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2009

Retrospective Female Adolescent Perceptions of Parent-Child
Communication and Teenage Sexual Behavior

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Communication and Teenage Sexual Behavior

by

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A THESIS

Submitted to the Faculty of
Barry University in partial fulfillment
of the requirements for the degree of
Master of Science

Miami Shores, FL

3.31.2009

Abstract

The emerging trend for adolescents has been for teens to engage in sexual behaviors, and consequently higher-risk sexual activities, at earlier ages. A lack of sufficient sexual education has been shown to be partly responsible for this trend. Research has shown that parents play the primary role in sexual education for their children. This study examined the relationship between an adolescent's recalled perceptions of openness and honesty in their communication with their parents and the ages at which they engaged in various sexual behaviors. Female young adults (N=54) completed three self-report measures. Results did not illustrate a significant relationship between levels of perceived openness and honesty, age of sexual activity onset, frequency of sexual behaviors, age of initial protection usage, or frequency of protection usage.

Retrospective Female Adolescent Perceptions of Parent-Child
Communication and Teenage Sexual Behavior

The current literature review describes the importance of openness and honesty as determinants of healthy parent-teen communication regarding sex. This review begins by illustrating that the onset of teenage sexual activity is occurring at a significantly younger age. The risks associated with earlier and increased sexual activity in youth are discussed as well. The lack of adequate sex education for many teenagers is discussed, as well as the role parents play in helping their children develop their sense of sexuality and their sex-related knowledge. The literature shows the importance of increasing the quality of communication between parents and teens in an effort to decrease the frequency of sexually uneducated individuals engaging in sexual acts, which in turn would decrease the frequency of higher-risk sexual behaviors. This literature review of empirical investigations aims to establish a relationship between parental communication and adolescent sexual activity by showing openness and honesty as essential elements for successful, quality teen-parent communication. This review also proposes the relationship of higher quality sexual communication between parents and teens and a later age of sexual activity onset and a

subsequent decrease in younger-age, high-risk sexual behaviors.

Many studies have reported that parents are one of the most important forces in the lives and development of children and adolescents. Some researchers have proposed that parents provide the child, through teaching and enforcement, with a strong sense of the family's traditions, morals, and values, including values regarding sexual activity (Young, Jensen, Olsen, & Cundick, 1991). Family background has been shown to have a powerful influence on a child's future personal relationships, the circumstances of future intimate relationships, and subsequent sexual experiences associated with prospective relationships (Ojanlatva, Helenius, Rautava, Päivi, Ahvenainen, & Kosekenvuo, 2003). At the center of the argument for the importance of family is the influence of family communication, particularly the communication between parents and children.

Parent-teen communication has been shown to have considerable influence on adolescent sexual behavior (Jaccard, Dittus, & Gordon, 2000). Parents hold the potential to greatly influence the way their children behave, especially when it comes to sexual activities. Sexual conduct also demands the engagement in moral and

value-based decision making; parent-teen communication is the catalyst for parents to transmit their beliefs and values to their children (Feldman & Rosenthal, 2000).

Although researchers widely agree that parents need to play a large role in the sexual education of children, researchers have also reported that both teenagers and parents find that it is difficult to communicate about sex. Parents may feel unprepared, uninformed, or awkward, and have reported that despite their efforts to initiate conversation, they perceive their children as being intolerant as to the content of the discussion and dismissive (Feldman & Rosenthal, 2000). Likewise, when parents have attempted to initiate sex-based discussions, adolescents have reported feeling uncomfortable and suspicious of their parents meddling in their private affairs (Jaccard & Dittus, 1993).

Proper education and dissemination of facts to anyone intending to commence a sexual relationship is essential to preserve health. Previous research has indicated that greater levels of parental involvement are inversely related to the onset age of adolescent sexual activity (Young, Jensen, Olsen, & Cundick, 1991). There is, therefore, a necessity to isolate the communication factors that lead to adolescent perceptions of a healthy exchange

with a parent. Isolating communication factors contributing to healthy communication exchange may help parents implement a communication method with their teens that will be perceived by the teens as instructive, open, relaxed, and nonthreatening (Feldman & Rosenthal, 2000).

Watson et al. (2007) caution that there are risks associated with retrospective data collection, and the possibility for response differences between retrospective and prospective data collection are still present.

Researchers warn that data needs to be analyzed carefully, and when designing research questionnaires, questions that seem as if they would not yield a reliable retrospective answers should be eliminated. Lindner, Sluijter, and Schleinzer (2006) further advise that additional analyses must be used in order to ensure validity before drawing conclusions from studies involving retrospective data, especially studies involving retrospective data and a limited number of participants.

However, although the opportunity for false recall and intentional false reporting is present, most information reported retrospectively is still sensitive to group differences that are clinically relevant. Therefore, despite the implicated limitations and criticisms, retrospective recall remains an effective research tool,

and studies involving retrospective data collection have yielded valuable data (Watson et al., 2007), and have proven to be beneficial in drawing significant research conclusions and justifying new treatments for medical conditions as well as behaviors (Lindner, Sluiter, and Schleinzer, 2006).

Teenage Sexual Activity

A number of national surveys have indicated that sexual activity among American adolescents has dramatically increased over the past decades (Kotchick, Dorsey, Miller, & Forehand, 1999). Teenagers are experimenting with sexual activity at a rate that increases steadily and systematically with grade level (Lederman, Chan, & Roberts-Gray, 2004). Children are experimenting with many different types of sexual contact including digital stimulation, oral sex, and intercourse, at earlier ages than ever before, which can lead to harmful consequences, both in the short term (e.g., infection, emotional trauma) and long term (e.g., pregnancy, disease) (Overby & Kegeles, 1994).

Between 1990 and 1997, the number of female teens (13-19 years) who reported ever having sexual intercourse remained constant at 48% (Little & Rankin, 2001). The rate at which girls have engaged in sexual activity before the

age of 15, however, increased from 11% to 19% between 1988 and 1995 (Koch, 1998). Many databases use vaginal intercourse as the definition for sexual experience (Upchurch, Lillard, Aneshensel, & Li, 2002); heterosexual intercourse or heterosexual contact alone, however, are not the defined limitations of adolescent sexual expression (Upchurch, Lillard, Aneshensel, & Fang Li, 2002). Although sexual intercourse is often initiated by early or middle adolescence, children as young as 9 years of age have had sexual contact, including but not limited to fondling, digital stimulation, and oral sex, according to some surveys (Kotchick et al., 1999), and research has shown that over 50% of adolescents between ages 15 and 19 have engaged in oral sex (Abma, Chandra, Mosher, Peterson, & Piccinino, 1997). Some teens report engaging in oral sex out of a mistaken belief that oral sex is a strategy to avoid contracting STDs, while others engage in oral sex as a way of avoiding early teen pregnancies (National Campaign to Prevent Teen Pregnancy, 2005).

Older adolescents are generally more sexually active, and studies have shown that the majority of adolescents have transitioned to sexual intercourse by or after age 15 years (Sonenstein, Pleck, & Ku, 1989). Kotchick, Dorsey, Miller, and Forehand (1999) reported that more than half of

high school students have, before graduation, engaged in sexual intercourse.

Influence of Others on Sexual Behavior

Elder (1997) reports that adolescents tend to view sexual activity as a hallmark of their personal growth, and that the first sexual encounter has been seen as a highly significant event for adolescents and used as one of the social markers in the transition to adulthood. Sexual activity during adolescence may, however, be more or less problematic and out of phase depending on the age of onset (Smith, 1997). Teenage sexual development, despite the meaningful emotional changes it may bring to adolescents, may actually prove to be detrimental to healthy development. Events occurring "off-time" have been associated with disruptions in normal sequences of development, leading to potential difficulties in later development (Smith, 1997). Research has proposed that although engaging in basic sexual activities (e.g., hugging, kissing) may be beneficial to teenagers, and being involved in a relationship may aid with emotional development, commencing sexual activity too early may prove to be problematic not only for the remainder of the teenage years, but later in life also.

Dating. DeGaston, Weed, and Jensen (1996) reported that trends in dating and establishing relationships also illustrate that teens are becoming more romantically involved at a younger age. Dating and socializing help foster growth that is important for emotional development in teenagers; however, studies have indicated that early and steady romantic dating increase the likelihood of adolescent sexual activity by both sexes. Dating can be viewed as one of the key variables indicating the strong influences of peers and others on the decision to initiate sexual activity (DeGaston, Weed, & Jensen, 1996).

