

PARENTAL INFLUENCES ON ADOLESCENT SEXUAL DECISION MAKING

by

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Abstract

This M.S. report provides an evaluative review of research on parental influences on adolescent sexual decision-making. Data show that a significant proportion of never-married female and male teens (ages 15-19) have had sexual intercourse at least once. Adolescent decisions on sexuality and possible consequences such as pregnancy or sexually-transmitted diseases may have profound personal and social impacts. Theoretical and empirical domains of parental influence are reviewed, including communication, morality, family structure and context, parental control, as well as the role of media. This review shows that adolescent sexuality has changed over time due to socio-historical factors and that parents continue to have an influence on their children's decision-making abilities. Implications for applied professionals and researchers are discussed.

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My interest for this topic comes from my students in the classroom and my own children. My students pushed me to ask myself what I can do to help them with a smooth and successful transition to adulthood and what I can do as a teacher and a role model. My interest in researching also comes back to my job as a parent to my two children. I want to be the best mom I can. My hope is that this research can help guide my parenting choices for my children now, while they are young, to help them make healthy decisions about their sexuality during adolescence.

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Preface

I think it is important to recognize that I come from a religious family. I grew up in a Lutheran family and as I have grown have attended both Lutheran and Methodist churches through the years. I do not attend church every Sunday or even most Sundays, but we do include God as part of our family. I do believe that a Christian mindset and attitude impact a person's approach to daily life.

The research that is presented in this report is based upon the facts and not upon my personal beliefs. While I am biased about this influence it was my goals to have the research speak for itself.

Chapter 1 - Introduction

The developmental stage of adolescence is a chance for youth to develop identity and begin the transition to adulthood. Part of transitioning to adulthood is the learning process and ability to make healthy decisions as an individual. Decisions about their sexuality and sexual choices can impact them for the rest of their lives. Embarking on romantic and sexual relationships is a normative part of adolescent development as are transitions to adult roles and behaviors (Coley, Votruba-Drzal, & Schindler, 2009, p. 808). As parents, teachers, and community members work with youth it is important to remember that sexual curiosity is a normal part of adolescent development. Choices they make during adolescence concerning their sexuality are more than just a choice for today; sexual choices could impact their reputation or result in a teen pregnancy or sexually transmitted diseases as a long term consequence for their decision. The decision to become sexually active can also impact their friends, family, and future partners. Their choice also sets into motion behaviors that might carry consequences on to adulthood.

Research shows that what teenagers know about sexuality and risks and what they do with the information are two very different things (Bailey & Piercy, 1997, p. 990). Parents are the most important influence on youth sexual decision making. Bersamin et al. (2008) cited a national survey which found that 80% of youth reported they were influenced some or a lot by “what parent have told them” and 79% reported being influenced some or a lot by “what parents might think” (p. 109). Parents often times might say that their opinion about adolescent choices doesn’t seem to matter. These statistics say otherwise. There are many aspects to the parent-teen relationship. A parent’s impact on a child and the decisions that child makes begin young; this process of influence doesn’t begin in adolescence.

The birth rate for unmarried teenagers increased annually from 15.3 per 1,000 females in 1960 to 44.8 in 1991 (Bailey & Piercy, 1997, p. 991). Aspy et al. (2007) reviewed research showing about 84 births per thousand for teens age 15-19 in 2003 (p. 450). Abama, Martinez, and Copen (2010) give conflicting information. Their research states that teen birth rate has decreased from 61.8 per 1,000 in 1991 to 42.5 in 2007. The United States has a teen birth rate above many other countries; Canada's teen birth rate was 13 per 1,000, Germany was 10, and Italy was 7 in 2007 (p. 5). The increase in the number of teenage pregnancies has risen over the past 50 years has become an even greater concern. Over 50% of adolescent pregnancies occur within the first six months of initiating sexual activity. These statistics show that while teen pregnancy might be a common concern for parents of teens, parents might consider discussing the topic of contraception with their teen.

Abama et al. (2010) used data from the National Survey of Family Growth in 2006-2008 which included 2,767 teenagers ages 15-19. They found that 42% of females and 43% of males who were never married had had sexual intercourse at least once (p. 2). The proportion of teens having sex at earlier ages has increased. Commendador (2010) cited a 2006 study by Dengal which found that approximately one fourth of adolescents have reported they had intercourse prior to age 15 (p. 147). This has caused some concern for the developmental ability of youth that young to be able to understand the impact of their decision and importance of birth control and protection from STD's. There are many risks involved for adolescence who engage in sexual behavior. Abama et al. (2010) found that 15 to 19 year old females have higher rates of Chlamydia and gonorrhea than any other age/sex group (p. 5). Coley, Votruba-Drzal, and Schindler (2009) cited a CDC study which found that one fourth of adolescent girls age 14-19

had a sexually transmitted infection, with a 40% infection rate among sexually experienced girls (p. 808).

With parents having such a large impact on the decision making of their teenagers it becomes important to ask, “How do parents impact the sexual decision making of their children? Does parent influence begin before the teen years? What conscious parenting choices can be made if thinking about sexual decision making? How can parents best help their child to make healthy sexual decisions?”

The purposes of this master’s report are (1) to review existing research literature on the influence of parenting on the sexual decisions made by American adolescents; (2) to evaluate the extent and quality of the primary findings of this topic; (3) based on this evaluation draw links between this research and current parenting practices; and (4) to offer suggestions for areas that deserve further research as well as for applications for practice.

Developmental Factors

The stage of adolescence is unique due to the changes in the body and the challenges these cause. The purpose of this section is to provide a review of the adolescent developmental factors which influence an adolescent’s ability to make sexual decisions. Sandler, Watson, and Levine (1992) discussed the cognitive influence of sexual decision making. The authors state a fundamental cognitive difference between the child and the adolescent is the emergence of formal operational thinking or the capacity to think beyond the present, to imagine the future, and to act accordingly. The study of thirty-seven female adolescents were recruited from two North Carolina clinic populations. The sample was representative of the clinics’ clientele by race (54% white, 41% black, and 5% Hispanic) and fifty-seven percent of the subjects came from two-parent households. The results of the study showed that adolescents who used

contraception reliably had a higher vocabulary score than those who were nonusers of contraception. Adolescents who did not use contraception reliably had significantly more external locus of control than those who did so. Limitations of this study would be the small sample size and all participants were from a clinic population.

Piaget focused on the development of cognitive functions. Children ages 7 to 8 through age 11 to 13 are in a concrete operational stage of thinking. This is the beginnings of operational groupings in various concrete forms (classes, relations, and numbers bound to objects) and their various types of conservation. At age eleven through thirteen adolescents begin to move into the formal operational stage of thinking. This stage includes a subperiod of achievement. The formal operational thinker is able to view in an abstract manner. Piaget categorizes children ages 11 to 15 within that subperiod of formal thinking; a transition period from concrete thinking to formal and abstract thinking. (Piaget, 1970) Based on Piaget's theory, the children who are choosing to have sex at ages 10 and 11 are still in concrete stage of thinking; eleven to fifteen year olds are in the subperiod of formal thinking. It is not until a child reaches age 16 that they have the concrete ability to think in a formal and abstract manner about sexual decisions, their choices, and potential consequences.

Blum and Resnick (1982) used six developmental factors from other researchers to evaluate sexual decision-making of 206 sexually active female adolescents, between the ages of 15 and 18 years, in the Twin Cities. These included ego development (measured with Loevinger Sentence Completion form), locus of control (Nowicki-Strickland), future time perspective (Stein's Future Events test), moral development (Rest's Defining Issues test), sex role socialization (Bem's Sex Role Inventory), and irrational beliefs (Jones' Irrational Belief test). The females were categorized into four groups of: successful contraceptors (sexually active with

no pregnancies, 29%), abortors (sexually active, aborted a pregnancy, 24%), currently pregnant (24%), and mother at time of study (23%); the areas of development were compared to the groups of sexually active female adolescents to search for similarities in their development. These findings are summarized in the table below (p. 801).

Table 1-1 Areas of research on developmental factors used by Blum and Resnick to evaluate sexually active female adolescents (1982, p. 801)

Developmental Factor	Definition	Findings of Research
Ego Development	Self-esteem and the capability of the individual to take multiple perspectives into account; and the extent to which one thinks complexly.	Contraceptors had high levels of ego development.
Locus of Control	Extent one views herself to have control over her own life.	Abortors had the lowest demand for external approval. Teen mothers had the most external locus of control. Contraceptors had a greater internal locus of control.
Future Time Perspective	Component of cognitive development with is the extent to which an individual is able to project herself into the future and anticipate the occurrence of certain common events over the life cycle.	Abortors had the greatest capacity to understand future consequences. Teen mothers had the least developed conceptualization of the future. Contraceptors have a more highly developed future time perspective.
Moral Development	Explores how an individual makes social and interpersonal (as different from intellectual) decisions.	
Sex Role Socialization	Aspect of social development and self concept which examines how an individual sees herself regarding traditional and non-traditional sex role stereotypes.	Teen mothers had internalized the most traditional notion of female sex roles. Abortors had the lowest dependency needs. Contraceptors had a more modern sex role orientation than non-contraceptors.
Irrational Beliefs	Examine factors such as anxiety, helplessness, dependency, rationality in decision-making, and the tendency to catastrophize as components of individual cognitive style.	Teen mothers had the highest level of anxiety and rumination.

Females who were pregnant were not found to have any extraordinary characteristics; it was believed that this is because pregnancy is a transition phase in their life. It was anticipated that those with less internalized locus of control would be less likely to use contraception because they don't believe they can reduce the chances of pregnancy. Those with the greatest chance of using contraception were those with the greatest developed future perspective. If teens have no future then there is nothing they are working for and trying to invest in, there is no reason to try to prevent pregnancy. Those with the least developed future perspective are at the greatest risk for unanticipated pregnancy (p. 804).

