Parent-Child Sexual Communication: Contrasting Positive and Negative Dynamics and their Influence on Emerging Adults' Sexual Behavior Research Proposal

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Abstract

The transitional period between adulthood and adolescence, labeled as *emerging adulthood*, is marked by learning how to navigate personal health choices and sexual relationships (Arnett, 2000). Research has demonstrated that this demographic is at higher risk for unintended pregnancies and sexually transmitted infections (STIs; Lindgren et al., 2009; Lam & Lefkowitz, 2012). Research has shown that there is a correlation between the valence of sexual communication experiences and the individual's participation in risky sexual behavior (RSB; Lam & Lefkowitz, 2012; Scull et al., 2020). The current project examines how communicative experiences with parents or caregivers influence risky sexual behaviors. Three hypotheses were proffered as students who experienced positive sexual communication interactions with their parent/caregivers will report participating in more healthy sexual behaviors, whereas students who experience negative, or zero, sexual communication interactions with their parent/caregivers will report participating in more risky sexual behaviors.

Pending IRB approval, data collection for this study will be completed in January 2024. Participants will be recruited via a convenience sample of undergraduate students at a university in Appalachia. The following inclusion criteria will be rendered: a college student, aged 18-22, who has participated in sexual intercourse and who currently lives away from their childhood home. After providing consent, participants will complete an online survey focused on parent-child sexual communication, risky sexual behaviors, and demographic variables. Two scales will be utilized in the study's instrumentation: (1) Parent-Child Sexual Communication, identifying sexual communication experiences between the child and parent (Scheinfeld, 2021) and (2) Sexual Behaviors, identifying students who participate in risky behavior or healthy behavior (Simons et al., 2013). Demographic variables to be collected are participant's age, sex, race,

sexual orientation, in addition to the type of parent (maternal/paternal) or caregiver that they had these conversations with. Data analysis will test the hypotheses to examine the relationship between parent-child sexual communication and risky sexual behavior. Additional analysis will examine how identity-factors of emerging adults may influence how parent-child sexual communication influences risky sexual behavior.

Keywords: sexual communication, emerging adult, risky sexual behavior, parent-child communication

Literature Review

Introduction

Healthy sexual communication is still attempting to become wildly accepted by adults and their children, as these children grow older into young adulthood and begin experiencing their first sexual encounters. Though, it is important to note that there is still much negative stigma around sexual communication between parents and their emerging adult (EA) children (Goldfarb et al., 2018). Risky Sexual Behavior (RSB) is defined as any sexual behavior like unprotected intercourse or oral sex, refraining from getting tested for Sexually Transmitted Infections (STIs), and sexual intercourse participation under the influence of alcohol or drugs. This sexual behavior can be the result of a lack of sexual education, as well as the lack of integration of open sexual communication from their parent/guardian as they developed past the point of adolescence (Goldfarb et al., 2018; Scheinfeld, 2021). However, the EA demographic is not only blinded by these communication challenges but are also faced with the challenges that they develop as they mirror their relationships and perspective on sex from their parents. Supportive families may produce an EA who believes in safe sex practices, relationship commitment, and even characteristics that they seek out in potential partners (Simons et al., 2012). Though, research has shown that those EA individuals who exhibit risk-taking sexual behavior, multiple casual partners, and lack of commitment awareness have been linked to a negative family dynamic towards sex and relationships (Simons et al., 2012; Rogers & McKinney, 2019).

This study hopes to identify specific positive and negative sexual communication experiences between both parents and their emerging adult (EA) children to investigate the possibility of a correlation to those EA's participation in risky or healthy sexual behaviors.

Utilizing foundational research, this study will evaluate specific instances of sexual communication between parents and EA's, along with the identification of specific parental gendered guidance and how that impacts the sexual behaviors of their offspring (Goldfarb et al., 2018; Lindgren et al., 2009). Conclusively, this study will hopefully provide evidence of a correlation between these communication types, with additional examination of identity factors, and seek to implement educational programming allowing these new EAs to express themselves while also obtaining the sexual education they need to protect themselves from the consequences of risky sexual behaviors.

Emerging Adult Theory

Arnett (2000) states that there is a transitional period between the time of adolescence and adulthood labeled as *emerging adulthood*, taking place between developmental ages of 18-25 years. This transition was originally curated from the societal changes that have developed over the last decade with the integration of college right after high school versus early marriages that were more common prior to the last decade. Due to this, individual's typically do not engage in or prioritize those long-term relationships that can result marriage until their late-twenties or even later in life (Arnett, 2000; Simons et al., 2012).

