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Let's Talk About Sex(ual Health) Baby: Analysis of Sexual Communication with Adolescents in Mexican American Families

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LET'S TALK ABOUT SEX(UAL HEALTH) BABY: AN ANALYSIS
OF SEXUAL COMMUNICATION WITH
ADOLESCENTS IN MEXICAN
AMERICAN FAMILIES

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Master's Program in Communication

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2021

Dedication

This is for all the young Mexican Americans who are too afraid to talk about sex with their parents, who were not ready to have sex when they did, who had to get birth control on their own, who went to their first gynecological appointment alone. This is for them, because I was, am, and will always be them.

This is also for my parents. Who did the best they could with what they had.

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OF SEXUAL COMMUNICATION WITH
ADOLESCENTS IN MEXICAN
AMERICAN FAMILIES

by

MELYNDA ANN VENEGAS, B.A

THESIS

Presented to the Faculty of the Graduate School of

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for the Degree of

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Chapter 1: Introduction

Sex is not meant to be stressful, but when you have sex for the first time and you think you could be pregnant at 18-years-old after your first sexual intercourse, it is. I've been there and I have to say, the chances of me having been pregnant after my first sexual intercourse experience was virtually zero. However, my lack of sexual health knowledge did not offer me the comfort of having peace of mind that I was not pregnant. I was young and scared and thought having any sexual intercourse meant I was pregnant. I wanted to tell my mom, but I knew that conversation would not go well, so I sucked it up and hoped with all my heart that I got my period that month. Indeed, I was not pregnant, but that whole experience got me thinking that I really wish I had been able to talk to my mom about it.

Through parent-child sexual communication (PCSC), parents transmit sexual values, beliefs, information, and expectations with the aim of influencing sexual behaviors, attitudes, and decision-making of their children (Eisenberg et al. 2006; Jain & Singhal, 2017; Jerman & Constantine, 2010). PCSC can be incredibly beneficial to adolescents who lack resources, such as educational programs or university clinics, to learn about sexual health. A lack of sexual health knowledge can render adolescents ignorant of all the details and intricacies that sexual activities encompass. Without access to sexual health information, Mexican American adolescents are at a much higher risk for unintended pregnancies and sexually transmitted diseases (STDs) than their older counterparts (Centers for Disease Control and Prevention, 2016), many of which adolescents have never heard of in the first place. Having sexual health discussions with a parent can reduce the extremely high rates of STDs and unintended pregnancies among adolescents. Adolescents aged 15 to 24-years-old have a very high rate of gonorrhea and chlamydia and young women aged 18 to 24-years-old have a high rate of

unintended pregnancies (Centers for Disease Control and Prevention, 2016). PCSC can reduce these rates but conversations within the Mexican American community are either limited to certain aspects of sexual health, or completely dismissed (Hurtado & Sinha, 2005, p. 34). These conversations can give adolescents the knowledge and confidence they need when they are ready to begin engaging in sexual activities.

In a society where sexual education programs only cover basic male and female reproductive processes, the female menstrual cycle, and putting condoms on bananas, adolescents have to seek sexual health information elsewhere. The majority of sexual education in U.S. public schools is based on Sexual Risk Avoidance (SRA) programs that promote abstinence as the only way to completely prevent pregnancy and teach only about contraceptive failure rates, nothing more (Alvare, 2018). Without PCSC, adolescents often turn to peers for sexual knowledge (Watts, 2000). Although some information may be credible, peers can also give information that is misleading, unreliable, or incomplete. This could result in adolescents succumbing to peer pressure to engage in sexual activity when they are not ready. If their friends have already begun participating in certain sexual activities, this increases the chance that adolescents will engage in risky sexual behaviors shaped through the peer group experience (Watts, 2000). Seeking sexual health information from peers can influence future negative sexual attitudes and beliefs such as not fully understanding the consequences that sexual intercourse can have. Possible negative effects from gathering sexual health knowledge from peers include having unintended pregnancies, participating in sexual activity prematurely, and contracting an STD due to engaging in unprotected sex. An implication from peer-gathered sexual health information is that it can leave adolescents unprepared for any future sexual encounters in ways

that could later affect them both mentally and physically such as not recognizing signs of emotional abuse or contracting an STD or STI.

Talking about sexual health as an adolescent within the Mexican American community is not easy. Words like sinful, impure, and wrong permeate conversations about sexual health; conversations that can be the information young Mexican American adolescents need to avoid an unintended pregnancy or contracting an STD. These words, among others, may deter Mexican American adolescents from approaching their parents for sexual health knowledge. Having positive and open relationships with their parents about sexual health can delay adolescents' first sexual encounter (Lehr et al. 2000), can increase the likelihood of communicating with sexual partners about sexual risks (Crosby et al. 2001), and can decrease their likelihood of having unprotected sex (Crosby et al. 2001; Hutchinson et al. 2003). However, the discussions on important sexual topics such as the male and female reproductive system, STDs, condoms, and other birth control methods, are often either limited, or ignored altogether in the Mexican American community (Hurtado & Sinha, 2005, p. 34).

Many people in the Mexican American culture grow up with traditions and values that stem from centuries of history and generational traditions. Traditional values are reinforced particularly often in areas where adolescents are close to their country of origin. Becerra (1998) states that Mexican American individuals, in close proximity to their mother country, continue to have on-going interactions with first-generation immigrants who reinforce their traditional values. Cultural values influence not only Mexican American adolescents' sexual attitudes and behaviors, but their everyday lives. The cultural values of *marianismo* and *machismo* run throughout Mexican American history and are still prevalent in today's society. *Marianismo*, which affects Mexican American women, is a definition of feminine behavior that prescribes

traditional gender norms such as virginity until marriage (Faulkner, 2003; Paniagua, 2005). A cultural value that greatly affects Mexican American men is machismo. Machismo is defined as a strong sense of masculine pride, or exaggerated sense of power or strength (Machismo, n.d.). Further, machismo is often demonstrated through “hypermasculine bravado and posturing, willingness to confront physically any perceived slight, domination of women and other men through act and language, drinking to excess, sexual conquest, and squiring children.” (Klein, 2000, p. 68) This masculinity is “born from experiences of colonization, oppression, and resistance, as well as influenced by cultural attitudes of what constitutes a ‘man’” (Hernández, 2017). Interesting to note, however, Latinx health communication scholars may argue that not all performances of machismo are negative. Hernández (2017) draws on Chicana queer theorist and feminist Gloria Anzaldúa for a deeper meaning of machismo performance noting that it “obscures the fact that machismo can also signify a man being a supportive father and husband” (p. 250). Anzaldúa goes further to argue that “negative, stereotypical representations of the ‘false machismo’ Latino man and father abound in the mass media, which could have far-reaching implications” (Hernández, 2017, p. 250). These conflicting definitions of machismo provide for an interesting opportunity to discovery whether either performance of machismo will influence parent-child sexual communication.

These values create a culture based on gender norms and eventually affect the way that some young Mexican American men and women view themselves and the way they perceive engaging in sexual activities (Faulkner, 2003; Paniagua, 2005). On one side, many Mexican American women are encouraged to maintain their virginity because it is deemed the appropriate thing to do until marriage. For Mexican American men, this idea is often reversed or dismissed

altogether (Faulkner, 2003). Mexican American men are often encouraged to participate in sexual activities starting at a fairly young age because it is seen as manly.

An important facet of Mexican American culture is Catholicism. Many Mexican Americans experience traditions and values that are conceived from the Catholic religion. The ideas of female purity and maintaining virginity until marriage are based off of Catholic values. Many of the Catholic teachings on sexual activity propose abstinence because Jesus Christ defined celibacy as a better life choice for human beings (Benagiano and Mori, 2009). These ideals have been passed on through generations that began with a society of illiterate people dependent on the preaching of educated priests, monks, and religious leaders who all separated the body from the soul (“Let’s talk about sex,” 2003, p. 21).

According to Meier (2003) a “degeneration of values” is the culprit for a decline in age at first sexual intercourse (p. 1032). He means that the loss of value and decreased involvement in religion is to blame for the increase of adolescents engaging in sexual intercourse at an earlier age. Essentially, it is the idea that if adolescents are more religious, they will either abstain from sexual activities altogether, or will be more likely to utilize safe sex practices when they do participate in sexual activities. Here is where individual level of religiosity comes into play. The higher level of individual religiosity, the less likely adolescents are to engage in risky sexual behaviors (Edwards et al., 2011, p. 874). In this study, I aim to assess whether religion plays a role in a parents’ decision to engage in PCSC and what sexual health topics parents choose to discuss with their children if they do engage in PCSC.

Among parents who do engage in PCSC, a point of contention is how much to discuss with their children. There are consequences to both the over-sharing and under-sharing of sexual knowledge. Parents could scare their children or overwhelm them with too much information and

on the other hand, parents could leave their children unprepared for future sexual activities if they don't share enough knowledge. Some parents feel that if they discuss sexual health topics with their children it would be a form of permission for them to engage in sexual activities. This study will situate itself between the gap among the benefits of PCSC and the Mexican American cultural values that may influence a parent to engage or not engage in PCSC.

The Mexico-U.S. borderlands present unique spaces for understanding intersections between the role of Mexican American culture values and reproductive health. According to Becerra (1998), Mexican American individuals, in close proximity to their mother country, continue to have on-going interactions with first-generation immigrants who reinforce their traditional values. With our sister city of Ciudad Juárez, Mexico right across the Rio Grande, these traditional values flow through the everyday lives of Mexican American adolescents in El Paso, Texas, who still have family living across the border. Not only is the Mexican American cultural influence strong in El Paso, but other factors create necessity for analyzing PCSC within this community. Texas ranks 4th highest in teen pregnancy rates and El Paso is one of its cities that ranks highest in teen pregnancy rates (National Center for Health Statistics, 2018). By their 20th birthday, Hispanic teens have a much higher rate of teen pregnancy (17%) than their white counterpart (8%) (Office of Adolescent Health, n.d.). According to Williams (2017), the teen pregnancy rate in El Paso in 2017 was 65.9% out 1,000 births. This was almost double Texas's overall teen pregnancy rate of 34.6% out of 1,000 births. El Paso saw its reproductive rights stripped away in early 2014 when Texas passed a law that shut down numerous healthcare clinics statewide because they failed to follow outrageous maintenance requirements that would cost millions of dollars to construct (Texas Continues to Fight Back, 2015). Sexual education that goes beyond pushing abstinence on its students is virtually nonexistent in Texas which is

alarming because of its high rates of teen pregnancy as mentioned above. Not having adequate access to sexual health knowledge and education beyond abstinence-only methods is dangerous because it renders adolescents unprepared to engage in safe sexual activities.

I will examine the parent-child dyad in Mexican American families to determine how parents are approaching sexual health discussions, and if they are being conducted at all. More specifically, this study will take a closer look at how parents are using particular Mexican American cultural values in these sexual health discussions and if the discussions have been influential in adolescent sexual attitudes and behaviors. Examining this relationship between Mexican American cultural values and PCSC is important because from this study, we will be able to further determine how these values affect the way parents feel about talking with their children about more complex issues such as sexual attitudes and behaviors. This will allow us to later analyze specifically how positive and negative Mexican American parent-child sexual communication relationships affect the sexual attitudes and behaviors in Mexican American adolescents.

I have decided to use the term Mexican American to describe the participants in my study for a variety of reasons. During a pilot study for this research, I allowed participants to self-identify on their questionnaire. Most participants identified as Mexican American with the exception of a few who preferred Hispanic or Chicana. I feel that by using Mexican American I was able to encompass more of a broad range of participants because if I chose other terminology, I realized that some of my participants did not identify with such a specific label. According to Hernandez and Martinez (2019), providing options such as “Hispanic” or “Latina/o” is helpful; however, if offered as one conjoined option, it can also pigeonhole those who identify with one term and not the other (p. 106). Allowing participants to self-identify

offers more inclusivity and a greater understanding of how ethnic identities are performed in relation to health behaviors, experiences, and interventions (p. 106); therefore, I will allow my participants to self-identify through an open-response question from my interview guides for both participant groups rather than provide them with a list of identities to choose from.

This study will add to the already large amount of literature and research on PCSC and its influence on future adolescent sexual attitudes and behaviors; however, it will also add to the small but growing body of literature that focuses specifically on health communication in the Mexican American community. As described, adolescents in the Mexican American community are at a heightened risk for unintended pregnancies and STDs (Centers for Disease Control and Prevention, 2016). I propose this research is needed to assess the influence that sexual communication in Mexican American families, or lack thereof, has on future adolescent sexual attitudes and behaviors such as the age of sexual debut, condom use during first and sequential sexual intercourse, knowledge of contraceptives, STD prevention, and sexual agency. To begin assessing parent-child sexual communication in Mexican American families, I offer the following research questions:

- a. How, if at all, are parents and children within the Mexican American community engaging in parent-child sexual health communication?
- b. How does the discussion, or lack of, affect the way Mexican American young adults perceive sexual health?