Sandler et al. (1992) found that adolescents who were sexually active and using contraception reliably had a higher score on vocabulary compared to nonusers of contraception. Vocabulary had a greater impact than the effects of SES in this study. Sandler reasoned that adolescents with higher verbal reasoning abilities had a greater chance of making the rational decision to use contraception. It was also found that users of contraception were more educated about sex and contraception than the nonusers of contraception (p. 205).

These findings make a strong case for the education of youth on the topic of sexuality. Sex education varies by state, counties, and schools. This intensifies the need for parents to be knowledgeable and willing to communicate. The following chapter looks closely at some of the parental influences upon adolescent sexual decision making.

Ecological Theory

Eisenberg, Sieving, Bearinger, Swain, and Resnick (2006) used Bronfenbrenner's model to guide the research because it is the individual characteristics along with interpersonal interactions, environmental and organizational structures, policies and norms surrounding that

adolescent which all influence behavior (p. 894). Parents and family members are often seen as powerful sources of influence.

Bronfenbrenner's Ecological theory explains development in terms of relationships between people and their environment, or contexts. Development is described like circles within circles. Each layer represents a different context the person is associated with. The outside circle is the macrosystem which describes the cultural context of beliefs and values; working in to the center the next layer is the exosystem which describes the socio-economic context which impacts development indirectly including government institutions and wealth. The next layer is the mesosystem which is made up of the interconnections between the components in the microsystem; the microsystem is the immediate context and describes the contexts the person is directly exposed to such as families, schools, religious institutions, and neighborhoods. At the center is the person who is considered the biological context. This includes the person's genetic make up and developmental stage (Bee & Boyd, 2002, p. 45-47). The last component of the theory is the chronosystem. This takes into account the life events in a person's life that impact them such as a death, birth, influential experience.

There are many areas of concern in regard to adolescent sexuality; some are described using Bronfenbrenner's model. The biological context would include the cognitive level of thinking and their physical development in regard to puberty. Puberty is influenced by genetics; a child who reaches physical maturity at an early age (10 or 11) is not going to have the cognitive ability to understand the risks associated with having sex. The microsystem includes the family because the adolescent is directly exposed to them. An adolescent growing up in an urban setting versus a rural setting or in a nuclear family versus a single parent family are going to have different environments and factors which impact their development on a daily basis.

Each of the other layers are the systems which affect the family and individuals. The mesosystem describes the relationship between Microsystems. Take for example, an adolescent who has a disruptive home life and this impacts the adolescent's performance at school. Bronfenbrenner (1986, pp. 207-208) explains that the exosystem could include settings which children seldom enter such as parents work or social network. He defines the chronosystem to include both normative transitions (puberty, school entry, entering the labor force, retirement, and marriage) and nonnormative transitions (a death or severe illness in the family, divorce, moving, winning the sweepstakes). Individuals from various generations might have been raised with differing cultures and values on the topic of adolescent sexuality. There was a time when a young woman was expected to save herself for marriage, but a young man was expected to be sexually experienced prior to that relationship. If a young woman chose to be sexually experienced in today's society some might argue that she was promiscuous while other might say this is liberating for women to be able to indulge in sexual activities the same as a man.

Bronfenbrenner (1986) discusses three paradigms to guide research in family processes. The first is a social address model uses a comparison of individuals living in contrast environments as defined by geography (rural vs. urban, Japan vs. United States) or by social background (socioeconomic status, ethnicity, religion, etc.). The second is a process-context model is provides for assessing the impact of external environment on particular family processes. This third, which fewer use, is the person-process-context model. It is based on the assumption that the impact of a particular environment on the family was the same irrespective of the personal characteristics of individual family members, including the developing the child (pp. 208-209). The research reviewed in this report is viewed through the first two paradigms.

Chapter 2 - Adolescent Development and Sexuality

The purposes of this chapter are (1) to briefly address some of the parent concerns with adolescence; (2) explain how sexuality is a part of adolescent development; (3) determine which developmental aspects of adolescence researchers have used to guide them; and (4) examine how adolescent sexuality has changed over time and the impact this might have on individual perceptions. This chapter should help to explain why adolescent sexuality is an area of interest for many.

The stage between childhood and adulthood is often feared by many parents. When couples are pregnant and asked if they want a boy or a girl sometimes the answer is tied to an explanation of challenges during adolescence. You might hear: “I don’t want to have to worry about all the boys”, “I only want one penis to worry about during the teen years”, or “A girl can only have one child in 9 months and a boy could father many”. Sexuality is only one aspect of adolescence. What makes a successful transition from childhood to adulthood?

Erik Erikson identified “identity versus role confusion” as the psychosocial stage of development during adolescence. This stage is described as adolescents asking the question of, “Who Am I?” Erikson’s theory does not speak directly about sexuality; McAnulty and Burnette’s (2004) textbook explain that his stages incorporate sexuality because sociocultural factors play a major role in shaping human sexual behavior (p. 328).

Grant and Demetriou (1988), whom are medical doctors, listed a series of developmental tasks (credited to Felice & Friedman, 1982) which they used as a guide in understanding the practitioner’s role in adolescent sexuality. The developmental tasks which related to sexual development and must be accomplished during adolescence to enter adulthood successfully are:

1) achieving comfort with one’s body, 2) developing an identity separate from the family, 3)

realizing the capacity to develop intimate, meaningful relationships, and 4) developing an ability to think abstractly and in futuristic terms (p. 1277). Each of these ties in with the decision-making process in regards to an adolescent's sexuality.

Sexuality includes physical, ethical, spiritual, psychological, and emotional dimensions (Bailey & Piercy, 1997, p. 992). As adolescents are changing and growing into their own exceptional person, they must work through each dimension. Sexuality spans the life cycle and is not unique to adolescence. The complex changes during adolescence affect how sexuality is expressed. While adolescents may be physically capable to engage in sexual activity they may lack the cognitive ability to understand potential consequences (Grant & Demetriou, 1988, p. 1271).

As a first step to sexual health, sexuality education must help young people accept that they are sexual and that they have sexual feelings and desires. They need to understand that they can discuss sexual limits with their dating partners and should respect those limits. Adolescents should understand that they can make choices about their sexual relationships in advance and this will help them to make responsible decisions (Haffner, 1993, p. 28). Sexuality education happens through parents, family, and often times through a sex education program at school. Sex education programs vary by state; some have mandated programs and others do not. Most programs are set up for parents to have the ability to opt their child out of that course. Parents may opt their child out based upon religion or personal beliefs. Not every adolescent may go through a formal sex education program in the case of parents opting out or youth who are homeschooled. All youth have a home environment which can serve as a primary learning center for sexuality education; what youth receive at school for sex education is in addition to

what parents provide at home. The focus of this paper is on the influences a parent has on the sexual decision making of the child.

A challenge for parents of teens can be current or potential dating partners. How parents handle dating is critical because teens' first sexual experiences most often occur in dating relationships (Longmore, Eng, Giordano & Manning, 2009, p. 969). The process of sexual risk-taking can begin in early adolescence. Parents may not be as concerned or see the need to monitor younger teenagers with a same-age boyfriend or girlfriend as carefully. These early nonsexual relationships have implications for subsequent early initiation of sexual intercourse. Teens and their parents need to understand those implications and discuss acceptable behaviors, expectations, and age appropriate behaviors in relationships. Adolescents need consistent messages especially regarding relationships (Lieberman, 2006, p. 113).

Changes in Adolescent Sexual Behavior over Time

Visiting with people from various generations might show they have different opinions on the topic of adolescent sexuality. This could be attributed to the "cohort effects." People of a specific cohort might have opposing views and expectations of adolescent sexuality than someone from a different cohort. Take for example a person who was a teenager in the 1960s; during the 1960s more than 80% of teens who gave birth were married. Compare this to a person who was a teenager in the late 1990s when only 20% of teenage mothers were married (Bee & Boyd, 2002, p. 288). Cohort differences could account for adolescent, parent, and grandparent having different opinions and expectations of sexual behavior during adolescence. Adolescent sexuality statistics of 1980 through 2010 are reviewed here to assist in understanding adolescent sexuality in hope to answer the question, "Is it only a perception of change, or has adolescent sexual behavior really changed over time?"

Bigler (1989) evaluated adolescent sexual behavior in the 1980s. He found the average age of first intercourse to be 16 to 16.9 years. He states that researchers consistently found that the proportion of sexually experienced teens increased with age. He gave statistics that 85 percent of teens have had a boyfriend or girlfriend, 88% had kissed someone of the opposite sex (with 97% of those by age 15), 41% of females and 33% of males had performed oral sex, 20% of 9th graders were sexually experienced, and more than half (50% to 57%) of high school teenagers had engaged in sexual intercourse at least once (pp. 6-7). Bigler (1989) found that nearly two-thirds (61%) of males and one-half (50%) of females used no contraception at first intercourse. Condom use for sexually active males, ages 15-19, rose from 21% in 1979 to 58% in 1988 (pp. 8-9).

Davis and Friel (2001) used the National Longitudinal Study of Adolescent Health to evaluate the family context of adolescent sexual behavior. This is a nationally representative sample of 12,367 adolescents, grades 7 through 12. The study showed about 30% of girls and 31% of boys reported ever having sex; girls reported an average age of 14.9 years for sexual initiation while boys reported an average of 14.3 years. Boys who were sexually active reported an average of 4.1 sexual partners compared to 3.0 for sexually active girls (p. 675). The 1995 National Survey of Family Growth found that 49.3% of females and 55.2% of males ages 15-19 years were sexually experienced; this is compared to their data from the 1988 survey which showed that 51.1% of females and 60.4% of males were sexually experienced (Abama, Martinez, & Copen, 2010, pp. 43-44).

