

Marcus J. Wade

Public Health Education
Mentor: Dr. Joshua Fegley, EdD
State University of New York: The College at Brockport

Abstract

Adolescent African American and Latino children are increasingly engaging in risky sexual behaviors, resulting in higher rates of teenage pregnancy and STI diagnoses. An analysis of 14 current interventions have found that effective communication between caregivers and their adolescent children can successfully increase health communication amongst family members, thus decreasing sexually risky behaviors. Research has, however, found parent reluctance toward initiation of communication and unwillingness to have prolonged conversations about sexuality and sustained contraception use. Prospectively, there is a requisite for theory-based intervention that focuses on creating open communication on sexuality, to lower rates of risky behavior among adolescences.

Introduction

- In 2017, there were 1,069,111 reported cases of chlamydial infection among persons aged 15–24 years, representing 62.6% of all reported chlamydia cases. Also in 2017, the birth rates for Hispanic teen girls (age 15-19) (28.9 per 1,000) and non-Hispanic black teens (27.5) were more than two times higher than the rate for non-Hispanic white teens (13.2); proportionately higher than the national rate of 18.8 (CDC 2019).
- In national surveys conducted by The National Campaign to Prevent Teen and Unplanned Pregnancy, teens report that their parents have the greatest influence over their decisions about sex—more than friends, siblings, or the media. Most teens also say they share their parents' values about sex and making decisions about delaying sex would be easier if they could talk openly and honestly with their parents. (The National Campaign 2012) In the 2006 -2010 National Survey of Family Growth (2013), parents and teachers were reported to be the primary source for 59% and 66%, boys and girls, respectively, for STI/HIV information.
- Currently there is a push to increase parent-child sexual health communication to allow parents to become the primary resource for sexual health knowledge and prevention training (Breuner & Mattson 2016)

Research Question

Can an increase in communications about sex, sexuality and sexual and prevention health, between caregivers and their adolescent children, effectively lower the rates of teen pregnancy and STI diagnoses?

Parent-Child Communication

- Parents have some influence on their child's decisions on risky behaviors.
- Parents can influence what children's subjective norms, perceived positive behaviors and attitudes toward sex and sexuality throughout their pre, during and post adolescent years.
- Preference surveys found that both parents and children are willing to have conversations about sex and sexuality if given the opportunity. Unfortunately, the discussions aren't being made because the issue lies in initiation and context of these conversations.
- Specifically in African American and Latino families, sexual health communication for boys and girls were more with the mothers than with the fathers. This was reflected in the literature giving the participation rates of mothers over fathers in interventions that recruited both gendered parents.



-Google Stock Image

Summary of Interventions

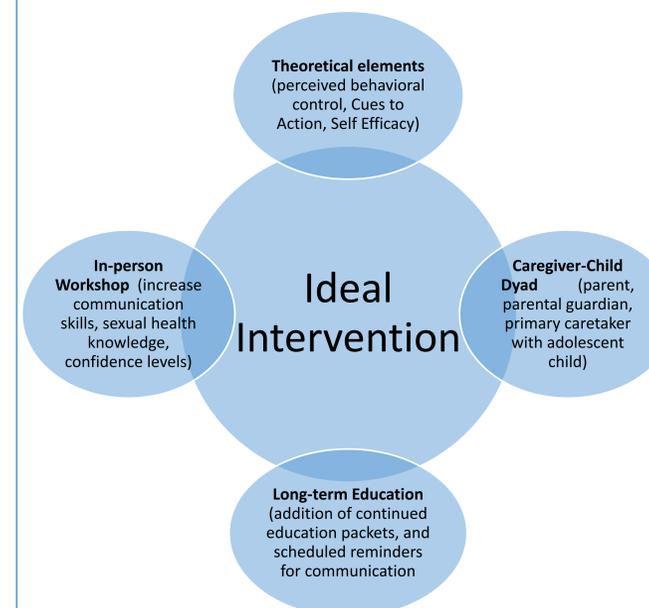
- Interventions varied dramatically from each other. Some components of interventions may have included the use of multi-layered components that included several sessions over the span of a year. Each intervention did involve the parent interacting with their child whether the child was a part of the recruitment for the intervention itself, or not.
- The varying degrees of intervention range from interpersonal interviews and workshops that have parents and children directly connect with each other about sexual topics, to computer-based or mass media outlets having an influence on increasing the confidence levels of parents to initiate conversations about sexual health with their children.
- Interventions in which participants had to physically attend (11) were more popular than interventions that involved a computer-based program (3).
- Common themes of each intervention involve education on current sexual health topics and statistics, skills and strategies on increasing communication, and continued evaluation and use of "booster" sessions for retention of information.

Theoretical Framework

- Out of all fourteen interventions three did not mention any use of theory or model when constructing the components of the intervention.
- For the construction of the intervention, components of the theory of planned behavior, theory of reasoned action, health belief model and the health behavior theory. Each article that mentions using a theoretical framework, individually, had varying uses for each theory. Some used parts of the theories and created a mixed model positioned for their intervention.

Results

- Most interventions reported a significance in increased communication of general sexual health topics that includes topics such as menstruation, pregnancy, condom use, contraception, STIs and etc.
 - Though topics of general sexual health varied among interventions
- One specific intervention found significance amongst adolescents' positive attitudes towards normative beliefs about parent-teen communication about sex, while having negative beliefs on self-efficacy regarding condom use.
- Within the same study caregivers reported high attitudes and normative beliefs regarding parent-child communication about sex but reported infrequent communication to their children about sensitive sexual topics.
- Another common theme found mother-child dyads to be most effective in comfortability and willingness to engage in sexual health communication, over father-child dyads.



Discussion / Conclusion

- Of the interventions that measured effect post the intervention (e.g. surveys at 3- or 12-month post intervention periods), those who incorporated additional education or "booster" workshops after the initial intervention found the effects of the intervention to significantly last longer than those that just surveyed to report if the effect of the initial survey lasted post intervention.
- There was variance on what is considered "general" sexual health vs. "sensitive", "tough" or "difficult" sexual health topics. Topics such as STI's, puberty, and intercourse varied within each category (general, sensitive or tough) among the interventions.
- Effective interventions with the most significant results included incorporating the caregiver and child as co-participants. This included interventions involving the entire family, or parent-child dyads.
- One gap I found within the articles is the inclusion of non-nuclear families and the roles of parental guardians. Only one intervention mentions the use of caregivers with the inclusion of the parent, legal guardian, or primary parental figure.

Next Steps

- Create a theoretical model that works similar to the theory of planned behavior with an emphasis of changing perceived behavioral control over attitudes to the behavior. Elements of the health belief model such as self-efficacy and cues to action needs to be addressed since parents are very well informed about the potential threats and barriers but do not possess the skills to initiate and continue prolonged sexual health communication.
- Produce an intervention that uses caregiver and adolescent dyads to enhance communication skills and create an open environment for conversations on sexual health topics. Education on finding proper cues to action and perceived behavioral control will be highlighted. Continued education that gives caretakers updated reminders or new cues to action for initiating a discussion about sexual health.

Acknowledgements

- This project was supported by The Ronald E. McNair Scholar's program that provided the skills and tools to help me facilitate the research.
- Special thanks to Dr. Fegley, Barbara Thompson, Helen Cheves and Dr. Waleed for their infinite support.

References furnished upon request