

**Parent-Child Communication
And Sexual Behavior Among
Adolescents in California's Teen
Pregnancy Hot Spots**

Findings from The California Wellness Foundation
Teen Pregnancy Prevention Initiative

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In 1995, The California Wellness Foundation began a \$60 million, 10-year grantmaking program entitled the Teen Pregnancy Prevention Initiative that was designed to decrease the incidence of teen pregnancy by increasing the proportion of teens who delay the initiation of sexual activity and/or effectively use contraception.

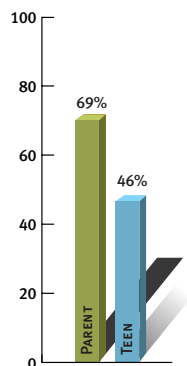
Seven California hot spot communities were selected as target communities to reduce teen pregnancy.¹ These communities included neighborhoods of large cities (Hollywood and South Los Angeles), suburban communities (Oceanside and Richmond), and small cities (Indio, Madera and Modesto). Some were in Southern California, some in Northern California, while the rest were in the Central Valley.

Surveys were conducted among adolescents and their parents² in each of these communities. Data from the surveys are used to explore the relationships between parent-child communication and teen sexual behaviors.

Communication Between Parents and Teenagers

- Parents were more likely than their teenagers to indicate they have talked with the other about sex or birth control.
- As many families disagreed about whether they had talked about sex as agreed that they had. Only one in five families agreed they had not.

DISCUSS SEX OR BIRTH CONTROL



In each household the teenager and parent were asked if they ever talked with the other person about matters relating to sex or birth control. In the majority of homes, the parents said they had talked with their teenagers about sex or birth control, but the majority of teenagers did not say they had talked with their parents. The difference between parents and teenagers was fairly substantial, with 50% more parents than teens indicating they had discussed sex with the other.

These differences suggest that many parents do, in fact, believe they are talking with their children about sex. However, many of the teens have no memory of those conversations. Somewhere between the sending and the receiving, many of the communications appear to get lost.

¹ Hot spot communities are the 25% of California ZIP codes that contain the highest rate of births to 15-17 year olds (Jeffrey Gould California Potential Project Areas for Adolescent Pregnancy Prevention Programs UC Berkeley School of Public Health, 1996)

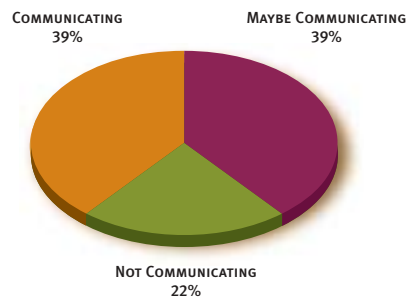
² The term parent is used throughout this report, although 14% of the adults interviewed in hot spot communities were non-parental caregivers.

For the remainder of this report, families are categorized as:

- *Communicating about sex* if both the parent and teen agreed they had
- *Maybe communicating about sex* if only one said they had
- *Not communicating about sex* if both agreed they had not

When parents and their teenagers were compared to each other, in two of five households (39%) both agreed they had talked with each other about sex. A similar number of households disagreed about whether they had talked with each other. In most of these households, only the parents said they had discussed sex together. One in five households agreed they had not talked about sex with one another.

FAMILY COMMUNICATION ABOUT SEX OR BIRTH CONTROL



Family Communication and Support for Abstinence

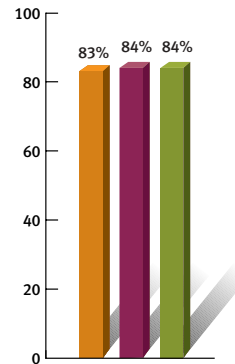
Communication between parents and their children was unrelated to whether teenagers believed it is better to wait to have sex.

Support for Abstinence

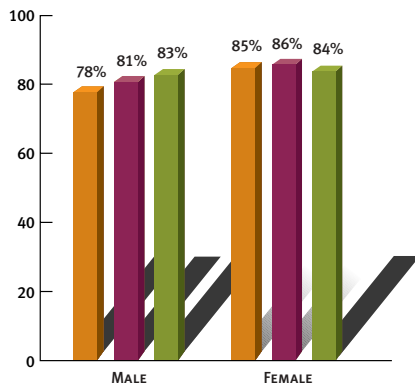
One might think that communication between parents and teens about sex could influence whether teens thought it better to wait to become sexually active. To explore this possibility, teenagers were asked whether it's better to wait to have sex until after high school. Most (84%) agreed it was better to wait.