Because the evolution of the theory of emerging adults, and the concept of college being seen as necessity rather than an option, these young individuals are being thrust out of the gaze of their parents for the first time, allowing for them to explore new identities and experience a multitude of news things in an unfamiliar environment (Simons et al., 2012). Often oblivious to the consequences of their own actions, and a lack of sexual communication or sexual education from their parents, these emerging adults have been seen to participate in much higher levels of risky sexual behavior. In fact, the emerging adult demographic accounts for a disproportionate

number of both accidental pregnancy and sexually transmitted infection (STI) rates (Lindgren et al., 2009; Lam & Lefkowitz, 2012).

In addition to the transitional period, emerging adults are also navigating personal health and relationship choices for the first time, which has accelerated some of these risky behaviors without being under the watchful eye of their parents (Scheinfeld, 2021). However, the question remains: are these emerging adults fully to blame for their risky behavior and their disregard for their own sexual health, or should the blame be presented to the parents for a lack of an exhaustive communication of sex and sexual acts with their children?

Positive & Negative Parent/Caregiver Sexual Communication

Many questions have risen from the concept of sex education and sexual communication for adolescents and the emerging adult population, asking if the parents are solely responsible for educating their children on their own reproductive health and if that same open, or closed, sexual communication impacts the participation in risky sexual behaviors from their children (Flores & Barroso, 2017). Reports have shown that often children are not educated due to the lack of parental self-efficacy, which is defined as a parent's ability to perform their societal approved parental duties without failure (Efrati & Gola, 2019). However, there have instances linked to higher parental self-efficacy in which an "open-door" policy is introduced to children and sexual communication has been applauded versus shunned away like the use of profanity (Efrati & Gola, 2019; Simons et al., 2012). Positive healthy sexual communication can include that same "open-door" policy, in addition to a support/warmth approach, financial support, and acceptance to potential sexual activity of their children are all characteristics of what parents can utilize when engaging in this type of parent-child communication (Simons et al., 2012; Astle et al., 2023).

Contrary to positive sexual communication between parents and their emerging adult children, negative sexual communication can be defined as a "closed-door" policy, in addition to vague use of language, shutting down conversation, implementing strict contraceptive knowledge instead of educating them on how to engage safely, emotional outbursts, shaming the child out of moral obligation, instilling fear in the child, and preaching abstinence are all characteristics of this concept (Astle et al., 2023; Simons et al., 2012; Scheinfeld, 2021; Goldfarb et al., 2018; Kuborn et al,. 2022). Along with these characteristics, the differences of conversation between both mother and father have proven to show a significant correlation to the result of the parent-child sexual communication as mothers are expected to compensate more so than the father in these conversations. This can lead to one-sided experiences and decision-making based on religious belief, which in turn can result in the embarrassment of the child, fear to speak on the subject fear of the parental reaction or outburst (Kuborn et al., 2022; Efrati & Gola, 2019).

Most of current research specifies that experiencing negative sexual communication with an individual's parent/caregiver is most common with the emerging adult demographic, even while the child yearns for better communication between themselves and their parent. In a study by Goldfarb et al. (2018), some participants felt comfortable enough to talk freely to their maternal figures, only to be shut down and ignored. Other participants experienced receiving mixed messages from their maternal figures, with one day feeling accepted and comfortable asking for birth control, and the next being shunned for asking for a preventative measure (Goldfarb et al., 2018). In addition to mixed messages, participants also received warnings of sexually transmitted infections, unwanted pregnancy, and encouraging them to wait until they were in love with someone to experience sex with that person. Many participants felt as if these

warnings were placeholders for their parents/caregivers to avoid communicating about sex, rather than being open to communicating in a secure way to their children when sex was mentioned (Goldfarb et al., 2018; Astle et al., 2023).

Throughout the course of this study, both positive and negative sexual communication experiences will be noted and utilized to integrate and compare the correlation between that and the amount of reported sexual behavior that has stemmed from those conversations and communication strategies.

Healthy & Risky Sexual Behavior

Healthy sexual behavior can be defined as positive sexual interactions and experiences, avoiding unwanted sex or sexual advances, obtaining partner consent, accepting both verbal and nonverbal cues from a partner, utilizing contraceptives like condoms and other forms of birth control, as well as participating in sex-positive conversations about pleasure and the encouragement of STI testing and acknowledgement (Scull et al., 2020; Lam & Lefkowitz, 2012; Kuborn et al., 2022; Astle et al., 2023; Scheinfeld, 2021). This behavior has been linked to influential peers and intimate partners, in addition to the conversations cultivated by parents because of the new environment and identity exploration that these emerging adults find themselves in (Astle et al., 2023; Rogers & Mckinney, 2019).

