

Adolescent Medicine

Youth-Parent Communication and Youth Sexual Behavior: Implications for Physicians

Cheryl B. Aspy, PhD, Sara K. Vesely, PhD, Roy F. Oman, PhD, Sharon Rodine, MEd, Ladonna Marshall, James Fuhr, MS, Ken McLeary, PhD

Background and Objectives: The study explores youth and parent agreement about conversations on specific topics related to sexual risk behavior and youth-parent relationship. The study's objectives were to determine if the amount of agreement was associated with youth sexual behavior. Methods: Data were collected using a computer-assisted data entry system from one parent and one youth in 1,330 randomly selected households in inner-city areas of two Midwestern cities. Results: Youth and parent agreement scores about these conversations were significantly different for youth age, race, gender, family structure, and parental income and education. Stronger agreement with youth adolescents and with the use of communication of the youth had become sexually active. Conclusions: In this study, youth-parent agreement regarding their communication was associated with positive youth outcomes including abstinence and the use of contraceptive if sexually active.

The quality of adolescents' family relationships has implications for their health. For example, studies have found that family conflict is associated with lower adherence rates in chronic adolescents and also with participation in risky behaviors.¹ Good family communication regarding sexual risk behavior has been previously associated with a delay in sexual activity.^{2,3} Sexual activity places teens at greater risk for... than with human immunodeficiency virus... other sexually transmitted diseases.^{4,5,6} as for pregnancy, which for teens translates in 800,000 annually, resulting in about 42,000 deaths, some population of teens ages 15-19.⁷ Although sexual health messages, such as those related to HIV, and teen pregnancy are still higher, and rates of STDs and teen pregnancy are higher in the United States than in other developed countries,⁸ teenagers are increasingly taking more responsibility for their health and the prevention of these behaviors.

have not been demonstrated. The role of parent-youth communication regarding sexual behavior has shown promise in preventing these behaviors,^{9,10} and youth have identified their parents as the most influential source in their sexual decision making.¹¹ This study's purpose was to explore the level of agreement between parents and teens regarding parent-youth communication about sexual risk behavior. The study's objectives were to assess the amount of youth and parents' agreement that they had talked about their relationship, as well as specific topics related to sexual risk behavior, and to determine if the level of agreement was significantly associated with sexual risk behaviors.

Methods. Data for this study were collected from 1,330 randomly selected households in inner-city areas of two Midwestern cities with populations of approximately 500,000, each of which was part of the Healthy Families Study of OHSU project. One parent and one adolescent from each household were randomly selected to participate in interviews that we conducted in the respondents' homes using a computer-assisted data entry system. The computer self-administered the risk behavior questionnaire by asking to tape-recorded

from youth headphones and then entering the responses into the computer. The response rate was 35%. The study was approved and monitored for compliance by our Institutional Review Board. Both the youth and parent signed consent forms, and a data collection protocol was used for the HFCS study have been published elsewhere.¹²

Measures. Demographic data were collected from parent and adolescent respondents. These data included age, race, ethnicity, gender, income, family structure (one or two parent households), and level of parental education.

The parent-adolescent data from two questions about general family communication about sexual relationships and sexuality. These questions were asked both of youth and their parents: "How often do you talk about sex with your child?" and "How often do you talk about sex with your adolescent?"

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Statistical Analysis. The primary analyses in this study involved responses from 1,281 subjects. Some youth were not included in the analyses for one or more of the following reasons: missing demographic data (41 parental response, 15 missing youth response), use of proxy rather than self-reporting (104-Hispanic or Non-Hispanic African American, 20 other race), both parent and youth had to respond to be included in the analysis. The number of youth ranged from 1,212 to 1,272, depending on the question. For the analysis assessing the association between parent-youth agreement and the structure of youth and parent agreement, all questions in the parent agreement scale were included. Youth also had to answer the measure of interest to be included.

