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FAMILY COMMUNICATION ABOUT SEX BETWEEN  
BLACK MOTHERS AND DAUGHTERS

THESIS

CHASISTY GILDER

2014

**FAMILY COMMUNICATION ABOUT SEX BETWEEN BLACK  
MOTHERS AND DAUGHTERS**

THESIS

Presented in Partial Fulfillment of the Requirements for  
the Master of Communication Degree in the Graduate School of Texas Southern  
University

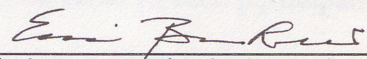
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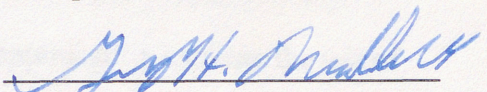
Chasisty Gilder, B.S.

Texas Southern University

2014

Approved By

  
Chairperson, Thesis Committee

  
Dean, The Graduate School

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# **FAMILY COMMUNICATION ABOUT SEX BETWEEN BLACK MOTHERS AND DAUGHTERS**

By

Chasisty Gilder., M.A.

Texas Southern University, 2014

Professor Eui Bun Lee, Advisor

The purpose of this study was to explore the relationship between Black mother-daughter communication and to determine how it relates to sexual behaviors and contraceptive use. These findings would be beneficial in preventing teen pregnancy and decreases the chances of HIV, STDs, and AIDs.

This study surveyed 145 teens ages 10-19 at three schools in the metropolitan Houston area using a convenience sampling. Majority of the participants were Black and over half of the participants were female. The survey administered to each participant sought to answer the following research questions: (1). How does family communication affect adolescent sexual behaviors? (2). Does good communication increase the use of contraception options and decreases risky sexual behaviors? (3) Do age, gender, and ethnic background of teens make a difference on the family communication and sexual behavior?

In addition to the demographic information, the survey contained questions on their sexual behaviors, activities, and thoughts about sex-related topics. Each participant was asked if they were sexually active or not sexually active. The participants were also

Approved By

Eric Barber  
Chairperson, Thesis Committee

6/9/2014  
Date

[Signature]  
Committee Member

6/9/2014  
Date

[Signature]  
Committee Member

6/9/2014  
Date

Kimberly McLeod  
Committee Member

6/9/2014  
Date

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Date

# TABLE OF CONTENTS

	Page
LIST OF TABLES.....	iv
VITA.....	v
ACKNOWLEDGEMEN.....	vi
CHAPTER	
1. INTRODUCTION.....	1
2. LITERATURE REVIEW.....	5
3. METHODOLOGY.....	11
4. FINDING.....	14
5. SUMMARY AND DISCUSSION.....	22
APPENDIX	
A. SURVEY QUESTIONNAIRE.....	25
B. INFORMED CONSENT LETTER.....	29
C. CODEBOOK.....	32
REFERENCES.....	34

## LIST OF TABLES

Table	Page
1. Demographic Profile of the sample.....	15
2. How much information can you share.....	16
3. Do parents talk about sexual issues.....	17
4. Sexual Behaviors of the Sample.....	18
5. Which parent is easier to talk to by age group.....	19
6. Do your parents know you are sexually active.....	19
7. Sexually active teen boys and girls.....	20
8. Gender difference on the contraception use.....	21

VITA

October 31, 1989..... Born-Beaumont, TX  
2011..... B.S, Lamar University  
Beaumont, Texas  
2012-2014..... School of Communication,  
Texas Southern University  
Major Field..... Speech Communications



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I would like to thank my classmates, for we have helped each other sharpen our talents along the way. My classmates and I have encouraged each other and gained valuable insight from what we each had to offer. Know that I considered my classmates as family, for we have a bond that will always keep each other close.

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## CHAPTER 1

### INTRODUCTION

Each year many adolescent girls engage in sexual activity and some leading to pregnancy. The rate of teen pregnancies in America remains higher than other developed countries, but there has been a noticeable decline. According to the Center for Disease Control and Prevention (CDC, 2012), reasons for the declines are not clear. Teens appear to be less sexually active in terms of intercourse, and more of those who are sexually active appear to be using contraception than in previous years. Among the teens that were sexually active, whites used more highly effective contraception than blacks. Black teens are leading whites when it comes to nonuse of contraception.

An analysis of data from the CDC female teens who had delivered a live infant within 2–6 months and reported that their pregnancy was unintended found that half were not using contraception when they got pregnant,” (Tyler, 2012). Considering that Black teen pregnancy rates are still higher compared to other races, even with the noticeable declines of percentages, there is still more of a need to decrease numbers.

In order to figure out the reasons why black teens are higher in rank of teen pregnancy and sexual activity in comparison to other races, the difficulties and issues they deal with must be taken into account. Family communication determines how people interact with parents and siblings. It is the first social context we encounter and learn from; therefore, it influences how we will interact outside of the family. The adolescent years are the most crucial for the child when considering the importance of family communication in relation to sexual behaviors. During adolescence, youth explore their

sexuality by pursuing romantic interests, exploring their sexual identity, and engaging in sexual relationships. The status of the family and family relationships are contributing factors to the behaviors of the adolescents. Particularly the relationship with the mothers is the most influential considering that over half of Black families are single-parent households and the mothers still have more of an impact on the child in two-parent households. The Center for Disease Control and Prevention (2012) correlate black teen pregnancy rates with problems of being sexually active, lack of access to or poor use of contraception, living in poverty, parents with low levels of education, poor performance in schools, and growing up in a single-parent household. In addition to dealing with the difficulties and changes during adolescence, black teens face other problems as well. These other problems are some of the factors that are associated with high teen pregnancy and sexually active rates.

