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

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Project for Distinction

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Abstract

This study investigated whether family communication predicted adolescent decision-making about sexual behaviors and the relationship and communication between adolescents and their parents. Various topics related to sexual behaviors were measured by surveys and questionnaires on family communication. Male and female college students (N=148) answered questions on a survey pertaining to their perceptions of family communication when they were younger, read a scenario, and answered a questionnaire on sexual behaviors. Results demonstrated that females significantly reported better communication with their mothers than males. Males significantly reported better communication with their fathers than females. Females were more likely to report that their communication with mothers would have an effect on their decision to have sex than their communication with their fathers.

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

Have you ever wondered about the number of teen pregnancies, sexually transmitted infections, and HIV/AIDS in the United States? Many adolescents are at risk for contracting these diseases or becoming pregnant (Bralock and Koniak-Griffin, 2007; Marston and King, 2006). In addition, college students should evaluate not only their sexual behaviors when they were younger, but also the role parents have played in communicating sexual topics to them as adolescents. In the life of an adolescent, puberty is a major developmental milestone (Cavanagh, Riegle-Crumb and Crosnoe, 2007). The changes that occur can be overwhelming and may be hard to deal with. For example, changes in girls include weight fluctuations, widening of the hips, and the onset of the menstrual cycle. The transition into puberty has been marked as a time when parents expect more from their adolescents in terms of responsibility and the first talk about sexual intercourse occurs (Cavanagh, Riegle-Crumb and Crosnoe, 2007).

Perceptions of Menstruation

According to Burrows and Johnson (2005), girls have often viewed menstruation in a negative light because of the negative connotations attached to menstrual cycles. The researchers developed a study that evaluated two groups of adolescent girls ages 12-15 regarding various aspects of menstruation, including preparation for menstruation and information received on this topic. The researchers found that girls did not discuss menstruation openly, especially at school, and would often hide the fact that they had their menstrual cycle. Furthermore, mood inconsistencies are at an all time high during adolescence because of so many emotional changes (Richards and Larson, 1993). Burrows and Johnson concluded that there were more negative perceptions and experiences of menstruation than positive ones. Positive perceptions of

menstruation included menstruation as the first step to becoming a woman, the ability to reproduce, and a positive sign of good health during adolescence. More positive ideas of menstruation should be given to girls to promote openness about puberty in general (Burrows and Johnson, 2005).

Sexuality and Communication

Past studies have also highlighted the discussion of sexual topics between parents and their adolescents (Miller, Kotchick, Dorsey, Forehand and Ham, 1998). Miller et al. (1998) developed a study that assessed family communication about sex within Hispanic and African American populations. Nine hundred and eighty-two mother and daughter couples were evaluated by completing surveys about a variety of sex-related topics, such as sexually transmitted infections and potential sexual partners. Researchers found that adolescent females talked to their mothers the most about HIV and AIDS and least about masturbation. Furthermore, adolescent females talked to their mothers about sex-related topics more than their fathers. In regards to ethnicity, Hispanic adolescents were more likely to discuss topics about deciding on sexual partners with their mothers than African American adolescents. Therefore, researchers concluded that male and female adolescents discuss topics with the same-sex parent, especially on topics related to sex (Miller et al., 1998).

Open Communication about Sex

Past studies have investigated the effects of open communication between parents and their adolescents (Kirkman, Rosenthal, and Feldman, 2005). Open and receptive communication from parents provided the impetus for adolescents to become more knowledgeable about sex education. Furthermore, if families communicated openly about sex, adolescents were more likely to take the necessary precautions to protect themselves during sexual encounters. The concept of openness in communicating about sex has been a particular focus in a study developed by Kirkman et al, (2005). Researchers interviewed 19 families in which parents were asked about how they communicated with their adolescents and adolescents were asked about their parents' thoughts about sex and communicating on sexual topics. Kirkman et al. found that open communication meant answering any questions adolescents ask, having an open mind without dwelling on the subject, and that the subject matter was appropriate for the adolescents' age. Adolescent girls also preferred discussing issues about sexuality with their mothers as opposed to their fathers. The reason was that they were both females and talking with their fathers was embarrassing. Therefore, researchers concluded that communicating openly about sex meant much more than how parents communicated sexual information to their adolescents. Factors that influenced how parents communicated were the gender of the adolescent and what parents were comfortable talking about with their adolescent (Kirkman et al., 2005).

