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Protective Parenting, Relationship Power Equity, and Condom Use Among Rural African American Emerging Adult Women

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Abstract

Sexually transmitted infections disproportionately affect African Americans, particularly young women. The influence of a set of interrelated protective parenting processes—instrumental and emotional support, sexual risk communication, and encouragement of goals for employment or education—on emerging adult women was examined. Parenting was hypothesized to affect consistent condom use through its association with women's reports of power equity in their intimate relationships. Hypotheses were tested with 135 sexually active women 18 to 21 years of age living in rural southern communities. Structural equation modeling indicated that (a) parenting processes predicted women's self-reported relationship power equity and consistent condom use, and (b) relationship power equity predicted consistent condom use. Limited support emerged for a mediational role of relationship power equity in explaining the influence of parenting on consistent condom use. Parental involvement and young women's establishment of personal control in their intimate relationships are important goals for sexual risk reduction programs.

Keywords

African Americans; condom use; emerging adulthood; parents; sexuality; women

Epidemiological data indicate that African American women are disproportionately affected by sexually transmitted infections (STIs), including HIV (Centers for Disease Control and Prevention, 2009, 2011). Rates are highest among adolescent and young adult women (Forhan et al., 2008) and pose serious long-term health consequences. STIs increase a young woman's risk for infertility, cervical cancer, pelvic inflammatory disease, and other medical problems (Berlan & Holland-Hall, 2010). Transmission of HIV is particularly threatening, leading to a lifelong regimen of medication to avoid compromised immune functioning and death. These data underscore the importance of encouraging safer sexual behavior among

African American women, a cornerstone of which involves consistent use of condoms (DiClemente et al., 2005). Despite increases in media and prevention efforts encouraging consistent condom use, STI rates remain high (Centers for Disease Control and Prevention, 2011). Addressing the etiological factors that predict young African American women's consistent condom use is thus critical for refining STI prevention efforts.

To date, studies of African American women's sexual risk behavior have elaborated on a wide variety of personal (e.g., substance use, depression, religiosity), relationship (e.g., intimate partner violence, relationship commitment) and contextual (e.g., poverty, neighborhood disorganization) factors that predict engagement in risky behavior (DiClemente & Crosby, 2008; Landor, et al., 2011). Of particular interest to family scientists and practitioners, family processes such as involved/supportive relationships with parents and parent-youth discussions about sexual risks have been linked to delayed onset of intercourse and avoidance of risk behavior among adolescent women (Donenberg, Paikoff, & Pequegnat, 2006; Landor et al., 2011). Although family processes are often investigated as a correlate of adolescent risk behavior, less is known about the influence of parenting on emerging adults' behavior in general and on women's sexual behavior in particular. Recent studies support the importance of parenting behavior with emerging adults (Aquilino, 2006; Wood, Read, Mitchell, and Brand, 2004; Simons, Burt, & Tambling, 2012). During this time, many young people leave home to attend college or to live in their own residences while working. Often, however, young people remain in the family home for a time or return on an "as needed" basis. In both cases, emerging adults have a different status in the family from that of adolescents. Young people's personal autonomy continues to increase, and parents have considerably less direct influence over their activities (Eccles, Templeton, Barber, & Stone, 2001). Arnett (2007) contends, however, that parents continue to be primary socializing influences on their children in ways that affect self-regulation, the acquisition of cultural standards, and the development of role-taking skills. Kenyon and Koerner (2009) found that emerging adults continue to report a desire to spend time with parents and a need for their financial assistance. These researchers maintain that the transition to emerging adulthood may be a time of vulnerability during which parental support is particularly valued and needed. These findings underscore the importance of investigating the potential for parenting behavior to support emerging adults' development in general and health behavior in particular. We thus sought to investigate parenting effects on emerging adult women's safer sexual behavior.

