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Abstract

The relationship between a parent and child is one of the longest and most influential relationships in an individual's life. Among many child outcomes, prior research suggests that parents have the ability to influence their children's sexual decisions. Parent-child communication about sex and the climate of the parent-child relationship may be important predictors of later sexual behavior and attitudes. Therefore, the purpose of the present study was to examine the relationship between parental care and control, parent communication about sex and current sexual behavior and attitudes in a sample of emerging adults ages 18-28. Results show that an adult who grew up with more caring and less controlling parents and who talked about sex with their parent were most likely to have better quality relationships and to a limited extent, engage in safer sexual behaviors.

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PARENTAL CARE, CONTROL, AND COMMUNICATION ABOUT SEX: THE RELATION
TO RISKY SEXUAL BEHAVIORS AND RELATIONSHIP STULE IN EMERGING ADULTS

By

Nicole M. Richards

A Senior Thesis Submitted to the

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With Honors in Psychology

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ABSTRACT

The relationship between a parent and child is one of the longest and most influential relationships in an individual's life. Among many child outcomes, prior research suggests that parents have the ability to influence their children's sexual decisions. Parent-child communication about sex and the climate of the parent-child relationship may be important predictors of later sexual behavior and attitudes. Therefore, the purpose of the present study was to examine the relationship between parental care and control, parent communication about sex and current sexual behavior and attitudes in a sample of emerging adults ages 18-28. Results show that an adult who grew up with more caring and less controlling parents and who talked about sex with their parent were most likely to have better quality relationships and to a limited extent, engage in safer sexual behaviors.

Parental Care, Control, and Communication about Sex: The Relation to Risky Sexual Behaviors and Relationship Style in Emerging Adults

Over the past several decades, prevalence of risky sexual behaviors has increased, particularly for adolescents and young adults. Malhotra (2008) reported that about 40% of persons aged 15 to 19 and about 75% of persons aged 20 to 24 have had multiple sexual partners and approximately 9 million new cases of sexually transmitted diseases (STI) occur each year in people age 15 – 24. The CDC (2011) reported that of adolescents age 15-19, there were 2,036 cases of HIV; while 6,327 cases were reported in 20-24 year olds. Studies reveal that there is an association between an early introduction to sexual activity, STIs and teen pregnancies (Davis, Blitstein, Evans, & Kamyab, 2010). Risky behaviors and negative outcomes may escalate in young adulthood. The occurrence of sexually transmitted infections among young adults tends to peak near the age of traditional college students (U.S. Department of Health and Human Services □ Center for Disease Control and Prevention, 2011). These statistics highlight the need to understand the predictors of risky sexual behaviors in order to establish potential areas for intervention.

The family plays a very important role in the sexual socialization of both children and adolescents. The messages and information that is communicated between parents and children have the potential to strongly influence the sexual decisions made during adolescence (Dilorio, Pluhar, & Belcher, 2003). However, researchers have debated whether increasing the amount of parent-child sexual communication increases or decreased to likelihood of the child as an adult to engage in risky sexual behaviors (Dilorio, et al., 2003; Fox & Inazu, 1980) that can result in sexually transmitted infections and unwanted pregnancies. The role of parents may be a key to understanding ways to improve outcomes.

The goal of the current study was to examine parental predictors of risky sexual behaviors and overall relationship style in young adults. Overall, it was hypothesized that the amount of care and control engaged in by parents as well as the parent's communication about sex during adolescence would be related to the behaviors engaged in during college.

This paper expands on previous knowledge about parental influence on their child's sexuality by exploring various topics of sexuality that have or have not been adequately addressed in previous research and examines how the parent-child relationship effects the conversations had. Knowing the parental predictors of risky behaviors could reduce unwanted pregnancies and sexually transmitted infections.