Risky Sexual Behavior (RSB), contrary to its counterpart, can be defined as sexual behavior with unprotected intercourse or oral sex, refraining from getting tested for Sexually Transmitted Infections (STIs), multiple casual partners, disregard of both verbal and nonverbal rejections, and sexual intercourse participation under the influence of alcohol or drugs (Scull et al., 2020; Rogers & Mckinney, 2019; Lindgren et al., 2009; Scheinfeld, 2021). RSBs has been

linked to higher accounts of unwanted, or unplanned, pregnancy, sexually transmitted infections, as well as abortions for the emerging adult demographic (Lam & Lefkowitz, 2012).

Synthesis

Many studies have been linked to the idea that parents educate their children throughout their adolescence about sex and the integration of sexual communication between them, however, it is apparent that each conversation or experience is much different than the last. In a study by Goldfarb et al. (2018), it was found that each college student interviewed had multiple experiences in which their parents each exemplified their own views, rather than offering advice or help for the children that expressed the need. It has been noted that parents of opposite gender are also factors in the sexual communication with their children, as fathers are more avoidant of the subject, whereas mothers uphold the maternal expectations and provide more information when provoked or questioned (Simons et al., 2012; Astle et al., 2023). Other studies have shown that risky influential factors, such as alcohol and drug use, in addition to these negative sexual communication between parents and children have increased the likelihood of RSB participation and exploration of these behaviors (Scull et al., 2020; Lam & Lefkowitz, 2012).

Due to the subjective nature of recalling past experiences and the possible error of self-reporting of risky sexual behavior participation, there are many limitations in past and current research in this area. Other limitations in previous studies include lack of male responses in the study, the utilization of surveys rather than focus groups or interviews for in-depth experiences, and the lack of LGBTQ+ representation in much of the current research (Scheinfeld, 2021; Kuborn et al., 2022; Goldfarb et al., 2018). This study seeks to contribute to current research, seeking additions to the parent-child sexual communication and risky sexual behavior

participation correlation, in addition to identifying relationships between a participant's identity, their experience in this area, and incorporating representation for these diverse groups.

Based on this research, sexual communication between parental figures and their emerging adult children has been linked, however, it is still unknown whether these conversations and communication strategies are fully responsible for the RSBs exhibited by some of these emerging adults or if other environmental factors are to blame. Therefore, the following hypotheses will aid to solve that question:

H1: Students who have experienced positive sexual communication interactions with their parent/caregivers will report participating in more healthy sexual behaviors.

H2: Students who have experienced negative sexual communication interactions with their parent/caregivers will report participating in more risky sexual behaviors.

H3: Students who have never experienced any sexual communication interactions with their parent/caregivers will report participating in more risky than healthy sexual behaviors.

RQ1: How does sexual orientation influence the student's relationship between parent/caregiver sexual communication and risky sexual behaviors?

Proposed Methods

Participants

A convenience sample of undergraduate students at Marshall University will be recruited to participate in a survey recounting their own sexual communications with their parent/childhood caregiver(s). Students registered for introductory courses within the Communication Studies department will be offered a small amount of course completion credit. If funding can be secured, students can enter a raffle to win a $50 Visa Gift Card to thank them for their participation in the study.

This study is limited to undergraduate students, specifically students who can be classified by the Emerging Adult Theory, which are students aged 18-22 (Arnett, 2000). Any undergraduate student who identifies as a “non-traditional” or “older” college student will be excluded from this study. Students who have never participated in sexual intercourse will also be excluded from this study. The following demographics will be asked at the beginning of the questionnaire: age, sex, race, sexual orientation, participation in sexual intercourse, maternal household presence (mother/childhood caregiver), paternal household presence (father/childhood caregiver), college enrollment, current residential circumstances, and sexual communication, if any, between the child and the parent/caregiver.

Procedures

Upon approval from the Marshall University Institutional Review Board, data for this study will be collected and analyzed in January 2024. This survey is loosely based on two studies because of their categorical identification between sexual communication of the parent, or childhood caregiver, and the child, the individual’s willingness to disclose their own sexual behavior, contraction of Sexually Transmitted Infections (STIs), as well as the individual’s

ability to identify their participation in risky sexual behavior (Simon et al., 2013; Scheinfeld, 2021).