The present study contributes to an emerging literature on the influence of parents on young adult children (Aquilino, 2006; Roest, Dubas, & Gerris, 2009). In addition to advancing hypotheses about the influence of parenting on emerging adult women's safer sexual behavior, we also investigate a mediator of this association. Informed by recent studies that link parenting behavior to romantic and sexual relationship dynamics (Auslander, Short, Succop, & Rosenthal, 2009; Davila et al., 2009; Furman, Simon, Shaffer, & Bouchey, 2002; Simons, Simons, Lei, & Sutton, 2012; Simons et al., *in press*) and romantic/sexual relationship dynamics to variability in risky sex (Wingood & DiClemente, 2000), we hypothesize that parents influence young women's risk behavior indirectly through power equity in women's romantic and sexual relationships. The present study is unique in its focus on a vulnerable and understudied group. Participants were 135 sexually active women 18 to 21 years who participated in a study of non-college-bound, African American emerging adults living in economically distressed rural counties in Georgia. STI rates are high among African Americans in rural areas (Centers for Disease Control and Prevention, 2011); in addition, non-college-bound emerging adults, rural or otherwise, have generally received little research attention despite heightened risk for several negative health outcomes (author citation). A final unique contribution of the present research involves a focus on consistent condom use. Typically, studies examine variation in rates and frequencies of

condom use (see, for example, Richards et al., 2008). *Any* unprotected intercourse, however, can result in the transmission of a pathogen. Public health scientists therefore stress the importance of investigating the correlates of behavior that will confer complete protection from STIs (DiClemente et al., 2005). Informed by this recommendation, we investigated parenting effects on a dichotomous outcome representing self-reported condom use during every episode of sexual intercourse versus inconsistent use.

Conceptual Model and Study Hypotheses

Figure 1 summarizes our hypotheses regarding the influence of parenting and relationship power equity on consistent condom use among African American women. Variable selection was informed by research on emerging adult development and parenting (Aquilino, 2006), African American adolescents' sexual behavior (author citation; Roberts et al., 2011), adolescent romantic relationship development (Furman & Shomaker, 2008), and the ways in which shared decision making (Harvey, Bird, Galavotti, Duncan, & Greenberg, 2002) and power dynamics (DePadilla, Windle, Wingood, Cooper, & DiClemente, 2011) in intimate relationships affect sexual risk behavior. We hypothesize (a) that protective parenting characterized by instrumental and emotional support, risk communication, and discussions regarding future goals will predict women's safer sexual behavior, and (b) that relationship power equity reported by women regarding their last romantic/sexual relationship will mediate the association between protective parenting and safer sexual behavior. A discussion of the evidence that supports the study hypotheses follows.

Parenting practices and emerging adult behavior

Powerful factors that protect adolescents from high-risk sexual behaviors originate in the family environment, particularly in parents' caregiving practices (author citation). Far less is known, however, regarding the extent to which parents' behavior remains influential during the emerging adult transition and the specific parenting processes that support the development of health-promoting behavior. The influence of family processes may be particularly salient among rural African American emerging adults. Compared with urban residents, rural dwellers tend to be more family centered and to rely more heavily on family members for help and support during times of need (author citation). African Americans are more likely than are European Americans to remain in their parents' homes in their late teens and early twenties rather than establishing separate residences (Rumbaut & Komaie, 2007). This is due in part to considerable family closeness between African American emerging adults and their caregivers and to economic constraints on establishment of separate residences (Cohen, Kasen, Chen, Hartmark, & Gordon, 2003). These factors contributed to our expectation that protective parenting processes would continue to predict consistent condom use in emerging adulthood.

We identified three interrelated parenting practices hypothesized to contribute to consistent condom use: emotional and instrumental support, discussion of sexual risks, and encouragement of goals for employment or continuing education. Each of these parenting practices has been linked to positive outcomes among adolescents. Emotional and instrumental support encourage young people to talk with their parents about feelings and needs and to solicit advice on life challenges (Wills, Blechman, & McNamara, 1996). Supportive parenting consistently predicts youth conventional behavior (Toldson, Harrison, Perine, Carreiro, & Caldwell, 2006), including avoidance of risky sex (DiClemente & Crosby, 2008). Parenting's influence among emerging adults, however, is less well studied. Discussion of sexuality and protective sexual behavior has been linked to reduced sexual risk behavior (Hutchinson, 2002; Hutchinson, Jemmott, Jemmott, Braverman, & Fong, 2003; Landor, et al., 2011). African American adolescents whose parents encourage them to set goals and make plans to attain them are characterized by a future orientation, self-

