

# Factors That Contribute To, and Constrain, Conversations Between Adolescent Females and Their Mothers About Sexual Matters.

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## Abstract

This study investigates the factors that contribute to, and constrain, conversations between adolescent females and their mothers about sexual matters. Essential areas of investigation include the role of mother-daughter connectedness and parenting style on teens' decisions to have conversations about sex and utilize safe sex practices. The conversational constraints that inhibit adolescent females and their mothers from having sexual discussions are investigated, and the relational dynamics that contribute to mothers' and daughters' having these types of conversations are examined. This study also investigates the reasons why it is imperative that mothers have knowledgeable sexual discussions with their daughters.

## The Problem

*A mother is passing by her daughter's bedroom was astonished to see the bed was nicely made and everything was picked up. Then she saw an envelope propped up prominently on the centre of the bed. It was addressed, "Mom." With the worst premonition, she opened the envelope and read the letter with trembling hands:*

*Dear Mom,*

*It is with great regret and sorrow that I am writing you. I had to elope with my new boyfriend because I wanted to avoid a scene with Dad and you.*

*I've been finding real passion with John and he is so nice – even with all of his piercing, tattoos, beard, and his Motorcycle clothes.*

*But its not only the passion mom, I'm pregnant and John said that we will be very happy.*

*He already owns a trailer in the woods and has a stack of firewood for the whole winter.*

*He wants to have more children with me and that's now one of one my dreams too.*

*John taught me that marijuana doesn't really hurt anyone and we'll be growing it for us and trading it with friends for all the cocaine and ecstasy we want. In the meantime, we'll pray that science will find a cure for AIDS so John can get better; he sure deserves it!!*

*Don't worry mom, I'm 15 years old now and I know how to take care of myself. Some day I'm sure we'll be back to visit so you can get to know your grandchildren.*

*Your daughter,*

*Judith*

*PS: Mom, none of this is true. I'm over at the neighbor's house. I just wanted to remind you that there are worse things in life than my report card, which is in my desk drawer.*

*I love you! Call when it is safe for me to come home (Anonymous, n.d.).*

This letter reflects the experiences of many teenagers. At times, both parents and teenagers have problems communicating with one another. It is often hard for parents and teenagers to engage in everyday discussions. It is understandable that they may not have discussions about the more difficult to discuss topics, such as sex. If teens feel disconnected or judged by their parents, then it makes sense that they would have difficulty communicating about such a private topic as sex (Albert, 1998; Lingren, 1997). If parents feel that their teenager has an “I know it all attitude” or talks in a flippant manner, then the parents may not even attempt to have a conversation about sexual matters (Elkind, 1978; Feldman & Rosenthal, 2000). This investigation focuses on these conversational constraints, along with other factors, that contribute to, and constrain, sexual discussions.

### **Nature And Scope Of The Problem**

The relationship between an adolescent and his or her family is a crucial factor in sexual knowledge, values, and behaviors. The adolescent's family is the primary social influence, which makes it imperative that parents discuss sexual risk and protective factors with their teenagers (Howell, 2001; Young-Pistella & Bonati, 1998). Teens need to engage in knowledgeable conversations with their parents about sexual matters, since the family's influence can have a vital impact on teens' sexual decision-making.

For this particular study, I am interested in understanding mothers' and daughters' experiences pertaining to conversations about sexual matters and what meaning they construct from these discussions. Mothers spend more time with their teens, have more conversations, and are more emotionally involved with their teens, which is the rationale for studying mothers, rather than fathers (Jaffe, 1998). I am studying female adolescents, as opposed to males, because

females typically regulate sexual encounters by either disallowing it or controlling the pace at which sex occurs (Rider, 2000). Therefore, they need to be as knowledgeable and empowered as possible.

Today's teenagers are described as a "generation in jeopardy" due to early sexual debut, frequency of teen pregnancy, inconsistency and/or lack of condom use, prevalence of sexually transmitted diseases, and the increase of teens' being infected with HIV/AIDS (St. Lawrence & Scott, 1996). Approximately 12 million adolescents in the United States are sexually active – five million of whom are females (Howell, 2001). The majority of American teenagers will have had sexual intercourse by the time they graduate from high school (Rodgers, 1999). In 2003, 47 percent of U.S. high school students reported having had sexual intercourse (Alford, 2005). Many of these sexually active teens do not take appropriate action to protect themselves from sexually transmitted diseases and/or from becoming pregnant. Adolescents have limited access to comprehensive sex education, and, therefore, their levels of knowledge need to improve in areas such as HIV/AIDS, STDs, and pregnancy prevention, as well as how to communicate assertively about sexual issues with their partners.

The World Health Organization defines the developmental period of adolescence as ranging in age from 10 to 19 (World Health Organization, n.d.). This developmental period is a time of self-exploration, values clarification, and identity development (Jaffe, 1998). Self-confidence and self-efficacy are typically low, as this is a time of self-doubt, eagerness for acceptance, and social approval. Peers may pressure their partners into having sex and may coerce them into having unprotected sex (Buhro, 2000). Teenagers engage in underage drinking, and many drink to excess with the goal of intoxication, which interferes with their ability to make good decisions regarding sexual activities (Jaffe). In addition, they tend to have an "it-can't-happen-to-me" attitude or believe they are invincible, which can lead to poor decision-making and reckless behavior (Elkind, 1978; Jaffe). These factors, along with teenagers' orientation toward immediate gratification and tendency toward limited processing of consequences, can lead to lifelong negative challenges (Jaffe).

It is imperative that parents provide sex education to their children, since teenagers often obtain inaccurate information about sex from their peers (Child, Youth, and Women's Health Service, 2003). Too many parents do not broach the subject of sex with their teens – even though research has shown that 75 percent of teens want more information about sexual matters, and teens would like to have these types of discussions with their parents (Rodgers, 1999). According to The Henry J. Kaiser Family Foundation's (2000) study, most parents believe that sex education should encourage young people to delay sexual activity, prepare them to use birth control, and practice safe sex once they do become sexually active. In light of this research, why is it that fewer than 20 percent of parents have had meaningful conversations with their teenagers about sexual matters (National Parent Teacher Association, 2000)?

### **Adolescent Sexual Risk-Taking**

Adolescents are not abstaining from sex, and many of them are engaging in risky sexual practices. Mahaffy (2002) defines sexual risk-taking as the failure to consistently use condoms and as having unprotected sex with multiple partners. One in five adolescents has had intercourse before they reach 15 years old (The National Campaign to Prevent Teen Pregnancy, 2003). In a given year, 30-40 percent of sexually active adolescents have intercourse with more than one partner (Howland, 1999). Many teens are having unprotected sex and are not consistently using contraception (Manlove, 2000). Research has shown that condom usage has increased significantly (Manlove; The Henry J. Kaiser Family Foundation, 2005), but only between 10 and 20 percent of adolescents consistently use condoms (Insabella, 2000). This percentage dramatically declines if the teen is under the influence of alcohol or drugs (O'Donnell, San Doval, Vornfett, & DeJong, 1994). For example, Poulson, Eppler, Satterwhite, Wuensch, & Bass (1998) found that 70 percent of their study's respondents inconsistently used condoms when they were under the influence of alcohol.

Many teens do not know how to use condoms properly, which is one reason sexual risk taking occurs. A study conducted by O'Donnell, et al., (1994) found that the participants in their study were unaware that a reservoir for the ejaculate should be left at the tip of a condom and

that “women, in particular, were not sure whether it is necessary to put on condoms before genital contact is initiated; many incorrectly said that condoms should be unrolled while off the penis” (O’Donnell et al., p. 150). The findings from interviews I conducted with college-age students indicate that young people may use the same condom in multiple sexual encounters and/or turn condoms inside out in order to extend their usage (Schear, 1999). In a study conducted by the National Parent Teacher Association (2000), a participant noted that he could not believe that he impregnated a girl because he smoked marijuana before they had sex, which he believed should have made him sterile. In the same study, another teenager stated that he could not believe that his older brother contracted HIV because he did not use drugs and is heterosexual. Given these trends, sexual risk-taking will continue without the proper sex education.

Research has shown that teens are engaging in oral sex at alarming rates. Many do not believe oral sex is as consequential as intercourse (Arumi, 2005; Grunbaum, Kann, Kinchen, Ross, Hawkins, Lowry, Harris, McManus, Chen, & Collins, 2002). Oral sex is viewed as a means to avoid STDs and the risk of pregnancy (Grunbaum, et al.). Experimentation with oral sex can start as early as the seventh grade, since some teens use oral sex as a method to experiment without having to lose their virginity (The Henry J. Kaiser Family Foundation, 2000). Many teens are not utilizing condoms while engaging in oral sex because they perceive contraception only as a means of birth control (Everett, Warren, Santelli, Kann, Collins, & Kolbe, 2000; O’Donnell, et al., 1994). One study revealed that only three in ten adolescents use protection when having oral sex, yet 89 percent of teens who had engaged in oral sex knew that they could contract an STD by engaging in this type of sexual practice (Arumi).