The National Survey of Family Growth showed the percentage of sexually active teens to decrease from 2002 to 2008; in 2002 there were 45.5 percent of females who reported having had sexual intercourse compared to 41.6% in 2008. The statistics for percentage of males

decreased as well; there were 45.7% of sexually active males in the 2002 survey compared to 42.6 % of the males in 2008 (Abama, Martinez, & Copen, 2010, pp. 43-44). CDC (2010) data from 2009 show that 46% of high school students have ever had sexual intercourse and 14% of high school students have had four or more partners. Current studies show that the age of first intercourse has decreased with teens as young as fifth grade being sexually active (Weiss, 2007, p. 451). Students in fifth grade are approximately 10 or 11 years old. According to theorists these students are still in the development stage of middle childhood; a fifth grader who is sexually active hasn't even reached the developmental stage of adolescence yet. SADD (2010) cites a 2005 CDC Youth Risk Survey which showed that 6.2% of high school students had sexual intercourse for the first time before age 13. CDC (2010) gives a 2002 statistic that 55% of males and 54% of females, ages 15-19, had engaged in oral sex with someone of the opposite sex. The National Survey of Family Growth from 2008 found that 79% of adolescents in the study used contraception at first sexual intercourse (Abama et al., 2010, p. 2).

These statistics show that the proportion of adolescents having sexual intercourse has decreased; there are less teens having sex now than in the past (the numbers did rise but have continued to decrease over the past decade). There is an increase in the percentage of adolescents who are using contraception at first intercourse. It is possible adolescents are supplementing one risky behavior for another; more teens are participating in oral sex, there is a younger age for initiation of sexual activity, and there is a greater number of sexual partners. To say adolescent sexuality has changed is a true statement. The statistics show the number of sexually active teens increased after 1980 but then started on a steady decline. Cohort effects and the generation which a person was raised could have an impact on their opinion and expectations of adolescent sexuality.

The research in this report tends to focus on intercourse when discussing sexual decision making. The statistics presented here would imply that research is needed on the topic of participating in oral sex. Some researchers use the term sexually experienced, but the current statistics show that intercourse as the only means of teens being sexually experienced is inaccurate.

Chapter 3 - Parental Influences on Adolescent Sexual Decision Making

Parents begin to build a foundation with their child from the time he or she is born. The topics covered in this section focus on research on parental influences on adolescent sexual decision making and behavior. The adolescent years present unique challenges for each family. Coley et al. (2009) observes that with these changes, parent-youth relationships often shift as parents work to increase adolescent autonomy, but also to continue a close relationship, regular interactions, and distal monitoring with their adolescent (p. 822).

As central socializing agents for children, parents provide emotional connections, behavioral constraints, and modeling which affect children's development of self-regulation, emotional expression, and expectations regarding behaviors and relationships (Coley et al., 2009, p. 809). During the transition to adolescence youth spend more time outside of the home and interact with a greater number of people. Examining the influences parents have on their adolescent in the area of sexuality might help practitioners to guide parenting behaviors.

Coley et al. (2009) states that transactional models suggest that risky sexual behaviors among adolescents may lead parents to be less involved and engaged with their youth, and that less involved and effective parenting may lead to escalating sexual risk behaviors (p. 809). The transactional model works off the assumption that contact between an individual and their environment is a transaction in which each is altered by the other. Sameroff (1975) describes when a mother can view her child on a formal operational level, she understands that the child's behavior stems from individual experiences with the environment and when their experiences are different the behavior is different (p. 71). Similarly, when the mother sees the child's

development is related to her behavior since she is part of the environment than by changing her behavior she can change the child's development.

The purpose of this chapter is to examine research on parental influences on adolescent sexual behavior. Decision making describes an adolescent making a choice. An adolescent's choice can be seen and measured by his or her behavior. The influences discussed in this chapter include communication, morals, family structure and context, parent control, and TV mediation.

Communication

Jordan, Price and Fitzgerald's (2000) study included a sample population in rural northwest Ohio of 597 parents of adolescents, grades 7-12, with a response rate of 63%. The study found that 22% of parents believed their teen had no interest in talking with them about sexual issues and 17% weren't sure (p. 340). The National Campaign to Prevent Teen Pregnancy in 2001 found through a nationally representative survey of 12-19 year olds that 38% identified parents as the source that most influenced their sexual decision-making (Aspy et al., 2007, p. 451). Research shows that many teens want to talk to their parents about sex. In order to increase the communication between parents and adolescents about sexuality, it is important to evaluate what is interfering in this communication between parent and adolescent.

In a study from the United Kingdom, it was found that the majority (57%) of teens didn't talk to their parents about sexual health because they were embarrassed; the sample consisted of 1300 adolescent and parent groups near Edinburgh (Ogle, Glasier, & Riley, 2008, p. 286). Jaccard, Dittus, & Gordon (2000) identified three major reservations, from their 1991 research, that parents had about discussing sex with their teens. These focused on the possibility of embarrassing the teen, having difficulty finding the right time and place to have such discussion, and having difficulty explaining things clearly (. p189). Jaccard et al. (2000) research, from

2000, identifies two of those three reservations as current concerns for parents including embarrassing the teen and being afraid the teen might ask them something they do not know (p. 199). Jordan et al. (2000) found that 20% of parents were uncomfortable talking to their teens about sexual issues (p. 340). Professionals must recognize that sexual topics are uncomfortable for some parents and teens to discuss to be able to assist in increasing sexual communication between parents and child.

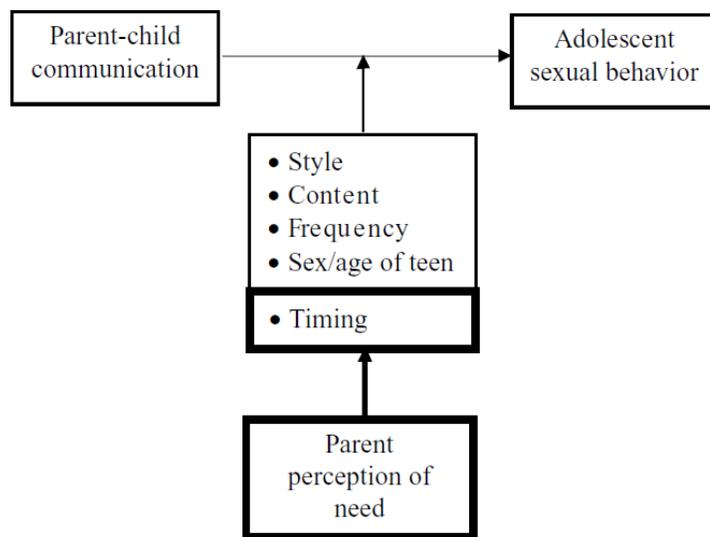
Miller, Kotchick, Dorsey, Forehand, and Ham (1998) discovered a difference in the parent report of communication with the teen about sexual topics versus the adolescent report. Parents were more likely to report such conversations than the teen. After analyzing data it was determined that adolescent and parent were more likely to agree upon the amount of sexual communication in families where more open and receptive communication existed (p. 221). Jaccard et al. (2000) found that 73% of mothers believed they had talked to their teen about sex while only 46.1% of teens believed their mothers had talked to them about sex. Researchers suspect that mother reports are biased reflecting the communication regardless of the impact on the teen; mothers are more likely to say give the information that parent and child talked about issues of sexuality, but this doesn't mean the teen heard what was said or that it had any impact on them. Researchers speculate the teen report reflects the extent to which the information has impacted them and the sense that the teen is aware of the information and can recall it (p. 193, 195).

Timing of Sexual Communication

Communication about sexual behavior between parents and teens varies. Eisenberg et al. (2006) introduce a theoretical model of influence illustrating the factors impacting parent-child communication (see figure 3-1). This model introduces the parent perception of need for sexual

discussions on the timing of when those discussions between parent and child happen. The study included 1,069 parents of 13-17 years olds in Minnesota and Wisconsin. The study found that parents who believed their child had been involved in a romantic relationship were more likely to report talking about aspects of sexuality and sexual behavior with their child including the negative impact on social life/lose respect, consequences of pregnancy, where to get condoms, and where to get other birth control. Topics of waiting until marriage and dangers of sexually transmitted diseases were discussed only slightly more by parents who believed their child had been involved in a romantic relationship than those who did not believe this (p. 898). Limitations of this study include over half of the eligible participants chose not to participate, Catholics might have been oversampled (39%), and low-income families might have been under-represented. Timing of discussions plays a key role in the impact of the communication between parents and teen.

Figure 3-1 Theoretical model of influence on parent-child communication (Eisenberg et al., 2006, p. 895)



Many family communication studies speculate that communication between parents and teens increases because parents suspect the teen has become sexually active (Clawson & Reese-

Weber, 2003, p. 257). For sixty percent adolescents from the study, romantic involvement preceded parent-child communication about birth control and condoms (Eisenberg et al., 2006, p. 899). This conversation comes as a reaction to the situation rather than being proactive about the choices the teen is making. When communication is not initiated before the initiation of sexual behavior, parents are less likely to impact adolescent behavior if they have already chosen to have sexual intercourse. By parents delaying communication about sexuality with the adolescent, it limits the amount of influence parents might have on the teen's choices. This could affect both the quality and quantity of sexual communication between parent and adolescent.

Jaccard et al. (2000) state that one of the two best predictors of communication during adolescence were patterns of early communication (p. 188). Clawson and Reese-Weber (2003) sampled 214 students from a large Midwestern university to evaluate timing of parent-teen sexual communication and the relationship to first sexual intercourse. Participants were between 18-21 years with a mean age for the sample of 19.9 years; 82.2% of respondents were White, 9.3% were African American, 5.6% were Hispanic, and 1.9% were Asian American. If communication occurred before the initiation of sexual intercourse, it was considered "on-time" and if the discussion occurred after initiation it was considered "off-time." The study found that the mean age of first intercourse was 16.77 years. Only 36.9% of the sample had experienced on-time discussions with their fathers and 57.9% reporting off-time discussions. Respondents reported 57.5% had experienced on-time discussions with their mothers while 41.6% had reported off-time discussions. The remaining respondents didn't have a father or mother figure to report on (p. 259).