Statistical analyses were performed with SPSS by W. Andrews, Bachelor 10.9 or the SAS System for Windows, Release 9.01. An alpha value of .05 was used to determine statistical significance unless otherwise noted. To determine the level of agreement between the youth and the adult, a weighted kappa statistic and 95% confidence interval were calculated. The weighted kappa gave more weight on the disagreements between the youth and the parent when the youth responded on a 5-point level of agreement than less disagreement was calculated to determine if among these parent-youth pairs responses that did not agree, the proportion in which the parent responded yes and the child responded no was different from the proportion in which the parent responded no and the child responded yes. Logistic regression was used to compare the relationship between the outcome and the positive agreement scales taking into account potentially confounding demographic variables.

Results. Data from 1,281 youth and parent pairs were analyzed from randomly selected households in two Midwestern cities with populations of 500,132 and

306,049). The gender sample was 50% female, the mean age was 15.4 years (SD=1.7), and the racial/ethnic breakdown consisted of 48% Caucasian, 23% African American, 19% Hispanic, and 10% Native American. Thirty-seven percent (n=603) of the youth reported being sexually active.

Positive Agreement Analysis

Table 1 examines the agreement analysis associated with the three items that were measured with a response Likert scale. Items related to communication about parental love (67% agreement), high parental expectations (43% agreement), and what is right and wrong in sexual behavior (37% agreement) showed significant youth-parent agreement. However, when items that did not agree were analyzed, there were also significant discrepancies, in that youth were significantly more likely to report that their parents had told them that they loved them than their parents had told them that communication had occurred. When disagreeing pairs showed high agreement were analyzed, parents were significantly more likely than youth to report that they had communicated high expectations. Likewise, in 76% of the disagreeing pairs regarding communication about what is right and wrong in sexual behavior, parents reported that they had communicated this information significantly more often than youth reported and communicated.

Table 2 examines the result for the three items that used a yes/no response set. All of these items showed significant agreement. That is, in general, youth and parents agreed about having conversations about delaying sexual activity, both sexual love, and preventing

STIs. However, for all three items, when parents and youth disagreed, significantly more parents than youth had occurred.

Positive Agreement and Youth Report That Behavior

Table 3 examines the adjusted odds ratios for the association between youth-parent positive agreement and young sexual behavior. Two behaviors, having any oral sex (7, wage not significantly associated with youth-parent positive agreement scores. However, both sexual abstinence and age of first coitus if sexually active were significantly associated with youth-parent positive agreement. These results suggest that for each point increase in the youth-parent positive agreement scores, youth were almost 17% more likely to abstain from sexual intercourse and almost 20% more likely to use birth control if sexually active.

Discussion

The results presented here suggest that parents and their adolescents tend to agree about the content of their communication regarding their relationship and about youth sexual behaviors. When they disagreed, parents reported significantly higher rates of the frequency of such communication than did their children, with the exception of showing love. However, it is not possible from our data to determine if parents represent a contribution to youth sexual behavior, or if the results represent a contribution of the youth. Because youth-parent positive agreement scores showed these conversations remained significantly as-

Weighted kappa, Fleissler's Test of Symmetry, and P Values for These Items

Item	Weighted kappa	Fleissler's Test of Symmetry	P Value
Parent tells child how much they love him/her	.67	<.0001	<.0001
Parent tells child how much they love her	.67	<.0001	<.0001
Parent tells child how much they love you	.67	<.0001	<.0001
Parent tells child how much they love you	.67	<.0001	<.0001
Parent tells child how much they love you	.67	<.0001	<.0001
Parent tells child how much they love you	.67	<.0001	<.0001
Parent tells child how much they love you	.67	<.0001	<.0001
Parent tells child how much they love you	.67	<.0001	<.0001
Parent tells child how much they love you	.67	<.0001	<.0001
Parent tells child how much they love you	.67	<.0001	<.0001