However, their opinions were not related to communication between parents and their children about sex. Whether the family had talked about sex, might have talked about sex, or had not talked about sex, teenagers were equally likely to believe it was better to wait.

FAMILY COMMUNICATION AND SUPPORT FOR ABSTINENCE



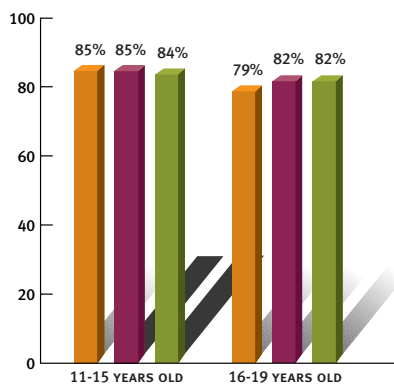
FAMILY COMMUNICATION AND SUPPORT FOR ABSTINENCE BY GENDER



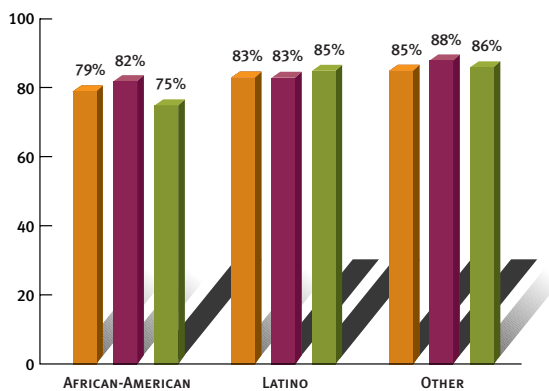
Neither was family communication related to support for abstinence within any subgroup. No relationship was found within categories of gender, age, or race/ethnicity.

It is possible that the teenagers responded on the basis of what they should believe and not on the basis of what they did believe. Certainly some of those who support abstinence are having sexual intercourse. Their answers may reflect awareness of society's norms rather than their own.

FAMILY COMMUNICATION AND SUPPORT FOR ABSTINENCE BY AGE



FAMILY COMMUNICATION AND SUPPORT FOR ABSTINENCE BY ETHNICITY



Family Communication and Sexual Intercourse

The relationship between communication with parents and sexual intercourse among teenagers suggests that many parents may wait too long to talk to their kids or may not communicate effectively.

Sexual Intercourse

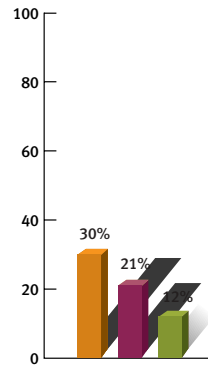
Differences in rates of teen sexual intercourse between families that talked about sex and those that did not were substantial. Teenagers in families who agreed they discussed sex were 2.5 times more likely to have had sexual intercourse than teens in families who agreed they did not discuss sex. They also were more likely to have had sexual intercourse than were teens in families who might have discussed sex.³

Unfortunately, some parents may wait until they believe their children are having or are about to begin having sexual intercourse before they talk to them about it. Others may even wait until they discover their children are about to become parents. Such communication is obviously too late to prevent the initiation of intercourse.

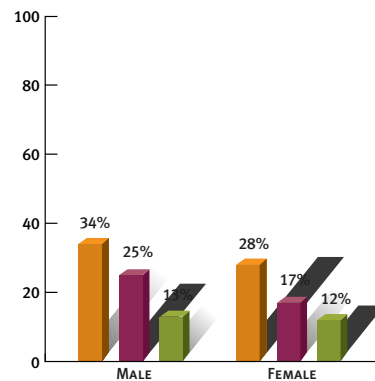
Communication may also be too limited to affect the behavior of teenagers. Parents who simply say, "I better not find out you're doing it" probably will do little to change the direction of their children's behavior.

The relationship between communication and sexual intercourse was consistent across subgroups. Whether the teenager was male or female, younger or older, African-American, Latino, or a member of another ethnic group, rates of sexual intercourse were highest among youth in families who had talked about sex and lowest in families who had not.

