



Mexican Adolescents' Self-Reports of Parental Monitoring and Sexual Communication for Prevention of Sexual Risk Behavior



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ABSTRACT

Purpose: Assess perceptions of parental monitoring and sexual communication for sexual health promotion among adolescents who are Mexican.

Design and methods: Adolescents ($N = 153$, $n = 85$ females, $n = 68$ males) between 14 years ($n = 80$) and 15 years ($n = 73$) were recruited at a public high school in Monterrey in the state of Nuevo Leon, Mexico. All participants were living with a parent(s). Descriptive statistical analyses were conducted to assess sociodemographic characteristics of the group. Chi-square analyses were conducted to identify potential group differences among the adolescents by age, gender and sexual activity regarding responses to each item of the Spanish Version Parental Monitoring and Sexual Communication Scale ($\alpha = 0.88$).

Results: Eleven percent of adolescents self-reported sexual activity. Significant group differences by age, gender and sexual activity were identified concerning parental monitoring and sexual communication including: less parental monitoring with older age (14 versus 15 year olds); more parental monitoring for females than males; less monitoring for sexually active adolescents; greater sexual communication for males than females, and among adolescents who were sexually active.

Conclusions: An assessment of adolescents' perceptions of parental monitoring and sexual communication is useful for development of strategies concerning sexual health promotion in Mexico.

Practice implications: The Spanish Version Parental Monitoring and Sexual Communication Scale can be used for assessment and modification of interventions for adolescent populations in Mexico. Information obtained from this assessment can be used to assist parents to enhance positive outcomes for parental monitoring and sexual communication with their children.

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Introduction

Multiple cultural, political and socioeconomic factors contribute to distinct social contexts affecting adolescents' sexual health in Mexico. Cultural norms and values have genderized social interactions affecting everyday life, from child rearing practices to the assignment of roles within the family and social expectations. Being male or female carries cultural implications affecting sexuality. Studies directly link adolescent sexual reproduction to access to communication and information technology, health care organization, education delivery, employment and migration in Mexico (Campero, Atienzo, Suárez, Hernández, &

Villalobos, 2013; Philippe, Lecours, & Beaulieu-Pelletier, 2009; Zavala, 2015).

Researchers suggest that parental involvement is important for sexual health promotion (Peasant, Foster, Rusell, Favaro, & Kloosky, 2015). Parents are an important source of sexual health information (Gallegos, Villarruel, Gómez, Onofre, & Zhou, 2007; Orcasita, Peralta, Valderrama, & Uribe, 2010; Prelow, Loukas, & Jordan-Green, 2007). Evidence supports that sexual communication as well as parental monitoring is protective for prevention of sexual risk behaviors including early sexual debut and unprotected sex among adolescents (Atienzo, Campero, Estrada, Rouse, & Walker, 2011; Castillo, 2012; Chen, Thompson, & Morrison-Beedy, 2010; Hutchinson, 2007; Orcasita et al., 2010; Ruiz et al., 2012; Ying et al., 2015). It is important therefore to assess the factors contributing to sexual communication and the protective role of parental monitoring for prevention of sexual risk behavior among adolescents

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in Mexico (Coloma & Piscoya, 2014; Consejo Nacional de Población [CONAPO], 1990–2010; Hurtado & Hasbon, 2014).

Background

Parental monitoring is important for sexual health promotion among adolescents (Betancourt & Andrade, 2011). Parental monitoring is defined as parental behaviors involving care and monitoring of the child's activities and adaptations (Dishion & McMahon, 1998, p. 61). This includes a set of limitations, rules, restrictions and regulations parents share with their children (Barber, Olsen, & Shagle, 1994; Stattin & Kerr, 2000).

Previous evidence indicates parental monitoring influences adolescent behavior and can be prolonged throughout adolescence in two distinct ways: minimizing adolescent involvement in risk situations or by developing adolescent social skills (Li, Stanton, & Feigelman, 2000). Studies conducted in Mexico found that parental monitoring is associated with a reduction in adolescents' sexual activity and increases in protected sex practices (Baumrind, 1991; Betancourt, Andrade, & Orozco, 2008). Parental monitoring, rather than intrusive practices of parental control, should be recognized as a harmonious relationship between parents and children, established through effective communication. Successful parental monitoring involves adolescents informing their parents about their daily activities and is intrinsic to parental concern for adolescent well-being.

