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Does Parental Stress Influence Parent-Child Sexual Communication?

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Does Parental Stress Influence Parent-Child Sexual Communication?

THESIS

A thesis submitted in partial fulfillment of the
requirements for the degree of Master of Science in
Family Sciences in the College of Agriculture, Food and Environment
at the University of Kentucky

By

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ABSTRACT OF THESIS

Does Parental Stress Influence Parent-Child Sexual Communication?

This study shined a light on the impact of parent's sexual attitudes and parental stress has on parent-child sexual communication. A sample of 203 parents between the ages of 30 and 60 were recruited to complete an online survey about their levels of parental stress, their sexual attitudes, and how often they discuss sexual communication with their adolescents. Beliefs that the responsibility of birth control should be shared between all parties involved, sets the foundation that there will be higher levels of parent-child sexual communication. These findings inform therapists about the importance of creating a safe place where families can open up and discuss sex-related topics without judgment. The findings also inform sex educators that implementing more information on birth control can increase the frequency of parent-child sexual communication.

KEYWORDS: Parents, Sexual Attitudes, Parental Stress, Parent-Child Sexual Communication, Adolescents

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Chapter One: Introduction

Of industrialized nations, The United States has one of the highest rates associated with sexually transmitted infections, teenage pregnancy, and teenage births (Kohler, Manhart, and Lafferty, 2008). When it comes to 15-24-year-olds in the United States, they account for almost one-half of all new sexually transmitted infections (STIs), even though they represent only 25% of the sexually active population (Kohler, Manhart, and Lafferty, 2008). In order to combat these high rates of STIs and teenage pregnancy, as well as a healthy outlook at sex, children need to gain education about sex and be able to talk about it. These conversations can be held within the schools, among peers, learned on social media, and talked through with the child's parents (Mark, Vowels, Bennett, & Norwick, 2018).

Parent-child sexual communication is a communication pattern between parents and their children about sex-related issues that include topics related to sexuality, sex, contraception, and sexual health outcomes (Flores & Barroso, 2017). When it comes to sex-related issues, parents are educators because they serve as role models and provide information to their children from an early age (Flores & Barros, 2017; Krauss & Miller, 2012; Mustanski & Hunter, 2012). Simply being involved in a child's life is not necessarily enough to ensure that parents are capable, willing, and able to deliver sex-related information to their children.

One factor that can affect the involvement of the parents and the delivery of sex-related information to their children is the amount of stress a parent feels. Parental stress has been associated with adverse outcomes that include less involved parenting, negative parenting practices, and increased child behavior problems (Cole, Michel, &Teti, 1994;

Crnic & Low, 2002; Deater-Deckard & Scarr, 1996; Holahan & Moos, 1987). When parents report a higher level of parental stress, they can be less involved with their children. When parents are less involved with their children, children have more negative parent-child interactions, which may extend from childhood development into psychological difficulties in adulthood (Deater-Deckard & Scarr, 1996; Holahan & Moos, 1987). Thus, the purpose of this study is to see how parental stress and parent's sexual attitudes may affect the involvement and frequency of communicating with adolescents about sex-related information.

Literature Review

Family stress theory primarily focuses on the influence of stress on family development (Bengston et al., 2005). To understand the process of reactions to a stressor in one's family, Hill (1949) developed the ABCX model. In this model, "A" is the stressor event, "B" is the resource, "C" is the definition the family makes of the event, and "X" is the crisis. Hill (1949) believed that each component of the model interacted with each other to develop X, the crisis. A prominent critique of Hill's ABCX Model was the difference between a crisis and a stressor. McCubbin and Patterson (1981) define stress as a state that arises when families have an imbalance between the demand and their capability of the needs present. Based on this critique, McCubbin and Patterson (1981) introduced the Double ABCX Model of family behavior. In this model, the "aA" factor is the pileup of stressors and strains that happened during family demands. These demands or changes that happen in the system can emerge from individual family members, the family system, or the community that the family is a part of. The next part of the model is the "bB" factor, which consists of adaptive family resources. McCubbin

and Patterson present these adaptive resources into two general types: existing resources and expanded family resources (1981). After resources, the Double ABCX Model brings attention to the meaning that the family gives to the crisis and stressors/strains. This part of the model is the "cC" factor, where the family gives the crisis a new meaning. The last part of the model that McCubbin and Patterson define is the "xX" factor. When families can adapt, they can then balance their demands to meet their capabilities.

Family stress theory suggests that when these stressors pile up, they can be normative or non-normative. A family system is forever changing. As the system changes, there are mental and physical developments happening between each stage of life. As a result, families shift their roles every so often, causing a normative transition. The transition into adolescence may act as a significant stressor for the parents as their children move towards more independence (McCubbin & Patterson, 1983). When normative transitions or opportunities occur, they place demands on the family system because the system is now required to change what may have worked in the past.