### **Purpose of the Study**

It is noticeable that family communication about sex between mothers and daughters has been understudied especially in minority families. More information is needed about what is discussed and how it is discussed in minority families because Black adolescents are more apt to be sexually experienced than white adolescents, even when other factors are controlled for (Casper, 1990). It will be beneficial to find a correlation with daughters who have a close relationship to see if it could minimize sexual behaviors or increase contraception use. More research overall is needed concerning contraception use amongst Black adolescent girls and young black women. This would be useful to mothers with daughters who want to prevent teen pregnancy. If it is possible to increase the usage of contraception use, it may help keep the number of

HIV/AIDs down within young black women. Black mothers would be more aware and they can educate their adolescents about sex if research can prove that a close relationship involving communication about sex influences the use of contraception and decreases sexual behaviors.

***RQ1: How does family communication affect adolescent sexual behaviors?***

Black mother-daughter relationships will be magnified. The goal is to find out if there is a correlation between good or bad family communication and sexual behaviors. Does high sexual activity parallel to issues in family communication? Can positive family communication positively influence sexual behavior by lessening the chance of the teens' sexual involvement?

***RQ2: Does good family communication increase the use of contraception options and decreases risky sexual behaviors?***

If teens are sexually active, the concern is whether or not they are using contraception. Contraception use is learned from somewhere. The hope is that it is discussed amongst families, but in situations where it is not, teens will hear about it from peers. If a correlation can be found linking open family communication to higher contraceptive use, then more contraceptive use could possibly continue the decrease of teen pregnancy.

***RQ3: Do age, gender, and ethnic background of teens make a difference on the family communication and sexual behavior?***

The aim is to find out if demographics play a part in the openness of family communication and sexual behaviors of teens. Are certain demographics more likely to have open or better family communication? Do certain demographics suggest that teens will have more heightened sexual behaviors?

Next chapter reviews previous studies that examine the communication about sex in minority families. In these studies presented, they have the common pattern of mothers who are close to their daughters disclosing more information. The aim is to find more correlation with daughters who have a close relationship with their mothers and high contraception use.

## CHAPTER 2

### LITERATURE REVIEW

Many teens engage in sexual behaviors that risk unintended outcomes. These outcomes include, but are not limited to pregnancies, STDs, and HIV. Sexual behaviors of intercourse, intercourse without contraception, and intercourse with many partners are the primary risks that lead to those outcomes. It is imperative to consider that family communication and sources of knowledge are also factors to consider when dealing with sexual behaviors. Knowing where teens are in terms of knowledge and taking influences into account, is vital in being able to understand the risks taken and the outcomes. This review chapter is organized into three sections: (1). Teen Pregnancy, STDs, and HIV, (2). Importance of Mother-Daughter Communication, and (3). Influence of media.

#### **Teen Pregnancy, STDs, and HIV**

Risky sexual behaviors of teens results in teen pregnancy, STDs, and HIV. Sexually active teens, teens who have had sexual encounter at least once, acquire most new cases of STDs. Not only are teens taking a risk by being sexually active, but in addition they are putting themselves at a higher risk when they do not use contraception. Sexually active teens are also more likely to be at higher risk than adults who are sexually active because of behavioral, biological, and cultural reasons (Abma, Copen, & Martinez, 2011). Sexually active teens that do not use contraception are more likely to get an STD, HIV, or become pregnant.

Teen birth rate numbers from the CDC (2011) show that the United States numbers have decreased since 2010 compared to previous years. However, the birth rate

of teens in the United States is still relatively higher than other developed countries. It was noted in 2010 that most sexually active teens have and do use some sort of contraception. The contraception methods that teens report to rely on and use more are condoms and birth control pills (Abma, Copen, & Martinez, 2011), which are primary methods used to prevent pregnancy.

Sexual behaviors have not decreased, but pregnancies and sexual intercourse specifically have decreased. Oral Sex is now more prevalent than it was years ago. Research from CDC (2006) suggests that teens may be supplanting one form of risky behavior with other potentially risky sexual behaviors such as oral sex. Teens are now venturing more into the fields of oral sex sometimes in an attempt to replace sexual intercourse. Oral sex does not result in pregnancy, but it does not prevent teens from having STDs, HIV, and STDs. This could explain the decline in teen pregnancy and the high numbers of teens with STDs.

### **Importance of Mother-Daughter Communication and Black Teens**

When dealing with teens' sexual behaviors and contraception use, family communication is a vital factor when considering major influences. A primary focus on mothers is emphasized because when it comes to family sexual communication, mothers are the primary providers (Elliot, 2010). There are no major differences on gender in the extent to which teens relied on their mother's as their primary confidants, but boys are more likely than girls to nominate their fathers when confiding (Nomaguchi, 2008). Overall, regardless of gender or ethnicity, the mother is the primary confidant and source of information on families.