Background Information

Parent-Child Relationship

A key component to understanding relationships is attachment, which can be defined as an intense emotional tie that develops between two individuals (Rhodes, Spenser, Keller, Liang, & Noam, 2006). Attachment theory suggests that human beings are predisposed to make strong affectionate bonds to other people that are particular in their life (Bowlby, 1976). Bowlby (1976) hypothesized an attachment system for an infant was designed to maintain proximity during conditions of threat or danger between a parent and an infant. He states that proximity maintenance, safe haven, and secure base are the three defining features of an attachment relationship. Attachment is an ongoing function of a relationship to provide a child with felt security (Ainsworth, 1979). Ainsworth (1979) stated that the quality of early attachment relationships is rooted in the degree to which the infant comes to rely on the parent as a source of security. The findings of the strange situation paradigm have become widely known in the field

and has been used to identify two main types of attachment: secure and insecure, with three subgroups of insecure attachment: avoidant, anxious- ambivalent, and disorganized.

There are several different parental bonding styles based on the degree of care and control that are considered when thinking about attachment that go into each relationship. The most preferred style of parenting by experts in the field is “optimal parenting” where high levels of care and low levels of control are most likely to create the most secure attachment. Other styles of parenting include “affectional constraint” where the parents are both overly caring and overly protective, “Affectionless control” where the parents are very protective of their child but do not display much care or affection for their child. The last parenting style, which is thought to be the most damaging to the child, is “neglectful parenting” where there are low levels of both care and control from the parent. Parents can work to create a secure attachment with their child by showing affection in their voice and gestures, talking to their child about problems or worries, trying to understand and help, and allowing the child to make their own decisions (Parker Tupling, & Brown, 1979).

The reason it is important to think about attachment to one’s mother or father when studying adult relationships is that studies show that these attachment styles that are developed during infancy tend to carry over into our adult lives. These styles have considerably influenced both our capacity to form loving attachments and the way in which we relate to our significant other. For example, we now know that that parental divorce during childhood is associated with chronic loneliness in adulthood (Shaver & Rubenstein, 1980) and inadequate care during infancy is predictive of distressed relationships with peers in later years (Arend, Gove, & Sroufe, 1979). A study by Thompson and Berenbaum (2009) found that there is an association between women who feel rejected by their parents and depression – a disorder that leads to distress and

impairment. And it has been suggested that insecure attachment styles predispose women to extramarital sexual relationships (Sohrabi & Rasoli, 2008).

Despite the basic similarities, adult romantic attachment is different than infant-caregiver attachment in some ways that are important to note: Adult attachment relationships are typically reciprocal, with each partner being both a providers and recipient of care. Another difference is that the child's primary attachment figure is a parent; whereas an adult's primary attachment figure is usually a sexual partner. One of the largest differences to note is that it is relatively safe to assume that parents are committed to their offspring for life, while in adult relationships commitment tends to be more susceptible to both internal and external factors (Levinger, 1979). This is why a warm, open relationship with a parent or parental figure is important to the future of that child's life in regards to finding a mate and sustaining a healthy, happy relationship.

There are many factors that contribute to a healthy, secure, attachment relationship. From an attachment perspective, relationship satisfaction depends largely on the satisfaction of basic needs for comfort, care, and sexual gratification (Hazan & Shaver, 1994). Another study reported three main elements that are important for a high-quality relationship: companionship, sexual expression and supportive communication (Sprecher, Metts, Burleson, Hatfield, & Thompson, 1995). Parent-child communication regarding sexuality during adolescence could be predictive of better relationship quality for emerging adults.

Communication

Sexual discussion between parents and their children was found a key factor in the transfer of values and morals that formed the foundation for future sexual behaviors and attitudes (Nolin & Peterson, 1992). Researchers have debated whether increasing the amount of parent-child sexual communication increases or decreased the likeliness of the child as an adult to

engage in risky sexual behaviors. There are many reasons that parents avoid talking with their children about sex-related topics. One study sheds some light on the tension for parents and children to discuss sexual matters. For the parents the tension derives from wanting to ensure their child is properly informed but do not want to push sex at their child. For the child the tension derives from wanting information and guidance from the parent but do not want to disclose their attempts at sexual exploration (Fox & Inazu, 1980). If the guidance and information the child is seeking will promote healthy romantic relationship development and less risky behaviors than facilitating parent-child communication is vital in preventing the consequences such as unwanted pregnancies or sexually transmitted infections.