Little and Rankin (2001) isolated a number of factors that may influence a teenager's choice to engage in sexual activity. Eighth graders (ages 13-14) were asked to identify behaviors they have participated in (possible precursors to sexual activity), such as drug use, alcohol use, and being in a relationship. Researchers found that having a significant other was strongly correlated with sexual activity, although the social connotation surrounding the relationship differs by gender. Studies have shown that what a teen thinks is the normal behavior for his or her peer group may strongly influence how he or she chooses to act in respect to involvement in sexual activities (Whitbeck, Conger, & Kao, 1993). Researchers

found that a girl having a boyfriend was a stronger predictor of sexual activity than a boy having a girlfriend. According to the researchers, this finding supports theories suggesting that girls engage in consensual sex as an approval-seeking behavior, and boys engage in consensual sex as a status-seeking behavior.

Peer pressure. Regardless of peer behavior, teen sexual activity may be affected by what adolescents believe their friends are doing (Little & Rankin, 2001). The reasons for such conformity can be identified in the bonds individuals establish with the conventional order. A teen who has closely associated with peers whose behaviors and beliefs are deviant from the order is apt to learn delinquent behaviors from those peers (Little & Rankin, 2001). Prominent behaviors in teenage society are such that adolescents value not only perceptions of how their friends and peers feel about them, but also whether their behavior and conduct would be met with approval or disapproval by their peers. Benda and DiBlasio (1994) found that strong peer influences are positively related to teen sexual activity. Teens are at a great risk for peer pressure; psychological maturity from adolescence to young adulthood typically trends toward greater conformity (Harper, 2004). Research indicates that the social trend

of teens developing towards greater conformity is also indicative of the ease at which teens allow peer pressure to influence them.

Little and Rankin (2001) developed a sexual education curriculum intended to take advantage of peer modeling. In their project "Postponing Sexual Involvement" (PSI), high school students were trained as peer counselors. Under supervision, they taught the eighth grade health curriculum, a curriculum inundated with information on sexual risk, protection, and avoidance. Peer counselors administered questionnaires at standard intervals throughout the course in the experimental group; the same questionnaires were administered by the health teachers in a control group without the PSI element. The PSI curriculum did not have an effect on timing of sexual engagement. However, responses from the questionnaires indicated that students reacted well to the PSI teaching style (i.e., being taught by high school students).

Little and Rankin (2001) report their findings as a promising format for parents and educators who are eager to engage in a more formal and friendly sex education style. However, research results indicate that teens are more drawn to learning about sex from their peers, who are often as uninformed as those they advise. Even though the amount

of sexual knowledge possessed by a teenager increases with age, there is still evidence that teenagers are not appropriately applying the knowledge.

Social learning theory holds that individuals can learn by observing a behavior and its effects and may adopt the behavior as their own if they place significant value on the outcomes. Adolescents have been shown to place a great social importance on engaging in sexual activity and also view sexual activity as a salient developmental event. Therefore, they may be eager to model the behaviors of those already engaging in sexual behavior. Teenagers may be more comfortable seeking out and receiving novel sexual information from someone they perceive as having a high status in their peer group.

Risks of Sexual Activity

Pregnancy. The United States, in recent years, has had the highest rate among the world's developed nations of adolescent pregnancy (Grunbaum, Kann, & Kinchen, 2004). Higher rates of teen pregnancy in the United States can be attributed to a less effective and infrequent use of contraception (Darroch, Singh, & Frost, 2001). Teenagers engaging in unplanned and spontaneous sexual activity are more likely than those planning sexual activity to be at risk of pregnancy (Sonenstein et al., 1989); 76% of births

to women aged 15 to 19 were out-of-wedlock in 1996, compared to 15% in 1960 (Little & Rankin, 2001). Evidence suggests that younger teenagers who are sexually active are more likely to engage in unplanned, spontaneous sexual activity, and are less likely to use contraception than older peers (Zabin, Hirsch, Smith, & Hardy, 1984). In fact, the percentage of sexually active youth reporting condom use at the time of their last sexual intercourse shows a decrease by grade level (67.5% in ninth grade to 49.3% in 12th grade) (Lederman, Chan, & Roberts-Gray, 2004).

Risk-Taking and Disease. A younger onset age of sexual activity gives rise to a greater prevalence of unprotected and unsafe sexual practice. Teens engaging in coitus are at greater risk for unfavorable health consequences than those who do not engage in sexual activity (Watts et al., 2000). Adolescents tend to engage in sexual activities in monogamous sexual relationships that by mature standards are brief, thus increasing their exposure to a number of sexual partners and increasing the risk of sexually transmitted diseases (STDs; Overby & Kegeles, 1994). A dramatic rise in the sexual activity of teenagers over recent decades and increased rates of risky sexual behavior, including sexual activity with multiple partners and inconsistent use of prophylactics, have placed

adolescents at an increased risk of contracting human immunodeficiency virus (HIV) and other STDs (Wilson & Donenberg, 2004). STDs are spread not only through heterosexual vaginal intercourse, but through oral and anal intercourse as well. Consequently, adolescents engaging in a wider variety of sexual activities are at a higher risk for negative health consequences associated with early and unsafe sexual practices, including contraction of HIV, and exposure to other STDs (Kotchick et al., 1999).

The Family and Teenage Sexual Activity

Effect of the Family on Behavior

Crowder and Teachman (1994) found that the effects of living arrangements are often attributed to internal family dynamic variations; these include adolescent attitude differences toward family activities and family values, amount and quality of guidance supplied by parents, and supervision provided by parents to children and adolescents.

It is within a family that children are provided with a primary reality through which to absorb their family's culture, history, lineage, and traditional and cultural values and morals (Bell & Bell, 2005). Family background has been shown to have a powerful influence on a child's personal relationships, the circumstances of future

intimate relationships, and subsequent sexual experiences associated with prospective relationships (Ojanlatva et al., 2003).

Parental Presence

Modeling theory holds that teenagers will model their own behavior after someone else's behavior if they find that the outcomes of their behavior hold significance or increase their status within the schema of values they find worthy. Modeling theory would then suggest, therefore, that if parents wished to have their adolescent children model parent conceptions of appropriate behavior, parents need to ensure that they impress the values that they define as appropriate for their family and society upon their children. Modeling theory also holds that children will not model the expressed behavior if they find that the outcomes of the behavior yield insufficient reward within their schema.

Congruent with modeling theory, research has shown that the presence of parents in the home may affect adolescents in a number of ways by influencing the way in which a child's morals and values are shaped (Watts, 2000). It has been shown that children who have received parental caregiving that is responsive to their needs and empathetic have developed confident, secure, and open communication

styles with adults (Bell & Bell, 2005). Based on findings that parental involvement is an important factor in reducing or delaying teenage sexual behavior, researchers have recently begun recommending to practitioners that any comprehensive intervention program aimed at reducing premature adolescent sexual contact must include an element of parental involvement (Watts & Nagy, 2000). Studies that focus on family variables suggest that the rates of sexual intercourse in teenagers are lower in families with higher levels of family involvement, supervision, and attachment (Smith, 1997). Observational studies have examined the quality of parent-child interaction patterns as they are related to the development of adolescent moral judgment. Results produced indicated that a parent-child relationship perceived by both parties as open and honest is a significant factor in developing a set of morals parents would call positive and healthy (Speicher, 1992).

Recently, researchers have identified family structure as an important factor for predicting the onset age of sexual activity (Watts et al., 2000). Based on the family dynamic and the presence of parents in the household setting, children and adolescents have a much greater chance of initiating and sustaining quality communication relationships in a two-parent household with higher amounts

of parental presence in the home. Some researchers have proposed that children from households with more parental presence are less susceptible to the influence of others on their personal decisions and behaviors because an intact family may provide the child with a stronger sense of the family's traditions, morals, and values, including values regarding sexual activity (Young, Jensen, Olsen, & Cundick, 1991). The presence of both parents in the home is associated with delayed onset of sexual activity in adolescents (Young, Jensen, Olsen, & Cundick, 1991). It has also been shown that fewer teenagers engage in premarital sexual activity when they have grown up in homes with both the mother and father present for at least the first 15 years of the child's life (Zelnik, Kantner, & Ford, 1981). Research would suggest, therefore, that a strong parental presence in the home may help in providing more opportunities for parents to engage their children in sexual conversation.