Patterns of Sexual Communication

One research study has explored mother and daughter communication on the topic of sexuality and changes in the relationship (Pluhar and Kuriloff, 2004). Thirty African American mothers and daughters were evaluated by discussions based on topics related to family rules, sexual behaviors among teens, and methods of birth control. Mothers often used stories when discussing sex, encouraging their daughters to avoid making the same errors they did when they were younger. If mothers were open, adept about the subject matter, and comfortable talking about sexual issues, adolescents were more comfortable discussing sexual topics with their mothers. According to Pluhar and Kuriloff, the relationship between mothers and daughters was likely to affect their communication.

Pluhar and Kuriloff (2004) found that while discussing sexual information, four qualities emerged: empathy, comfort, silence, and anger. When empathy was present, adolescent girls felt understood and would openly talk about sex. Some adolescents were comfortable discussing sex with their mothers because they frequently talk about the topic; others were very uncomfortable even when their mothers were comfortable talking about sex. Silence often occurred when daughters believed they could not talk to their mothers and often had another adult to talk to. However, anger occurred when mothers overreacted, yelled at, or blew things out of proportion because their mothers would believe they were having sex. Therefore, all of these qualities play a role in communication about sex while also shaping the mother and daughter relationship itself. Pluhar and Kuriloff concluded that it was better for mothers to display empathy and comfort rather than exhibiting anger and silence (barriers in the relationship). Thus, daughters wanted their mothers to listen to them and ignored their mothers when they lectured or yelled at them (Pluhar and Kuriloff, 2004).

Sexual Behaviors, Socioeconomic Status and Communication

Other studies have focused on the role of socioeconomic status on sexual behaviors (Santelli, Lowry, Brener and Robin, 2000). Researchers conducted a study based on 3904 adolescents ages 14-17 who answered questions pertaining to condom/oral contraceptive use, multiple sexual partners, and sexual intercourse. The results indicated that more male adolescents reported that they have had sexual intercourse and on a regular basis than female adolescents. However, females were more likely to use oral contraceptives and had fewer sexual partners than male adolescents. In regards to socioeconomic status, females whose parents graduated from high school or college used condoms more often than females whose parents did not graduate. Researchers concluded that regardless of race or socioeconomic status, many factors interacted and had an effect on the sexual behaviors that adolescents engaged in (Santelli et al., 2000).

One study conducted by Lefkowitz, Boone, Sigman and Au (2002) included 50 mother and adolescent pairs who participated in videotaped discussions about sexuality, dating, and daily issues. Lefkowitz et al. found that sons were less likely to disclose information when asked questions by their mothers, but mothers were more likely to disclose information if their sons asked them more questions. In addition, there were more discussions about dating initiated by mothers than about daily issues and sex. Sons were less likely to have sexual conversations with their mothers, but mothers did not report the same notion. Daughters were more likely to have had recurrent sexual conversations with their mothers than sons. Researchers concluded that discussions with parents provided the impetus for adolescents to address sexual topics with their partners in the future (Lefkowitz et al., 2002).

Condom Use and Sexual Communication

Other studies have evaluated condom use or non-use among male and female adolescents (Miller, Levin, Whitaker and Xu, 1998). Three hundred and sixty-two male and female adolescents age 14-17 participated in a study conducted by Miller, Levin, Whitaker and Xu (1998). Adolescents were asked questions about condom use and discussions on condom use before, during, and after the first sexual intercourse. The results indicated that adolescents who had discussions with their mothers to use condoms at first sexual intercourse used a condom thereafter when he or she engaged in sexual intercourse. Miller et al. concluded that since adolescents are having sexual intercourse as young as thirteen years old, it is important to discuss preventative strategies at an earlier time.

