FAMILY SEX TALK: ANALYZING THE INFLUENCE OF FAMILY
COMMUNICATION PATTERNS ON PARENT AND
LATE ADOLESCENT’S SEX CONVERSATIONS

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Family communication has the potential to affect a variety of youth behavioral outcomes including adolescent sexual risk behavior. Within chapter 1, I present past literature on adolescent sexual risk behaviors, family communication patterns, and the gaps associated with those areas. In chapter 2, I review previous literature on adolescent sexual risk behavior, parent-child communication and family communication patterns. In chapter 3, I present the method which includes a description of the participants, procedures, measures, and data analysis used. In Chapter 4, I present the results of the study. According to the results of the study, father-child communication is not a better predictor of adolescent sexual risk behavior. A higher quantity of parent-child communication does not lead to less adolescent sexual risk behavior. Participants with a pluralistic family type do significantly differ from laissez-faire and protective family types in regards to levels of parent-child communication. Participants with a consensual family type do have significantly higher levels of parent-child communication in comparison to laissez-faire family types, but not protective family types. Finally, in chapter 5, I present the discussion with a review of previous research (consistent or inconsistent with the current findings), limitations and conclusions for the current study.
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CHAPTER I

INTRODUCTION

Family communication has the potential to affect a variety of youth behavioral outcomes including adolescent sexual risk behavior. Adolescent sexual risk behavior is sexual intercourse/outercourse (oral, anal, vaginal) behavior which places the adolescent “at risk” for negative health outcomes. Studies by Oman, Vesely, and Aspy (2005), Crosby and Salazar (2006), and Koesten, Miller and Hummert (2001) address how parent and family communication can impact adolescent negative behavioral outcomes. Individuals between the ages of 15-24 account for almost half the number of sexually transmitted diseases (STDs) and almost half of all high school students engage in sex acts (National Center for Chronic Disease Prevention and Health Promotion, 2007). Few studies (Koesten & Anderson, 2004) have sought a link between family communication patterns and adolescent sexual risk behaviors. In this study, I explore the factors associated with family communication patterns and parent-child communication that can contribute to a delay or reduction in adolescent sexual risk behaviors.

According to the National Center for Chronic Disease Prevention and Health Promotion (2007), every year there are around 19 million STD cases. Further, youth, ages 15-24, make up close to half of that number of STDs (NCCDPHP, 2007). With this number in mind, concerns arise regarding what sexual risk behaviors the adolescent population is engaging in and the thought process behind adolescent sexual risk behaviors. Again, adolescent sexual risk behavior is sexual intercourse/outercourse (oral, anal, vaginal) behavior which places the adolescent “at risk” for negative health outcomes. According to the NCCDPHP (2007), 48% of high school students have had sex; 15% of adolescents who have had sex have had 4 or more partners; 39% of adolescents who were sexually active did not use a condom
during their last sexual intercourse encounter; 11% of adolescents between 15 and 19 engaged in anal sex with someone of the opposite sex; 3% of males had anal sex with another male; and 55% of males and 54% of females engaged in oral sex with someone of the opposite sex. In 2006, 5,259 adolescents were diagnosed with HIV/AIDS, making up 14% of those diagnosed with HIV/AIDS that year; and in 2002, adolescents, 15-19 years old, accounted for 12% of all pregnancies. According to Fergus, Zimmerman, and Caldwell (2007), sexual risk behavior is likely to increase during adolescence. Harris, Oman, Vesely, Tolma, Aspy, Rodine, Marshall, and Fluhr (2006) maintain that adolescent sexual risk taking has been an important topic for several years. The increase of sexual risk behavior during adolescence is well established, however, there is still a need to explore factors that can contribute to a reduction or delay in adolescent sexual risk behavior.

As Meulemann (2003) notes, adolescence is the time between childhood and adulthood and can be characterized by finding a job, choosing a relational/sexual partner, and establishing opinions about happenings within the world. Adolescent age can range from about 10 years (early adolescence) to about 24 years (late adolescence) (Haviland, 1994; Xiong, 2006). In order to better understand reasons that adolescents engage in sexual risk behavior and factors that can reduce adolescent sexual risk behavior, scholars should further explore the topic of adolescent sexual risk behavior.

Increased sexual risk behavior during adolescence can stem from adolescent perceptions about sex, thus it is important to understand the potential reasons that adolescents engage in sexual risk behavior. First, Moore and Rosenthal (2006), argue that many adolescents do not consider oral sex an actual sex act. Adolescents’ misconception of what constitutes sex can increase sexual risk behavior and highlights the lack of education about health risks associated
with sexual behavior. Additionally, researchers (Chen, Stiffman, Cheng, & Dore, 1997; Crawford & Popp, 2003; Robbins & Streetman, 1994; Rosengard, Phipps, Adler, & Ellen, 2004; Thomas & Holland, 1998) have explored other factors that may affect adolescents’ beliefs about sex, including: gender responsibility, double-standards, abortion, intentions, perceived hassle of using protection, and societal trends.

Gender responsibility concerns identifying who is responsible for protection from disease and pregnancy. Chen, Stiffman, Cheng, and Dore (1997) and Dariotis, Sonenstein, Gates, Capps, Astone, Pleck, Sifakis, and Zeger (2008) found that men engage in more sexual behaviors than females. Exactly why males engage in more sexual risk behavior is unclear; however, findings regarding contraception use might provide insight into beliefs about gender responsibility. Morrison (1985) argues that there are several attitudes associated with adolescent contraception use. Some adolescents hold males responsible for contraception, some adolescents identify females as responsible for contraception and some adolescents consider both partners responsible for contraception. Further, Morrison (1985) argues that females are more likely to know about male forms of birth control while males are less likely to know about female specific forms of birth control. Thus, males may only feel responsible for condom use during sex, without considering other options. The higher likelihood for a female to know about various forms of contraception may be one indication of why males engage in more sexual risk behavior. In addition, associated gender responsibility may also have to do with the type of contraception used. For example, if adolescents favor condoms, they may be more likely to hold a male responsible for contraception; however, if oral contraceptives are favored then the female may be held responsible.
Freeman, Rickels, Huggins, Mudd, Garcia, and Dickens (1980) found that males in high school health classes were less likely to recognize the risk of pregnancy, had less information about contraceptives, and fewer attitudes condoning contraceptive use, in comparison to females. This finding may highlight males having less of a concern about contraceptive use in comparison to females. Freeman et al. indicated that “males were more likely than females to indicate that females can tell when their "safe" time is and more likely respond that birth control does not need to be used when sex is occasional” (p. 792). Freeman et al. (1980) argue that the attitudes expressed by males may “delegate responsibility of avoiding pregnancy to females” (p.792).

In addition, the sexual double standard based on gender responsibility may explain why adolescent males engage in more sexual risk behavior than adolescent females. Crawford and Popp (2003) highlight how males are more likely to receive praise while females receive a negative reputation for promiscuity after several sexual encounters. This sexual double-standard may also contribute to adolescents’ mindset about gender responsibility during sexual encounters.

Another factor contributing to adolescents’ mindset about sex is abortion. Robbins and Streetman (1994) posit that abortion, legalized in 1973, may contribute to an alternative viewpoint for adolescents. For example, knowing that abortion is an option for pregnancy, the abortion route may serve as a way out for adolescents who engage in sexual risk behavior (Robbins & Streetman, 1994); thus, increasing adolescent’s chances of engaging in more sexual risk behaviors. Intentions to become pregnant can also have an effect on whether or not adolescents engage in risk behavior during sex acts.

According to Rosengard, Phipps, Adler and Ellen (2004), some adolescents intend to get pregnant and thus they are less likely to use condoms. Moore and Rosenthal (2006) and Thomas
and Holland (1998), argue that adolescents may believe there is a disadvantage associated with stopping to put on a condom before sex or adolescents may find condoms uncomfortable. Additionally, Robbins and Streetman (1994) noted an increase in programs such as extended GED programs and alternative High Schools in place to assist teen mothers. These programs may make it easier for adolescents to accept pregnancy. As a result, the consequences of sexual risk behavior may not be taken seriously. Instead adolescents may view pregnancy as a trend (Robbins & Streetman, 1994) or right of passage (Curb, 2006).

The above information highlights possible beliefs that adolescents may hold in regards to adolescent definitions of sex, gender responsibility during sex, and contraceptive use during sex. Identifying adolescent beliefs about sex can serve as a starting point for parent-child conversations. Using adolescent beliefs about sex as a starting point for parent-child communication can assist parents with addressing sexual risk topics that may not be clear to their child. In this study, one area I examined was parent-child sexual risk communication, and the influence of parent-child communication on adolescent sexual risk behaviors. While parent-child communication can influence adolescent sexual risk behavior, so too can family structure.

Oman, Vesely, and Aspy (2005), found that youth living with one parent are more likely to engage in risk behavior compared to adolescents living in a two-parent household. Consider a young lady who does not engage in father-daughter communication because she does not live with her father. Huthchinson (2002) and Nagamatsu, Saito, and Sato (2008) established that father-child communication can reduce or delay sexual risk behavior. Thus, a lack of communication with her father may increase her sexual risk behavior. In contrast, Guilamo-Ramos, Jaccard, Dittus, Bouris, Holloway, and Castillas (2007), reported that mothers, in comparison to fathers, are more likely to be the source of sexual risk behavior talk. Furthermore,
adolescents are more likely to be open in communicating with mothers than with their fathers (Guerrero & Afifi, 1995; Heller, Robinson, Henry, & Pluckett, 2006; Laursen & Collins 2004). Thus, previous research establishes that adolescents are more likely to communicate with mothers about sexual risk behavior (Guilamo-Ramos et al., 2007), but adolescents’ communication with fathers are more likely to delay sexual risk behavior (Nagamastu et al., 2008). With less communication between fathers and children, it is difficult to identify the exact influence a father can have on adolescent sexual risk behaviors; however, Hutchinson (2002) has identified father-child communication as a factor that may contribute to less adolescent sexual risk behavior. Participants within the Hutchinson (2002) study were female and reported low levels of communication with their fathers; however, the females also demonstrated a want for more communication with their father, especially on topics such as resisting pressure from men to have sex. Thus, in the current study, I sought to determine whether or not father-child communication had a greater impact on lessening adolescent sexual risk behaviors.

RQ1: Is father-child communication a better predictor of adolescent sexual risk behavior in comparison to mother-child communication?

Understanding sexual risk factors that can be delayed as a result of father-child communication can help fathers to understand the role they have in their adolescent’s positive or negative sexual behavior outcomes. If parents understand the impact that they can have on their child’s sexual risk behavior then parents have motivation for beginning conversations about sexual risk behaviors with their children.