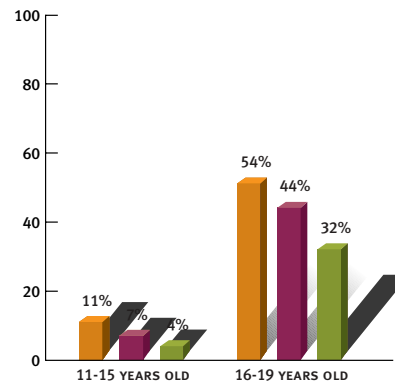
FAMILY COMMUNICATION AND SEXUAL INTERCOURSE



FAMILY COMMUNICATION AND SEXUAL INTERCOURSE BY GENDER

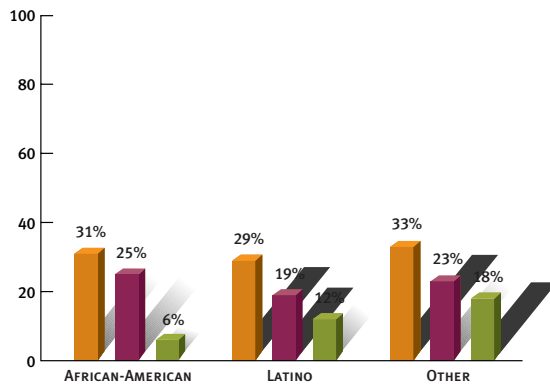


FAMILY COMMUNICATION AND SEXUAL INTERCOURSE BY AGE



³ Similar findings are reported in other studies (See Brent Miller *Families Matter* National Campaign to Prevent Teen Pregnancy, 1998 for a review of the literature).

FAMILY COMMUNICATION AND SEXUAL INTERCOURSE BY ETHNICITY

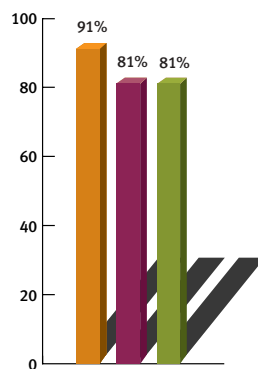


Although it is impossible in this cross-sectional study to determine, many families may have begun to talk to their children about sex and birth control when they believed their children were having, or were about to have, sexual intercourse. More than half (51%) of families with sexually experienced teens agreed they had talked about sex. Sexual activity on the part of teenagers may be what prompted parents to talk to their children. In such cases the communication was too late to prevent the initiation of sexual intercourse, but may have been in time to promote safer sex.

Family Communication and Contraceptive Use

- Sexually experienced adolescents were more likely to *ever* contracept, *always* contracept, and more *effectively* contracept if they lived in homes where sex was discussed.
- Males and younger teens *always* contracepting was more strongly related to family communication than it was among females or older teens.
- Females, younger teens, and Latinos more *effectively* contracepting was more strongly related to family communication than was the relationship in other groups.
- *Ever* contracepting and *always* contracepting appear to be related to family communication only when both parents and teens agree that they have talked about sex with the other.

FAMILY COMMUNICATION AND EVER CONTRACEPTING



Ever Contracepting

Teenagers who indicated they had ever had sexual intercourse were asked if they or their partners *ever* used or did anything to prevent pregnancy. More than 4 out of 5 sexually experienced teenagers said they had used something. In families who agreed they had talked with each other about sex, 9 out of 10 teenagers used some form of contraception. Teenagers in families who did not talk about sex or who only might have talked about sex were twice as likely never to have used contraception.

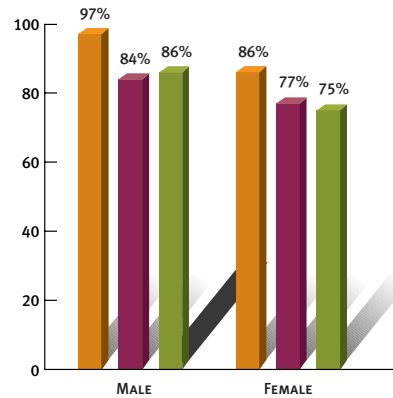
Communication about sex and birth control was related to contraceptive use only in families where both the parent and teenager said they had talked about sex. Contraceptive use was no higher in families where only one remembered discussions about sex than in families where both said there were no such discussions.