Researchers still argue that the parents are responsible for establishing a healthy line of communication and fostering the open exchange of honest information between both parties. Watts (2000) reported that healthy, quality communication has still been shown to bear a stronger effect on the decision to delay engaging in

sexual activity than the amount of communication alone. Adolescents' perceptions of parental behaviors have been shown to be more predictive of the influences parents have on their children's behavior than their actual behavior or attitude (Watts, 2000).

Communication Between Parents and Teens

Fingerson (2005) reported that although sexual education and socialization may develop throughout adolescence, it begins in the family, as parents provide their morals and values regarding sexual behavior for their children. Research indicates that parents not only want to have some control when it comes to their children's sexual behavior, but also want to protect them from emotional and health risks involved. Parents are responsible for providing information about behavioral schemas and social control, sexual information, and sex-role learning (Fingerson, 2005). However, often parents are somewhat anxious and uncomfortable when it comes to openly discussing the budding sexuality of their children (Fitzharris & Werner-Wilson, 2004).

Wilson and Donenberg (2004) examined the communication styles of parents and adolescents seeking psychiatric treatment. Researchers sought out a population of adolescents seeking psychiatric care because they are at

particular risk of HIV due to their high rates of sexual risk-taking behavior. Adolescent participants were given the AIDS Risk Behavior Assessment (ARBA) as a structured interview to assess their sexual risk-taking behavior. The assessment included the onset age of sexual activity, the number of risky sexual behaviors the individual had been involved in (i.e., having sex while using drugs/alcohol, lack of condom use, and having sex with someone whose sexual history was unknown) and the frequency of these occurrences with everyone the adolescent has had as a sexual partner within the last three months. Participants were also provided with four vignettes designed to foster a discussion between parents and teens about sex.

Structured questions provided a basis for discussion, and the conversations were scored on mutuality, directiveness, disagreement, withdrawal, and support. Researchers have found that communication style, and not the frequency of communication about sexual risk-taking, was related to a lower frequency of risky sexual practices. The results also revealed a significant relationship between adolescents who engage in the most risky sexual behaviors and the employment of a mutual discussion with parents about sexual behaviors. Wilson and Donenberg's results indicate that simply telling teens about a parent's

own sexual endeavors without any guidance or warning may not deter sexual risk taking.

Researchers also, however, report a significant relationship between adolescents whose parents disagreed with them regarding sex and adolescents whose parents chose to be more direct in their communication and a decreased frequency in risky sexual behaviors. These results illustrate a decreased frequency of sexual risk engagement in both groups that reported a style of communication in which their parent's views were clear, rather than in concordance with their own views. This also suggests that parents who choose to be frank, honest, and foster a discussion in which different points of view are present may actually help delay sexual risk taking behavior and the onset age of sexual activity.

Problems Leading to Ineffective Communication

Jaccard, Dittus, and Gordon (2000) studied the factors associated with sexual communication between mothers and teens in an attempt to isolate the elements that cause uneasiness or fear of conversation. Participants were 751 African American adolescents between the ages of 14 and 17 years and their female caregivers. Both adolescents and mothers were provided questionnaires in their homes, but at separate times. Adolescents and mothers both rated the

satisfaction of their relationships with each other on an 11-item scale. Participants were then provided with a scale designed to assess the extent to which they had actually engaged in sexual communication. Mothers were then given a 21-item scale designed to measure specific concerns about holding a sexual conversation with their teenagers.

Participants were asked to rate their agreement to statements such as "I really don't know enough about sex and birth control to talk about it with my [child]" "It would embarrass my [child] to talk with me about sex and birth control," and "If I talked about sex and birth control with my [child], [he/she] might ask me something I don't know the answer to."

Teenagers were given a scale designed to measure the same variables, but with questions geared toward an adolescent perspective. The adolescent scale possessed 16 items, including "I would only make my mother suspicious if I tried to talk to her about sex and birth control," "My mother would ask too many personal questions if I tried to talk to her about sex and birth control," and "I would have a difficult time being honest with my mother about my behavior if we were to talk about sex and birth control." Teenagers were also provided with a questionnaire designed

to measure the extent to which they perceived their caregivers as being against engaging in premarital sex.

Jaccard, Dittus, and Gordon (2000) reported that the two biggest concerns for mothers engaging in sexual conversations with their adolescent children were of being afraid the teen would ask something they would not know the answer to and of embarrassing the child. Other strong concerns were a fear that the teen would not be honest and that the teen would not take them seriously. Adolescents indicated that their most significant concerns about engaging in a sexual discussion with their mother were the fear that initiating the conversation would force the mother to become suspicious, the fear of being asked too many personal questions, and also the concern of embarrassment.

Lederman, Chan, and Roberts-Gray (2004) studied parent-child sexual risk prevention communication after providing teens and parents with a discussion intervention that was heavily socially oriented, intended to be more so than parents and teens are used to. Participants in the experimental group were provided with information regarding the health risks of sexual behavior in a social learning program; that is, a program where the individuals learned by being engaged in a group discussion, rather than the

traditional classroom lecture method. The control groups were presented with the same information, but through the traditional classroom format. Results indicated that the individuals participating in the experimental group more firmly expressed intentions to delay sexual activity than those in the control group in a survey administered one year after the program. Researchers also noted that although scores for specific areas within the survey did not illustrate significant differences between groups (consequences of risky sexual behavior, risk behavior attitudes, adolescent perceptions of parental disapproval, and communication with parents about sexual risk behaviors), the total scores, calculated, indicated that the participants in the experimental group were less inclined to engage in sexual risk taking behaviors.

Teens report that one of the biggest factors keeping them from engaging in conversations about sex and birth control with their mothers was the feeling that they had already received significant information from them (Jaccard, Dittus, & Gordon, 2000). These results indicate that adolescents may be willing to engage in sexual activity without discussing sex and birth control with someone more knowledgeable, thus, parents may falsely

perceive a stronger transmission of values and beliefs than actually exists in the parent-teen relationship.

Adolescent Perception of Communication

Recent research has shown that when teenagers have experienced more maternal supervision and involvement and have perceived their parents as having attentive and friendly communication styles, they engage in a higher frequency of sex-refusal and a lower frequency of sexual experiences (Watts & Nagy, 2000).

Research indicates that the quantity of parent-teen communication is not nearly as important as the quality of parent-teen communication. Quality communication involves low amounts of hostility in conversation, patience, encouragement of the adolescent's participation in family discussions, parental warmth, and high amounts of supportive parent-teen interactions (Speicher, 1992). It seems that when adolescents view the communication as calm, honest, patient, informative, and open, they are most likely to actively participate, seek information, and disclose information. Emotional disclosure with parents is most closely associated with an adolescent perceiving the communication environment with parents as open (Papini, Farmer, Clark, & Micka, 1990). Sexual communication in particular, that is open, receptive, and comfortable has

been most consistently found to relate to reducing risky behaviors than other communicative elements (Wilson & Donenberg, 2004). Conversely, it has been found that communication between parents and teens that is less open is linked with more serious, and a higher frequency of, adolescent delinquency, including engagement in higher-risk sexual behaviors (Kirkman, Rosenthal, & Feldman, 2005).

Perceptions of Openness and Honesty

Openness. Researchers have used many different definitions of openness, especially when discussing its relationship to sexual communication. Herein, openness is defined as a communication quality marked by willingness to honestly share personal and possibly intimate details without fear of reprimand, and a belief that information shared is received in an honest and trusting environment. Only one major study has recently examined the relationship of openness and parent-teen sexual communication in a similar light. Kirkman, Rosenthal, and Feldman (2005) studied openness and honesty as it relates to parent-teen sexual communication. They interviewed 19 families of students in vocational school in Australia. Researchers conducted three separate interviews: one for each parent and another for the adolescent. Interviewers asked open-ended questions, designed to encourage conversation and

topic elaboration. Parents were asked to speak about the communication they had with their own parents on sexual topics as well as to interpret the quality of the sexual discussions they lead with their own children. The teenage children were asked to interpret and explain what they felt their parent's views on sexuality were, provide examples of their family discussions on sexuality from their perspective, and to describe how well prepared they felt they were to be sexual educators for their own children.