Adolescent Risk of STIs and AIDS

Research studies have concentrated on HIV/AIDS and sexually transmitted infection risks among adolescents (Bralock and Koniak-Griffin, 2007). African American inner city adolescents are more susceptible to contracting AIDS or sexually transmitted infections, especially females. There is a strong need to combat the increasing risk factors in order to protect sexually active females from infections (i.e., through the consistent and correct use of condoms). Studies have indicated that women who do not assert themselves in their relationship may not exercise the need for safer sex practices to their partners than those who do. Furthermore, African American adolescents are at a greater risk of contracting HIV because of the many risk factors that they are susceptible to, such as multiple sexual partners and unprotected sexual intercourse (Bralock and Koniak-Griffin, 2007). Bralock and Koniak-Griffin (2007) evaluated 130 African American females ages 14-20 on measures based on their sexual behaviors, use of condoms, assertiveness to use condoms, and their power in the relationship. The results indicated that a small number of adolescents use condoms on a regular basis during sexual intercourse and the behaviors they were participating in led to greater risk of HIV and sexually transmitted infections. Bralock and Koniak-Griffin concluded that adolescent females might engage in risk-taking behaviors for many reasons. Furthermore, females were more likely to engage in these behaviors if they were not in tune with their bodies or if they were unaware of the costs of participating in unprotected sex.

Perceptions of Sexual Behaviors

One study has investigated the factors that affect the sexual behaviors of adolescents (Marston and King, 2006). Marston and King (2006) conducted a study based on the retrieval of 268 empirical studies from a variety of countries. Researchers found that seven themes existed regarding sexual behaviors: Adolescents determined their risk of diseases from partners by how they looked, how well they knew them, and only used condoms for partners who looked risky. Adolescents used sex as a manipulative tool to keep their partners and trapped their partners through pregnancy in order to make the relationship better. To adolescents, the use of condoms was a sign of mistrust. Adolescents were often guided by social expectations, distinguishing different sexual roles for males and females. Sex has its advantages and disadvantages for adolescents. For males, it was socially expected that they would have many sexual partners while females were expected to be chaste and find a monogamous relationship. Reputations and labels were different for men and women based on the sexual behaviors they engaged in. It became harder for adolescents to openly talk about sex with their partners because they did not want to seem too forward or too willing to have sex. Marston and King (2006) concluded that many factors interacted to influence the sexual behaviors of adolescents including gender expectations, societal expectations, and difficulties communicating openly about sex (i.e., condom use and pregnancy risk).

Adolescent Recommendations about Sexual Topics

Young-Pistella and Bonati (1999) conducted a study with 249 adolescent females ages 13-19 at a family planning center. Participants completed questionnaires about their recommendations of the factors affecting the communication between parents and adolescents. Researchers found that adolescents suggested parents treat them as adults and any history of anger in conversations resulted in less communication between parents and their adolescents. Adolescents also recommended that other adolescents discuss information with their parents before a problem arises and should not wait on parents to talk to them about certain topics.

Furthermore, adolescents should be honest, open-minded, and realize that their parents were once teenagers too and worry about them. In addition, adolescents would also like to spend more time with their parents, but daily life becomes a major inhibitor to better communication between parents and adolescents. Young-Pistella and Bonati concluded that parents should spend more quality time conversing with their adolescents and listen to them without becoming angry (Young-Pistella and Bonati, 1999).

Sexual Communication, Ethnicity, and Condom Non-Use

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

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

The hypotheses for this study were that the greater the family communication, the better the relationship between parents and their college students when they were younger. Female college students would have more open communication about sex with their mothers than their fathers. Male college students would have more open communication about sex with their fathers than their mothers. The purpose of this study was to investigate information related to research questions: (1) Does the relationship change between adolescents and their parents when they engage in sexual behaviors? (2) if there is more family communication, will adolescents engage in less sexual behaviors, be well-informed about sex, and take preventative measures? and (3) if there is less family communication, will adolescents engage in more sexual behaviors and are they less likely to discuss sexual behaviors with their parents? The present study was based on the rationale that the decisions that male and female adolescents make are affected by many factors, including family communication. The data suggested important methods to help facilitate conversation between parents and their adolescents on sexual topics. The present study examined the importance of parents communicating effectively with their adolescents on different sexual topics.