This study will begin by offering an introduction describing and defining parent-child sexual communication and identifying how PCSC has been proven to be beneficial in increasing adolescent sexual health knowledge and safe sex practices. Following, a review of literature parent-child sexual communication will discuss the proven benefits of PCSC, provide an

overview of PCSC within Mexican American families, offer reasons as to why specific research on parent-child dyads within the Mexican American community is needed, discuss cultural and religious influences within the Mexican American community, and provide a discussion on reproductive justice and knowledge. Once literature is reviewed, following will be a chapter discussing why I specifically felt this research was needed based off my own personal experience with parent-child sexual communication. I provide a brief auto-ethnographic narrative of my sexual health communication experience and then describe how I conducted my research. This section provides information on the methodology of how I identified my participant sample, how I recruited participants, how individual semi-structured audio and video recorded interviews were conducted, and how those interviews were transcribed and coded. After my methods are established, I provide a detailed discussion and analysis of emergent themes I discovered from transcribing and coding participant interviews. This discussion provides excerpts from participant interviews and offers reasons why these excerpts are significant and what they mean in the scope of parent-child child sexual communication research. I then conclude with a general overview of my findings, discussion the limitations of this study, and offer possibilities for future research opportunities.

Chapter 2: Literature Review

Numerous studies have shown the affect that parent-child sexual communication, henceforth referred to as PCSC, can have on a young adult's sexual attitudes and behaviors. These studies provide statistical and numerical value to discussions regarding how many parents engage or don't engage in sexual health discussions, the average age of adolescent sexual debut, the rate of sexually transmitted diseases and infections (STDs and STIs) among adolescents, the rate of adolescent unintended pregnancies, and the number of adolescents having protected or unprotected sex (Holman, A., & Kellas, J. K., 2015; Liebowitz, S. W., Castellano, D. C., & Cuellar, I., 1999). However, there is a lack of qualitative studies to explain and analyze what these numbers mean for young adults that grew up within the Mexican American culture. More specifically, it is vital that we determine what future research can do to raise sexual health knowledge among young adults in the Mexican American community to reduce the startling rates of STDs, STIs, and unintended pregnancies. This could also provide Mexican American adolescents with knowledge about other important aspects of sexual communication such as reproductive rights and access to reproductive health care, consent, and sexual agency.

It is important to fill in this gap specifically among the Mexican American community because this community is the most at-risk for unintended pregnancies, early motherhood, and sexually transmitted diseases and infections (Centers for Disease Control and Prevention, 2016). Research has proven that PCSC can lower these rates (Crosby et al. 200; Hutchinson et al. 2003; Lehr et al. 2000). Most of the previous studies on PCSC do not specifically focus on the parent-child dyad within the Mexican American community. This particular dyad is important to consider because of the effect that parental influence can have on a young adult's sexual attitudes and behaviors. Further, my study adds to the growing but small amount of research dedicated to

Latinx health communication. Drawing on Latinx health scholars, I provide descriptions and definitions of aspects of the Mexican American that may potentially influence the way parent-child sexual communication is approached within these families. This review of literature describes the proven benefits of parent-child sexual communication, provide an overview of PCSC within Mexican American families, offer reasons as to why specific research on parent-child dyads within the Mexican American community is needed, discuss cultural and religious influences within the Mexican American community, and provide a discussion on reproductive justice and knowledge.

PROVEN BENEFITS OF PARENT-CHILD SEXUAL COMMUNICATION

Parent-child sexual communication has been proven to provide many benefits toward the sexual well-being of adolescents. Atienzo, Walker, Campero, Lamadrid-Figueroa, and Gutiérrez (2009) found that among participants that had discussed sex with their parents before their first sexual experience, there was a connection with condom use during sexual debut, although there was no relation with earlier age at first sexual intercourse. In addition, participants that had discussed sex with their parents after their first sexual intercourse were more likely to have had sexual intercourse at an earlier age (p. 115). Using research from previous studies, Askelson, Campo, and Smith (2012) have shown that communication about sexual risk between parents and their adolescent children can lead to safer sex practices such as adolescents engaging in sex at a later age (Hutchinson, 2002), using condoms (Weinman, Small, Buzi, & Smith, 2008), using condoms consistently (Hutchinson, 2002), and using birth control (Aspy, Vesely, Oman, Rodine, Marshall, & McLeroy, 2007).

The younger the child is at the first PCSC conversation, the less at risk they will be later in life when they begin engaging in sexual activities that can put them in danger of having an

unintended pregnancy or contracting an STD or STI. When studying sexual health risks that African American adolescents face due to lack of sexual health knowledge and resources, Johnson and William (2015) found that “prevention and intervention efforts have to begin early enough to offset the risks associated with the early initiation of sexual behaviors that put this population at increased risk” (p. 272).

An important factor of PCSC is how knowledgeable adolescents perceive their parents to be in regard to sexual health knowledge. Liebowitz, Castellano, and Cuellar (1999), found that the best way to delay teen sexual activity is to develop agreement between parent-child sexual ideas, beliefs, and values (p. 477). If parents and their children are on the same level when it comes to perception of the other’s sexual health knowledge, the more likely the adolescent is to reach out to them for sexual advice. Suárez-Orozco et al. (1995) claim that adolescents are expected to support their family’s needs. If there is a supportive relationship that comes out of that, this could pose positive outcomes for a sexual health conversation between adolescents and their parents.

There are also discrepancies between genders regarding sexual health communication and what should or should not be discussed with adolescents. Atienzo et al. (2009) found that messages being transmitted during these discussions, or the manner in which they are transmitted vary depending on the gender of both the parent and adolescent involved and that the content or interpretation of these messages changes depending on the sexual practices of the youth. (p. 116)

For example, a father-daughter sexual health conversation will be strikingly different than a father-son sexual health conversation, just as the conversations between a mother and a daughter will vary from a mother and a son (Atienzo et al., 2009). Further, some topics that a mother-

daughter dyad might discuss include pregnancy prevention and reproductive issues whereas a father-son dyad might include condom usage and number of sexual partners.

SEXUAL COMMUNICATION WITHIN THE MEXICAN AMERICAN COMMUNITY

Sexual communication within the Mexican American community can be awkward and uncomfortable. In some Mexican American families, sexual communication is described as taboo and not to be spoken about. Hurtado and Sinha (2005) identify a big issue within the Mexican American community when it comes to engaging in sexual activity. There is a double standard that Mexican American women are expected to be virgins until marriage while Mexican American men are allowed, and sometimes even encouraged, mainly by their fathers, to engage in sexual behaviors. Hurtado and Sinha (2005) claim this double standard is justified and influenced by the Mexican American community based on preconceived notions from Catholicism and *La Virgen de Guadalupe* which suggest that a woman should be pure which makes her suitable to be chosen as a wife. On the other hand, men do not have to be virgins to be deemed as an adequate husband. Religion and gender roles continuously play off each other when it comes to sexual health discussions between Mexican American parents and adolescents, and often we see that religion greatly affects the gender norms that we all come to know.

Romo, Kouyoumdjian, Nadeem, and Sigman (2006) found that messages relayed by mothers about avoiding or delaying sex, avoiding pregnancy, and completing educational goals were all linked. Romo et al. (2006) found that mothers talk with their daughters about completing their education so that they can have a better future with a better job. They explain that they cannot finish their education if they get pregnant and have to care for a child. This factors into the idea that pregnancy and its consequences are predominately felt by young Mexican American women than young Mexican American men therefore demonstrating

preconceived gender roles that are imposed on males and females within the Mexican American community.

Many families within the Mexican American community either only discuss certain aspects of sexual health or they ignore the conversation completely. The majority of participant responses in Hurtado and Sinha's study (2005) indicated that "there was no discussion about the mechanics of sexual intercourse, menstruation, sexual development, pregnancy prevention, or sexually transmitted diseases" (p. 34). Parents feel that there are certain sexual health topics that should not be discussed ever or only discussed at a certain age. Kenny and Wurtele (2013) identify various aspects of sexuality that are either not discussed, barely discussed, or frowned upon when discussed. These include women not discussing their sexual feelings, safe sex and sexual abuse, mentioning genitals, and sexual education (p. 932). Not discussing certain aspects of sexual health with adolescents can lead to confusion about sex and create higher risk levels for unsafe sex practices, unplanned pregnancies, and sexually transmitted diseases.

The implications of this reaches further than that; adolescents could end up lacking the knowledge they need to make informed decisions involving their sexual agency such as knowledge about consent and their reproductive rights and health care. Klein, Becker, and Štulhofer (2018) found that a woman's sexual agency is influenced by parental emotional engagement and support of autonomy. This engagement and support from parents positively influenced adolescent women's sexual agency (Klein et al., 2018). This reflected positively on healthy sexual behavior such as condom and birth control usage. This kind of understanding of sexual agency could make a huge difference in lowering the rate of unintended pregnancies and STDs.

The individual level of acculturation affects the Mexican American perception of parent-child sexual community. According to McCullough-Cosgrove, LeCroy, Fordney, and Voelkel (2018) acculturation is “a dynamic and complex process by which individuals combine and meld their original and secondary cultures into a third, unique set of cultural values, practices, and beliefs” (p. 1). Most individuals fall somewhere on the acculturation spectrum. One end of the spectrum is comprised of highly acculturated individuals with almost full assimilation. The other end of the spectrum is comprised of individuals with low levels of acculturation showing they are marginalized from the culture around them. McCullough-Cosgrove, et al., (2018) found that less acculturated youths reported having sex at a lower rate than their acculturated counterparts. They also reported fewer sexual partners and female participants reported more habitual condom use (p. 1). However, one characteristic of the Mexican American community runs deep no matter one’s assimilation level: religion.

SEX AND RELIGION IN THE MEXICAN AMERICAN COMMUNITY

Many Mexican American adolescents grow up to be torn between indulging in natural desires to engage in sexual intercourse and other sexual activities, and not being condemned by God or judged by their families. Literature has shown many followers of the Catholic faith associate sexual pleasure, sexual yearning, desires, and relationships as negative experiences (Meier, 2003). Those who engage in sexual activities are viewed as mistakes and are under the impression that they have done “the most offensive thing that one can engage in in relationship to God” (Meier, 2003, p.21). Traditionally, Christianity had strict values when it came to sexual activity and even invoked punishment if those values were broken (Yu & Lee, 2018, p. 77). Early theologians and clergy members associated sexual intercourse with the original sin and

advocated against it unless married. Many people of faith viewed the sole purpose of sexual intercourse as procreation, mainly to help farm and tend to their land.

The level of individual religiosity plays a factor into the potency of the Catholic values and beliefs that saturate the Mexican American community. According to Edwards, Haglund, Fehring, and Pruszynski (2011), religiosity is considered “the degree of participation in, or adherence to, the beliefs and practices of a religion” (p. 872). Higher religiosity in general is a key factor in sexual attitudes and behaviors, but higher religious service attendance had a positive relationship with less risky sexual behaviors (p. 874). This means that being more religious and attending religious services more often can increase the likelihood that adolescents will engage in safer sex practices such as using condoms and other birth control methods. This is important because the more often adolescents use condoms and other birth control methods the rate of STDs, STIs, and unintended pregnancies will drop.

Religion, Catholicism in particular, is a huge part of the Mexican American culture and can influence the way young adults react to certain sexual situations they may find themselves in. Kane (2010) found that many within this community turn to religion to overcome hardships and adversities. As previous research has shown, a hardship that plagues this community is the rate of unintended pregnancies (Centers for Disease Control and Prevention, 2016). It is concerning that due to religious morals and values that the Mexican American culture has instilled on young adults, many young women may not know the resources they have should they find themselves pregnant unexpectedly. This lack of knowledge could lead to dangerous procedures and illness.