Parent-child communication can influence adolescent sexual risk behaviors more than parents may think. Whitaker and Miller (2000) posit that adolescents who have discussions about sex with their parents are less likely to be influenced by their peers. While parents may feel that
discussion with their adolescent about sex will increase sexual risk behavior, Wilson and Donnenberg (2004) found that even though parents discussed sex with their adolescents, the adolescents were not more likely to participate in sexual risk behavior. In other words, if parents express their parental opinion on sexual risk issues, whether in agreement with their child or not, their child will likely pay attention to what their parent has to say. Guilamo-Ramos et al. (2007) found that the more a parent talks about a sexual topic, the more likely their child is to listen. Thus, Research Question 2 examines the quantity of parent-child communication about sex.

RQ2: Does a higher quantity of parent-child communication about sex lead to less adolescent sexual risk behaviors?

Whitaker and Miller (2000) address how adolescents are more likely to name their parents as sources of information over their peers if their parents have had previous discussions about sex with the adolescent. Thus, parents have the ability to influence their adolescent’s sexual behaviors and parents should take the opportunity to discuss sexual risk behaviors with their children before their children speak to peers about sexual risk behaviors. Children learn many of their first accounts of sexuality information from their parents. Whether parents intentionally seek to introduce this information to their children or whether this information comes from observation, parents convey certain sexual attitudes to their children (Strong, Devault, & Cohen, 2005). Parents’ attitudes should be discussed to assure that the adolescent is receiving the message intended from the parent. Many times adolescents see sexual behavior as secretive and “off limits” due to messages conveyed by the parent (Strong, Devault, & Cohen, 2005) and may turn to peers or other sources for information. Whitaker and Miller (2000) distinguish that peer influences for sexual behavior are stronger for youth who have not talked to their parents about sex, thus if parents understand how quantity of conversation can affect their child’s view on
sexual risk behavior, parents can, through a higher quantity of sexual risk behavior conversations, become a greater influence for lessening their child’s sexual risk behavior. How parents and children interpret their conversations about sex is just as important as having conversations about sex.

Laursen and Collins (2004) and Noller (1995) argue that parents and children have different interpretations of their communication styles. For example, Noller (1995) and Williams (2003), maintain that parents typically rate their parent-child communication more positively than the adolescent. Knowing that parents and their children do not always agree on the benefit of their communication, it is important to understand if the quantity of communication can lessen adolescent risk behavior. Williams (2003), argues that parents and adolescents need to recognize that communication will be different during the child’s adolescence, so parents can find new ways to communicate about the issue of sex. Pistella and Bonati (1999) reported adolescents’ suggestions for how parents should speak to adolescents about sex. Adolescents suggested that parents speak to them as adults during parent-child communication about sex. “Parents who do not learn how to communicate effectively …may face dysfunction during [their child’s] adolescence because there is autonomy and transformations that need to be negotiated in parent-child relationships,” (Laursen & Collins, 2004, p. 343). Trust, confidence, and expertise are additional aspects linked to positive parent-child communication.

Koesten, Miller, and Hummert (2001) found that trust or confidence in the parent can increase parent-child communication, thus leading to less adolescent sexual risk behaviors. Parental expertise and trustworthiness are two additional parental qualities linked to quantity of communication with adolescents about social and moral sexual issues. Guilamo-Ramos et al. (2006) and Henrich et al. (2005) found that more feelings of connection toward the parent lead to
less sexual risk behavior. In addition to parent-child communication, one recommended avenue to reduce adolescent sexual risk behavior is the overall positive family communication.

Communication that occurs in families has been linked to positive adolescent behavioral outcomes. For example, Oman et al. (2005) explain that adolescents who have strong family communication are less likely to engage in risk behaviors. DiClemente, Crosby, and Salazar (2006) argue that the family has a great deal of influence on an adolescent. Thus, the influences of the family may determine adolescent engagement in sexual risk behaviors. In contrast, Koesten and Anderson (2004) found correlations between family communication patterns and two adolescent risk behaviors; however, the authors state that the study does not support the idea of family communication patterns as a predictor of adolescent risk behavior. Thus, further investigation of the relation that family communication patterns have on adolescent sexual risk behavior would be a benefit to family communication research and clarify the overall role of family communication patterns on adolescent sexual risk behavior. Understanding patterns associated with more or less communication about sexual risks can assist families as well as researchers.

Koesten, Miller and Hummert (2001) found that families which engaged in open communication, diverse points of view, and expression of ideas had adolescents who engaged in less risk behavior as opposed to families who did not support open communication. An open style of communication points to a conversation orientation style (also referred to as concept orientation) in which parents encourage individuality and freedom among their children (Miller-Day, 2008). Conformity orientation (also referred to as socio-orientation) occurs when parents urge their children to conform to their ideas and values (Miller-Day, 2008). While the study by Koesten, Miller and Hummert, (2001) does not identify certain characteristics as conversation
orientation or conformity orientation, the characteristics described in the study are similar to characteristics of conversation and conformity orientations. According to Koerner and Fitzpatrick (2006), the revised family communication patterns theory introduces a lens to view how families create a shared social reality through cognition and behaviors. Koerner and Fitzpatrick (2006) describe family communication behaviors in the context of conversation and conformity orientation. According to Miller-Day (2008), conformity orientation is the amount of conformity that occurs within the family with high encouragement to comply with the common values of the family. Miller-Day (2008) describes conversation orientation as an orientation that refers to families who emphasize openness when discussions or other matters occur within the family. Freedom and individuality also characterize a conversation oriented family.

When high and low levels of conversation orientation and conformity orientation are combined, there are four family types that emerge. The family types include laissez-faire families, consensual families, pluralistic families, and protective families. According to Koerner and Fitzpatrick (2006), laissez-faire families are low in conversation orientation and conformity orientation, interactions are few and when interactions do occur, they are limited to a small number of topics; consensual families are high in conversation orientation and conformity orientation, there is pressure to have agreement within the family with an interest in open communication and exploring new ideas at the same time; pluralistic families are families high in conversation orientation and low in conformity orientation and foster communication with an open variety of discussions; protective families are low on conversation orientation and high on conformity orientation and obedience to authority and little regard for open communication characterize this family type.
In the current study, I highlight the characteristics that occur in everyday families which can contribute to more conversations about adolescent sexual risk behavior. I place participants in one of four family types based on their self-reported family communication interactions in order to determine how their specific family type affects parent-child communication about sex and adolescent sexual risk behavior.

RQ3: Do participants with different family types (laissez-faire families, consensual families, pluralistic families, or protective families) have significantly different levels of parent-child communication about sex?

Highlighting the characteristics associated with the four family types allows parents and adolescents to better understand how factors within their specific family type contribute to more or better sex communication.

Knowledge of past literature on adolescent sexual risk behaviors can assist with identifying gaps and areas which need to be addressed in an attempt to reduce adolescent sexual risk behavior. Thus, in chapter 2, I review previous literature on adolescent sexual risk behavior, parent-child communication and family communication patterns. In chapter 3, I present the method which includes a description of the participants, procedures, measures, and data analysis used. In chapter 4, I present the results of the study. According to the results of the study, father-child communication is not a better predictor of adolescent sexual risk behavior. A higher quantity of parent-child communication does not lead to less adolescent sexual risk behavior. Participants with a pluralistic family type do significantly differ from laissez-faire and protective family types in regards to levels of parent-child communication. Participants with a consensual family type do have significantly higher levels of parent-child communication in comparison to laissez-faire family types, but not protective family types. Finally, in chapter 5, I present the
discussion with a review of previous research (consistent or inconsistent with the current findings), limitations and conclusions for the current study.
CHAPTER II
LITERATURE REVIEW

As noted in chapter 1, I seek to understand the influence of parent-child communication and family communication patterns on adolescents’ sexual risk behaviors in this study. To that end, in chapter 2 I review the relevant literature of adolescent sexual risk behavior, parent-child communication, and family communication patterns.

Adolescent Sexual Risk Behavior

Adolescent sexual risk behavior is sexual intercourse behavior that puts the adolescent at risk for negative health outcomes. According to Harris et al. (2006), adolescent sexual risk taking has been an important topic for several years with various implications regarding the risky intercourse behavior exhibited by adolescents. Matsuoka, Vega-Dienstmaier, Chavez, Mendoza, Verategui, and Alfaro (2003) defined sexual intercourse as “any vaginal, oral, or anal sexual practice with a partner” (p.74). This definition is important because it explores the reality that vaginal sex is not the only option for sexual pleasure. According to Moore and Rosenthal (2006), adolescents are engaging in a wide variety of sexual behaviors and the practice of oral sex is now becoming more widespread. Moore and Rosenthal (2006) also indicate that some youth do not label oral intercourse as sex. With this attitude, it is more likely for adolescents to engage in a type of sexual risk behavior of which they are not aware. Other sexual risk behaviors can include early sexual initiation, multiple sex partners, absence of condom use or other contraceptives during sexual activity, sex with prostitutes, sex under the influence of alcohol or drugs, or exchange of sex for items such as food, drugs or money (Buzzi, Tortolero, Roberts, Ross, Addy, & Markham, 2003; Dittus et al., 2004; Fergus, Zimmerman & Caldwell, 2007; Johnson, Rew, &
Sternglanz, 2006; Matsuoka et al., 2003; Voisin, Neilands, Salazar, Crosby, & DiClemente, 2006).

Fergus, Zimmerman, and Caldwell (2007) posit that sexual risk behavior is likely to increase during adolescence. Adolescent beliefs about sex and adolescent sex practices can have a great deal to do with the level of sexual risk behavior exhibited by adolescents. Guilamo-Ramos et al. (2006) identified three categories of emotions associated with adolescent beliefs about sex, including anxiety about sex, disgust by thoughts of sex, and positive affect toward sex. The later group had the tendency to be more sexually active. Further, adolescent beliefs about who is responsible for preventing pregnancy and the female partner being on the pill were indications of a presence or lack of condom use (Moore and Rosenthal, 2006; Thomson & Holland, 1998). “Showers in raincoats” (idea that a condom is not comfortable during sex) or the hassle associated with putting on a condom are other beliefs that can reduce adolescent condom use (Moore & Rosenthal, 2006; Thomson & Holland, 1998). Guilamo-Ramos et al. (2006) indicated that self-efficacy, or the belief that one is capable of certain behaviors, had an impact on sexual encounters. They determined that adolescents were less likely to have sex if they thought finding a willing sexual partner would be difficult or if having sex would be difficult.

Can males control their sexual urges? How an adolescent would answer the previous question is important. Moore and Rosenthal (1998) and Moore and Rosenthal (2006) posit that a number of adolescents believe that males cannot control their sexual urges, while females can control their sexual urges. According to Crawford and Popp (2003), “going all the way,” has been seen as a right of passage for males as opposed to the “slut” stereotype that categorizes promiscuous girls. These ideas may explain why males engage in more sexual behaviors than do females (Chen, Stiffman, Cheng, & Dore, 1997; Dariotis et al., 2008; Stueve & O’Donnell, 2005) and imply a
sexual double standard (Crawford & Popp, 2003). Conversations about sexual risk behavior may be more likely if adolescents and their parents understand the ways in which adolescent ideas about sex may be connected to adolescent sexual risk behavior.