Data will be collected utilizing Qualtrics, where participants will first be directed to complete a form of consent, a 7-item exclusion criteria evaluation, as well as the demographic information, prior to beginning the questionnaire. Next, participants will be prompted to answer the questionnaire including measures of parent-child sexual communication and risky sexual behavior (See Appendix A). This survey should take approximately 20 minutes to complete. Students will be granted with their extra credit, or exempt assignment, along with their name in a drawing to win the $50 Visa Gift Card pending successful obtained funding.

Instrumentation

Parent-Child Sexual Communication. The 22-item scale will focus on the participation and experiences of sexual communication between the parent/caregiver and child from the child's perspective, and it is broken into three sub-scales: discussion topics, boundaries, and negative experiences. Based on a model by Scheinfeld (2021), this scale will identify sexual communication experiences between the child and parent or caregiver All items will be measures on a 5-point Likert scale where 1 indicates a strong disagreement and 5 indicates a strong agreement of the statement listed. A sample statement from this survey is, "I feel anxious or stressed when anticipating discussions about sexual health with my parents/caregivers." The scale is highly reliable ($\alpha = 0.94$).

Sexual Behaviors. This 23-item scale will focus on the individual's risky sexual behavior participation, and it broken into three sub-scales: safe sex participation, active risky sex participation, and influential peers/partners of these risky sexual behaviors. Based on a model researched by Simons et al. (2013), this scale will identify students who participate in risky

behavior or healthy behavior. All items will be measures on a 5-point Likert scale where 1 indicates a strong disagreement and 5 indicates a strong agreement of the statement listed. A sample statement from this survey is, “I have knowingly participated in sexual activities that carry a risk of negative outcomes.” The reliability of this scale has been shown as $\alpha = 0.70$.

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Appendix A

Exclusion Criteria

1. Are you between the ages of 18-22 years?
   a. Yes
   b. No
2. Are you currently sexually active with one, or multiple, partners?
   a. Yes
   b. No
   c. Unsure
3. Have you ever participated in sexual intercourse?
   a. Yes
   b. No
   c. Unsure
4. Do you currently reside in your childhood home?
   a. Yes
   b. No
   c. Unsure
5. Do you currently reside on a university campus, or dormitory?
   a. Yes
   b. No
   c. Unsure
6. Do you currently reside in an apartment or home outside of your previous childhood home(s)?

a. Yes

b. No

c. Unsure

7. Do you currently reside in a space different from your parents/caregivers?

   a. Yes

   b. No

   c. Unsure

Thank you for agreeing to participate in the Sexual Health & Communication Study. First, we need to collect some basic information.

1. My age is ________.
2. I identify as:

   Male

   Female

   Non-Binary

   Other: ________

3. Please indicate your Race. Check all that apply.

   a. Caucasian/White

   b. African-American

   c. Pacific Islander

   d. Asian-American

   e. Latino/Latina/Latinx

   f. Native American

   g. Middle Eastern

h. Other (please Specify):__________

4. Do you consider yourself to be:
    a. Heterosexual or straight
    b. Gay or Lesbian
    c. Bisexual
    d. Asexual
    e. Pansexual
    f. Other (Please Specify):___________
5. Are you enrolled in college?
    a. Yes
    b. No
6. How long have you lived on a college campus, or in an apartment separate from your childhood home?
    a. Less than 3 months
    b. Less than 6 months
    c. More than 6 months
    d. More than 1 year
7. Prior to moving away from your childhood home, did you have a maternal (mother-figure) parent/caregiver present in your household?
    a. Yes
    b. No
    c. Other:____________

8. Prior to moving away from your childhood home, did you have a paternal (father-figure) parent/caregiver present in your household?
    a. Yes
    b. No
    c. Other:_______________
9. Prior to moving away from your childhood home, did you reside with a non-parental caregiver, like a grandparent(s), aunt or uncle, or other non-biological family member?
    a. Yes
    b. No
    c. Other:_____________
10. Prior to moving away from your childhood home, did you engage in "the talk" about sex, or retain any sexual education surrounding the act of sexual intercourse with your parents/caregivers?
    a. Yes
    b. No
11. Prior to moving away from your childhood home, did you engage in communication about birth control with your parents/caregivers?
    a. Yes
    b. No
12. Prior to moving away from your childhood home, did you engage in communication about experiencing sexual pleasure, or your own pleasurable experiences with your parents/caregivers?
    a. Yes

b. No

13. Prior to moving away from your childhood home, did you engage in communication about sexual consequences (i.e. sexually transmitted infections (STIs), unwanted pregnancy, etc.) with your parents/caregivers?

    a. Yes

    b. No

Parent-Child Sexual Communication

Next, we would like you to recount on those conversations about sex with your parent/caregivers. If you were raised in a non-parental household, please answer the questions based on which caregiver acted as the maternal, or paternal, provider whether that be a grandparent, aunt or uncle, or another non-biological member of your family who supported you through childhood. Based on those instances, please indicate how strongly you agree or disagree with the following statements.