It is noted that teenage girls who have more open communication with their mothers are more likely to use contraception (Akers, Shwarz, Borrero, Corbie-Smith, 2010). Consistent family sexual communication is linked to an increase usage of contraception because parents, particularly mothers, can positively influence teens. An increase in the use of contraceptives decreases the number of pregnancies (Casper, 1990).

Teens with close relations with their mothers are more likely to hold attitudes and behave in a manner consistent with their mothers' own attitudes than teens with more distant relations. Communication is essential in transmitting values, attitudes and knowledge.

In the urban community, mothers and daughters descriptions of their discussions usually differ in their delivery. These topics are discussed frequently, usually in the following order: menstruation, dating and boyfriends, sexual morality, how babies are made, sexual intercourse and birth control (Fox and Inazu, 2006). However, out of these six topics, birth control and sexual intercourse are the least likely topics to be discussed. These are said to be the most difficult, but yet they are the most important. Mothers want to ensure that their daughters are informed about sexual topics, but they do not want to seem overbearing. Daughters actually want information from parents, but not at the expense of disclosing their personal information, acts, or status.

As Black teens represent a large proportion of the newly found STD cases and they continue to be the most severely affected by HIV infection in the United States. "In fact, Black youth represent half of all new HIV infections among young people aged 13 to 29," (CDC, 2013). As birth rates fell for all teens in the United States in the past years,



so did the birthrates for Black teens. In fact, the Center for Disease Control (2013) states that Black teens had an exceptional decrease of teen birthrates in the past few years, more than any other race. However, even though the birthrate dropped tremendously for Blacks, they still remain to account for twice as much of the teen birth rates in the United States compared to White teens. Sex-related communication between Black and Hispanic families has less emphasis on the leading issues of their teens. Black and Hispanic teens lead the nation in teen birthrates, new HIV cases, and STD cases. Research shows that contraception and sexual intercourse are discussed the least between Black and Hispanic teens and their families. "Youth from disadvantaged backgrounds (i.e., racial and ethnic minorities and or from a lower socioeconomic position) are more likely to be exposed to social, physical, and economic risks that may limit their safer sex decision making and increase vulnerability to HIV, AIDS, sexually transmitted infections (STIs), and unintended pregnancies," (Bauermeister, 2010).

### **Sources of Information and Media**

The sexual knowledge of teens is vital to their behavior, well-being, and health. Teens acquire information about sexuality and sexual health issues from a variety of sources (Biddleton & Jones, 2011). The main sources of information for most teens are: Internet, traditional media, school, family, friends, and girlfriends/boyfriends. There's no question that teens acquire a sufficient amount of knowledge about sexuality and sexual health. The concern is placed on the information acquired and the behavioral interactions.

Most of the information teens attain comes from family, school, and friends. The reason is that these are the more trusted sources of information in their lives. Considering

that girls are the ones to result in pregnancy, they are usually the ones to acquire most of the information from the family. Friends are usually a primary source as well. Not only is factual information shared through friends, experimental information is shared as well. Within boyfriend/girlfriend, information is also shared, especially if they are sexually active. Schools still provide educational information about sex and contraception too. For the same idea that the information acquired is trustworthy from family and friends, so is the information from school.

Majority of teens use the internet in every aspect of their life for majority of their days. According to the PEW research center, over 90% of teens use the internet, mostly with high speed connection, at home or school. The internet allows access to every aspect of the world, even into sexual information and sexual activity. Though much information is acquired from the internet, it is not a primary source of information alone for teens (Biddleton & Jones, 2011). Most of the information teens acquire about contraception and sexuality still comes from family and friends because they are the most trusted. However, since majority of teens use the internet everyday there is still expectation that the internet is helping fill the information gap that other sources of information like family and friends are not fulfilling.

There are other sources that teens acquire information from such as: television, magazines, books, and music. Even though teens are in an era where internet usage is heavy, teens still do not neglect traditional forms of media. Teens are not abandoning traditional media over new media. They are actually watching more television along with the high increasing usage of the internet. Research shows that teens in the U.S. are watching 6% more television than they were five years ago, (Loechner, 2011). Teens in

the U.S. are spending about 3 hours a day watching television consisting of music videos and shows. Another hour is devoted to listening to music. Music and music videos have become filled with more sexual content which can influence attitudes or early risky behavior of teens. Even books that teens read contain sexual connotation. Novels have been targeting teen girls for years, heightening the idea of relationships. These novels include sexual behaviors that range from passionate kissing to sexual intercourse. (Callister, Coyne, Miller, Stern, Stockdale & Wells, 2012). These traditional sources are not outdated; they are still just as prevalent as the internet.

It is believed that in the absence of effective communication about sexual information and behavior, media will fill in the gaps of what is missing from family, friends, or school. However, though teens spend an ample amount of time embedding themselves in media; it does not take the place of the trustworthiness of family members, friends, and school. According to Biddleton and Jones (2011), these sources of information play an important role because they are highly trusted by teens because of familiarity. The severity of the sexual information contained in these sources and their potential role in teens' behavior heightens the importance of what messages these sources are giving. Next Chapter explicates the design of the study.