Parental Stress

In addition to family stress, parent stress seems to influence parent-child interactions which, in turn, could influence communication about sexuality**.** Parental stress is a psychological reaction due to a mismatch between perceived parental demands and available parental resources (Deater-Deckard, 1998). Differences among parents and their experiences of stress and its causes can exist even if the parents have similar resources to meet the demands (Deater-Deckard, Smith, Ivy & Peril, 2005). There are also several contextual factors outside of the parent-child relationship that can affect parenting behavior (Belsky, 1984). The contextual factors that may shape parenting

behavior can include marriage, social networks, the individual's developmental history, and general psychological health. These factors can affect parenting behavior by influencing the well-being of the parents, which then shape the parenting style and abilities (Belsky, 1984). As stated before, parental stress can lead to adverse outcomes. These outcomes of less involved parenting and negative parenting practices can affect the child's development throughout the child's lifespan (Cole, Michel, &Teti, 1994; Crnic & Low, 2002; Deater-Deckard & Scarr, 1996; Holahan & Moos, 1987).

Parental stress with adolescents. The adolescent stage is often described as the most stressful of all development stages for parents (Pasley & Grecas, 1984). It is filled with physical and social changes that can cause both social and familial difficulties for the adolescent and their family (Eccles, 1999). When entering the adolescent stage, there may be an increase in conflict between parents and their children because parents may not understand their children as she or he becomes more independent (Carpenter, Frankel, Marina, Duan, & Smalley, 2004). Even though the adolescent stage may present with high stress and feelings of incompetence for parents, it is not as commonly researched as parents with young children (Mistry, Stevens, Harvinder, DeVogli, 7 Halfon, 2007). With the little research that is done, Robin (1981) has found that the conflict between a parent and their adolescent can be corrected with intervention.

Factors Contributing to Parent-Child Sexual Communication

Competence. Parents and their adolescent children must be able to communicate appropriately and effectively in general before they will be able to do so about sex in particular.

General discomfort surrounding parent-child conversations about sex probably makes it a more difficult topic to broach than topics perceived to be less taboo. The most common concerns parents have dealt with when communicating with their children about sex is if the parents will approach it in a manner that will be effective and do so at an appropriate time regarding the child's sexual debut (Afifi, Joseph, & Aldeis, 2008). Perhaps not surprisingly, adolescents whose parents fail to communicate effectively with them about sex tend to engage in riskier sexual behavior (e.g., unprotected sex) and obtain sexual education information from others that may not be helpful or accurate (Afifi et al., 2008).

Parenting Style. When a parent pursues the conversation with a more informal and receptive style, adolescents appear to be less anxious and listen more attentively (Afifi et al., 2008). Research suggests that adolescents believe the most useful way of obtaining information about sex is to have a conversation that is comprehensive and includes information about safety. A comprehensive style consists of topics surrounding abstinence, other methods of birth control, and STIs (Chin et al., 2012). Farber (2003) suggests that these comprehensive-based programs address sexual and nonsexual antecedents. In this description, sexual antecedents refer to the specific attitudes and beliefs about sex, details about birth control, childbearing, and developing actual skills in dealing with sexual situations. Nonsexual antecedents refer to focusing on setting goals for one's future, developing skills to meet those goals, and helping adolescents develop healthy and appropriate relationships. By initiating a comprehensive style, parents can talk about relationships, safety, and even the emotions that go along with engaging in sexual activities. By obtaining that knowledge, adolescents have a greater understanding of sexual intercourse. When adolescents are informed about sexually transmitted

infections, proper use of condoms, and pregnancy, parents are lowering their adolescent's risk of getting STIs or becoming pregnant by giving them appropriate information (Holman & Kellas, 2018). Unfortunately, parents communicating with their adolescents about comprehensive sex education is uncommon. Instead, many parents only focus on the safety aspects of sex education (e.g., STIs) and advocate for abstinence, or waiting until marriage (Holman & Kellas, 2018).

Research has also found that parents are more likely to talk about the biological aspects of sex compared to discussing the interpersonal issues relating to sexuality because they feel more comfortable doing so (Nolin & Peterson, 1992). Thus, parents will discuss more about puberty, condom use, or the mechanics behind sexual intercourse. Holman and Kellas (2015) have shown that when parents and their adolescents talk more openly about sex, adolescents' sexual risk-taking decreases, but adolescents want a more direct style when it comes to talking about steps to take to have a safer sexual experience.

Communication Frequency. Although many parents believe their children do not want to hear about the parents' views and opinions about sex, research has shown that adolescents prefer to talk with their parents about sex more frequently than what tends to occur (Pariera & Brody, 2017). In short, adolescents want more frequent information from their parents about sex. When adolescents are able to receive frequent information, they can approach the topic with more ease and less stress. This is because the more often parents and their children discuss sex, the less taboo it seems, and the more comfortable it is to make the conversation.

The Relationship Between Parents and Adolescents. The relationship between a parent and their adolescent child plays a role in determining how effective parent-child communication about sex education will be. Adolescents who have a more close and open relationship with their parents tend to report experiencing less anxiety and employing fewer avoidance strategies during the process of communication with them about sex (Afifi et al., 2008). That said, when enmeshment is present in the parent-adolescent relationship, adolescents often report that parents reveal too much information and cause discomfort in their child (Afifi et al., 2008).

