



Parental Discussions about Sexual Risk with African American Sons: The Role of Religiosity.

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Wadiya A. Udell , *University of Washington Bothell*, wau2@u.washington.edu

Geri R. Donenberg , *School of Public Health, University of Illinois at Chicago*, gdonenberg@psych.uic.edu

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Parental Discussions about Sexual Risk with African American Sons: The Role of Religiosity.

Abstract

The current study investigated the relationship between parental religiosity (i.e., parent church attendance), and frequency of parent-youth communication about sexual risk (i.e., discussion about sex, and discussion about condom use) with African American boys. Participants were 65 parents of African American boys between the ages of 11 and 17 years. Results indicated no relationship between age and parent-son discussion about sexual risk. However, parental religiosity was negatively associated with frequency of communication with sons about sex and condom use. Parents who attended church more frequently reported fewer discussions about sex and condom use than parents who attended church less frequently. These findings suggest that religiosity may be a barrier to parental discussions about sex and sexual risk with African American sons. Findings underscore the importance of collaborating with church communities in supporting parents in educating African American boys about sexual health.

Keywords

adolescents; parenting; sexual risk; religiosity

Cover Page Footnote

We thank the families who participated in the study, and gratefully acknowledge Gloria Coleman, as well as, the churches and community centers who worked with us to identify eligible families.



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School of Community Health Sciences
University of Nevada, Las Vegas

Brief Report: Parental Discussions about Sexual Risk with African American Sons: The Role of Religiosity.

Wadiya Udell, University of Washington Bothell
Geri Donenberg, University of Illinois at Chicago

ABSTRACT

The current study investigated the relationship between parental religiosity (i.e., parent church attendance), and frequency of parent-youth communication about sexual risk (i.e., discussion about sex, and discussion about condom use) with African American boys. Participants were 65 parents of African American boys between the ages of 11 and 17 years. Results indicated no relationship between age and parent-son discussion about sexual risk. However, parental religiosity was negatively associated with frequency of communication with sons about sex and condom use. Parents who attended church more frequently reported fewer discussions about sex and condom use than parents who attended church less frequently. These findings suggest that religiosity may be a barrier to parental discussions about sex and sexual risk with African American sons. Findings underscore the importance of collaborating with church communities in supporting parents in educating African American boys about sexual health.

Keywords: adolescents; parenting; sexual risk; religiosity

INTRODUCTION

African Americans suffer significant sexual health disparities, including more unintended pregnancies (Mosher, Jones, & Abma, 2012) and sexually transmitted infections (STIs) (Centers for Disease Control [CDC], 2011a) than all other racial/ethnic groups in the United States. Although accounting for less than 15% of the U.S. population in 2010, African Americans ages 13 years and older accounted for 44% of new HIV diagnoses (CDC, 2012), approximately 50% of all reported chlamydia and syphilis cases, nearly 75% of all reported gonorrhea cases (CDC, 2011b), and have the highest teen pregnancy rates (Kost & Henshaw, 2008). In addition to these sexual health disparities, African American youth report engaging in more sexual risk behaviors than their peers, including unprotected sex and multiple partners (CDC, 2012).

Adolescent sexual behavior is influenced by a variety of factors, including sexual socialization by parents (DiIorio, Pluhar, & Belcher, 2003; Hadley et al., 2009). Parental sexual socialization refers to the process by which parents convey beliefs, values, and norms regarding sexuality and sexual activity (Shtarkshall, Santelli, Hirsch 2007). Communication about sex is

one mechanism by which parents transmit their beliefs, values, and knowledge about sex to their youth (Jerma & Constantine, 2010). Parent-adolescent communication about sexual risk is an important mediator that has been linked to a variety of youth sexual outcomes (DiIorio, Pluhar, & Belcher, 2003; Kapungu, et al., 2010; Udell, Donenberg, & Emerson, 2011a). Studies have shown that frequency of communication, topic of communication (e.g., having direct discussions about condom use), and general affect during communication (e.g., warmth, openness to discussions about sex) are related to youth's sexual risk taking (Hadley et al., 2009). Although much of this work has focused on mother-daughter communication, there is reason to focus on parent-teen communication among boys specifically.