Many families within the Mexican American community either only discuss certain aspects of sexual health or they ignore the conversation completely (Hurtado & Sinha, 2005). The majority of participant responses in Hurtado and Sinha’s study (2005) indicated that “there

was no discussion about the mechanics of sexual intercourse, menstruation, sexual development, pregnancy prevention, or sexually transmitted diseases” (p. 34). Parents feel that there are certain sexual health topics that should not be discussed ever or only discussed at a certain age. Kenny and Wurtele (2013) identify various aspects of sexuality that are either not discussed, barely discussed, or frowned upon when discussed. These include women not discussing their sexual feelings, safe sex and sexual abuse, mentioning genitals, and sexual education (p. 932). Not discussing certain aspects of sexual health with adolescents can lead to confusion about sex and create higher risk levels for unsafe sex practices, unplanned pregnancies, and sexually transmitted diseases. It is important to assess sexual communication as a whole within Mexican American families before we can begin to examine how these conversations are occurring, if they are at all. From this, we can then begin to dig into sexual health conversations between Mexican American adolescents and their parents to identify themes that will show how parent-child sexual communication, or lack of, ultimately influences future adolescent sexual attitudes and behaviors such as their age of sexual debut, condom use during first and sequential sexual intercourse, knowledge of contraceptives, STD prevention, and sexual agency

UNDERSTANDING SEXUAL COMMUNICATION IN MEXICAN AMERICAN FAMILIES

Talking about sex is already difficult; talking about sex in a community that is often exposed to heavily stigmatized views of sex is even harder. However, sexual health conversations are important and necessary to provide adolescents with the knowledge they need to engage in safe sex and to have the sexual agency knowledge they may need to defend themselves. Aragón and Cooke-Jackson (2021) gathered from multiple research studies that women and gender minorities face an increased risk for many health concerns including contracting sexually transmitted diseases, experiencing intimate partner violence, and having

unintended pregnancies. Knowing these facts, it is alarming how often sexual health conversations are dismissed within Mexican American families. Aragón went so far as to acknowledge how her sexual health is “framed by the beliefs and values that emerged from my [her] Latinx family and community” (Aragón & Cooke-Jackson, 2021).

Adolescents receive and absorb so much of what is passed down from their parents. From learning basic life necessities like knowing how to walk or make a bowl of cereal, to learning to drive and how to interact with waiters at restaurants; parental values are transmitted and absorbed through adolescents who then replicate these values in their own lives. Research has shown how parental transmission of sexual health knowledge and safe sex practices can influence adolescent sexual behavior such as delaying first sexual encounter and decreases the likelihood of sexually risky behavior (Guilamo-Ramos et al., 2012; Holman & Koenig Kellas, 2015; Miller, 2002). Despite this, parent-child sexual communication within Mexican American families is rare. Campesino and Schwartz (2006) identified religious or political rationale as two possible barriers to sexual health discussion within this community. Further, they attributed a lack of discussion about sex, sexual health, reproductive health, sexual pleasure, and sexual agency within this community to those two barriers. We must break these barriers if we want Mexican American adolescents to grow up feeling safe in seeking sexual health advice from their parents. We must break these barriers if we want Mexican American adolescents to feel safe engaging in sexual activity. We must break these barriers if we want to shatter the stigma surrounding sexual health within the Mexican American community and give adolescents the knowledge they need to not just be another Mexican American sexual health statistic.

REPRODUCTIVE JUSTICE AND KNOWLEDGE

Knowing your reproductive rights and having enough sexual reproductive knowledge to make informed decisions are two very important tenets of sexual health. Endler et al., (2021) identified how sexual and reproductive health (SRH) access became more restrictive since the Coronavirus pandemic began in spring 2020: contraceptive services have become more restricted or diminished altogether and only 69% of countries with mildly restrictive abortion access eased those restrictions to allow for more safe abortions. Not having access to vital sexual health resources such as contraceptives and safe abortions can be devastating to someone in need. Besides preventing pregnancy and STDs, contraceptives can also regulate women's menstrual cycles, help them lose weight, fight acne, and can even help get them conceive. While many people may view sexual and reproductive health rights (SRHR) just as receiving birth control or getting an abortion, SRHR does much more than that.

Despite this, all of west Texas and the Rio Grande Valley in 2014 was without a single abortion provider (Levy, 2014). According to Levy (2014), women had to drive 150 miles or more to receive a safe abortion. Adding in gas, lodging, and food, that journey is no walk in the park and making abortion clinics further away from those that need them is just added stress to an already stressful situation. Levy (2014) goes on to describe how a restrictive abortion bill that was passed in Texas in July 2013 “banned abortion at 20 weeks, placed a de facto ban on medication abortions by requiring doctors to prescribe a dosage they no longer deem safe and required all abortions to take place in ambulatory surgical centers.” The 2013 bill required that “abortion providers have admitting privileges at a hospital within 30 miles of the clinic” (Levy, 2014). Restricting abortion access does not mean there will be fewer abortions, it just means there will be fewer *safe* abortions, which itself is much scarier. Restricting safe abortion access

increases the chances of women self-inducing abortions and can even cause death in extreme cases.

LET'S FILL THE GAP IN THE RESEARCH

Research has been focused on PCSC as a whole or on PCSC among non-minority groups. The lack of knowledge on PCSC within the Mexican American Community is a disservice to the marginalized community as they are the most at-risk for unintended pregnancies, early motherhood, and contracting STDs or STIs as identified from research mentioned above. Flores and Barroso (2017) found most of the research participants in previous studies researching parent-child sexual health communication were largely Caucasian or African American and focused primarily on mothers engaging in sexual health discussions (2017, p. 535). This shows the need for more research that will focus specifically on Mexican American communities because of the lack of focus that they have been given in previous research. This also shows the need for explicitly studying the parent-child dyad within the Mexican American culture.

This gap in research could largely be a result of varying parent perspectives on discussing sexual health with their children. Pariera (2016) addressed the need to determine parents' barriers and prompts to having sexual health discussions with their children. The main barrier that Pariera (2016) found was the parents felt their child was too young to be talking about sex but in reality, their child may have been at an age where they were already or about to begin engaging in sexual activities (p. 281). This is shocking because if children are already engaging in sexual activities without proper sexual health knowledge, they run the risk of contracting an STI, STD, or having an unintended pregnancy.

Despite an abundance of PCSC literature, this review highlights various aspects of PCSC that need to be elaborated on in order to assess the influence it has specifically within Mexican

American families. Religion, assimilation, and individual level of religiosity are aspects of the Mexican American culture and each play a role in the sexual health knowledge adolescents may or may not receive. Understanding their role within PCSC in Mexican American families could provide a foundation for future parents to bridge the gap between their hesitance to discuss sexual health with adolescents

Chapter 3: Methodology

WHY THIS IS MORE THAN JUST A RESEARCH PROJECT

I was born and raised in El Paso, Texas. I have only ever lived away from El Paso once in my life, for about 8 months. El Paso and its Mexican American roots ground me and make me who I am today. Specifically, my Mexican American parents and the combination of their values, morals, and beliefs have molded me. I would say my family isn't the most devout Catholics, we break Catholic values quite often if I'm being honest, but we follow the practices frequently. Growing up we went to church every Sunday, practiced Lent, said prayers before and after each meal even if we were not at home, and did the Sign of the Cross (made by touching your hand from your forehead, down to your lower chest or stomach, to your left shoulder, and then across to your right shoulder) when we would drive by a Catholic church or a cross on the side of the road.

My parents are traditional in the sense that they expect any of my boyfriends or dates to pick me up, introduce themselves, pay for the whole date, and if we got to this step, to ask my parents for permission to ask me to marry him. Growing up, my dating life was strict, and my parents always made sure I was exactly where I said I was going to be when I was out with a boy. When I first started dating, I understood their concern, and I still do. However, as I got older, their constant texts and calls inquiring if I was "okay" or if I was "on my way home soon" got overbearing. Since I was 18 years old, I had been getting birth control and going to gynecologist appointments on my own and paying for them on my own. As an undergraduate working part-time, this was not the most ideal financial situation, but I had no other choice. I could not use insurance to pay for my pills or my check-ups because then my parents would find

out I was sexually active. I believe it was this secrecy that led me to have this intense fear of teenage pregnancy and pregnancy in general that I feel sometimes even to this day.

By the age of 23, I had already lived on my own for a year, had been in long-term relationship for six years, and had become sexually active during that relationship. Despite this, I still had a midnight curfew and was not allowed to go on trips or sleepover at my boyfriend's house. I voiced my disdain for these rules because I believed that as a sexually active 23-year-old adult, I was capable of making smart decisions on my own. It was not until I felt I had to hide a recent sleepover at a boy's apartment that my parents finally acknowledged my adulthood and sexual activity. My parents were completely stunned that I was sexually active and expressed their disappointment in my choice to become sexually active with someone I was not married to, an ideal they adamantly reminded me was from "our" Catholic faith. My parents and I have always been extremely close and to hear their disappointment in me made me feel ashamed and dirty, as if I had done something wrong. Unfortunately, this conversation resulted in an ultimatum: either I discontinued my sleepovers with the boy I had been dating for two months already, or I move out. Over the next two weeks following that argument, I hardly talked to my parents. I would get up, go to work and school, come home, and only leave my room to get dinner. Although I know my parents have never stopped loving me for a second, I could feel their judgment anytime we came in contact with each other. During those two weeks, I ultimately decided that it was best for me to leave. Within 48 hours I had moved out of my childhood home and had been thrust into a new chapter of my life that I was not entirely ready for.

I did not talk to my parents for about a week and half after I moved out. That was the longest I had ever gone without talking to them it was life-altering. I luckily had my brother and

brother-in-law to lean on during this time, but I craved that affection and approval from my parents. My parents and I finally spoke again, had another argument, but fortunately came to a much better conclusion. They now recognize that I am not any less of a person for deciding to engage in sexual activity and they understand the importance of discussing sexual health within our family. They were stunned that I had been able to manage getting on birth control and paying for not only those pills, but for my check-ups as well. It took a huge fight for them to realize that if they had been more open to discussing my sexual health sooner, all of that mess could have been avoided.

It is for that exact reason that this is more than just a research project for me. I do not want another Mexican American girl to have to find a way to get birth control on her own, or to have to get her first Pap smear alone. I do not want her to feel ashamed or dirty because she is choosing to engage in sex. I do not want her to be terrified of getting pregnant every time she has sex despite using two forms of birth control. I want this research to serve as a lesson to parents that talking about sexual health is not a bad thing and it does not mean that you are giving your children permission to engage in sexually risky behaviors. Sexual communication can create a bond between parents and adolescents that fosters an open relationship where adolescents feel safe to discuss their sexual health with their parents.

MY RESEARCH INTENTIONS

As previous research has shown, there have been numerous quantitative studies on the impact of parent-child sexual health communication (PCSC) on future adolescent sexual attitudes and behaviors. Rather than add to the expansive pile of numerical studies, I utilized a qualitative approach to dive deeper into the lasting effects that parent-child sexual health communication has on future adolescent sexual attitudes and behaviors within the Mexican

American community. By taking a qualitative approach, this study highlights why these numbers matter and what future research can do to increase sexual health knowledge in adolescents.

Qualitative research also provides a space for individual narratives to emerge, rather than reducing people's experiences to mere numbers. It offers a safe space for clear identification of themes and provides a way to organize and structure a multitude of written data (Dixon-Woods, Argawal, and Jones, 2005, p. 47). On the other hand, quantitative research from an epistemological perspective, separates the researcher from those being researched (Sukamolson, 2007, p. 6). I based my entire study off my own personal experience with parent-child sexual communication; therefore, I want to be as close to the study and its participants as possible, not further removed. This is so I can provide a safe space for qualitative research to allow "personal voices" rather than no stories or experience descriptions that quantitative studies would aim for (Sukamolson, 2007, p. 6).

This study complicates previous research that narrows focus of Mexican American health issues to obesity and poor nutrition habits (Guendelman & Abrams, 1995; Nguyen, Markides, & Winkleby, 2011). This study provides a new perspective on PCSC within the Mexican American community that has not been assessed thoroughly in previous research; therefore, the following research questions can be asked:

- a. How, if at all, are parents and children within the Mexican American community engaging in parent-child sexual health communication?
- b. How does the discussion, or lack of, affect the way Mexican American young adults perceive sexual health?