Adolescents identify many perceived barriers that contribute to their risky sexual behavior (Alford, 2005; Hacker, Horst, Strunk, & Yared, 2000; Keller, 1993; Landers, 2004; Metts & Fitzpatrick, 1992; O’Donnell, et al. 1994). A major barrier to teens’ use of contraception pertains to their knowledge about contraception. One study found that “only 83% of males and 77% of females reported that condoms are effective in preventing pregnancy; 75% of males and

60% of females said condoms are effective in preventing HIV/AIDS; and 62% of males and 18% of females said condoms are effective in preventing STDs” (The Henry J. Kaiser Family Foundation, 2000, p. 2). A poll conducted by Alford (2004) found that 22 percent of U.S. teens did not believe birth control would prevent pregnancy and 32 percent did not think condoms protect a person from contracting HIV. A phone survey of 500 adolescents aged 15 to 17 found that one-in-four teens did not know that oral contraceptives do not protect them against sexually transmitted diseases (Landers, 2004).

Teens receive mixed messages about the effectiveness of contraception, which may not be solely due to their and their peers’ lack of information. A study surveying parents’ views of condom effectiveness revealed that 47 percent of parents believed that condoms are effective in preventing STDs and 40 percent of parents believed condoms to be effective for preventing pregnancy (Bearinger, Eisenberg, Sieving, Swain, & Resnick, 2004). This same study also found that only one-quarter of the parents believed that teenagers are capable of using condoms correctly and four in ten thought that teens are capable of using birth control pills correctly. It appears that not only are teens lacking in knowledge about contraception effectiveness, but some parents are as well. Both teens and their parents must overcome this barrier to teens’ safer sexual practices.

Research has also found that some teens are not concerned about contracting STDs or HIV/AIDS and/or underestimate their personal risk of infection (Keller, 1993; O’Donnell, et al, 1994). Teens may be apathetic to the reality of the consequences of unprotected sex and may fear that their family may find out that they are using contraception (Hacker et al., 2000). Research has also identified more disheartening obstacles: interpersonal difficulties in negotiating condom use, lack of planning, fear of rejection by one’s partner, and the assumption that their partner did not have sexually transmitted diseases (Keller).

Teenage couples often have sex before they are able to communicate on an emotional level or able to talk about sex with one another (Hammer, Fisher, & Fitzgerald, 1996). Teens often ignore discussions about a partner’s sexual history and dangers such as STDs and

HIV/AIDS. A national survey of 650 teens between the ages of 13 and 18, conducted by The Henry J. Kaiser Family Foundation and YM magazine (1998), found 40 percent of their respondents had not had a conversation with their partner about STDs or HIV and one-third had never had a discussion about sexual behaviors.

Many sexually active people do not use condoms, because they assume they are having intercourse with someone who is safe. Teens usually find their sexual partners through their social network and presume that their partner is safe because they simply belong to their social group (Metts & Fitzpatrick, 1992). Teens may also judge a partner's safety based on their partner's personality or appearance (Jaffe, 1998; Whitaker et al., 1999). In addition, teens' perceptions of the risk of infection often decrease as knowledge of their partner increases (Fortenberry, Dennis, Wanzhu, Jaroslaw, Barry, & Donald, 2002). Assumptions about safety and a lack of communication can be costly. Direct communication is necessary for negotiating condom use and for STD and HIV/AIDS testing (Hammer, Fisher, & Fitzgerald, 1996).

Adolescents are more likely to use condoms in sexual partnerships that are shorter in duration (Niccolai, et al. 2004). However, once the relationship has been established and there is a sense of mutual liking and trust, the utilization of condoms is short lived (Metts & Fitzpatrick, 1992). One study revealed that on average many adolescents stop using condoms after 21 days into the relationship (Niccolai, et al.). Intimacy in a relationship has been negatively correlated with the intention to use condoms, and the belief of romantic attachment is inversely correlated to HIV preventive behavior (Hammer, Fisher, & Fitzgerald, 1996). Fear of rejection and anxiety about discussing these intimate sexual issues tends to lead people to putting the maintenance of the relationship as a top priority. Safety is either a non-issue or it is in the background (Hammer, Fisher, & Fitzgerald). People may distort their perceptions about their partners' STD and HIV/AIDS status because they believe this type of discussion will lead to a violation of trust or that their partners may think negatively of them (Hammer, Fisher, & Fitzgerald).

## **HIV/AIDS**

The HIV/AIDS epidemic is out of control. According to the Centers for Disease Control and Prevention, by the end of 2003, over one million people in the United States were infected with HIV, over one-quarter of those infected were unaware they have the virus, and three million have died from AIDS-related opportunistic diseases. The latest research from the Centers for Disease Control and Prevention's October 2003 surveillance report identified 192,330 American adolescents diagnosed with HIV and 849,780 with AIDS. People in their mid-twenties were the fastest-growing population contracting HIV. Approximately twelve million young people worldwide have been living with HIV/AIDS, of whom 62 percent are young women. Half of the five million new HIV infections occurred in people between the ages of 15-24 (United Nations Population Fund, 2003), which translates to "six young people becoming infected each minute" (United Nations Population Fund).

The HIV/AIDS epidemic is a serious health concern for young people (Alagiri, Collins, & Summers, 2002). Most teens are aware of the AIDS epidemic, but they continue to engage in risky sexual behaviors and many do not perceive themselves to be at risk for contracting the virus (DiLorenzo & Hein, 1995). In a study conducted by Feingold (2000), fewer than half of teens expressed personal concern about becoming infected with HIV.

Adolescent females are at increased risk for contracting HIV because they are more frequently coerced or forced into having sex than males and may engage in risky sexual behaviors while under the influence of drugs and alcohol (Reproductive Health Outlook, 2005). Adolescent females who feel coerced into having sex can become empowered through education.

### **Sexually Transmitted Diseases**

Sexually transmitted diseases are a serious public health problem for millions of teenagers. Approximately nineteen million cases of STDs occur annually in the United States, and half of them are among young people ages 15-24. (Weinstock, Berman, & Cates, 2004). According to the Centers for Disease Control and Prevention, approximately 3 million 10-19 year olds acquire an STD (Centers for Disease Control and Prevention, 2003). A study conducted

by The National Campaign to Prevent Teen Pregnancy and The Henry J. Kaiser Family Foundation (2000) found that 90 percent of teens know they can contract an STD from sexual activity. However, each year one in four teens contract an STD (The Henry J. Kaiser Family Foundation & The National Campaign to Prevent Teen Pregnancy) and one in two sexually active persons will acquire an STD by age 25 (Landers, 2004).

Herpes, chlamydia, gonorrhea, and the human papilloma virus are the most common STDs among adolescents. These STDs can cause serious threats to young people because of the established link between these diseases and the occurrence of cancer and infertility (Howell, 2001). Untreated STDs have been linked to spontaneous abortions, stillbirths, (Alagiri, Collins, & Summers, 2002), and Pelvic Inflammatory Disease (PID), which increases the risk of ectopic pregnancies and cervical cancer (Insabella, 2000). PID has been identified as the cause of 30 percent of infertility cases in American women (Alagiri, Collins, & Summers).

Adolescents are at increased risk of contracting an STD, since they are more likely to have multiple sex partners, choose riskier sex partners, and engage in sexual activities without a condom (Centers for Disease Control and Prevention, 2002; Thompson et. al., 1996; Upchurch, Mason, Kusunoki, & Kriechbaum, 2004). A survey conducted with adolescents who reported engaging in high-risk behaviors found 44 percent were “not worried” about getting an STD and only 16 percent were “very worried” (O’Donnell, et al., 1994). In this same study, the majority of those surveyed did not view oral sex as a risk factor for STD transmission. Along with those adolescents who are engaging in risky behaviors, sexually active adolescent females are at significant risk due to the above-mentioned susceptibility factors. In particular, adolescent females are at increased risk for chlamydia due to their lack of immunity and cervical ectopy (Centers for Disease Control and Prevention).