Parents as Communicators

Mothers as Communicators. For a long time, mothers have been the primary parent to talk to their children about sex. The majority of the time, both daughters and sons talk to their mothers about sex and other related topics, but the daughter is typically the one who leans more on the mother about the topic of sex. When daughters have questions about sex or are curious about the topic, they feel more comfortable going to their mother for answers (Hyde et al., 2013). Based on adolescent perceptions, mothers are typically more understanding when issues or questions arise from their children and are able to offer more guidance than fathers (Dilorio, Kelley, & Hockenberry-Eaton, 1999). They feel more comfortable and are able to talk about a variety of issues, such as the menstrual cycle, pregnancy, using condoms, and dating (Dilorio, Kelley, & Hockenberry-Eaton, 1999).

A study done by Newcomer and Udry (1984) found that the views and experiences that mothers have about sex are a significant factor in determining how the daughter will also view and experience sex. If a mother engages in sexual activity at an

early age, she will often tell her daughter about her experience. Interestingly, if a mother engages in sexual activity at a young age, then her daughter will more than likely do so at the same age (Newcomer & Undry, 1984). Findings suggest this is due to the amount of sexual communication available and the nature of the mother-daughter relationship.

Fathers as Communicators. Research concerning the father's role in communicating about sex is limited, perhaps because fathers tend to be uncomfortable communicating with their children about sex and therefore do not seem to play an active role in their children's sex education (Lehr, Demi, Dilorio, & Facteau, 2005). Research suggests that daughters and sons sense this and consequently, do not go to their father when they have questions related to sex (Lehr et al., 2005). Most research has found that fathers talk to their sons more than communicating with their daughters. Sons tend to ask their fathers about dating and how to use protection to practice safe sex, rather than about the actual process of sexual intercourse and sexually transmitted infections (Dilorio et al., 1999). Research by Lehr et al. (2005) has found that there is a period that the father feels as if he should start talking about sex to his son. Fathers begin to initiate the sex talk when they see that their sons have attained more physical development. Once it is noticeable that their son is going through puberty, fathers feel the need to begin the conversation, because there is a possibility that the son will become sexually active. Little is known about the outcomes associated with fathers communicating about sex with their daughters but having those conversations can be an essential experience for daughters. Hutchinson and Cederbaum (2011) have found that the amount of father-daughter communication about sex is positively associated with the age at which the daughter has intercourse for the first time and negatively associated with the number of partners with

whom she has intercourse. Further, most daughters wish that their fathers would talk with them about dating and how to deal with peer, relational, and internal pressure to have sex (Hutchinson & Cederbaum, 2011).

Purpose

The purpose of the present study was to examine the relationship between parental stress and how it may affect discussing topics related to sexual communication between a parent and their adolescent. This study also examines how parent's sexual attitudes may influence parent-child sexual communication. This correlational study will examine the level of stress of a parent, parent's sexual attitudes, and the frequency of sexual communication between them and their adolescent child. Specifically, the following research questions were answered:

RQ1. Is parent communication different for daughters compared to sons?

RQ2. What components of parent sexual attitudes and stress of the parent most significantly contribute to sexual communication between parents and children?

Chapter Two: Methods

Sampling

Participants from the University of Kentucky employees were recruited to complete an online survey through Qualtrics. First, all the University of Kentucky employee e-mail addresses were obtained by sending an open-records request to ukopenrecords@uky.edu. Then, 15,682 employee e-mail addresses were obtained. All employee e-mail addresses were given an assigned number, ranging from 1-40. All employees that were assigned to a one, two, or three were selected, resulting in a total of 1,676 e-mails. Next, an e-mail introducing the study and providing the survey link was

sent to the participants (See Appendix 1). Participants were also recruited through social networking sites (e.g., Facebook, Twitter).

Participants were informed in the recruitment email that by participating in the study, they would be put in a lottery for a chance to enter into a drawing to win a $50 check for every 1 out of 100 participants, up to 500. There were not enough participants to select five randomized winners to win the five $50 checks, so instead, two $50 checks were awarded to two winning participants. The participants' responses were given an assigned number, and then Microsoft Excel was used to generate random numbers, which corresponded to the two winning participants.

Participants

Inclusion criteria required participants to be between 30 and 60 years of age and be a parent to an adolescent child (between the ages of 11 and 16) who lives with them at least half of the time. Participation in this study was on a voluntary basis. A total of 203 participants were used in the analysis (see Table 1). The majority of the participants identified as women (n=163, 80%), and 40 (20%) participants identified as men. Participants ranged from 30 to 60 years of age, with a mean age of 43 years old (SD = 6.4). Most participants were Caucasian (84.7%), though some identified as Black or African American (7.4%), and Hispanic or Latino (4.9%). Most of the participants reported that they were married and living with a spouse (75.4%), though some were divorced/separated (11.8%) and single (5.9%). The majority of participants reported the gender identity of their child to be girls (n=105), followed by boys (n=90). The average age the participants reported of their child was 13 years old. For the participants who reported being mothers, the majority were thinking of their daughters (*n*=90) when they

answered the questions (though 69 of them thought of their sons as they answered). For the participants who reported being fathers, the majority were thinking of their sons (*n*=21) when they answered the questions (though 16 of them thought of their daughters.