Clawson and Reese-Weber's (2003) findings indicate that timing of discussions with fathers was a significant factor in predicting age of first intercourse, number of lifetime partners, and pregnancy. Adolescents who reported on-time discussions with their fathers were older at first intercourse, had fewer lifetime partners, but were more likely to have been or gotten someone pregnant. Findings from the on-time discussions with their mother were similar, but the teen also reported using more methods of birth control. A positive relationship was found between sexual communication with father and pregnancy for those who reported off-time discussions. Authors recommend interpreting the results regarding pregnancy with caution due to the small number ($n=12$) of pregnancies from this sample (pp. 260-261).

Clawson and Reese-Weber (2003) found that adolescents who reported more sexual communication with their mothers also reported a younger age of first intercourse, more lifetime partners, used more methods of birth control; were more likely to have been tested for HIV/AIDS and to have been or gotten someone pregnant (p. 260). These results went in the opposite of the authors' hypothesized direction; hypothesis was the amount of both mother-adolescent and father-adolescent sexual communication will be a significant predictor of sexual risk-taking behaviors. Authors divided the study by three separate hypotheses and this portion of the study only took into account the amount of communication and did not take timing into account; they speculate the increased communication came after becoming sexually active. Authors state that the older an adolescent is as first intercourse, the more likely that parent-adolescent sexual discussions will occur before initiation of sexual intercourse. Therefore, a parent-adolescent discussion may be interpreted as on-time even though it may have occurred relatively late in the adolescent's development (p. 264).

Jaccard et al. (2000) study of 14-17 year olds found that one of the adolescent reservations to sexual communication with their mothers was a belief that “my mother and I would only argue”. This belief decreased gradually as adolescents got older. The beliefs that “my mother would only lecture me” and “I would have a hard time being honest about my behavior” were less significant reservations, but these beliefs also decreased as adolescents got older (pp. 202-203). These findings might provide foundation for encouraging earlier discussions between parents and adolescent; this would help to reduce the chance of embarrassment, but also build on the parent-child relationship.

Sexual Topics for Parent-Adolescent Discussion

Jordan et al. (2000) researched rural parents to find that only 9% of respondents believed that most parents adequately communicate with their teens about sexual issues. The study of parents found that masturbation was the least covered topic between parents and teens. Other topics discussed little or not at all were pornography, prostitution, and abortion /alternatives to abortion. The topics discussed a “great deal” or “moderate amount” were dating relationships/dating behavior, responsibilities of being a parent, issues of marriage/divorce, reproduction (how babies are made), and sexually transmitted diseases (p. 340).

Miller et al. (1998) study focused on black and Hispanic adolescents’ communication with parents. HIV, AIDS, and STDs were the most common topics followed by the topics of condoms, reproduction, pressures to have sex, when to start having sex and choosing sex partners. The least frequently discussed topics were masturbation, physical and sexual development (p. 220). Masturbation seems to be a topic that isn’t discussed much in the parent-teen conversation, whereas sexually transmitted diseases and reproduction are common topics.

Gender Differences

Jaccard et al. (2000) state that one of the two best predictors of communication during adolescence was the daughter reporting greater satisfaction with the quality of mother-daughter relationship (p. 188). Jaccard et al. cited their previous research in which the extent to which mothers communicate with the teens about sex is important in predicting adolescent sexual behavior (p. 195). Raffaelli, Bogenschneider, and Flood (1998) found that teens are more likely to discuss sexual topics with mothers rather than fathers. Daughters were more likely than sons to report sexual communication with mothers. Fathers who were more accepting of teen sexuality were more likely to report discussing the dangers of STDs. Clawson and Reese-Weber (2003) found that adolescents who reported more sexual communication with their fathers were also more likely to report more sexual communication with their mothers (p. 260).

Jaccard et al. (2000) found that girls reported higher average levels of communication than boys (p. 193). Hutchinson (2002) stated that a girl's communication and relationship with their father may also provide them with a better general understanding of men and men's perspectives in heterosexual relationships. Fathers may also be an important source for discussions of more general moral and sexual issues (p. 239). Hutchinson's research indicates that young women who discussed sex with their parents before becoming sexually active were much less likely to initiate sexual intercourse than those who did not discuss sex with their parents. Those that reported talking with their parents about sex before they became sexually active were nearly seven times more likely to report consistent condom use during adolescence (p. 243).

Jaccard et al. (2000) found that boys were more likely to express that there was no need to talk to their mothers because they already had sufficient knowledge and that their mothers

would not be honest with them (p. 200). Aspy et al. (2007) cited a study by Rodgers, 1999 of sexually active teens which found that boys who talked about sexual matters with a parent they perceived to be unsupportive were in the highest category for sexual risk behaviors (p. 451).

Importance of Communication

Youth who have higher levels of communication with their parents makes a difference in the youth's sexual choices. Hutchinson (2002) found the single greatest predictor of parent-adolescent communication was the quality of parent-adolescent general communication (p. 243). When families communicate more often about general topics they are more likely to discuss issues of sexuality. Aspy et al. (2007) found that youth who talked to their parents about problems, parents had high expectations, and set clear rules were least likely to have never engaged in sexual activity. Youth whose parents taught them to say no or had discussions on delaying sexual activity were less likely to report having had intercourse than youth who did not report such discussions (p. 455). If taught about birth control, adolescents were more likely to report having had sexual intercourse (Aspy et al., 2007, pp. 454-455). Youth whose parents communicate permission or who do not communicate disapproval are significantly more likely to be sexually active (Aspy et al., 2007, p. 451).

Sexually active teens who reported that their parents communicated that they loved them and wanted good things for them or those who reported an adult role model who supported abstinence were significantly less likely to have had more than one sexual partner (Aspy et al., 2007, p. 458-459). Parental values about sexuality and beliefs about possible negative outcomes of teen sexual activity might also influence sexual communication (Raffaelli et al., 1998).

Parents who discuss delaying sexual activity, birth control use, and STD prevention have youth who are 2 times more likely to report using birth control at their last sexual encounter (Aspy et al., 2007, p. 460).

Formal Sexuality Education

Jordan et al. (2000) found that parents in a rural area believed most sexuality education should be provided by the family. They believed formal sexuality education should include information about sexually transmitted diseases (91%) and birth control methods, including condoms (92%). Eighty-five percent of parents believed education should include an emphasis on sexual abstinence and 76% believed formal sexuality education should include safer sex practices, including how to use a condom. Forty-nine percent of parents believed that sexuality education should begin in fifth or sixth grade (p. 341).

In contrast to parents, schools are unable to customize the information to reflect the different ideologies of all families (Eisenberg et al., 2006, p. 894). It might be possible for programs focusing on sexuality education to assist parents in customizing the information to fit the culture, religion, and demographics of their family. Jordan et al.(2000) found that 52% of parents thought receiving a regular newsletter on teen sexual issues would be helpful to parents in communicating sexual topics with their teen.

Morals

Ethics is a set of principles individuals use to determine what behavior is right and good in their relationships with others. Adolescence is a time when the foundations of one's ethical principles are formed (Bailey & Piercy, 1997, p. 993). A component of morals in regards to

adolescent sexuality is the ability to consider the effect of sexual behavior upon other people (parents, future partners/spouse, future children, and friends).

The movement toward independence and identity development involves the separation from family, yet it is the family that has provided the adolescent with a moral and ethical foundation on which to build his or her own ethical code (Grant & Demetriou, 1988, p. 1277). Sexually healthy adolescents decide what is personally “right” and act on these values (Haffner, 1993, p. 29).

Parents vary in their moral attitudes about sex. Parental views lie on the conservative versus permissive attitude continuum. Eisenberg et al. (2006) make the statement that parents are able to express their own values, beliefs, and expectations as part of their communication (p. 894). Families communicate expectations regarding appropriate behavior through direct verbal communication and by behavior. Past and present behavior within the family communicates values to the adolescent (Rupp & Rosenthal, 2007, p. 464). Chronological age and marital status are not benchmarks for the ability to have an ethical or moral sexual relationship (Haffner, 1993, p. 30).

Clawson and Reese-Weber (2003) use the socialization theory to explain that children and adolescents learn certain attitudes and behaviors early in life from adult role models. These attitudes and behaviors are displayed in adolescence and adulthood. Adolescent sexual behavior, in part, can be predicted from how the adolescent was socialized by his or her parents (p. 256).

An adolescent begins to form his or her own values about sexuality based upon the behaviors that are modeled by parents. Teens may gain insight to parent values by observing parents expressing their opinions about the choices and consequences of other teens such as out-of-wedlock pregnancies. Parents should not take the teen’s understanding of parental values for

granted; values should be communicated clearly. There is an elevated risk of pregnancy among adolescent girls whose mother had her first child as an adolescent. Research is cited that shows male and female adolescents had an earlier age of sexual initiation if their mother had their first pregnancy as a teenager (Rupp & Rosenthal, 2007, p. 464). Risky parental behavior (i.e. smoking, drinking, and not wearing a seatbelt) is associated with risky adolescent behaviors that include smoking, drinking, delinquency, and a younger age at first coitis (Rupp & Rosenthal, 2007, p. 465). This illustrates that teens are impacted by behavior that is modeled by parents; ultimately affecting the values and morals of the adolescent.

Kuther and Higgins-D'Alessandro (2000) reviewed Kohlberg's theory of development of moral reasoning. Individuals reasoning at the preconventional level view rules as something external to the self; the statement used in the study to represent this level of reasoning was "it is not right or wrong, but a matter of personal choice." Conventional reasoning is guided by understanding the purposes of society's conventions and can identify with them; the statement for the study to represent this level of reasoning was "it is [right/wrong] based on parental rules, laws, or social norms." The postconventional level defines values in terms of morals principles voluntarily taken, rather than conventional standards to be upheld; the statement used in the study for this level of reasoning was "it is [right/wrong] regardless of existing laws, rules, or social norms" (p. 410-411, 413). The study compared an intervention group of 62 students grade 10 through 12 which attended an alternative school focused on enhancing moral reasoning based on the intervention developed by Kohlberg. The comparison group consisted of 99 students attending grades 10 through 12 in a public school (p. 412).

