



The effectiveness of a joint mother–daughter sexual health program for Latina early adolescents [☆]



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ABSTRACT

A culturally and cognitively adapted joint mother–daughter sexual health and HIV transmission curriculum was implemented for 96 Latina early adolescents and their mothers (48 mother–daughter dyads). Pretest and posttest surveys, interviews, and observations of participants' conversations about AIDS were used to assess program effectiveness in increasing knowledge and communication about sexuality and HIV transmission, and fostering daughters' positive attitudes toward using condoms in the future. At posttest, mothers and daughters reported an increase in the frequency of home communication about sexual topics and openness in general communication. Systematic observational analysis of videotaped mother–daughter conversations about AIDS revealed that, compared to the pretest, daughters were more engaged in posttest conversations as evidenced by an increase in their spontaneous sharing of information about HIV transmission and their offering of opinions. In addition, the posttest conversations focused on a broader discussion of HIV transmission risk behavior including condom use as a protective measure. Mothers who knew more about HIV transmission at posttest, and who reported more openness in general communication with daughters at posttest, asked their daughters more questions in the conversations about what they had learned in the program. Daughters who contributed more information and opinions to the posttest conversations, who were more knowledgeable about HIV transmission at posttest, and who reported more home communication about sexual topics in the posttest, also reported more positive attitudes toward using condoms in the future.

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Although the prevalence of ever having sexual intercourse for Latina adolescents is comparable to that of European American adolescents girls (45.4% vs 44.7%), Latina adolescents have lower rates of contraceptive/condom use (Manlove, Ikramullah, Mincieli, Holcombe, & Danish, 2009; YRBS, 2010). Consequently, 44% of Latinas will become pregnant at least once by age 20 compared to nearly 3 in 10 teen girls overall (The National Campaign to Prevent Teen and Unplanned Pregnancy, 2013). In addition, Latinas are disproportionately affected by the HIV/AIDS epidemic (Prejean et al., 2011) and rates of chlamydia among Latina adolescents in the 14–19 year-old age range are higher than that of European American adolescents (Datta et al., 2007). These statistics underscore the need to promote self-protective practices to help Latina adolescents avoid negative health consequences.

Research suggests that sexuality communication between Latino parents and adolescents can play a critical role. Sexuality communication has been linked to fewer adolescent sexual episodes, increased condom use efficacy (e.g., Dutra, Miller, & Forehand, 1999; Hutchinson, Jemmott,

Jemmott, Braverman, & Fong, 2003) and more consistent contraceptive use (East, Reyes, Contreras, Wu, & Contreras, 2005). However, embarrassment is reported as a major barrier by both immigrant and U.S.-born Latina mothers to effective sexuality communication with adolescents (Guilamo-Ramos et al., 2006a; Jerman & Constantine, 2010; McKee & Karasz, 2006; Meneses, Orrell-Valente, Guendelman, Oman, & Irwin, 2006; Wilson, Dalberth, Koo, & Gar, 2010). Even among parents who do communicate about sexuality, birth control and condom use are among the least discussed topics (Biggs, Minnis, Arons, Marchi, Lehrer, Braverman, & Brindis, 2010; Jerman & Constantine, 2010; Raffaelli & Green, 2003; Romo, Bravo, Cruz, Rios, & Kouyoumdjian, 2010), despite parents' bombardment of warnings about STIs and pregnancy consequences. Nonetheless, many Latino parents consider it their duty to talk to their adolescents about sexual health consequences (Guilamo-Ramos & Bouris, 2008) and are motivated by their concerns about their adolescents' vulnerability to HIV infection (Romo, Lefkowitz, Sigman, & Au, 2001).

This study reports on findings related to the effectiveness of an adapted mother–daughter sexual health program for Latina early adolescent daughters and their mostly immigrant mothers on their communication and knowledge about sexuality and HIV transmission, and the daughters' condom use attitudes. Focusing on early adolescents who are not yet sexually active is important because research suggests

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that comfort of mother–adolescent communication about sexuality is a significant positive predictor of Latino adolescents' intentions to delay sexual intercourse (Guzman et al., 2003). In one study, parental communication about sexuality including condom use that occurred prior to sexual debut was associated with greater condom use in later years (Hutchinson, 2002; Miller, Levin, Whitaker, & Xu, 1998). Unfortunately, many parents do not talk to their adolescents about condom use before they become sexually active (Beckett et al., 2010). Research also suggests that by the time parents talk to them about ways to prevent sexuality transmitted infections and condom use as a protective measure, many young adolescents are already engaging in genital touching (Beckett et al., 2010).

The benefits of family-based intervention prevention programs

In the area of pregnancy/HIV prevention, active parental involvement in the sexual health education of their early adolescents has been shown to have an impact on adolescents' knowledge about sexual health and avoidance of sexual risk behavior. For example, Lederman, Chan, and Roberts-Gray (2004) found that middle school students who participated with their parents in a sexual health program with interactive parent–child activities showed increased knowledge postintervention about the transmission of HIV and protection against pregnancy compared to a control group that was exposed to the same curriculum in a traditional, didactic format. Blake, Simkin, Ledsky, Perkins, & Calabrese (2001) compared the efficacy of a classroom-based sexual health program in which about half of middle school youth were given homework assignments to complete with their parents and the other half were not. Adolescents who completed homework assignments with their parents reported higher intentions to remain abstinent postintervention. In another study in which parents were sent CDs and encouraged to listen to them with their 6th grade daughters, the researchers found that, compared to control group of girls whose parents received print brochures, girls in the intervention reported less experience in noncoital intimate behavior and a lower likelihood of sexual initiation in 7th grade (O'Donnell et al., 2005).