## CHAPTER 3

### METHODOLOGY

#### Sample selection

This section will present the techniques that will be used, giving the sample selection, instrumentation, and the plans for data collecting analysis. Considering that the research questions mostly blacks in the adolescent stage, there is a certain type of group that is expected to be used to sample. In order to reach answers about black adolescent girls and communication about sex with their mothers, girls will be focused on from the sample. Non-probability sampling is a better approach to take in this case because there is a particular group that will be sampled and mathematics is not necessary. Convenience sampling would be the best way to approach this study. Convenience sampling allows for readily accessible subjects to be picked to use for this study. In this case of black teenage girls, it would be better to use convenience sampling considering the age and abundance of adolescents that can be sampled at one time. A convenient sample of adolescents 10-19 in the metropolitan Houston area will be sampled. The advantages of using convenience sampling will be that all of the participants are willing because of familiarity and they are readily accessible. The disadvantage of using the method of convenience sampling in the Houston area will be that answers may be skewed to one direction because the adolescents will be from the same area. Other disadvantages may be that teens may not want to answer honestly because they may be known.

## Instrumentation

A sample size of at least 100 is necessary to complete the following questionnaire for accurate findings. The survey will be distributed to a sample of black adolescents 10-19 in the Metropolitan Houston area. The participants will come from urban schools in the area which consists of mostly low class families and some middle class families. The bio at the top of the survey will assure participants that the survey is confidential and not used for individual purposes. They will also be assured that their parents will not see the surveys, nor will they be discussed in order to get honest answers from all of the participants.

The answers from the questions on the survey provide answers that will draw a conclusive idea of how family communication correlates to sexual behaviors and contraception use. There are three major parts in the survey. The first major part includes question about the family relationships, in an attempt to measure open communication. The second major part includes questions that deal with sexual behaviors in an attempt to measure the level of sexual behaviors. The third part of the survey is intended to find out more about where the participants receive most of their information. The participants will answer these questions about their parents: What is your parents' highest level of education, what type of household do you live in, how you would rate the closeness of your relationship with your parents or guardian, what is your relationship with your mother, if you are sexually active do your parents or guardians know. The survey will also ask questions about sex and communication about sex like: have your parents or guardians talked to you about the proper usage of condoms, have your parents or guardians ever talked about or put you on birth control as a contraception method, are

you sexually active, if you are sexually active, do you use contraception (condoms, birth control, etc).

### **Procedure**

Surveys will be distributed to adolescents while they are secluded from parents and guardians with consent. All of the surveys will be anonymous so that none of the surveys will be identified. The participants are in familiar settings where they are more comfortable away from their parents and close to their peers. Familiar faces who are only a few years older than adolescent ages will distribute the surveys. The survey, Appendix A, should take no more than 10 minutes to fill out. Each person filling out a survey will do it alone, not talking to anyone to ensure privacy and to eliminate distinction.

Participants are not given any incentives for their participation. The advantage of the survey will allow participants to answer truthfully in private. Another advantage of the survey is that all of the answers allow the participants to give different perspectives on the same subjects. The disadvantage of a survey is that it is limited. The survey does not give participants the chance to answer many open-ended questions. Other disadvantages of the survey procedure is that the surveys are given around their peers. This may limit answers, causing a narrow range of answers because of the surroundings. These factors could cause limited answers from the survey.

## CHAPTER 4

### FINDINGS

This chapter presents major findings from a survey on the communication between black mothers and daughters about sex education. The findings will also present correlations and frequencies about sexual behaviors of adolescents and how they are related to the communication and statuses of the home environment.

#### Demographics of the Sample

All of the participants surveyed were between the ages of 10-19. Table 1 shows that 26.2% of the adolescents are of the age of 10-15, 27.2% 16, 31% are 17, and 15.2% of the students are 18-19. Out of the participants that were surveyed 41% were boys and 59% were girls. Majority of the participants were Black, leading with 71.7%. With this in mind, majority of the findings from this study are from the Black teenagers. In regard to the household status of all of the adolescent participants, 31% live in a single-parent household, 27.6% live in a two-parent household, 34.5% live with a birth-parent and a step parent, and 6.9% live with a guardian or someone other than a biological parent. When considering the mother's education, 15.8% did not complete their high school education, 32.3% of their mothers have at least a high school education, 24.8% have some college education, 21.1% have a college degree from at least a 2-4 year institution, and 5.3% have an education higher than a 4 year degree.

The results of the survey are presented on the basis of each research question. The chapter is organized by the findings of these questions: (1) How does family communication affect adolescent sexual behaviors? (2) Does good family communication

increase the use of contraception options and decreases risky sexual behaviors? (3) Do age, gender, and ethnic background of teens make a difference on the family communication and sexual behaviors?

**Table 1. Demographic Profile of the Sample**

<b>Variables</b>	<b>Categories</b>	<b>n</b>	<b>%</b>
<b>Age</b>	15 or younger	38	26.2
	16	40	27.6
	17	45	31
	18 and 19	22	15.2
	total	145	100
<b>Race</b>	white	7	4.8
	black	104	71.7
	hispanic	25	17.2
	bi-racial or other	9	6.2
	total	145	100
<b>Gender</b>	boy	59	40.9
	girl	85	59.0
	total	144	100
<b>household status</b>	single-parent	50	31
	two-parent	56	34.5
	birth parent-step	21	27.6
	guardians	16	6.9
	total	143	100
<b>mother's education</b>	grade school	21	15.8
	high school	43	32.3
	some college	33	24.8
	college	28	21.1
	grad degree	7	5.3
	total	133	100



***RQ1: How does family communication affect adolescent sexual behaviors?***

Family communication was measured in this sample with some of the following findings. The participants were asked how much information they can share with their parents as a measurement. As shown in Table 2, 47.6% of the participants can share everything with their parents. On the other side, 16.8% say that they can share everything, but sex with their parents, 17.5% say that their parents try to communicate about sex, but they are not really open, and 17.5% say that there is no discussion.