Sexual abuse and substance use are two factors, beyond adolescent perceptions of sex, which can increase adolescent sexual risk behavior. According to Buzi et al., (2003), females with a sexual abuse history are at an increased risk to have initiated sexual activity before age 14, to have three or more partners in 3 months, and to have a sexually transmitted disease (STD). According to Johnson et al. (2006), non-abused homeless adolescents reported more sexual self-care, received more support, and engaged in less sexual risk behavior in comparison to homeless adolescents who were sexually abused as a child. Substance abuse is also an indicator of adolescent sexual risk behaviors (Chen et al., 1997; Lowry, Holtzman, Truman, Kann, Collins, & Kolbe, 1994; Stueve & O’Donnell, 2005). Stueve and O’Donnell, (2005) report that females, who indicated use of alcohol by 7th grade, were more likely to report early sexual intercourse by the time they were in 10th grade. Further, the number of sexual partners increased as early initiation of alcohol increased. Lowry et al. (1994) posit that cocaine, marijuana, or illicit drugs have the ability to enhance risky sexual behaviors such as multiple sex partners and no contraception during sexual intercourse. Thus, as sexual abuse and substance use increase, the likelihood of sexual risk behaviors may increase as well.

“It is vital that we understand the trajectories of sexual risk behavior for different demographic groups” (Fergus et al., 2007, p. 6). By identifying the paths that may lead to adolescent sexual risk behavior, researchers can begin to assist adolescents according to the variables that affect their demographic group. Voisin et al. (2008) suggest that youth of nonwhite ethnicity are more likely to be involved in a gang which is associated with more risky norms for
detained youth. Fergus et al. (2007) found that 9th grade African-American or biracial males showed the greatest likelihood of engaging in sexual risk behavior in comparison to individuals in the study who were younger, Caucasian, or female. African American girls had the next highest ratio of engaging in sexual risk behavior followed by white males and females. In contrast, Caucasian youth had a faster rate of growth in sexual risk activity during high school than did African American youth. Moore and Rosenthal (2006) posit that African American girls and boys engage in sexual intercourse earlier and more often than whites. Oman, Vesely, and Aspy (2005), found that among youth living in one-parent households, white youth reported lower instances of sexual activity than other races in the study. Oman et al. (2005) also found that Native Americans were more likely to use birth control at last intercourse in comparison to their white, African American, and Hispanic counterparts. If race does indeed influence sexual risk behavior, it would then be important for adolescents and their parents to be aware of sexual risk statistics specific to their race.

Gender is also important to consider in regards to adolescent sexual risk behavior. Fergus et al. (2007) confirmed that African American or biracial and white females increased their sexual risk activity faster than African American or biracial and white males. Oman et al. (2005) found that females might have a better sexual self concept over males. This poses questions in regard to male’s higher rates of sexual activity. Johnson et al. (2006), Chen et al. (1997) and Stueve and O’Donnell (2005), posit that males are more likely to have a higher amount of sexual partners than females. In addition, Stueve and O’Donnell (2005) found males were more likely to have earlier initiation of sex than females. Regarding age, Chen et al. (1997) and Dariotis et al. (2008) identified older males, in comparison to their younger counterparts, as engaging in more sexual risk behaviors. In addition, Winn, Roker, and Coleman (1998) found that sexual
knowledge was found to increase with age. Winn et al. (1998) found that late adolescents had higher averages for a sex education questionnaire in comparison to early and middle adolescents.

Socioeconomic status can also be an indicator of sexual activity. Harris et al. (2006) found that youth sexual activity decreased as youth socioeconomic status increased. According to Snyder (2006), when comparing data from a 2003 youth risk behavior survey (YRBS) and a 1995 longitudinal study of adolescent health, a larger proportion of urban youth expressed ever having had sex in comparison to rural and suburban youth. In addition, for the YRBS data, rural youth had the highest percentage of no condom use, urban youth had the highest percentage of sexual partners, and suburban youth had the highest percentage of combining substance use and sex. For adolescent health data, urban youth had the highest percentage of no condom use, rural youth had the highest percentage of sex partners, and suburban youth had the highest percentage of combining substance use and sex.

Other influences on adolescent sexual risk behavior include parental supervision after school, number of parents in the household, self-concept, and community engagement. Harris et al. (2006) found that youth in self-care after school were more likely to have sexual intercourse in comparison to youth who were supervised after school. Having a peer role model and use of time in a religious manner had the same effects. Youth were less likely to have sex if they had a peer role model and used a significant amount of their time in a religious manner (Harris et. al, 2006). The number of parents in the household, living in a violent neighborhood, and self-concept also serve as communication variables that can affect sexual risk-behavior. According to Harris et. al. (2006), Oman et al. (2005), and Stueve and O’Donnell (2005), those in two parent households report a higher likelihood of delaying sexual intercourse in comparison to youth in one-parent households. Oman et al. (2005) posit that as parental education increases, sexual
behavior decreases among adolescents in two-parent households. Further, youth in one-parent households were more likely to have never had sex if they indicated some form of aspiration. 

Guilamos-Ramos et al. (2006) found that a positive self-concept can reduce adolescent sexual risk behavior. However, a study by Johnson et al., (2006) found that among homeless adolescents there was not much difference in self-concept between those that were sexual abused versus those who had not been sexually abused. Community involvement was the major communication variable for youth living in two-parent households who indicated never having sex. In addition, Oman et al. (2005) found that for youth residing in two-parent households, birth control use increased with age. Voisin et. al. (2006) found that exposure to community violence can influence adolescent sexual risk behavior for detained youth. Chen et. al., (1997), found that adolescents living in neighborhoods with multiple problems have a higher likelihood of engaging in sexual risk behavior.

Since “a significant amount of youth continue to engage in sexual activity,”(Harris et. al, 2006, p.448), understanding the effects of risky sexual behavior is important. Effects of sexual risk behavior can include HIV or other STDs (Sobo, 1995), pregnancy (Moore & Rosenthal, 2006), emotional, and psychological effects. While there has been much discussion of the negative aspects of adolescent sexual activity, adolescents might not understand the aspects that enhance healthy and safe sexual behaviors. According to Johnson et al. (2006), safe sexual behaviors include behaviors such as consistent use of condoms, testing for STDs, and treating diagnosed STDs. Parents can assist with the transmission of this information. As Dittus et. al. (2004) posit, “parent-child relationship is an important predictor of adolescent sexual behavior, (p. 8).” Thus, the importance of parent-child communication will be explored below.
Parent-Child Communication

Due to the dynamic nature of the parent-child relationship, adolescence becomes a difficult time for parents and children to communicate. Several factors influence parent-child communication as adolescents mature including: the age of adolescent, the gender of adolescent, and the changing nature of the relational aspects (e.g., conflict management, management of dialectical tensions) of the parent-child relationship.

Initially, age may specifically contribute to effective parent-child communication. Xiong, et al. (2006) categorized early adolescents as individuals who were 10-12 years old, mid adolescents as individuals who were 13-16 years old and late adolescents as individuals who were 17-22 years old. According to the authors, early adolescents experienced more frequent conflict with their parents than any other adolescent age group, and mid adolescents experienced more intense conflicts with parents than early or late adolescents. In addition, a study by Kahlbaugh and Haviland (1994) placed adolescents in categories of 7-10 years old (early adolescence), 11-13 (middle adolescence), and 14-16 (late adolescence). Results from the study indicated that middle adolescents show more avoidant behaviors, girls were more difficult at middle adolescence (possibly due to being more avoidant at that time), boys were more difficult in late adolescence, and by late adolescence girls were more approach oriented than boys. This may mean that females may be more likely to approach their parents about sex in middle adolescence, while males may be less likely to approach parents about sex during late adolescence. A study by Lanz et al. (1999) found that younger adolescents in intact non-adoptive, separated, and adoptive families reported better communication than older adolescents. Guerrero and Afifi (1995) found research that supported the idea that middle adolescents were less likely than pre or post adolescents to be close to or communicate with their parents. This
issue of better adjustment for late adolescents in comparison to early and middle adolescents may speak to the matter of acculturation (Xiong, et al., 2006) meaning that late adolescents have been through major transformation changes and are familiar with the new relationship with their parents. Awareness of factors associated with age may serve as a guide for when parents should approach sex communication with their children.

Additionally, the gender of the adolescent may also influence parent-child interactions. For example, females are more likely to disagree and have conflicts with parents than are males (Galambos & Almeida, 1992; Steinberg, 1988; Xiong, Rettig & Tuicomepee, 2006) and many of the arguments are a result of everyday issues in the home (Allison, 2000; Ambert, 1997; Arnett, 1999; Steinberg, 2001). Parents are typically more informed about the lives of their daughters than the lives of their sons (Laursen & Collins, 2004; Stattin & Kerr, 2000) as daughters are more expressive (Hauser et. al., 1987; Kahlbaugh & Haviland, 1994), and volunteer more information to their parents than males (Kahlbaugh & Haviland, 1994; Lanz, Iafrate, Rosnati, & Scabini, 1999; Laursen & Collins, 2004; Stattin & Kerr, 2000). Further, Guerrero and Afifi (1995) confirm that males are more avoidant in their communicative behavior towards their parents than are females, especially concerning personal or sensitive topics. In addition, Laursen and Collins (2004) and Stattin and Kerr (2000) posit that parents are more informed about the lives of their daughters because parents solicit more information from their daughters than from their sons.

As noted in Chapter 1, parent-child communication has been proven to lessen the effect of adolescent sexual risk behaviors. Nagamatsu, Saito, and Sato (2008) signify that more maternal communication about AIDS can be related to offset of first intercourse encounter. Consider the teenager who is not afraid to speak with their parent about sex. The adolescent will
be less likely to initiate sex at an early age, and more likely to have fewer sexual partners (Whitaker & Miller, 2000). Whitaker and Miller (2000) found that specific risk behavior conversations (such as those about condoms) can predict greater condom use at most recent intercourse, greatest lifetime use of condoms, and greater consistent condom use. There is, however, contradictory information as sex communication for boys may not be as effective as it is for girls. Specifically, Henrich et al. (2006) determined that male’s connection to and communication with their mother was not a significant predictor of less sexual risk behavior.