Studies examining gender have identified differences in the ways parents communicate with their sons and daughters. Despite the advantages of parents discussing sex and sexual risk with youth, several studies report parents (both mothers and fathers) have fewer and less extensive discussions with their sons (Dilorio et al, 2003; Kapungu et al, 2010; Wilson & Koo, 2010). Additionally, research has identified a double standard in parents' perceptions of the importance of discussing sex with their sons and daughters (Dilorio et al 2003; Wilson & Koo, 2010). In a study by Wilson and Koo (2010), parents were more likely to believe sexual activity to be less harmful (i.e., psychological and physical effects) for their sons than daughters. Such gender differences have been found among families across various ethnicities, including African American families (Wilson, Dalberth & Koo, 2010).

Whereas studies document the positive impact of parent-adolescent communication about sexual risk, less is known about the factors that influence such communication. Religiosity has emerged as an important factor that may impact how parents communicate with their youth about sex and sexual risk. Religiosity has traditionally referred to the institutional and/or organizational aspects of religion (e.g., church attendance) (Zinnbauer & Pargament, 2005). However, the term has been used in health research to describe both institutional/organizational and personal (e.g., beliefs) aspects of religion, with the former (i.e., church attendance) being more consistently associated with adolescent sexual outcomes (Rew & Wong, 2006; Udell, Donenberg & Emerson, 2011b).

Various studies link parental religiosity and youth sexual behaviors (Landor, Simons, Simons, Brody, & Gibbons, 2011; Manlove, Logan, Moore, & Ikramullah, 2008; Rostosky, Wilcox, Wright, & Randall, 2004). Yet, far less is known about how parental religiosity influences parent-youth communication about sexual risk. Results from the most comprehensive study to date suggests that although parents who attend church frequently have more discussions about the morality of sexual activity with their youth, they have fewer discussions about sexual behavior and contraception use than parents who attend church less frequently (Regnerus, 2005). These data were drawn from the National Longitudinal Study of Adolescent Health and the National Study of Youth and Religion. Findings indicated ethnic differences among religious parents, whereby church attending African American parents reported more communication about sex than church attending parents from other ethnic groups (Regnerus, 2005). This racial comparison informs our understanding of ethnic differences between religious African American parents and religious parents from other ethnic groups, but it does not clarify whether and how parent-youth communication about sexual risk varies among religious and non-religious African American families. Attending to the heterogeneity among African American families is important for understanding whether and how religiosity may impact the way parents address sexual risk with African American youth. Additionally, existing studies provide limited

information on how religion relates to parental communication specifically for African American boys.

Understanding the impact of religiosity on parents' communication about sexual risk with Black boys is significant given the importance of religion in African American's lives. A study by the Pew Forum on Religion and Public Life found 79% of African Americans reported religion to be important in their lives, and 53% reported attending church at least once a week (Pew, 2009). As a result, many African American boys are being raised in religious families and communities where strong messages about sexual behavior may (or may not) be conveyed. Religion, therefore, remains a potentially important component of how parents communicate with African American boys about safe sex.

The current study examined the relationship between frequency of parent-adolescent communication about sexual risk and religiosity among parents of African American boys, extending previous research in important ways. Most studies of African American youth assess the relationship between parental religiosity and youth sexual behavior. This study is one of the few focusing specifically on the relationship between parental religiosity and parent-adolescent discussions about sexual risk – an important mediator for adolescent sexual risk. It is also the only study examining this relationship among African American boys specifically. Lastly, the present study examines communication about sex generally, as well as more specific discussions about sexual risk (i.e., condom use). Given the limited research on parental religiosity and parent-adolescent communication about sexual risk among African American boys, we make no predictions about this relationship.

METHODS

This study is part of a larger project designed to understand the relationship between religiosity and sexual risk among urban African American youth. Guardians (referred to as parents in this study) of African American youth were recruited from local organizations (i.e., community centers, local libraries, churches, and public clinics) in Chicago, IL and Seattle, WA. Parents responded to informational flyers posted at local organizations or presentations at community centers and churches. Written consent was obtained for all participants. Assessments were approximately 60 minutes, and parents were compensated \$25. The University of Washington's Institutional Review Board approved all study procedures.