**Table 2. How much information can you share?**

	N	%
Everything	68	47.9
everything else, but sex	24	16.9
they try, im not open	25	17.6
no discussion	25	17.6
Total	142	100

Majority of the participants surveyed said that their parents do not know that they are sexually active and that their mother is the easiest parent to talk to when it comes to sexual issues. When asked if their parents discuss issues of sex, STDs, AIDs, or HIV with them, 42% of the participants answered no or that they have learned from other sources. These other sources include friends, school, the internet, and other mass media. Table 3 illustrates that 20.3% of the participants said that their parents have mentioned these issues, but there were no detail about the issues. Out of the participants who were surveyed, 37% of them said that their parents have discussed the issues of sex, STDs, AIDs, HIV with them.

**Table 3. Do parents talk about sexual issues?**

	n	%
No	43	30.1
they have, no detail	29	20.3
no, other source	17	11.9
they have told me	54	37.8
Total	143	100

***RQ2: Does good family communication increase the use of contraception options and decreases risky sexual behaviors?***

Over half of the participants surveyed noted that they were sexually active. Out of all the sexually active participants, there was an average of about 3 partners. The participants were then asked, if they used contraception and taught the proper usage of condoms. Table 4 shows that 49% of the participants answered that they use contraception all of the time, about 17.2% responded that they use contraception most of the time, about 17.2% responded that they use contraception sometimes, and 23.3% never use contraception. Majority of the participants answered that they do use contraception, if not all of the time, at least some of the time. They were also asked if their parents taught them the proper usage of condoms for effectiveness. These participants said that they were mostly taught by another source as shown in Table 4 or they were not taught at all. Other sources include school, friends, the internet, and other mass media. When it came to contraception, majority of the other sources that the participants received information from included school and their friends over the internet. The table shows that overall, they were not taught proper usage by their parents.

**Table 4. Sexual Behaviors of the Sample.**

		n	%
<b>Sexually active</b>			
	Yes	85	58.6
	No	60	41.4
	Total	145	100
<b>Use contraception</b>			
	Never	27	23.3
	Most of the time	20	17.2
	sometimes	20	17.2
	all of the time	49	42.2
	Total	116	100
<b>Parents taught use of condoms</b>			
	use, never taught	45	36.6
	learned from other source	56	45.5
	no use, never taught	22	17.9
	Total	123	100

***RQ3: Do age, gender, and ethnic background of teens make a difference on the family communication and sexual behaviors?***

There are some significant findings in regard to age on the questions of which parent is easier to talk to and if parents know that they are sexually active. When the participants were asked which is easier to talk to, the participants 16 and younger shows that the mother is the easiest to talk to. Table 5 shows that participants who were 17 believe that it is easier to talk to their father instead of their mother, while the younger ages gravitate towards their mother.

**Table 5. Which parent is easier to talk to by age group?**

Age	Both	Mother, not father	father, not mother	cant talk with parents
15 or younger	7	20	1	9
16	10	22	5	3
17	10	12	19	4
18and19	8	11	1	2

$X^2=34.78$ ,  $df=9$ ,  $p<.05$

In regards to communication about sex between the participants and their parents, the parents of the older participants are aware that they are sexually active. Table 6 shows that many of the participants did not say that there was no communication about sex at all. The parents of the older participants are communicating about sex in regards to questioning their sexual behavior.

**Table 6. Do your parents know you are sexually active?**

Age	no/asked	no communication	yes/they asked
15 or younger	17	15	5
16	16	8	12
17	10	9	21
18and19	7	5	10

$X^2=17.52$ ,  $df=9$ ,  $p<.05$

There are also some significant findings in the differences of gender as well. Out of the surveyed participants, the boys and girls have differences when it comes to sexual behavior. Within the group of boys, Table 7 shows that majority of the boys are sexually active. The table also shows that the girls have about an equal amount of sexually active numbers as the boys; however, there numbers are not as skewed to one side like the boys. Only about half of the girls surveyed are sexually active.

**Table 7. Sexually active teen boys and girls.**

Gender	Yes	No
Boys	44	15
Girls	41	45

$X^2=10.44$ ,  $df=1$ ,  $p<.05$

According to gender, there was a significant difference between boys and girls considering the use of contraception. According to Table 8, most of the participants surveyed for both genders use contraception. There is more contraception usage than non-contraception usage. The consistency of the contraception is varied among the genders. As shown in Table 8, the participants who answered that they use contraception all of the time and most of the time is more than the participants who answered that they never use contraception or use contraception sometimes.

**Table 8. Gender difference on the contraception use.**

Gender	never	most of the time	sometimes	all of the time
Boys	5	9	9	25
Girls	22	11	11	24

$X^2=7.91, df=3, p<.05$

### Unexpected findings

Unexpectedly, there were no significant findings in the differences among the four ethnic groups of: Black, White, Hispanic, and Bi-racial teens. However, there were some interesting findings in regards to ethnic groups. A higher percentage of Whites say that their parents have not talked to them about sexual issues in comparison to the percentage of Blacks who say that their parents have not talked about sexual issues with them. However, white teens made up less than 5% of the participants in the current study.