regulation, and avoidance of behavior problems (2 author citations). Again, little research has addressed the influence of parent–emerging adult discussions of future goals and plans. We hypothesize that emerging adult women whose primary caregivers provide instrumental and emotional support, discuss sexual risks, and encourage goals for employment or education will be more likely to use condoms consistently.

Relationship power equity and consistent condom use

Studies of the influence of relationship dynamics on young adult women's sexual behavior and studies of adolescents' romantic relationships and family dynamics suggest that women's involvement in romantic/sexual relationships that are characterized by relationship power equity could serve as a mediator of parenting's influence on emerging adult women's consistent condom use. We operationalize relationship power equity on the basis of women's reports that their partners do not dominate them in their relationships and that decision-making processes are shared between partners. Studies indicate that women who are in relationships with dominating or controlling partners are less likely to use condoms and feel less able to negotiate their use (DePadilla et al., 2011; Pulerwitz, Amaro, DeJong, Gortmaker, & Rudd, 2002). The impact of shared decision making on individual and relationship behavior is not well studied outside the marital context. Harvey and colleagues (2002), however, found that most young women report that their relationships are characterized by shared decision making rather than an imbalance of influence between partners. Women who reported that decision making was shared reported more consistent condom use than did those who reported that their partners had greater decision-making influence in the relationship. Given this theoretical and empirical background, we expected that low levels of partner dominance and high levels of shared decision making would combine to predict protective sexual behavior.

The influence of parenting on relationship power equity

As illustrated in Figure 1, we hypothesize that women's experiences of protective parenting that is characterized by support, sexual risk communication, and encouragement of goals and career plans will predict women's reports of relationship power equity. This expectation is supported by studies demonstrating that attributes of young people's relationships with their parents predict qualities of their romantic relationships (Furman & Shomaker, 2008; Furman, Simon, Shaffer, & Bouchee, 2002). Furman and Shomaker (2008) observed that interaction patterns between adolescent daughters and their mothers were linked to interaction patterns between the daughters and their romantic partners. Conger and colleagues (2000) found that nurturant-involved parenting in adolescence predicts warmth, support, and low hostility toward romantic partners in early adulthood, and parent-adolescent conflict resolution is associated with subsequent conflict resolution with romantic partners. These studies demonstrate in general the influence that parenting processes can have on young adult women's relationship processes.

We are aware of no prior research specifically addressing the association of protective parenting of emerging adults with power dynamics in romantic relationships. Theoretical perspectives, however, support the expectation that relationships characterized by support, sexual risk communication, and encouragement of future goals and career plans will predict women's reports of relationship power equity. According to the attachment perspective, young women whose parents communicate the importance of personal achievement, risk avoidance, and future-oriented planning in the context of a warm, supportive relationship will develop working models of relationships characterized by mutual respect and expectations for shared power (Sroufe & Fleeson, 1986); these working models will affect expectations and behaviors in subsequent romantic relationships (Furman et al., 2002). Parents who communicate supportively about risk avoidance also model effective

approaches to communicating in relationships (Zimmerman, 2000). Although we are unaware of past research that links protective parenting practices to young adults' power in relationships, studies confirm that harsh parenting predicts violence in youths' intimate relationships (Leadbeater, Banister, Ellis, & Yeung, 2008, Simons et al., 2012; Simons et al., *in press*). Taken together, studies of the influence of parenting on youths' romantic relationships in general and theories regarding the effects of parental socialization support the plausibility of our hypotheses.

