
Research Brief: Sexual Communication and Knowledge Among Mexican Parents and Their Adolescent Children

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This study describes the sexual knowledge and communication of Mexican parents and adolescents. Preintervention data were analyzed from 829 high school students (ages 14-17) and one of the parents of each. Differences were found between parents and adolescents in sexual knowledge ($M = 16.16$ vs. $M = 14.92$; $t = 7.20$, $p < .001$); specifically, parents had higher knowledge related to sexually transmitted diseases, HIV/AIDS, and condom use. Parents perceived more general communication ($t [787] = 6.33$, $p < .001$), and less discomfort talking about sex ($t [785] = 4.69$, $p < .001$) than adolescents. Parents with higher education levels scored higher in HIV knowledge and general communication. Fathers had higher total sexual knowledge, whereas mothers perceived higher sexual communication than fathers. There were no differences in knowledge and communication by parental socioeconomic level. Results suggest health care providers need to assist parents in developing specific knowledge and skills to support their adolescents' sexual decision-making.

Key words: Mexico, adolescents, parents, sexual communication, HIV

The prevention of sexually transmitted HIV/AIDS among adolescents is a priority in Mexico. Youths represent a large sector of the population (21%), and studies show that the age at which they become

sexually active is decreasing ($M = 12$ years) (Consejo Estatal para la Prevención y Control del SIDA, Nuevo Leon, 2004; Instituto Nacional de Estadística, Geografía e Informática [INEGI], 2005). A high rate of reported sexually transmitted diseases (STDs), as well as an increasing number of adolescent pregnancies (16.8% of births to women less than 20 years of age [INEGI, 2005]), indicate that adolescents are engaging in unprotected intercourse.

Rapid changes in Mexican political, economic, and social systems present new challenges for adolescents. As some have noted, the conservative customs and traditions that have characterized Mexico for many years are in crisis as a result of a changing society (Brito, 2000). Fundamental institutions such as the church have increasingly less influence on the sexual behavior of young people. For example, youths are less likely to feel guilty for having pre-

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marital sex and view the church teachings as conservative in relation to sex (Baird, 1993). However, the family continues to be the most valued social institution in Mexico. Therefore, participation of the family, and particularly of parents, is necessary to decrease or change risky behavior in adolescents in an effort to reduce the incidence of HIV/AIDS. This study explores the sexual knowledge and related communication of parents and adolescents.

Various studies have found that parents play a fundamental role in the prevention of risky sexual behavior in their adolescent children (Blake, Smikin, Ledsky, Perkins, & Calabrese, 2001; Lehr, Demi, Dilorio, & Facteau, 2005). However, the successful development of this role depends on how much sexual knowledge parents have and the way in which they communicate with their children about these issues (Blake et al., 2001; Lehr et al., 2005). In Mexico as in other countries, most research regarding sexual knowledge and communication has focused on adolescents rather than parents. Recent studies with Mexican adolescents report there is a relatively low level of sexual knowledge, including causes and risk behaviors for contracting STDs and forms of transmission and prevention (Castro-Sansores, López-Ávila & Góngora-Biachi, 2000). In one study, youths (96%) indicated they had received information on STDs and HIV/AIDS, yet low percentages of these youths (35%-55%) had correct answers on a sexual knowledge questionnaire (Castro-Sansores et al., 2000).

Factors such as socioeconomic level, urban residence, and being older were positively associated with sexual protective behaviors, including the use of condoms. However, researchers consistently report that Mexican adolescents have incorrect knowledge about HIV/AIDS transmission (Caballero & Villaseñor, 2001; Caballero-Hoyos & Villaseñor-Sierra, 2003; Castro-Sansores et al., 2000; Piña, 2004; Tapia-Aguirre et al., 2004; Villaseñor-Sierra, Caballero-Hoyos, Hidalgo-San Martín, & Santos-Preciado, 2003). These reports are similar to results for youths from other Spanish-speaking countries such as Cuba and Spain (Álvarez, López, García-Bobia & Fernández, 1996; Guerrero-Soler, Quiroz-Viqueira, Sánchez-Miranda, Más-Álvarez, & Rodríguez-Bencomo, 2002).

There are only a few studies in Mexico on parent-adolescent communication related to sexual topics. In one study, adolescents who reported high levels of communication with their parents showed a higher level of knowledge on sexual topics. (Tapia-Aguirre et al., 2004). In a related study, parent gender (i.e., female) and higher educational level were the most influential factors for adolescents in establishing communication with one or both parents (Gayet, Rosas, Magis, & Uribe, 2002).

Considering the lack of available studies among Mexicans regarding parental and adolescent sexual knowledge and communication about these themes, the purpose of this study was to (a) describe the level and type of sexual knowledge and communication of parents and adolescents, and (b) identify the differences in sexual knowledge and communication by socioeconomic and parental educational levels and gender.

Method

Procedure

Participants were part of a randomized, controlled intervention designed to reduce sexual risk behavior among Mexican youths (Villarruel, Gallegos, & Loveland-Cherry, 2001). The human subjects committees of the University of Michigan and the Universidad Autonoma de Nuevo Leon in Monterrey, Mexico, approved the study.

Participants were recruited from four local *preparatorias*, or high schools, associated with the Universidad Autonoma de Nuevo Leon. Adolescents and their parents were invited to participate in “¡Cuidáte!” *Promueve Tu Salud* (“Take Care of Yourself! Promote Your Health”), an 8-hour program conducted over two consecutive Saturdays. Interested youths were provided with a cover letter and parental consent form. To participate in the program, a student had to meet the inclusion criteria (age and availability) and participate with one of their parents. Parental consent and adolescent written assent were required.

Parent and adolescent participants completed questionnaires pre- and immediately postintervention, and also at 6- and 12-month follow-up intervals.

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