## CHAPTER 5

### SUMMARY, CONCLUSIONS, AND DISCUSSION

#### Summary

A total of 145 teenagers participated in a survey on their sexual behaviors and communication with parents. The findings show that parents are indeed communicating and sharing information with their adolescents. However, information shared between teens and parents does not include communication about unintended pregnancies, HIV, AIDs, STDs, and sexual experiences. Many of the participants say that they have not talked about these issues with their parents. Parents are still the primary resource for the teens, but they are not the only resource. Majority participants received most of their sex-related information from their parents along with other or multiple sources such as their friends, school, the internet, and other mass media. Research shows that teens spend an ample amount of time on the internet and that the internet is expected to fill any information gaps that they may have.

#### Conclusion and Discussion

In fact, teens acquire information from multiple resources all at the same time. They are not abandoning one for the other (Loechner, 2013). If there is communication of any sort about sex, AIDs, HIV, and STDs with their parents, there are not many details or individualization about the issues. The participants said they learned proper usage of contraception for effectiveness from other sources other than their parents. Although majority have learned from other sources, they also said that they do use contraception, or

at least some of the time. If communication is occurring about sex, AIDs, HIV, and STDs, then it is most likely with the mother because she is viewed as the easiest to talk to. Previous studies also show that mothers are the primary source of information with no significant differences on gender or ethnicity (Elliott, 2010). The study shows that age plays a vital role in open communication. Parents are more apt to ask older teens about sexual behavior and inform them on the risks. Current studies also suggests a trend that the older the participant, the more likely they were to communicate about sex with their parents. This study supports previous studies showing that the most influential relationship in the family is with the mother. This study takes a closer look into the communication and relationships to see if there is a significant difference in the way black mothers and daughters communicate. There are not any findings from this study that support the notions that Black teens are leading other races in non-contraception use or that they are leading other races at being a higher risks in terms of sex, AIDs, HIV, and STDs, unlike previous studies. There are findings that support reasons why Black teens are high risk of sexual activity, AIDs, HIV, and STDs, and pregnancy. This study does not show that good or bad family communication between the mother decreases sexual behavior. It does support the notion that more detailed family communication about contraception may increase contraception use. This study shows that with age communication between teens and their parents increase about sex-related topics, but majority of the teens are already sexually active. This study suggests that earlier education is considered to be more important.

Even when there is communication, there is still more communication about everything else other than contraception. Communication at an earlier age will increase



awareness and cause more prevention. The communication may not eliminate sexual behaviors, but it could increase proper contraception use. This would cause a decline in pregnancy and AIDs, HIV, and STDs for black teens. The participants did not know much about Plan B, the contraception that prevents pregnancy. They stated that when their parents mention contraception or sexually related topics, there were no discussions of details.

### **Limitations**

There were some limitations in regards to the survey and its findings. The participants of the survey were limited to three schools in the Houston area using convenience sampling. The number of the participants limits the variety in the sampling. The participants all live in an urban area with similar backgrounds and like surroundings. The ages of the participants range from 10-17, with majority of those participants being the same ages of 16 and 17. The ethnicity of the participants is also limited. Majority of the participants were Black, limiting the comparison of the findings to other ethnic backgrounds.

### **Future Research**

The findings from this survey could benefit future research because it supports the theory that parents do communicate with their children about sex-related topics, but it also suggests that a large amount of adolescent's are not getting full details about the subject. This can be studied further in future research, determining what exact details parents are offering and what they should be offering. Family structure is an important factor that affects sexual attitudes and behaviors. Future studies should examine male

teenagers from a single-parent household. Because of the growing popularity of the internet and social networking sites, future research should explore their impact on sex education. These are strong factors on why more in depth research will be a great asset when understanding the knowledge of adolescent and their sexual behaviors.

## Appendix A

### Media and Teen Relations

I am conducting a research project to find out information about communication and media. We do not need to know your name. Feel free to answer the following questions. Thank you for your cooperation. This survey will not be used for individual purposes.

#### Part 1

1. How old are you? \_\_\_\_\_
2. What is your ethnic background?
  - White
  - Black/African American
  - Hispanic
  - Asian
  - Arab American
  - Bi-racial or multi-racial
3. Are you a boy \_\_\_ girl \_\_\_
4. What type household do you live in?
  - a) single-parent household
  - b) two-parent household
  - c) birth parent and step parent
  - d) guardian (other than parent)
5. What is your mother's highest level of education?
  - a) some high school
  - b) high school
  - c) some college
  - d) college (4yr degree)
  - e) higher (masters, doctorate)
6. How is your relationship with your mother?