Summary

This study extends research on the influence of protective parenting on sexual behavior in general and consistent condom use in particular. We hypothesized that protective parenting would predict consistent condom use, and that relationship power equity would mediate this association. Hypotheses were tested on a unique and vulnerable sample of African American emerging adult women who were not attending 4-year universities and who lived in resource-poor rural communities in Georgia. We analyzed several control variables that represented potential confounds linked in prior studies to both family processes and sexual behavior: age, educational attainment, living arrangements, and the presence of crime and other community problems in the respondents' neighborhoods.

Method

Participants

Hypotheses were tested with data from the Connections Project, a study of African American emerging adults living in seven impoverished rural counties in Georgia who were not attending 4 year universities. Eligibility criteria for the study included self-identification as African American, age of 18 to 21 years, and nonattendance at a 4-year college or university. Of the 294 participants, 176 were female; 135 women reported being sexually active in the past 3 months. These women comprised the sample for this study. Participants' mean age was 19.48 ($SD = 1.13$). A high school diploma was the modal level of education (65.2%); 12.6% did not complete high school, 7.4% received a GED, and 14.8% had received 1 to 3 years of technical/vocational training beyond high school. Most women lived with their parents (66.7%) rather than on their own (33.3%). A majority of participants were not employed (63%); the rest (37%) were employed either part time or full time. Most (93%) were never married. Almost one-third (31.9%) reported living in a public housing project. Participants' identified primary caregivers while "growing up" were primarily biological mothers (83.5%); 7.4% reported their primary caregivers were their grandmothers and the remaining 9.1% identified fathers, step-parents, other relatives, and others. Participants had a median number of three lifetime sexual partners; 71.1% had one sexual partner during the past 3 months. A majority of women (64.4%) reported at least one episode of unprotected sex.

Participants were recruited using Respondent Driven Sampling (RDS) protocols. RDS is a systematically implemented form of "snowball" sampling that starts with a modest number of initial respondents, or seeds. Seeds are given coupons with which to refer their peers to a study; participating peers are subsequently given coupons to continue the process. Mounting evidence indicates that RDS attenuates many of the problems associated with traditional snowball and time-space samples and can produce representative samples of hard-to-reach populations (Malekinejad et al., 2008). In the present study, seed participants were recruited by community liaisons, who are residents of the counties in which the participants live and act as contacts between our research group and rural communities. Each seed was given three coupons to be used in referring others to the study. Coupons bore a brief description of the project, the eligibility criteria, a tracking number, and a toll-free telephone number to

call for an eligibility screening. Those who were eligible were scheduled for an interview at which they also were provided with coupons for recruiting their friends. Participants received \$50.00 for taking part in the interview and \$20.00 for each eligible person who redeemed a coupon by enrolling in the study. This procedure was repeated with new participants until the targeted sample size was reached. RDS analyses of the sampling network suggest that the protocol was effective in generating a sample that minimized biases found in typical snowball samples. Details of these analyses may be found elsewhere (author citation).

Data were collected at the participants' homes or, if the participant preferred, a convenient community setting such as a library. African American community field researchers conducted the interviews. Prior to beginning data collection, the researchers received 16 hours of training and supervised practice that addressed obtaining authentic informed consent, building rapport, interviewing, and helping participants to use the computer-based data collection system. All data were obtained using audio computer-assisted self-interview (ACASI) procedures. Compared with face-to-face interviews and self-administered surveys, ACASI elicits less social desirability bias (Hewitt, 2002) and more accurate self-reports when questions address sensitive issues or negative behaviors. Study protocols were approved by the university's Institutional Review Board, and a federal certificate of confidentiality was obtained.

Measures

Protective parenting processes—A latent protective parenting construct was formed using three scales as indicators. Participants reported on their primary caregivers' provision of instrumental and emotional support using the eight-item Family Support Inventory (Wills et al., 1996). An example item is, "I can share my feelings with my parent." Response options ranged from 1 = *not at all true* to 5 = *very true*; Cronbach's alpha was .94. A five-item scale (DiClemente, Wingood, Crosby, Cobb, et al., 2001) assessed frequency of communication during the past 6 months with the participant's primary caregiver about sexual risk behavior ($\alpha = .89$). An example item is, "How often have you talked about STDs?" Responses ranged from 1 = *never* to 4 = *often*. An eight-item scale developed for this study assessed caregivers' encouragement of young women's future goals and career plans ($\alpha = .92$). An example item is, "In the past 3 months, how often has your parent helped you set or pursue goals for your career or education?" The response set was 1 = *never*, 2 = *sometimes*, and 3 = *often*.

