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Family Communication Predicts the Decisions of Adolescents to Engage in Sexual Behaviors

This study investigated whether family communication predicted adolescent decision-making about sexual behaviors, as well as gender differences in whether adolescents prefer talking with their mother or father about sex. Male and female college students (n = 148) retrospectively answered questions on a survey pertaining to their family communication about sex when they were going through puberty. Results demonstrated that females reported better communication with their mothers about sex than males, and males reported better communication with their fathers about sex than females. It also was found that the better the communication with mothers, the more informed about sex the adolescents reported to be, the more likely the adolescents reported their relationship with their parents to have an effect on their decision to have sex, and the greater the likelihood of the adolescents to inform their parent if they hypothetically had been diagnosed with a sexually transmitted infection.

Puberty and Menstruation

In the life of an adolescent, puberty is a major developmental milestone. The changes that occur can be overwhelming and may be hard to deal with. For example, changes in girls include weight fluctuations, widening of the hips, and the onset of the menstrual cycle. The transition into puberty has been marked as a time when parents expect more from their adolescents in terms of responsibility and the first talk about sexual intercourse occurs (Cavanagh, Riegle-Crumb and Crosnoe, 2007).

According to Burrows and Johnson (2005), girls have often viewed menstruation in a negative adolescent girls ages 12-15 years old regarding various aspects of menstruation, including preparation for menstruation and information received on this topic. The researchers found that girls did not discuss menstruation openly, especially at school, and would often hide the fact that they had their menstrual cycle. Burrows and Johnson (2005) found that there were more negative perceptions and experiences of menstruation than positive ones. Positive perceptions of menstruation included menstruation as the first step to becoming a woman, the ability to reproduce, and a positive sign of good health during adolescence. These positive ideas regarding menstruation should be given to girls through family communication, as well as other sources, in order to promote openness about puberty in general.

Sexually Transmitted Infections and Contraceptives

With puberty comes the responsibility of understanding the potential risks of sexual behavior including HIV/AIDS and other sexually transmitted infections. The statistics across studies demonstrate that African American inner city adolescents are more susceptible to contracting AIDS and sexually transmitted infections, especially females. Bralock and Koniak-Griffin (2007) evaluated 130 African American females ages 14-20 years old on measures regarding their sexual behaviors, use of condoms, assertiveness to use condoms, and their power in the relationship. The results indicated that a small number of adolescents in their sample used condoms on a regular basis during sexual intercourse and the behaviors they were participating in led to greater risk of HIV and sexually transmitted infections. The researchers concluded that adolescent females might engage in risk-taking behaviors for many reasons. One reason in particular is that women who do not assert themselves in their relationship may not express the need for safer sex practices to their partners. Furthermore, females were more likely to engage in these behaviors if they were not in tune with their bodies or if they were unaware of the costs of participating in unprotected sex. There is a strong need to combat the increasing risk factors in order to protect sexually active females from infections (i.e., through the consistent and correct use of condoms).

Santelli, Lowry, Brener and Robin (2000) conducted a study based on 3,904 adolescents ages 14-17 years old who answered questions pertaining to condom/oral contraceptive use, multiple sexual partners, and sexual intercourse. The results indicated that more male adolescents reported that they have had sexual intercourse and that this was more often on a regular basis as compared to the female adolescents. Females reported to be more likely to use oral contraceptives and to have had fewer sexual partners than male adolescents. In regards to socioeconomic status, females whose parents graduated from high school or college used condoms more often than females whose parents did not graduate. Researchers concluded that regardless of race or socioeconomic status, many factors interacted and had an effect on the sexual behaviors that adolescents engaged in.

Another study conducted by Iuliano, Speizer, Santelli, and Kendall (2006) evaluated the reasons why adolescents did not use contraceptives during first sexual intercourse and protect themselves against pregnancy. Researchers found that adolescents who had sex for the first time did not use condoms because they were afraid of their parents finding out. Other reasons why contraceptives were not used included unintended sexual intercourse, lack of information, inconsistent use of different contraceptives, and obtaining contraceptives. Iuliano, Speizer, Santelli, and Kendall (2006) concluded that the reasons women reported not using contraceptives depended on their current age and the age of first sexual intercourse.