Excellent \_\_\_\_\_

Good \_\_\_\_\_

Okay \_\_\_\_\_

Not Good \_\_\_\_\_

Bad \_\_\_\_\_

None \_\_\_\_\_

7. How is your relationship with your father?

Excellent \_\_\_\_\_

Good \_\_\_\_\_

Okay \_\_\_\_\_

Not Good \_\_\_\_\_

Bad \_\_\_\_\_

None \_\_\_\_\_

8. How much information can you share with your parents?

a) I can tell them anything

b) I can talk to them about everything else, but they're not open when it comes to sex

c) They try to communicate to me about sex, but I am not very open

d) There is no discussion about sex

9. Which parent is easier to talk to about issues?

a) I can talk to both of my parents

b) Its easier to talk to my mother, but not my father

c) Its easier to talk to my father, but not my mother

d) I can't talk to my parents about issues

10. Do you or your parents or guardians talk to you about sexually transmitted diseases (STD), HIV, and AIDs?

a) no

b) they have, but not in detail

c) no, I learned from other source

d) they have told me all about STDs, HIV, and AIDs

11. If you are sexually active, do you parents or guardians know?

a) no, but they asked

b) no, we do not communicate about sex

c) yes, they asked

12. Have your parents or guardians talked to you about the proper usage of condoms?

a) I use condoms, but I was never taught proper usage by my parents

b) I learned from another source

c) I do not use condoms, but I was never taught usage by my parents

13. Have your parents or guardians ever talked about or put you on birth control as a contraception method?

a) no

b) I am on birth control

c) I would like to be, but I am afraid to ask

**Part 2**

14. Are you sexually active?

- Yes  No

15. Have you thought about being sexually active?

- a) I have not thought about it yet  
 b) I thought about it, but not enough to act on it  
 c) I am thinking about it  
 d) I have thought about it and acted on it

16. If you are sexually active, do you use contraceptive (condoms, birth control, etc.)?

- A. all the time    B. sometimes    C. most of the time    d. never

17. If you are sexually active, how many partners have you had?

- a) 8+  
 b) 5-7  
 c) 3-4  
 d) 1-2

18. If you are not sexually active, what is your reason?

- a) I have not thought about it  
 b) I do not want to be  
 c) I am waiting for the right person  
 d) I am waiting for marriage

19. Do you know about Plan B one or morning-after pill?

- Yes  No

20. Are you or have you ever been pregnant?

- a) no I haven't  
 b) yes I am a teenage mother  
 c) yes I have been pregnant before

21. I would like to have an open communication about sex with my parents or guardians?

(circle)

Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree

22. How would you rate your knowledge at this point about sexual related topics? (10 being the highest, meaning I know everything)

1    2    3    4    5    6    7    8    9    10

**Part 3**

23. Where do you get most of your information from?

24. Rate the level of trust when it comes to information. (1 most trustworthy-4 least trustworthy)

Media \_\_\_\_\_

Family \_\_\_\_\_

Friends \_\_\_\_\_

School \_\_\_\_\_

25. How many hours do you spend on the internet, watching television, or listening to music in a day? \_\_\_\_\_

26. How many hours do you spend talking to your parents in a day? \_\_\_\_\_

27. About how many hours a day do you spend talking to your friends? \_\_\_\_\_

28. Favorite music artist or Music Video?

\_\_\_\_\_

\_\_\_\_\_

29. Do they influence your sexual behavior?

Yes  No

## Appendix B

Texas Southern University  
 Speech Communications  
 3100 Cleburne  
 Houston, TX 77004  
 Office: 713-313-7208  
 Fax: 713-313-7598

### **YOUTH ASSENT-PARENTAL PERMISSION FOR NON-MEDICAL RESEARCH – FMRI INCLUDED**

**This form will also serve as the “Youth Assent” and “Consent/Permission form for the Youth to Participate in Research.” In this case, “You” refers to “your child.”**

## **Family Communication about Sex with Black Mothers and Daughters**

You are invited to participate in a research study conducted by Chasisty Gilder, from Texas Southern University. Your participation is voluntary. You should read the information below, and ask questions about anything you do not understand before deciding whether to participate.

Please take as much time as you need to read the consent form. Your child will also be asked his/her permission. Your child can decline to participate, even if you agree to allow participation. You and/or your child may also decide to discuss it with your family or friends. If you and/or your child decide to participate, you will both be asked to sign this form. You will also be given a copy of this form.

### **PURPOSE OF THE STUDY**

The purpose of this study is to find a correlation between Black mother-daughter communication to determine how it relates to sexual behavior and contraceptive use.

### **STUDY PROCEDURES**

If you agree to participate, you will be asked to:

- Fill out a survey and answer interview questions
- Participants do not have to answer questions they do not know or questions they may not wish to answer.

### **Guidelines:**

- Participants must be around the ages 10-19

### **POTENTIAL RISKS AND DISCOMFORTS**

There are no potential risks to your participation; however, you may feel uncomfortable answering some of the questions. You do not have to answer any question you don't want to.

### **POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY**

There are no anticipated benefits to your participation. We hope that this study will help researchers learn more about family communication and adolescent behaviors. This research may help advance knowledge in the field of family communication; however there is no direct benefit to you for participating in this study.

### **CONFIDENTIALITY**

We will keep your records for this study confidential as far as permitted by law. However, if we are required to do so by law, we will disclose confidential information about you. The researcher and the Texas Southern University's Office of Research may access the data. The Office of Research reviews and monitors research studies to protect the rights and welfare of research subjects.

Upon completion of the data collection and data entry, all hard copies will be destroyed. The remaining data will be maintained indefinitely; however, the data will not be used in future research studies.