The success of these programs can be explained in part by the developmental assets framework, an example of positive youth development theory. It is a strengths-based approach which takes into consideration that environmental conditions such as personal relationships, in addition to adolescents' individual strengths, can foster the resiliency of adolescents (Benson, 1997). A major tenet of the theory is that parents contribute to their adolescents' well-being through socializing system actions, such as family support. For example, through positive communication, parents can instill a sense of empowerment by encouraging avoidance of early sexual activity, thereby reducing the risk of early sexual debut (Aspy, Vesely, Tolma, Oman, & Rodine, 2010; Mueller et al., 2010). Many Positive Youth Development programs that have successfully changed youth outcomes have incorporated parent or family involvement (Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2004).

The developmental assets framework supports the notion that values of *familismo* in traditional Latino culture—the importance of family closeness—and having respect (*respeto*) for family members (Cauce & Domenech-Rodriguez, 2002; Fuligni, Tseng, & Lam, 1999) increases the likelihood that adolescents will engage in behaviors that protect their well-being. Strong family ties and endorsement of traditional family values are major factors that contribute to avoidance of risk behavior among Latino adolescents (Castro, Stein, & Bentler, 2009; Velez-Pastrana, Gonzalez-Rodriguez, & Borges-Hernandez, 2005). Familismo also encompasses the belief that an individual's behaviors should meet with familial expectations (Sabogal, Marín, Otero-Sabogal, Marín, & Perez-Stable, 1987). Several studies have found that Latino adolescents' perceptions of their parents' beliefs about the importance of remaining abstinent or delaying sex is associated with a lower likelihood of initiating sexual intercourse at an early age (Gilliam,

Berlin, Kozloski, Hernandez, & Grundy, 2007; Teitelman, Ratcliffe, & Cederbaum, 2008). Mothers in particular are figures of authority who are highly respected and revered in traditional Latino culture (Becerra & de Anda, 1984; Zayas & Solari, 1994), enhancing the likelihood that a joint mother–daughter sexual health program that improves sexuality communication will foster healthy attitudes. However, few sexual health programs have been designed specifically for needs of Latina adolescents and their immigrant mothers (see Villarruel, Jemmott, & Jemmott, 2006, as an exception).

The need for cultural adaptations to existing programs

Researchers highlight that in order for a prevention intervention program to be effective, it needs to be responsive to the cultural needs of a local community (Castro, Barrera, & Martinez, 2004; Lescano, Brown, Raffaelli, & Lima, 2009). Cultural adaptation means fitting the program with the culture of the participants by tailoring it to a cultural group's values (Castro et al., 2004). Cultural adaptation is especially critical when youth intervention programs include parents (Lescano et al., 2009). For a mother–daughter sexual health program for Latinas to be effective, it is necessary that the program take into account the mothers' life experiences and specific barriers to sexuality communication with daughters. Latina immigrant women experience heightened shame in sexuality conversations perhaps due to cultural norms that dictate proper women should be “silent” and naïve about these issues (VanOss Marín, 2003). Some Latina mothers express that they are reluctant to talk to their preadolescent children about sex because they do not want to destroy their children's innocence (Wilson et al., 2010), and they express concerns about the age appropriateness of the topics (Jerman & Constantine, 2010). Latina daughters also are reluctant to talk about sexuality with their immigrant mothers because they perceive their mothers' traditional values will impede communication (Gilliam et al., 2007). In addition, Latina girls report that they sense their mothers' discomfort, which in turn makes them feel ashamed about asking questions (O'Sullivan, Meyer-Bahlburg, & Watkins, 2001). Fears that their mothers would react negatively (e.g., become angry) deter some Mexican-born and U.S.-born daughters from raising the topic of sexuality especially about self-protective behaviors (Gilliam et al., 2007; Guilamo-Ramos et al., 2006a). Similarly, many Latina mothers expect a negative reaction from daughters (McKee & Karasz, 2006) which is not unwarranted given observational findings that Latina daughters exhibit negative affect in response to their mothers' inquiries about dating and sexuality experiences and their knowledge (Romo, Nadeem, Au, & Sigman, 2004).

In addition to addressing cultural barriers to communication about sexual topics, a mother–daughter program for Latinas needs to enhance trust and openness in the mother–daughter relationship. Open communication in general tends to go hand in hand with effective communication about sexual topics. In a retrospective study about the influence of sexual health communication between parents and daughters on sexual risk behavior, the single greatest predictor of parent–adolescent sexual communication was the quality of parent–adolescent general communication (Hutchinson, 2002). One study found that repetition of sexual discussions—talking about topics more than once—was associated with adolescents feeling closer to the parent and having a sense of open communication (Martino, Elliott, Corona, Kanouse, & Schuster, 2008). These findings are important because general communication with the mother prior to sexual debut in adolescence, in addition to communication with the mother about condoms, has been found to be a significant predictor of later consistent adolescent condom use (Hutchinson, 2002). An advantage of a joint mother–daughter program is that it can enhance closeness in the mother–daughter relationship which can ease the awkwardness of discussing unfamiliar sexual topics.

Another advantage of a joint mother–daughter program is that it serves to improve both the mothers' and the daughters' knowledge

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