Furthermore, the parent-child relationship undergoes multiple changes during adolescence. According to Laursen and Collins (2004), changes occur in frequency of contact, patterns of self-disclosure, common shared experiences, privacy, and responsibilities. During the child’s adolescence, the degree to which the previously mentioned elements become complex for the parent-child relationship depends on the prior parent-child relationship climate. According to Wood (2007), interpersonal climate is “the overall feeling or emotional mood between people-warm or cold, safe or anxious, comfortable or awkward, accepting or rejecting, open or guarded.” (p. 214). If there was a prior climate of support and strong emotional bonds in the parent-child relationship, then parent-child communication during adolescence will likely be approached with only minor changes to the communication climate. However, prior parent-child relationships without emotional bonds will likely experience disruption and unresolved issues during the child’s adolescent span (Laursen & Collins, 2004; Vogl-Bauer, 2003). For example, the parent who did not speak to their child about matters of interest to the child at a young age should not expect the child to want to openly or easily express their questions and ideas about sex when the child is of adolescent age.
According to Noller (1995) and Williams (2003), the implication for the communication that occurs between the parent and adolescent during child adolescence is usually marked by contradictory messages, with parents explaining the relationship in a more positive light than the adolescent. While it is known that there are differences in parent perspectives and child perspectives of parent-child communication, it is not as well known that adolescents likely have a more accurate and honest account of the tension or unpleasant aspects of the parent-child communication (Laursen & Collins, 2004). Thus, understanding how adolescents view communication about sex with their parent can assist parents and children with their conversations about sex.

Communication dialectics have been used to offer some insight into the tension that occurs between parents and children during child adolescence. According to Baxter (2006), communication dialectics is a theory explaining tensions between two persons in a relationship. Tensions arise due to a constant push and pull of emotional needs between the individuals in a relationship causing constant instability within the relationship. Baxter (2006) posits that while these tensions are in constant competition, balance is not preferred; but rather the competing tensions are needed to establish meaning among individuals within a relationship. So in the context of a parent-child relationship, the competing tensions should be viewed as an opportunity to establish a common ground for communication, in this case communication about sexual risk behavior. The dialectical tensions are autonomy and connection, predictability and novelty, and openness and privacy. The autonomy and connection tension is the simultaneous need for independence and interdependence, the predictability and novelty tension is a struggle between familiarity and spontaneity, and the openness and privacy tension is a struggle between open communication and privacy (Baxter, 2004, 2006; Wood, 2007). Specifically, autonomy and
connection and openness and privacy are the dominant tensions discussed when it comes to the conversation about parent-child communication and the dialectical tensions that add to the complexity of parent-child relationships. Guerrero and Afifi (1995) argue that as adolescents move toward adulthood then their need for autonomy and privacy increases.

The autonomy and connection tension emerges from adolescents’ development of their independent identities (Laursen & Collins, 2004; Mazur & Hubbard, 2004), changing perspectives, and declining need for interdependence (Laursen & Collins, 2004). According to Guerrero and Afifi (1995), as children grow into adolescence, they spend less time with parents and more time with their friends. Less time with parents and more time with peers could be viewed as a process to find identity for adolescents. Adolescents may want to be able to have their independence, but still rely on their family as a support system. When it comes to matters of sex, adolescents may move away from their parent’s views about sex as a way to establish that they have an opinion separate from their family, thus establishing individuality in one aspect of their life.

The connectedness and privacy tension is evidence that as children enter adolescence they become less willing to share information with their parents (Guerrero & Afifi, 1995) and want to conceal their personal information (Mazur & Hubbard, 2004). Connectedness and privacy is managed in many ways during the adolescent years, with avoidance being a common tactic. According to Guerrero and Afifi, (1995), avoidance seems to serve the purpose of preserving privacy and autonomy, protection from embarrassment, and protection from conflict. As adolescents share less information with their parents, parents may want to monitor their adolescent’s actions in an attempt to coerce openness and trust (Williams, 2003). Adolescents
may avoid conversations about sex with their parents as a way to maintain some privacy in their life.

This type of parental monitoring of the adolescent’s life has been found to influence adolescents sexual risk behaviors. Nagamatsu, Saito, and Sato (2008) found that the relational aspect of parental monitoring was associated with delay of first intercourse for Japanese adolescents. In other words, the more the parent knew about the adolescent’s life, the less likely the adolescent would be to engage in sexual intercourse. According to Henrich et al. (2006), the level of connection and support within the parent-child dyad are relationship components that have a tendency to increase sex related communication, and to reduce the likelihood of sexual risk behavior. The more a parent talks about a sexual topic, the more likely their child is to listen (Guilamo-Ramos et al., 2007). Concurrent findings by Guilamo-Ramos et al. (2006) indicate that frequency of communication about social and moral aspects of sex lead to less sexual risk behavior. Thus RQ1 specifically, explores the influence of the quantity of parent-child communication about sex and late adolescents’ reported sexual risk behaviors.

Mother-Child versus Father-Child Communication Differences

While the overall quantity of parent-child communication is important to consider, previous researchers (Guerrero & Afifi, 1995) have determined that the gender of the parent is crucial in understanding parent-child interactions. Guerrero and Afifi (1995) found that children reported less avoidance with mothers than fathers on topics of relationship norms, relationship talk, and negative relational behavior. Adolescents report more openness in communication with their mothers in comparison to communication with their fathers (Guerrero & Afifi, 1995; Heller, Robinson, Henry, & Plunkett, 2006; Laursen & Collins, 2004). Further, openness in mother-adolescent communication has been noted as a predictor of empathic concern and
perspective-taking (Heller et al., 2006). Empathic concern is, according to Heller et al. (2006), understanding the feelings and emotions of others. While female adolescents showed a higher likelihood of having empathic concern in comparison to male adolescents, empathic concern increased for males as they perceived more openness in their mother-child communication while female adolescents empathic concern did not increase with a perception of more openness in their communication with their mother. Heller et al. (2006), described perspective-taking as allowing individuals to take on the psychological perspectives of others. Looking at sex conversations, the child can have his or her own opinion about sexual risk behavior, but be able to respect and consider the opinions of others. Openness in mother-child communication as well as openness in father-child communication predicted the ability for the child to take on the perspective of others (Heller et al., 2006). Females conveyed more perspective taking than males in regards to openness in father-child communication; however, gender was not a predictor of perspective taking concerning openness within mother-child communication. Why there is more openness in communication with the mother than the father could be due to the mothers approach behavior (Kahlbaugh & Haviland, 1994) or child images of the father as solely a source of information and material support (Laursen & Collins, 2004). While both genders typically feel closer to their mother, sons are more likely to feel close to their father than are daughters (Laursen & Collins, 2004). Overall, the above research shows that it is more likely that mothers will be the parent in parent-child communication about sex and the female is the child most likely to engage in sex conversations with the parent.

Existing research (Guilamo-Ramos et. al., 2007; Hutchinson, 2002) on parent-child communication about sexual risk behaviors further supports this conclusion. Specifically, mothers, in comparison to fathers, are more likely to be the source of sexual risk behavior talk
and daughters, in comparison to sons, are more likely to be the recipients of sexual topics (Guilamo-Ramos et. al., 2007; Henrich et. al, 2006; Sneed, 2008). As parents are discussing sexual risk behavior with their child, parents’ beliefs can have an impact on an adolescents sexual risk choices. For example, Nagamatsu, Saito, and Sato (2008) found that male Japanese students delayed first sexual encounter due to notions of parent disapproval. Parents who may have a nonchalant attitude about discussing sexual risk behavior with their adolescent may benefit from knowing that peer influences for sexual behavior are stronger for youth who have not talked to their parents about sex (Whitaker & Miller, 2000). So adolescents may be more likely to have sex if they perceive their peers to be having sex. It is also beneficial to know that teenagers who speak with their parents about sex are more likely to choose parents as their preferred choice for sexual information over peers (Whitaker & Miller, 2000). Parental expertise and trustworthiness are two additional parental qualities linked to quantity of communication with adolescents about social and moral sexual issues (Guilamo-Ramos, Jaccard, Dittus, & Bouris, 2006).

According to Hutchinson (2002), general communication with the mother, sexual communication before sexual debut, and communication with the mother about condoms was a predictor of child condom use. Youth who reported talking to their mothers about sex prior to having sex were 7 times more likely to use condoms, more likely to report consistent condom use, and more likely to have a later onset of sexual activity. Since the majority of parent-child communication about sex comes from the mother-child dyad, the significance of father-child communication is vital to understand. In a study of Japanese adolescents, Nagamatsu, Saito, and Sato (2008) found that father-daughter communication was related to daughter’s delay of their first sexual intercourse encounter. Hutchchinson (2002) found that better general communication
with the father was a predictor of less sexual risk behavior. In accordance, a higher level of father education was linked to consistent condom use (Hutchinson, 2002).

With the above information on how communication can deter sexual risk behavior, it is interesting to note that most teens “almost always” or “sometimes” agree with their parents on certain sexual topics and are comfortable speaking with their parent about sexual topics (Pistella & Bonati, 1999) such as the need to wait (Guilamo-Ramos, Dittus, Jaccard, Goldberg, Casillas, & Boris, 2006; Sneed, 2008). Parents may be hesitant to discuss sexual risk behavior with their adolescent, but it is important to highlight that adolescents will likely be willing to discuss sexual topics with their mothers (Guilamo-Ramos et. al., 2006). Ceasing the opportunity to influence their child is up to parent. Researchers Guilammo-Ramos et al. (2007) found that three frequent sexual topics (HIV, STDs, and moral implications of sex) related to parent-child sex communication. In addition, results for three less frequent topics were, losing respect from a sexual partner, popularity, and feeling guilty. Parents can use this information as a guide to initiate topics with their teenagers. Parental reasons for not wanting their child to have sex may vary across ethnicities. For example, in a study of African American, Dominican, and Puerto Rican youth, Guilamo-Ramos et. al. (2007) reported that mothers of Dominican youth were more likely to focus on their child not having sex as a way to feel grown up, while mothers of African American youth were more likely to condone not having sex as a way to feel attractive.

Thus, adolescents are more likely to communicate with their mothers about sex (Guilamo-Ramos et. al., 2007; Henrich et. al, 2006; Sneed, 2008), however, adolescents’ communication with their fathers may have a greater influence on adolescents’ sexual risk behaviors (Hutchinson, 2002; Nagamatsu et al., 2008). Thus with RQ2, I seek to clarify if the
quantity father-child communication about sex will significantly predict less sexual risk behavior than the quantity of mother-child communication about sex.

While the dyadic examination of the quantity of parent-child communication provides insight into the amount of interaction, this dimension fails to capture the broader pattern of interaction in the family. Family communication patterns may also highlight communication variables that influence adolescents’ sexual risk behaviors.