- Communicating about sex if both the parent and teen agreed they had
- Maybe communicating about sex if only one said they had
- Not communicating about sex if both agreed they had not

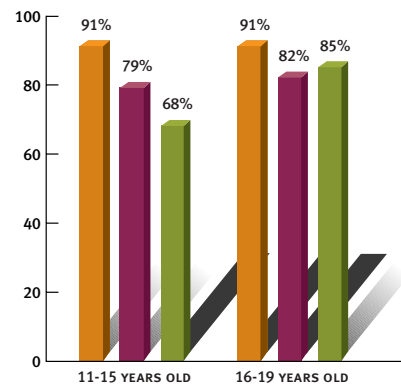
This relationship between communication and *ever* contracepting was found across most subgroups. Within each group, *ever* contracepting was higher if both said they had discussed sex.

The exception to this pattern was among young teenagers. In families where the teenager was 15 years old or younger, *ever* contracepting was higher in families where only one remembered talking about sex than in families where both teens and adults said they had not discussed sex. Young teenagers in families where only one remembered talking about sex were more than twice as likely never to have contracepted than were young teenagers in families where both remembered talking about sex. However, young teenagers in families where both indicated they had not talked about sex were more than three times as likely never to have contracepted.

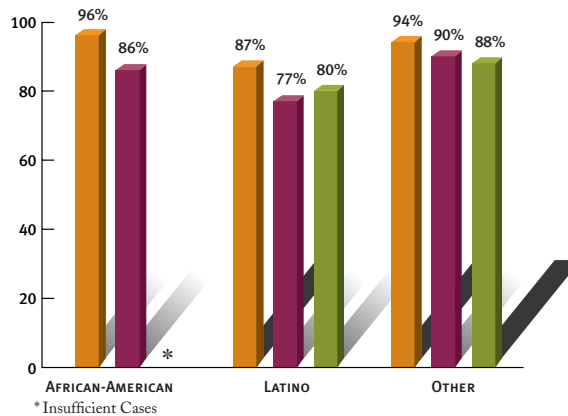
FAMILY COMMUNICATION AND EVER CONTRACEPTING BY GENDER



FAMILY COMMUNICATION AND EVER CONTRACEPTING BY AGE



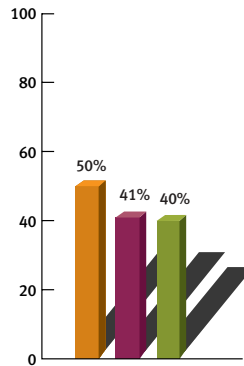
FAMILY COMMUNICATION AND EVER CONTRACEPTING BY ETHNICITY



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Always Contracepting

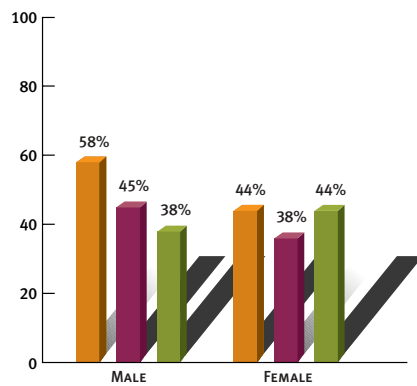
FAMILY COMMUNICATION AND ALWAYS CONTRACEPTING



Sexually experienced teenagers also were asked how often in the past year they or their partner had used or done something to prevent a pregnancy. The majority of sexually experienced teenagers (54%) indicated they had unprotected intercourse as least some of the time. This means that most sexually experienced teenagers in these hot spot communities were at risk of pregnancy at least some of the time.

Sexually experienced teenagers were most likely *always* to contracept if they lived in families where sex and birth control were discussed. Teenagers in families where only one said they discussed sex were no more likely *always* to contracept than were teenagers in families that did not discuss sex.

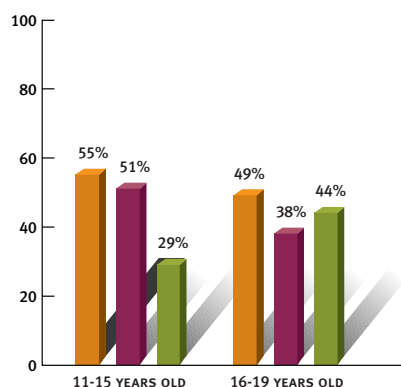
FAMILY COMMUNICATION AND ALWAYS CONTRACEPTING BY GENDER



The relationship between family communication and *always* contracepting was different for males and females. Among males, those in families who talked about sex were 50% more likely *always* to contracept than were males in families that did not talk about sex. Those in families where only one remembered talking about sex were still more likely *always* to contracept than those in families that did not talk about sex. Among females, *always* contracepting was equally high in families that talked and did not talk about sex.

