

## Original Study

## Messages About Abstinence, Delaying Sexual Debut and Sexual Decision-Making in Conversations Between Mothers and Young Adolescents

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### ABSTRACT

**Study Objective:** Little is known about the information shared during family discussions about sexuality. From a public health perspective, abstinence is one of the most important sexuality topics parents can talk about with adolescents. We sought to characterize the messages mothers communicate to young adolescents regarding abstinence.

**Design:** Content analysis of dyadic discussions that occurred between June 2011–December 2012 between mothers and their 10- to 14-year-old adolescent sons and daughters. Discussions were audio-recorded, transcribed, and a grounded theory approach to content analysis performed.

**Setting:** Urban city in Western Pennsylvania.

**Participants:** Twenty-one dyads; 15 mother-daughter dyads and 6 mother-son dyads.

**Interventions:** None.

**Main Outcome Measures:** None.

**Results:** Four key themes emerged reflecting the high priority mothers placed on abstinence, delaying their adolescent's sexual debut, and nurturing sexual decision-making skills. Theme 1 focused on ensuring that adolescents understand what abstinence means. In defining abstinence, only 1 mother explained what sex is. The 3 remaining themes emphasized sexual decision-making and emphasized when it is acceptable to stop being abstinent (theme 2), why abstinence is important (theme 3), and mothers' desire to engage in ongoing discussions, particularly when an adolescent was considering becoming sexually active (theme 4). Messages did not vary according to mothers' age or according to adolescent age, gender, or race.

**Conclusion:** Mothers convey complex information about abstinence and sexual decision-making to young, non-sexually active adolescents. Message tailoring on the basis of the adolescents' age or sex was not observed.

**Key Words:** At-risk/high-risk populations, Communication, Content analysis, Dyadic relationships, Sexual behavior

### Introduction

Adolescents are disproportionately affected by negative sexual health outcomes. Although they represent only 14% of the US population, adolescents account for half of all new sexually transmitted diseases and have the highest rate of unintended pregnancy among women in all reproductive age groups.<sup>1,2</sup> Despite historic declines in the number of

adolescents who are sexually active and increases in contraceptive use in this population over the past 3 decades,<sup>3</sup> risky sexual behaviors remain problematic.<sup>4</sup> These statistics highlight the continued need for research to understand modifiable factors that influence adolescent sexual risk behaviors.

Parents represent the earliest and often strongest influence on adolescents' sexual decisions.<sup>5</sup> When parents talk

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Kanika Ramchandani was a research assistant who assisted in analyzing the data for this study. She is now a second-year medical student at Sidney Kimmel Medical College at Thomas Jefferson University.

Penelope Morrison was a postdoctoral fellow in medical anthropology who assisted in collecting and analyzing the data for this study. She is now an Assistant

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Melanie A. Gold is a pediatrician with subspecialty training in adolescent medicine who assisted with the study design, data collection, and analysis of the data.

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about sex, adolescents are more likely to delay sexual initiation, and use condoms and contraception, when they are sexually active.<sup>5-18</sup> However, information about what actually takes place during discussions is quite limited.<sup>19</sup> Most studies use survey designs that quantify the frequency of family discussions and identify which topics have been discussed and the family members most likely to engage in these discussions.<sup>20</sup> Few studies have involved direct observation of parent-adolescent conversations to characterize the communication process.<sup>21-25</sup> A recent meta-analysis of 30 years of data from more than 50 studies on the effect of parent-adolescent sexual communication on adolescent safer sex behaviors identified the lack of data regarding the content of parental discussions as a critical knowledge gap.<sup>26</sup> This information is important for clarifying the mechanisms by which family discussions influence adolescent sexual behaviors and for tailoring existing or developing new interventions to reduce adolescent sexual risk-taking behaviors.