Relationship power equity—This latent construct was indicated by two scales, partner relationship dominance and shared decision making, derived from the Sexual Relationship Power Measure (SRPM; Pulerwitz et al., 2002). Each participant answered items in reference to her main partner; if a participant had no main partner, she responded in reference to her most recent sexual partner. Partner dominance in the relationship was assessed with four items derived from a factor analysis of the SRPM (e.g., "My sexual partner tells me who I can spend time with," "If I asked my partner to use a condom, he would get violent"). Participants responded on a scale ranging from 1 = *strongly disagree* to 4 = *strongly agree*. Cronbach's alpha for the scale was .82. The shared decision making scale included eight items beginning with the stem, "Who usually has more say about..." Areas of decision making included having sex, using condoms, going out, and so forth. The response options were 1 = *my partner*, 2 = *both of us equally*, and 3 = *me*. Because the SRPM's scoring method focuses on detecting inequality in decision making rather than the presence of shared decision making, we modified the scoring system to make it more consistent with our hypotheses. We recoded each item dichotomously, with "both of us

equally” assigned a 1 and other responses assigned a 0. Cronbach’s alpha for the scale using this scoring method was .82.

Consistent condom use—Participants reported the number of times they had sex in the past 3 months; we used this number to identify episodes of protected and unprotected intercourse: “Of the [number of] times you had sex, how many times was a condom used?” Consistent condom use was indicated by a dichotomous variable in which 0 = *any occurrence of unprotected intercourse* and 1 = *no unprotected intercourse*.

Control variables—Information was collected on women’s residential arrangements, employment status, educational attainment, and age. Living arrangements were dichotomized as living with or apart from parents or other family caregivers. Employment was also dichotomized by status (employed vs. unemployed). Educational attainment was assessed on an ordinal scale: did not complete high school, high school diploma or GED, and some technical or vocational training after high school. Youth with college degrees were not eligible for the study. Community problems were assessed with a 13-item scale. Each item began with the stem, “How much of a problem does your community have in terms of...” Example items included “jobs don’t pay enough,” “vacant and rundown buildings,” and “vandalism”. The response set ranged from 0 = *not a problem* to 2 = *a big problem*. Cronbach’s alpha for the scale was .92.

Plan of Analysis

The model presented in Figure 1 was tested with logistic structural equation modeling (SEM) analysis as implemented in Mplus (Muthén & Muthén, 2007). Hypotheses were tested with full information maximum likelihood estimation (FIML). FIML tests the model against all available data; thus, the absence of data due to nonresponse does not result in missing cases (Arbuckle, 1996). Model fit was evaluated using χ^2 , χ^2/df , CFI, and Root Mean Square Error of Approximation (RMSEA) per Muthén and Muthén’s (2007) recommendations for categorical outcomes. The influences of residential arrangement, educational attainment, and employment status on consistent condom use were controlled in all analyses. A Monte Carlo simulation was conducted to assess power to test the model in Figure 1 (Muthén & Muthén, 2002). Given 135 cases, power exceeded .80 ($\alpha < .05$) to detect path coefficients exceeding .2.

Results

Prior to testing the model in Figure 1, we examined the measurement model with a confirmatory factor analysis. Two latent constructs were formed. Protective parenting was indicated by instrumental and emotional support, sexual risk communication, and encouragement of employment or educational goals. Relationship power equity was indicated by low partner dominance and shared decision making. The measurement model fit the data well, $\chi^2(4) = 5.44$, $p = .245$; $\chi^2/df = 1.36$; RMSEA = .05 (.00, .15). All factor loadings were significant, .30, and in the expected directions. Table 1 presents the intercorrelations, means, and standard deviations for all study variables.