Method

Participants

The sample in the study included 148 college students ($M=1.79$, $SD=0.41$). Each male or female college student was between the ages of 17 and 25 and answered questions retrospectively as to when they were younger. The researcher recruited participants from the

Richard Stockton College through the psychology lab and psychology classes. Participants were given extra credit in their courses for their participation in this study. The participants were from a variety of ethnicities including Caucasians (79.2%), African Americans (6.9%), Hispanic Americans (5.6%), and Asian Americans (6.9%). The treatment of participants was in accordance with the ethical guidelines of the American Psychological Association. There was minimal to no risk by participating in this study with some discomfort answering sex-related questions.

Design

The present study used a multiple regression test, Pearson's correlation, and chi square analysis for surveys and questionnaires. There were two independent variables: Family communication and gender of college students (male and female).

Materials

The stimulus material for the present study was the Sexual Communication Questionnaire adopted from the Miller, Kotchick, Dorsey, Forehand, and Ham (1998) study. Other materials included surveys and questionnaires about information on the communication and relationship between parents and adolescents because of puberty and sexual maturity.

Informed Consent for Research (Appendix A). This form provided information on the research study, which participants signed. The form included information on privacy rights, study details, and information on confidentiality.

Family Communication Survey (Appendix B). The survey was adopted from the Sexual Communication Questionnaire and included sexual topics that were discussed between both parents and their adolescents (Miller et al., 1998). The survey included 20 questions: one survey to assess communication with mothers; one survey to assess communication with fathers. The first ten questions on the survey asked about sex-related topics and were answered in a "yes" or "no" fashion. "Yes" answers indicated that topics were discussed and were designated as a score of one; "No" answers indicated that topics were not discussed and were designated as a score of two. The next ten questions on the survey were on a four-point Likert scale (Strongly agree to strongly disagree) and included statements about family communication. Four questions on both the mother and father family communication surveys were reverse scored. For all 20 questions, higher scores indicated less communication on these topics; lower scores indicated more communication on these topics. The measure appeared to have face validity. Some words were taken out of the Family Communication Survey from the Sexual Communication Questionnaire (Miller et al., 1998) for age appropriateness for college students, but retained the same information. The alpha coefficient for all twenty questions was 0.74.

Scenario (Appendix C). The scenario included a situation in which a high school student, Jamie, age 16, contracts genital herpes after having unprotected sexual intercourse with a person who had the sexually transmitted infection.

Scenario Questionnaire (Appendix D). The Scenario Questionnaire was on a nine-point Likert scale and asked questions based on the scenario and the overall relationship and communication. College students answered open-ended questions pertaining to puberty and the relationship and communication between parents and adolescents, such as "Has your relationship with your parent changed as a result of puberty?" Other questions asked, "Do you believe your relationship with your parents has changed since you began engaging in sexual behaviors?"

Demographic questions for adolescents included age, gender, ethnicity, and parents' level of education.

Debriefing Form (Appendix E). This form was given to participants at the end of the research study. Information about hypotheses, implications of the study, and contact information were also provided.

Procedure

The researcher tested 148 participants. The researcher explained to participants that the purpose of the study was to evaluate family communication and its relation to adolescent decision-making about sexual behaviors. Afterwards, the researcher gave brief instructions about the study, a sign up sheet to fill out, and provided a consent form for participants to sign (See Appendix A). Participants were given between twenty and thirty minutes to complete a survey, read a scenario, and complete a questionnaire (See Appendices B, C and D). Once participants completed the study, they were debriefed and thanked for their assistance (See Appendix E). Participants also received extra credit for their participation after they completed the study.