From a public health perspective, abstinence is one of the most important topics adolescents can receive information about from their parents. Previous survey-based research and focus groups with parents have shown that parents emphasize the importance of delaying sexual initiation.<sup>27-29</sup> However, to our knowledge, no studies have observed family discussions to characterize the messages parents transmit to adolescents about abstinence, particularly early adolescents.

In this study, we examined conversations between mothers and their early adolescents as they discussed sexual health topics to characterize the messages mothers delivered about abstinence. We focused on mothers because they are the primary parent who provides sexual health education to their children<sup>11,30-34</sup> and because adolescents report that mothers have a greater influence on their sexual decision-making than fathers.<sup>35</sup> We focused on young, non-sexually active adolescents because data are particularly sparse regarding the topics parents discuss with younger adolescents and with those who have not yet begun sexual activity. Because of evidence that parents have a greater influence on their adolescents' sexual risk behaviors when discussions begin before sexual activity, this study represents an important contribution to the existing literature.

## Materials and Methods

Data were collected as part of a multisession intervention to teach mothers skills for communicating about sexual health topics. Participants completed a baseline visit before engaging in the intervention sessions. At the baseline visit mothers and adolescents completed a demographic questionnaire and engaged in a semistructured conversation about abstinence, birth control, and condom use. The current analysis focused on data from the baseline visit. Mothers provided written informed consent for themselves and their adolescent. Adolescents provided written informed assent. Mothers and adolescents each received \$20 for attending the study visit. The institutional review board at the University of Pittsburgh approved this study, and all procedures were in accordance with the ethical standards of this institutional review board.

Participants included were recruited from Allegheny County in Western Pennsylvania, where the mean age at sexual initiation is 14 years.<sup>36-38</sup> This is 3 years younger than the national average.<sup>39</sup> This setting was ideal for examining how mothers raising children in a high-risk urban environment frame abstinence discussions with their children. Eligible mothers were African American or Caucasian women older than 21 years who were the biologic parent or legal guardian of a male or female adolescent between the ages of 10 and 14 years. Adolescents had to voluntarily participate. We targeted African Americans and Caucasian families because these racial groups comprise most Allegheny county residents (164,199 [13%] and 986,419 [83%] out of 1,225,365 persons, respectively).<sup>40</sup> Mother-adolescent dyads were recruited using flyers mailed to individuals listed in research registries maintained by the University of Pittsburgh health system who resided in ZIP codes with high rates of early sexual initiation, teen pregnancies, and teen births, and who had agreed to be contacted for research studies. Patients who presented for inpatient or outpatient care at hospitals or clinics affiliated with the health system were invited to enroll in the research registry. Those who agreed to participate were asked to sign a consent form allowing their names, selective patient characteristics, and diagnostic code information to be placed in the research registry database. Patients can opt out of the registry at any time. University researchers can request to contact individuals who are potentially eligible for research studies using this database (<http://www.ctsi.pitt.edu/research-rsp-pitt.html>).

## Baseline Questionnaire Measures

For mothers, the baseline questionnaire was used to assess maternal age, marital status, and the highest educational level completed. For adolescents, the baseline questionnaire was used to assess adolescents' age, race, sex, current grade, and history of sexual activity, including sexual abuse. Mothers and adolescents completed their questionnaires separately and in private.

## Dyad Conversation

Dyads engaged in an audio-recorded, semistructured conversation in a private research room in an academic medical center. Audio recording was used because preliminary work with adolescents in the target age range indicated greater comfort with audio-recording, but not video-recording during discussions with parents about sexual health issues. A research staff member read a script describing the ground rules for the conversation, which included being respectful toward each other and talking about topics in a way that felt most natural and comfortable for each dyad member (Fig. 1). Dyads were then asked to discuss abstinence (defined as “not having sex”), birth control, and condom use, in that order. The term “sex” was intentionally not defined for dyads because we wanted to understand what mothers told their young adolescents about abstinence, including how they defined sex. Dyads were asked to talk about each topic for up to 10 minutes. Dyads were allowed to move on to discuss the next topic

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