### **Teen Pregnancy**

A sexually active adolescent has a 90 percent chance of becoming pregnant if she does not use contraception appropriately (Insabella, 2000). Approximately one million adolescent girls in the United States become pregnant each year (Whitehead, Wilcox, Rostosky, Randall, &

Wright, 2001). Nearly half a million give birth of whom 95 percent keep and raise their children (Mann, Pearl, & Behle, 2004). Each day 1,115 adolescents have abortions and 1,340 have babies (Howell, 2001). These high pregnancy rates are due to inconsistent, incorrect use, or a lack of utilization of contraception.

These overall statistics yield a picture of a serious teen pregnancy problem that has been described as epidemic in proportion (Howell). The problems associated with teen pregnancy present major personal, health, and social problems in the United States (Meschke, Bartholomae, & Zentall, 2002). Adolescent mothers are more likely to experience physical and emotional problems (Meschke, Bartholomae, & Zentall), as well as financial distress (Meschke, Bartholomae, & Zentall). The reality faced by teens who are raising their children is mentally and physically exhausting, especially for teens who lack coping skills and emotional support systems.

The teen parent may also be dealing with a child who has physical and development problems. Research has shown that children of teen mothers are at increased risk for mental retardation, low birth weight, and premature birth, as well as lower intellectual and academic achievement, impulsivity, and behavior problems (Insabella, 2000; Mann, Pearl, & Behle, 2004; The National Campaign to Prevent Teen Pregnancy, 2004). Compared to older mothers, teenagers have less knowledge about human development, which can lead to unrealistic expectations of their child and, hence, more stress for the teen parent as well as the child (Mann, Pearl, & Behle). Unfortunately, many teens lack the parenting skills to deal with raising a child and could end up abusing or neglecting their children (Mann, Pearl, & Behle; The National Campaign to Prevent Teen Pregnancy). The emotional costs involved in teen parenting make stressing safe sex to teens important.

## **Literature Review**

### **Overview**

This literature review will explore the influence of dominant discourses on teens' values, beliefs, and life choices. An examination will be presented of the previously conducted research

on parent-adolescent communication, the various types of parent-adolescent interactional patterns that lead to conversational constraints, as well as discussion on the factors that contribute to mothers' and daughters' ability to communicate about sexual matters. The chapter will explore the socio-cultural influences on teens' views and sexual practices and conclude with a discussion of the ways to improve the quality of sexual communication between mothers and daughters.

### **Dominant Discourses**

The various voices teenagers encounter may have differing views; therefore, the adolescent has to sift through and choose what resonates with him or her. Adolescents are exposed to their family's beliefs and values, as well as their teachers and peers. Their understanding of the world is based on interpretations of others' views and their own experiences. An individual creates self-conceptions from the various views others hold of him or her (Gergen & Gordan, 1968). Adolescents' interpretations of these views can lead to a struggle between an "authoritative discourse and an innerly persuasive discourse that ultimately leads to the birth of an ideological consciousness" (Gergen, Lightfoot, & Sydow, 2004, p. 36).

Mothers and daughters often experience conversational constraints due to society's dominant discourses about sex and sexuality. Dominant discourse, a term identified by Foucault (1972), shows how dominant cultural ideas become the norm and determine what is accepted, valued, and most common in society. Dominant discourses have the power to shape an individual's life with or without the person's awareness (Russell & Carey, 2003). The dominant discourses to which adolescents are exposed influence who they are and the choices they make in life. The dominant discourses that adolescents internalize have significant influence and power over the stories they tell. Individuals construct the meaning of life from these discourses (Corey, 2001), which can be detrimental for a teenager when he or she learns erroneous information and views the information as "truth." This can lead to significant danger and/or real consequences, especially in regard to false information about sex and sexuality.

### **Parental Influence**

Parents typically play the primary role in the socialization of adolescents and provide an extremely influential role in regard to teens' sexual attitudes and behaviors (Feldman & Rosenthal, 2000; Miller, et al., 1998; Rosenthal & Feldman, 1999). Family scripts develop from socially constructed meaning systems, which contain family values and expectations and dictate how family life should be experienced (Atwood, 1996). Parents teach their teens their dominant family values about sexual matters and ideas about sexual conduct, which are based on the family's socially constructed moral and value system (Feldman & Rosenthal). Parental values are associated with teens' sexual behaviors (Mescheke, Bartholomae, & Zentall, 2000). As role models, parents influence adolescents through social learning and set standards for what they have determined as appropriate sexual conduct (Upchurch, Aneshensel, Sucoff, & Levy-Storm, 1999). They also determine whether the family environment includes sexual discussions.

Teens who have sexual conversations with parents can learn parental expectations pertaining to responsible sexual behaviors, as well as become knowledgeable about minimizing sexual risks (Rodgers, 1999). Researchers have determined that parents influence teens' decisions about sex more than their peers and popular culture (Edelman, 2003; The National Campaign to Prevent Teen Pregnancy, 2001, 2003). A study of 502 teens conducted by The National Campaign to Prevent Teen Pregnancy (2001) found that half of the teens surveyed identified that their parents had three times the influence of their peers in regard to making sexual decisions. Research has consistently shown that parental disapproval of teen sex is associated with teen abstinence, later onset of sexual debut (Blum, 2002; Mescheke, Bartholomae, & Zaentall, 2000), less frequent sexual activity, fewer partners (Mescheke et al.), and less teen pregnancy (Albert, 1998; Dittus & Jaccard, 2000; Mescheke, Bartholomae, & Zentall). In addition, contraception use has also been associated with the family socialization process (Jaffe, 1998).

### **Family Communication**

Communication involves transmitting ideas, beliefs and feelings to one another (Hansen, 1997). Effective family communication is a key component for strengthening family

relationships (Hansen) and deterring risky adolescent sexual behavior (Blake, Smith, Ledsky, Perkins, & Calabrese, 2001). Many parents and teens lack effective communication skills, which create conflict, tension and avoidance of conversation. Communication can be difficult and complex, but, in the context of the parent and teen relationship, communication can be even more difficult and complex (Lingren, 1997). Despite the difficulties, it is critical for parents to have conversations about sexual matters (Blake et. al.).

Previous research examining the effects of parent-adolescent communication has produced contradictory results. Some studies link parent-adolescent communication about sexual matters to teenagers' increased sexual knowledge (Fisher, 1986; Fox & Inazu, 1980; Somers & Paulson, 2000) and as an important factor regarding sexual outcomes (Miller, Levin, Whitaker, Xu, 1998; Somers & Paulson). However, other studies did not find these associations (Newcomer & Urdy, 1985; Furstenberg, Herceg-Baron, Shea & Webb, 1984). Jaccard and Dittus' (1993) evaluation criticized the studies that found no association as too general and overly simplified. The inconsistent effects of parent-adolescent communication about sexual matters are also attributed to crude measures and simplistic conceptualizations of the communication process (Miller, Norton, Fan, & Christopersen, 1998).

This literature review will focus on what the majority of research indicates; that parents who do talk to their adolescents about sexual matters have a significant effect on teens' sexual activity and utilization of contraception (Edelman, 2003; Holtzman & Rubinson, 1995; Hutchinson & Cooney, 1998; Jaccard, Dittus, & Gordon, 1996; Meschke, Bartholomae, & Zentall, 2002; Miller, Levin, Whitaker, & Xu, 1998; The National Campaign to Prevent Teen Pregnancy, 2003; National Parent Teacher Association, 2000; Thompson, Anderson, Friedman, & Swan, 1996; Whitaker et. al., 1999). In a study of 1000 young people ages 12 to 19 and 1008 adults 20 years and older, research found an estimated 88 percent of the teenagers surveyed identified that it would be easier to postpone sexual activity if they were able to have more open and honest talks with their parents about sexual matters (Edelman). In addition, parent-teenager discussions about sex have also been associated with fewer sex partners (Jaccard et al.; Meschke,

Bartholomae, & Zentall; Thompson et. al.), delayed initiation of sexual intercourse, safer sex behaviors, and an increase in contraception use (Hutchinson & Cooney; Miller, Levin, Whitaker, & Xu; The National Campaign to Prevent Teen Pregnancy; National Parent Teacher Association; Whitaker & Miller, 2000).

Mother-daughter communication about sexual matters has a strong influence on teens' sexual understanding and behavior (Inazu & Fox, 1980). In a study of 219 sexually experienced females, 12 to 19 years of age, Hutchinson, Jemmott, Jemmott, Braverman and Fong (2003) associated high levels of mother-daughter sexual risk communication with fewer episodes of unprotected sex and less sexual intercourse. The study also associated mother-daughter communication with adolescent females' attitudes toward pregnancy. Similarly, in a cross-sectional study of 350 inner-city African American females between the ages of 14 and 17 years, researchers associated greater levels of maternal-adolescent discussions about the negative consequences of pregnancy, perceived maternal disapproval of pregnancy, and relationship satisfaction with the daughters' negative attitudes about pregnancy (Jaccard, Dodge & Dittus, 2003).