Family communication patterns

Every family has a general approach to the way in which they communicate with each other, and family communication researchers have come to label these general approaches as Family Communication Patterns (Koerner & Fitzpatrick, 2002; McLeod & Chaffee, 1973). According to Ballaerd-Reisch and Weigel (2006), family communication patterns describe the ways family members communicate with one another. These patterns that form from family dialogue can provide insight regarding the relationship between family members. According to Koerner and Fitzpatrick (2002), intersubjectivity and interactivity should be considered when speaking of the communication that occurs within families. Intersubjectivity refers to how communicative behaviors between family members are related. For example, the meaning that one family member assigns to a communicative instance is likely related to the meaning that another family member within that unit will assign to the same communicative instance. When discussing sexual risk behaviors, consider a mother who believes an argument about sexual risk communication to be a constructive way of coming up with options for a compromise. Rather than viewing a disagreement as a negative conflict, the mother uses conflict to discuss a middle ground that will satisfy all persons involved in the dispute. A child in the same family as the
mother mentioned above will likely view the same argumentative situation as positive rather than negative.

Interactivity refers to how communicative behaviors are interdependent. In other words, the way that one family member interprets a situation in comparison to the way in which another family member interprets a situation will be mutually dependent upon each other (Koerner & Fitzpatrick, 2002; Koerner & Fitzpatrick, 2006). For example, the understanding that two sisters have about how a significant other should treat them will be related to other messages that occurred between the sisters or within the immediate family. If the daughters see that their father always opens the door for their mother, this is a family situation that can contribute to how the daughters will interpret how their significant other should treat them. In other words, the previous messages that the daughters received from how their dad treated their mother will likely be related to how the daughters interpret how a significant others should treat them. In order to understand how family thoughts and behaviors determine a specific family communication pattern, researchers McLeod and Chaffee (1971) developed relevant measures of family communication.

Chaffee (1971) designed an 11-item measure with an emphasis on predicting media use behaviors (Elwood & Shrader, 1998). Mcleod and Chaffee (1973), two mass media researchers, later contributed to an early measure of family communication patterns (Granka & Scheufele, 2005). The two developed a family communication pattern measure in order to explain the social reality that families created and shared. They believed that a person’s construction of the world was not solely based on their personal cognitive construction, but also from perceptions of the orientation of the others around him or her (Mcleod & Chaffee, 1973). Part of the measure by Mcleod and Chaffee was influenced by Newcomb (1953). According to Mcleod and Chaffee
(1973), the Newcomb (1953) model assumes that two individuals (A and B), positively or negatively attracted to each other, are coordinated to an object of communication (X). The object of communication (X) can be viewed from A’s perspective or from B’s perspective, and tension occurs when there are different evaluations of the object of communication (X). Their version of family communication was based on coorientation. According to Koerner & Fitzpatrick (2006), coorientation “refers to two or more persons focusing on and evaluating the same object in their social or material environment,” (p.52). The Mcleod and Chaffee measure specifically dealt with two distinct patterns, socio-orientation and concept-orientation. Socio-orientation occurs when a family member conforms to the ideas and values held by other family members. Concept-orientation occurs when families discuss ideas and through dialogue, arrive at a shared perception.

Later, Fitzpatrick and colleagues developed a model of family communication patterns (Ballard-Reisch & Weigel, 2006; Koerner & Fitzpatrick, 2002), which added to the McLeod and Chaffee model by altering the naming of the two major concepts, conformity orientation and conversation orientation (Keaton & Kelly, 2008), in order to approach family communication with more of a communication basis rather than a mass media basis. Fitzpatrick and her colleagues wanted to measure family communication more generally and their measure had a stronger focus on communicative behaviors (Koerner & Fitzpatrick, 2006). Within this model four family types emerge by combining high and low dimensions of the two concepts conformity orientation (socio-orientation) and conversation orientation (concept-orientation) (Keaton & Kelly, 2008; Koerner & Fitzpatrick, 2006; Miller-Day, 2008). The term conformity orientation [Socio-orientation was renamed conformity orientation] was used in order to place emphasis on the amount of conformity that occurs within the family with high encouragements to comply
with the common values of the family (Miller-Day, 2008). According to Granka and Scheufele, (2005), families with a conformity orientation will likely have parents who promote their children conforming to their ideas and values. For example, a parent who believes that sexual intercourse should be reserved for marriage will expect that their child will adopt that same value.

The term conversation orientation [Concept-orientation was re-named conversation orientation] was used to emphasize openness when discussions or other matters occur within the family, and freedom and individuality also characterize a conversation oriented family (Miller-Day, 2008). According to Granka and Scheufele (2005), families with a conversation orientation will likely have parents who promote individuality, openness, and freedom among their children. Consider the same parents who believe that sexual intercourse should be reserved for marriage. Within a conversation oriented family parents will likely be willing to discuss reasons for their belief system and will be curious as to the thoughts that their children may hold on the issue of premarital sex.

Families with a high degree of conformity orientation will stress homogeneity of attitudes and beliefs, focus on conflict avoidance, and obedience to parents, while families low in conformity orientation will focus on individual independence from the family and equality of all family members (Koerner & Fitzpatrick, 2002; 2006). In the context of sex communication, families with a high degree of conformity orientation will stress obedience to parent’s attitudes on sex communication, and avoid any conflict about sex communication by simply complying with the parent’s ideas on sexual actions. Families with a low degree of conformity will deem it acceptable to have ideas about sex that are different from their parents’ ideas about sex and each family member will have an equal opportunity to share and explain his or her beliefs about sex.
Families with a high degree of conversation orientation will encourage unlimited topic discussion and will spend a great deal of time together sharing individual ideas, thoughts, and feelings (Koerner & Fitzpatrick, 2002; 2006). The result is likely an agreed upon family decision. When discussions about sex occur, each family member will likely have the opportunity to express his or her opinion. Once all opinions are expressed, an avenue will be open to discuss how the family should handle sex communication and view sex acts. Families low in conversation orientation find that family decisions are not discussed in detail and there is less opportunity to express individual thoughts and ideas (Koerner & Fitzpatrick, 2002; 2006). For families with low conversation orientation, when discussions about sex occur, the discussion will likely resemble the parent telling the child what he or she should do sexually with the validation of “I said so.” Thus, the parents’ ideas about sex are emphasized with little discussion, if any.

Once high and low dimensions of conformity orientation and conversation orientation are joined, four family types emerge. The categories are laissez-faire families, consensual families, pluralistic families, and protective families. Laissez-faire families are low in conversation orientation and conformity orientation. Interactions are few and when interactions do occur, they are limited to a small number of topics. Parents in a laissez-faire style family will likely allow all members of the family to make their own decisions, but will have little interest in the actual decisions that their children make. Within a laissez-faire family conflict will be low and there is no value placed on conversation. Another way to describe such a family style is emotionally divorced or detached from other family members (Koerner & Fitzpatrick, 2006). Laissez-faire families might talk about sex, but the subject might be limited to surface topics such as whether or not to have sex rather than getting into deeper subjects such as STDs and number of sex
partners. Even if discussions about deeper issues of sex occur, parents will likely not have a great interest in the sexual decisions that their children make. So, if a child decides to use contraception, the parent’s reaction will likely be the same as if the child did not use contraception.

Consensual families are high in conversation orientation and conformity orientation. Within a consensual family there is pressure to have agreement within the family with an interest in open communication and exploring new ideas at the same time. Parents within consensual families allow their children to express ideas, but feel that as parents they should make the key family decisions. A parent within a consensual family might spend an enormous amount of time using open dialogue to explain a decision to their child with the hopes that the child will adopt their belief system. Children within consensual families are socialized to value conversation, regard conflict as negative, and problem solving and conflict resolution often occur (Koerner & Fitzpatrick, 2002; 2006). In regards to communication about sex, parents will likely allow their children to express how the children feel they should act sexually, but the children’s ideas will have little value. The end result of a sex conversation within this family type will likely be a thorough parental explanation of what their children should or should not do sexually which will result in the children conforming to parental ideas about sex.

Pluralistic families are families high in conversation orientation and low in conformity orientation. Pluralistic families foster communication with an open variety of discussions. Since there is little emphasis on conforming to family ideas and more emphasis on the freedom of ideas, parents in pluralistic families often appear to be indifferent in regards to the decisions made by their children. Pluralistic parents will likely neither agree nor disagree with their children’s decisions. Children in pluralistic families value conversations and freedom, and as a
result are often confident when making their own decisions (Koerner & Fitzpatrick, 2006; Koerner & Fitzpatrick, 2002). Children from pluralistic families will more often than not find it easy to speak to their parents about matters of sex and parents will often accept their children’s view rather than attempt to encourage their children toward or away from the parent’s views. Even without their parents obvious support, children from this type of family will be confident when making decisions about sex because they will be accustomed to making individual decisions that satisfy themselves.

Protective families are low on conversation orientation and high on conformity orientation. Obedience to authority and little regard for open communication characterize this family type. Parents in protective families will likely feel the need to make all family decisions without valuing or considering the opinions of their children. Children form the opinion that there is little value to conservations and children may second guess their decision making. Conflict will often be low, thus conflict resolution is not often practiced (Koerner & Fitzpatrick, 2006; Koerner & Fitzpatrick, 2002). Children from this family type will likely have conversations about sex with their parents talking to them about how to behave sexually. Little input from the child will occur, causing the child to believe that there is no value to conversations or that the person of higher status should make the final decisions.

Family communication patterns can have an influence on a variety of variables within the family such as how children process information from outside the family (Granka & Scheufele, 2005), children’s decision making within the family (Bakir, Rose, & Shoham, 2006), communication apprehension (Elwood & Shrader, 1998), or an individuals level of fear that occurs upon actual or predicted communication with other individuals (McCroskey, 1977), child communication satisfaction with parents (Punyanunt-Carter, 2008), mental well-being (Schrodt
& Ledbetter, 2007), family gender role ideology (Colaner, 2009), communication within interpersonal relationships (Koesten, 2004), and interpersonal conflict (Koerner & Fitzpatrick, 1997).

H1: Participants who have pluralistic family types will report lower levels of sexual risk behavior than participants who have consensual, laissez-faire, or protective family types.

There is no ideal family type and no ideal way of engaging in dialogue for families; however, as families create their own communication environments they can use family communication patterns as a guide to understand and evaluate the dialogue that occurs within the family (Koerner & Fitzpatrick, 2006). If there is in fact a certain family type that leads to less adolescent sexual risk behavior then parents would benefit from that knowledge as they begin to foster communication about sex with their children. Understanding the family communication pattern type and its connection to adolescent sexual risk behavior can serve as a steer for enhancing family discussions about sex. By exploring both the broader family communication patterns, as well as, the direct parent-child communication about sex, I seek to clarify the influence of family communication on adolescents’ sexual risk behaviors.
CHAPTER III

METHOD

Participants

Of the 205 surveys distributed, only 198 participants correctly completed the questionnaires. Participants were undergraduate students in communication studies courses from a large southwestern university. Participants were males ($n = 95, 48\%$) and females ($n = 102, 51.5\%$) between the ages of 18 and 24 ($M = 20.34, SD = 1.17$), an age group considered late adolescence. Racial backgrounds of the participants included African American ($n = 41, 20.7\%$), Asian ($n = 21, 10.6\%$), Caucasian ($n = 106, 53.5\%$), Hispanic ($n = 22, 11.1\%$), and other ($n = 8, 4\%$). Each participant reviewed and signed a consent form and assurance of confidentiality was noted.