Females and their parents were more likely than males and their parents to report having discussed sex (58% compared to 46%), but the conversations appear to have a greater impact upon males. Males were more likely than females *always* to contracept if they live in families that talked about sex and less likely than females *always* to contracept if they live in families that did not talk about sex. Because females are the ones who get pregnant, they may have gotten messages about contracepting from many sources, whereas messages to males were less frequent.

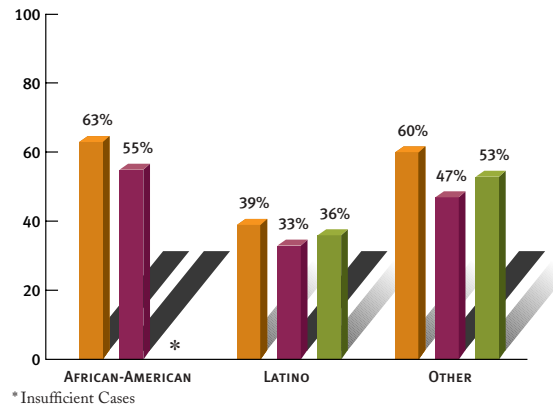
FAMILY COMMUNICATION AND ALWAYS CONTRACEPTING BY AGE



Family communication also appears to have a greater impact on younger teenagers. Among teenagers who were 15 years old or younger, *always* contracepting was 90% more likely in families that discussed sex than in families that did not. The difference was almost as large in families where only one member reported talking about sex. Family communication made little difference in whether older teenagers *always* contracepted.

Parents who waited to talk to their children about sex until they believed their children were becoming sexually active or hesitated because they believed their children were too young to understand, may have missed the opportunity to influence their children's decisions. Parents of older teenagers may have had greater competition from peers and others who also influenced their children.

FAMILY COMMUNICATION AND ALWAYS CONTRACEPTING BY ETHNICITY

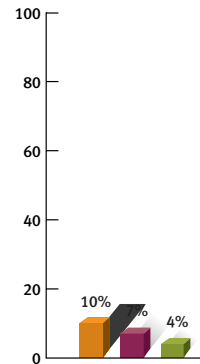


More Effective Contracepting

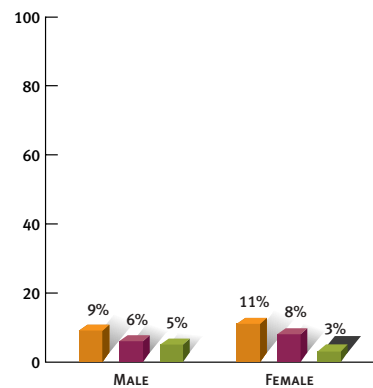
Sexually experienced teenagers also were asked what they did the last time they had sex to prevent a pregnancy. The majority (57%) reported using a condom alone and more than a quarter (28%) did nothing at all. Current wisdom suggests that teenagers should use a condom to prevent disease in conjunction with spermicide, pills, Depo Provera, or Norplant to increase the effectiveness of contraception.

Very few (8%) of the sexually experienced teenagers reported using a condom in addition to a more *effective* contraceptive. It is possible that many parents did not realize the importance of using condoms plus another contraceptive and therefore did not discuss this with their children. However, those living in homes where there was agreement that sex was discussed were 2.5 times more likely to be effective contraceptors than were teenagers living in homes where sex was not discussed. Teens in homes where only one member remembered talking about sex also were more likely to be *effective* contraceptors than teens from homes where sex was not discussed but less likely than teens from families where both reported talking about sex.