It has been found that the family plays a very important role in the sexual socialization of both children and adolescents. The messages and information that is communicated between parents and children have the potential to strongly influence the sexual decisions made during adolescence (Dilorio et al., 2003). Fox and Inazu (1980) found that daughters who communicated with their mothers about sexual matters were more likely to delay sexual experimentations than daughters that did not discuss sexual matters with their mother. It was also discovered that an open and supportive mother-daughter relationship was predictive of the delay of coitus and the likelihood that the daughter would communicate about sexual matters with the mother. Thus, the mother-daughter bond may moderate the effect of communication on sexual behaviors. Although the variable of communication has been limited in many studies to solely "Was there communication about sexual practices?", it is important to look more in depth at the different aspects of the communication between the parent and child, such as their relationship history and the environment that the parent creates for the child when speaking of what is usually an uncomfortable topic for adolescents. Kirby (1999) suggested that just communicating about

sexual practices may not have a large impact on the behaviors of the child, but rather the overall connectedness (including warmth) of family interactions may be far more important. The role of parent communication needs to be examined further.

Sexual Behaviors and Relationship Quality

Although preventing unwanted pregnancies and sexually transmitted infections is, from a health perspective, the most important part of parents influencing their children there is another role that parents play in the development of their child's sexuality. Parents guide their children toward leading independent and healthy adult lives by helping them to understand their own sexuality and adopt healthy sexual attitudes that are central later in life. Effective decision-making is a function of a healthy life.

An important part of understanding behaviors is rooted in the self-concept. The sexual self-concept is a combination of beliefs about one's attractiveness and self-worth, sexual behaviors, attitudes, and feelings (Murry et al., 2005). Salazar et al. (2004) stated an underlying factor for a person engaging in different types of behaviors, specifically sexual behaviors, is a person's self-concept. A study of 19-year old men in the United Kingdom suggests that sexual self-concept was related to sexual risk-taking (Rostosky et al., 2008). Findings from another study suggest that a positive model of self is a valuable resource that leads to high levels of relationship quality (Sumer & Cozzarelli, 2004).

According to Gagnon, (1965), most of our early learning about sexuality from parents tends to be negative. He suggests that parents respond to their child's sexual behaviors in one of two ways: (1) to tell the child to stop the behavior because it is wrong or bad, or (2) to avoid saying anything about the subject and distract the child by redirection. As a result, the child learns there is something vaguely wrong with sexuality.

A prominent factor in sexual behavior is sexual guilt, which has been defined as “a generalized expectancy for self-mediated punishment for violating, or anticipating violating standards of proper sexual conduct” (Mosher & Cross, 1971). Sexual guilt has substantial effects on sexual behavior and has been found to be responsible for sexual dissatisfaction (Darling, Davidson, & Passarello, 1992), a basic need for relationship satisfaction, (Hazan & Shaver, 1994) and result in non-use of contraceptive methods (Murry, Harvey, & Beckham, 1989).

When reviewing the literature on sexual risk taking behaviors, it is evident that the majority of the populations studied in the past have been solely adolescents. This study will add to the literature in the field of relationships and the development of human sexuality by looking at a population in emerging adulthood, a relatively newly recognized age group in developmental psychology (Arnett, 2000).

Goals of the Current Study

The purpose of the present study was to examine parental care, control, and communication about sex in relation to current sexual behavior and romantic relationships in a sample of emerging adults ages 18-28. Based on the literature, it was hypothesized that care, control, and more open communication about sex in childhood will relate to less risky behaviors and better relationships in adulthood. Therefore, the following hypothesis is proposed: 1. Participants who report having more caring and less controlling parents in childhood will report less risky behavior and better romantic relationships in emerging adulthood. 2. Participants who report higher levels of communication about sexual topics with their parents during their childhood will report less risky sexual behavior and better romantic relationships in emerging adulthood.

Methods

Participants

Participants included a convenience sample of 445 college students from Eastern Michigan University. The sample was 76% female and 24% male and ranged in age from 18-28 ($M = 20.58$, $SD = 2.44$). The ethnicity of the participants was closely representative of Eastern Michigan University's population with 60.2% Caucasian and 23.6% African American, and 16% Hispanic, Asian-Pacific Islander, Multiracial, or other. Of those sampled, 88% identified as heterosexual and 12% identified as homosexual, bisexual, or another sexual orientation. Fifty-seven percent of participants reported that their parents were married during their childhood while 32% reported divorced or separated parents and 5% reported their parents were living together but not married.