Procedure

Participants were solicited from undergraduate courses in communication studies and offered extra credit for participation in the study. Students received detailed information on the purpose of the study and how the study will contribute to the area of family communication within the discipline of communication studies. Students were given a list of available times that the principle investigator would be in the computer mediated communication (CMC) lab. The CMC lab is a computer lab within the Department of Communication Studies with computers stationed in cubicles allowing for privacy when completing the survey. Upon student arrival to the CMC lab, the principle researcher reviewed the informed consent form with the potential participant and the signature of the participant was required before the participant was assigned to a computer station. All students completed the revised family communication patterns (RFCP) scale, a revised parent-teen sexual risk communication (PTSRC) scale, and a modified version of
the revised youth risk behavior survey for college students (RYRBS-C) scale online via surveymonkey.com. On average, students completed the survey within 15 minutes.

Measures

Each participant completed three surveys: the Revised Family Communication Patterns scale (RFCP; Ritchie & Fitzpatrick, 1990); a revised version of the Parent-Teen Sexual Risk Communication scale (PTSRC; Hutchinson & Cooney, 1998); and a revised version of the Revised Youth Risk Behavior Survey for College students (RYRBS-C; Koesten & Anderson, 2004; Patrick, Covin, Fulop, Calfas, & Lovato, 1997).

The RFCP scale consists of 26 items with questions regarding how an individual feels about the communication that occurs within his or her family (Ritchie & Fitzpatrick, 1990). The first 15 questions are in regards to a conversation orientation and the last 11 questions refer to a conformity orientation. Each question required the selection of 1 of 5 Likert items ranging from strongly disagree to strongly agree (Koesten & Anderson, 2004). The instrument is used to measure an individual’s amount of conversation and conformity orientation. The Conversation Orientation score measures the amount of openness, individuality, and free expression of ideas that occurs within the family. The Conformity Orientation score measures the degree of conformity to parental authority that occurs within the family (Koesten & Anderson, 2004; Ritchie & Fitzpatrick, 1990). Ritchie and Fitzpatrick (1990) established conversation orientation (α = .84) and conformity orientation (α = .76) dimensions as reliable. In the current study, conversation orientation (α = .90) and conformity orientation (α = .95) dimensions were reliable.

When scores of conversation orientation and conformity orientation were combined, each participant was assigned a family type: laissez-faire, consensual, pluralistic, or protective. According to Ritchie and Fitzpatrick (1990), “traditionally family types have been identified by
splitting the sample at the median on both FCP scales” (p. 530). Thus, for the current study, a median number of approximately 3.5 was used to determine the cut-off point for each FCP scale. If an individual’s score was below 3.5 then they were assigned low conversation or conformity orientations and if an individual’s score was above 3.5, they were determined to have high conversation or conformity orientations. For example, individuals with conversation orientation scores below 3.5 and a conformity orientation scores below 3.5 were placed into the laissez-faire family type category. Individuals with conversation orientation scores above 3.5 and conformity orientation scores above 3.5 were placed into the consensual family type category. Individuals with conversation orientation scores above 3.5 and conformity orientation scores below 3.5 were assigned to the pluralistic family type category. Last, individuals with a conversation orientation score below 3.5 and a conformity orientation score above 3.5 were assigned the protective family type.

Parent-teen sexual risk communication was measured with adapted items identified by Hutchinson and Cooney (1998). For the current study, there were two sections with 13 questions each, which made a total of 26 items for the measure. The first section (Items 1-13) had questions concerning amount of adolescent sexual communication information received from the mother; and the second section (Items 14-26) had questions in reference to the amount of adolescent sexual communication received from the father. Participants answered questions ranging from 1 (none) to 5 (extensive). In the current measure, sexual risk communication was measured separately for each parent, thus there was a score for parent-child communication with the mother, determined by answering 13 items and a separate score for parent-child communication with the father, determined by answering an additional 13 questions. The instrument includes questions concerning the type and amount of information presented to
adolescents by their parents, timing of parent-child sexual risk communication, and discussion of adolescent sexual risk behavior during parent-child communication. Questions for the instrument require a selection of five answers ranging from 1, nothing/none to 5, extensive/everything (Hutchinson, 2002). The PTSRC measure has an alpha reliability score of $\alpha=.90$ for mothers and fathers (Hutchinson, 2002; Hutchinson & Cooney, 1998). The current measure was reliable for both mother-child ($\alpha=.93$) and father-child ($\alpha=.94$) communication.

Participant’s sexual risk behavior was measured using 9 items specifically related to sexual behavior identified on the revised youth risk behavior survey for college students scale (Koesten & Anderson, 2004; Patrick, Covin, Fulop, Calfas, & Lovato, 1997). The RYRBS-C is a 58-item instrument intended to measure health issues (use of alcohol, drug use, and sexual activity) related to adolescent risk behavior (Koesten & Anderson, 2004). For the current study, participants answered 2 open ended questions and 7 yes/no questions about their sexual risk behavior.

To determine participants’ level of risk, an index of sexual risk behavior was established with a higher number indicating a higher level of sexual risk behavior. The yes/no questions were concerning specific sexual behaviors, such as “Have you ever had vaginal intercourse?” For each of the yes/no questions the participants received a score of a 1 if they answered “yes” and a 0 if they answered “no.” For the open-ended question, “age first had sex,” the mean age of participants was used. Participants who had sex before the mean age were determined to have a higher level of sexual risk behavior for that category and participants who had sex after the mean age were determined to have a lower level of sexual risk behavior for that category. For the second open-ended question, “method of birth control,” participants indicated the kinds of birth control used. When individuals indicated “none,” whether or not the individual had engaged in
sex was considered. For example, if a participant indicated “none” on method of birth control and had not had sex, the participant was assigned a 0; however, if a participant had engaged in sex before without use of birth control then the participant was determined to have engaged in a sexual risk behavior and assigned a 1. Each participant’s scores were added together to form a sexual risk behavior index that ranged from 0 (no risk behaviors reported) to 9 (all risk behaviors reported). Of the 198 participants in the study, the average risk behavior index was 3.10 and no student reported more than 6 risk behaviors, 14.6% \( (n = 29) \) reported no risk behaviors, 4% \( (n = 8) \) reported 1 risk behavior, 10.6% \( (n = 21) \) reported 2 risk behaviors, 22.7% \( (n = 45) \) reported 3 risk behaviors, 25.8% \( (n = 51) \) reported 4 risk behaviors, 15.7% \( (n = 31) \) reported 5 risk behaviors, and 5.1% \( (n = 10) \) reported 6 risk behaviors.

Data Analysis

To analyze the data set, regression analysis and a one-way ANOVA were used. Multiple regression analysis were used to determine R1, if father-child communication was a better predictor of adolescent sexual risk behavior than mother-child communication and R2, if a higher quantity of parent-child communication predict less adolescent sexual risk behavior. A one-way ANOVA was used to determine H1, if participants who have pluralistic family types will report lower levels of sexual risk behavior than participants who have consensual, laissez-faire, or protective family types and R3, do participants with different family types (laissez-faire families, consensual families, pluralistic families, or protective families) have significantly different levels of parent-child communication about sex?
CHAPTER IV

RESULTS

To determine if father-child communication was a better predictor of adolescent sexual risk behavior in comparison to mother-child communication (RQ1), a multiple regression analysis was used. Results for RQ1 indicated that neither mother-child nor father-child sexual risk communication significantly predicted the participant’s youth risk behavior (see Table 1). Thus, father-child communication about sex \( (m=1.88; sd=.94) \) is not a better predictor of adolescent sexual risk behavior in comparison to mother-child communication about sex \( (m=2.68; sd=1.00) \). A regression analysis was also used to determine if a higher quantity of parent-child communication about sex \( (m=2.27; sd=.80) \) predicted adolescent sexual risk behavior (RQ2). Results for RQ2, determined that a higher quantity of parent-child communication about sex did not significantly predict lower levels of adolescent sexual risk behavior.

A one-way ANOVA was used to test H1 and RQ3. Results for H1 (Participants who have pluralistic family types will report lower levels of sexual risk behavior than participants who have consensual, laissez-faire, or protective family types) indicated that participant’s sexual risk behavior does not differ significantly based on the participant’s family type, \( F (3, 191)=.11, p=.96 \). Thus, H1 was not confirmed.

RQ3 (do participants with different family types (laissez-faire families, consensual families, pluralistic families, or protective families) have significantly different levels of parent-child communication about sex?) results indicated that the overall parent-child communication about sex differs significantly based on the participant’s family type, \( F (3, 189)=119, p=.000, \eta^2=.16 \). Overall, 16% of the variance in overall parent-child communication about sex can be accounted for by the type of family.
Post hoc tests using Tukey HSD indicated participants in the consensual family type ($m=2.56; sd=.58$) reported higher levels of parent-child communication about sex than participants in laissez-faire ($m=1.80; sd=.59$) and protective families ($m=2.00; sd=.83$), but did not differ significantly from participants in pluralistic family types ($m=2.51; sd=.78$). Additionally, participants in pluralistic family types reported higher levels of communication about sex with parents than participants in laissez-faire family type, but did not differ significantly from participants in protective family types (see Table 2 for means and standard deviations).

Thus, adolescents in a family types characterized by high conversation (Pluralistic and Consensual) have a higher likelihood of engaging in communication about sexual risk with their parents than participants in laissez-faire family type, which is marked by low conversation and low confirmative orientations.

Overall, for the current sample H1 was not confirmed, results for RQ1 indicated that neither father-child nor mother-child communication was a significant predictor of adolescent sexual risk behavior. Results for RQ2 indicated that the quantity of parent-child communication was not a significant predictor of lower levels of adolescent sexual risk behavior; however, results for RQ3 indicated that overall parent-child communication does differ across family types as expected.
In this study, I sought to establish if parent-child communication about sex could predict adolescent sexual risk behaviors and if parent-child communication about sex differed significantly across family types. The results of the study indicate that the decision of adolescents to engage in sexual risk behaviors are most likely influenced by factors other than parent-child communication.

Parent-Child Communication

First, concerning RQ1 and RQ2, this study is inconsistent with prior research. Results for the current study indicated that father-child communication is not a better predictor of adolescent sexual risk behavior in comparison to mother-child communication. Furthermore, parent-child communication about sex was not a significant predictor of adolescence’s sexual risk behaviors.