FAMILY COMMUNICATION AND MORE EFFECTIVE CONTRACEPTING

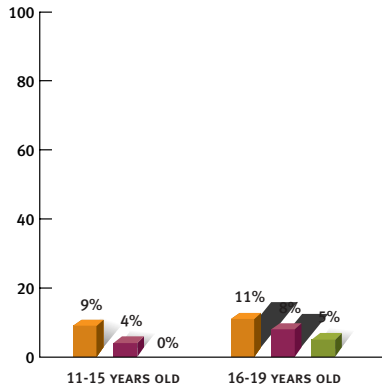


FAMILY COMMUNICATION AND MORE EFFECTIVE CONTRACEPTING BY GENDER

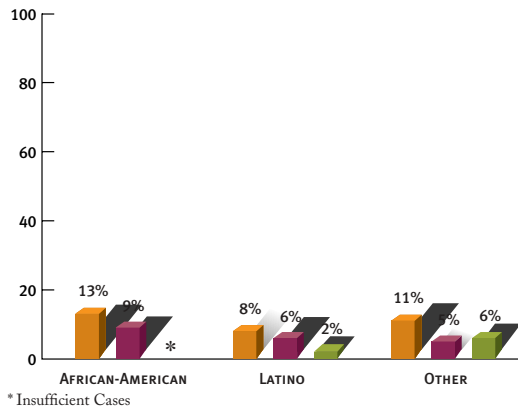


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FAMILY COMMUNICATION AND MORE EFFECTIVE CONTRACEPTING BY AGE



FAMILY COMMUNICATION AND MORE EFFECTIVE CONTRACEPTING BY ETHNICITY



The pattern of more *effective* contraceptive use in families that talked about sex was found in each of the subgroups, but it was stronger in some groups than in others. Among females, the use of condoms plus spermicide, pills, Depo Provera, or Norplant was more than 3.5 times greater in families where sex was discussed compared to those where it was not. Females, of course, were the ones to take pills, Depo Provera, or Norplant and communication with them may have had a greater impact than communication with males who must then have had a conversation with their female partners.

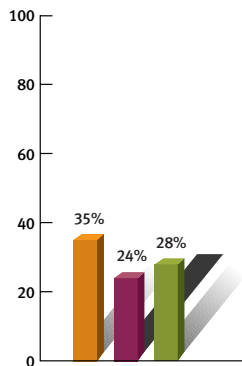
Among younger teens, none from homes that did not discuss sex were more *effective* contraceptors.

In African-American families with a sexually experienced teenager, only 4 of 165 families reported not talking about sex. This number is too small to determine patterns of contraceptive use. However, among Latino families *effective* contraception was 4 times more common in families that talked about sex than in families that did not. In families of other ethnic groups, *effective* contraceptive use was about twice as high among those who discussed sex than among those who did not.

Family Communication and Pregnancy

Pregnancies were highest in families that have talked about sex.

FAMILY COMMUNICATION AND PREGNANCY

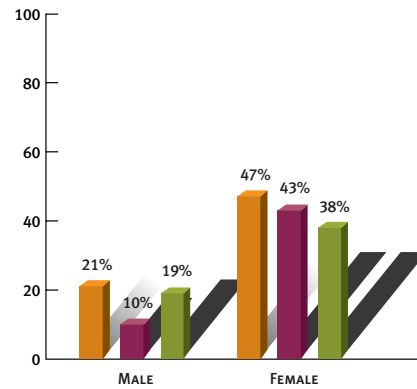


Pregnancy

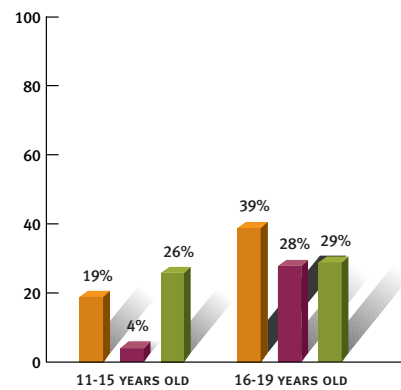
Forty-four percent of the sexually experienced females reported they had been pregnant and 15% of the sexually experienced males said they had gotten someone pregnant. The relationship between family communication and pregnancy was similar to the relationship between communication and intercourse—pregnancies were highest in families who reported talking about sex. Again, the pregnancy may have been what prompted families to talk about sex. In 60% of the families where a pregnancy was reported, parents and teens agreed they had talked about sex.

The pattern of highest pregnancies among families who have talked about sex was not found in every subgroup. It was stronger for females than for males, for older teens but not younger teens, and for Latinos but not other ethnic groups. These three groups also were the groups with the highest rates of pregnancy. Thus, in the groups most at risk of pregnancy, discussions about sex in many families may have come only after a pregnancy had occurred.