The researchers that conducted the interview did not define the term "sexuality" so each person being interviewed would utilize their own perceived definition. Researchers also intentionally avoided asking about "openness" and analyzed the responses to see how often the individuals being interviewed brought it up as an important aspect of communication.

Initial analysis of the interview responses indicated that almost all of the participants stated, unprompted, that openness was an important aspect of communication. All but two of the mothers interviewed directly advocated for openness, and one of the remaining two implied it by describing it but not mentioning the word itself. Openness was, as eventually analyses illustrated, the single most

commonly named element that made up good sexual communication.

Kirkman, Rosenthal, and Feldman (2005) also reported that the parents interviewed not only mentioned how important open communication was with their own children, but how much they regretted not having a more open sexual dialogue with their own parents. This information is unique to other studies about sexual communication in that it illustrates the importance placed on openness from both sides of the conversation. From this we can not only see how vital it is for parents to have open communication with their own children, but how easily the lack of open communication could be perceived by a teen, and how strongly it can be recalled later in life. Many of the mothers interviewed reflected upon communication history with their own parents and stated, again unprovoked, that had their communication been more honest (and they wished that it had been) that they would have been better educated on sexual matters and would have abstained longer than they did.

Many of the adolescents interviewed reported that although they perceived their parents as open to sexual communication (either by their communication styles on other topics or their parents telling them directly that

they were open to sex as a discussion topic), their parents had not engaged the children in a sexual conversation. Researchers initially regarded this as a puzzling contradiction; it was later revealed, however, that many of the adolescents defined openness as the perception of their parent's willingness to answer questions or help solve problems, whether they had previously done so or not. Other components of openness identified by teens were the ability of parents to keep an open mind and balancing openness on the subject and respect for the child's privacy. From this it can be gathered that teens will interpret their parent's communication techniques on sexuality based on their parent's communication styles on a variety of other topics. The perceptions of communication style and quality need not necessarily be based on prior occurrences.

Honesty. Kirkman, Rosenthal, and Feldman (2005) further found that a number of respondents either spoke directly about or implied the importance of honesty in communication. Participants indicated that being perceived as willing to answer questions was important, it was not enough in and of itself. Both teenagers and parents recalling their own parents stated that they had perceptions of whether their parents communicated

truthfully or obfuscated the truth (either out of awkwardness or lack of knowledge themselves) based on both previous sexual discussions and non-sexual discussions.

A theme present in the discussions with parents was the acceptability of reporting false information if the information was appropriately tailored to benefit the age of the children. Younger children may benefit from a parent defining sex as a necessary precursor to pregnancy and childbirth and may not be able to fully understand the recreational and pleasurable implications of sexual activity. A number of parents reported that they had spoken with their children about the basic implications of sex (reproduction) upon interrogation, but either had saved or were saving subsequent discussion until the child was older.

Kirkman, Rosenthal, and Feldman (2005) also reported that parents stated some of their own parents had utilized the same technique; it was important to note, however, that parents that suggested this method also noted the importance of partial fact reporting being tailored appropriately for the age of the child and not based on lies, deception, or denial. This illustrates that parents, through their own experiences, report that the development of an honest relationship is not only essential in

communicating and transferring information, but also must be developed early and cultivated throughout the child's life. In fact, parents warned in their interviews that if honest communication is not developed properly, children may perceive the initial sexual topic avoidance in the statement "I am open if you have any questions," as "please don't ask me anything"; this avoidance may be because the parents appear either unwilling to initiate the conversation or as if they need time to develop a fictional explanation. Parents, teens, and researchers all reported that the basis for trust lies in the perception of a truthful exchange, and children will appreciate a parent explaining that they do not know the answer to a question more than a concocted explanation because it illustrates a parent's willingness to be truthful. Either way, the research indicates that the perception of honesty is one of the most important elements of parent-teen sexual communication.

Summary

Current research has supported beliefs that parents play an integral role in teaching morals and values, especially those that are culturally significant, to their children (Bell & Bell, 2005). Parents have the potential to influence their children's behaviors, both healthy and

unhealthy, through active involvement and through passivity.

The modern trends of adolescent sexual activity are for teenagers to engage in a wider range of sexual behaviors at earlier ages. Research has shown that adolescents view sexual activity as an important developmental achievement, and the desire to mature within a social system can be increased by not only the direct influence of peers, but also the perceived beliefs of peers (Little & Rankin, 2001). Social Learning Theory holds that teens will learn to duplicate observed behaviors if value within their community is placed on the behavior or the outcome. Research has shown that this is especially true when it comes to adolescents and sexual activity.

The behaviors being examined in this study will be categorized by risk level. Lindner, Sluijter, and Schleinzer (2006) report that retrospective data collection proves beneficial when research is dependent upon past symptoms and behaviors in order to examine new and controversial treatments. It allows the researchers to respect their subjects by not putting them in a situation to either experience further pain or to engage in a drawn out treatment that may not prove to be beneficial; the same

can be said for a studies that examine controversial, taboo, and risky behavior patterns.

Research has illustrated that teens are beginning to engage in sexual behaviors at ages before formal sexual education is presented in the school (Kotchick et al., 1999). Even in the classroom sexual education setting, however, sexual information is being presented in an environment where teens rely on each other for clarifications and explanations, making adolescents still vulnerable to the transmission of misinformation. Therefore, in order for teenagers to be provided with a sexual education deemed satisfactory by their parents, the direct communication of truthful information and family/community values from parent to the adolescent is paramount (Watts, 2000).

Parental influence has been shown to come from both presence and communication, but research has also illustrated that quality of time spent with an adolescent has a stronger influence than quantity of time and communication. Adults report that, in hindsight, they would have abstained from sexual activity longer if they had better communication with their own parents (Kirkman, Rosenthal, & Feldman, 2005). Teenagers reported that they felt unable or unwilling to share personal information with

their parents because they feared prying and suspicion; however, they would be more willing to share in an environment that was calm, patient, and had low levels of hostility.

Adults and teenagers alike prefer to be treated with respect when they are spoken to. Teens are more willing to share in a non-threatening environment where their own beliefs and values are respected, much as they are when communicating with their friends.

Rationale

Research examining communication factors between parents and teens when it comes to sex has very important implications. Further research on the elements of healthy communication, particularly openness and honesty, may help illustrate the importance of these two communication elements in creating the best environment for parents to properly convey important information on a taboo subject. The results of the research may lead to parents learning how to effectively communicate with their children about sex, thus, teens with a thorough understanding of the facts regarding sex and their parent's views may delay the age at which they engage in sexual activity.

The Proposed Research

The current trend for adolescent sexual activity is not only that the onset is occurring at a younger age, but because of this trend adolescents are engaging in higher risk, and an increased frequency of high risk, sexual behaviors. Previous research has shown that parents can be successful in dissuading children from engaging in certain behaviors if the children feel that they can communicate about their behaviors in an honest and open setting, rather than a one-sided, disciplinary setting.

For this study, positive parent-child communication is defined as communication that is open and honest: receptive, informative, and fosters a healthy and truthful exchange of values, morals, and ideas. The purpose of this study was to determine whether or not an adolescent's recalled perceptions of positive parent-child sexual communication is related to their reported delay in the onset of sexual activity and to determine if an adolescent's perception of positive parent-child communication is related to a decrease in the frequency of higher-risk sexual behavior.

Method

Participants

Participants were 54 young adult female Barry University undergraduate students, recruited through the psychology department participant pool (see appendix A). Participants were at least 18 years of age ($M = 20.48$, $SD = 2.07$). The mean age of the sample participants ($n = 54$) was 20.48 years. The majority of participants (25.9%) were Hispanic/Latino; 22.2% were African-American; 22.2% were White (Non-Hispanic); 20.4% were Caribbean; 9.3% were of other ethnic backgrounds. Most participants were Catholic (53.7%); 7.4% were Protestant; 1.9% were Hindu; 1.9% were Jewish; 35.2% belonged to other religions.