Kuther and Higgins-D'Alessandro (2000) state that individuals may differ on which actions they consider moral. Students were more likely to view antisocial behavior as a moral

decision (postconventional); engagement in such activity was associated with lower levels of postconventional reasoning. When antisocial behavior was considered to be a personal choice, behavior and reasoning were not related. Students were more likely to view sexual involvement as a personal decision (preconventional). It was argued that adolescents view issues that harm others as moral, while those that are thought to only impact the individual are viewed as personal choices. Students also viewed substance use and suicide ideation as personal decisions (p. 419).

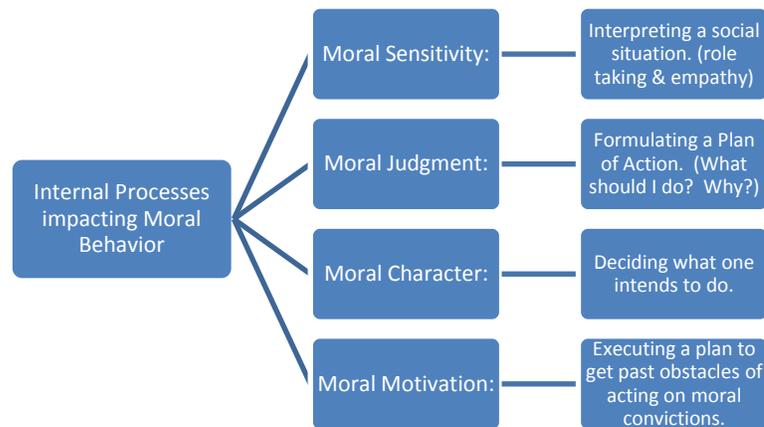
Judgment of morals is not made upon sexuality itself; the central issue is a responsibility in personal relationships. Juhasz and Sonnenshein-Schneider (1987) raise two concerns dealing with sex and values. The first is basic meaning attached to sexuality and sexual intercourse; the second is the influence of the individual's values on the meaning of personal sexual activity (p. 581). Some components of moral reasoning in sexual decision making are the need for intimacy, impact on the relationship, satisfying personal needs, satisfying the needs of others, and meaning of sex. Juhasz and Sonnenshein-Schneider (1987) states that values are the normative ideas that guide behavior and provide external and internal standard toward which one strives. To make a moral choice in sexual situations that follows individual principles, these principles must be part of the personality (p. 580).

Bailey and Piercy (1997) reviewed Rest's classification of moral behavior. (See figure 3-2.) Rest stressed that moral behavior is beyond moral reasoning and moral behavior involves all four components in balance (p. 994). Bailey and Piercy (1997) examined research which showed the discrepancy between what individuals think they should do and what actually happens. They applied this information by making some recommendations for AIDS and Sexuality Education based upon the processes impacting moral behavior. A few examples of this include: using articles and movies to help students identify sexual issues or situations such as rape or

harassment, role playing to help gain empathy for other situations, making decisions for sample situations, and addressing possible road blocks for following through on sexual decisions.

Bailey and Piercy (1987) suggest that students decide in advance what type of sexual behavior is appropriate for them, so they can take the steps necessary to make sure their behavior is consistent with their moral beliefs (p. 996).

Figure 3-2 Rest's classification of moral behavior (Bailey & Piercy, 1997)



Authors suggest that students should be challenged more directly to think about what is good, ethical, and decent in their sexual relationships (p. 993). Teenagers must learn that other people are not objects to be manipulated and exploited for sexual pleasure, but are to be cared for and respected (Bailey & Piercy, 1997, p. 997).

Family Structure and Context

Billy, Brewster, and Grady (1994) state that adolescent sexual behavior is shaped not just by individual-level characteristics, but also by the nature of the surrounding social context (p. 387). Hutchinson (2002) observed that patterns of sexual communication may vary by the parent's country or region or origin, religiosity, and gender of parent and child. Communication may also vary by other contextual factors such as urbanicity, community norms and acculturation

(p. 245). Coley et al. (2009, p. 809) stated that parents provide structural contexts for youth through the resources they provide to their children (e.g., marital status, family size, and economic resources).

Family is considered a main conduit of socialization, including sexual socialization. Further, public debate has centered on the potential impact of new family forms and the decline of the “traditional” intact two-parent family on a number of areas, including teenage sexual behavior (Davis & Friel, 2001, p. 669).

Family Structure

Pearson, Muller, and Fisco (2006) found that living with both biological parents was least likely linked with sexual initiation. Adolescent females who lived with a biological father (alone or with a stepmother) and African American adolescents in stepfamilies were no more likely to initiate first sex than those with living with both biological parents (p. 81). Coley et al. (2009) found that the number of years mothers and fathers lived in an adolescent’s household was linked to lower average levels of risky sexual behavior, whereas residing with step parents as opposed to biological parents predicted elevated average levels of sexual activity (p. 818). The study showed that adolescents who resided with step parents reported less involved parenting than adolescents living with biological parents (p. 819).

Based on research by Aspy et al. (2007) youth living in one-parent households were significantly more likely to have had sexual intercourse than those living in two-parent households (p. 454). Youth in one-parent households whose parents told them they loved them and wanted good things for them were 3 times more likely to use birth control at their last sexual encounter than those who had not been told (p. 461).

Davis and Friel (2001) state that few researchers acknowledge family structures such as cohabitating parents or gay-lesbian parents. They cite research which found 40% of cohabitating couples had children and the number was increasing (p. 670). Davis and Friel (2001) had a sample of 12,367 adolescents between the ages of 11 and 18 years old who lived in intact two-parent families (65.4 %), stepfamilies (33.3%), or single-parent families (1.3%) and had a mother respondent (biological, stepparent, or adoptive) because the study focused on the mother-child relationship. The single-parent family could include those in a lesbian family (less than 1% for girls and 3.4% for boys) or cohabitating relationship; approximately 11% of children lived with a cohabitating parent at some point before their sexual debut. Average age of sexual initiation was 14.9 years for girls and 14.3 years for boys; boys reported an average of 4.1 sexual partners and girls reported an average of 3.0 (p. 675).

Davis and Friel (2001) found that girls raised in a single-parent family had a sexual debut rate that was 1.5 times that of girls raised in an intact two-parent family. Girls who lived in a cohabitating family had 0.69 fewer sexual partners than girls who did not live in a cohabitating family; there was no effect for boys. Statistics of youth who lived in a lesbian family were similar to those who did not (p. 676).

Two studies from the 1990s focused on Black adolescents; one on females and the other on males. A limitation of both of these studies is the small sample size and the date of the research. Pete and DeSantis (1990) participants included 5 female black teenagers, age 14, who were pregnant or recently delivered and lived in low to moderately low income, inner-city neighborhoods in Miami, Florida. One of these girls was 8 months pregnant with her second child and living with a male partner at age 14. The study found the girls delayed sexual intimacy with their partner not to prevent pregnancy, but to establish a relationship of trust and love with

their partner. Most of the girls described a great deal of unsupervised free time and ineffective authority figure prior to pregnancy. All of the girls described a close or good relationship with their mother or guardian, but felt limited in what they could comfortably discuss with them on the topic of sex (p. 150).

Gilmore, DeLamater, and Wagstaff (1996) study consisted of 23 black males, ages 15-19, in Milwaukee, Wisconsin; on average they had completed 9.6 years of schooling. Most of the participants were clients of one of four social service agencies in Milwaukee. Sixteen participants had no children, 5 had one child, and 2 had two children; the median age of first intercourse was 12 and they had an average of 9.7 lifetime sexual partners. The focus of the study was to establish the beliefs associated with sexual decision making of young black men. The participants believed that one became a man when he was independent and able to take care of himself. The young men recognized that the act of having a child generally has some positive consequences, but being a father has obligations and responsibilities. Those who used condoms more frequently were more afraid of STDs and pregnancy. One young man said he had to know a girl over three weeks before he would quit using a condom. Some expressed the belief that some people would intentionally infect others with HIV because they were mad they got it. Physical pleasure was commonly named among the boys as the best thing about sex; did not need to be in the context of a committed relationship. Discussion of “hooked up” being common; this phrase means a young man becomes an unwilling father.

Part of the influence of family structure is an adolescent having (or lacking) siblings. While parents can't control everything between siblings they are the people responsible for whether the adolescent has siblings in the first place. Parents are also responsible for guiding and supervising their children.

Kowal and Blinn-Pike (2004) focused their research on sibling influences on safe sex practices. The sample of 297 adolescents from 20 Midwestern high schools were part of a larger 42 month longitudinal study; they had to have at least one older sibling not older than 30 years old to be included in the study. The study found that higher quality sibling relationship indicated greater frequency of sibling discussions about safe sex. Adolescents who reported more frequent discussions about safe sexual behaviors with both parents and siblings had a greater attitude about safe sex (p. 379). This study focuses on the two-parent families; this would be a limitation and research could focus on other family structures and the impact of siblings.

Parent-Child Relationship

Kaye et al. (2009) state that parents' relationships may influence adolescent sexual behavior either directly or indirectly. Direct influences are the absence or presence of a positive role model and transmission of elements of family culture and positive values about relationships, and avoidance of risky behavior. Indirect influence occurs through provision of resiliency and support for the parents as they seek to monitor and influence their children (p. 271).

Longmore, Eng, Giordano, and Manning (2009) describe parental caring as the reflection that youth matter; it is commonly measured in the forms of praising, hugging, and encouraging the child. Adolescents who feel cared for likely internalize parental values. Parental caring provides the foundational bedrock for compliance. Greater parental caring is associated with delayed sexual activity (p. 969-970).