Participants

Participants were 67 parents of African American boys between the ages of 11 and 17 years ($M = 13.74$, $SD = 1.94$) living in Chicago ($N = 57$) and Seattle ($N = 10$). Two parents did not complete the religiosity measure, resulting in a sample of 65 parents. With the exception of 3 parents (1 Hispanic, 2 White), all identified as African American or Black. Parents were predominantly female (88%). Baseline data collected from parents revealed a broad range of socioeconomic backgrounds, from households earning \$5,000 or less (14% of the sample) to over \$75,000 annually (3% of the sample). Slightly over half of the sample (57%) reported living at or below the poverty line (United States Department of Health and Human Services, 2011). Parental education ranged from less than a high school education (14%) to a completed graduate degree (7%). Nearly half of parents (42%) attended some college.

Measures

Parent-adolescent communication about sexual risk. Two items were used to measure parent-adolescent communication about sexual risk (McDermott Sales, et al., 2008). Items assess frequency of discussion within the past 6 months on the topics of sex "In the past 6 months, how

often have you and your child talked about sex?” and condom use “In the past 6 months, how often have you and your child talked about how to use a condom?” Items were rated on a 4-point scale (“never,” “rarely,” “sometimes,” “often”). Higher scores represent more frequent communication on each topic.

Religiosity. Parental religiosity was assessed with one item measuring the frequency of church attendance. The item “I attend church or mosque” was rated on a 4-point scale (“never,” “sometimes,” “often,” “always”). Higher scores represent more religiosity.

RESULTS

We conducted two multivariate regression analyses to examine the associations between parent-youth communication about sexual risk (frequency of discussions about sex and condom use) and parent religiosity (i.e., frequency of parent church attendance). Due to age differences in adolescent sexual risk taking (Fergus, Zimmerman, & Caldwell, 2007), we controlled for age in all analyses. A check for site differences (i.e., Chicago vs. Seattle) on key variables (i.e., parental religiosity, frequency of discussion about sex, and frequency of discussion about condom use) revealed no significant differences. Therefore, we did not control for site in the analyses to preserve statistical power given our small sample size. In each analysis, age was entered into the first block, and parental religiosity was entered into the second block. Overall models were considered significant at $p < .05$.

Descriptive Data

The majority of parents (65%) reported having discussed either sex generally or condom use specifically with their sons. That is, only 35% indicated they “never” had a discussion about either topic with their son. However, more parents discussed sex as a general topic than condom use. Indeed, 35% never discussed condom use with their sons, compared to 2% who never discussed general sex (see Table 1 for means and percentages). Approximately half of the sample (42%) described themselves as either “never” or “sometimes” attending church or mosque.

Table 1. *Means and Percentages for Parental Religiosity and Parent-son Communication about Sexual Risk*

	Mean (SD)	%
Parental Religiosity (i.e., frequency of church attendance)	2.94 (.92)	

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Never		1.5
Sometimes		40.0
Often		21.5
Always		37.0
Frequency of Communication about Sex	2.96 (.82)	
Never		1.5
Rarely		31.3
Sometimes		37.3
Often		29.9
Frequency of Communication about Condom Use	2.25 (1.16)	
Never		35.8
Rarely		23.9
Sometimes		19.4
Often		20.9

Predictors of Parent-youth Communication about General Sex Among African American Boys

Results indicated that the model including age and parental religiosity predicted parent-son discussion about general sex $F(2, 62) = 3.94, p = .02$, accounting for 11% of the variance (see Table 2.). The first block, including age, did not achieve statistical significance. However, parental religiosity included in the second block, was negatively associated with parent-son discussion about sex, and accounted for 8% of the variance in the overall model. Parents who reported more church attendance had fewer discussions about sex with their sons than parents who attended church less frequently.

Table 2. *Results of Regression Analyses Predicting Frequency of Parent-son Communication about Sex and Condom Use.*

Block	Predictors	Frequency of Communication about Sex			Frequency of Communication about Condom Use		
		β	t	ΔR^2	β	t	ΔR^2
1	Age	.08	1.48	.03	.11	1.54	.04
2	Parental Religiosity	-.26	-2.35**	.08**	-.43	-2.86***	.11***
	Overall model ΔR^2			.11**			.15***

* $p \leq .05$. ** $p \leq .025$. *** $p \leq .01$.