Materials

Parent-teen Communication Questionnaire. The Parent-teen Communication Questionnaire (PCQ; see appendix C) consists of 29 items rated on a 7-point Likert scale (0 = *disagree strongly*, 6 = *agree strongly*). Items measuring openness and honesty were subjected to an analysis of internal consistency. Internal consistency for the PCQ was strong (Cronbach's alpha coefficient = .87, openness subscale; Cronbach's alpha coefficient = .84, honesty subscale). The scores of each subscale were calculated by summing all relevant items for the total score.

Sexual Activity Questionnaire. The Sexual Activity Questionnaire (SAQ; see appendix D) was designed to measure the ages at which participants initially engaged in various sexual activities, the frequency of participation in various sexual behaviors, and the frequency of the individual employing protection from STDs and pregnancy. Protection is operationally defined as use of a condom or other method of birth control. The SAQ consists of 10 items rated on a 7-point Likert scale (0 = *never*, 6 = *frequently*). Participants were asked to indicate the age at which they initially engaged in the behaviors presented. Participants were also asked to indicate the age at which they initially engaged in the behavior presented using protection (see Appendix D).

Demographic questionnaire. A brief demographic questionnaire included items assessing gender, age, ethnicity, religion, and sexual preference. See Appendix E for the demographic questionnaire.

Procedure

Participants were given a cover letter about the study (see appendix B) and were asked to complete the demographic questionnaire, SAQ, and PCQ. The order of questionnaires was counterbalanced. Participants were then asked to place

the completed questionnaires in a provided envelope and return them to the researcher.

Design and Analyses

A multiple regression analysis was used to explain the relationship between perceived openness and honesty in communication and the following variables: age of sexual debut for various sexual behaviors, frequency of performing various sexual behaviors, reported frequency of protection usage, and initial age of reported protection usage.

It was hypothesized that perceived high levels of openness and honesty would predict a later age of sexual debut.

It was also hypothesized that perceived high levels of openness and honesty would predict a lower frequency of sexual behaviors.

It was further hypothesized that perceived high levels of openness and honesty would predict an increase in the reported frequency of protection usage.

Finally, it was hypothesized that perceived high levels of openness and honesty would predict an earlier age of reported protection usage.

Results

Sexual Debut

Participants were asked to report the ages at which they engaged in various sexual behaviors, including receiving oral sex, performing oral sex, participating in penile-vaginal intercourse, and receiving anal sex (See Table 1).

To test hypothesis 1, a multiple regression analysis was calculated to assess the predictive value of perceived openness and honesty on the onset age of sexual behaviors. No significant relationship was found between openness and honesty and any reported age of onset.

Sexual Behaviors

Participants were asked to report the frequency in which they engaged in various sexual behaviors both without and with protection, including receiving oral sex, performing oral sex, participating in penile-vaginal intercourse, and receiving anal sex (Table 1).

To test hypothesis 2, a multiple regression analysis was calculated to assess the predictive value of perceived openness and honesty on the frequency of sexual behaviors. No significant relationship was found between openness and honesty and any reported frequency of sexual behavior (Table 2).

Table 1

Frequency of Sexual Behaviors

Behavior	% Who endorsed	Mean Frequency	Mean Age	SD
Age first received oral sex	83%	--	16.91	2.20
Frequency of receiving oral sex	80%	3.26	--	1.62
Age first received oral sex using protection	24%	--	18.08	2.69
Frequency of receiving oral sex using protection	24%	2.31	--	1.49
Age first performing oral sex	76%	--	17.20	2.14
Frequency of performing oral sex	76%	3.27	--	1.66
Age first performing oral sex using protection	20%	--	18.00	2.68
Frequency of performing oral sex using protection	22%	2.00	--	1.35
Age first engaged in penile-vaginal intercourse	66%	--	16.67	1.99
Frequency engaging in penile-vaginal intercourse	65%	4.14	--	1.93
Age first engaged in penile-vaginal intercourse using protection	65%	--	16.17	3.38
Frequency engaging in penile-vaginal intercourse using protection	67%	3.81	--	1.67
Age first received anal sex	26%	--	18.86	1.99
Frequency of receiving anal sex	26%	1.00	--	0.68
Age first received anal sex using protection	15%	--	19.00	2.14
Frequency of receiving anal sex using protection	15%	1.38	--	1.93

N = 54 females

Protection Usage

Participants were asked to report the frequency that they engaged in various sexual behaviors using protection, including receiving oral sex, performing oral sex, participating in penile-vaginal intercourse, and receiving anal sex (See Table 1).

To test hypothesis 3, a multiple regression analysis was calculated to assess the predictive value of perceived openness and honesty on the frequency of protection usage. No significant relationships were found between openness and honesty and any reported frequency of protection usage.

Participants were also asked to report the ages at which they engaged in various sexual behaviors using protection, including receiving oral sex, performing oral sex, participating in penile-vaginal intercourse, and receiving anal sex (Table 1).

To test hypothesis 4, a multiple regression analysis was calculated to assess the predictive value of perceived openness and honesty on the onset age of protection usage. No significant relationship was found between openness and honesty and any reported onset age of protection usage (See Table 2).

Table 2

Regression Analysis

Behavior	Predictor	df	F	Sig.
Age first received oral sex	Openness & Honesty	2	.521	.598
Frequency of receiving oral sex	Openness & Honesty	2	.091	.913
Age first received oral sex using protection	Openness & Honesty	2	.300	.748
Frequency of receiving oral sex using protection	Openness & Honesty	2	.187	.832
Age first performing oral sex	Openness & Honesty	2	.029	.971
Frequency of performing oral sex	Openness & Honesty	2	.064	.938
Age first performing oral sex using protection	Openness & Honesty	2	.207	.817
Frequency of performing oral sex using protection	Openness & Honesty	2	2.122	.176
Age first engaged in penile-vaginal intercourse	Openness & Honesty	2	.141	.869
Frequency engaging in penile-vaginal intercourse	Openness & Honesty	2	.810	.455
Age first engaged in penile-vaginal intercourse using protection	Openness & Honesty	2	.871	.428
Frequency engaging in penile-vaginal intercourse using protection	Openness & Honesty	2	1.416	.258
Age first received anal sex	Openness & Honesty	2	.463	.642
Frequency of receiving anal sex	Openness & Honesty	2	.042	.976
Age first received anal sex using protection	Openness & Honesty	2	1.682	.276
Frequency of receiving anal sex using protection	Openness & Honesty	2	.505	.631

N = 54 females

Additional Analyses

Despite non-significant predictive values from the multiple regression analyses, some notable relationships were present between behaviors. These behaviors included receiving oral sex without and with protection (ROSA and ROSPA, respectively), performing oral sex with and without protection (POSA and POSPA, respectively), participating in penile-vaginal intercourse without and with protection (PVIA and PVIPA, respectively) and receiving anal sex (RASA). A number of the mean sexual ages of behaviors that participants were asked to report correlated with each other significantly (See Table 3); however, the size of the population that endorsed some of these behaviors varies greatly by behavior set (See Table 4).

Table 3

Correlations of Sexual Behavior Debut Ages

BEHAVIORS	ROSA	POSA	PVIA	PVIPA	ROSPA	POSPA	RASA
ROSA	-	.543**	.497**	.580**	.975**	.795**	.333
POSA	-	-	.544**	.264	.917**	.906**	.481
PVIA	-	-	-	.585**	.588*	.459	.428
PVIPA	-	-	-	-	.662**	.459	.606*
ROSPA	-	-	-	-	-	.924**	1.000**
POSPA	-	-	-	-	-	-	.737
RASA	-	-	-	-	-	-	-

N = 54 females

** - Correlation is significant at the p < 0.01 level

* - Correlation is significant at the p < 0.05 level

Table 4

Population Endorsing Both Behaviors

BEHAVIORS	ROSA	POSA	PVIA	PVIPA	ROSPA	POSPA	RASA
ROSA	-	50	45	45	16	13	15
POSA	-	-	43	42	13	14	15
PVIA	-	-	-	44	15	13	14
PVIPA	-	-	-	-	16	13	14
ROSPA	-	-	-	-	-	12	2
POSPA	-	-	-	-	-	-	3
RASA	-	-	-	-	-	-	-

N = 54 females

T-tests were also computed between the frequencies and ages of reported behaviors with significant correlations in an attempt to establish a significant difference in means in the population where both behaviors were endorsed. In the frequency of participants who endorsed both receiving oral sex with protection (ROSPF) and ages of participants engaging in penile-vaginal intercourse without protection (PVIPA, *N* = 15), there was a significant correlation ($r = -.56$, $p < .05$) and difference in means ($t(14) = -16.84$, $p < .001$). This indicates that the mean frequency of individuals reporting that they receive oral sex is lower than the mean ages of those participating in intercourse using protection. The nature of this negative relationship may indicate that as the average age of individuals using

protection for intercourse increases in this population, the frequency of receiving oral sex with protection decreases.