In previous studies, researchers (Hutchinson, 2002; Nagamatsu et al., 2008) concluded that father-child communication can reduce or delay adolescent sexual risk behavior. With examples from previous research, there was the expectancy for father-child communication to be a more significant predictor of adolescent sexual risk behavior. While, for this study, neither mother-child nor father-child communication about sex was a significant predictor of adolescents’ sexual risk behaviors, there were differences in the level of mother-child communication and father-child communication in the current study. For this study, the average for father-child communication about sex was 1.88, while the average for mother-child communication about sex was 2.68. As noted by Guilamo-Ramos (2007) mothers are more likely than fathers to be the source of sexual risk behavior talk. Prior research (Guerrero & Afifi, 1995; Heller, Robinson, Henry, & Plunkett, 2006; Laursen & Collins 2004) has also shown that
adolescents are more open with their mothers rather than fathers when it comes to such topics as sexual risk behavior. Therefore, the higher mean for mother-child communication within this study is consistent with prior research.

The results for RQ 2 indicate that quantity of parent-child communication about sex does not predict adolescents’ sexual risk behaviors. However prior research does suggest that parent-child communication frequency can be a predictor of lower levels of adolescents’ sexual risk behaviors (Guilamo-Ramos, Jaccard, Dittus, & Bouris, 2006; Hutchinson, 2002; Nagamatsu, Saito, & Sato, 2008; Whitaker & Miller, 2000). Consistent with research by Guilamo-Ramos et al. (2007), Henrich et al. (2006) and Sneed (2008), female participants ($m=2.92$) within the current study had a greater amount of conversation about sex with their mothers than males ($m=2.42$) within this study. These results may be due to parents having more information about the lives of their daughters, the daughters being more expressive than sons, or because parents solicit more information from their daughters than from their sons (Laursen & Collins, 2004; Stattin & Kerr, 2000; Hauser et al., 1987; Kahlbaugh & Haviland 1994; Lanz, Iafrate, Rosnati, & Scabini, 1999).

When comparing father-child communication among participants, males ($m=2.10$) had a higher means of conversation with their father in comparison to females ($m=1.66$). Overall averages of talking to the mother in comparison to talking to the father about sex were higher for males and females, but most communication averages for conversations with fathers were higher for males. This higher mean of father-son communication is relevant to the finding by Laursen and Collins (2004) which found that sons, rather than daughters, are more likely to feel close to their fathers. This higher mean as well as previous literature highlight gender differences that are important when considering parent-child communication.
When answering questions about communication with their parents, students were asked to rate each question as none, some, little, a lot, or extensive. According to Gulamo-Ramos et al. (2006), the frequency of communication about social and moral issues of sex lead to less sexual risk behavior. In addition, Guilamo-Ramos et al. (2007) posit that the more a parent talks to a child about a sexual topic, the more likely the child is to listen. Thus, responses for extensive communication with parents are outlined below. For the current study, it is interesting to note that topics of human sexuality (global) \( (n = 8) \), menstruation \( (n = 27) \), how babies are made \( (n = 23) \), the mother’s past sexual experiences \( (n = 6) \), how the mother felt the daughter should behave sexually \( (n = 24) \), contraception/preventing pregnancy \( (n = 27) \), postponing or not having sex \( (n = 41) \), peer pressure and sexual pressure from dating partners \( (n = 25) \), and how to resist pressure from peers and dating partners \( (n = 21) \) were more extensive topics for mother-daughter communication. Talk about condoms \( (n = 14) \) was the only mother-child topic more extensive for males than for females. In addition, percentages of communication about protection from STDs and AIDS for the current study were similar for both mother-daughter \( (n = 13, n = 12) \) and mother-son communication \( (n = 11, n = 11) \). The above information for the current study is consistent with information from the Guilamo-Ramos et al. (2006) study. Within the Guilamo-Ramos et al. (2006) study, three frequent topics of discussion were found and HIV and STDs were two of the three frequent topics, so there is not much wonder as to why those topics would be around the same percentages for both males and females for this study.

Within this study, father-daughter communication was more extensive for topics such as how the father felt the daughter should behave sexually \( (n = 10) \), postponing or not having sex \( (n = 12) \), human sexuality (global) \( (n = 4) \). Father-son communication was most extensive for topics of , how babies are made \( (n = 5) \), the father’s past sexual experiences \( (n = 3) \),
contraception \((n = 13)\), STDs \((n = 10)\), HIV/AIDS \((n = 9)\), protection from HIV/AIDs \((n = 9)\), peer pressure from peers and dating partners \((n = 6)\), condoms \((n = 13)\) and how to resist pressure from peers or dating partners \((n = 8)\).

African Americans and Hispanics within the study had the most extensive communication with both their mothers and fathers. For communication with the mother Hispanics had the highest “extensive” communication ratings for topics such as human sexuality \((global) \((n = 4)\), menstruation \((n = 5)\), how babies are made \((n = 8)\), the mother’s past sexual behaviors \((n = 2)\), how the mother felt the participant should behave sexually \((n = 7)\), and how to resist sexual pressure from peers and dating partners \((n = 7)\). African Americans had the highest “extensive” communication rating on topics of contraception \((n = 12)\), STDs \((n = 9)\), HIV/AIDs \((n = 10)\), protection from STDs and AIDS \((n = 11)\), condoms \((n = 10)\), postponing or not having sex \((n = 18)\), and peer pressure and sexual pressure from partners \((n = 10)\).

For communication with the father Hispanic participant had the highest “extensive” communication percentage for topics such as the father’s past sexual behaviors \((n = 1)\), how he felt the participant should behave sexually \((n = 2)\), peer pressure and sexual pressure from partners \((n = 3)\), and how to resist sexual pressure from peers and dating partners \((n = 3)\). African Americans had the highest father-child “extensive” communication ratings for topics of human sexuality \((n = 4)\), menstruation \((n = 1)\), how babies are made \((n = 5)\), contraception \((n = 8)\), STDs \((n = 7)\), HIV/AIDs \((n = 7)\), protection from STDs and AIDS \((n = 8)\), condoms \((n = 9)\) and postponing or not having sex \((n = 7)\). The fact that African Americans had high percentages for communication with their parents is not surprising as previous research, Henrich et al. (2006), Hutchinson (2002), which indicated that African American adolescents are more likely to feel connected to and have quality communication with their parents. Other races represented within
the study were Asians and Caucasians. Sneed (2008) addressed how African American and Latino youth are more likely to discuss sexual behavior with their parents in comparison to Asian youth. The current study results are similar to the Sneed (2008) study since African American and Hispanic adolescents had the most extensive ratings of conversation topics with their parents in comparison to their Asian and Caucasian counterparts.

While the differences of father-child and mother-child communication is worth noting, parent-child communication about sex was a not a significant predictor of adolescents’ sexual risk behaviors. Thus, alternate explanations regarding these results and future directions for research will be explored in the remaining section of this discussion. For example, Henrich, Brookmeyer, Shrier, and Shahar (2006) found that a combination of supportive friendships and feeling connected to parents resulted in lower levels of adolescent sexual risk behavior. While adolescents may communicate with their parents about sexual risk behavior, a connection with the parent may be the key to effective parent-child communication about sex. According to Henrich et al. (2006) supportive friendships are characterized by such attributes as spending time with friends and discussing problems with friends. While Henrich et al. (2006) found that supportive friendships did not directly affect sexual risk behaviors; they determined that supportive friendships lead to more parent-child connectedness which in turn resulted in lower levels of adolescents’ sexual risk behaviors. In this study, I specifically focused on quantity of parent-child communication; however, quality of parent-child communication as measured by the feeling of closeness to the parents may have a direct influence on adolescents’ sexual risk behaviors (Dittus, 2004; Henrich et al., 2005). Dittus et al. (2004) maintained that the quality of a parent-child relationship is an important predictor of adolescents’ sexual risk behaviors. Quality in this instance is measured by the depth of the conversation versus how many times the
conversation occurred. In the current study, the closeness of the parent-child relationship was not measured. Future research should measure the perceived amount of closeness between adolescent participants and their parents in order to determine the general quality of communication in the parent-child relationship. In order to determine quality of communication parent-child interviews should occur. Interviews should specifically address the depth of topics addressed about adolescents sexual risk behaviors. Interviews will also allow the varying perspectives of parents and children (Laursen & Collins, 2004), to be examined within future research. Understanding varying perspectives will allow researchers to better address the differences in opinion about communication for parents and children.

Beyond communication with the parent, other factors (as indicated by previous research) may influence adolescents’ sexual risk behaviors, including adolescents’ attitudes toward sex, substance abuse, demographics, intentions, financial support, sexual satisfaction, need for sexual experience, peer pressure, or number of parents in a household. According to Moore and Rosenthal (2006) and Thomson and Holland (1998), “showers in raincoats,” or the idea that using a condom is like taking a shower in a raincoat, and the hassle associated with stopping to place a condom on the penis are possible reasons adolescents engage in sexual risk behaviors. The current study did not measure late adolescents’ beliefs about what constitutes sexual risk behaviors. A clearer understanding of how adolescents’ view sexual risk behavior could better prepare parents in having communication about sex. The importance of particular topics in parent-child conversations about sex may be relevant as to why parent-child communication in this study did not significantly influence late adolescents’ sexual risk behaviors. As noted earlier, a more detailed accounting of the topics discussed provide some insight into the parent-child communication about sex. Future research should seek to clarify the
findings of this study in an attempt to better prepare parents for conversations about sex with their children.

In addition, many adolescents lack of knowledge about sex can affect their attitudes toward sex. For example, oral sex can result in some of the same STDs that can be contracted through vaginal sex; however according to Moore and Rosenthal (2006), many adolescents do not consider oral sex an actual sex act. According to the Center for Disease Control and Prevention (2006), oral sex is considered a lower risk than vaginal or anal sex, but STDs can still be obtained through oral sex. If an adolescent does not consider oral sex an actual sex act, the fact that the adolescent can contract an STD through oral sex may not be as prevalent in that adolescent’s mind, thus causing the adolescent to engage in sexual risk behavior of which he or she is unaware. For example, one participant in the study answered the open ended question about the use of protection by responding that she needed none because she was a lesbian. The perception of a lack of sexual risk associated with oral sex is evident in her response. She clearly believed that protection was only needed for heterosexual intercourse encounters.