Predictors of Parent-youth Communication about Condom Use Among African American Boys

The overall model predicting parent-son communication about condom use achieved statistical significance, explaining 15% of the variance, $F(2, 62) = 5.40, p < .01$ (see Table 2.). Age, entered in the first block, was not statistically significant. The addition of parental religiosity in the second block accounted for 11% of the variance. A negative relationship was

identified, indicating parents who reported more church attendance had fewer discussions about condom use with their sons than parents who attended church less frequently.

DISCUSSION

This is one of the first studies to examine the relationship between parental religiosity and parent-adolescent communication about sexual risk among parents of African American boys. Findings are informative in a number of respects. For one, descriptive data reveal that on average parents of African American boys reported discussing sexual topics relatively frequently with their sons. There was no difference in parental discussions of sexual risk by age of the youth, suggesting that parents of younger adolescent boys are having similar amounts of discussions with their sons about sex and condom use as parents of older adolescents. The majority of parents reported discussing sex with their son, with only approximately 2% reporting never having done so. While this is a positive finding, it is worth noting that this percentage increases to 35% for parents reporting never having discussed condoms use with their sons. While discussing sex globally with sons may be beneficial, research has documented discussions about specific sexual risk topics (e.g., condom use) are associated with safe sex practices among youth (Hadley et al., 2009).

Findings also reveal a relationship between parental religiosity and parent-son communication about sexual risk. Parental religiosity was negatively related to discussions of both sex and condom use with their sons. Parents of boys who attended church more frequently reported fewer discussions about sex and condom use than parents who attended church less frequently. These findings suggest that religiosity may be a barrier to parental discussions about sex and sexual risk with sons. Although cross-ethnic research has found religious African American parents have more discussions with their youth about sex than religious parents from other ethnic backgrounds, this study indicates important within group differences among parents of African American boys. The findings highlight the importance of studying parental sexual socialization practices among African Americans boys specifically. Religious taboos about sex before marriage, and religious parents' fear that communication would suggest an endorsement of teen sex may contribute to their having fewer discussions about sexual health with their sons. Unfortunately, data from this study are not adequate to assess these hypotheses and this is important for future research.

Findings should be interpreted in the context of study limitations. Results are based on a purposive sample of parents of African American youth and may not generalize to parents of youth from other races or ethnicities. Additionally, data do not permit analysis of the content of such discussions or the quality of discussions between parents and youth. Although findings are mixed, a significant body of research has illustrated the protective effects of frequent parent-teen communication about sexual risk on youth sexual behavior (DiIorio, Pluhar, & Belcher, 2003; Kapungu, et al., 2010), and several studies highlight the difference between frequency and quality of communication. A study by Wilson and Donenberg (2004) suggests that what occurs during the conversation about sex matters more than how frequently parents and youth have such conversations. Finally, this study assessed religiosity utilizing an item that measures "public religiosity" (e.g., church attendance) rather than "private religiosity" (e.g., religious beliefs). It is possible that the results do not extend to religious parents who attend church less regularly. While this may limit generalization, the focus on public religiosity is significant for prevention, as it provides churches with a meaningful role in helping to reduce and prevent sexual risk among youth in their congregations, as these are the families who are accessible to these

messages. Ministers and youth leaders can encourage and work with parents to discuss sexuality and sexual health with their youth in ways that are consistent with their values, yet effective in preventing negative health outcomes. Churches serving Black communities have a history of addressing health disparities experienced by African Americans. Findings from this study highlight an opportunity to extend this work on the topic of youth sexual health.

Despite these limitations, the study provides further support for the importance of parental religiosity in the sexual socialization of African American boys. It is unclear why more religious parents have fewer discussions about sex and condom use with their sons. It could be due to their reluctance to discuss taboo topics, or to more traditional views that sexual activity is more acceptable for males. Despite the potential reasons, church-attending parents may need to be better informed of the positive impact of having discussions about safe sex practices with their sons. Many family-based interventions to prevent and reduce youth sexual risk behavior are targeted towards mothers and daughters (Dancy, 2003). More interventions should be created for sons specifically. Future research should examine the reasons why frequent church attending parents are more reluctant to discuss sexual risk with their boys, and teach parents how to discuss these topics in ways that are both consistent with evidence-based practices and respectful of their cultural and religious values. Finally, this study underscores the importance of collaborating with church communities in supporting parents in educating African American boys about sexual health.

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