Adolescents have identified parent communication as a means to help prevent pregnancy (Hacker, Amare, Strunk & Horst, 2000). Hacker, et al., found that 32 percent of the participants in their study identified parental communication as a means for pregnancy prevention. Aquilino and Bragadottir (2000) replicated this finding in their qualitative study. These researchers conducted focus groups with both female and male adolescents in order to explore teens' ideas about pregnancy prevention. They found that adolescents want their parents to explore issues related to sexuality and decision making without emphasizing abstinence.

Not only does parent-adolescent communication have an effect on pregnancy prevention, but teens are also less likely to engage in risky sexual behaviors if parents have discussions with their teens about HIV (Holtzman & Rubinson, 1995). Family discussions about HIV/AIDS are associated with adolescents' increased knowledge, and more protective behaviors aimed at avoiding HIV infection (Whalen, Henker, Hollingshead, & Burgess, 1991). Parent-adolescent

conversations about sexual matters are also associated with adolescents increased likelihood to disclose their HIV status to their partners (Parsons, Butler, Kocik, Norman, & Nuss, 1998). Parents who model good communication skills and values, such as openness and genuineness, may instill confidence in their teens to be more open about discussing sexual matters, which is critical in regards to the reducing the risk of HIV transmission (Perrino, Gonzalez-Soldevilla, Pantin, & Szapocnik, 2000).

The quality of communication and the timing of mother-daughter sexual discussions are critical factors regarding contraception use and sexual debut. Research has shown an association between early mother-daughter communications about condom usage, specifically prior to first intercourse, and more frequent and consistent use of condoms (Centers for Disease Control and Prevention, 1998, 2003; Miller, Levin, Whitaker, & Xu, 1998). A study conducted by the Centers for Disease Control and Prevention (2003) reported that daughters of mothers who discussed condom use prior to first intercourse were three times more likely to use condoms than teenagers' mothers who discussed condom use after the teen initiated sexual activity. Overall, the research has shown that mothers need to educate teens about sexual matters and that timing is crucial in helping adolescents develop healthy sexual attitudes and responsible sexual behaviors.

Rosenthal, Feldman, and Edwards (1998) explored perceptions of the communication style about sexual matters and the effects of these communication styles. The researchers interviewed 30 mothers about their perceptions of the style, content, and frequency of their communication with their teenagers about sexual matters. Their qualitative analysis yielded five communication styles: reactive, opportunistic, avoidant, child-initiated and mutually interactive.

The reactive dyads consisted of mothers who initiated communication and were the predominant communicators. The teens in this dyad were dismissive, unresponsive and had a low level of comfort. For this dyad, communication was infrequent, and the issues that were discussed involved the dangers of sex and reproduction. In these dyads, conversations occurred when there were pressing issues, such as the teens' involvement in a romantic relationship. In the opportunistic pairs, the mothers were willing to have sexual discussions, but did so infrequently.

These dyads utilized TV, information learned in sex education classes and events among friends and family as catalysts for discussions.

Both mothers and daughters in the avoidant group were uncomfortable having sexual discussions. They avoided having sexual discussions, but, on the few occasions when they did have sexual discussions, the conversations were about factual information and were impersonal. In the child-initiated group, the mothers waited for the adolescents to approach them about sexual matters. The discussions in this group were more “fruitful,” but the mothers felt that they had limited control over what was discussed and how in-depth topics were explored. In the mutually interactive communication group, both mothers and their adolescents initiated conversation and were comfortable having sexual discussions about all types of topics. Rosenthal, Feldman and Edwards characterized the discussions as open, intimate, and emotionally-based.

The findings revealed that some mothers focused only on physical development discussion, whereas others mothers did not cover this information because they believed the school system had covered it. Some mothers included controversial topics being covered in the media, such as abortion and homosexuality, whereas some mothers did not. A major finding in this study was that few mothers addressed emotional or psychological issues and “even fewer covered nonpenetrative sexual practices (such as masturbation, wet dreams, and oral sex) (p. 730).

The smallest group of Rosenthal, Feldman and Edward’s classification was the avoidant group. The mothers in this group matched their avoidant behaviors to those of their teenagers. The opportunistic category was the largest classification, which consists of mothers and teens having infrequent sexual discussions, but that the mothers were open to having these types of conversations. In this group, the sexual discussions occurred in settings in which sexual matters were not the sole focus of the conversation, such as while watching TV or while in the car. The researchers identified that “the presence of these other activities allows for the diffusion of any possible anxiety or tension (p. 734).

Many teenagers have reported receiving inadequate information about sexual matters from their parents (Averette, 2004; Brown, Greenberg, & Buerkel-Rothfuss, 1993). According to the findings in Averette's (2004) qualitative study, the common theme of the 14 adolescent female participants was that parents tend to talk very little about sexual matters or only have discussions about limited topics. Brock and Jennings (1993) obtained similar findings in their qualitative study of women in their 30s who identified that their mothers provided inadequate sex education to them as teens. The daughters' memories of their sexual discussions with their mothers were of negative, non-verbal messages, which consisted of warnings and rules. The daughters wished that their mothers would have talked about sexual feelings on both an emotional and physical level and that their mothers would have been more open and comfortable discussing sexual matters. In addition, the mothers in the study intended to provide their children with the type of sex education that they would have preferred growing up.

Some mothers find it difficult to be open with teens, because they do not want to embarrass their teens or because they might not be able to answer their teenagers' questions. In a study of 751 unmarried black 14-17 year-olds and their mothers, Hollander (2000) found the above-noted reservations as the most prevalent responses. The mothers feared that their children would think of them as being too nosy and that their teens would not want to listen to what they had to say. In addition, the study found that, despite the mothers' embarrassment and fear that their teens would not take them seriously, 90% of mothers said that parents should start having conversations about sexual matters with their teens when they are 14 or younger.

Although some parents do have sex-related discussions with their teenagers, some parents never have such conversations (Warner & Neer, 1988). In a nationwide survey, Hollander (2002) reported that between 50 and 60 percent of young people had never discussed with their parents topics such as sex, birth control, condoms, or how to approach sexual health issues with a potential partner. Research conducted with both teens and their parents have also revealed a discrepancy regarding the frequency and occurrence of conversations about sexual matters

(Arumni, 2005; Caruthers, 2004; Feldman & Rosenthal, 2000; Raffaelli, et al., 1999; Summerskill, 2002).

Parents believe that they are having sexual discussions approximately twice as often as teens (Arumni, 2005; Summerskill, 2002). Compared to parents, teens report less open communication and more communication problems (Feldman & Rosenthal, 2000). According to research conducted by Raffaelli et al. (1999), the discrepancy increases when the discussion is about sexual values compared to topics pertaining to biology or risk factors. Sexual-value discussions are emotionally laden, since teens have their own notions as to what is appropriate and acceptable based on socio-cultural influences outside of the family. Parents and teens often have different perceptions, and it is not a surprise that it extends to notions about sexual matters. Regardless of the actual or perceived discrepancies, teenagers express a desire for parents to provide sex education (Mueller & Powers, 1998), and these discussions have an impact on their sexual decision-making (The National Campaign to Prevent Teen Pregnancy, 2003).

### **Conversational Constraints**

According to Bruner's (1986) narrative model, people organize their experiences into stories from which they make and create meanings. These meanings influence a person's behaviors and beliefs about him or herself and others (Dickerson & Zimmerman, 1992). A person's life story provides a framework for ordering and interpreting his or her experiences in the world (Madsen, 1999). The way an individual makes sense of the world can lead to the creation of problematic narratives, which may inhibit the person from being able to connect with others. Mothers and daughters create problem-saturated stories about their relationship and one another, which significantly influence their interactions. These problem-saturated stories manifest from relational experiences that are influenced by the integration of dominant cultural, societal and family discourses (Corey, 2001).

Problem-saturated stories can promote distance between family members and lead to conversational constraints. Breunlin (1999) defines constraints as anything that keeps human systems from solving problems. In regard to mother and daughter conversations about sexual

matters, for purposes of this literature review, the concept of constraints refers to this question: What keeps mothers and daughters from having open discussions about sex-related matters? Mother and daughter constraints exist on a number of levels, including an individual level, relational level, and socio-cultural level.