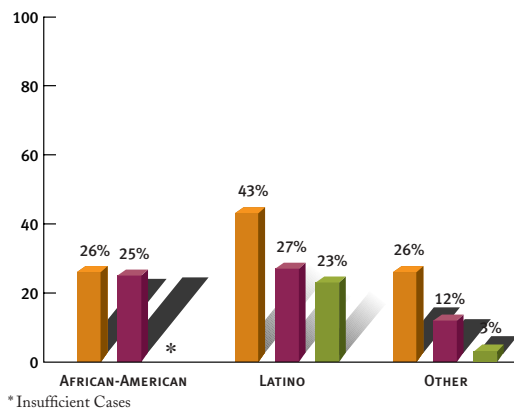
FAMILY COMMUNICATION AND PREGNANCY BY GENDER



FAMILY COMMUNICATION AND MORE EFFECTIVE CONTRACEPTING BY AGE



FAMILY COMMUNICATION AND PREGNANCY BY ETHNICITY



- Communicating about sex if both the parent and teen agreed they had
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Many parents are not communicating effectively with their children about sex and birth control. In only two of every five families did both the parents and their teenagers agree that they had talked with each other about sex. One in five families agreed they had not discussed sex together. In the remaining families, the parents usually believed they had discussed sex with their children, but the children reported not having such talks. Unfortunately, most parents say they have talked with their children about sex, but most teenagers report these conversations have not taken place.

Many parents may not be communicating soon enough with their children about sex and birth control. It appears that many families only start to have talks about sex after the teenagers start to have intercourse or, even worse, become involved in a pregnancy.

Communication between parents and their children about sex and birth control affects what teenagers do. Teenagers who talked with their parents about sex were more likely to contracept to reduce the risk of pregnancy, more likely to use contraception every time they had sex, and more likely to use more effective means of contraception.

Many parents may lack sufficient information to advise their children about the best ways to avoid pregnancy. Although abstaining from sexual intercourse is the surest way to avoid a pregnancy, many teenagers still decide to have sex. For these sexually experienced youth, contracepting is important, and the most effective contraception is to combine the use of a condom with either spermicide, pills, Depo Provera, or Norplant every time they have intercourse. Only a minority of the youth in these hot spot communities contracepted every time; most used condoms alone. Parents may not have known to tell their children to combine condom use with other methods.

To get a broader picture about parent-child communication, both parties to potential conversation should be asked. The literature has been unclear about the role of communication.⁴ Maybe that is because there is variation in results depending on who you ask, what you ask them they talked about, the characteristics of those you ask, and when you ask.

If communication about sex between parents and their children is to be a factor in reducing teenage pregnancies, parents must be helped to communicate:

- *effectively so that teenagers remember what they hear;*
- *early before teenagers begin to have sexual intercourse or become pregnant; and*
- *accurately so that teenagers receive the best information about how to avoid pregnancies*

⁴ Brent C. Miller *Families Matter: A Research Synthesis of Family Influences on Adolescent Pregnancy* Washington, DC (The National Campaign to Prevent Teen Pregnancy, 1998)

The Teen Pregnancy Prevention Initiative

The Teen Pregnancy Prevention Initiative is a 10-year, \$60 million grantmaking program of The California Wellness Foundation. The goal of the Initiative is to help decrease the incidence of teen pregnancy by increasing the proportion of teens who delay the initiation of sexual activity and/or effectively use contraception. With input from a variety of constituencies, a comprehensive grantmaking program was designed that includes funding for:

- community action;
- public education and policy advocacy;
- professional development and leadership recognition;
- research; and
- evaluation.

The Survey of Teen Pregnancy Hot Spot Communities

Surveys were conducted in each of the communities targeted by the *Teen Pregnancy Prevention Initiative* as teen pregnancy hot spots. Random samples were drawn of households and pairs of interviewers screened those households to find where adolescents lived. In households with adolescents a randomly selected adolescent and caregiver (most often a parent) were paid to complete interviews.

Interviewers worked in pairs with one person interviewing the adolescent while the other interviewed the caregiver. Adolescents and caregivers were separated and interviewed simultaneously to reduce the influence one might have on the responses of the other.

Using this procedure, 81% of the randomly selected households were screened and pairs of interviews were completed in 86% of the households where adolescents lived.

The Teen Pregnancy Prevention Initiative is funded by a grant from The California Wellness Foundation (TCWF). Created in 1992 as an independent, private foundation, TCWF's mission is to improve the health of the people of California by making grants for health promotion, wellness education and disease prevention programs.

The evaluation of the Teen Pregnancy Prevention Initiative is a joint project of Philliber Research Associates, SRI International's Center for Education and Human Services and the University of California, San Francisco's Institute for Health Policy Studies.

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