Pearson et al. (2006) studied parental involvement in sexual decision based on the data from Add Health, a nationally representative, school-based study which surveyed 20,745

students in grades 7 through 12. The Add Health sample draws from a random sample of high schools in the United States which were stratified by region, urbanicity, size, type, racial composition and grade span. Nonvirgin students at wave 1 were eliminated to ensure parenting was a predictor of, rather than a response to, sexual behavior; this resulted in a final sample size of 8,663. The study measured sexual initiation, family structure, shared dinnertime, relationship quality, shared parent-teen activities, and communication about sex (p. 73-74). The study found that female adolescents reported a lower level of parent-teen relationship quality than did males. Latino adolescents reported a relatively poorer parent-teen relationship quality than both white and African American adolescents and they discussed sex with their parents less frequently than African American teens. African American adolescents reported fewer shared dinners with parents, but they communicated about sex with their parents more frequently (p. 76). Whites had the greatest number of shared activities with parents across the ethnic comparison. Pearson et al. (2006) suggest that simply being at home for dinner in the evening may signal that parents are there to offer guidance and structure without the more explicit behavior control that is negatively associated with outcomes for older teens. Shared mealtime tends to indicate a more stable and organized family life (p. 69).

Kaye et al. (2009) study used data from the National Longitudinal Survey of Youth 1997, a nationally representative sample of 8,209 adolescents. The sample was limited to 12-14 year olds whose parents were married at the time of the first interview; this gave a sample size of 3,316 adolescents. The sample was 52.4% male and 47.7% female. The race and ethnicity breakdown was 59.7% non-Hispanic White, 21.5% Hispanic, 17.8% non-Hispanic Black, and 0.9% mixed race. The adolescents engaging in risky sex at ages 14-16 was 14.0%, engaging in risky sex at ages 17-20 was 51.9%, and abstaining from sex until age 18 was 23.0%. Risky

sexual activity was defined as unprotected sex outside of a committed relationship. The study analyzed parent marital quality and the child's relationship with each parent; the adolescents were then placed in one of six groups. Group 1 was those who had a positive relationship with both parents and parents had a supportive and low-conflict at marriage (47.8% fell in this group); group 6 was those who had a bad relationship with both parents and parents were in an unsupportive and/or high-conflict marriage (only 4.3% fell into this group). The remaining fell in the middle experiencing a mix of positive and negative relationship attributes (p. 274-275).

Two groups at higher odds of risky sexual behavior were adolescents in group 5 (high marital quality and bad relationship with parents) and group 6 (low marital quality and bad relationship with parents). The authors believe the adolescent-parent relationship is a more important influence on sexual risk taking than parent marital quality. Statistically, adolescents in group 5 were at greater odds of risky sexual activity than those in group 6. It was also found that marital disruption subsequent to round 1 significantly increased the odds of risky sexual behavior by age 16 and decreased the odds of abstinence until age 18 (Kaye et al., 2009, p. 278-279). Biological versus stepfamilies did not yield significant differences in adolescent sexual activity; authors do note that the disadvantage in stepfamilies is they are less likely to have positive parent-child relationships (Kaye et al., 2009, p. 281). Lower levels of parental education was correlated with a greater risk of risky sexual behavior during the mid-teen years and a lower likelihood of remaining abstinent until age 18 (Kaye et al., 2009, p. 284).

Longmore et al. (2009) conducted a study in Lucas County, Ohio ($n=1,321$). Based on Census data, the sociodemographic characteristics of Lucas County closely parallels that of the nation in terms of race, education, medium income, and marital status. The sample included 7th, 9th, and 11th graders from 62 schools across seven school districts (p. 972). The study showed

that adolescents who perceived greater parental caring were less likely to initiate sexual intercourse (p. 975). Adolescents whose parents wanted them to be over 18 when they first have sex had lower odds of having had sex. This was a stronger predictor than whether adolescents believed that friends were sexually active (p. 977, 980). When parents limited the adolescents' independent dating decisions, the adolescent was less likely to initiate sex (p. 970). Dating disagreements between parents and adolescent were associated with increased odds of sexual initiation. Adolescents who were in a dating relationship for over a year reported more disagreements with parents about dating and were more likely to report initiating sex (p. 980).

Davis and Friel (2001) found that a higher-quality relationship with her mother significantly decreases a girl's age of sexual initiation, but this was not true of boys (p. 676). They also found that as mothers' satisfaction of the relationship with her child increases, girls and boys are 10% and 16% less likely, respectively, to sexually debut. Girls have 0.19 fewer partners than girls whose mothers report lesser relationship satisfaction (p. 677). As the parent approval of sex increased, the likelihood on engaging in earlier sexual activity increased 6% for girls and 11% for boys (Davis & Friel, 2001, p. 678). Coley et al. (2009) research found that adolescent- father relationship quality was a significant predictor of adolescent sexual risk behaviors (p. 821).

The family system perspective guides some of the research. A family system is made up of the elements of family members. The family has boundaries which allow information in and out of the family system; boundaries lie on a continuum of permeable to nonpermeable. These are boundaries which reflect how they interact with each other and outside of the family system. Feedback can be change-inhibiting or change-promoting within the system. The family needs to have rules about changing the rules. The system has a distance regulation continuum of

closeness to separateness/autonomy. Family members need a balanced sense of connection and autonomy. A component of the Family Systems perspective is homeostasis. This is the process which acts as a thermostat in the family relationship. It works to find and maintain a balance of connectedness and separateness. This shifts with time and between systems (family members, school, and work). The family system is influenced by the context in which the family functions, the family's history, and current ways of regulating distance. The key for a family to survive and thrive is found in their ability to shift the balance when necessary (shift boundaries and/or distance). An example of transition and shift in balance in adolescence is the negotiation of autonomy, responsibility, and relationships. This also causes a shift in parenting practices and the separateness/connectedness between parents and child. (Anderson & Sabatelli, 2007)

Choice of Community or Neighborhood

Individuals choose where to live; they might choose a particular state, county, town, neighborhood, street, or house. When people make the choice of where to live, they may be a parent already or not; parents make the choice of where they will raise their children. Making this choice impacts the environment, support, and area where children grow up. This may be a positive or negative influence, but it is important to understand how parents influence adolescent sexuality because of where they choose to live.

Browning, Leventhal, and Brooks-Gunn (2005) cite previous research that found communities that jointly socialize and supervise local youth may effectively limit the occurrence of early sexual activity (p. 759). Browning et al. (2005) found that neighborhood concentrated poverty was positively associated with sexual onset and other neighborhood characteristics achieved no significance (p. 771). Concentrated poverty was positively associated with timing of first intercourse for both gender, powerfully so for boys (p. 772). The study evaluated

adolescent birth rates within each neighborhood as a comparison for concentration of sexual activity among youth. This was found to be a positive and significant predictor of sexual onset for boys only (p. 773). Authors state that youth whose parents insulate them from external environment are less likely to suffer the negative consequences of exposure to disadvantaged neighborhoods. Highly supervised youth will not experience the benefits offered by neighborhoods with rich social and institutional resources (p. 759). The study found that adolescents with greater exposure to neighborhoods are more likely to be influenced by them. Youth who had low levels of parental monitoring (discussed later in the chapter) in neighborhoods with low collective efficacy were at high risk for early sexual activity (p. 774). Neighborhood collective efficacy measured social cohesion, intergenerational closure, and informal control within a neighborhood; the reliability of each of the three measures for this variable was .72 (p. 766).

Rosenthal, Lewis, and Cohen (1996) studied eleven adolescent girls, ages 15 to 16 years old, who were recruited from their primary care facility (no specific location was given) in an inner-city. The sexual histories and age of sexual debut were typical of girls who received medical care at this site. All but one of the girls had experienced consensual intercourse; the one girl had been abused by at least two adult men. The mean age of sexual debut was 13.7 years. To reduce the risk of engaging in sexual intercourse, the girls relied on the presence of others, either family or friends. Some of the girls talked about sexual curiosity as being a factor in making a decision about sexual behavior; others talked about sexual desire being a factor in choosing to have sex with someone.

Browning et al. (2005) reviews the importance of linking parents with parents of their children's friends creating social ties. This community-based social capital can be an important source in helping to manage adolescent sexual behavior (p. 760).

Religious Activity

Kaye et al. (2009) found that family participation in religious activity at age 16 was one of the most broadly influential protective factors against risky sexual behaviors for both boys and girls. This significantly reduced the odds of having unprotected sex outside of a committed relationship between ages 14 and 16, continued to be associated with lower odds of risky sex from age 16 to 20, and increased the odds of sexual abstinence until age 18 (p. 283).

Davis and Friel (2001) found that for girls, being more religious and having a higher GPA delayed the timing of their sexual debut and decreased the number of sexual partners. For boys, being more religious or having a higher GPA delayed the time of their sexual debut and decreased the number of partners (p. 678).

Manlove, Logan, Moore, and Ikramullah (2008) used data from a longitudinal research study spanning from 1997 to 2003 to evaluate family religiosity and adolescent sexual activity. The sample consisted of 3,644 youth ages 12 to 14 in 1997 at the beginning of the study and had not had sexual intercourse. The study found that 41% of respondents reported being sexually active at age 17; those that had ever had sex reported an average of 1.6 partners in the year prior to the age 17 interview. Sixty-three percent of sexually active respondents had used contraceptive every time they had sex the previous year. Sexually active teenagers at age 17 had parents with lower levels of religious attendance, prayer and beliefs than parents of teenagers who were not sexually active. The sexually active teens also took part in family religious activities less frequently, and reported lower levels of parental monitoring and awareness, less

frequent participation in family routines, and lower levels of mother-adolescent relationship quality, than teenagers who were not sexually active (p. 110-111).

Manlove et al. (2008) also found that consistent contraceptive users were more likely than adolescents who were not consistent users to report that their mother knew their close friends' parents and that their peer attended church regularly. Family religiosity was positively associated with parent-child relationship quality, parental monitoring and awareness, family routines, and positive peer behaviors; family religiosity was negatively associated with negative peer behaviors, which were associated with higher levels of sexual activity (p. 111). Parents in highly religious families were more likely than others to monitor or be aware of their adolescents' activities and friends (p. 112). The authors state a potential limitation was not examining the influence of specific religious denominations because the focus was on a broad measure of religiosity.