### **Individual Constraints**

Constraints at the individual level are associated with how an individual makes and interprets meanings and how he or she constructs a plan of action (Breunlin, 1999). The meanings people make and the beliefs they hold can constrain opportunities for connection as well as alternative possibilities about people and situations (Madsen, 1999). For example, if an adolescent female perceives her mother as judgmental, then she likely will not open up her to about such a personal topic as sex. This belief constrains her from turning to her mother and, thus, can perpetuate or expand the distance between the two. These individual constraints may close the door to having important conversations.

Individual constraints can also occur when parents have different ideas about what they want for their teens and what the teen wants for him or herself (Dickerson & Zimmerman, 1992). For example, a mother might believe that her adolescent daughter should wait to have sex until she is married. On the other hand, the daughter might feel that she does not have to abstain from sex until marriage. Both the mother and her daughter might believe that love should be an important aspect of sex. However, the mother wants her to be married before she has sex, while the daughter may believe that sex in a monogamous, loving relationship is acceptable. Therefore, they may, in fact, agree that sex should be related to love and monogamy, but differ on the status of the relationship as opposed to the substance of the relationship.

Many parents find it difficult to talk to their teens about everyday matters, but it can be even more challenging when discussing such an emotional topic as sex and contraception (Feldman & Rosenthal, 2000). Parents' abilities to have open discussions may also be influenced by their level of knowledge about sexual matters. Some parents may feel inadequately prepared because they themselves obtained poor sex education when they were growing up or feel that

they are not a reliable enough source (Chaloner, 2000; Rodgers, 2004). Parents may feel uncomfortable because they are not familiar with factual information. They may not know about contraception efficacy and/or may be unaware of medically accurate information regarding prevalent sexual diseases. This unfamiliarity of factual information may make parents feel less skilled and, thus, less comfortable, in having these types of discussions (Bearinger, et al., 2004).

The literature presents a common theme that parents feel uncomfortable about having sexual discussions with their teenagers (Albert, 1998; Bearinger, et al., 2004; Mescheke, Bartholomae, & Zentall, 2000; Rodgers, 2004). Research has shown that parents' overall level of comfort can be a major factor contributing to whether sexual discussions take place with their children (Albert, 1998). Parents are often reluctant to have conversations with their teenagers because they feel awkward and embarrassed. Additionally, they may feel uncomfortable due to possible fears they may be experiencing. Parents sometimes fear that they may provide too much information, too soon (Rodgers), which might initiate their child's curiosity at too early of an age. Parents may also fear that if they discuss sex, then their teen may feel as if they are encouraging or approving of his or her participation in sexual activity (Mescheke, Bartholomae, & Zentall). In regard to contraception, parents may worry that if they approve of birth control, then their teen may feel encouraged to have sexual intercourse (Jaccard & Dittus, 2000).

Many teenagers find it difficult to communicate with their parents about sexual matters for some of the same reasons as their parents. Teens feel similar discomfort and anxiety about having these discussions (Hess, 2004). In a study conducted by Hollander (2002), eight in ten youths were anxious about their parents' reactions and believed that their parents would think they were having sex. They were also embarrassed and/or did not know how to raise the topic. Two-thirds of the teens believed that their parents would not understand. Teens also fear that their parents may think they are "doing it," or that their parents may tease them. Some teens may also be concerned about hurting their parents if they do not share or agree with their parents' views about sex (Gossart, 2002).

### **Relational Constraints**

Families can have healthy interactional patterns that promote connection and unhealthy patterns, which lead to relational constraints (Madsden, 1999). Relational constraints consist of interactional patterns that inhibit conversation or involve mutual invitations that invite negative responses, which lead to counter responses and further counter responses (Dickerson & Zimmerman, 1992; Madsden). Families operate according to these patterns, and these patterns, in turn, regulate the family's behaviors. "Such patterns describe the how, the when, and to whom family members relate" (Becvar & Becvar, 1996, p. 188). These patterns have the potential to create distancing effects, which may keep the family from having the type of closeness and connection they desire.

Tomm (1991) identified various pathologizing interactional patterns that focus on the pattern being the problem, rather than the person being the problem. According to this theory, "the family is not doing the pattern; rather the pattern is doing them" (Madsden, p. 58). Some examples of Tomm's constraining patterns include: Overresponsibility/ Underresponsibility, Minimize/Maximize, Pursue/Withdraw, Demand Disclose/Secrecy and Withholding and Correction and Control/Protest and Rebellion.

An example of the Overresponsibility/Underresponsibility pattern with an adolescent and her mother would consist of a teen who did not do her chores, which would invite the mother to do the chores and then scold the daughter for not doing what was asked of her. The teen's underresponsibility invites the parent's overresponsibility. The Minimize/Maximize pattern could involve the following parent-teen conversation: the daughter says to her mother "It's only sex." The mother replies: "I disapprove of your having sex, and you are not allowed to date your boyfriend anymore." The daughter's minimizing the act of sex invites the mother to maximize her concern. An example of the Pursue/Withdraw pattern would consist of a mother trying to talk about sexual matters with her daughter, but the daughter feels uncomfortable and withdraws from the conversation. The mother then pursues the conversation again, but the daughter retreats farther. The more the mother pursues, the more the daughter withdraws, and the more she withdraws, the more the mother pursues.

The Demand Disclosure/Secrecy and Withholding pattern may occur when a mother believes her daughter is lying and the daughter gets upset because her mother does not trust her. The mother believes the daughter is withholding information and demands that the daughter disclose the information. The daughter interprets the mother's interrogation as distrust. The daughter then refuses to answer her mother's question. An example of the final pattern, Correction and Control/Protest and Rebellion, involves a mother who has vowed not to let her daughter make the same mistakes she did and, as a result, she becomes overly strict about school work. The more the mother complains about her daughter not doing her homework, the more the daughter refuses.

Parents and teenagers make meanings about each other and their relationship from negative interactional patterns. For example, a mother may resist having conversations about sexual matters due to previous experience with the daughter's responses or may believe that her daughter will be unreceptive to sexual discussions. Mothers may have experienced their adolescents as being flippant, dismissive, and/or having used platitudes when having sexual conversations in the past (Feldman & Rosenthal, 2000). In addition, nearly one in three parents of teens report the biggest barrier to effective communication about sex is that most teens think they know it all (Albert, 1998). These identified constraints pose serious challenges for parents and can keep them from having future sexual discussions.

The meanings that people make from previous experiences with an individual influence the stories they tell and affects how they interact with that person. A person's story consists of his or her mental maps or frames of reference that guide the person's responses, expectations and how he or she sees the world. People selectively rely on perceived information about individuals to guide their interaction patterns, which can impede the process of creating solutions and relating in a different manner.

Conversational constraints manifest when parents exert power and control strategies. Research has found that parenting with a power and control orientation is an ineffective strategy for preventing teens from having sex during their adolescent years (Ream, 2005). M. de Turk and

Miller (1983) discuss three general classifications of parental control techniques: coercion, induction, and love withdrawal. Coercion occurs during power confrontations and involves physical threats and removal of privileges. Induction involves an attempt to obtain voluntary compliance and avoidance of confrontation. Love withdrawal pertains to withholding love until there is compliance. When teens feel they are being controlled, they are unable to be open with their parents. Research has found that parents' controlling behaviors promote rebelliousness and resentment (Kerr, Trost, & Stattin, 2000).

According to Smetana, Yau, Restrepo, & Braeges' (1991) theory of parental and adolescent conflict, conflict is inevitable because the adolescent's social reasoning changes. Teenagers want to make up their own minds, not satisfy their parent's arbitrary rules. Therefore, there is conflict about what aspects of the teens' life falls under the control of parental authority (Smetana, et al.). Conflict manifests when an adolescent's desire for freedom conflicts with parental attempts to regulate the teen's behavior (Jaffe, 1998). If the teen or parent perceives the other's responses as extreme, whether retaliating or ignoring, then there will be a lack of closeness between the family members (Grace, Kelly, & McCain, 1993). A teen may withdraw, avoid parents or tune them out if her parents talk in a way that is judgmental, threatening, ordering, blaming or with put downs (Lingren, 1997).

### **Socio-Cultural Constraints**

Culture pertains to generational sharing of a language, norms, values, and ideas, and involves learning culturally and socially acceptable behaviors (Goldenberg & Goldenberg, 2000). The family is embedded in social and cultural contexts, which influence a child's development (Breunlin, 1999). A person's identity is embedded in social and cultural assumptions that have been passed on from one generation to the next (Madsen, 1999). These cultural assumptions have shaping effects specifying who and how a person can be, and cultural knowledge influences how a person behaves and the stories he or she tells (Gergen, 1985). Distinct worldviews influence different cultures, and cultural discourses shape people's

experiences (Dickerson, Zimmerman, & Berndt, 1994). For example, mothers might find talking about sexual matters challenging if their background or culture does not encourage open sexual communication. An adolescent female may experience a socio-cultural dilemma if she were to believe that she must remain abstinent until marriage. As a result, she may experience crippling guilt and, at its extreme, may commit suicide because she had sex. People sometimes become so constrained by socio-cultural expectations, norms and values that they engage in dangerous behaviors (Breunlin).