### **PARTICIPATION AND WITHDRAWAL**

Your participation is voluntary. Your refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study.

### **ALTERNATIVES TO PARTICIPATION**

Your alternative is to not participate. If you don't want to participate in this study, you do not have to fill out the survey form.

### **INVESTIGATOR'S CONTACT INFORMATION**

If you have any questions or concerns about the research, please contact Chasisty Gilder phone: 409-338-9365 email: [chasistygilder@yahoo.com](mailto:chasistygilder@yahoo.com) or Dr. E. Bun Lee phone: 713-313-7208 email: [Lee\\_EB@tsu.edu](mailto:Lee_EB@tsu.edu)

### **RIGHTS OF RESEARCH PARTICIPANT – IRB CONTACT INFORMATION**

If you have questions, concerns, complaints about your rights as a research participant or the research in general and are unable to contact the research team, or if you want to talk to someone independent of the research team, please contact the office of Research at Texas Southern University, the Director of Research Enhancement and Regulatory Services, Linda M. Gardiner, Ph.D., 3100 Cleburne, Hannah Hall #230, Houston, TX



77004, Office: 713-313-7208, Email: [gardiner\\_lm@tsu.edu](mailto:gardiner_lm@tsu.edu).

**SIGNATURE OF RESEARCH PARTICIPANT**

I have read the information provided above. I have been given a chance to ask questions. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**SIGNATURE OF PARENT(S)/LEGALLY AUTHORIZED REPRESENTATIVE**

I have read the information provided above. I have been given a chance to ask questions. My questions have been answered to my satisfaction, and I agree to allow my child participate in this study. I have been given a copy of this form.

\_\_\_\_\_  
Name of Parent/Legally Authorized Representative (1)

\_\_\_\_\_  
Signature of Parent/Legally authorized Representative (1)    Date

**SIGNATURE OF INVESTIGATOR**

I have explained the research to the participant and his/her parent(s)/Legally Authorized Representative, and answered all of their questions. I believe that the parent(s) understand the information described in this document and freely consents to participate.

\_\_\_\_\_  
Name of Person Obtaining Consent

\_\_\_\_\_  
Signature of Person Obtaining Consent

\_\_\_\_\_  
Date

## Appendix C

### Codebook

Column	Item Description
<b><u>Part 1</u></b>	
A	how old: write down age
B	Ethnic Background: Black=1; White=2; Hispanic=3; Arab American=4; Other=5
C	Sex: boy=1; girl=2
D	Household: single-parent=1; two-parent=2; birth parent-step=3 guardians=4
E	Mother Education: grade school=1; highschool=2; some college=3; college(4yr)=4; higher=5
F	relationship with mother: Excellent=5; Good=4; Okay=3; Not good=2; Bad=1; none=0
G	relationship with father: Excellent=5; Good=4; Okay=3; Not good=2; Bad=1; none=0
H	How much information can you share? A(anything)=1; B(everything else, but sex)=2; C(They try, but I am not open)=3; D(no discussion)=4
I	Which parent is easier to share with: A(both)=1; B(mother, but not father)=2; C(father, but not mother)=3; D(can't talk to my parents)=4
J	parents or guardians talk about sexual STDs, HIV, and AIDs: A(no )=1; B(they have, but no detail)=2; C(no, learned from other)=3; D(they have told me)=4
K	sexually active, do you parents or guardians know: A() no, they asked=1; B( no, no communication)=2; C(yes, they asked)=3
L	parents or guardians talked about proper usage of condoms: A(use, never taught)=1; B(learned from other)=2; C(no use, never taught)=3

M talked about or put you on birth control as a contraception method:  
A(no )=1; B(on bc)=2; C(would like to be)=3

### Part 2

N Are you sexually active: Yes=1; No=2

O Have you thought about being sexually active: A(no)=1;  
B(thought, no action)=2; C (thinking)=3; D(thought, action)=4

P do you use contraceptive: A(all the time)=4; B(sometimes)=3;  
C(most of the time)=2; D(never)=1

Q how many partners: A)8+=1; B)5-7=2; C)3-4=3; D)2-1=1

R not sexually active, reason: A(no thought)=1; B(don't want to  
be)=2; C(right person)=3; D(marriage)=4

S Do you know about Plan B one or morning after pill? Yes=1;  
No=2

Are you or have you ever been pregnant: A(no)=1; B(yes,  
mother)=2; C(yes, before)=3

U would like to have an open communication: SA=5; A=4; N=3;  
D=2; SD=1

V rate your knowledge at this point about sexual related topics: write  
number from 1-10

### Part 3

W Where do you get most of your information from: 1=media;  
2=family; 3=friend; 4=school; 5=multiple

X Rate level of trust: Media=4; Family=3; Friends=2; School=1

Y hours on the internet, watching television, or listening to music in a  
day: 1=0-1hr; 2=2hrs; 3=hrs; 4=4hrs; 5=5hrs+

Z How many hours do you spend talking to your parents in a day:  
1=0-1hr; 2=2hrs; 3=hrs; 4=4hrs; 5=5hrs+

AA How many hours do you spend talking to your friends: 1=0-1hr;  
2=2hrs; 3=hrs; 4=4hrs; 5=5hrs+

AB Write Favorite Music Artist or Video

AC Do they influence your sexual behavior? Yes=1; No=2

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