Individual interviews with young adults aimed to determine what influenced adolescents to engage in certain sexual practices, such as condom or birth control use, to explore the effect of

parent-child sexual health communication on these practices, and to assess their knowledge on sexually transmitted diseases and infections. Individual interviews with parents aimed to assess the reason(s) why they chose whether or not to engage in sexual communication with their children. According to Tracy (2013) analyzing transcribed participant interviews for common words, phrases, or reactions will allow for the possibility to reveal themes among participant response. Interviews ranged between 10 to 18 minutes long which resulted in printed transcripts of about 10 to 12 pages for each interview. I transcribed all participant interviews and searched for similar words, phrases, and participant reactions to develop common themes among parent-child sexual communication, address the reason(s) why this communication is either occurring or not, and ultimately, how these interactions affect the young adults in later sexual activity decision-making. I printed two copies of each interview so I could use one as a reference and the other for coding purposes. To discover themes, I first identified six units of analysis that I was searching for in my interviews: (1) Conversation Conception (how was PCSC initiated or approached), (2) Conversation Focus (what topics were discussed during PCSC), (3) Cultural Influences (traditions and values), (4) Religious Influences (morals and beliefs), (5) Parental Denial (don't talk about sex and it won't happen), and (6) Scare Tactics (sexual education curriculum). I used these units of analysis and began highlighting instances in participant interviews where I saw they were being performed. I used a different color highlighter for each unit of analysis. I cut out each highlighted portion and grouped them according to their unit. Within these bundles, I identified quotes that I felt exemplified the unit best and set aside others. I then began to use these remaining quotes as a skeleton outline of each unit of analysis. I used these excerpts to provide a foundation for my discussion and analysis and as a guide for assessing how they related to each other.

To provide authenticity and richness to my data, I engaged in individual interviews because I wanted to familiarize participants with my project and to hear about their experience with parent-child sexual health communication. I believe individual interviews yielded more detailed responses regarding the participant's experience with parent-child sexual health communication and provided more opportunities to engage with me in a discussion on various sexual health topics.

PARTICIPANT RECRUITMENT

Following approval from the university's institutional review board (IRB), I began my participant recruitment and interview process. There were two participant groups for this study. I recruited participants using a nonprobability snowball sampling method. This method allowed for random selection of participants and the likelihood of an increased number of participants through the dissemination of my call for study participants. This method is useful when participants can be hard to locate which is a possibility due to the current COVID-19 pandemic (Stephanie, 2018). I recruited participants through two social media platforms (Facebook and Instagram). I posted a call for participants via my personal profile story on my Facebook and Instagram accounts for a qualitative study focused on discussing their experience with parent-child sexual health communication and how that experience has affected their current sexual attitudes and behaviors and their knowledge of sexually transmitted diseases and infections as a member of the Mexican American community (Appendix E). I collected email addresses from the people who were interested. I sent an Informed Consent Form (IFC) via email to those who expressed interest to receive their written consent to participate and scheduled their interview date and time.

Group A is young adults between the ages of 18- and 24-years-old. They identified as Hispanic, Latinx/Mexican American, Latinx/Hispanic, and Latina. Group B were parents of these young adults who identified as Hispanic and Chicana. I explained the data collection process and how their interviews would be conducted to participants in both Group A and B via email correspondence. Second, I requested that they distribute information of this study to their friends who they feel may fit the participant requirements and who would possibly be interested in participating.

PERSONAL INTERVIEWS

In utilizing semi-structured interviews, I dug deeper into participant's thoughts and feelings regarding sexual health communication. I believe semi-structured interviews helped develop the flow of conversation and allowed participants to openly discuss their feelings and emotions. This also allowed for follow-up questions during the interview to probe for more information or detail from participants. As Tracy (2013) mentions, semi-structured interviews "allow for more emic, emergent understandings to blossom," and "tap both content and emotional levels" (p. 139). I designed an interview guide to use during the individual interview process that I believe achieved that (see Appendix B for the complete guide). All interviews were recorded with permission of the participant and to increase anonymity and privacy, participants were given the opportunity to pick a pseudonym that I use to refer to them in the discussion of results later.

Participants answered simple question at the beginning of our interview to gather demographic information. I then initiated discussion geared towards gradually opening up the participant to feel comfortable describing their experience with sexual health communication in general. I provided participants with a short overall description of my study and what I aimed to

discover. One goal of these interviews was to gauge participant sexual health knowledge as a whole. I inquired what facets of their sexual health knowledge stemmed from a discussion with a parent or from another source such as educational resources or friends.

METHODS EMPLOYED

Upon agreeing to participate, all participants provided an email address where I sent them an Informed Consent Form (IFC). After receiving an email response indicating participant consent, I scheduled their interview date and time. At the beginning of each interview, I asked participants basic demographic questions that I provide below (Appendix A: Young Adult; Appendix B: Parent). All interviews were audio and video recorded with the permission of the participant and transcribed later for analysis of themes. Interviews are saved in a password-protected computer.

Utilization of Personal Interviews

I designed semi-structured interview guides to foster discussion of participant experiences with parent-child sexual communication. Both interview guides focus on the feelings and beliefs that participants have about parent-child sexual health communication. The young adult interview guide has an additional assessment feature that asks participants how PCSC has affected their sexual attitudes and behaviors now. An example of an interview question in both guides is: “Have you, at some point in your life, engaged in a discussion with your parent(s)/children about sexual health?” An example of an interview question aimed specifically towards young adults is: “How do you think this conversation has influenced your sexual attitudes and behaviors like using condoms and birth control?” (see Appendix C and D for the complete lists).

I allowed each participant ample time to respond and allowed them to skip questions if they did not feel comfortable answering them. It was the goal of my interview questions to reveal latent themes which are more than what is expressed at the surface level of responses. The topics I cover in the interviews include if the participants have engaged in any form of sexual health communication. Particularly for young adults, an interview topic is how these conversations (or lack of) affects their sexual attitudes and behaviors as adults, and their level of knowledge on STDs and STIs.

I began each interview with a brief description of the purpose of the study, their rights as participants, and a request for their consent to record the interview. During the interviews, I answered any questions participants had regarding the process of my research and any questions or concerns they had about an interview question. After each interview, I offered the participants an opportunity to add any additional thoughts or comments.

Chapter 4: Discussion and Analysis

In order to understand the similarities and differences among participant parent-child sexual communication experiences, I first sought to uncover how these conversations are occurring, if they are occurring at all. Beyond this, I worked to identify emergent themes in participant interviews that provide a deeper insight into how PCSC is approached, navigated, and ultimately how PCSC experiences influences Mexican American adolescents' future sexual attitudes and behaviors such as their age of sexual debut, condom use during first and sequential sexual intercourse, knowledge of contraceptives, STD prevention, and sexual agency. I conducted fifteen participant interviews, recording, transcribing, and coding them myself. These transcriptions and codes provided the framework for assessing how these participant PCSC experiences are linked and what their experiences mean in terms of contributing to the small but growing literature on Mexican American sexual health.

The first overarching theme I identified was the concept of how parent-child sexual communication was approached or ignored. Two sub-themes developed out of this: parent-initiated PCSC and child-initiated PCSC. This theme and its two sub-themes provide a general foundation for discovering how PCSC is approached, if it is approached at all. Once these methods of approaching parent-child sexual communication were assessed, it became clear what the main focus of those conversations were. The second overarching theme I identified was the overall conversation focus. Through interview coding, the two main foci of these PCSC conversations were pregnancy and sexually transmitted disease (STD) prevention. Most conversations centered around these two foci, so after digging deeper to discover why PCSC conversations were mainly about pregnancy and STD prevention, I identified two more emergent themes: cultural and religious influences on parent-child sexual communication.

Beyond identifying the above-mentioned themes of the birth of parent-child sexual communication, conversation focus, and PCSC cultural and religious influences, participant interviews revealed two final emergent themes of their sexual communication experience. The first was that participants disclosed that they felt their parents used scare tactics in attempt to persuade them either to completely abstain from sexual activities, or to at least wait until they were older to participate in them. The final emergent theme I identified was that participants also described how based off certain conversations; they felt their parents would deny any sexual health conversations in hopes of not accidentally giving their child permission to engage in such sexual activities.

Participant interviews provided important insight into PCSC within the Mexican American parent-child dyad. Conversations with participants revealed key themes that linked participant experiences together despite some participants not having engaged in any sexual health communication discussion with their parents. It is interesting to note that there were still many similarities between participants who engaged in parent-child sexual communication and those who did not. While there were differences in experiences and future sexual attitudes and behaviors, many participants described similar first sexual intercourse experiences, as well as how their own PCSC experience influenced their current sexual attitudes and behaviors. I provide participant demographic information below then dive into my analysis of participant interviews and latent themes.

PARTICIPANT INFORMATION AND DEMOGRAPHICS

Participant groups were formed from recruitment via two social media platforms: Facebook and Instagram. Group A were young adults between the ages of 18- and 24-years-old. This group had 13 participants who identified as Hispanic, Latinx/Mexican American,

Latinx/Hispanic, or Latina. Group B were parents of these young adults who also identified as Hispanic and Chicana. This group had two participants. I explained the data collection process and how their interviews would be conducted to participants in both Group A and B via email correspondence. Second, I requested that they distribute information of this study to their friends who they feel may fit the participant requirements and who would possibly be interested in participating. Below are participant demographics organized by their appropriate participant group. Each participant was given the opportunity to select a pseudonym with which I refer to them as here and in consequential references to preserve their anonymity.

Group A Participant Demographics

There were 13 participants in Group A: 11 females and two males. Participants ranged from 20- to 25-years old. Five participants were 23 years old, four were 24 years old, one was 25 years old, another was 22 years old, another was 21 years old, and the last one was 20 years old. Ten participants identified as Hispanic: the other identified as Latinx/Mexican American, Latinx/Hispanic, and Latina. Two participants indicated they were Christian, another did not identify with a religion, three said they were spiritual, and the remaining seven participants identified as Catholic to varying degrees. Some indicated they were raised Catholic, but not currently practicing. Others identified as Catholic. Four of them live with their parents, another four live with roommates not their significant other, two of them live with their significant other, another two live alone, and one participant indicated they live with their grandmother. Ten participants responded “yes” to having had some form of parent-child sexual communication while the remaining three participants replied “no” that they had never engaged in PCSC.

Group B Participant Demographics

There were two participants in Group B. Both were female; one was 42 years old and the other was 47 years old. They identified as either Hispanic or Chicana and both indicated they were Catholic. One indicated that she had received an associate degree and the other completed a Ph.D. One participant had two kids and the other had three kids. They both responded “yes” that they had engaged in parent-child sexual communication with either one or all of their children.

CONVERSATION CONCEPTION

Maternal Initiation of PCSC

Certain participants described instances of PCSC where their mother initiated the conversation, no conversations were initiated by fathers. Participants were between the ages of 10- and 14-years old when their parents initiated PCSC and surprisingly, their mothers were very blunt when they initiated conversation and did not beat around the bush. Suki, 24, described “My mom just straight up asked like, ‘Are you having sex? If so, we need to get you on the pill.’” If they didn’t ask if their child was sexually active, they instead offered explanation for either how sexual intercourse worked or offered a description of their particular anatomy. Ari, 23, stated that her mother,

“Decided to show us (her and her older sister) how big the vagina gets, she got a Big Gulp cup from 7-11 and she was like, ‘That’s how wide your vagina is going to get. Plus, with the shoulders (of the baby) it will dilate more.’”

Some participants indicated that their mother seemed to initiate this conversation from a standpoint of wanting to prepare their daughter for when the time came that they were sexually active. For instance, Jane, 24, reflected on the reason why she thought her mother initiated PCSC,

“I think she caught some behaviors from some of my friends, but not from me. She noticed that they were a little more like, hypersexual for their age group and she wanted me to be informed and not have to wonder about it myself.”

Another reason why mothers may have initiated PCSC was because of their own upbringing and a lack of sexual health conversation in their own childhood. Nicola, 23, stated that her mother had come from a Hispanic culture where she did not have a talk with anyone about sexual health until she was older. Nicola felt that her mother wanted to prepare her at a young age because she had to figure things out on her own growing up.

It’s interesting to note that all parent-child sexual communication conversations that were initiated by parents, were initiated solely by mothers. Despite my own inclination that I felt there would be an even distribution of parental initiation between both mothers and fathers, that was not the case. Upon completing all participant interviews, I discovered that participants either never mentioned their father at all, or they shared that their father never talked to them about their sexual health. It was curious that only participant mothers initiated PCSC and after transcribing interviews and coding, I found that most participants who did have PCSC preferred that they had that conversation with their mother rather than their father. Their level of comfortability and willingness to share aspects of their sexual health was increased. However, there were some participants who did not find their PCSC experience enjoyable or comfortable.

Adolescent Initiation of PCSC

Most conversations that were initiated from the adolescents began from needing assistance to acquire birth control or because they needed advice about a sexual action that they had engaged in. Elmer, 23, and Sabrina, 24, only brought up PCSC when their sexual actions created a need for them to seek parental advice. Sabrina thought she was pregnant and Elmer

would ask his parents for advice when he had done “something stupid that involved something sexually related.” This was worth noting because while Sabrina had previous PCSC, Elmer did not. The similarity in seeking parental advice despite having had different PCSC experiences may be due to something very basic: simply needing a parent’s advice to handle a tricky situation. This indicated that although some participants may not have had PCSC or had a bad experience with PCSC, they still turned to their mother for guidance.