Results

The scores of the Family Communication Survey and Scenario Questionnaire were analyzed to determine sex differences in communication about sexual behaviors. An alpha level of .05 and .01 was used for statistical tests. By using the enter method for multiple regression, a significant model emerged: $F(6, 129) = 13.87, p < .001$. The model explains 36.4% of the variance (Adjusted $R^2 = .364$). The sum of the mom scores and the situation were significant predictors of the relationship, but the other variables were not.

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

In examining the Pearson's correlations more specifically, a significant correlation was found: the better the communication with mother, the more likely college students reported that they would talk to their parents about the STI situation ($-.378, p < .01$), the more likely they said their relationship with their parents would have an effect on their decision to have sex ($-.601, p < .01$), and the more informed they reported to be about sex ($-.250, p < .004$). These correlations are negative because lower scores on the family communication survey indicated better communication and higher scores on the individual scenario questions indicated a more positive outcome. No significance was found for protection as to whether college students would have used protection in the STI situation ($-.068, p < .443$).

Discussion

The hypotheses for this study were all supported through analysis. The greater the family communication, the better the relationship between parents and their college students when they were younger. Female college students had more open communication about sex with their mothers than their fathers. Male college students had more open communication about sex with their fathers than their mothers. The present study was consistent with past research as communication with mothers was found to be significant. Miller, Kotchick, Dorsey, Forehand, and Ham (1998) found that females significantly had more discussions with their mothers about

sex-related topics than males. Researchers also found that males discussed 6 out of 10 sex-related topics on the Sexual Communication Questionnaire with their fathers than mothers (the present study used the Family Communication Survey). Females discussed 6 out of 10 sex-related topics with their mothers than their fathers. Significant results were also found in the Lefkowitz, Boone, Sigman, and Au (2002) study. Females talked more to their mothers about sex than males. In contrast, the present study was inconsistent with past research as using protection during sex and gender was not found to be significant. Miller, Levin, Whitaker, and Xu (1998) found support for their hypothesis. Males communicated more with mothers about condoms than females; the opposite was found in the present study as females talked more to their mothers than males about condoms.

The study limitations were that the study contained a small sample size. This study included 148 college students in the New Jersey area. By using a larger population, the study would further support the hypotheses proposed and provide results that are more significant. In regards to the Family Communication Survey adopted from the Miller et al. (1998) study, the questions only asked about what topics were discussed and less about what specific information about these topics was conveyed and how it was conveyed (e.g., “How many times per week have you had sexual intercourse?” as opposed to “Have you talked to your parents about sex?”). By using self-reports with adolescents only rather than interviews or observations with their parents, natural interactive patterns of communication between adolescents and their parents could not be accessed. Another limitation of this study was that many college students may have been uncomfortable answering questions and may have forgotten about family discussions about sexuality around the time of puberty. This could lead participants to respond with safe and dishonest answers. By providing more detailed interview sessions between adolescents and their parents, family communication can be assessed and would improve the present study. Future studies could evaluate the impact of self-esteem and overall self-concept on the decisions made by adolescents. Other studies could investigate how the media, culture, religion, peers, and societal attitudes affect the decisions of adolescents to engage in sexual behaviors. Another study could also evaluate how adolescents handle the consequences of their sexual behaviors. How do adolescents handle situations, such as in the scenario, and in what way do they tell their parents? Studies can also investigate the role of parenting styles and family communication and its effects on adolescent decision-making about sexual behaviors. In addition, more studies should evaluate the role of family communication in its relation to risky behaviors that adolescents engage in, such as drug and alcohol use, driving, and sexual behaviors. Although some research studies have included this factor, more studies are needed to include individuals of different cultures and ethnic groups and how the topic of sexual behaviors is approached in these contexts.