Procedure

Research procedures were approved by the University of Kentucky's Institutional Review Board. Participants were recruited by email through an open records requests after receiving approval from the University of Kentucky (see Appendix 2) and were also recruited through social networking sites (e.g., Facebook, Twitter). Participants were then sent an email that contained the link to the Qualtrics survey. The online survey from Qualtrics began with the informed consent page for the participants to read and agree to the terms of the study. Participants then clicked "next" to continue with taking the survey. Participants were informed that they may voluntarily stop at any point while taking the survey if they do not wish to continue. At the conclusion of the survey, all participants had the chance to be entered in a lottery to win a $50 check for every 1 out of 100 participants. The researcher's contact information was provided to the participants to answer any questions or concerns regarding the survey. The e-mail questionnaires took approximately 20 minutes to complete.

Measures

Demographics. The first portion of the survey contained demographic questions. The demographic questions included questions about participants' sexual orientation, age, race/ethnicity, geographic location, and others. The form also consisted of several questions regarding being parents and the age of their children (See Appendix 3). For

example, participants were asked if they had any children living with them at least half of the time, what the child's age was, and what the child's gender identity was.

Sexual communication. The 20-item Sexual Communication Scale (SCS; Somers & Canivez, 2003; see Appendix 4) was designed to assess the frequency of sexual communication between parents and their adolescents. Example items included "Dating relationships" and "Love and/or marriage", with these items, participants will answer how frequent they communicate about them. Items are then rated on a 5-point Likert-type scale ranging from *never* (1) to *a lot of times* (5). Responses are then summed all together, ranging from 20 – 100. Higher scores indicate a greater degree of sexual communication between the parents and their adolescents. The alpha coefficients found in this study were .94 for mothers and .95 for fathers.

Sexual attitudes. The 23-item Brief Sexual Attitudes Scale (BSAS; Hendrick, Hendrick & Reich, 2006; see Appendix 5) was designed to assess multi-dimensional attitudes towards sex. The BSAS is made up of four subscales: Permissiveness, Birth Control, Communion, and Instrumentality. Example items included, "I do not need to be committed to a person to have sex with him/her." and "Sex is a very important part of life". Items are rated on a five-point Likert scale ranging from *strongly agree* (1) to *strongly disagree* (5). Participants received four subscale scores that are based on the mean score for that particular subgroup. For mothers, the alpha coefficients found in this study were .93 for Permissiveness, .81 for Birth Control, .76 for Communion, and .74 for Communion. For fathers, the alpha coefficients found in this study were .94 for Permissiveness, .77 for Birth Control, .39 for Communion, and .74 for Instrumentality.

Parental stress. The 18-item Parental Stress Scale (PSS; Berry & Jones, 1995; See Appendix 6) was designed to assess stress associated with the role of parenting. Example items included, "I am happy in my role as a parent" and "The major source of stress in my life is my children". Items are rated on a 5-point Likert-type scale ranging from *strongly agree* (1) to *strongly disagree* (5). Scores range from 18 to 90, with lower scores representing less stress associated with parenting and higher scores indicating higher parenting stress levels. Wording for the items was chosen so that statements indicating more stress were equally balanced with statements indicating less stress. The alpha coefficients found in the current study were .66 for mothers and .56 for fathers.

Data Analysis

Data were collected using Qualtrics. A correlational analysis was completed to investigate the relationship between sexual communication, parent's attitudes about sexuality, and parenting stress. An independent samples t-test was conducted to answer RQ1 regarding whether gender of the child was associated with level of sexual communication from parents to children. A multiple linear regression analysis was conducted to answer RQ2 regarding the relationship between the four subscales of sexual attitudes and parental stress on parent-child communication about sex.

Table 1. *Sample Characteristics*

Characteristic	Sample (*n*)	Sample (%)
Gender Identity		
Woman	163	80
Man	40	20
Sexual Orientation		
Heterosexual/Straight	190	93.6
Bisexual or Pansexual	7	3.4
Lesbian/Homosexual/Gay	4	2.0
Other	2	1
Racial/Ethnic Identity		
Caucasian (non-Hispanic)	172	84.7
Hispanic or Latino	10	4.9
Black or African American	15	7.4
Other	6	3
Marital Status		
Single, not married or currently partnered	12	5.9
Married, living with Spouse	153	75.4
Separated/Divorced	24	11.8
Other	14	7
Attendance to Religious or Spiritual Services		
Not at all	52	25.6
A few times a year	66	32.5
About once a month	21	10.3
Weekly	53	26.2
More than once a week	11	5.4
Gender Identity of Child		
Girl	105	51.7
Boy	90	44.3

