by what they considered to be a clash of perspectives between past and present eras. Thus, they note that their parents seek to find similarities between their own experiences and those of their daughters. They also perceive their parents as feeling fearful about the early pregnancy rate, a fear that causes them to address the topic in a tone of constant warning and presenting it as something that can happen at any time. However, this interest is not necessarily accompanied by prevention-oriented actions; when daughters ask for guidance, many mothers fail to provide it, feeling that they would be granting permission for uncontrolled sexuality. One adolescent girl said, "well, with my grandmother, but she doesn't understand me because she's from another time, so she says that you can't do that and that you can when you finish with school, when you're 30 years old".

Girls expressed that their parents are poorly oriented and that their approach to the topic is outdated. The majority feel that when they ask their parents questions, their parents do not know how to respond, partly due to lack of knowledge and partly due to lack of trust. They also note that when they use precise terms like "vagina" or "masturbation" that their parents feel uncomfortable, prefer not to talk about it, or use euphemisms. With respect to such questions, one adolescent female commented, "(...) will it hurt? I mean, I think that's the most frequent doubt that most people have".

Likewise, the processes and experiences described in adolescent females' accounts are strongly marked by gender socialization in an environment in which what is expected of men and women is highly differentiated. Reflecting on interactions with parents on the topic of sexuality, the first sensations mentioned are those of embarrassment and avoidance. Unlike among boys, this feeling is not informed by respect or caused by a distance from the opposite sex. Rather, it is the result of fear of revealing their interest in the topic, which violates expectations about appropriate female behavior. Therefore, many girls refrain from discussing sexuality or asking questions about it because they fear they

will be judged or that their parents will assume that they have begun to be sexually active. One adolescent female related, "one time he started talking about that (...) that 'he went through the same thing' and that 'sometimes they want to sleep with girls', and I was like 'are you insinuating that all he wants is to sleep with me?' and he said: 'no, I'm just saying'".

In particular, adolescent females indicate that direct or indirect discussions of sexuality focus on protection against pregnancy, the initiation of sexual intercourse, and some diseases. Although they recognize that their parents are more open about these topics than what they believe was typical in the past, they feel that many of their conversations are immediate reactions to current situations, such as someone they know becoming pregnant or the beginning of a dating relationship, rather than being consistent and planned. In such conversations, the mother is the strongest role model and is also responsible for conveying the father's feelings – fathers rarely address the topic directly. As a result, daughters feel that the mother tends to mediate between what she thinks, what she is obligated to say as the father's messenger, and the girl's situation. One of the adolescent females confirmed, "there's more trust with my mom, and with my dad, there's times when he touches on the topic, but it's like he's embarrassed, not of asking me, but of how I would react".

The mothers' accounts are marked by a constant concern about how to communicate with their sons and daughters in a more empathetic and effective way and by a great fear of unplanned pregnancy. They would like to have more up-to-date information on practices, prevention strategies, and, in general, the social context and interests of their sons and daughters. Additionally, they feel that it is necessary to improve the strategies they use to begin conversations on these topics, especially with their sons. This difficulty is consistent with quantitative findings and the parents' accounts in general. Thus, the results indicate weaknesses not only in cognitive terms – the content of sexuality education – but especially in terms of communication and the optimization of these interactions.

## Discussion

Consistent with previous studies, a noticeable difference was observed in this study between the sexual communication processes that fathers and mothers report and what is perceived by their sons and daughters (Jones, 2010; Kapungu et al., 2010). As noted by Jones (2010), adolescent males tend to talk about sexuality-related topics more often with their fathers, while females are more likely to discuss them with their mothers. However, an increasing number of adolescent females talk to their fathers about their sexual experiences. The dialogues that occur between daughters and fathers, however, are limited to topics related to infections and unplanned pregnancies and are framed by the father's concept of a relationship. Indeed, the results of both studies revealed differentiation between mothers' discourse directed to adolescent females, which is more directive and focuses on values and morals, and the discourse offered by fathers, which is based on their male experience and a sense of

protection. Though adolescent women would like to speak more about the topic, they express fear that their parents will confuse this interest in sexuality as an indicator of having become sexually active (Seloilwe et al., 2015). Parents' advice to adolescent males does not emphasize the type of bond necessary to initiate a sexual relationship, and implicit approval is given to initiate sexual activity (Jones, 2010). In general terms, adolescent males perceive a greater emphasis on formal prevention than on the relational and emotional aspects of sexuality.

Consistent with the results obtained by Kapungu et al. (2010), it was found that adolescent females tend to rely most on family members as sources for information about sexuality. Unlike Kapungu et al.'s study, however, the results of this study showed that males consulted a greater range of sources. Similarly, the results indicated that adolescent females who communicate most about sexuality with their mothers were more likely to delay sexual initiation and use contraceptive methods. Although an increasing number of studies have emphasized the role of the social network of friends, schoolmates, and media as socialization agents in this population (Orcasita Pineda & Uribe Rodríguez, 2010), the findings of this study indicate the importance of parents and family as the sources most frequently consulted by adolescents (Martino et al., 2009). However, the need to study the type of communication occurring between parents and children is crucial because the quality of communication is more important than the frequency with which it occurs (Jones, 2010).