One constraining socio-cultural discourse concerns the notion that adolescence is a time of separation from one's parents in order to establish a sense of self and determine one's place in society (Dickerson, Zimmerman, & Berndt, 1994). Parents who indulge in this notion may pressure their teen to do what the parents perceive as the teen's best interest. Thus, they may assume too active of a role in their teen's decisions as a last chance attempt to influence their teenager. "Instead of seeing their youngsters as having ideas for themselves and beginning to try more grown up thinking (clearly a trial and error process), they see them as not ready to be grown-up, as irresponsible, as problems" (Dickerson & Zimmerman, 1992, p. 344). O' Sullivan, Meyer-Bahlburg, and Watkins (2001) found an example of the tension that manifests as a result of adolescent separation in a study of 72 mothers and their daughters. The daughters in this study typically avoided conversation and withheld information about sexual matters. The explanation for this difficulty was the daughters' desire for independence.

When parents do not give their adolescent the space to develop his or her own stories, then the adolescent might turn to others to develop his or her own narrative (Dickerson & Zimmerman, 1992). In addition, both the teenager and the parent may make reciprocal invitations to respond in ways that do not promote support or connection.

The meaning that a teen may make from the separation discourse is that "one must make it on one's own" (Dickerson, Zimmerman, & Berndt, 1994, p. 5). Teens may also interpret the separation metaphor as that they 'should' separate from their family and their parents' beliefs (Dickerson, Zimmerman, & Berndt). These beliefs can lead to various consequences that leave

both the parent and the teen feeling unconnected. Teenagers turn away from their parents, because they believe that they are supposed to make their own decisions and figure things out for themselves. Otherwise, they may turn away from their parents because they do not believe their parents will support their choices and/or they feel that their parents would judge them negatively. The result for all of these scenarios is a lack of communication and connection. Overall, the separation discourse may lead both the parents and the teenager to interpret connectedness being at odds with the teen's growing up to be his or her own person.

Not only may parents and teens be experiencing difficulty with the process of separation, but Howard (1991) suggests that conflicts between parents and teenagers can be thought of as cross-cultural struggles. The struggles exist because teens comprise their own subjective subgroup, which consist of values and beliefs that conflict with the parents' subjective culture (Parry & Doan, 1994). The parent has ideas about how the teenager should act, and the teen has his or her own notions about what teenagers do. As a result, both the parent and teen send mixed messages. Parents express a message to the teen that he or she needs to grow up, but then send messages that they do not think the teen is able to do it. The teen sends the message that he or she wants to be treated as a grown up, but the teen's behaviors are not congruent with the responsibility of being grown up. The teen's behavior invites the parent to engage in protective behaviors – limiting the teen's activities instead of engaging in preparing behaviors, such as encouraging the teen to accept responsibility for him or herself in order to promote adolescent liberation (Parry & Doan).

### **Additional Factors Influencing Conversational Constraints**

According to Bandura's social learning theory (1977), people learn a significant amount of information from their environment. Specifically, this theory posits that people learn what is appropriate and what is inappropriate through observation. They acquire beliefs, attitudes and behaviors by watching others and their resulting consequences. In applying this theory to sexual values and behaviors, teenagers learn not only from their parents but also from their peers, the media and school. Both peers and the media speak in teenagers' language (Jaffe, 1998; Keller &

Brown, 2002), and, therefore, teens may be more open to learning sexual information from these sources. However, not everything they learn from these sources is accurate or adequate enough (Rand Health, 2004).

Many teens would like to talk to their parents about sex, but many feel uncomfortable and, therefore, “teens get most of their information about sex from friends, TV, and the movies. Unfortunately, much of what they learn is wrong” (Palo Alto Medical Foundation, n.d., p. 1). Teenagers may feel knowledgeable about sex because of what they have learned from their peers, the media and from school; therefore, they may not think that they need to discuss sexual matters with their parents. In addition, some teens are fearful about approaching their parents because they are afraid of receiving negative reactions or they are embarrassed (Hess, 2004; Planned Parenthood, n.d.).

The following sections will review the effects of teenagers’ peers, the media, religion and sex education in the school system have on teens’ sexual behaviors. The information acquired from these sources may inhibit or promote sexual communication between teenagers and their parents.

### **Peers**

Friends play a significant role in maintaining and building constructions of social reality, and peers take a leading role in these realities (Maticka-Tyndale, 1992). Sexuality, like the self, is socially constructed and is subject to various competing influences. The peer group is an extremely important source of sexual perceptions, values, and social comparisons, as is the school, where teenagers spend from one-third to as much as one-half of their waking hours (Steele, 1999). Summerskill (2002) found that over half of the teens surveyed turned to their friends for advice on life issues and that peer influence on value formation increases as teens grow older. Findings indicated that 37 percent of 12 year olds cite their friends as a source of advice as compared to 67 percent of 15 year olds (Summerskill).

An adolescent’s perception of peer group social norms and beliefs about what their friends are doing has an effect on sexual behaviors (Brooks-Gunn & Furstenberg, 1989;

Holtzman & Rubinson, 1995). For example, initiation of sexual behavior has been associated with socially constructed peer norms (Brooks-Gunn & Furstenberg). The belief that peers are sexually active has been linked to an increase in teen sexual activity (Boyer, Ellen, Halpern-Felsher, Kropp, & Tschann, 2004; Boyer, Shafer, Wibbelsman, Seeberg, Teitler, & Lovell, 2000; Whitaker & Miller, 2000). According to Gergen, Lightfoot, and Sydow (2004), “discourse analysis indicates that for adolescents risky sexual behavior serves important functions of enhancing group solidarity and establishing positive identity” (p. 389). Therefore, teenagers whose friends are engaging in high-risk sexual behaviors are also more likely to engage in these same problematic behaviors (Holtzman & Rubinson).

There is a tendency for peers to influence decisions about the utilization of contraception (Boyer, et al., 2004). Busch-Rossnagel’s (1989) study found that females were influenced more by their peers than their parents about contraception decisions. In addition, teens are more likely to use condoms if they believe that their peers are using them (Boyer, et al.). Maticka-Tyndale (1992) identified that condom use occurs when the peer group supports this notion. When the peer support system rejects the use of condoms, rejection of condoms becomes the established norm. In order to fit in, teens learn to follow the socially constructed peer group norms and, therefore, the behaviors they engage in and the sexual relationships they develop are based upon perceived peer group acceptance.

Peers can have an extremely powerful influence in teenagers’ lives (Boyer, et al., 2004; Busch-Rossnagel’s, 1989). The need for social acceptance may lead some teenagers down a path of risky behaviors (Holtzman & Rubinson, 1995; Maticka-Tyndale, 1992). Many teens prefer to talk to their parents about sexual matters but feel more comfortable talking to a peer (The Media Project, 2005). If the teen has experienced frustration or is uncomfortable talking with her parents, then the teen will continue to seek out a peer to discuss sexual matters (Palo Alto Medical Foundation, n.d.; Planned Parenthood, n.d.).

## **The Media**

The media plays an extremely influential role in the sexual socialization process of adolescents by providing them with a source for making meaning in their lives. The media influences teens' identity formation and coping skills and is a resource for identifying with popular youth culture (Jaffe, 1998). Teens learn sexual messages and obtain ideas about sex from music videos, billboards, magazines, movies, the Internet, and video games (Focus Adolescent Services, 1999). These images and messages help shape the assumptions teens make about relationships, sexual behaviors, and sex roles.

Sexual content is heavily marketed to teenagers through television (Focus Adolescent Services, 1999.) Research has found that "83% of the episodes of the top 20 shows among teen viewers contained some sexual content" (Focus Adolescent Services, p. 1). An average American adolescent views nearly 14,000 references to sex each year, but only 165 of these references address abstinence, self-control, birth control, or the risk of pregnancy or STDs (American Academy of Pediatrics Committee on Public Education, 2000). This committee also found that during the prime time "family hour," 8:00 to 9:00pm, there is an average of eight sexual incidents. Sexual content on TV has a likely influence on the sexual attitudes and behaviors of adolescents. A study conducted by The National Campaign to Prevent Teen Pregnancy (2000) reported that 61 percent of the 501 adolescents surveyed identified that the media provided them with advice and information about sex.