With regards to the frequency of participants who endorsed both performing oral sex (POSF) and ages of participants receiving anal sex with protection (RASPA), there was a significant correlation ($r = -.75$, $p < .05$) and difference in means ($t(8) = .12.62$, $p < .001$). This indicates that the mean frequency of individuals reporting that they perform oral sex is lower than the reported ages of individuals engaging in anal sex with protection. The nature of this negative relationship may indicate that as the average age of individuals receiving anal sex with protection increases in this population, the frequency of performing oral sex without protection decreases.

Discussion

The present findings fail to support the hypothesis that perceptions of openness and honesty will predict a higher age of sexual debut, a lower frequency of sexual behaviors, or engagement in safer sexual behaviors. The analyses conducted on the data gathered aimed to measure the strength, if any, of a predictive relationship between the reported amounts of openness and honesty perceived in the parent-teen relationship and the various sexual

behaviors. None of the values found by conducting the analyses approached a significant level for any of the sexual behaviors. There are a few possible reasons for such findings.

Analyses of internal consistency did provide strong Cronbach's alpha values for the measures of openness and honesty (*Parent-Teen Communication Questionnaire*; PCQ). In other words, the items of the two subscales of the PCQ (the openness subscale and the honesty subscale) measured the same construct consistently. However, what is not known is whether or not they truly measured the constructs of openness and honesty. That is, the measures may have lacked construct validity.

Another explanation for the hypotheses not being supported lies within the other measure, *The Sexual Activity Questionnaire* (SAQ). The SAQ asks that participants report their history of various sexual behaviors and the ages at which they initially engaged in them retrospectively. There is a possibility that participants might have been unable to accurately recall the information requested of them. Another explanation for unsupported hypotheses is that the participants were not truthful in their reporting of sexual behaviors. Many studies have shown how important sexual activity is as a

salient growth benchmark in the teenage years (Elder, 1997; Smith, 1997). Participants may have felt the need to alter the truth about their sexual history because they knew another person would be reading their responses. This is a plausible explanation for the behaviors considered more taboo, including unprotected intercourse, anal sex, and reporting homosexual and bisexual behaviors.

Despite many researchers speculating on the importance of these two communication factors in influencing teenage sexual behavior, there was almost no empirical research testing the hypothesis.

There is also the possibility that openness and honesty simply do not play as large a role in the delay of sexual activity as researchers have believed. Previous studies have illustrated how important the communication between parents and teens has been on influencing an adolescent's behavior (Jaccard, Dittus, & Gordon, 2000). However, both parents and adolescents have reported that they have felt uncomfortable in sex-based discussions and have been suspicious of the other's motives, and therefore are less likely to trust the value of the exchange (Feldman & Rosenthal, 2000; Jaccard & Dittus, 2003).

Research has shown that communication style, and not the frequency of communication about sexual risk-taking,

was related to a lower frequency of risky sexual practices (Wilson & Donenberg, 2004). Quality communication involves high amounts of supportive parent-teen interactions (Speicher, 1992), and non-sexually based research has shown that when adolescents view their communication with parents as patient, honest, calm, and open, they are most likely to actively participate, seek information, and disclose information. Therefore, emotional disclosure with parents is associated most closely with an adolescent's perceptions of an open communication environment (Papini, Farmer, Clark, & Micka, 1990).

Still, there is also the possibility that openness and honesty actually do contribute greatly to delaying sexual activity in teenagers, and that an accurate measure has not yet been designed.

It should be mentioned that this study was limited to female participants, and therefore the results are generalizable only to women. It has long been surmised by researchers that teenage males are more sexually active than females; while the data collected in this study is not appropriate to confirm or refute this belief (due to the single-gender data collection), it is possible that this particular sample population is less sexually active overall. The female participants available to volunteer

were undergraduate students enrolled at a Catholic university. Many of the students still lived at home. While living at home may serve to replicate the physical influence of parents seen in adolescence, the strong religious bias of the participant pool is a factor that has almost certainly been at play in affecting the results.

It is also possible that openness and honesty are not good predictors of sexual delay in the female population. Jaccard, Dittus, & Gordon (2004) found that female teens reported one of the biggest factors keeping them from engaging in conversations about sex and birth control with their mothers was the feeling that they had already received significant information from them. It is possible that young women are engaged in conversations regarding sexual behavior and its ramifications at an earlier age because they are more physically invested in the effects of sexual behavior.

Young women typically mature physically faster than young men, and may therefore have been exposed to reproductive information in a piecemeal fashion since an age when they might not have been fully able to understand it. Therefore, because teens have been exposed to sexual information long before they were prepared to engage in sex, parents may need to find a new communication style for

conveying sexual information. More research in this area of gender-specific sexual information communication styles is needed.

If this study were to be replicated, measures would need to be re-examined and re-piloted to test for construct validity. Testing adolescents themselves, rather than relying on college students to report retroactively, may also increase the accuracy of the data collected. Examining a more diverse population would also broaden the experiences of the participants, which could lead to more values being collected for sexual behaviors that had previously garnered fewer responses.

With regards to the correlations of various sexual behaviors, several different possibilities exist. Initially, the results appear to suggest that the age at which an individual engages in some low risk behaviors is correlated with engagement age of higher risk behaviors. The age at which participants reported receiving oral sex is correlated highly, and with a large effect size, to participating in penile-vaginal intercourse, both with and without protection. It may also appear to suggest that engaging in lower risk behaviors with protection is correlated to the age at which participants reported using protection during higher risk activities, as evidenced by

the strong correlation between receiving oral sex with protection and participating in penile-vaginal intercourse with protection.

It is most important to note, however, not only the small study population, but the truncated sample groups that participated in both the activities that are correlated. The number of individuals that reported participating in both protected penile-vaginal intercourse and protected reception of oral sex was only 16, which was roughly 30% of the overall number of participants.

With such a limited number of participants, it could stand to reason that a certain percentage of the study participants were sexually experienced individuals that endorsed the vast majority of behaviors. This could explain why so many of the behaviors were correlated, but yet only 6 combinations of behaviors were endorsed by more than 16 participants.

It is also important to take The Hawthorne Effect (i.e., the participants will alter their behaviors to meet the expectations of the researcher because they are aware that they are being observed) into account when examining this data, especially in the teenage population, where research has shown that sexual experience is viewed as a stage of maturity and as a sign of social status. This

effect is also an important one to take into account when using data gathered retrospectively; the participants did not even need to change their behaviors, but merely what they reported their past behaviors were. With all of this in mind, this secondary data may be noteworthy only because of its statistical significance.

Finally, increasing the number of participants may increase the power of the analyses. The number of participants in this study was severely limited, due in part to both the inclusion criteria stipulated in the study and to the size of the participant pool available. Further limiting the volunteer undergraduate psychology department population at a moderately-sized Catholic University by age and gender restricted the amount of testable data to a sample size too small to yield any significant findings. Too many caveats exist in too small of a sample population to assume that these findings could be generalized beyond the small female population examined. Replicating this study within a much broader participant pool could produce more accurate, and possibly significant, results that would be generalizable to a wider population.