Procedure

This study utilized a cross-sectional, self-report, survey design. Participants were recruited through classrooms at Eastern Michigan University and SONA, an online scheduling system for research participation. Regardless of which method participants were recruited from, they first completed an informed consent form detailing the purpose of the study, benefits of their participation, confidentiality, and their ability to withdrawal at any time. Participants were allowed to continue onto the survey only after signing the informed consent form (or checking the appropriate box to accept the terms for online participants). Participants recruited in classrooms were given a paper survey to complete (See Appendix A), while participants recruited online through the SONA system were directed to a survey site (surveymonkey.com) to complete the survey. Completion of the survey took approximately 40 minutes. Each participant was compensated for their time with extra credit as assigned by their professor.

Measures

Demographics. The survey included a demographic questionnaire to obtain characteristics of the sample. This section of the survey included the following items: age, gender, ethnicity, level of education, marital status, sexual orientation, primary caregiver, parents marital status during adolescence, and religious affiliation.

Parental Care and Control. To assess the attachment relationship between the parent and child, the Parental Bonding Inventory (Parker et al., 1979) was used. This scale measured the perceived degree of parental care and control (or overprotectiveness) by the child as an emerging adult as reported retrospectively. The measure included 25 items: 12 items are used to measure the Care dimension and 13 items are used to measure the Control dimension. Participants were asked to rate how like or unlike their parents were to each item on a 4-point scale. To score, 12 of the items were first reversed scored. Then a sum was calculated for each care and control so the higher values on the scale represent more care and more control.

Communication. Sexual communication was measured using a revised version of the Sexual Communication Scale (Somers and Canivez, 2003). This measure was adapted to be answered by the child instead of the parent. Participants were asked to report which topics their parents communicated with them about out of twenty-one sexuality-related topics such as safe sex, talking with your partner about comfort with sex acts, and sexual orientation. This revised questionnaire also asked which parent talked about each topic (mother or father) and how comfortable the conversation was on a scale from 1-4. For the purposes of this study, a sum total of the topics discussed overall and a total for mother and father was used for analyses to determine the amount of communication about sex had between the parent and child.

Risky Sexual Behaviors. To measure risky sexual behaviors, items from The Scale of Sexual Risk Taking (Metzler, Noell, & Biglan, 1992) were administered. For analyses, the age at first intercourse and frequency of condom use was examined.

Relationship Quality. To assess each individual's adult relationship quality, The Experience in Close Relationships – Revised Questionnaire (Fraley, Waller, & Brennan, 2000) was administered. This scale, composed of 36 questions, measured the attachment-related anxiety and attachment-related avoidance that an individual experiences in romantic relationships. Participants were asked to rate how much they agree or disagree with each item on a 5-point scale. Attachment-related anxiety was measured by 18 of the 36 items and the additional 18 items were used to measure the individual's attachment-related avoidance. To score, 14 of them items were first reverse scored. Then an average was found for each avoidance and anxiety. Scores were created such that a higher value represents more avoidance and more anxiety.

Data Analyses

Statistical analyses were performed using SPSS statistical software. Variables were first cleaned for errors and outliers. Descriptive analyses were conducted using SPSS Frequencies. Correlational analyses were conducted to examine the relationship between study variables. Lastly, hierarchical regression was used to examine the unique predictive ability of the independent variables in the current study.

Results

Descriptive Analyses

Means, standard deviations, and percentages were calculated for study variables. On the Parental Bonding Inventory, it was found that mothers and fathers scored higher on the care

dimension and lower on the control dimension. Mothers averaged 27.3 points ($SD = 7.9$, range = 2 - 36) and fathers averaged 22.3 points ($SD = 10$, range = 0-36) on the care dimension, which was scored out of 36 possible points. On the control dimension, mother averaged 14.7 points ($SD = 7.6$, range = 0-37) and fathers scored an average of 13.1 points out of 39 possible points ($SD = 8.1$, range = 0-39).