Note. $n = 203$

Chapter Three: Results

The analysis was completed to investigate the relationships between sexual communication, parent's attitudes about sexuality, and parental stress (see Table 2). The sexual communication scale was positively correlated with attitudes about responsibility associated with birth control (as a subscale) in the brief sexual attitudes scale, $r = .24$, $p<.001$; parents who agreed more strongly with the responsibility of birth control were more likely to have higher levels of sexual communication with their adolescent. The sexual communication scale was negatively correlated with parental stress, $r = -.16$, $p<.05$. Thus, as the frequency of sexual communication within the parent-child relationship increased, parental stress decreased. Parental stress was positively correlated with permissive attitudes about sexuality (as a subscale) in the brief sexual attitudes scale, $r = .28$, $p<.001$; stress levels were higher for parents who have more permissive attitudes about sexuality.

We completed a zero-order correlation for the gender of the child (see Table 3). Although we inquired about transgender and binary children in the survey, we only included cases in which the respondent was the parent of a child identified as a girl or as a boy because there were insufficient cases to include other responses ($n = 4$). Results controlling for gender of child included a statistically significant relationship between sexual communication and permissive attitudes about sexuality, $r = -.14$, $p <.05$. Thus, as the frequency of sexual communication increased, the less likely parents were to have more permissive attitudes toward sexuality. Sexual communication was also positively correlated with attitudes about responsibility associated with birth control, $r = .26$, $p <.001$. There was a negative correlation between sexual communication and

instrumentality, which is defined as attitudes emphasizing sexuality as an act for physical enjoyment, $r = -.14$, $p<.05$; parents disagreed more about sexuality as an act for physical enjoyment, there were lower levels of sexual communication. Results controlling for gender of child also included a statistically significant relationship between sexual communication with parenting stress, $r = -.16$, $p<.05$. Parental stress was also positively correlated with permissive attitudes about sexuality, $r = .30$, $p<.001$.

To understand gender differences, we completed a final set of correlational analyses for parents of girls (see Table 4) and parents of boys (see Table 5). For girls, there was a statistically significant relationship between sexual communication with attitudes about birth control, $r = .27$, $p<.01$. Thus, parents who agreed more strongly with the responsibility of birth control were more likely to have sexual communication with their adolescent girls. There was also a statistically significant relationship between parenting stress with permissive attitudes about sexuality, $r = .26$, $p<.01$. This indicated that parents who were more likely to have more permissive attitudes were less likely to communicate about sex with their daughters. For boys, there was a statistically significant relationship between sexual communication with attitudes about birth control $r = .24$, $p<.05$. For parents of boys, there was also a negative correlation between sexual communication and parenting stress, $r = -.28$, $p<.01$. This indicated that as parents had higher levels of communication about sexuality with their adolescent boys, they had lower parental stress. Lastly, there was a positive correlational between parental stress and more permissive attitudes about, $r = .35$, $p< .001$.

An independent samples t-test was conducted to examine the difference in sexual communication for boy and girl children. Parents communicated slightly more to

daughters, (*M*=2.90, *SD*=.96) than boy children (*M*=2.63, *SD*=.93), $t(193) = 1.99$, $p = .048$.

Lastly, a multiple regression analysis was conducted to answer RQ2 regarding the relationship between the four subscales of sexual attitudes and parental stress on parent-child communication about sex. First, mothers and fathers were tested separately however, the overall model results did not differ, so one parsimonious model was conducted with all parents together to improve statistical power. The overall model was significant, $F(5) = 4.53$, $p = .001$ and 9% of variance in the model predicting sexual communication was accounted for in this, *Adjusted* $R^2 = .09$. Specifically, parent's attitudes towards birth control was the most salient and only significant predictor of sexual communication ($\beta = .28$); indicating 28% of variance in sexual communication was accounted for in attitudes toward birth control. None of the other variables predicted sexual communication (See Table 6).

Table 2. *Correlations for Total Sample*

	Sexual Communication Variable	BSAS Permissiveness Mean	BSAS Birth Control Mean	BSAS Communion Mean	BSAS Instrumentality Mean	PSS Mean
Sexual Communication Variable	1					
BSAS Permissiveness Mean	-.128	1				
BSAS Birth Control Mean	.243**	.076	1			
BSAS Communion Mean	-.028	-.151*	.097	1		
BSAS Instrumentality Mean	-.132	.289**	-.011	.095	1	
PSS Mean	-.161	.283**	-.138	-.053	.143	1
M	2.79	1.94	4.45	3.60	2.56	2.08
SD	.97	.94	.83	.75	.74	.51

Note. **$p < .01$. *$p < .05$

Table 3. *Partial Correlation for Gender Identity of Child*

	Sexual Communication Variable	BSAS Permissiveness Mean	BSAS Birth Control Mean	BSAS Communion Mean	BSAS Instrumentality Mean	PSS Mean	Child's Gender Identity
Sexual Communication Variable	1						
BSAS Permissiveness Mean	-.144	1					
BSAS Birth Control Mean	.264	.073	1				
BSAS Communion Mean	-.037	-.155	.103	1			
BSAS Instrumentality Mean	-.135	.287	-.013	.097	1		
PSS Mean	-.148	.294	-.133	-.060	.146	1	
Child's Gender Identity	-.051	-.010	.035	-.006	-.28	-.165	1
M	2.82	1.95	4.47	3.61	2.56	2.08	1.52
SD	.93	.95	.83	.75	.75	.52	.63