We first executed a baseline model predicting the influence of protective parenting on consistent condom use with living arrangements, educational attainment, and participant age controlled. The resulting model fit the data well, $\chi^2(12) = 18.30$, $p = .11$; $\chi^2/df = 1.53$; RMSEA = .06 (.00, .11). Protective parenting significantly predicted consistent condom use ($\beta = .32$, $p < .01$). The latent construct representing relationship power equity was then specified as a mediator between protective parenting and condom use. This model fit the data well, $\chi^2(22) = 29.72$, $p = .13$; $\chi^2/df = 1.35$; RMSEA = .05 (.00, .09). In the presence of

the mediator, the direct path between parenting processes and consistent condom use that emerged in the baseline model was attenuated ($\beta = -.07$, ns). Protective parenting significantly predicted relationship power equity ($\beta = .39$, $p < .05$), which in turn predicted consistent condom use ($\beta = .63$, $p < .01$). The indirect effect of protective parenting on consistent condom use through relationship power equity approached significance ($p = .06$; two tailed). The final model explained 37% of the variability in consistent condom use.

Discussion

In this study, we tested hypotheses regarding the association between protective parenting and emerging adult women's consistent condom use. Hypotheses were tested with a unique sample of rural African American women who were not college bound. Consistent with our hypotheses, women who reported protective parenting were also more likely to report having used condoms consistently. This association emerged with age, employment status, educational attainment, and living arrangements controlled, demographic variables that have been linked to either sexual behavior or family dynamics. This finding is consistent with studies in which parenting practices were found to play a key role in adolescent sexual behavior (DiClemente, Wingood, Crosby, Cobb, et al., 2001; DiClemente, Wingood, Crosby, Sionean, et al., 2001) and supports the potential of parenting to influence young women's sexual behavior in the years after high school. Parenting was predictive net of the influence of living arrangements. Thus, even if a young woman was not living with a parent, the parent could still influence her sexual health behavior.

Three specific, interrelated parenting behaviors were identified that confer protection: instrumental and emotional support, discussion of sexual risks, and encouragement of employment and educational goals. Women whose caregivers provided these protective processes were more likely to use condoms consistently. Although prior studies suggest that support and discussion of sexual risks are critical parenting behaviors, our inclusion of caregivers' active encouragement of goals and career plans is innovative. In low-resource, rural contexts, we speculate that maintaining a focus on future goals may be particularly important for emerging adults. Young people who are not actively pursuing vocational options are at risk for increasing affiliations with risk-taking peers who facilitate substance use and risky sexual behavior. Having a supportive caregiver who also emphasizes achievement can be particularly important during transitional periods in development (Masten et al., 2004).

Consistent with prior research, protective parenting processes were reflected in relationship power equity. Women who reported protective parenting processes characterized by support, sexual communication, and encouragement of future career goals also were likely to report shared decision making and low levels of partner dominance in their intimate relationships. Our approach to protective parenting focused on variability shared among these processes. Confirmatory analyses indicate that these parenting processes covary extensively; this combination may be particularly powerful, given that the latent parenting construct was a more robust predictor of both proximal (relationship power) and distal (condom use) outcomes than were single indicators. Sexual risk communication demonstrated a similarly high zero order association specifically with condom use. It is plausible that empowering conversations between parents and daughter that lack this element may be significantly less effective in affecting health behavior. Past research also suggests the importance of conversations focused on specific health behaviors (Rothman & Kiviniemi, 1999). The present findings suggest that through support, communication about sexual health, and encouraging future goals, parents can provide otherwise vulnerable young women with a safety net against being dominated by a romantic partner when it comes to protective sexual behaviors such as condom use.