References

- Abma, J.C., Chandra, A., Mosher, W., Peterson, L., & Piccinino, L. (1997). Fertility, family planning and women's health : New data from the 1995 National Survey of Family Growth. *Vital Health Statistics, 23*, 2-19.
- Bell, L.G., & Bell, D.C. (2005). Family dynamics in adolescence affect midlife well-being. *Journal of Family Psychology, 19*, 198-207.
- Benda, B.B., & DiBlasio, F.A. (1994). An integration of theory: Adolescent sexual contacts. *Journal of Youth and Adolescence, 23*, 403-420.
- Crowder, K., & Teachman, J. (2004). Do residential conditions explain the relationship between arrangements and adolescent behavior? *Journal of Marriage and Family, 66*, 721-738.
- Darroch, J.E., Singh, S., & Frost, J. (2001). Differences in teenage pregnancy rates among five developed countries: The role of sexual activity and contraceptive use. *Family Planning Perspectives, 33*, 244-250 & 281.
- DeGaston, J.F., Weed, S., & Jensen, L. (1996). Understanding gender differences in adolescent sexuality. *Adolescence, 31*, 217-231.

- Donenberg, G.R., Emerson, E., Bryant, F.B., & King, S. (2006). Does substance use moderate the effects of parents and peers on risky sexual behaviour? *AIDS Care, 18*, 194-200.
- East, P.L., Khoo, S.T. (2005). Longitudinal pathways linking family factors and sibling relationship qualities to adolescent substance use and sexual risk behaviors. *Journal of Family Psychology, 19*, 571-580.
- Elder, G.H., Jr. (1997). The life course and human development. *Handbook of Child Psychology: Theoretical Models of Human Development, 1*, 939-991
- Ensign, J., Scherman, A., & Clark, J. (1998). The Relationship of family structure and conflict levels of intimacy and parental attachment in college students. *Journal of Adolescence, 33*, 575-582.
- Feldman, S.S., & Rosenthal, D.A. (2000). The effect of communication characteristics on family members' perceptions of parents as sex educators. *Journal of Research on Adolescence, 10*, 119-150.
- Fingerson, L. (2005). Do mother's opinions matter in teens' sexual activity? *Journal of Family Issues, 26*, 947-974.

- Fitzharris, J.L., & Werner-Wilson, R.J. (2004). Multiple perspectives of parent-adolescent sexuality communication: Phenomenological description of a Rashoman effect. *American Journal of Family Therapy*, 32, 273-288.
- Flewelling, R.L., & Bauman, K.E. (1990). Family Structure as a predictor of initial substance use and sexual intercourse in early adolescence. *Journal of Marriage and the Family*, 52, 171-180.
- Grunbaum, J.A., Kann, L., & Kinchen, K. (2004). Youth risk behavior surveillance--United States, 2003. *MMWR Morb Mortal Weekly Report*, 53, 1-29.
- Jaccard, J., Dittus, P.J., & Gordon, V.V. (2000). Parent-teen communication about premarital sex: Factors associated with the extent of communication. *Journal of Adolescent Research*, 15, 187-208.
- Kirkman, M., Rosenthal, D.A., & Feldman, S.S. (2005). Being open with your mouth shut: The meaning of 'openness' in family communication about sexuality. *Sex Education*, 5, 49-66.
- Koch, K. (1998). Encouraging teen abstinence. *The CQ Researcher*, 8, 577-600.

- Kotchick, B.A., Dorsey, S., Miller, K.S., & Forehand, R. (1999). Adolescent sexual risk-taking behavior in single-parent ethnic minority families. *Family Psychology, 13*, 93-102.
- Lederman, R.P., Chan, W., & Roberts-Gray, C. (2004). Sexual risk attitudes and intentions of youth aged 12-14 years: Survey comparisons of parent-teen preventions and control groups. *Behavioral Medicine, 29*, 155-163.
- Lindner, R., Sluijter, M.E., & Schleinzer, W. (2006). Pulsed radiofrequency treatment of the lumbar medial branch for facet pain: A retrospective analysis. *Pain Medicine, 7*, 435-439.
- Little, C.B., & Rankin, A. (2001). Why Do They Start It? Explaining early-teen sexual activity. *Sociological Forum, 16*, 703-729.
- Metzler, C.W., Noell, J., Biglan, A., Ary, D., & Smolkowski, K. (1994). The social context of risky sexual behavior among adolescents. *Journal of Behavioral Medicine, 17*, 419-438.

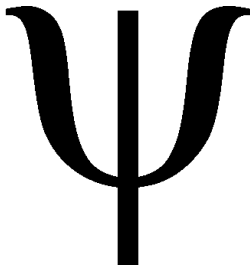
- National Campaign to Prevent Teen Pregnancy. (2005).
Science says: Teens and oral sex. Washington, DC:
Author. Retrieved October 8, 2007, from
http://www.teenpregnancy.org/works/pdf/ScienceSays_17_OralSex.pdf
- Ojanlatva, A., Helenius, H., Rautava, Päivi, Ahvenainen, J., & Koskenvuo, M. (2003). Will childhood relationships with parents contribute to a satisfying sex life? *Sexual and Relationship Therapy, 18*, 205-214.
- Papini, D.R., Farmer, F.F., Clark, S.M., & Micka, J.C. (1990). Early adolescent age and gender difference in patterns of emotional self-disclosure to parents and friends. *Adolescence, 25*, 956-976.
- Pearson, J., Muller, C., & Frisco, M.L. (2006). Parental involvement, family structure, and adolescent sexual decision making. *Sociological Perspectives, 49*, 67-90.
- Pick, S., & Palos, P.A. (1995). Impact of the family on the sex lives of adolescents. *Adolescence, 30*, 667-675.

- Pistella, C.L.Y., & Bonati, F.A. (1999). Adolescent women's recommendations for enhanced parent-adolescent communication about sexual behavior. *Child and Adolescent Social Work Journal, 16*, 305-315.
- Smith, C.A. (1997). Factors associated with early sexual activity among urban adolescents. *Social Work, 42*, 334-346.
- Speicher, B. (1992). Adolescent moral judgment and perceptions of family interaction. *Journal of Family Psychology, 6*, 128-138.
- Sonenstein, F.L., Pleck, J.H., & Ku, L.C. (1989). Sexual activity, condom use and AIDS awareness among adolescent males. *Family Planning Perspectives, 21*, 152-158.
- Speicher, B. (1992). Adolescent moral judgment and perceptions of family interaction. *Journal of Family Psychology, 6*, 128-138.
- Stanton, B., Li, X., Black, M., Ricardo, I., Galbraith, J., Kalijee, L., & Feigelman, S. (1994). Sexual practices and intentions among preadolescent and early adolescent low-income urban African-Americans. *Pediatrics, 93*, 966-973.

- Upchurch, D.M., Lillard, L.A., Aneshensel, C.S., & Fang Li, N. (2002). Inconsistencies in reporting the occurrence and timing of first intercourse among adolescents. *The Journal of Sex Research, 39*, 197-206.
- Watson, L.R., Baranek, G.T., Crais, E.R., Reznick, J.S., Dykstra, J., & Perryman, T. (2007). The first year inventory: retrospective parent responses to a questionnaire designed to identify one-year-olds at risk for autism. *Journal of Autism and Developmental Disorders, 37*, 49-61.
- Watts, G.F., & Nagy, S. (2000). Sociodemographic factors, attitudes, and expectations toward adolescent coitus. *American Journal of Health Behavior, 24*, 309-317.
- Wilson, H.W., & Donenberg, G. (2004). Quality of parent communication about sex and its relationship to risky sexual behavior among youth in psychiatric care: A pilot study. *Journal of Child Psychology and Psychiatry, 45*, 387-395.
- Young, E.W., Jensen, L.C., Olsen, J.A., & Cundick, B.P. (1991). The effects of family structure on the sexual behavior of adolescents. *Journal of Adolescence, 26*, 977-986.

Zabin, L.S., Hirsch, M.B., Smith, E., & Hardy, J. (1984).
Adolescent sexual attitudes and behavior: Are they
consistent? *Family Planning Perspectives*, 16, 181-
185.

Appendix A



ATTENTION PSYCHOLOGY STUDENTS:

Your participation in a research study on parent-teen communication is requested!

If you are **18 or older**, you are eligible to participate in this study.

By participating, you may be eligible for extra credit points in an undergraduate-level psychology course.

Participation in the study involves filling out three brief questionnaires and should take no longer than 30 minutes to complete.

If you have further questions, please feel free to contact the principle investigator, Tim Ainger, via e-mail at **aingert@bucmail.barry.edu**.