Table 4. *Correlations for Girls Only*

	Sexual Communication Variable	BSAS Permissiveness Mean	BSAS Birth Control Mean	BSAS Communion Mean	BSAS Instrumentality Mean	PSS Mean
Sexual Communication Variable	1					
BSAS Permissiveness Mean	-.119	1				
BSAS Birth Control Mean	.270**	.117	1			
BSAS Communion Mean	-.058	-.179	.028	1		
BSAS Instrumentality Mean	-.132	.316**	-.027	.104	1	
PSS Mean	-.075	.265**	-.132	-.045	.181	1
M	2.90	1.94	4.42	3.60	2.64	2.15
SD	.96	.93	.92	.77	.78	.56

Note. **$p < .01$.

Table 5. *Correlations for Boys Only*

	Sexual Communication Variable	BSAS Permissiveness Mean	BSAS Birth Control Mean	BSAS Communion Mean	BSAS Instrumentality Mean	PSS Mean
Sexual Communication Variable	1					
BSAS Permissiveness Mean	-.144	1				
BSAS Birth Control Mean	.235*	.063	1			
BSAS Communion Mean	-.027	-.086	.168	1		
BSAS Instrumentality Mean	-.171	.221*	.064	.140	1	
PSS Mean	-.279**	.347**	-.073	-.058	.061	1
M	2.63	1.94	4.54	3.59	2.49	2.01
SD	.93	.98	.69	.74	.69	.45

Note. *$p < .05$. **$p < .01$.

Table 6. *Summary of Multiple Regression Analyses*

Variable	*B*	*SE*	*b*
Constant	2.63	.587	
BSAS Permissiveness Mean	-.121	.077	-.122
BSAS Birth Control Mean	.301*	.081	.265
BSAS Communion Mean	-.100	.091	-.080
BSAS Instrumentality Mean	-.095	.094	-.075
PSS Mean	-.148	.136	-.081
R^2	.09		
F	4.53		

Note. *p<.001.

Chapter Four: Discussion

The purpose of the present study was to examine the relationship between parental stress and how it may affect discussing topics related to sexual communication between a parent and their adolescent. This study also examined how parent's sexual attitudes may influence parent-child sexual communication. The study found that there was a significant difference based on gender of the child, such that parents of girls communicated about sex slightly more to their child than parents of boys. One explanation would be that there are gender differences in society among adolescent boys and girls (Wilson & Koo, 2010). In today's society, adolescent boys are typically taught more information on dating and how to use male condoms (Wilson & Koo, 2010). With adolescent girls, parents feel more pressure to discuss the negatives of sexual activity such as, pregnancy and STIs (Dilorio, Kelley, & Hockenberry-Eaton, 1999). The main finding consistent across the different analyses suggest that when parents have more positive beliefs about the responsibility of birth control, they are more likely to talk to their children about sex.

Implications

From the present study, the research aims to help contribute to the family sciences research field by adding additional knowledge to help individuals working with parents of adolescents. Specifically, this research suggests that certain sexual attitudes may impact sexual communication among parents and their adolescents. The findings could suggest that more positive attitudes about birth control in parents are beneficial in increasing the frequency of parent-child sexual communication.

There are multiple ways clinicians and sex educators can help aid in giving families additional knowledge when it comes to parent's sexual attitudes and parent-child sexual communication. A finding in this study suggests that parents who have more positive sexual attitudes about the responsibility of birth control are more likely to talk to their adolescents more about sex and its related topics. For clinical implications, it would be beneficial for clinicians to help facilitate open communication about responsibility with birth control. Having a more open discussion about the responsibility of birth control may improve sexual communication between the system and allow for members of the family to clarify with each other. Clinicians may also aide in helping parents change their attitudes when it comes to the responsibility of birth control. Constructing an open environment where parents are able to discuss where their attitudes may stem from, can help begin the conversation about responsibility with birth control. Sex educators can also be beneficial when it comes to the responsibility of sex. For example, sex educators can include more information about the responsibility of birth control in their lessons. Having material about responsibility may allow parents and children to learn more about the importance, which can lead to more sexual communication.

Limitations

Although this study presents findings on the correlation between parents' levels of parenting stress, sexual attitudes, and the frequency of parent-child sexual communication should be interpreted with caution due to the limitations. First, the study used a sample of mostly employees at the University of Kentucky, which means that the results are not generalizable to the larger population. Also, the majority of participants were heterosexual, white women who were married and living with their spouse. Future

research could benefit from a more diverse population to understand how parental sexual attitudes play a role in communication in families that may not meet the "norm" of society. Another limitation would be the perceived memories of the parent's frequency of sexual communication by only asking the participants how often they discuss the sexual topics with their children. By not also assessing the children's view of how often their parents discussed sex and its related topics, the results could be skewed.