Furthermore, responses about method of sexual protection used had noted gender differences. The majority of males indicated they were more likely to use condoms as their method of protection; while the majority of females indicated they were more likely to use the pill as their method. Furthermore, one male participant replied that he did not need to use protection because he was a male. Exactly what this means is not clear, however, the Crawford and Popp (2003) claim that a sexual double standard exists seems relevant here. Crawford and Popp (2003) argue that there is a sexual double standard in which males are praised for their sexual encounters while females receive negative connotations for their sexual encounters. The response implies that males do not need to use protection because they cannot get pregnant. The
implication of denying any need to take responsibility for protection is that females have the sole responsibility of protection, while the male can sleep around with no responsibility. Obviously, this limited comment falls short of clarifying a complex issue about perceptions of gender responsibility and sexual protection. However, communication scholars could clarify this conversation by engaging in research about adolescents’ perceptions of responsibility and conversations about protection with potential sexual partners. While clearly, this topic is beyond the scope of the current study which focuses on parent-child communication, it may shed light on other factors that contribute to adolescents’ sexual risk behaviors.

Substance use is another factor that may contribute to increased adolescent sexual risk behavior. According to Stueve and O’Donnell (2005), early onset of alcohol use increased the likelihood of early onset of sexual intercourse and an increase in the number of sexual partners. Lowry et al. (1994) identified behaviors such as multiple sex partners and no contraception during sexual intercourse as results of cocaine, marijuana, or illicit drug use. In the current study, about half of males (n = 52) and females (n = 56) indicated that they had used drugs or alcohol at least once prior to a sexual encounter. The results of this study further support Stueve and O’Donnell (2005) and Lowry et al. (1994) conclusion that adolescents’ sexual risk behaviors increase when using drugs or alcohol.

Another factor that may have influenced the results was ethnicity/race of participants. Fergus et al. (2007) noted that African American adolescents were more likely to engage in sexual risk encounters. Results for this study indicated that African Americans (n = 36, 86.4%) in this study did engage in more vaginal sex behaviors, in comparison to Caucasians (n=83, 77.8%), Asians (n = 13, 61.9%), and Hispanics (n = 18, 82.6%). The Caucasian (n = 30, 27.8%) population within the current study had the highest rate of anal sex encounters, in comparison to
African Americans (n = 4, 9.1%), Asians (n = 1, 4.8%), and Hispanics (n = 5, 26.1%). For the current population in this study, African Americans (m=16) had the lowest average age “first had sex” followed by Caucasians (m=16.95), Hispanics (m=17.1), and Asians (m=17.2), respectively. Moore and Rosenthal (2006) posit that African American adolescents have earlier sexual encounters, which would explain why their mean average is the lowest within the current study. The range of ages for the age that participants first had sex was 12 years old to 22 years old. African Americans students within the current study also represented youngest age of a sexual encounter at 12 years old. Overall, racial background might be another factor that contributes to adolescent engagement in sexual risk behaviors. Future research should account for race as a confounding variable in the data analysis conducted.

Again, the current study did not show a significant difference in adolescents’ sexual risk behavior and father-child communication about sex or mother-child communication about sex. However, researchers (Harris et al., 2006; Oman et al., 2005; Stueve & O’Donnell, 2005) have found that one-parent households produce children who engage in more risk behaviors in comparison to adolescents who were raised in two-parent households. With a plethora of information about non-residential fathers (Acs, 2007; Buehler, 2006; Carlson, 2006; Cavanagh, 2008; Coley & Medeiros, 2007; Fabricius, & Luecken, 2007; Juby, Billette, Laplante, & Bourdais, 2007; Menning, 2006; and Stewart, 2003), an assumption can be made that the mother is most likely the one-parent in a one-parent household. In the current study, the participants did not report whether they were raised in a one-parent or two-parent household. Thus, participants’ responses about communication with absent parents are untraceable in the current data. For example, low parent-child communication may be the result of a lack of communication in general because of an absentee parent rather than a lack of communication about sex with a
residential parent. If participants were in two-parent households, then prior research suggests that their sexual risk behavior will be less than the sexual risk behavior of adolescents in one-parent households. There is no data for the current study to determine what percentage of participants were living in one-parent versus two-parent households and the sexual risk behaviors association with their family structure, but household structure could have been a significant variable in determining adolescent sexual risk behavior. Future research should attempt to account for this important distinction in the measurements used.

The results of this study clearly call into the question the importance of the parent-child communication about sex in predicting adolescents’ sexual risk behaviors. A variety of other factors may be stronger predictors of adolescents’ decisions to engage or not engage in sexual risk behaviors. As noted above, these factors might explain or clarify the decision process of adolescents.

**Family Communication Patterns**

The second goal of this study was to understand the role of Family Communication Patterns as related to adolescents’ sexual risk behaviors and parent-child communication about sex. HI, which predicted that participants’ with pluralistic family types would have lower levels of adolescents’ sexual risk behaviors, was not supported. The results are in contrast to previous findings (Koesten et al., 2001) which indicated that a more open communication style lead to lower levels of adolescents’ sexual risk behaviors when compared to families who did not support open communication. While Koesten et al. (2001) did not specifically deal with family communication patterns, the open communication style described by the authors is a communication style consistent with a consensual family style. In addition, Oman, Vesely, and Aspy (2005) determined that adolescents who have strong family communication are less likely
to engage in risk behaviors. Reflecting on the results of the above mentioned studies, it would seem as though H1 would have returned different results. The sample population may serve as a reason for the difference in the results of the study and the results in previous literature. The current population was a majority of Communication Studies students who are likely to have a more open communication style. Therefore, had the population been broader, results may have been more consistent with previous literature. In addition, family styles with a more conversation oriented style were better represented within this study. A better balance of family types within a study could also assist with findings within future studies. Researchers could perform pilot studies in order to ensure that all family types are represented equally. By contrast, the current study is not as surprising when the findings of Koesten and Anderson (2004) are considered. Koesten and Anderson (2004) found correlations between family communication patterns, but the authors indicated that family communication patterns could not serve as a predictor of adolescent sexual risk behavior for their study.

RQ 3 examined if parent-child communication differed significant according to the family type of the participant. As noted earlier, participants with consensual and pluralistic family types reported significantly higher levels of parent-child communication about sex than participants with laissez-faire family types. A pluralistic family type also has a high level of conversation orientation among family members (Koerner & Fitzpatrick, 1997), and thus it is not surprising that averages for consensual and pluralistic family types did not significantly differ from one another. A pluralistic family type is characterized by high conversation and low conformity which means that the family type has parents who let their children make decisions without expecting their children to conform to their ideas about how to behave sexually. For example, a conversation about sex within a pluralistic family would include the opinions of both
the child and the parent. Even if the child had an opinion that was different from the parent, the child would be allowed to express their opinion. In contrast, a consensual family type is characterized by a high level of conversation orientation and high conformity (Koerner & Fitzpatrick, 1997). Thus, parents engage and encourage an environment with open communication, but expect their children to follow the standards and values passed on to them. Essentially, adolescents in a family type characterized by high conversation (Pluralistic and Consensual) have a higher likelihood of engaging in communication about sexual risk with their parents than participants in laissez-faire family types, which is marked by low conversation and low confirmative orientations.

Limitations and Future Directions

As with all research, there were limitations to this study. First, the idea of the current population being all communication studies majors, the information presented here is not generalizable to broader populations. Future researchers should look to address broader populations, especially outside of one specific major. Merging family communication patterns with data about adolescent sexual risk communication addresses two different data sets. Data for adolescent risk behaviors was likely based on census data for high school students, while data samples for family communication patterns was likely related to college students. A future direction for researchers could be to concentrate on a way to merge the data samples, so that risk behaviors more specific to college students are addressed. Researchers could also concentrate on high school students when addressing family communication patterns.

Second, the first survey asked students to describe their relationship with their parents, but some students may not have had the same type of relationship with both parents especially since the marriage rate is 7.5 per 1,000 people and divorce rates are 3.6 per 1,000 people, this
suggests that about half of those who get married will get divorced (NCHS, 2007). The extent of the relationship with each parent was not accounted for by the survey instrument used. Thus, it was not possible to determine whether or not participants were in one-parent or two-parent households. Third, we only have information from the perspective of the adolescent and different results might be returned if parents were asked how much information they share with their children about sexual risk behavior. As indicated by Noller (1995) and Williams (2003), parents and children often have different interpretations of their communication style. Therefore, if this study was done again, a specific concentration on a parent’s perspective and a child’s perspective would be of benefit to future research on family communication patterns.

Fourth, only quantity of parent-child communication was assessed within the study, but quality of parent-child communication (Dittus et al., 2004) may be a stronger factor in determining adolescent sexual risk behavior outcomes. If this type of study was performed again, quality would need to be addressed in order to determine the possible impact that depth of conversation, versus frequency of conversation, can have on adolescents sexual risk behaviors.

Conclusions

There are many factors that may contribute to adolescents’ engagement in sexual risk behaviors. While family types and parent-child communication may be a great place to start analyzing adolescents’ sexual risk behaviors, communication within the family alone may be too narrow a factor to predict adolescents’ sexual risk behaviors. Therefore, other factors that may contribute to adolescent sexual risk behavior should be analyzed in the future. Due to the results of this study, for the current population it can be concluded that parents can discuss sex with their adolescent without the assumption that the talk will enhance the adolescent’s sexual risk behavior.
Within this study, gender of the child and gender of the parent proved to have an effect on the level of extensiveness of the conversation about sexual risk behavior. Thus gender of the child and parent should be a specific focus when considering the level of communication between parents and children. In addition, quantity of communication was the focus of the study, but quality of communication may have an impact as well. Therefore, since quantity of communication cannot be determined a specific predictor of adolescent sexual risk behavior, parent-child quality of communication may be a variable worth further consideration.
Table 1

*Summary of Multiple Regression Analysis for Relationship Variables Predicting Strength of Mother-Child and Father-Child Communication (N=198)*

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
<th>t-values</th>
</tr>
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<tbody>
<tr>
<td>Mother-Child Communication</td>
<td>.154</td>
<td>.135</td>
<td>.089</td>
<td>1.139</td>
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<tr>
<td>Father-Child Communication</td>
<td>-.011</td>
<td>.144</td>
<td>-.006</td>
<td>-.073</td>
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<tr>
<td>Overall Parent-Child</td>
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<td>.158</td>
<td>.070</td>
<td>.958</td>
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</tbody>
</table>

Table 2

*Analysis of Variance for Family Types*

<table>
<thead>
<tr>
<th>Family Type</th>
<th>Overall Parent Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M (SD)</td>
</tr>
<tr>
<td>Laissez-Faire</td>
<td>1.80 (0.60) a</td>
</tr>
<tr>
<td>Consensual</td>
<td>2.56 (0.58) b</td>
</tr>
<tr>
<td>Pluralistic</td>
<td>2.51 (0.78) b, c</td>
</tr>
<tr>
<td>Protective</td>
<td>2.00 (0.83) a, c</td>
</tr>
</tbody>
</table>

*Note: Means in a column with different subscripts differ significantly at the p<.05 level (TukeyHSD)*
REFERENCES