On the measure of sexual communication with parents, participants reported that their parents discussed as little as none and as many as all twenty-one different sexuality related topics with them ($M = 8.09$, $SD = 4.7$). Mothers were more likely to discuss more topics about sexuality with their children ($M = 7.03$, $SD = 5.25$) than fathers ($M = 2.93$, $SD = 3.87$). The most talked about topic reported was physical development with 78% of respondents reporting communication. Although 65% of parents had talked about safe sex and 43% talked about STI's, only 12% of parents discussed how to use a condom properly. The least talked about topic was sexual satisfaction with only 9% reporting conversations. The most and least talked about sexual topics can be seen in Tables 1 and 2. Percentages of respondents reporting those topics are included.

Physical Development	78%
Consequences of Pregnancy	75%
Dating/Romantic Relationship	72%
Contraception	66%
Safe Sex (using a condom)	65%

Table 2. Topics Least Talked About

How to Deal with Pressure to Have Sex	37%
HIV/AIDS	37%
Role of Peer Group in Sexual Decision Making	16%
Different Types of Sexual Behaviors	16%
How to Talk with Partner about STIs/Birth Control	14%

Descriptive statistics were also run for study outcomes included risky sexual behaviors and relationship quality. Of the 445 participants, 31% reported always using a condom, 17% reported occasionally using a condom, 5% reported using a condom half of the time, 17% reported using condoms often, and 30% reported never using a condom. The average age of first intercourse ranged from 12-25 ($M = 16.7$, $SD = 1.97$). On the relationship quality variable, there was good variability in the sample for anxiety ($M = 2.63$, $SD = .83$) and avoidance ($M = 2.23$, $SD = .87$) within the scale, which ranged from 1-5.

Bivariate Correlations

Before examining the relationship between study predictor and outcome variables, Pearson correlations were run between predictor variables only. Table 3 shows the bivariate correlations between parental care and control and amount of communication about sex by mother and father. Mothers who were seen as more controlling or overprotective by their children discussed fewer sexuality-related topics with their child. Similarly, mothers who were seen as more caring discussed more topics with their child.

Table 3. Sex Communication and Parental Relationship

	Mom Talked About Sex	Dad Talked About Sex
Mom Care	.27**	.07
Mom Control	-.12*	-.02
Dad Care	.05	.29**
Dad Control	-.004	.06

* $p < .05$; ** $p < .01$

The correlations between the predictors and outcomes of this study are shown in Table 4. The data show that individuals with more caring parents during childhood and adolescence were more likely to report better quality relationships as emerging adults. Individuals who reported parents that were more controlling reported significantly higher levels of anxiety and avoidance in their current romantic relationships. Parental care and control was not significantly related to sexual behaviors reported. The correlations between sex communication and study outcomes show that the more topics talked about overall (mom or dad) was related to fewer anxiety and avoidance issues in current relationships ($p < .01$). The only significant relationship between predictors and sexual behaviors was found between communication by the father and condom use with more communication relating to more reliable condom usage ($p < .05$).

Table 4. Predictors and Outcomes

	Anxiety	Avoidance	Age of First Intercourse	Condom Use
Mom Care	-.25**	-.19**	.04	.03
Mom Control	.24**	.10*	-.02	-.06
Dad Care	-.23**	-.23**	.07	.06
Dad Control	.13**	.15**	-.03	-.02
Mom Talked	-.13**	-.09	-.02	.05
Dad Talked	-.08	-.05	.04	.10*
Overall Talked	-.16**	-.13**	-.01	.03

* $p < .05$; ** $p < .01$

Hierarchical regression was used to determine whether talking about sex predicted relationship quality above and beyond parental warmth and control. The number of sex topics discussed was a significant predictor of relationship avoidance ($\beta = -.12, p < .05$). The number of sex topics discussed was a marginally significant predictor of relationship anxiety ($\beta = -.10, p < .08$). Overall, these analyses suggest that talking about sex was an important and unique predictor of current relationship quality.