Conclusion

The present study aimed to fill in the gap in the research literature by gaining a better understanding of how parental stress can impact parent-child sexual communication and how sexual attitudes influence what parents discuss with their children regarding sex and its related topics. The purpose of this study was to provide support to families on how important it is for parents to reduce their stress and have more positive sexual attitudes in order to foster more meaningful conversations with their adolescents about sex and its related topics. Results suggest that parental attitudes about birth control can have an impact on parent-child sexual communication. The participants' responses to the questionnaires aim to support the importance of having more positive attitudes about birth control and how it correlates to increased sexual communication between a parent and their adolescent.

APPENDICES

Appendix 1

Participant Recruitment E-mails

Dear participants,

You are invited to be in a research study being done by Kirstie Otto from the University of Kentucky. I would appreciate it if you will take roughly 20 minutes to complete a survey that is designed to assess the relationships between parents and their children. If you are a parent between 30 and 60 years old with a child who lives with them at least half of the time that is between the ages of 11-16, then you are eligible to participate in this research study. By completing the survey, you will be eligible to enter a drawing for $50. We will award one $50 check for every 100 people who complete the survey, up to 500 participants. Participants will have an opportunity to give your email address to be entered into this drawing; this information will remain confidential.

To begin the survey, go to:

https://uky.az1.qualtrics.com/jfe/form/SV_6Alf7M0H2pjUnhb

If you have any questions regarding this survey, please email Kirstie Otto, the graduate student researcher, at Kirstie.otto@uky.edu.

Respectfully,

Kirstie Otto and Dr. Ronald Werner-Wilson

Appendix 2

Open Records Request

University of Kentucky | Official Records Custodian

January 17, 2020

VIA EMAIL: kirstie.otto@uky.edu
Ms. Kirstie Otto
Department of Family Sciences Intern Therapist

RE: Open Records Request

Dear Ms. Otto:

This letter is in response to your Open Records Requests received by this office on January 13, 2020. You requested the following:

> "My name is Kirstie Otto and I am submitting an open records request for employee email addresses. The email addresses are being sought for research purposes under a protocol that has been approved by the University of Kentucky Office of Research Integrity. I am seeking email addresses for employees that are between 30 and 60 years of age. I have attached a copy of my approved protocol from the University of Kentucky Office of Research Integrity to this email."

RESPONSE: Pursuant to your Open Records Request above, please see the Excel spreadsheet from the University's Analytics Department that is responsive to your request. Please be advised the emails for student employees with privacy flags have not been included.

Should you have any further questions, please contact the Open Records Office.

Respectfully,

Bill Swinford

Bill Swinford
Official Records Custodian

Attachment

seeblue.

301 Main Building | Lexington, KY 40506-0032 | O: 859-257-6366 | F: 859-323-1062 | www.uky.edu/legal/open-records | ukopenrecords@uky.edu

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Appendix 3

Demographic Form

For the following items, please select the one response that is most descriptive of you or fill in the blank of as appropriate.

1. What is your gender identity? (choose all that apply)
   a. Women
   b. Man
   c. Trans or transgender
   d. Gender nonbinary or gender nonconforming
   e. Other, please specify: _____

2. Which of these commonly used terms would you use to describe your sexual orientation?
   a. Heterosexual/Straight
   b. Bisexual or Pansexual
   c. Lesbian/Homosexual/Gay
   d. Questioning, or uncertain
   e. Asexual (I have never experienced sexual attraction to others)
   f. Others, please specify: _____

3. Does you gender identity match the sex you were assigned at birth?
   a. Yes (I'm cisgender)
   b. No (I'm transgender or gender nonbinary)
   c. I'm not sure what this means
   d. Other, please specify: _____

4. What is your age?
   a. Please specify: _____

5. Which of the following best describes your racial or ethnic identity?
   a. Caucasian (non-Hispanic)
   b. Hispanic or Latino
   c. Black or African American
   d. Native Alaskan or American Indian
   e. Asian or Asian American
   f. Middle Eastern or Arab American
   g. Native Hawaiian or other Pacific Islander
   h. Other

6. What is your marital status?
   a. Single, not married or currently partnered
   b. Married, living with spouse

c. Married, not living with spouse
d. Partnered, living with partner
e. Partnered, not living with partner
f. Separated
g. Divorced
h. Widowed
i. Other, please specify: _____

7. During the past 12 months, how often did you typically attend religious or spiritual services?
    a. Not at all
    b. A few times a year
    c. About once a month
    d. Weekly
    e. More than once a week
    f. No response

8. Do you have any children living with you at least half of the time between the ages of 11 and 16?
    a. Yes
    b. No

9. For the child you are thinking about for this survey, what is their age?

10. For the child you are thinking about for this survey, what is their gender identity?
    a. Girl
    b. Boy
    c. Trans or transgender
    d. Gender nonbinary or gender nonconforming
    e. Other, please specify: _____