Kappa, McNemar Chi Square, and P Values for These Items

Item	Kappa	McNemar Chi Square	P Value
Parent reports talking about delaying sexual activity	.50	42.1	<.0001
Child reports talking to parents about delaying sexual activity	.48	40.9	<.0001
Parent reports talking to child about birth control	.43	36.8	<.0001
Child reports talking to parent about birth control	.43	36.8	<.0001
Parent reports talking to child about preventing STIs	.42	35.7	<.0001
Child reports talking to parent about preventing STIs	.42	35.7	<.0001

Table 2

Item	Agreement	Disagreement	P Value
Parent reports talking about delaying sexual activity	50	42.1	<.0001
Child reports talking to parents about delaying sexual activity	48	40.9	<.0001
Parent reports talking to child about birth control	43	36.8	<.0001
Child reports talking to parent about birth control	43	36.8	<.0001
Parent reports talking to child about preventing STIs	42	35.7	<.0001
Child reports talking to parent about preventing STIs	42	35.7	<.0001

Table 3

Adjusted Odds Ratio (OR) with 95% Confidence Interval (CI) for the Positive Agreement Score for Four Sexual Risk Behaviors	OR	95% CI	P Value
Parent and youth agree on communication about delaying sexual activity	1.19	1.01-1.39	.0341
Parent and youth agree on communication about birth control	1.17	1.01-1.35	.0301
Parent and youth agree on communication about preventing STIs	1.17	1.01-1.35	.0301
Parent and youth agree on communication about delaying sexual activity	1.17	1.01-1.35	.0301
Parent and youth agree on communication about birth control	1.17	1.01-1.35	.0301
Parent and youth agree on communication about preventing STIs	1.17	1.01-1.35	.0301
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Parent and youth agree on communication about birth control	1.17	1.01-1.35	.0301
Parent and youth agree on communication about preventing STIs	1.17	1.01-1.35	.0301

received with youth observations and both parents and youth reported use when communicating for youth age, race, gender, family structure, and parental income and education. It would appear critical that these conversations be encouraged, facilitated, and supported. Family physicians, the typical providers of care for middle- and low-income youth (ages 12-21),¹⁸ and thus have opportunities to encourage behaviors that allow parents for promoting healthy sexual practices.

Our findings are consistent with previous studies associating youth-parent communication with delay of youth sexual activity and use of birth control.¹⁹ A unique contribution of this study, however, is the analysis of youth-parent disagreement.

Limitations

The data for this study were self-reported and potentially subject to recall bias. Youth and parents were asked to report on their communication about delaying sexual activity and their parents' reports may have been influenced by their own perceptions of their parenting skills. Additionally, the data were collected from a convenience sample of youth and their parents, which may have introduced selection bias. The data were collected from a convenience sample of youth and their parents, which may have introduced selection bias.

It is important to draw inferences from data about the causal directions of the relationship. Even in this study because the design was cross-sectional. Thus, concerns regarding the possibility that discussing birth control with youth may be interpreted by their general practitioners as signs of sexual activity are not addressed by these data.

Lastly, the markedly low response rate may cause questions of the generalizability of these results. However, the profile of the study sample was not significantly different from the national targeted household profiles when the racial, ethnic, and household income results from the database were contrasted to similar data from the same neighborhoods, suggesting that the sample was representative of the targeted neighborhoods.

Conclusions

Health-care communication is important to youth sexual behavior, but it is critical to involve the youth and parents together in that communication. It appears that parents tend to overestimate the amount of communication with their youth regarding these matters. While it was more possible to determine if youth were in error in their reports and underestimated the consequences, there did appear to be a bias that their parents had discussed these topics less frequently as their parents did. Although communication may be a proxy for a strong relationship or parent monitoring, it is also probable that both frequency of conversations and intensity of advice contributed both. May a visit in the household that youth will get the message that parents intend to communicate, but further research is needed for a definitive answer.

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Vesely, S. K.
Oman, R. F.

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Availability: Society of Teachers of Family Medicine, 11400 Tomahawk Creek Parkway, Suite 540, Leawood, KS 66211; Telephone: (800) 274-2237, Fax: (913) 906-6096, E-mail: stfmoffice@stfm.org, Web site: www.stfm.org

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