Discussion

Hypothesis 1 predicted that participants who reported having more caring and less controlling parents would report less risky behaviors and better romantic relationships. The results from this study partially support this prediction. Care and control by parents during childhood was significantly related to current romantic relationship style. When parents were more caring and less controlling, participants reported less anxiety and avoidance in their adult romantic relationships. This finding is consistent with past research that has shown that the overall quality of the parent-child relationship is important in predicting later relationships (Sroufe & Fleeson, 1988). However, the current study did not find significance between parental care and control and the age of first intercourse or condom use. It is possible that the parent-child relationship climate is simply more predictive of overall relationship quality and not these specific sexual behaviors. This could also be a limitation of the current research design. There may be a relationship between the parent-child relationship climate and other sexual behaviors that were not asked, such as overall number of sexual partners or likelihood to engage in intercourse outside of a relationship.

Hypothesis 2 predicted that participants who reported higher levels of parent-child communication about sex would report less risky behaviors and better romantic relationship

quality. The results of correlational analyses partially support this prediction. More communication by either mom or dad was related to less anxiety and avoidance in the adult romantic relationship. Consistent with the findings for care and control, a more open parent who talks about sex may provide a good model for adult relationships. For sexual behaviors as an outcome, more communication by father was related to more consistent condom use. It is unclear why this relationship would occur for father communication only, or for condom use only. Past literature does highlight the importance of the father-child relationship and it may be especially important for fathers to be involved in sexual communication. Further research is needed to explore this relationship further.

Overall, the findings from this study suggest that young adults who grew up with more caring and less controlling parents who communicated about sex were more likely to have better quality relationships and to a limited extent to engage in safer behaviors.

Limitations and Strengths of the Current Study

There are some limitations to this study that are important to note. The cross-sectional and correlational design did not allow for the timing of conversations or causal relationships to be examined. The timing of sexual communication between the parent and child is one factor that could influence the data collected. For example, the parents might have had conversations with their children because they suspected they were already sexually active or the children might have begun to explore sexuality after the parents had spoken to their child. Also, because these data are self-report and retrospective, they only represent the participant's current perception and may not be accurate.

Despite these limitations, there are some important strengths to this study which should be noted. The influence of the parent-child relationship for both mothers and fathers is important.

Research on the parent-child relationship often focuses on the mother-child relationship only. Second, this study examined a variety of sexuality-related topics that were communicated, not simply was there communication about sex between the parent and child. This allows for the ability to examine the content of sexual communication between parents and children.

Future Research

A future direction for this research would include investigating combinations of sexual communication topics to see if there is a best combination of topics to talk about. A design that allows the researcher to determine the direction of the conversations had about sexuality could also benefit the data. Further, examining the specific role of fathers may play in sexual communication and later outcomes is important.

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APPENDIX A
Survey

Parental Influence on Sexual Behaviors

**Department of Psychology
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Thank you for your time and participation!

Dear Participant:

Please answer the following questions to the best of your ability, and choose only ONE answer which best applies. The following information will be used for research purposes only. All of your answers will be kept secret and private.

- 1. What is your age?**
 _____ years old
- 2. With which gender do you identify?**
 _____ Male
 _____ Female
- 3. What is your ethnicity?**
 _____ African American
 _____ Native American
 _____ Hispanic or Latino
 _____ Caucasian
 _____ Asian – Pacific Islander
 _____ Multiracial
 _____ Other, please specify

- 4. What is your highest level of education?**
 _____ High School Diploma
 _____ Associate's Degree
 _____ Bachelor's Degree
 _____ Graduate Degree
- 5. What is your marital status?**
 _____ Single
 _____ Married
 _____ In a relationship
 _____ Other, please specify

- 6. What is your sexual orientation?**
 _____ Heterosexual
 _____ Homosexual
 _____ Bisexual
 _____ Transgender
 _____ Other, please specify
- 7. Who was your primary caregiver?**
 _____ Mother Only
 _____ Father Only
 _____ Mother and Father
 _____ Other, please specify

- 8. What was the marital status of your parents during your adolescence?**
 _____ Married
 _____ Separated
 _____ Divorced
 _____ Widowed
 _____ Living together, but not married
 _____ Other, please specify

- 9. What is your religious affiliation?**
 _____ Christian
 _____ Jewish
 _____ Hindu
 _____ Muslim
 _____ Buddhist
 _____ None
 _____ Other, please specify
- 10. How attracted are you towards females?**
 Very Attracted Not at all attracted
 1 2 3 4 5 6 7 8 9 10
- 11. How attracted are you towards males?**
 Very Attracted Not at all attracted
 1 2 3 4 5 6 7 8 9 10

The following questionnaire lists various attitudes and behaviors of parents. As you remember your MOTHER in your first 16 years please circle the appropriate number next to each question.