11. Where did you grow up?
    a. Please specify: _____

12. Where do you currently reside?
    a. Please specify: _____

Appendix 4

Communication About Sexuality

Using this scale, rate how much you have communicated with your adolescent on the following topics (mark your answer on the line to the left of the item number):

1	2	3	4	5
never		a few times		a lot of times

_____ 1. Sexual reproductive system ("where babies come from")

_____ 2. The father's part in conception ("getting pregnant")

_____ 3. Menstruation ("periods")

_____ 4. Nocturnal emissions ("wet dreams")

_____ 5. Masturbation

_____ 6. Dating relationships

_____ 7. Petting ("feeling up")

_____ 8. Sexual intercourse

_____ 9. Birth control in general

_____ 10. Whether you personally are using birth control

_____ 11. Consequences of teen pregnancy (other than AIDS)

_____ 12. Sexual transmitted diseases

_____ 13. Love and/or marriage

_____ 14. Whether pre-marital sex is right or wrong

_____ 15. Abortion and related legal issues

_____ 16. Prostitution

_____ 17. Homosexuality

_____ 18. AIDS

_____ 19. Sexual abuse

_____ 20. Rape

Appendix 5

BRIEF SEXUAL ATTITUDES SCALE

Listed below are several statements that reflect different attitudes about sex. For each statement fill in the response on the answer sheet that indicates how much you agree or disagree with that statement. Some of the items refer to a specific sexual relationship, while others refer to general attitudes and beliefs about sex. Whenever possible, answer the questions with your current partner in mind. If you are not currently dating anyone, answer the questions with your most recent partner in mind. If you have never had a sexual relationship, answer in terms of what you think your responses would most likely be.

For each statement:

A = Strongly agree with statement

B = Moderately agree with the statement

C = Neutral - neither agree nor disagree

D = Moderately disagree with the statement

E = Strongly disagree with the statement

1. I do not need to be committed to a person to have sex with him/her.
2. Casual sex is acceptable.
3. I would like to have sex with many partners.
4. One-night stands are sometimes very enjoyable.
5. It is okay to have ongoing sexual relationships with more than one person at a time.
6. Sex as a simple exchange of favors is okay if both people agree to it.
7. The best sex is with no strings attached.
8. Life would have fewer problems if people could have sex more freely.
9. It is possible to enjoy sex with a person and not like that person very much.
10. It is okay for sex to be just good physical release.
11. Birth control is part of responsible sexuality.
12. A woman should share responsibility for birth control.
13. A man should share responsibility for birth control.

14. Sex is the closest form of communication between two people.
15. A sexual encounter between two people deeply in love is the ultimate human interaction.
16. At its best, sex seems to be the merging of two souls.
17. Sex is a very important part of life.
18. Sex is usually an intensive, almost overwhelming experience.
19. Sex is best when you let yourself go and focus on your own pleasure.
20. Sex is primarily the taking of pleasure from another person.
21. The main purpose of sex is to enjoy oneself.
22. Sex is primarily physical.
23. Sex is primarily a bodily function, like eating.

Note. The BSAS includes the instructions shown at the top. The items are given in the order shown. The BSAS is usually part of a battery with items numbered consecutively. For purposes of analyses, we have A=1 and E=5. (The scoring may be reversed, so that A = strongly disagree, etc.) A participant receives four subscale scores, based on the mean score for a particular subscale (i.e., we add up the 10 items on Permissiveness and divide by 10). An overall scale score is really not useful.

Items	**Scoring Key**
1-10	Permissiveness
11-13	Birth Control
14-18	Communion
19-23	Instrumentality

Appendix 6

Parental Stress Scale

The following statements describe feelings and perceptions about the experience of being a parent. Think of each of the items in terms of how your relationship with your child or children typically is. Please indicate the degree to which you agree or disagree with the following items by placing the appropriate number in the space provided.

1 = Strongly disagree 2 = Disagree 3 = Undecided 4 = Agree 5 = Strongly agree

1	I am happy in my role as a parent	
2	There is little or nothing I wouldn't do for my child(ren) if it was necessary.	
3	Caring for my child(ren) sometimes takes more time and energy than I have to give.	
4	I sometimes worry whether I am doing enough for my child(ren).	
5	I feel close to my child(ren).	
6	I enjoy spending time with my child(ren).	
7	My child(ren) is an important source of affection for me.	
8	Having child(ren) gives me a more certain and optimistic view for the future.	
9	The major source of stress in my life is my child(ren).	
10	Having child(ren) leaves little time and flexibility in my life.	
11	Having child(ren) has been a financial burden.	

12	It is difficult to balance different responsibilities because of my child(ren).	
13	The behavior of my child(ren) is often embarrassing or stressful to me.	
14	If I had it to do over again, I might decide not to have child(ren).	
15	I feel overwhelmed by the responsibility of being a parent.	
16	Having child(ren) has meant having too few choices and too little control over my life.	
17	I am satisfied as a parent	
18	I find my child(ren) enjoyable	

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