Aspirations for the Future

Aspirations for the future have been associated with sexual abstinence (Aspy et al., 2007, p. 462). Blum and Resnick (1982) outlined a component of transition from concrete to abstract reasoning is the understanding of time as an abstraction and the development of a personal sense of the future. The teenager begins to understand both time as an abstract concept and begins to perceive herself as a being who will live in the future as well as the present and past. The child and early adolescent rooted in the present is unable to conceptualize, let alone plan for the future. The notion of prevention, on the other hand, is predicated upon a personal conception of future (p. 804). When parents work with teens to understand about planning for tomorrow and the future it helps them to make safer sexual decisions.

Oman, Vesely, Aspy, McLeroy, and Luby (2004) evaluated assets of youth as protective factors for participation in sexual activities. It was found that the greater the number of youth assets indicated a later age of sexual initiation or greater use of birth control. Those assets evaluated were nonparental adult role models, peer role models, family communication, use of time (groups/sports), use of time (religion), good health practices (exercise/nutrition), community involvement, aspirations for the future, and responsible choices (p. 15). While parents do not control each of these factors they do have influence over them; some of those factors have been discussed directly in this report. Areas of nonparental adult role models and peer role models are partially determined by the parent's choice of where they should live. Research shows statistics vary by community or neighborhood; these assets would also be influenced by the school of attendance.

Parental Control

Direct control is manifest in parents' supervision and monitoring of their children's behavior in the context of clearly conveyed behavioral rules. Direct control has two components: peer monitoring and place monitoring. Place monitoring concerns the extent to which parents manage the whereabouts of their children. Peer monitoring involves parental contact and familiarity with the friends of their children. Indirect control involves the level of emotional attachment. Close parent-child relationship aids in parental control efforts and promote adolescent disclosure (Browning, Leventhal, & Brooks-Gunn, 2005, p. 760-761).

Parental monitoring and supervision refers to parents' knowledge of where, how, and with whom their children spend time (Bersamin et al., 2008, p. 99). Monitoring involves parents checking up and setting limits on behavior (Longmore et al., 2009, p. 970). Browning et al.

(2005) cite a 2002 study which showed majority of adolescents (56%) reported their first sexual experience occurred at home or in their partner's home (p. 760).

Browning et al. (2005) studied 343 neighborhood clusters in Chicago with each cluster averaging approximately 8,000 people (p. 762). Among the respondents in their 16th year, 58% of the boys and 49% of the girls reported having had sexual intercourse (p. 764). Results of the study showed the odds of sexual onset for girls decreased by approximately 43% for those who experienced higher levels of place monitoring (p. 772).

A component of parental monitoring is focused on the perception of adolescents on parental monitoring. DiClemente et al. (2001) say there are two important aspects to parental monitoring including the adolescent perception of their parents' knowledge about whom they are with and where they are spending their time outside of school and home. The authors summarized research by others saying there is an association between adolescents who perceive less parental monitoring and greater participation in antisocial activities, more sexual risk-taking, and more frequent substance use (p. 1364). DiClemente et al.'s findings from their research of 522 sexually active adolescents indicate that less parental monitoring was associated with a spectrum of behavioral risk factors, including greater likelihood of arrest and STD. Those with less parental monitoring were more likely to report not using condoms during their most recent act of sexual intercourse or to report they didn't use any type of contraception during their last 5 occasions of sexual intercourse. A marginal association was found between adolescents who perceived less parental monitoring and the report of multiple sex partners in the past 6 months and having a sex partner who was believed to have had concurrent partners (p. 1365).

Bersamin et al. (2008) states that adolescents with higher perceived disapproval of their sexual behavior by parents were less likely to have vaginal intercourse in the next year (p. 98).

DiClemente et al. (2001) stress the importance of increasing adolescents' awareness that their parents know where and with whom they are with when not at home or in school. Greater parent-child communication and fostering a closer relationship may enhance adolescents' perceptions of parental monitoring and, as a consequence, reduce risk behaviors (p. 1366).

Sieverding, Adler, Witt, and Ellen (2005) conducted a study in 1996 through 1998; participants were recruited through a health maintenance organization teen clinic in San Francisco. The three hundred seven participants were sexually inexperienced and between the ages of 14-18 years old. The study found that adolescents who perceived more successful parental monitoring expressed less intention to initiate intercourse. Successful parental monitoring and limitations on adolescents' unsupervised time were associated with less favorable attitudes and subjective norms regarding sexual initiation (p. 728).

Sieverding et al. (2005) found that adolescents with more unrestricted time had more favorable attitudes toward sexual activity, perceived more of their peers to be engaged in sexual activity, and perceived higher social expectations to have sex (p. 728). Youth-serving organizations, churches, community agencies, and schools provide programs that promote prosocial attitudes and activities enhance self-esteem, provide positive role modeling, and provide supervision for adolescents to help offset time youth are unsupervised, especially in single parent households (DiClemente et al., 2001, p. 1366).

Parents need to prepare their children to become independent and capable of making healthy choices when they are not supervised (Rupp & Rosenthal, 2007, p. 462). It has been found that parental monitoring during childhood has long term effects (Bersamin et al., 2008, p. 99). If adolescents do not disclose information of whereabouts and with whom they associate, parental monitoring is found to be ineffective (Sieverding, Adler, Witt, & Ellen, 2005, p. 728).

This supports that a closer parent-child relationship and greater communication increases adolescent disclosure, which in turn can make parental monitoring more effective.

Coley et al. (2009) found that adolescents in families with higher levels of maternal knowledge and paternal knowledge reported lower average sexual activity. Greater numbers of family activities per week predicted lower sexual activity (p. 817). However, results suggest that father knowledge and family activities were more protective for girls than for boys (p. 818). Parents self-define their role as parents. Some might view themselves as an advisor, supervisor, mentor, role model, or sex educator among others. This might be a factor in parent control. Some parents might feel like the line between advising and prying is blurred; they might remove themselves some to prevent crossing that line.

Wight, Williamson, and Henderson (2006) state that parents who perceive their child to be engaging in risky activities does not, in general, lead parents to monitoring that child more carefully. However, parents whose children have high-risk lifestyles might resign themselves to this and abandon restrictive monitoring in order to avoid repeated conflict with their children (p. 491-492). The study showed that males at time one who reported a sexual experience had a reduced likelihood of higher parental monitoring at time two. There was no evidence of parents' awareness of their children's sexual behavior. Parental monitoring does seem to influence subsequent behavior (p. 492). This might imply that adolescents who become sexually active continue to make the same choices because parental monitoring has in fact decreased, giving them permission to participate in sexual activity.

It has been found that a greater amount of parental monitoring is associated with a decrease in initiation of sexual intercourse, fewer numbers of total partners, and greater use of

contraceptives. Knowing where adolescents spend their time and who they are spending it with has some benefits in influencing sexual behavior.

TV Mediation and Media

Children and adolescents spend an average of 21 hours a week watching television. This time could be adolescents watching alone or with a parent. Time that children and adolescents spend in front of the TV can be utilized by parents to initiate conversations about sexuality and values. Television mediation is being defined as “interactions with children about television. The interaction can take place before, during, or after viewing.” See Figure 3-3 for a description of the three types of television mediation (restrictive mediation, co-viewing, and active mediation) measured in the research (Bersamin et al., 2008, p. 99).

Figure 3-3 Divisions of Television Mediation (Bersamin et al., 2008, p. 99)

Restrictive mediation	Co-Viewing	Active mediation
<ul style="list-style-type: none">•parental rules•limits on amount of TV•limits on types of content to be viewed	<ul style="list-style-type: none">•parent/child viewing together•no discussion of content	<ul style="list-style-type: none">•parent/child can view TV together•discussion of television content

Bersamin et al. (2008) found that youth who reported greater quality of mother-child communication, greater parental disapproval of sex, greater parental discussion or television content, and had more limits on their television viewing, were less likely to initiate oral sex than others (p. 105). He also found that youth whose parents were more disapproving of sex, covieved television shows, and limited their television viewing were less likely to initiate vaginal intercourse than others (p. 106). These findings suggest that families who have greater

parent-child communication and choose to set behavioral expectations within the home, like television, will decrease the chance of sexual behaviors.

US Census (2005) found that 98.2% of all households had at least one television, homes had an average of 2.6 televisions per home, two-thirds of households had cable, and individuals age 12 and older spent an average of 4.7 hours per day watching television. As technology changes and becomes more affordable these numbers are likely to change. Werner-Wilson, Fritzharris, & Morrissey (2004) recognized that individual personality factors may also be important and other research suggests that the type of media people select and find gratifying is predictably related to their personalities and individual differences (p. 305). Werner-Wilson et al. (2004) state that parents who openly communicate and actively co-view television may help “inoculate adolescents from potentially detrimental effects of exposure” and the frequency of viewing appeared to be important as well (p. 307).

Werner-Wilson et al. (2004) conducted research in Michigan with participants from one suburban/urban community of approximately 230,000 and a more rural community of approximately 10,000 in the area of parents and media perceptions. Parents expressed concern about media content because they seemed to believe that adolescents were passive recipients of media messages and were concerned about the effect upon adolescent sexuality. One parent’s concern was “You wonder how much kids can watch of that from five, three, and two years old and just not feel that it’s normal activity between a male and female to have sex right there” (p. 310). Adolescents minimized the media influence and did not believe sexual content in movies influenced sexual behavior. Some mocked the idea that they would “go home and have sex” after seeing a movie that included sexual content (p. 310) The study evaluated a large sample, however, there were no statistical data listed in these results and should used with caution.

Parents set the limits on children's use of the television with amount and types of content. Co-viewing and active mediation allow the time in front of the TV to become "teachable moments" if used properly. Many movies and shows found on TV could be used to facilitate discussion between parents and teen.