However, when participants described how their PCSC changed as they got a little older, they described that the level of comfortability in discussing sexual topics or seeking advice from their mother became easier. When Jupiter was in high school, she felt comfortable enough to ask her mother for birth control because she had become sexually active and wanted to be safe. Jane joked, “I think sometimes I’m like, too honest with her where she’s like, ‘Whoa, chill.’ But I think we have a very open relationship regarding that because we can joke around about things I’ve done.” However, there were instances where PCSC was initiated because parents were responding to something that their child had done. Kimberly, 24, only had a sexual health conversation because her mother saw text messages between Kimberly and her boyfriend at the time discussing sexual activities. Similar to Kimberly, Monica’s parents found out she was sexually active with her boyfriend and decided to engage in PCSC so they could make sure she was practice safe sex behaviors.

Jupiter and Jane both had previously engaged in parent-child sexual communication with their mother. Their conversations were candid, and their mothers were very open with them. Jupiter and Jane both already had established a relationship with their mother regarding sexual health issues and felt that as they got older, they could still rely on her for guidance and advice.

Based off this, there is a relation between previous parent-child sexual communication and future comfort level when the need to discuss sexual health arose again.

CONVERSATION FOCUS

These conversations never seemed to dig deeper into sexual health topics and remained surface level with pregnancy prevention and some sexually transmitted disease (STD) discussion as their main foci. In the conversations where pregnancy prevention was the main topic, no description of *how* to prevent pregnancy was discussed. Monica, 24, described, “She (her mother) just kind of brought up birth control for like not getting pregnant, but she didn’t tell me anything else about it.” Elmer, 23, stated that conversation would stem from whenever he had a girlfriend but “would just randomly come up in random places where she (his mother) would basically be like, ‘Oh this is cool and all, but don’t get her pregnant.’” In the conversations where STDs were the main topic, mothers seemed to focus on being careful when interacting with multiple sexual partners. Jupiter, 24, said her mother told her “It’s important to be careful when I’m having sex because I can catch diseases and that I need to be wearing condoms so I can prevent those things.” It was common for mothers to tell their children to use condoms or birth control as a way to prevent pregnancy or contracting STDs. However, no mother ever described how condoms or birth control actually prevented pregnancy.

Adolescents in the Mexican American community are at a heightened risk for unintended pregnancies and STDs (Centers for Disease Control and Prevention, 2016). So, while it is a good thing that conversations about pregnancy and STD prevention are occurring, the fact that they remain at surface level topics is alarming. Previous research has proven that deeper conversations describing how to prevent pregnancy and STDs through specific birth control and contraceptive methods work towards lowering the already very high rates of unintended

pregnancies and sexually transmitted diseases and infections (Crosby et al. 200; Hutchinson et al. 2003; Lehr et al. 2000). The conversations that participants had with their mothers about pregnancy and STD prevention are a great foundation, but they must go further to truly begin to influence and increase adolescent knowledge of prevention and safety methods.

Shockingly, only 23% (three out of 13) of participants from Group A had conversations about sexual agency and consent. Sophia, 20, Jane, 24, and Jupiter, 23, had similar conversations with their mothers about the rights they have over their body and actions. These conversations centered around knowing their body's physicality and also focused on engaging in sexual activity that they voluntarily wanted to engage in. Sophia's mother emphasized that she did not want Sophia having sexual intercourse for the "wrong reasons" and not just because her boyfriend was pressuring her to do anything. Jane's mother had her examine herself with a mirror on the floor so that she was aware of her own body. Both Jane and Jupiter had a more in-depth conversation about sexual agency because their mothers told them they never knew about it. Jupiter described her conversation,

"She was like this is what this is and what sex was and how important consent was and how my body was mine. If I didn't want anybody touching it and stuff like that. She taught me since a young, I would say about like seven. She told me that she was letting me know because she was never taught by her parents."

Similar to Jupiter, Jane stated that her mother told her she had struggled with consent herself but "wanted to push on it" and more specifically, wanted to push on educating her (Jane's) partners as well. Jane said, "She was very big on pushing, educating your partner as well and letting them know if you wanted to use a condom or not." It was very surprising to learn how little conversations included discussion on sexual agency.

Listening to Jupiter and Jane describe their experience talking about sexual agency with their mother was enlightening. As a woman, it was great to hear that other women had been taught valuable sexual agency information from their own mothers. Parental support and engagement have been proven to positively influence adolescent women's sexual agency (Klein, Becker, and Štulhofer (2018). As much as I was glad to hear Jupiter and Jane share their knowledge of sexual agency, I was disheartened after realizing they were the only participants in Group A who described sexual agency as a topic of their parent-child sexual communication experience. These discussions are major influences on adolescents because they lay the groundwork for adolescents to maintain their sexual agency as they begin engaging in sexual intercourse and other various sexual activities.

After recognizing that most conversations centered around these two foci (pregnancy and STD prevention), I found it pertinent to dig further into the interviews to find out why conversations remained at basic surface-level discussion topics. I offer two possible reasons: cultural and religious influences. Adolescents who grow up within the Mexican American culture are often exposed to many traditions and values that frame sexual activity in a negative light. Further, there are certain perspectives that are transmitted through religious values that influence the way Mexican American adolescents perceive sexual activity. From participant interviews, there were more instances where adolescent actions and perspectives had been influenced by cultural values than religious ones. However, it is still important to discuss the religious influences on these adolescent PCSC experiences because they still factor into how the adolescent engages in sexual activities now. The next two sections discuss the cultural and religious influences that participants described during their interviews.

CULTURAL INFLUENCES ON PCSC

Mexican Americans are confronted with multiple traditions and values that are instilled in them at young ages. Participants attributed a lack of conversation or more conservative conversation topics with their parents to cultural values they claim to be a reason behind their parents' decision whether or not to engage in PCSC. They also claim cultural values as reasoning behind only discussing certain topics if PCSC did occur. Nicola, 23, stated that the Mexican American culture plays such a "big influence on sexual activity" and knows her mother would not "be okay" with her engaging in sexual activity because of it. For Elmer, he stated that in a Mexican American household, "it is very taboo having that conversation." Hurtado and Sinha's (2005) study indicated that within Mexican American families, "there was no discussion about the mechanics of sexual intercourse, menstruation, sexual development, pregnancy prevention, or sexually transmitted diseases" (p. 34). Not discussing certain aspects of sexual health with adolescents can lead to confusion about sex and create higher risk levels for unsafe sex practices, unplanned pregnancies, and sexually transmitted diseases.

Cultural Conservatism

Participants in Group A acknowledged that the Mexican American culture leans more conservatively when it comes to discussion of sexual health topics. Conversations are often geared to focus on particular topics and steer away from others. Nicola feels that her mother "didn't go into detail about everything because there's still a bit of conservatism based off being Hispanic." Heather disclosed that her mother came from a "super conservative household" which caused her to create her own conservative household in which Heather grew up in. Participants felt these conversations did not go deeper than surface-level topics because they feel the Mexican American culture places emphasis on keeping sexual activity discussion to a minimum. Some

conservative aspects include completely avoiding sexual health discussion, focusing sexual health discussion on prevention only, and generational differences. Surface level conversations are good to build off of; however, for deeper influence on adolescent sexual attitudes and behaviors, conversations have to be more detailed. Let's discuss why these conversations are remaining at this level.

Total Discussion Omittance

The main tactic in Mexican American participant households is to avoid parent-child sexual communication altogether. Ashley, 24, said that in her household growing up, "You just don't talk about it, it's kind of like we know it happens and we know how babies are made. People do it, but you never talk about it and never acknowledge it." Although Jupiter's personal experience was different than Ashley's, she described having to help her friends who were beginning their menstrual cycles because their mothers did not teach them. Jupiter said,

"It's a predominantly Hispanic community and a lot of my friends straight up told me, 'My parents did not tell me what anything was.' My friends told me that their moms basically told them not to tell anyone that they were on their period."

Heather stated that abstinence was what was engrained in her head growing up as the main way to prevent pregnancy. When she first became sexually active, she "felt dirty" and felt that her actions were "so wrong" because of the lack of conversation she had about sexual activity growing up. This shows that a lack of parent-child sexual communication can create self-deprecating thoughts in adolescents when they begin to engage in sexual activities. Essentially, this method of avoiding sexual health communication can render adolescents without adequate knowledge of what to do when they become sexually active. The ramifications of this include but

are not limited to a lack of knowledge about sexual activities, birth control and contraceptive methods, and further, it can lead to adolescents being unaware of their own sexual agency.

Conversation Only on Pregnancy Prevention

For the participants that did have some parent-child sexual communication, they explained that most of their conversations centered around pregnancy prevention. For the women, it was all about making sure she did not get pregnant; for men, it was making sure he did not get anyone pregnant. John, 25, recalled that his parents drilled into him, “Don’t get anyone pregnant. Don’t get anyone pregnant.” However, they never explained to him how to actually take the necessary precautions to not impregnate someone.

Pregnancy prevention is a vital aspect of sexual health communication, but it is only the tip of the giant sexual health discussion iceberg. Not only are there so many other important sexual health topics to discuss, but it is also important to discuss in greater detail the intricacies of pregnancy prevention. The Mexican American community is the most at-risk for unintended pregnancies and early motherhood (Centers for Disease Control and Prevention, 2016). Having conversations about pregnancy prevention are key to lowering rates of unintended pregnancies within the Mexican American community. The idea that participants described having discussed pregnancy prevention is a good start to learning how to safely prevent pregnancies. However, the more detailed the conversation, the more likely unintended pregnancies can be prevented.

Pregnancy prevention discussion should include conversation on condom types (latex, synthetic rubber, thin plastic, lambskin, and female condoms), birth control types (pills, IUD insert, implant, shot, patches, vaginal rings, diaphragms, etc.), and should also include discussion on how to use whichever method you prefer. Further, pregnancy prevention also includes knowledge on abortion access. Knowing that abortion is also a method of pregnancy prevention

is not something that many adolescents are aware of but is something that needs to be highlighted in pregnancy prevention discussions as well.

A Generational Gap

My interview findings suggest that generational differences are also a major factor in PCSC within Mexican American families. A parent's upbringing can influence their decision to engage in PCSC with their own children. Even though Nicola had some parent-child sexual communication, the conversation was very limited in terms of topics discussed between her and her mother. Nicola explains her mother's childhood and experience with parent-child sexual communication:

“My mom comes from a really small ranch, so a lot of the ways are very old-fashioned. Her having taken that first step to have that first conversation (with Nicola) was very out of her comfort zone because that's a different experience than what she had when she was younger. I guess that aspect of the religion and the culture is that she's had one partner for her lifetime and only being with that one partner.”

Similar to how my study participants' upbringings influenced their parent-child sexual communication experience, it is natural for their parent's upbringing to influence their decision to engage in PCSC with their children. The way parents were raised and the values and morals that they were taught ultimately influence their future sexual health conversations with their children. From this study, participants whose parents had not engaged in parent-child sexual communication with their parents were more likely to not have engaged in PCSC with their children. However, there were a few exceptions where a participant's parent had not received PCSC from their parents and decided to change that trend with their children. Those participants believed their parents wanted to engage in PCSC with them because they wanted their children

to be ready and knowledgeable to participate in sexual activity unlike when they became sexually active.

“You Have So Much Going for You”

Based off participant interviews, educational and career goals are linked to pregnancy prevention discussion. Adolescents who engaged in parent-child sexual communication described their mothers wanting them to complete their education and start their career before having children of their own. They link pregnancy and babies with not being able to complete their education or get a job. Nicola recalled, “The values that were instilled in me of how I would be a first-generation graduate for college, and I won’t be able to get there if I’m pregnant or if was like an accidental pregnancy.” This linking of early motherhood/family creation to life failure is a dangerous gateway to leading adolescents towards feelings of hopelessness if they find themselves, or their significant other, pregnant unexpectedly. Words like “failure” and “disappointment” are often used to describe unintended pregnancy and early parenthood; I would know, I’ve heard it from my own parents.