Marston and King (2006) reviewed 268 empirical studies on adolescent sexual behavior from a variety of countries. They identified the common themes that were apparent from the literature. For example, adolescents determined their risk of diseases from partners by how they looked, how well they knew them, and only used condoms for partners who looked risky. Adolescents used sex as a manipulative tool to keep their partners and in some cases trapping their partners through pregnancy in an attempt to make the relationship better. To adolescents, the use of condoms was a sign of mistrust. Adolescents were often guided by social expectations, distinguishing different sexual roles for males and females. For males, it was seen as socially expected that they would have many sexual partners, while females were expected to be chaste and find a monogamous relationship. Reputations and labels were different for men and women based on the sexual behaviors they engaged in. It became harder for adolescents to openly talk about sex with their partners because they did not want to seem too forward or too willing to have sex. Marston and King (2006) concluded that many factors interacted to influence the sexual behaviors of adolescents including gender expectations, societal expectations, and difficulties communicating openly about sex (i.e., condom use and pregnancy risk).

Communication Between Parents and Adolescents

Miller, Kotchick, Dorsey, Forehand and Ham (1998) assessed what kinds of topics related to sex are most likely to be discussed within a Hispanic and African American sample. Nine hundred and eighty-two mother and daughter pairs were evaluated by completing surveys about a variety of sex-related topics, such as sexually transmitted infections and potential sexual partners. The researchers found that adolescent females talked to their mothers the most about HIV and AIDS and the least about masturbation. Furthermore, adolescent females talked to their mothers about sex-related topics more than their fathers. In regards to ethnicity, Hispanic adolescents were more likely to discuss topics about deciding on sexual partners with their mothers than African American adolescents.

Guilamo-Ramos, Dittus, Jaccard, Goldberg, Casillas and Bouri (2006) conducted a study of Hispanic mothers and adolescents who participated in 18 focus groups separately and were asked questions about sexual intercourse, cultural background, and contraceptives. The researchers found that based on the mothers' focus groups, mothers expressed to their adolescents the need to wait to have sexual intercourse, repercussions of sexual intercourse, and discussions on explicit information about contraceptives and sexual intercourse. This study had important implications for the field of social work when working with Latino families and the different ways in which parents convey information to their adolescents.

In another study, three hundred and sixty-two male and female adolescents ages 14-17 years old were asked questions about condom use and discussions on condom use before, during, and after the first sexual intercourse. The results indicated that adolescents who had discussions with their mothers to use condoms at first sexual intercourse used a condom thereafter when he or she engaged in sexual intercourse (Miller, Levin, Whitaker, and Xu, 1998).

Lefkowitz, Boone, Sigman and Au (2002) videotaped 50 mother and adolescent pairs in their discussions about sexuality, dating, and daily issues. It was found that sons were less likely to disclose information when asked questions by their mothers, but mothers were more likely to disclose information if their sons asked them more questions. In addition, there were more discussions about dating initiated by mothers than about daily issues and sex. Sons said they were less likely to have sexual conversations with their mothers, but this did not consistently agree with mothers' reports of the frequency of conversations about sex. Daughters were more likely to have had recurrent sexual conversations with their mothers as compared to sons. Researchers concluded that discussions with parents provided the impetus for adolescents to address sexual topics with their partners in the future.

Kirkman, Rosenthal, and Feldman (2005) interviewed 19 families in which parents were asked about how they communicated with their adolescents, and adolescents were asked about their parents' thoughts about sex and communication regarding sexual topics. Kirkman Rosenthal, and Feldman (2005) found that "open communication" meant answering any questions adolescents ask, having an open mind without dwelling on the subject, and that the subject matter was appropriate for the adolescents' age. Adolescent girls preferred discussing issues about sexuality with their mothers as opposed to their fathers. The reason was that they were both females and talking with their fathers was considered to be embarrassing.

Pluhar and Kuriloff (2004) evaluated the discussions of 30 African American mothers and daughters on topics related to family rules, sexual behaviors among teens, and methods of birth control. It was found that the mothers often used stories when discussing sex, encouraging their daughters to avoid making the same errors they did when they were younger. In addition, four categories of communication emerged: empathy, comfort, silence, and anger. When empathy was present, adolescent girls felt understood and would openly talk about sex. It was also apparent that some adolescents were comfortable discussing sex with their mothers because they frequently talk about the topic; others were very uncomfortable even when their mothers were comfortable talking about sex. Silence often occurred when daughters believed they could not talk to their mothers and in these cases

they often had another adult to talk to. However, anger occurred when mothers overreacted, yelled at, or blew things out of proportion because their mothers would believe they were having sex. Therefore, all of these qualities play a role in communication about sex while also shaping the mother and daughter relationship itself. Pluhar and Kuriloff concluded that it was better for mothers to display empathy and comfort rather than exhibiting anger and silence (barriers in the relationship). Thus, daughters wanted their mothers to listen to them and ignored their mothers when they lectured or yelled at them.