	Like		Unlike	
	1	2	3	4
1. Spoke to me in a warm and friendly voice	1	2	3	4
2. Did not help me as much as I needed	1	2	3	4
3. Let me do those things I liked doing	1	2	3	4
4. Seemed emotionally cold to me	1	2	3	4
5. Appeared to understand my problems and worries	1	2	3	4
6. Was affectionate to me	1	2	3	4
7. Liked me to make my own decisions	1	2	3	4
8. Did not want me to grow up	1	2	3	4
9. Tried to control everything I did	1	2	3	4
10. Invaded my privacy	1	2	3	4
11. Enjoyed talking things over with me	1	2	3	4
12. Frequently smiled at me	1	2	3	4
13. Tended to baby me	1	2	3	4
14. Did not seem to understand what I needed or wanted	1	2	3	4
15. Let me decide things for myself	1	2	3	4
16. Made me feel I wasn't wanted	1	2	3	4
17. Could make me feel better when I was upset	1	2	3	4
18. Did not talk with me very much	1	2	3	4
19. Tried to make me feel dependent on her/him	1	2	3	4
20. Felt I could not look after myself unless she/he was around	1	2	3	4
21. Gave me as much freedom as I wanted	1	2	3	4
22. Let me go out as often as I wanted	1	2	3	4
23. Was overprotective of me	1	2	3	4
24. Did not praise me	1	2	3	4
25. Let me dress in any way I pleased	1	2	3	4

Please continue to the next page.

The following questionnaire lists various attitudes and behaviors of parents. As you remember your **FATHER** in your first 16years please circle the most appropriate number next to each question.

	Like		Unlike	
1. Spoke to me in a warm and friendly voice	1	2	3	4
2. Did not help me as much as I needed	1	2	3	4
3. Let me do those things I liked doing	1	2	3	4
4. Seemed emotionally cold to me	1	2	3	4
5. Appeared to understand my problems and worries	1	2	3	4
6. Was affectionate to me	1	2	3	4
7. Liked me to make my own decisions	1	2	3	4
8. Did not want me to grow up	1	2	3	4
9. Tried to control everything I did	1	2	3	4
10. Invaded my privacy	1	2	3	4
11. Enjoyed talking things over with me	1	2	3	4
12. Frequently smiled at me	1	2	3	4
13. Tended to baby me	1	2	3	4
14. Did not seem to understand what I needed or wanted	1	2	3	4
15. Let me decide things for myself	1	2	3	4
16. Made me feel I wasn't wanted	1	2	3	4
17. Could make me feel better when I was upset	1	2	3	4
18. Did not talk with me very much	1	2	3	4
19. Tried to make me feel dependent on her/him	1	2	3	4
20. Felt I could not look after myself unless she/he was around	1	2	3	4
21. Gave me as much freedom as I wanted	1	2	3	4
22. Let me go out as often as I wanted	1	2	3	4
23. Was overprotective of me	1	2	3	4
24. Did not praise me	1	2	3	4
25. Let me dress in any way I pleased	1	2	3	4

Please continue to the next page.

Are you currently in a romantic relationship?

Yes

No

- If Yes, How long have you been in the relationship?

-
- If No, Have you ever been in a romantic relationship?
-

The following questions will ask you about your experiences in romantic relationships. If you are not currently in a relationship, please answer the questions about your most recent relationship. If you have never been in a relationship, please answer the questions about how you may feel if you were in a romantic relationship to the best of your ability.