Adolescents who get pregnant unexpectedly at a young age, or adolescents who get their significant other pregnant unexpectedly at a young age, are often already scared about what the future holds for them now that they are bringing a new life into the world. Many women and gender minorities find themselves on the receiving end of negative narratives regarding sex and reproductive health which leads to a lack of understanding about their own bodies and reproductive systems (Aragón & Cooke-Jackson, p. 33-34). When confronted with harsh language like “failure” and “disappointment” or the oh-so-familiar statement, “You had so much going for you,” they may feel bombarded with various emotions and negative thoughts. They may automatically retreat, accept defeat, and assume their lives are over.

RELIGIOUS INFLUENCES ON PCSC

Throughout the interview process, participants acknowledged that their religion played a role in their experience with parent-child sexual health. They attributed more conservative values regarding sexual activity, such as abstinence and discussion avoidance, to their religious upbringing. Nicola recognized that religion is a “big influence on something like sexual activity” and described that her mother did not go into detail about sexual health topics because of the conservatism linked to their religion. However, despite my initial inclination that religion would play a major role in Mexican American parent-child sexual communication experiences, only a handful of participants mentioned religion as a factor in their experience. Despite the small amount of influence religion seemed to play in participant PCSC, it is still important to discuss the instances where parents transmitted religious sexual values to their children, instances where the adolescents received religious values from their parents, and how religion overall influenced their parent-child sexual communication experience.

Religious Transmission & Reception of Values from Parents

Participants discussed that most of their own view of religion was shaped from the religious values their parents had passed onto them over the course of their childhood. Nicola explained deeper what her mother had taught her growing up:

“I think it’s still something that has been instilled in me since I was very young, that your body is a temple, you know. It’s something that being sexually active is something that you will share with your one partner, your lifetime partner. It’s just something that I’ve grown up with my whole life.”

Nicola went on to describe how her mother had only been with one partner both romantically and sexually so growing up, that is the standard that Nicola held herself to. This shows how religious

values can be transmitted through parental actions and later can influence the way adolescents view sexual intercourse. Nicola confided in me that she has yet to engage in sexual intercourse because she grew up knowing her father had been her mother's one and only sexual partner. Nicola's mother's transmission of abstinence and her having only one romantic and sexual partner influenced Nicola's decision to remain abstinent for as long as she has. Growing up, Nicola was taught that having premarital sex was a sin; therefore, she still views that action as a sin today. Nicola's example of parental religious value transmission both inside and outside of parent-child sexual communication demonstrate the influence that religion can have on an adolescent's future sexual attitudes and behaviors.

On the other hand, Jane had a difference experience regarding premarital sexual relations. Jane identified as Catholic, but it was extremely interesting that her mother did not base parent-child sexual communication in these religious ideologies, telling Jane, "You can do it out of a relationship or a marriage, but just be mindful." Jane now feels that she has the bodily autonomy to make her own sexual decisions and engage in the sexual activities she wants to engage in on her own free will. This interaction is unique compared to other participant responses because Jane is the only participant to have grown up in a Catholic and Mexican American household that did not have those two factors influence her parent-child sexual communication experience in a negative way. Despite having grown up in this culture and faith, Jane had and continues to have a very open relationship with her mother about sexual health.

PERFORMANCE OF SEXUAL ATTITUDES AND BEHAVIORS

After discussing with participants in Group A about how and why their mother either engaged in parent-child sexual communication or did not, the interview discussion shifted focus to assess how their PCSC experience, or lack of, influences their current sexual attitudes and

behaviors. Sexual attitudes and behaviors such as the age of sexual debut, condom use during first and sequential sexual intercourse, knowledge of contraceptives, STD prevention, and sexual agency, are all influenced in some way by PCSC. Participants had varying responses based on their parent-child sexual communication experience.

Influence on Adolescent Age at First Sexual Intercourse

An interesting theme I noticed among participants was that those who had previously engaged in parent-child sexual communication felt very comfortable and had no regrets about their first sexual intercourse experience. Kimberly and Jupiter both felt like they knew what they were doing during their first sexual intercourse. Kimberly stated that she did not regret how young she was at her first sexual intercourse because she knew that was what she wanted to do at the time. Jupiter felt like there “was nothing she didn’t know” and because she was not “curious about anything” it made her wait longer to have sexual intercourse which she does not regret. Previous research has shown that PCSC is a “significant factor in delaying adolescents first sexual encounter and decreasing risky sexual behavior” like unprotected sex (Holman & Koenig Kallas, 2015; Guilamo-Ramos, et al., 2012). These responses help highlight how parent-child sexual communication can benefit adolescent and positively influence their future sexual attitudes and behaviors. On the other hand, lack of parent-child sexual health communication can lead to more sexually risky behaviors and lack of overall sexual health knowledge and understanding.

Lack of Discussion Leads to Curiosity and Rebellion

There was a striking disparity between participants who had some form of parent-child sexual communication compared with those who did not. Participants who did not have PCSC disclosed that the lack of sexual health conversation led to a decreased understanding of overall

sexual health topics and made them engage in more sexually risky behavior because they were much more curious about it. Some of their curiosity stemmed from wanting to rebel or “prove” to their parents that they were old enough to make sexual decisions on their own, like Sophia.

She said,

“I do think some part of me wanted to just prove myself to my parents that I could do whatever I wanted basically. Once I got to college, I got another boyfriend and obviously felt like I could do more because I was the adults and was more independent. I kind of rebelled and started to say well, I’m going to go do this because I’m going to do it.”

Sophia, who informed me during her interview that she did not engage much in parent-child sexual communication, took that lack of knowledge and turned it into a sense of rebellion against her parents. She was not the only participant with a similar experience; Elmer and Suki both shared in this rebelliousness from lack of PCSC. Elmer said it made him “more curious and want to engage in other stuff” that at the time was seen as more “scandalous” sexual activity. He would sneak away to engage in sexual activity because he wanted to find out what it was all about. Similarly, Suki disclosed that when she first began engaging in sexual intercourse, she took “way less” precautions. Her curiosity created a sense of “must know” which in turn caused her to be more sexually risky in her activities.

These responses demonstrate the dangerous consequences that a lack of parent-child sexual communication can have on adolescent sexual attitudes and behaviors. Participants who did not have any PCSC were more likely to begin engaging in sexual activities at a younger age and had an increased likelihood of engaging in more sexually risky behaviors such as not using condoms or birth control during sexual intercourse. Condoms and birth control are just some of the ways to prevent unintended pregnancies and STDs, but without parent-child sexual

communication, adolescents are often left without proper guidance of how to protect themselves. Mexican American rates of unintended pregnancy and STD contraction are already way higher than their white counterparts (Office of Adolescent Health, n.d.); without parent-child sexual communication, those rates are in danger of increasing.

Lack of Self-Protect Knowledge

More alarming was the number of participants who lacked vital sexual health knowledge about something as basic as acquiring condoms. Participants disclosed everything from their lack of knowing how to protect themselves against sexually transmitted diseases and infection, how to prevent pregnancies, and even not knowing if they were old enough to purchase condoms at a convenience store. Elmer described his experience with buying condoms for the first time:

“I just have to tell you how fucking scared I get of my parents. I remember I was like, ‘Do you have to be a certain age to by condoms?’ I thought I had to steal from stores and shit!”

It is very unnerving to think that there are more adolescents out there like Elmer who are beginning to engage in sexual intercourse without having basic knowledge of how to buy condoms. This is how unintended pregnancies occur. Sophia and Sabrina both were like Elmer in the sense that they did not know basic contraceptive knowledge when they first began engaging in sexual intercourse. Sophia told me that she did a lot of her own research and Sabrina also had no idea whether she was old enough to purchase any contraceptives. Not only did participants not know whether they were old enough to purchase condoms or contraceptives, they were completely unaware of the fact that they could be allergic to latex condoms. Heather, who found out on her own that she was allergic to latex, said she wished that was something her mother had been able to talk to her about.

A lack of parent-child sexual communication also created this notion that engaging in sexual intercourse at younger ages was a rite of passage and something that you must do. Ashley described how her lack of PCSC skewed her view of when she felt she was ready to engage in sexual intercourse, “I feel like not being able to talk about it made me very hypersexualized and for a long time, sex became everything to me in a relationship and that’s not how it’s supposed to be.” This concept of a rite of passage can lead adolescents to begin engaging in sexual activity prematurely. Ultimately, it can lead to unintended pregnancies and increases the risk of contracting STDs because of their lack of knowledge with self-protection methods.

If used perfectly every single time one engages in sexual intercourse, condoms are 98% effective at preventing pregnancy (What is the effectiveness of condoms?, n.d.). With such a high success rate in preventing pregnancies, it is shocking that some parents do not at least discuss this aspect of sexual health with their children. Elmer, Sophia, and Sabrina are just a few examples of the influence a lack of parent-child sexual communication can have on adolescent future sexual attitudes and behaviors. Not engaging in PCSC can ignite a domino effect of negative consequences on adolescent lives in the future because they were not prepared to protect themselves before they began participating in sexual activities. Rates of unintended pregnancies and sexually transmitted diseases can potentially increase which can influence and change the course of an adolescent’s life forever.

Parental Denial and Use of Scare Tactics

There were instances in participant interviews where participants described their parent’s decision to not engage in parent-child sexual communication because they felt if they discussed sexual activities, it was essentially giving their child permission to go do them. Elmer and Nicola had this experience in common. Elmer came to the following conclusion about his parents,

“I guess they’re like oh, if we never mention or talk about it, you won’t try to do it. If we just pretend this doesn’t exist and you also pretend it doesn’t exist, then you won’t engage in this type of activity.”

Nicola’s experience centered more on her use of birth control because she had wanted to start taking birth control pills to regulate her period. She acknowledged the stigma around birth control discussion and how her mother believed, “If you start using it, then more likely you’re going to be sexually active. We don’t want you to be on it because it might encourage you to be sexually active.”

Research has shown the potential consequences of not engaging in parent-child sexual communication: unintended pregnancies, early parenthood, contracting sexually transmitted diseases, and lack of sexual agency and body autonomy (grab source from lit review). By completely dismissing sexual health conversations altogether over a fear of “accidental permission,” can leave adolescents without the sexual health knowledge they need to safely engage in sexual intercourse and other sexual activities. Further, implementing scare tactics to persuade children not to engage in any sexual activity can also cause adolescents to fear sexual activities and be unprepared to utilize their sexual agency if presented with an opportunity to engage in sexual activity prior to being ready.

Scare Tactics in Action

From participant interviews, it became evident that many parents resorted to scare tactics in effort to persuade their child not to engage in any sexual activity. Most scare tactic measures focused on preventing pregnancy. Both Elmer and John’s parents drilled into them that getting a girl pregnant would essentially be like the end of the world. John’s parents described pregnancy as something that would “ruin his life” and for Elmer, this scare tactic created a deep sense of

anxiety whenever he would engage in sexual intercourse and think he impregnated someone. Elmer went further and described how his parents never saw his sexual activity as a “teaching moment.” Instead, they told him he was in “big trouble” for engaging in sexual activity but never took time to teach him anything about it. These are not healthy sexual habits to develop at such an early age because they can lead to negative sexual experiences and create stress around engaging in any sexual activity.

Reflecting on his parent’s handling of parent-child sexual communication, John disclosed that he was constantly afraid and told him, “I don’t want to be a father” because his parents had instilled in him a fear of getting a girl pregnant. On the women’s side, Nicola remarked, “I was just too scared, like oh my God no, I can’t get pregnant young because I’m not going to be able to reach my goals.” She had been taught to correlate failure with pregnancy because she had been told that if she got pregnant at a young age, she would not be able to finish school or get a job.

Dear Sex Ed: Enough About Blue Waffle

The majority of sexual education in U.S. public schools is based on Sexual Risk Avoidance (SRA) programs that promote abstinence as the only way to completely prevent pregnancy and teach only about contraceptive failure rates, nothing more (Alvare, 2018). Further, the state of Texas utilizes legislation that bars sex education that is not solely focused on abstinence before marriage (Guttmacher Institute, 2020). Historically, sexual education has been based on a foundation of abstinence-only or delayed-engagement of sexual intercourse and other sexual activities. Despite this, the literature has shown that Comprehensive Sexual Education (CSE)-type programs produce positive results when it comes to encouraging teens to engage in sexual intercourse at an older age, promoting the proper use of contraception, and discouraging

sexual intercourse without condoms or birth control. CSE-type programs promote delayed age of sexual intercourse but also provide teens with information on the various forms of contraceptives. Teens that have gone through CSE-type programs have reported less engagement in sexual intercourse without condoms, more use of contraceptives, and showed delayed starts of sexual intercourse.