There is a television series shown on MTV called Teen Mom. This series started filming four young women for a show called 16 and Pregnant who were pregnant as teens. Teen Mom is a MTV series considered to be popular culture right now with over 3 million viewers watching each week. The show has continued to follow these young ladies in their roles as teenage moms and the challenges that each face in everyday life. Each comes from a different family background, community, level of parent support, and vary greatly in the choices they have made. This show is unique because periodically they check in with Dr. Drew Pinsky, a medical doctor and radio host known as Dr. Drew. On the Season 2 finale show Dr. Drew shared that over 60% of teens wish that they hadn't had sex. Farrah specifically talks about this and says that even though she loves her daughter she wishes she hadn't chosen to have sex. Amber discusses that they didn't use birth control because they never thought it would happen. Dr. Drew addresses "the cycle" with the teen moms in that children of teen moms have a greater chance of becoming a teen parent themselves. He confronts Catelynn's mom about the conflict with her daughter, Amber about her violent behavior, Farrah about her grief, and Maci about working on relationships while having a toddler (Freeman, 2010). Dr. Drew acts as a mediator and brings many issues to the surface that may not normally be addressed during a relationship. This show moves beyond the glamour that some see as a part of teen pregnancy with the hope that others see how challenging it is to be a teen parent.

There is argument that shows and movies like this normalize teen pregnancy and that they can't show every aspect of the struggles teen parents have. Parents can't control what is being shown on TV; the parent influence comes from choosing to set limits, guidelines, and mediating what youth see on TV.

Chapter 4 - Evaluation and Implications

Adolescent sexuality continues to be an area of interest for researchers. The articles I used for this report focusing on Blacks or inner-city adolescents are becoming dated (1990 and 1996) and were small sample sizes; this is an area of need for further and current research in adolescent sexuality.

Blum and Resnick provide a multidimensional developmental approach to adolescent sexual decision making. This material, while good, is from 1982 and could be updated and revised. This approach works well to see similarities and differences in the areas of adolescent development when making sexual decisions.

An area which researchers might focus their studies is the disagreements about dating partners. This was discussed in the article by Longmore et al. (2009). This topic of conflict takes into account communication, parent-child relationship, and parental control. There were no studies found which focused primarily on this aspect of parent influences of the sexual decision making process and the impact dating disagreements have upon the parent-child relationship. Longmore et al. also discussed limiting adolescents' independent choices especially in regard to dating decisions. A study focused on those dating disagreements and the choice of dating partners might give some incite to the potential conflict of adolescence between parent and child.

Research in the area of communication continues to produce controversial results. It is controversial regarding whether conversations happen before or after the initiation of sexual activity. It would be beneficial to know when the optimum time is for specific conversations to happen. Some of the article discussed specific topics of education that were talked about within the homes; it would be helpful to practitioners to know which topics are the most important for

parents to talk about. Practitioners who might work with adolescents and parents might include teachers or anyone in the school system, family therapists, doctors, and those in connection with parent education programs.

An area covered briefly in this report was the impact of sibling's safe sexual behavior. I expected to find more research in this area; one article was included in the report. Research involving siblings influence on adolescent sexuality is limited and what research that does exist is getting dated (1993 and 1988). This would be an area of recommendation for further research. The research available indicates siblings can have a positive influence on attitudes of safe sex. Research might focus on siblings within family structures other than two-parent homes or the impact of younger siblings on adolescent sexual decision making.

Another area of possible research might include the parental influence on choices of sexual intercourse versus other sexual activities (i.e. oral sex). The research focuses on participation in sexual intercourse and seems to overlook the statistics that more adolescents are having oral sex today than in the past.

This report discussed some of the changes in adolescent sexuality through time and cohort differences on expectations of adolescent sexuality. This might be a topic of future research concerning the evolution of adolescent sexuality, cohort effects, and the impact of current culture and social norms on adolescent sexual decision making. To go with this is the concept of women's ability to be sexually free and the connection with women's liberation.

Researchers might look at the characteristics of adolescents who are choosing not to participate in sexual activities. There are many studies on why adolescents are choosing to have sex and the characteristics of those adolescents. It might be beneficial to have more information on those that are not sexually active. This might help to view the concern from a different focus.

The last area to discuss here on the possible need of future research is the parents self-defining role. This would be to evaluate the parent's role they place upon themselves including sex educator, advisor, friend, mentor, role model, or others. It is evident based on the research reviewed here that parents are not equal in the information they communicate to their children; this might be because of the belief of their role as a parent.

On an evaluation of research in general, I believe it would be helpful to have one centralized database. Each person has their preferential searching database PsychINFO, ProQuest, or PubMed as examples. The disadvantage, however, is that your results change depending upon your database. Primarily, I used ProQuest and PsychINFO; however, I did work with other databases when searching for more specific works. A helpful tool was Google Scholar to search for a specific article and then to use KSU libraries to search for the journal if needed.

Implications for practitioners

Sexuality is only one aspect of an adolescent's life. For professionals who work with adolescents the acronym HEADS (H for home, E for education, A for activities, D for drugs, and S for sexuality) can be used to evaluate how effectively an adolescent is dealing with the development tasks of adolescence (Grant & Demetriou, 1988, p. 1285).

Recognizing that parents are the individuals who need the information is the first step in addressing these issues. Educational efforts should be focused on the importance of the parental influence on adolescent sexual decision making. Parent awareness of this research is important. Ask the question: where do they get their information? If parents are not aware of these influences and the impact they can't consciously change what they are doing.

Preventing risky sexual behavior is about more than the developmental period of adolescence. The parent-child relationship begins at birth; this relationship has great impact during adolescence. A close relationship takes time; parents need to understand that the relationship they build with their child when they are young continues to be important as they grow older.

Campaigns for promoting parent-child communication should encourage parents to begin open conversations about sexuality with their children when they are young, and before they believe their children are involved in romantic relationships (Eisenberg et al., 2006, p. 900). This might include issues related to sexuality that parents should discuss with the child at each developmental milestone. Doctors and teachers could advocate to parents the importance of communication and the relationship with their child. Some schools set aside time to show a film or discuss the topic of puberty with younger children (4th-6th grade); it might be beneficial at that time to have a separate program for parents to communicate information to them about opening the discussion of sexuality with the child.

Teaching parents effective communication strategies could be beneficial to help improve parent-child communication. This might include understanding and use clear and concise communication or the use to open-ended questions for parents to listen to what their teen has to say rather than from the quizzing approach. One of the studies found that parents would like to get a newsletter about issues to adolescent sexuality to help facilitate those discussions with their teen. This could be facilitated through school email or advertisements through TV and signing up at a website.

Coley (2009) results support findings that regular family meals and engaging in fun or religious family activities are linked with lowered adolescent risk behaviors including sexual

activity (p. 823). Oman et al. (2004) also found these to be assets to youth. It would be important to make parents aware of the choices they have which can influence their child during adolescence. Promoting family meal time and activities (games/sports), participation in religious activities can begin young. These are not limited to the time of adolescence.

Another way to relay the information is through a parenting program to expand parents' knowledge and awareness of sexual issues, increase comfort levels, discuss sexual issues, improve communication skills, and encourage monitoring and supervision. I believe there is enough information to create and implement a parent program. The topics I feel are the most important to cover are the following. Communication about sexuality should occur frequently as the child grows. Sex education begins at birth and there are topics which parents can cover at each stage of life. This provides a foundation of sexual communication between parent and child at a young age to help the child learn parent beliefs and reduce the embarrassment of a "big sex talk." Communication between parent and child should be a priority; parents should tell their child what they believe. Children can not be expected to read minds; parents should both role model their values and beliefs and communicate the values and beliefs to their children. It is important for parents to know that certain family structures (i.e. single parent family) have specific risks and challenges (i.e. greater risk of early sexual initiation) associated with them, but these can be overcome with knowledge and proactive behavior. It is also important that parents do not close the lines of communication once the child chooses to have sexual intercourse; this is based on the concept of both an on-time discussion and off-time discussion. Sexual decision making does not stop after an individual has had intercourse for the first time; they must then decide what sexual behaviors they will carry with them to adulthood. I would encourage parents to help instill self-esteem in their child. Self-esteem can help act as a protective factor to youth

in choosing to remain abstinent. Adolescents who are lacking self-esteem are more likely to try to gain that self-esteem elsewhere (drugs, alcohol, sex). I would also encourage parents to provide structure in their home and understand the positive impact of parental monitoring on adolescent decisions. It is also important that if a parent is going to tell their child not to have sex then they need to be prepared to explain how to deal with the temptation and/or provide possible alternative ideas to having sex. Teens might see oral sex as an alternative to intercourse if the goal is to not get pregnant and there are still risks associated with oral sex. When parents are more willing to communicate openly about sex topics than teens are more likely to consider parents a source of information and ask questions.

Research from this area could also impact policymakers in the laws on sex education in schools. Identifying when children need to hear the information on puberty and/or sexual topics would help in writing the laws. Parents do not all have the same knowledge level about sexuality; there are standards for teacher knowledge and course content. Having a more equal set of sexuality standards for each grade level across all states would help to assure children are at least getting the basic information on sexuality given to them, regardless of the information given (or not) at home.

Conclusion

Sexuality is a normal component of the development of adolescence. Parents continue to have an influence of adolescent sexuality. When parents communicate to their children that they do not want them to be sexually active they are more likely to remain abstinent or use birth control if sexually active (Aspy, 2007, p. 462). Parent communication to their adolescent plays a key role in their decision-making process to engage in sexual activity or not. Parental communication is impacted by family structure and the parent-child relationship.

I personally believe that if parents are aware of their influence they can consciously make parenting choices to help in that decision-making process. Research presented in this report supports this statement. By parents making the choice when their children are young to establish parental monitoring and a close parent-child relationship these provide a strong foundation for parents having a greater influence on adolescent sexual decision making. A component of that close parent-child relationship is the communication. When parent and child can communicate about general topics they have a greater chance of adding the sexual discussion as the child grows older. For some parents it may be about knowing and recognizing that a decision they make as a parent when the child is young will affect them later in life and how.

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