The implications of this study were that it was important for parents to talk to their adolescents about sexual behaviors and to have an open mind to answer any questions. Adolescents encounter many risks by engaging in sexual behaviors. In addition, adolescents should protect themselves and understand the pros and cons of engaging in these behaviors. Although this is a very sensitive subject, parents should be receptive to their adolescents and should refrain from being embarrassed or uncomfortable to talk to their adolescents about these topics. Furthermore, parents should be available to provide information on these topics to their adolescents instead of outside factors (i.e., the media and peers).

Communication about sexual behaviors is important in order to establish an open and honest relationship between parents and adolescents. In addition, the media often portrays sex as normal and without consequences while peers often have misconceptions and incorrect information about sex and are likely to affect the sexual decisions that adolescents make. Therefore, it is crucial that parents become the "guiding light" to their adolescents and assist them in making the right decisions when it comes to sexual behaviors and improve or continue their current form of communication. College students who plan to have children in the future should reflect on their own sexual communication with their parents and hopefully discuss openly and honestly with their own children about sexual behaviors.

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THE RICHARD STOCKTON COLLEGE OF NEW JERSEY

APPENDIX A

Informed Consent for Research

You are invited to participate in a research study that will determine perceptions of family communication about sex. The purpose of this research study is to evaluate if family communication is related to the decisions of adolescents to engage in sexual behaviors.

If you decide to participate, you will be asked to respond to family communication questions about sexual topics you have discussed with your parent(s). You will also read a scenario based

on a real-life situation and fill out a questionnaire. In addition, you will answer questions about the relationship and communication with your parent(s) during puberty. The entire study should last approximately 20-30 minutes. Any risks in this study are small, with some discomfort from answering sex-related questions. Please provide open and honest responses to all questions as they will help greatly in this research.

All answers and names will be confidential and a number will be used for each person to track survey and questionnaire responses. No information you give will be shared with others and will be stored in a file cabinet in the office of the faculty researcher for one year. All participants have a right to have their information kept private. If at any time you wish to stop the study, please let the researcher know. You are not obligated to participate in this study if you do not want to and you have the right to withdraw at any time.

By signing below, you agree to participate in the study and you have read and understand all of the information stated above. If you have any questions about the study, please contact the researcher, **Keyanna Turner** or the research faculty, **Dr. Connie Tang**, Assistant Professor of Psychology. If you feel any distress, you may go to Counseling Services (Suite 110) at the Wellness Center in the West Quad or call 609-652-4722 to schedule an appointment. You may receive extra credit for participating in this study. Thank you for participating.

Signature

Date

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APPENDIX B

FAMILY COMMUNICATION SURVEY

Thinking about the time when you were going through puberty, please answer the following questions.