Adolescents also report that they have learned sexual norms, as well as romantic and sexual scripts, from TV (Brown, Childers, & Waszack, 1990). Teenagers learn how to attract sexual partners, dating tips (Jaffe, 1998) and information about contraception from television (Brown et al.). Research conducted by Sutton, Brown, Wilson, and Lein (2002) reported that more than half of their adolescent participants identified TV as an important source for information about contraception and birth control (Brown et al.).

Despite some of the beneficial information teens learn from television, many of the sexual messages, norms, and scripts teens learn from TV lack information about sexual responsibility. Only one in ten programs on TV discusses the consequences of unprotected sex

and the need for protection against STDs (Brown et al., 1990). TV rarely discusses the outcomes of unprotected sex, such as unintended pregnancy or STD infection (Kunkel, Cope-Farrar, Farinola, Biely, Rollin, & Donnerstein, 2001). TV has not provided adequate discussion about condom negotiation skills (Metts & Fitzpatrick, 1992).

The media has also inadequately covered the HIV/AIDS epidemic. The Henry J. Kaiser Family Foundation, partnered with Princeton Survey Research Associates (2004), assessed the media coverage of news stories about HIV/AIDS between 1981 and 2002. Their findings revealed that in 2002 there were fewer than 200 news stories a month as compared to the peak in media coverage in 1987, with an average of 600 stories a month. This significant decline is in direct opposition with the current reality of this epidemic.

The media has the potential to teach young people how to be sexually responsible and have reproductive health. As a socialization agent, the media has the capacity to make safe sex sound more attractive and become the sexual norm for teenagers. The media talks in and creates the language of popular culture and can utilize teens' media role models to articulate messages about sexual health (Keller & Brown, 2002).

Mass media campaigns promoting sexual responsibility are occurring more frequently in the United States (Keller & Brown, 2002; Kirby, Brener, Brown, Peterfreund, Hillard, & Harris, 1999). Such campaigns are increasing awareness about prevention behaviors and are discussing the risks involved in being sexually active (Kirby et al.). Media motivational campaigns have the means to increase teen condom usage and decrease the number of teens reporting sexual activity (Keller & Brown).

Parents can use the media as a tool to promote conversations about sexual matters. Parents can utilize proactive media messages and television programs with sexual content as a springboard to launch discussions about sexual matters (Kendrick, 2000, Palo Alto Medical Foundation, n.d.). Entertainment shows that include portrayals of risky sexual behaviors can stimulate conversations between parents and teenagers (Rand Health, 2004).

## **Religion**

Religion plays a major role in the socialization process in many families and can influence teens' sexual decision-making and sexual behaviors (Mescheke, Bartholomae, & Zentall, 2000). Millions of teens attend weekly religious services and programs that provide a social resource and opportunity for values clarification and moral development. Research has shown that some teens involved in faith-based organizations tend to have more conservative attitudes about sex, delay the onset of sexual activity, and have sex with fewer partners (McDowell & Hostetler, 1996; The National Campaign to Prevent Teen Pregnancy, 2001; Whitehead, Wilcox, Wilcox, Rostosky, Randall, & Wright, 2001).

Religiosity, however, does not guarantee that teens will not be sexual active. Research has found that one in four teens who attend church on a regular basis will have sexual intercourse before they are 19 years old (McDowell & Hostetler, 1996). Christian Community, Inc. surveyed 5,819 teenagers "involved in faith-based institutions" and found that religious teens are having less sex as compared to the national average, but are engaging in other risky sexual behaviors, such as oral sex (Clapp, Helbert, & Zizak, 2005). A study conducted by Whitehead, et al. (2001) found that contraceptive use increased for boys, but decreased among girls. Overall, the research conducted on sexual matters and religious attendance has revealed mixed findings.

### **Teen Virginity Pledges**

Many teens who pledge to remain abstinent until marriage tend to do so for religious reasons and because of parental or cultural influence (Bario, 2005). Parents are buying their teenagers purity rings that symbolize their pledge to remaining abstinent. For example, one parent bought his daughter a platinum ring with two-sapphires. The "two sapphires represent his watchful eyes guarding her virginity until the day she marries" (Bario, p. 1). The rings and the pledges help some teens keep their virginity; however, research has found that 88 percent of teens who pledge to remain abstinent until marriage do not keep this promise (Population Connection, 2004). A study based on a government survey of more than 20,000 teens found that teens who pledged to remain virgins until marriage are more likely to engage in oral and/or anal sex and have an STD than those teenagers who do not take the pledge (Cramer, 2005). Bearman

and Bruckner (2005) found that teens who pledge to remain virgins until marriage are less likely to use condoms than their non-pledging peers, are six times more likely to engage in oral sex, and are four times more likely to practice anal sex.

These findings indicate a need for more education to reduce risky sexual practices. However, a parent who does not believe in premarital sex may refrain from educating her child about contraception. Religiously active parents are not as likely to talk about sex and birth control and are also more likely to have difficulty talking to their children about sex (National Study on Youth & Religion, 2005). This constraint to discussing contraception has the potential of leaving the teen unprepared for sexual experiences (Barrio, 2005).

### **Sex Education In School**

Since the late 1980's, the United States government has focused on abstinence-only education, which has dominated the evolution of sex education in public schools. This year alone the U.S. government will spend \$170 million on abstinence-only sex education in schools (Yudt, 2005; Committee On Government Reform Minority Office, 2005) and "the president has requested doubling abstinence education funding by allocating \$273 million to the program next year" (Population Connection, 2004, p. 1). This administration and its supporters claim that comprehensive sex education (abstinence-plus safer sex messages) contributes to teens' likelihood to engage in sexual activity and that this type of instruction negates or undermines the message of abstinence (Buhro, 2000).

The administration's opponents accept that comprehensive-oriented messages may be difficult for some teens to process (Buhro, 2000), but what is more troublesome was the finding that "more than two-thirds of federally-funded abstinence-only programs have shocking falsehoods like HIV can be transmitted through tears and sweat and half of homosexual teen boys have HIV" (Yudt, 2005, p. 1). In addition, these programs misrepresent the risks of abortion and distort information about the effectiveness of contraception (Committee on Government Minority Office, 2005).

Is abstinence-only sex education the right approach for the physical and emotional health of teens? The reality is that teens are having sex as early as 12 years of age (Klepacki, 2005), and the median age of first marriage in the United States for women is 25.3 and 27 for men (United States Census, 2005). Considering this information, is teaching abstinence-only-until-marriage realistic? A study conducted at Texas A & M found that students were actually more sexually active after receiving abstinence-only education (Yudt, 2005). Abstinence-only education does not reduce the rates of teen pregnancy or sexually transmitted diseases (Alagiri, Collins, & Summers, 2002), and abstinence-only until-marriage education may encourage teens to get married (Yudt). In addition, abstinence-only education can have seriously negative consequences by denying teens' access to information that will protect them (Alagiri et al.; Jaffe, 1998).

In contrast to abstinence-only education, studies have shown that programs that discuss prevention and encourage abstinence are effective in delaying and reducing the frequency of intercourse, increasing the use of contraception and reducing the number of sex partners and sexually transmitted diseases (Alagiri et al., 2002; Grunseit, Kippax, Aggleton, Baldo, & Slutkin, 1997; Insabella, 2000). Teens have noted that they are in crucial need of accurate information about contraception (Aarons & Jenkins, 2002). The research suggests that not only do teens' ideas differ from policymakers regarding abstinence-only education as the only option, but parents also disagree with it. Eighty-one percent of Americans (Yudt, 2005) and over 84 percent of parents believe teenagers should have comprehensive sex education (Alagiri et. al; Manlove, 2000).

A lack of comprehensive sex education in schools can be a significant problem for those teens whose parents believe that sex education should be left to the school system. Some parents believe that that the school system should be responsible for sex education, and therefore, they do not provide their teen with sex education (Sowadsky, 1999). However, only 10 percent of the students nationwide receive comprehensive sex education (Gossart, 2002). What happens to the teenagers who are not receiving comprehensive sex education in school or from their parents?

### **Parents As Sex Educators**

Many parents are aware of the sexual dilemmas teens experience and know that teens need information about how to deal with sexual relationships, information on sexual limit setting, and an understanding of the consequences of sexual risk taking behaviors (Arumi, 2005). Having discussions about love, intimacy, and sex are important aspects of parenting teenagers (American Academy of Child & Adolescent Psychiatry, 2002). Having these types of discussions can satisfy curiosity and eliminate the forbidden nature of sex (Berger & Luckmann, 1966).