Kimberly and Heather described negative experiences they had during their sexual education classes growing up. They both described how these sexual education classes were not informative but instead were scaring them and their peers about the consequences of sexual intercourse. If you have not heard of “blue waffle” it is a slang term for a condition known as vaginitis, with symptoms consisting of a red or irritated vagina or vulva, unusual or smelly discharge, and itching or burning (What’s blue waffle?, n.d.) Heather said,

“We should know about our bodies and how to protect it. I just think it’s a vital part of the school system that’s failing us. Like the ‘blue waffles’ in health class and that’s it? You’re scaring us instead of teaching us what it is.”

This is noteworthy given the fact that Texas “consistently has one of the highest teenage pregnancy rates in the country, with its’ rate more than 1.5 times the US average (Ventura, Hamilton, & Matthews, 2014). These scare tactics are creating negative self-thoughts about engaging in sexual activity. Participants are growing up performing sexual acts without the proper background knowledge of the acts they are engaging in. Unintended pregnancies, STDs, and even rape are potential consequences adolescents can face if they do not have sexual health knowledge prior to when they begin engaging in sexual activities.

PARENT PERSPECTIVE OF PCSC

From that start of this study, my goal was to attain at least 15 participants for each group. However, as I began the participant recruitment process, I was faced with the fact that I was not going to achieve that goal for Group B. At the end of the recruitment and interview process, I only performed two participant interviews for Group B. A reason for this could be due to the fact that I had to recruit participant completely virtually through social media platforms. I had included Facebook as a recruitment platform because I thought that I would get a majority of Group B participants through there; however, I was wrong. I received one participant from Facebook and the other participant from one of my participants in Group A. This small number of participants in Group B is a limitation I will discuss in a later section. The following analysis of these conversations is very limited and cannot be attributed to broader generalizations. However, these participants still provided valuable insight into the parent perspective of parent-child sexual communication that I feel is still worth sharing.

Conversation Conception

Esperanza, 47, and Ana, 42, both disclosed that they were the parent that initiated parent-child sexual communication. Esperanza described how she had “always planned” to have sexual health conversations with her children as they reached pre-teen age. However, she had already begun to discuss sexual health topics when her children were as young as about 4-years-old. Each conversation she had included correct terminology and information that she felt was age appropriate. These conversations began from discussing basic human anatomy to later shifting towards more detailed conversations about contraceptive methods and sexually transmitted diseases. Ana’s conversation with her eldest daughter focused on pregnancy-prevention but also

was used to encourage her daughter to engage in safe sex practices so she could know what she liked and did not like in sexual partners.

Both Esperanza and Ana initiated parent-child sexual communication because they wanted their children to be prepared to engage in sexual activity when they felt they were ready. However, Ana disclosed that she had to discuss sexual health issues with her eldest daughter because she had discovered text messages on her daughter's phone discussing sexual activity she had done with her boyfriend at the time. This led to a deeper conversation about consent, which Ana also discussed with her children. Ana said, "We've discussed her body and you know, to try and prevent abuse, for her to know what it is, and for her to understand that she needs to talk about it and make sure she knows that." The following sections dive into the details of these conversations and further assess the implications they had on Esperanza's and Ana's children.

Cultural Influences on Parent PCSC Perspective

Similar to how Group A participants felt influenced by their culture, Group B participants too felt they were influenced by culture when it came to discussing sexual health topics with their children. Esperanza shared that she grew up with a mother who was "a little bit more progressive and modern," referring to her own childhood experience with parent-child sexual communication. She said, "My best friend was Mexican American as well, but her mom was a bit more traditional. And so, I knew that [my mom] was unusual for my friend group." Esperanza's mother had in fact, engaged in PCSC with her when she was younger which ultimately led to her own decision to begin engaging in PCSC with her own children as they grew up.

Something that Ana experienced that was instilled in her since a young age was the notion of having only one sexual partner. She disclosed that as a single middle-aged woman, she still has “that little Devil” in her head. She said,

“I can’t just sleep around because that makes you a ‘poofer’ like my mom would say.

And after all this time, it’s still in there, like I know I’m not married to him so why am I going to sleep around with him?”

The idea of having one sexual partner was not the only cultural influence that Ana experienced. Her decision to engage in parent-child sexual communication with her eldest daughter, and the topics of that conversation, were also influenced by the idea of abstinence until marriage.

Growing up, Ana had been preached to about remaining abstinent until she got married and she said,

“I definitely wanted to still preach to my children, ‘Please wait until marriage.’ You know, it’s something that as Hispanics, or as parents, you kind of want them to have that fairytale relationship that is going to be your one and only and that’s it.”

When Ana found out that her eldest daughter was already participating in sexual intercourse and other sexual activities, she admitted that she had a “nervous breakdown.” This stemmed from her own upbringing of being told that she had to wait until she was married to engage in sexual activities. The relation between cultural values and willingness to engage in parent-child sexual communication is clear: the more culturally entrenched someone is, the more traditional their perspective will be on sexual activity and parent-child sexual communication.

Religious Influence and Scare Tactics on PCSC

Contrary to Group A, participants in Group B were not heavily influenced by religion in their decision to engage in parent-child sexual communication, nor did they use as many scare

tactics as Group A participants experienced. Esperanza described her own mother as more “progressive” and “modern” to mean that while her friend’s mothers did not talk to them about sexual health issues, her mother did. Despite this, she remarked how her religious exposure influenced her own marriage, “We got married really young and I graduated from college two months later. We got married, we were going to be good Catholics and follow the rhythm method.” By the “rhythm method” she meant that she and her husband were going to follow a form of “natural family planning” that the Catholic church advocated for in exchange for birth control. This method was created because birth control and other contraceptives were viewed as sinful because they went against natural law of conceiving children. The rhythm method is done by “tracking a woman’s menstrual cycle, monitoring basal body temperature, and watching for changes to cervical mucus” (Rhythm Method, n.d.).

The only scare tactic that was mentioned from participants in Group B was Ana. She described how her conversation about birth control went with her eldest daughter,

“My conversation, birth control wise, when she was younger was if you get pregnant, I’m going to hurt you. I tried, probably in her early teenage years, a little scare tactic of you will be made to have an abortion if you ever get pregnant so don’t even think about it.”

Interestingly, after Ana described this conversation with me, she made a realization that her scare tactics “probably didn’t work” but rather, she felt that seeing a relative get pregnant at a young age made her daughter realize the gravity of the situation. I found this realization noteworthy because Ana actually reflected on her scare tactic and was able to acknowledge that way of informing her daughter about the consequences of getting pregnant was not the best route. As seen from participants in Group A who experienced scare tactics about sexual health,

scare tactic do nothing but make adolescents fearful of sexual activity rather than informed or prepared.

WHAT THIS MEANS FOR THE FUTURE OF PARENT-CHILD SEXUAL COMMUNICATION

Participant interviews for both the adolescents in Group A and the parents in Group B were very insightful in providing real-life parent-child sexual communication experiences. These interviews allowed me to see beyond numbers and statistics about sexual health and also provided unique stories that came from a marginalized community. Research on Mexican American health overall is scarce; research on Mexican American *sexual* health is even more rare. As I conducted interviews and coded the transcriptions, I was amazed by the themes that revealed themselves.

Beginning with the first overarching theme of parent-child sexual communication conversation conception and discussing the different experiences between adolescent and parent initiated PCSC, it was very eye-opening to hear how the initiation of PCSC played a role in consequential conversations or lack of. Continuing into the overarching theme of the cultural aspects that influenced PCSC experiences, participants made very interesting connections between how their culture and religion influenced not only their PCSC experience, but also how they began and continue to engage in sexual activities. Further, participant responses revealed another overarching theme of parental denial and scare tactics. Participants described how their parents would deny any sexual health conversation and would use scare tactics in attempts to persuade them against engaging in sexual activities. These emergent themes provide the framework for future Mexican American sexual health research and offer a solid foundation for assessing parent-child sexual communication within this community. Let's continue this

conversation by discussing the importance of Mexican American sexual health research and what the future may hold for this canon.

Chapter 5: Conclusion

Research has shown just how powerful parent-child discussions about sexual health can be on adolescent sexual attitudes and behaviors (Atienzo et al., 2009; Askelson et al., 2012; Hutchinson, 2002). It influences various safe sex practices that adolescents engage in such as experiencing sexual intercourse at later ages, using condoms, using condoms consistently, and using other forms of birth control that have been influenced by parent-child sexual health discussions. PCSC is extremely beneficial in encouraging adolescents to engage in healthy sexual attitudes and behaviors. The Mexican American community may be the community that could benefit the most from parent-child sexual communication.

The startling rates of unintended pregnancies and sexually transmitted diseases and infections can be drastically lowered if more adolescents are given adequate access to sexual health knowledge from various credible resources. These resources should include university health centers and access to medical clinics but if these resources are not available, Mexican American adolescents should be able to seek information from their parents. Although parents should be a primary source of sexual health information, within the Mexican American families of these participants, they are not. Mexican American cultural values that come from years of traditional perspectives and ancient ideologies influenced some of the sexual communication that these Mexican American adolescents experienced.

This study began with introducing parent-child sexual communication and offered reasons explaining why this study was needed. Further, a comprehensive review of literature provided the foundation of why parent-child sexual communication should be researched and more specifically, why PCSC within Mexican American families needed to be highlighted within that research. The literature described proven benefits of parent-child sexual communication,

described the current sexual communication experience within Mexican American families, and offered information on sexual and reproductive health knowledge that adolescents should have access to. Once the literature was assessed, the methods of this study were described. I described my personal reason for wanting to research parent-child sexual communication within the Mexican American community, then I described how I recruited participants, conducting interviews, and transcribed and coded interview data. After all data was coded, the following chapter offered a discussion and analysis of the emergent themes identified from the interview data. Within the theme discussion, I provided valuable and pertinent interview excerpts from participants to emphasize particular aspects of the corresponding theme.

After realizing I was not going to be able to receive sexual health information from my parents, I embarked on this study to assess whether I was alone in this experience. Upon completion of participant recruitment, sequential interviews, and interview transcription and coding, my research has proven that I am not alone. The majority of the adolescent participants (Group A) had never engaged in any form of parent-child sexual communication and felt this influenced the age at which they began participating in sexual activities and influences their current sexual attitudes and behaviors such as condom use during first and sequential sexual intercourse, knowledge of contraceptives, STD prevention, and sexual agency.

Group A participants who disclosed that they engaged in parent-child sexual communication described their PCSC experience occurred with their mother only, never with their father. These participants later went on to describe how their PCSC conversation centered around two surface level sexual health topics: pregnancy and STD prevention. Their conversations never went into great detail about how to prevent pregnancy or STDs. Despite this, these participants described how they felt they were ready to engage in sexual intercourse when

they first did and also do not regret their decision to have sex when they did. It's amazing that such surface level conversations can influence major sexual decisions like choosing when to first have sexual intercourse, but this study shows that simple conversations can do just that.

Adolescents within the Mexican American community are so much more at risk for unintended pregnancies and sexually transmitted diseases than their older counterparts (Centers for Disease Control and Prevention, 2016). Having even basic conversations about what adolescents can use to prevent pregnancy and STDs can be extremely beneficial in lowering these rates (Crosby et al. 200; Hutchinson et al. 2003; Lehr et al. 2000). The conversations that these participants had, despite their surface level detail, prepared them well enough to engage in sexual activity when they felt they were ready to and also provided them with at least enough knowledge to know how to protect themselves against sexually transmitted diseases and pregnancy.

However, there were Group A participants who did not have any kind of parent-child sexual communication. The disparities between Group A participants who had parent-child sexual communication and those who did not are frankly quite scary. These participants had alarmingly different first sexual intercourse encounters and described their sexual activities as "rebellious" and as something that they felt they "had to do." These participants did not feel ready nor did they feel they had the level of sexual health knowledge they should have had when they first became sexually active. One participant described herself as "hypersexualized" and regrets her first sexual intercourse encounter. Askelson, Campo, and Smith (2012) have shown that communication about sexual risk between parents and their adolescent children can lead to safer sex practices such as adolescents engaging in sex at a later age (Hutchinson, 2002), using condoms (Weinman, Small, Buzi, & Smith, 2008), using condoms consistently (Hutchinson, 2002), and using birth control (Aspy, Vesely, Oman, Rodine, Marshall, & McLeroy, 2007).

Adolescents are becoming sexually active without adequate sexual health knowledge they need to safely engage in sexual activities which can lead to unintended pregnancies, contracting an STD, or in extreme cases, rape. Some participants did not even know if they were old enough to purchase condoms when they became sexually active.