1. Have you and your mother ever talked about when to start having sex?

1. 2

Yes

No

2. Have you and your mother ever talked about birth control?

1. 2

Yes

No

3. Have you and your mother ever talked about condoms?

1. 2

Yes

No

4. Have you and your mother ever talked about AIDS or HIV?

1. 2
Yes

No

5. Have you and your mother ever talked about reproduction?

1. 2
Yes

No

6. Have you and your mother ever talked about physical/sexual development?

1. 2
Yes

No

7. Have you and your mother ever talked about masturbation?

1. 2
Yes

No

8. Have you and your mother ever talked about sexually transmitted infections?

1. 2
Yes

No

9. Have you and your mother ever talked about how to handle sexual pressure by friends or potential partners?

1. 2
Yes

No

10. Have you and your mother ever talked about choosing sexual partners?

1. 2
Yes

No

FAMILY COMMUNICATION SURVEY

11. My mother does not know enough about topics like this to talk to me.

1 2 3 4
Strongly agree Agree Disagree Strongly Disagree

12. My mother wants to know my questions about these topics.

1 2 3 4
Strongly agree Agree Disagree Strongly Disagree

13. My mother tries to understand how I feel about topics like this.

1 2 3 4
Strongly agree Agree Disagree Strongly Disagree

14. When my mother talks to me about these topics, she warns or threatens me about the consequences.

1 2 3 4
Strongly agree Agree Disagree Strongly Disagree

15. My mother knows how to talk to me about topics like this.
- | | | | |
|----------------|-------|----------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly agree | Agree | Disagree | Strongly Disagree |
16. I can ask my mother the questions I really want to know about topics like this.
- | | | | |
|----------------|-------|----------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly agree | Agree | Disagree | Strongly Disagree |
17. My mother and I talk openly and freely about these topics.
- | | | | |
|----------------|-------|----------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly agree | Agree | Disagree | Strongly Disagree |
18. My mother tells me things about these topics that I already know.
- | | | | |
|----------------|-------|----------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly agree | Agree | Disagree | Strongly Disagree |
19. If I talked to my mother about these topics, she would think I am doing these things.
- | | | | |
|----------------|-------|----------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly agree | Agree | Disagree | Strongly Disagree |
20. My mother does not talk to me about these topics; she lectures me.
- | | | | |
|----------------|-------|----------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly agree | Agree | Disagree | Strongly Disagree |

FAMILY COMMUNICATION SURVEY

Thinking about the time when you were going through puberty, please answer the following questions.

1. Have you and your father ever talked about when to start having sex?

1	2
Yes	No

2. Have you and your father ever talked about birth control?

1	2
Yes	No

3. Have you and your father ever talked about condoms?

1	2
Yes	No

4. Have you and your father ever talked about AIDS or HIV?

Strongly agree	Agree	Disagree	Strongly Disagree
1	2	3	4
Strongly agree	Agree	Disagree	Strongly Disagree
15. My father knows how to talk to me about topics like this.			
1	2	3	4
Strongly agree	Agree	Disagree	Strongly Disagree
16. I can ask my father the questions I really want to know about topics like this.			
1	2	3	4
Strongly agree	Agree	Disagree	Strongly Disagree
17. My father and I talk openly and freely about these topics.			
1	2	3	4
Strongly agree	Agree	Disagree	Strongly Disagree
18. My father tells me things about these topics that I already know.			
1	2	3	4
Strongly agree	Agree	Disagree	Strongly Disagree
19. If I talked to my father about these topics, he would think I am doing these things.			
1	2	3	4
Strongly agree	Agree	Disagree	Strongly Disagree
20. My father does not talk to me about these topics; he lectures me.			
1	2	3	4
Strongly agree	Agree	Disagree	Strongly Disagree

APPENDIX C

Scenario

A 16-year-old adolescent gets caught in a complicated situation.

Jamie was a high school student who always followed the rules. Jamie was not an impulsive person, but wished to be popular among the other students. One Friday night, Jamie and a group of friends all went to the movies together. Jamie met a person there who shared Jamie's same interests. They immediately hit it off and decided to start dating. After three months, Jamie and the person, who frequently talked about having sex, finally decided to have sex. Although neither Jamie nor the person had protection, they had sex anyway. After it was over, they immediately planned to have sex regularly. Jamie did not know that the person had cheated on Jamie and had sex with someone else. The person also never told Jamie that the person had a sexually transmitted infection: genital herpes.

A few weeks later, Jamie noticed tiny bumps on the genital area while taking a shower. Jamie was shocked and did not know how they got there! At the doctor's office, Jamie told the doctor about the bumps and the doctor examined Jamie. The doctor gave Jamie an STI test due to the symptoms Jamie was experiencing. After a few minutes, the doctor informed Jamie that the bumps were in fact genital herpes! The doctor also provided Jamie with more information on the disease. Jamie was stunned and had no idea where the genital herpes came from! Jamie, in shock, had no idea how to tell the parents about this situation.

APPENDIX D

Scenario Questionnaire

Imagine that you are Jamie. You just found out that you have an STI. What would you do?

1. Would you have told your parents about your this situation? (Please circle a number)

0 1 2 3 4 5 6 7 8

9

Not at all likely

Very likely

1b. Would you talk to your mother or father about this situation? M _____ F _____

2. Did the conversations you had with your parents about sex have an effect on your decision to have sex? (Please write out your answer)

3. Would you have received more or less communication about sexual information if you told your parents about this situation?