The results of this study showed that although there are other sources of information on sexuality, parents continue to be the preferred source (Manu et al., 2015). Likewise, it was found that peers and the media are alternative sources of information about sexuality that adolescents, especially women, trust more and experience less prejudice from (Martino et al., 2009; Regmi et al., 2010). The current generation of youth has interacted with information technologies since they were born and is familiar with the language and the management dynamics of these media. Cyberspace provides them with new opportunities to interact with their peers with "certain autonomy", to explore new identity codes, and to freely – and anonymously – access information from abundant and various sources that attract them and are of interest (Wolak et al., 2012).

Parents emphasized the importance of social networks, television shows, and the Internet as sources of information free of barriers, allowing them to avoid the embarrassment that talking about the topic entails. Some strategies developed to counteract embarrassing situations include informing themselves using the sources consulted by their sons and daughters. This strategy allows them to understand their children's concerns, learn the language to use in approaching them, and learn other management techniques. Thus, such materials should be designed with parents' use in mind.

Furthermore, it was found that the interactions between parents and children are informed by the experiences, behaviors, expectations, fears, and apprehensions that adolescents have about their partner relationships (Barrera

& Vargas, 2005). In this study, differences were found regarding openness to information: clear and non-judgmental information sources were prioritized, such as media or peers (Martino et al., 2009). Nonetheless, adolescent males and females seek advice from their mothers and fathers about values, relationship management, and the consolidation of action models with respect to gender. In general, the questions that adolescent males and females have about the practical aspects of sexuality are associated with lifestyle and optimizing their experiences. Hence, they do not speak to their parents about these subjects but instead seek professionals or explicit sources, such as the Internet (Martino et al., 2009). This gap in the sexual communication process between parents and adolescent children, marked in many cases by communication difficulty, embarrassment, and the perception of a lack of control over specific issues, suggests to adolescents that sexual behavior is something that belongs in private and therefore is not a subject that should be discussed with parents (M. Montañés et al., 2008).

As observed in the study conducted by Elliott (2010), mothers and fathers exhibit a level of consciousness about the exposure of their sons and daughters to topics related to sexuality and are sensitive about the vulnerability of women. As Kapungu et al. (2010) state, the idea of protecting women persists, although the nature of the topic is never specific, and the situations in which protection is needed are never described. This concept invites adolescents to be evasive rather than negotiate their ideas and prevents the same empowerment for women that men receive from the teaching of self-care tools or strategies. This leads to a large number of parents refusing to engage or reacting in a negative manner when asked to talk about the topic. It is important to note the positive impact that reinforcement provided by institutions can have on families that are open to talking about the topic. Additionally, adolescent attendance at such institutions with their mothers has been reported, indicating a change in attitude from what has been reported in previous studies (Urrea et al., 2006).

Upon analyzing the topics covered, addressing the changes associated with puberty and adolescence emerged as transversal. This was especially true for physical changes, which indicates the emphasis on the biological and reproductive function of sexuality (Seloilwe et al., 2015). Mothers were found to address more topics associated with relationships, such as infidelity, self-care, and prevention, especially of pregnancy, while fathers prioritized topics associated with physical aspects, including the effects of psychoactive substances. In contrast, the topics least discussed with men and women include the erotic and pleasurable dimensions of sexuality. Thus, the use of pornography, relationships with same-sex partners, or self-stimulation were seldom addressed by fathers and mothers.

The discrepancies found in the sexual communication processes between parents and children suggest that it is not enough to briefly mention the subject, as mothers and fathers believe. Instead, there is a need to discuss it, confront it, and communicate properly from personal positions that allow life and experience models for sexuality to be constructed

in their different dimensions. This involves qualifying one's perception of the discourse, the communication process, and education for adolescent males and females who are increasingly eager to explore their own sexuality and establish life plans independent of the predetermined accounts and roles of their fathers and mothers.

In the development of this study, various circumstances determined its scope. For example, it was difficult to develop individual or collective conversations with parents. Because youth as a population are easy to contact, they did not pose difficulties; however, achieving this same access to parents continues to be a major challenge for future research. Female majority participation and the effort made to respond to these calls are in themselves important findings that indicate the reproduction of structures in which this topic is not considered a priority, and when it is, it becomes the responsibility of mothers. The spaces in schools that are allocated for these types of activities and parents' time limitations also hindered the development of the qualitative component.

Therefore, the considerations for future research include (a) studying a greater diversity of family structures, (b) emphasizing the development of individual interviews and not just collective ones in discussion groups, and (c) seeking more equal participation by sex, enabling both caregivers to be represented. Finally, a latent need for the development of support programs that emphasize strengthening sexual communication between parents and children is revealed, as well as the need to promote a responsible sexuality that optimizes adolescent autonomy in the face of various risk factors.

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