	Agree					Disagree				
	1	2	3	4	5	1	2	3	4	5
1. I'm afraid I will lose my partner's love.	1	2	3	4	5	1	2	3	4	5
2. I often worry that my partner will not want to stay with me.	1	2	3	4	5	1	2	3	4	5
3. I often worry that my partner doesn't really love me.	1	2	3	4	5	1	2	3	4	5
4. I worry that romantic partners won't care about me as much as I care about them.	1	2	3	4	5	1	2	3	4	5
5. I often wish that my partner's feelings for me were as strong as my feelings for him/her.	1	2	3	4	5	1	2	3	4	5
6. I worry a lot about my relationships.	1	2	3	4	5	1	2	3	4	5
7. When my partner is out of sight, I worry that he or she might become interested in someone else.	1	2	3	4	5	1	2	3	4	5
8. When I show my feelings for romantic partners, I'm afraid they will not feel the same about me.	1	2	3	4	5	1	2	3	4	5
9. I rarely worry about my partner leaving me.	1	2	3	4	5	1	2	3	4	5
10. My romantic partner makes me doubt myself.	1	2	3	4	5	1	2	3	4	5
11. I do not often worry about being abandoned.	1	2	3	4	5	1	2	3	4	5
12. I find that my partner(s) don't want to get as close as I would like.	1	2	3	4	5	1	2	3	4	5
13. Sometimes romantic partners change their feelings about me for no apparent reason.	1	2	3	4	5	1	2	3	4	5
14. My desire to be very close sometimes scares people away.	1	2	3	4	5	1	2	3	4	5
15. I'm afraid that once a romantic partner gets to know me, he or she won't like who I am.	1	2	3	4	5	1	2	3	4	5
16. It makes me mad that I don't get the affection and support I need from my partner.	1	2	3	4	5	1	2	3	4	5
17. I worry that I won't measure up to other people.	1	2	3	4	5	1	2	3	4	5
18. My partner only seems to notice me when I'm angry.	1	2	3	4	5	1	2	3	4	5
19. I prefer not to show a partner how I feel deep down.	1	2	3	4	5	1	2	3	4	5
20. I feel comfortable sharing my private thoughts and feelings with my partner.	1	2	3	4	5	1	2	3	4	5
21. I find it difficult to allow myself to depend on romantic partners.	1	2	3	4	5	1	2	3	4	5
22. I am very comfortable being close to romantic partners.	1	2	3	4	5	1	2	3	4	5
23. I don't feel comfortable opening up to romantic partners.	1	2	3	4	5	1	2	3	4	5
24. I prefer not to be too close to romantic partners.	1	2	3	4	5	1	2	3	4	5
25. I get uncomfortable when a romantic partner wants to be very close.	1	2	3	4	5	1	2	3	4	5
26. I find it relatively easy to get close to my partner.	1	2	3	4	5	1	2	3	4	5
27. It's not difficult for me to get close to my partner.	1	2	3	4	5	1	2	3	4	5
28. I usually discuss my problems and concerns with my partner.	1	2	3	4	5	1	2	3	4	5

29. It helps to turn to my romantic partner in times of need.	1	2	3	4	5
30. I tell my partner just about everything.	1	2	3	4	5
31. I talk things over with my partner.	1	2	3	4	5
32. I am nervous when partners get too close to me.	1	2	3	4	5
33. I feel comfortable depending on romantic partners.	1	2	3	4	5
34. I find it easy to depend on romantic partners.	1	2	3	4	5
35. It's easy for me to be affectionate with my partner.	1	2	3	4	5
36. My partner really understands my needs and me.	1	2	3	4	5

Have you ever had sexual intercourse?

Yes No

What age were you when you first had sexual intercourse?

How many times in the last year have you had sexual intercourse?

Altogether during the past year, how many different people have you had as sexual partners?

Within the past 12 months, how many times have you had intercourse with someone you didn't know very well?

Never Once Twice At least 3 times More than 4 times

Have you had sex in the past year with a partner who you knew was having sex with other people?

Yes No

Generally, in the past year, how often has alcohol been part of your sexual activities?

Never Occasionally Half the time Often Always

Generally, in the past year, how often have marijuana or drugs other than alcohol been part of your sexual activities?

Never Occasionally Half the time Often Always

Have you had sex in the past year with someone who injects drugs?

Never Occasionally Half the time Often Always

When you have sexual intercourse, how often do you use some kind of birth control?

Never Occasionally Half the time Often Always

When you have sexual intercourse, how often do you or your partner wear a condom?

Never Occasionally Half the time Often Always

Have you ever had sexually transmitted infection such as gonorrhea, syphilis, or chlamydia?

Yes No

Have you ever had anal sex?

Yes No