Many teens have identified that they would like both of their parents to discuss a wide variety of sexual topics in order to supplement typical biological and risk-oriented discussions (Albert, 1998; Feldman & Rosenthal, 2000). When parental discussions do occur, they typically focus on physical development, reproduction, pregnancy, HIV/AIDS, and STDs (Feldman; Young-Pisetella, & Bonati, 1998). Females in particular want to have conversations on more psychologically-oriented subjects such as dating, sexual codes of conduct, and contraception (Albert; Mueller & Power, 1990).

Feldman and Rosenthal's study (1999) noted that parent-child sex education can be broken down into four domains: Sexual Safety, Developmental and Society Concerns, Experiencing Sex and Solitary Sex. As previously noted, when parents do discuss sexual matters then they usually talk about the first two domains, and teens tend to be receptive to instruction in these domains. However, teens in Feldman and Rosenthal's study identified that they did not require information from their parents on the latter two domains. Many people consider discussions about solitary sex, or masturbation, as taboo and uncomfortable, especially teenagers. The Experiencing Sex domain pertains to choices in one's sexual partner, sexual satisfaction, and sexual practices. Teens view these topics as private and discussions about these subjects are considered unwelcome. Overall, it appears that teens are open to conversations about safe sex practices, along with relationship skills training, which can ultimately improve their overall sexual health and assist them in becoming more sexually responsible.

### **Factors That Contribute To Open Communication**

The following section will explore the factors that contribute to parents and teens having conversations about sexual matters. Teens' perceptions of how their parents interact with them and how skilled their parents are in communicating their sexual knowledge and beliefs influence teens' decisions to have conversations about sexual matters (Rogers, 1999). If their parents have created a family atmosphere that is conducive to having open discussions, then teens may be more likely to have these types of discussions with their parents, as well as with others (Whitaker, et al, 1999). When parents construct a home life that consists of conversational avoidance of hard topics or are critical, then sexual discussions are less likely to occur or may not be well received.

Many studies report that open and positive conversations about sexual matters lead to responsible sexual attitudes and behaviors (Baldwin & Baranoski, 1990; Miller, 1998; Miller, Levin, Whitaker, & Xu, 1998; Pick & Palos, 1995; Ward & Wyatt, 1994); other studies find no such association (Casper, 1990; Fisher, 1993; Newcomer & Urdy, 1985). Miller (1998) identified that conflicting results may be due to the varying measures of parent-teen communication and the use of undifferentiated measures of communication (Rosenthal & Feldman, 2001). However, the overwhelming majority of research indicates a positive association. The following review of the literature will concentrate on these studies.

Parental influence on teenagers' sexual behaviors is correlated with what parents say and the manner in which they say it (Whitaker, et al., 1999). Interviews with 372 sexually active Black and Hispanic youths reveal that teens are more likely to use condoms and are more likely to have sexual-risk discussions with their partners when the teens perceived their parents as being skilled, open and comfortable with having sexual discussions (Whitaker, et al.). Parents' ability to communicate in an open, non-judgmental and friendly manner is also associated with less sexual risk-taking and sexual behaviors (Mueller & Powers, 1990).

Adolescents who perceive that their families have open communication about sexual matters have more knowledge about sexual matters (Baldwin & Baranoski, 1990). For example, Miller's (1998) study of 907 mother-adolescent dyads found that open sexual communication

leads to an increase in the number of sexual topics discussed. Dutra, Miller & Forehand (1999) obtained the same results. They found that “once sexual topics are broached by the parent or adolescent, an open and receptive process of communication should lead to further exploration of the topic and other sexual topics” (p. 65). Open communication has also been associated with fewer multiple pregnancies. Fox and Inazu’s (1980) study of 449 black and white mothers and daughters found that open and supportive mother-adolescent sexual communication is associated with a delay of coitus and an increased likelihood of daughters discussing sexual matters with their mothers, as well as the above-mentioned finding of fewer multiple pregnancies.

Specific parenting practices that include open communication, warmth, support, and closeness create family connectedness (Markham, Tortolero, Escobar-Chaves, Parcel, Harist, & Addy, 2003). Rollins & Thomas (1979) defined family connectedness as a mutual emotional bond between a parent and that child that is sustained over time. Families who have these parenting characteristics tend to have teenagers who are more likely to be abstinent, delay onset of coitus, have fewer teen pregnancies and sexual partners, and use contraception more consistently (Albert, 1998; Miller, 2002). A longitudinal study, conducted by Resnick, Bearman, Blum, Bauman, Harris, Jones, Tabor, Beuhring, Sieving, Shew, Ireland, Bearinger, & Udry (1997), of 26,666 students from 80 high schools in the United States associated family connectedness with delayed sexual debut and a decreased likelihood of sexual intercourse and risky sexual behaviors. The quality of the parent-teenager relationship acts as a protective factor influencing sexual risk taking.

Family connectedness is also associated with teens being able to share personal information. Jones, Sing, Purcell (2005) surveyed 1,526 women under the age of 18 and found that, among the adolescents who felt connected to their parents and who had sexual discussions, 71 percent had told their parents that they were obtaining sexual health services from a family clinic. This study indicates that family connectedness is linked with teens involving their parents in their reproductive health issues.

Mutual understanding and parent-teen involvement are conducive to teens' internalization of parents' values and standards (Fox & Inazu, 1980). Studies have found that teenagers are more likely to internalize parental values when they have a positive relationship with their parents (Jaccard, Dodge, & Dittus, 2003; Miller, 1998). Teens' internalization of parental sexual standards is associated with adolescents being less sexually permissive and less experienced sexually (Taris & Semin, 1998).

Positive parent-teen relationships involve mutual understanding, emotional closeness and family connectedness. This closeness permits open and supportive communication, which research specifically links to an increased likelihood that adolescent females will have discussions with their mothers about sexual matters (Rodgers, 1999). Teens tend to be more receptive to parental beliefs and advice about sexual matters when they feel close to their parents (The National Campaign to Prevent Teen Pregnancy, 2001). Parent-teen closeness and family environments that promote open discussions about sex create an atmosphere that allows teens to ask questions (Whitaker, et al., 1999). If teenagers, especially females, do not experience a sense of closeness, then they may turn to sexual relationships to fill the void (Insabella, 2000), and there is an increased chance that they will rely on peers as an influential role in sexual matters (Miller, 2002).

It is important for teens and parents to have sexual discussions throughout adolescence (Tartaglione & Haffner, 2002). Teenagers need to feel they can turn to their parents at any time if they have problems or are in need of advice (Feldman & Rosenthal, 1999). Research has identified a number of ways by which parents can increase the probability that their teens will approach them with sexual questions and/or concerns. If a parent provides honest responses, listens well, and conveys empathy and understanding, then their teen will be more receptive to sexual discussions (Feldman & Rosenthal, 2000). It is important for teenagers to feel comfortable and encouraged to ask questions (Feldman & Rosenthal). Communication that makes teenagers feel comfortable promotes an environment that fosters future sexual discussions.

## **Discussion**

Teens understand the world based on their experiences and their interpretations of other people's views. Teens' views and behaviors are influenced by the dominant discourses they have learned from their family, religion, peers groups, and the media. These discourses both contribute to, and constrain, mothers and daughters from having conversations about sexual matters.

Parents typically play the primary role in the socialization of adolescents, which provides a dominant influence on teens' sexual attitudes and behaviors. Teens who have sexual conversations with parents can learn parental expectations pertaining to responsible sexual behaviors and how to minimize sexual risks. In some families, sexual conversations do not take place. In others, negative interactional patterns keep parents and teens from having sexual discussions. Despite these difficulties, it is critical for parents to have conversations about sexual matters.

Parent-teen communication is imperative, as it is associated with less sexual risk-taking and sexual behaviors. Positive parent-teen relationships involving mutual understanding, emotional closeness and family connectedness promote conversations about sexual matters. Family connectedness and closeness creates space for open and supportive communication. Parents and teens who have this type of relationship are more likely to have sexual discussions.

Mother-daughter communication and connectedness can improve through the process of creating more preferred stories about their ability to communicate openly about sexual matters and connect with one another. Mothers and daughters can achieve this by eliminating negative interactional patterns that inhibit conversation. Creating an atmosphere of warmth and support, and eliminating judgmental beliefs will contribute to parent-teen communication about sexual matters. Mothers who are empowered with sexual knowledge will promote sexual discussions with their daughters, which in turn will make it more likely that their daughters will have more sexual-risk discussions with their sexual partners.

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