0 1 2 3 4 5 6 7

8 9

Less communication
communication

More

4. How easy or hard would it have been to tell your parents you have an STI given your relationship with your parent?

0 1 2 3 4 5 6 7 8

9

Extremely difficult

Extremely easy

5. How likely is it that the relationship you had with your parents would have an effect on your decision to have sex?

	0	1	2	3	4	5	6	7
8	9							
	Negative Effect						Positive Effect	

6. How likely is it that you would have used a condom or other types of protection in this situation?

	0	1	2	3	4	5	6	7
8	9							
	Not at all likely						Very likely	

7. How informed are you about sex?

0	1	2	3	4	5	6	7	8
	9							
Uninformed							Well-informed	

8. If you had more family communication, how likely would you have used protection in this situation?

0	1	2	3	4	5	6	7	8
	9							
Less likely							More likely	

9. If you had less family communication, how likely would you have engaged in sexual intercourse?

0	1	2	3	4	5	6	7
8	9						
Less likely						More likely	

10. What factors contributed to discussing sexual topics with your parents? (Please write out your answer)

11. Do you believe your relationship with your parents has changed since you began engaging in sexual behaviors? (Please write out your answer)

Puberty Questions

1. Has your relationship with your parent changed as a result of puberty?
(Please write out your answer)

2. During puberty, did you talk to your parent about sex characteristics, including breast development and development of testes as well as sexual maturity?
(Please write out your answer)

3. During puberty, did you find yourself becoming frustrated at your parent because you thought your parent was being unfair?

0 1 2 3 4 5 6 7 8
9

Not at all frustrated Very frustrated

4. Was there communication between you and your parent as a result of puberty?

0 1 2 3 4 5 6 7 8
9

No communication More communication

5. Were you more distant or closer towards your parent as a result of puberty?

(Please write out your answer)

Demographics

Age: _____

Gender: M _____ F _____

Ethnicity: Check one

Caucasian _____

Black _____

Hispanic _____

Asian _____

Other _____

Parent's Level of Education: Check one

Less than high school _____

High School/GED _____

Some College _____

Bachelor's Degree _____

Graduate Degree _____

1. How many children do you *plan* to have? _____

2. Do you plan to talk to your children about sexual behaviors?

Yes _____ No _____

APPENDIX E

Debriefing Form

You have just participated in a psychology study that evaluated perceptions of family communication on sexual behaviors. The hypotheses for this study are that the greater the family communication, the less college students engaged in sexual behaviors while in high school. Female college students will have more open communication about sex with their mothers than their fathers. Male college students will have more open communication about sex with their fathers than their mothers.

It is important for parents to talk to their adolescents about sexual behaviors and to have an open mind about any questions asked. Although this is a sensitive subject, parents should be receptive to their adolescents and should not be embarrassed or uncomfortable to talk to their adolescents about these topics. Furthermore, parents should be available to provide information on these topics to their adolescents instead of outside influences (i.e., the media and peers). In addition, adolescents should discuss these issues with their parents before a crisis arises. The media often portrays sex as normal and without consequences while peers often have misconceptions and incorrect information about sex and are likely to influence the sexual decisions that adolescents make. Therefore, it is crucial that parents become the "guiding light" to their adolescents and help them make the right decisions when it comes to sexual behaviors. College students who plan to have children in the future should reflect upon their own sexual communication with their parents and hopefully discuss openly and honestly with their own children about sexual behaviors.

There are more people who have yet to participate in this study. Please do not discuss any details of this study with others in order to avoid contamination of results. It is expected that this study will be complete by **May 2009**.

If you would like the results of this study after this time or if you have any questions about the study, please email Keyanna Turner at stk32016@go.stockton.edu or email Dr. Tang at Connie.Tang@stockton.edu or call 609-626-3523. If you feel any distress, you may go to Counseling Services (Suite 110) at the Wellness Center in the West Quad or call 609-652-4722 to schedule an appointment. You have just completed the study.

Thank you again for participating in this study!