Group B participants, those who were parents of Mexican American children between 18- and 24-years old, both described how they decided to engage in parent-child sexual communication with their children. One participant decided to begin parent-child sexual communication at an earlier age and the other began discussing sexual health at a later age based off actions of her child. Despite having a different reason to engage in PCSC, these parents discussed very similar sexual health topics like pregnancy prevention and sexual agency. Atienzo, et al., (2009) found that discussing sex with parents before first sexual experience increased the likelihood that adolescents would use a condom during their first sexual intercourse. The sexual health conversations that participants in Group B had with their children could potentially be the difference between their children engaging in safer sex practices from the moment of their first sexual encounter or engaging in more sexually risky behavior such as not using condoms or birth control. These interviews provide an in-depth discussion on how Mexican American adolescents perceive parent-child sexual communication and highlight how their experience with PCSC, or lack of, influences their current sexual attitudes and behaviors. Participant interviews allowed me to probe deeper into parent-child sexual health conversations and identify emergent themes involving participant PCSC experience and sexual attitudes and behaviors.

STUDY LIMITATIONS

This entire study was conducted during a global pandemic. What started as planned in-person interviews had to change to Zoom calls and email correspondence. What was supposed to be social media AND on-campus participant recruitment became participant recruitment solely on social media. Without the restrictions that COVID-19 placed on this study, it is likely that more participants would have been recruited, specifically for Group B. The small number of participants for Group B (parents of Mexican American children 18 to 24 years old) removed my ability to make broad generalizations about the parental perspective of parent-child sexual communication. Future research can expand the number of participants and the age range of their children for more expansive and in-depth analyses. Future research can also expand the area of study to areas surrounding El Paso such as Fabens, Tornillo, and Clint. This would increase the number of participants and provide access to more possible Mexican American cultural values that have not been identified.

Further, this study did not explore PCSC experiences specific to those in the LGBTQ+ community. Interview guides did not offer a question regarding participant sexual orientation because I did not want participants to feel forced to out themselves if they had not done so already. Instead, I decided to see if sexual orientation discussion was approached organically in any participant interviews, but it did not. It would be very interesting to see the similarities and differences in PCSC experiences among the LGBTQ+ community. Sexual orientation did not come up organically in any of my interviews; however, I would have pursued that conversation further if the topic was broached. Lastly, participant interviews were shorter than expected. I assume this is because participant interviews were conducted 100% online via Zoom. Had interviews been in person, I feel that participants would have felt more comfortable in describing

their PCSC experience in more detail. Zoom fatigue and household responsibilities could also be reasons behind why participant interviews were shorter than expected.

FUTURE RESEARCH OPPORTUNITIES

Conversation conception (parent and child conversation initiation), cultural and religious influences, adolescent performance of sexual attitudes and behaviors, and parental denial and use of scare tactics are the themes that participant interviews revealed. These overarching themes provide a framework from which parent-child sexual communication can be assessed within Mexican American families. Throughout this process, I was able to realize just how important research on PCSC within the Mexican American culture is. From the startling lack of research focused on the Mexican American community regarding PCSC to the incomplete sexual health conversations previous research has described, research like this can provide crucial information to marginalized communities that can reap the benefits of engaging in PCSC.

Future research studies can use these overarching themes when assessing the parent-child sexual communication experience between Mexican American parents and their children to hopefully continue to identify ways that PCSC can positively influence adolescent future sexual attitudes and behaviors. Further, these themes can be used as guidelines for future semi-structured interviews to uncover more PCSC experiences specific to each theme. Research on Mexican American sexual health communication is still extremely limited, even with the addition of this study to the canon. Future studies that investigate the relationship between Mexican Americans and sexual health are needed to add to the limited body of sexual health resources that Mexican Americans have. Studies that examine parent-child dyads are valuable and necessary to keep chipping away at the stigma that the Mexican American community and culture often places on discussing sexual health topics.

Further, possible future research opportunities can look into expanding research on numerous religious and ethnic groups to discover more similarities and differences in parent-child sexual communication on a broader scale. I had an outlier participant in the sense that she had engaged in parent-child sexual communication and continues to have a very open and healthy relationship with her mother about sexual health. Growing up in a Mexican American family where religious values were present, it was interesting that her PCSC experience was so different than others who grew up in similar, if not identical, households. This study focused on the Mexican American community based off my personal experience as a Mexican American and therefore has the limitation of only conducting interviews within this ethnic group. Beyond this, I had a parent-child pair for this study. The parent said she did engage in parent-child sexual communication while her daughter said she did not have PCSC. This disconnect is interesting and offers another possibility for future research into why their perspectives on their PCSC experience was different.

Sexual health is and should not be considered taboo because sexual health conversations are vital to ensure that Mexican American adolescents grow up with the knowledge and resources they need to engage in safe sex and to know that they are in control of their body. Without these conversations, unintended pregnancies and sexually transmitted diseases within the Mexican American community will only continue to grow as the knowledge of sexual health topics diminish. The ramifications of dismissing parent-child sexual communication are clear: Mexican American adolescents will grow up being scared and unprepared to safely engage in sexual activities. Unintended pregnancies, sexually transmitted diseases, and even rape cases will continually increase because adolescents are not prepared for sexual activity. We must continue to learn and educate each other on the proven benefits of parent-child sexual communication to

lower the chances of those ramifications. So, what do you say? Let's talk about sex(ual health) baby.

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Appendix A: Young Adult Participant Information Form

1. Full Name: _____

2. Age: _____

3. Gender? _____

4. Ethnicity: _____

5. Household Status; please circle one:

- a. Living with parents
- b. Living with roommates (not significant other)
- c. Living on your own
- d. Living with a significant other

6. Religion: _____

Appendix B: Parent Participant Information Form

1. Full Name: _____

2. Age; please circle one:

- a. 18-24 years old
- b. 25-34 years old
- c. 35-44 years old
- d. 45+ years old

3. Gender; please circle one:

- a. Female
- b. Male
- c. Prefer not to say
- d. _____

4. Ethnicity: _____

5. Highest degree completed please circle one:

- a. Some high school
- b. High School
- c. Some college
- d. Bachelor's degree
- e. Master's degree
- f. Ph.D. or higher
- g. Trade School
- h. Prefer not to say

6. How many children do you have?

- a. 1
- b. 2
- c. 3
- d. 4 or more

7. Religion: _____

Are you married, single, divorced, or separated? _____

Appendix C: Young Adult Interview Guide

- Introductory Statements and brief description of research
- Have you, at some point in your life, engaged in a discussion with your parents or parent about sexual health? This can include, but isn't limited to, discussion on the male or female reproductive system, sexually transmitted diseases and infections, condoms or other birth control methods, reproductive health rights, and consent.
- If yes:
 - o How did this conversation come up? Did you initiate the conversation? Or did it come from your parent?
 - o What kinds of topics did you talk about? Are there any topics you did not talk about but wish you had/vice versa?
 - o How do you think this conversation has influenced your sexual attitudes and behaviors like using condoms or birth control?
 - o Do you think having this conversation affected the age at which you decided to begin participating in sexual activities? Why?
 - o Please describe your knowledge on sexually transmitted diseases and infections. How do you think your conversation with your parents influenced this knowledge?
- If no:
 - o Why do you think this conversation has not happened or will not happen?
 - o Do you think your parents feel uncomfortable discussing sexual issues with you? Why?
 - o Do you feel uncomfortable discussing sexual topics with your parents? Why?

- What are some topics you would like to talk with your parent(s) about? Or what topics do you wish they had talked to you about?
- How do you think not having this conversation has influenced your sexual attitudes and behaviors like using condoms or birth control?
- Do you think not having this conversation affected the age at which you decided to begin participating in sexual activities? Why?

Please describe your knowledge on sexually transmitted diseases and infections. How do you think a conversation with your parents could increase/decrease this knowledge?

Appendix D: Parent Interview Guide

- Introductory Statements and brief description of research
- Have you, at some point in your life, engaged in a discussion with your child or children about sexual health? This can include, but isn't limited to, discussion on the male or female reproductive system, sexually transmitted diseases and infections, and condoms or other birth control methods.
- If yes:
 - o How did this conversation come up? Did you initiate the conversation? Or did it come from your child?
 - o What kinds of topics did you talk about? Are there any topics you did not talk about but wish you had/vice versa?
 - o How do you think this conversation has influenced any potential future sexual health discussions you may have with your children?
- If no:
 - o Why do you think this conversation has not happened or will not happen?
 - o Do you think your children feel uncomfortable discussing sexual issues with you? Why?
 - o Do you feel uncomfortable discussing sexual topics with your children? Why?
 - o What are some topics you would like to talk with your children about? Or what topics do you wish they had talked to you about?
 - o How do you think not having this conversation has influenced their sexual attitudes and behaviors like using condoms or birth control?

- Do you think not having this conversation affected the age at which they decided to begin participating in sexual activities? Why?

Appendix E: Participant Recruitment Script for Social Media

PSA: Looking for thesis study participants!

Hi everyone, I'm currently in my final semester of graduate school and I am in need of participants for my thesis project! This project looks into parent-child sexual health communication (PCSC) within Mexican American families. I am actively seeking participants for two (2) groups.

Group 1: I am searching for participants between the ages of 18-24 who come from a Mexican American background.

Group 2: I am searching for participants aged 25 years and above who have children between the ages of 18-24 who come from a Mexican American background.

You will receive a consent form upon obtained interest in participation. After consent is obtained, each group will have individual interviews with me via Zoom. These interviews will cover topics in the area of parent-child sexual health communication such as: whether or not you've engaged in PCSC, your individual sexual behaviors (condom/birth control use), your knowledge of STDs/STIs, and your knowledge of your own sexual rights. Other topics may arise as the conversation flows. Your identity and interview responses will be confidential and not shared with anyone. Participants will choose a pseudonym (fake name) that will be used to discuss their responses within my actual thesis paper.

If you are interested in participating, please send me a Private Message indicating your interest in participating in my study. I will message you privately to begin the consent process and discuss the interview with you.

I would greatly appreciate even if you are not interested, to please share this post to your Facebook wall or with your friends/family. I would love to expand this search as far as possible to truly get a sense of what parent-child sexual health communication is like within Mexican American families. Thank you for reading & sharing!

Curriculum Vitae

Melynda Ann Venegas graduated from the University of Texas at El Paso in May 2018 with a Bachelor of Arts degree in Multimedia Journalism and a minor in Rhetoric and Writing Studies. In May 2021, she graduated with a Master of Arts degree in Communication, after successfully creating, writing, and defending her thesis, “Let’s Talk About Sex(ual Health) Baby: An Analysis of Sexual Communication with Adolescents in Mexican American Families”.

During her undergraduate career, she was a member of the National Society of Collegiate Scholars where she maintained a GPA of 3.0 and above for two consecutive semesters. Further, she was a member and officer in Zeta Tau Alpha (ZTA) Fraternity, serving as a collegiate member then Vice President II New Member Coordinator. It was during her Fraternity experience that she earned membership in the Order of Omega for outstanding academic achievement. During her time as a ZTA, Ms. Venegas volunteered at the Salvation Army, Books Are Gems, and the Rescue Mission of El Paso.

Upon admittance to the graduate school, Ms. Venegas was also given a Graduate Teaching Assistant position which she held for the duration of her graduate career. She began as a debate team Assistant Coach for the UTEP Forensics team under Dr. Carlos Tarin. She then taught two semesters (four classes total) of undergraduate Public Speaking where, according to the teaching curricula provided by Dr. Corrine Boudreau, created and distributed her own syllabi, taught public speaking basics, proctored classroom speeches, and developed and graded her own quizzes and tests. In her last graduate semester, Ms. Venegas provided valuable assistance to Dr. Katherine Bird and Dr. Sarah Upton which included grading weekly Blackboard assignments, quizzes, and end-of-semester final projects and papers.

In order to graduate with her masters, Ms. Venegas designed a thesis paper with the assistance of her graduate committee: Dr. Sarah Upton (Chair), Dr. Carlos Tarin (Member), and Dr. Leandra Hernandez (Member). She successfully defended her thesis, titled “Let’s Talk About Sex(ual Health) Baby: An Analysis of Sexual Communication with Adolescents in Mexican American Families” on May 12th, 2021.

Ms. Venegas’s primary language is English and has intermediate listening and novice speaking Spanish experience.

Ms. Venegas’s references are: Dr. Sarah Upton, Associate Professor at UTEP (phone: 9157475129, email: smuption@utep.edu); Roberta Lavango, Legal Secretary at Robles, Brakcen, & Hughes, LLP (cell: 9154726725, email: rlavango@rbch.net)