Appendix B

Barry University Cover Letter

Dear Research Participant:

Your participation in a research project is requested. The title of the study is “Adolescent Perception of Parent-Teen Communication and Teenage Sexual Behavior”. The research is being conducted by Timothy Ainger, a graduate student in the psychology department at Barry University, and is seeking information that will be useful in the field of adolescent behavior. The aims of the research are to examine the perceptions of the communication with parents and sexual behaviors. We anticipate the number of participants to be 200.

If you decide to participate in this research, you will be asked to fill out a brief survey on the communication you experienced with your parents during your teenage years. You will also be asked to answer questions regarding your sexual history as a teenager, and a brief demographic survey. Completion of all three surveys should take no longer than 30 minutes.

Your consent to be a research participant is strictly voluntary and should you decline to participate or should you choose to drop out at any time during the study, there will be no adverse effects.

There are no adverse effects. If there are any questions in the surveys that you do not wish to answer, you may omit them. The study is completely anonymous, that is, there is no identifying information. In order to maintain your anonymity, you will be asked to return the completed survey in a sealed, unmarked envelope. The packets will not be opened until a group of 10 or more has been collected. Although there are no direct benefits to you, your participation in the study will contribute to the scientific literature in the area.

Data will be kept in a locked file in the psychology department. By completing and returning this survey you have shown your agreement to participate in the study.

If you have any questions or concerns regarding the study or your participation in the study, you may contact me, Timothy Ainger, via e-mail at aingert@bucmail.barry.edu, or in the psychology department at (305) 899-3270; my supervisor, Frank Muscarella, Ph.D., via e-mail at fmuscarella@mail.barry.edu, or at (305) 899-3275; or the Institutional Review Board point of contact, Ms. Nildy Polanco, at (305) 899-3020. You may also contact the Barry University Center for Counseling and Psychological Services at (305) 899-3950 if you require any psychological assistance.

Thank you for your participation.

Sincerely,

Timothy J. Ainger, B.A.
aingert@bucmail.barry.edu

Appendix C

Parent-Teen Communication Questionnaire

Instructions: Please rate your agreement to the following statements on the 7-point scale provided, 0 indicating "Disagree Strongly" and 6 indicating "Agree Strongly". For the purposes of this questionnaire, "parents" should be interpreted as the prominent caregiver/s in your home as a teenager. While rating your agreement to the statements, please reflect on the communication between you and your parents over your teenage years.

1) I feel that I understand my parent's beliefs about premarital sex.

Disagree Strongly							Agree Strongly
0	1	2	3	4	5		6

2) I believe my parents find it easy to talk to me about sex.

Disagree Strongly							Agree Strongly
0	1	2	3	4	5		6

3) My parents would NOT approve of me being engaged in a sexual relationship at this time.

Disagree Strongly							Agree Strongly
0	1	2	3	4	5		6

4) My parents provided me with the necessary sexual information I needed.

Disagree Strongly							Agree Strongly
0	1	2	3	4	5		6

5) I feel that when my parents try to talk to me, they are being nosy and trying to pry.

Disagree Strongly Agree Strongly
 0 1 2 3 4 5 6

6) I find discussions about sex with my parents awkward and embarrassing.

Disagree Strongly Agree Strongly
 0 1 2 3 4 5 6

7) I feel that my parents find discussions about personal information with me uncomfortable.

Disagree Strongly Agree Strongly
 0 1 2 3 4 5 6

8) I feel as if I can NOT tell my parents anything related to my sexual history.

Disagree Strongly Agree Strongly
 0 1 2 3 4 5 6

9) I feel that as long as it is not about sex, I can discuss anything with my parents.

Disagree Strongly Agree Strongly
 0 1 2 3 4 5 6

10) My parents candidly discuss their own sexual experiences with me.

Disagree Strongly Agree Strongly
 0 1 2 3 4 5 6

11) My parents have always encouraged me to speak to them about anything.

Disagree Strongly Agree Strongly
 0 1 2 3 4 5 6

12) My parents seem genuinely concerned when I approach them with a problem.

Disagree Strongly 0 1 2 3 4 5 Agree Strongly 6

13) I feel comfortable asking my parents sex-related questions.

Disagree Strongly 0 1 2 3 4 5 Agree Strongly 6

14) I feel that if I ask my parents a sexual question I will get an honest answer.

Disagree Strongly 0 1 2 3 4 5 Agree Strongly 6

15) I feel as if I can tell my parents anything related to my sexual history.

Disagree Strongly 0 1 2 3 4 5 Agree Strongly 6

16) I find it easy to approach my parents and tell them about my personal life.

Disagree Strongly 0 1 2 3 4 5 Agree Strongly 6

17) My parents do not tell me when they are uncomfortable talking to me, even though I can tell.

Disagree Strongly 0 1 2 3 4 5 Agree Strongly 6

18) When my parents say "I am open to talk, whenever you're ready," I know they really mean "Please don't ask me anything."

Disagree Strongly 0 1 2 3 4 5 Agree Strongly 6

19) My parents are not interested in what I have to ask or say; they only want me to do what they think is right.

Disagree Strongly Agree Strongly
 0 1 2 3 4 5 6

20) My parents made it clear that NOTHING is more important than our family's traditions and values.

Disagree Strongly Agree Strongly
 0 1 2 3 4 5 6

21) If my parents found out that I was involved in a situation or activity that was against our religion, they would not be angry.

Disagree Strongly Agree Strongly
 0 1 2 3 4 5 6

22) Frequently, I have to lie to my parents because they just don't understand what it's like to be a teenager these days.

Disagree Strongly Agree Strongly
 0 1 2 3 4 5 6

23) If I messed up, it would be better to tell my parents the truth than to lie to them, even if they would never find out.

Disagree Strongly Agree Strongly
 0 1 2 3 4 5 6

24) My parents tell me that they care about what I am up to, but I know they are just trying to look involved.

Disagree Strongly Agree Strongly
 0 1 2 3 4 5 6

25) Regardless of whether or not I was having sex, I would still tell my parents that I am a virgin.

Disagree Strongly Agree Strongly
 0 1 2 3 4 5 6

26) If/when my parents actually do bring up sex as a discussion topic, I have or will appear ignorant so they can feel better about themselves.

Disagree Strongly 0 1 2 3 4 5 6 Agree Strongly

27) Whenever sex comes up in any conversation with my parents, I try to not become involved until the subject changes.

Disagree Strongly 0 1 2 3 4 5 6 Agree Strongly

28) I don't care about my parent's sexual experiences; Times have changed, and I know more now than they ever have.

Disagree Strongly 0 1 2 3 4 5 6 Agree Strongly

29) I find it gross and embarrassing for my parents to try and discuss contraception with me.

Disagree Strongly 0 1 2 3 4 5 6 Agree Strongly

Appendix D

Sexual Activity Questionnaire

Instructions: Please report the age at which you first engaged in each behavior. IF YOU HAVE NOT engaged in the behavior, please report "N/A" for age. Please circle the frequency at which you engage in each behavior on the 7-point scale provided.

Age		Never						Frequently
_____	Received oral sex	0	1	2	3	4	5	6
_____	Received oral sex using protection	0	1	2	3	4	5	6
Age		Never						Frequently
_____	Performed oral sex	0	1	2	3	4	5	6
_____	Performed oral sex using protection	0	1	2	3	4	5	6
Age		Never						Frequently
_____	Participated in penile-vaginal intercourse	0	1	2	3	4	5	6
_____	Participated in penile-vaginal intercourse using protection	0	1	2	3	4	5	6
Age		Never						Frequently
_____	Performed anal sex	0	1	2	3	4	5	6
_____	Performed anal sex using protection	0	1	2	3	4	5	6
Age		Never						Frequently
_____	Received anal sex	0	1	2	3	4	5	6
_____	Received anal sex using protection	0	1	2	3	4	5	6

Appendix E

Demographic Questionnaire

Instructions: Please report your gender and age in the appropriate box below. Please mark your ethnicity. If none of the ethnicities or religions apply, please report "other". Please mark your sexual preference.

Gender: Male Female **Age:** _____

Ethnicity: White (Non-Hispanic) African-American
 Hispanic/Latino Caribbean
 Asian/Pacific Islander Other(please specify): _____

Religion : Catholic Muslim
 Protestant Hindu
 Jewish Other(please specify): _____

Sexual preference: Heterosexual Homosexual Bisexual