Strongly Disagree 1	Slightly Disagree 2	Neutral 3	Slightly Agree 4	Strongly Agree 5

1. I feel comfortable initiating conversations about sex with those who raised me in childhood.
2. I feel more comfortable initiating conversations about sex with my mother, or mother-like caregiver in my life.
3. I feel more comfortable initiating conversations about sex with my father, or father-like caregiver in my life.
4. I feel my parents/caregivers are approachable when it comes to discussing sexual health.
5. My parents/caregivers actively initiate conversations about sexual health.

6. My parents/caregivers regularly discuss issues related to sexual health in my family.
7. I feel well-informed about sexual health topics due to discussions with my parents/caregivers.
8. My parents/caregivers encourage me to seek reliable sources of information about sexual health.
9. My parents/caregivers consider cultural or religious values when discussing sexual health.
10. I feel comfortable discussing how cultural or religious beliefs impact those conversations about sex.
11. My parents/caregivers and I have established clear boundaries regarding discussions about sex.
12. I am comfortable setting boundaries for discussions about sex with my parents/caregivers.
13. I believe that discussing sexual health with my parents/caregivers contributes to a healthier family dynamic.
14. I feel there are significant barriers to preventing open communication about sex between my parents/caregivers and me.
15. I believe my parents/caregivers would judge or disapprove of my sexual choices or preferences.
16. I feel uncomfortable sharing my thoughts or experiences related to sex with my parents/caregivers.
17. Discussions about sex with my parents/caregivers often lead to feelings of judgement or criticism.

18. Conversations about sex with my parents/caregivers leave me feeling isolated or unsupported.
19. My parent/caregivers' knowledge about sexual health is outdated or inaccurate.
20. I do not trust the information my parents/caregivers provide about sexual health.
21. Negative interactions about sex with my parents/caregivers have a detrimental impact on my mental health.
22. I feel anxious or stressed when anticipating discussions about sexual health with my parents/caregivers.

Sexual Behavior

Now, we will ask you questions about your own participation in sexual behavior, including risky sexual behavior. Risky Sexual Behavior (RSB) can be defined as sexual intercourse, both oral and penetrative, without protection, refraining from getting tested for Sexually Transmitted Infections (STIs), having multiple casual partners, the disregard of both verbal and nonverbal rejections, and the participation of sexual intercourse, both oral and penetrative, while under the influence of alcohol or drugs. Healthy Sexual Behavior can be defined as positive sexual interactions and experiences avoiding unwanted sex or sexual advances, obtaining partner consent, accepting both verbal and nonverbal cues from a partner, utilizing contraceptives (i.e., condoms and other forms of birth control), as well as participating in comfortable conversations about STI testing and sexual likes/dislikes.

1. Have you ever in the past, or do you currently, participate in sexual intercourse?
    a. Yes
    b. No

Strongly Disagree 1	Slightly Disagree 2	Neutral 3	Slightly Agree 4	Strongly Agree 5

1. I am well-informed about the potential risks associated with certain sexual behaviors.
2. I feel confident in my understanding of safe sex practices.
3. I frequently practice safe sex.
4. I always use a form of contraceptive, or preventative measure, when I have sex.
5. I actively seek information about the risks associated with different sexual behaviors.
6. I engage in sexual behaviors that I consider to be risky.
7. I have participated in unprotected sex.
8. I have participated in unprotected sex more than five times.
9. I know where to get tested for a Sexually Transmitted Infection (STI).
10. I have contracted a Sexually Transmitted Infection (STI) in the past.
11. I have had multiple casual sexual partners at one point in time.
12. I am aware of the potential consequences of the sexual behaviors in which I participate.
13. I have knowingly participated in sexual activities that carry a risk of negative outcomes.
14. I feel the risks associated with certain sexual activities don't apply to me.
15. I underestimate the potential harm of engaging in risky sexual behavior.
16. Peer pressure influences my decisions regarding sexual activities.
17. I engage in risky sexual behaviors due to the influences of friends.
18. I feel the need to conform to certain sexual norms even if it involves risk.
19. I believe I have the skills necessary to make informed decisions about my sexual health.
20. I wish I had more knowledge about sex prior to my first time participating in it.
21. I have access to resources that provide information on safe sexual practices.

22. I feel well-supported in seeking information about reducing the risks of sexual behaviors.
23. I am aware of available services or resources that can help mitigate the risks associated with sexual activities.