Young-Pistella and Bonati (1999) asked 249 adolescent females ages 13-19 years old at a family planning center about their recommendations on the factors affecting communication between parents and adolescent on topics of sexual behavior. The adolescents suggested that parents treat them as adults and any history of anger in conversations resulted in less communication between parents and their adolescents. Adolescents also recommended that other adolescents discuss information with their parents before a problem arised and should not wait on parents to talk to them about certain topics. Furthermore, it was reported that adolescents should be honest, open-minded, and realize that their parents were once teenagers too and worry about them. In addition, adolescents reported wanting to spend more time with their parents, but said daily life becomes a major inhibitor to better communication between parents and adolescents. Young-Pistella and Bonati (1999) concluded from the adolescent participants' recommendations that parents should spend more quality time conversing with their adolescents and listen to them without becoming angry.

The Current Study

The hypotheses for the current study were: 1) Female participants will have more open communication about sex with their mothers as compared to the male participants, which would be a confirmation of several of the studies mentioned above and 2) Male participants will have more open communication about sex with their fathers as compared to the female participants, which was not examined in the studies above as many of the studies have focused on communication between mothers and daughters.

In addition, we wanted to examine the behavioral correlates of good family communication about sex, such that we predicted the higher the level of family communication about sex 3) the more informed about sex the adolescent will report to be, 4) the more likely the adolescent will report their relationship with their parents to have an effect on their decision to have sex, 5) the greater the likelihood of the adolescent to inform their parent if they hypothetically had been diagnosed with a sexually transmitted infection, and 6) the greater the likelihood that the adolescent will report to practicing protected sex to prevent diseases and adolescent pregnancy.

Method

Participants

The sample in the study included 148 college students who were currently enrolled in a psychology course at a four-year state college in New Jersey. Each male or female college student was between the ages of 17 and 25 and answered questions retrospectively as to the family communication about sex when they were younger ("going through puberty"). The participants were from a variety of ethnicities including Caucasians (79.2%), African Americans (6.9%), Asian Americans (6.9%), and Hispanic Americans (5.6%).

Materials

Family Communication Survey. The survey was adopted from the Sexual Communication Questionnaire (Miller, Kotchick, Dorsey, Forehand and Ham, 1998). The survey included 20 questions: one survey to assess communication with mothers; one survey to assess communication with fathers. The first ten questions on the survey asked about whether certain sex-related topics had been discussed with their parents and were answered in a "yes" or "no" format. The next ten questions on the survey were on a four-point Likert scale (strongly agree to strongly disagree) and included more general statements about family communication regarding sex. For all 20 questions, higher scores indicated less communication on these topics; lower

scores indicated more communication on these topics. The measure appears to have face validity, and it was found to be reliable with an alpha coefficient of 0.74.

Scenario Questionnaire. A one-page scenario was created that described a high school student who contracts genital herpes after having unprotected sexual intercourse. The questionnaire regarding this scenario was on a nine-point Likert scale asking about the likelihood that the participant would have informed his or her parents of the sexually transmitted infection, if they were the high school student in the scenario. The other questions asked about how likely the relationship with their parents would have affected their decision to have sex, as well as to choose protected sex, and in general how informed the participant felt about sex.

Procedure

The researchers surveyed 148 participants in a college classroom at set times that the participants could sign up to attend through the psychology department's online sign-up system advertised via email to all students enrolled in a psychology course. The researchers explained to the participants that the purpose of the study was to evaluate family communication and its relation to adolescent decision-making about sexual behaviors. A consent form and a debriefing form were used following ethical guidelines. Participation took about twenty to thirty minutes. Participants received extra credit for their participation.

Results

Using the enter method for multiple regression, a significant model emerged: $F(6, 129) = 13.87$, $p < .001$, the model explains 36.4% of the variance (Adjusted $R^2 = .364$). The mother's level of communication appeared to be the significant predictor rather than the father's level of communication. In examining the Pearson's correlations more specifically it was found that the better the communication with mothers, the more likely the participants reported they would talk to their parents about the sexually transmitted infection scenario if it had actually happened to them ($r = -.378$, $p < .01$), the more likely the participants said their relationship with their parents would have an effect on their decision to have sex ($r = -.601$, $p < .01$), and the more informed they reported to be about sex ($r = -.250$, $p < .004$). These correlations are negative because lower scores on the family communication survey indicated better communication and higher scores on the individual scenario questions indicated a more positive outcome. No significance was found as to whether participants would be more likely to have protected sex as related to the level of family communication ($r = -.068$, $p < .443$).