Empirical evidence indicates that sexual communication is positively associated with safe sexual behavior, delayed onset of sexual activity and increased condom use (Bastien, Kajula, & Muhezi, 2011). It is common in Mexico that sexual communication is delegated by gender, wherein the mother communicates with the daughter and father with son; this communication is specific about sexual activity initiation and birth control methods (Castillo, Álvarez, Valle, & Hernández, 2015; Rouvier, Campero, Walker, & Caballero, 2011). Studies in Mexico report gender differences among adolescents and parents in relation to sexual communication. Adolescent males who initiated sexual activity are those who communicate more with both the father and the mother about sexuality and females communicate more with the mother (Andrade, Betancourt, & Palacios, 2006; Rouvier et al., 2011). Few parents however provide sexual communication for their children. This has been attributed in part to multiple factors including inadequate knowledge about sexuality, inability to initiate and maintain dialogue about sexuality and the influence of beliefs and values characterizing the family environment such as inhibition to communicate about sex with male children (Bermúdez et al., 2012; Rouvier et al., 2011).

Purpose

Sexual communication and parental monitoring are fundamental elements for sexual health promotion among adolescents to reduce sexual risk behaviors. There is a need to assess both parental monitoring and sexual communication among adolescents for understanding of the parental role in sexual health promotion. There is currently limited evidence that combines these elements for assessment. The purpose of this study was to assess perceptions of parental monitoring and sexual communication for sexual health promotion among adolescents who are Mexican.

Methods

Instrumentation

Parental monitoring and sexual communication were identified as two critical factors contributing to parental roles in adolescent sexual health development (Atienzo et al., 2011; Castillo, 2012; Chen et al., 2010; Hutchinson, 2007; Orcasita et al., 2010; Ruiz et al., 2012; Stattin & Kerr, 2000; Ying et al., 2015). Following a review of the literature,

two scales were selected to assess the role of parents in promoting the sexual health of adolescents including the *Parental Monitoring Scale* (Silverberg & Small, 1991) and the *Parent-Teen Sexual Risk Communication Scale* (PTSRC-III) (Hutchinson, 2007).

The Parental Monitoring Scale was created by Silverberg and Small in 1991 and was subsequently validated by other authors (Li et al., 2000). The objectives of this scale include determining the stability of parental monitoring, differences in monitoring by gender and age as perceived by parents and the evaluation of an intervention by increasing parental monitoring. The scale consists of six questions, the response options are given in a Likert scale: (1) never, (2) rarely, (3) sometimes, (4) frequently and (5) very often. The scoring range is from 6 to 30, so that a higher score reflects a higher level of parental monitoring. This scale has a reliability coefficient of internal consistency of 0.82.

The Parent-Teen Sexual Risk Communication Scale (PTSRC-III) (Hutchinson, 2007) focuses on adolescents (Hutchinson, 1994; Hutchinson & Cooney, 1998). It is an eight item self-report instrument to assess sexual communication with adolescents and parent specifically on issues related to sexually transmitted infections (STI), Human Immunodeficiency Virus (HIV), condom use, pregnancy prevention and peer pressure. It consists of eight items with a Likert scale of five options; (1) nothing, (2) little (3) something, (4) not much and (5) a lot with a scoring range from 8 to 40. A higher score indicates more communication about sex between parents and adolescents. This scale has a reported reliability coefficient of 0.94 (Benavides, 2007; Noverola, 2014; Villarruel, Jemmott, Jemmott, & Ronis, 2004).

Scale Translation

Both scales were previously translated into Spanish for use among Mexican populations. The process of back-translation was used to create the Spanish versions (Benavides, 2007; Noverola, 2014). Assessment of content validity for this study was performed by experts on adolescent sexual health promotion in Mexico. These experts determined that parental monitoring and sexual communication as measured in these scales contained dimensions contributing to sexual health promotion among adolescents. Several changes were made in the scales. Items 3 and 4 of the PTSRC-III scale which contextualized the HIV were changed to focus instead on Human Papillomavirus (HPV). Both scales used Likert response including 5 responses, (1) never, (2) rarely, (3) sometimes, (4) frequently and (5) very often. The Likert scale for both scales was modified to include 3 responses, (1) never, (2) something and (3) a lot. These scales were combined to create the *Spanish Version Parental Monitoring and Sexual Communication Scale*. Detailed scale items are provided in the Tables.

Population, Sample and Sampling

The study population included adolescents ($N = 225$, aged 14–15 years), who were enrolled in the third year of public high school in the metropolitan area of Monterrey, Nuevo Leon (Carretero-Dios & Perez, 2005). Adolescents were included if they lived with family including a father or stepfather, mother or stepmother. If they lived with a stepparent, this living arrangement was required to be at least one year. Adolescents were excluded if they were already married, living with a partner, were pregnant or parents. This age group was selected for this study because current Mexican governmental reports identify a high rate of STI exposure and transmission among this age group (Cox, 2006; Hernández, Padilla & Quintero, 2012; Riquelme, Concha, & Urrutia, 2012).

Data Collection Procedure

The study adhered to the provisions of the Regulations of the General Law of Health in Research for Health, Human subjects review was received from the Research and Research Ethics at the Faculty of Nursing,

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