Using chi square analysis, the analysis showed that 1 cell had an expected count less than 5, so an exact significance test was selected for Pearson's chi square. The relationship between communication and gender was significant: $\chi^2 (1, N = 132) = 29.994$, $p < .001$. Although there appeared to be no difference in males preferring mothers or fathers, the majority (85.7%) of females were significantly more likely to talk to their mothers about the sexually transmitted infection scenario as opposed to 14.3% of females who said they would talk to their fathers.

A MANOVA was also conducted, Wilks' $= .815$, $F(2,124) = 14.053$, $p<.01$, multivariate $K\chi^2 = .185$, to demonstrate again that female participants reported significantly better communication with their mothers ($M = 37.70$, $SD = 6.53$) as compared to the male participants ($M = 41.68$, $SD=5.73$), $F(1,346) = 8.526$, $p = .004$, partial $K\chi^2 = .064$. This test also showed us that male participants reported significantly better communication with their fathers ($M = 42.25$, $SD = 6.12$) than the female participants ($M = 46.36$, $SD = 5.43$), $F(1,369) = 11.844$, $p = .001$, partial $K\chi^2 = .087$.

Discussion

The hypotheses for this study were all supported except Hypothesis 6 in that no significance was found as to whether participants would be more likely to have protected sex as related to the level of family communication. The female participants reported more open communication about sex with their mothers than their fathers, as predicted, and

through the MANOVA, male participants reported more open communication about sex with their fathers than their mothers.

In addition, the higher the level of mother's communication about sex (no significant differences were found for fathers), the more informed about sex the adolescents reported to be, the more likely the adolescents reported their relationship with their parents to have an effect on their decision to have sex, and the greater the likelihood of the adolescents to inform their parent if they hypothetically had been diagnosed with a sexually transmitted infection.

The present study is consistent with past research. For example, Miller, Kotchick, Dorsey, Forehand, and Ham (1998) found that females had more discussions with their mothers about sex-related topics than males. These researchers also found that males discussed 6 out of 10 sex-related topics on the Sexual Communication Questionnaire with their fathers rather than mothers, which was similar to the females who also discussed 6 out of 10 sex-related topics with their mothers rather than their fathers. The study by Lefkowitz, Boone, Sigman, and Au (2002) also found that females talked more to their mothers about sex than males.

In contrast, the present study was inconsistent with past research as far as protection during sex and gender were not found to be significant. Miller, Levin, Whitaker, and Xu (1998) found support for their hypothesis. In their study, males communicated more with mothers about condoms than females; the opposite was found in the present study as females talked more to their mothers than males about condoms.

The current study's limitations include the small sample size. Having a larger sample with greater portions of various ethnic groups would allow for better comparison and the ability to generalize to the larger population of people. This study also utilized a retrospective report of the communication that the college students had with their parents during puberty. Even though we kept the age limit to 25 years old to allow for better recall than a college student who may be in mid-life, a person in their mid-twenties may also have some distortion of memories. This could lead participants to respond with safe and dishonest answers.

In regard to the Family Communication Survey adopted from the Miller, Kotchick, Dorsey, Forehand and Ham (1998) study, the questions only asked about what topics were discussed and less about what specific information about these topics was conveyed and how it was conveyed. In addition, by using a survey rather than an in-depth interview or observations with their parents, the natural interactive patterns of communication between adolescents and their parents could not be accessed. By providing more detailed interview sessions between adolescents and their parents, family communication can be better assessed and would improve the design of this study.

Future studies could evaluate the impact of self-esteem and overall self-concept on the decisions made by adolescents. Other studies could investigate how the media, culture, religion, peers, and societal attitudes affect the decisions of adolescents to engage in sexual behaviors. Another study could also evaluate more specifically how adolescents handle the consequences of their sexual behaviors. How do adolescents handle situations, such as in the scenario, and in what way do they tell their parents? Studies can also investigate the role of parenting styles and family communication and its effects on adolescent decision-making about sexual behaviors. In addition, more studies should evaluate the role of family communication in its relation to risky behaviors that adolescents engage in, such as drug and alcohol use, driving, and sexual behaviors. Although some research studies have included this factor, more studies are needed to include individuals of different cultures and ethnic groups and how the topic of sexual behaviors is approached in these contexts.

The implications of this study were that it is important for parents to talk to their adolescents about sexual behaviors and to have an open mind to answer any questions. Adolescents encounter many risks by engaging in sexual behaviors. Adolescents should protect themselves and understand the pros and cons of engaging in these behaviors. Although this is a very sensitive subject, parents should be receptive to their adolescents and should refrain from being embarrassed or uncomfortable to talk to their adolescents about these topics. Furthermore,

parents should be available to provide information on these topics to their adolescents instead of letting the adolescent rely on outside factors such as the media and peers.

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