The robust influence of protective parenting is consistent with attachment theory, which suggests that young people develop internal working models of relationships with parents that guide their behavior in romantic relationships (Furman et al., 2002). Young women who have received messages about their value and who have been taught to assert their relationship needs by parents who demonstrate warmth, openly communicate about sexual risks and promote the development of a goal-oriented future are more likely to select partners who show similar qualities and to resist efforts to the contrary by partners who attempt dominance in decision-making related to sexual health. A strong effect was detected linking relationship power equity with consistent condom use ($\beta = .63, p < .01$). Negotiating consistent condom use remains a challenge for many young people, one that requires communication and self-discipline. Power equity is likely to be crucial to young people's successful implementation of consistent condom use. These results also mirror the increasing influence on young people's behavior, beginning in adolescence, of proximal peer influences compared to parenting practices (Eccles et al., 2003).

We found partial support for relationship power equity as a mediating process linking protective parenting to consistent condom use. When modeling the indirect effect, the baseline association between protective parenting and consistent condom use was attenuated to nonsignificance, suggesting mediation (Baron & Kenny, 1986). The significance of the indirect effect, however, was slightly above conventional levels ($p = .06$), an outcome that may have been influenced by the modest sample size. Taken together, these results suggest partial support for the mediating role of relationship power equity in understanding parenting effects on consistent condom use. The development of equitable relationships may explain to some extent why protective parenting affects condom use; however, protective parenting may facilitate other factors that affect condom use. One process worth examining in future research involves parenting effects on peer affiliations. In adolescence, internalization of parental norms affects youths' choices of the peers with whom they "hang out" —a proximal influence on risky behavior (author citation). A similar process may operate among emerging adults who remain highly peer orientated.

The present findings have several implications for prevention programming. First, they confirm that caregiver involvement is an important component of sexual risk reduction programming even when young people no longer live in the parental home or attend high school. Families represent a powerful force for health promotion that does not dissipate at the onset of the emerging adult transition. A second implication involves the importance of education and skills-based programming that address shared decision making and relationship power. Condom use is not simply a skill that is implemented based on personal competence and understanding of disease risk. Rather, it is embedded in a relationship and involves complex behavioral and emotional negotiations. Programs that acknowledge this relationship context and provide support for changes in both relationships and sexual behavior are indicated.

Study Limitations

Limitations of this study should be noted. The findings require replication with longitudinal data to determine more precisely the impact of current parenting behavior while controlling for patterns of parenting in adolescence. The cross-sectional design of this study limits causal inferences regarding the influence of protective parenting. These findings must be validated with longitudinal designs and, ideally, experimental trials. For example, intervention trials in which participants are assigned to a program that focuses on caregivers' behavior and emerging adults' intimate relationship dynamics can be used to test experimentally the processes described herein (Kellam & Rebok, 1992). Our analyses used a novel scoring method for the indicator of decision making in the relationship power equity constructs. This scoring system must be validated through future replication of its use.

Moreover, the use of a latent protective parenting construct limits information on the unique role of each parenting practice on condom use and on relationship power equity. There are also other parenting processes that may be influential among emerging adults. For example, it is unclear to what extent parental monitoring may be useful at this particular stage of development. Likewise, there are individual cognitions that are likely to be important mediators of the association between parenting and sexual behavior. Finally, future studies that include caregiver reports of communication and other family-related variables, along with data from sexual partners that assess relationship power equity and condom use within intimate relationships, are needed to reduce the potential for method bias. Despite these limitations, this study's findings contribute to the sparse literature on this hard-to reach population and have implications for future research and intervention development designed to reduce sexual health disparities.

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Figure 1.

Hypotheses regarding the influence of parenting and intimate relationship processes on consistent condom use among African American women.

Figure 2.
Mediation model. $*p < .05$. $**p < .01$

Table 1

Intercorrelations, Means, and Standard Deviations for the Study Variables

Variables	1	2	3	4	5	6	7	8	9	10	11
Control variables											
1. Age	–										
2. Residential arrangement	.26	–									
3. Educational attainment	.20	–.05	–								
4. Unemployment	–.14	–.05	–.13	–							
5. Community problems	.09	.06	.14	–.14	–						
Protective parenting											
6. Emotional/instrumental support	.01	–.02	.09	–.05	–.09	–					
7. Sexual risk communication	–.12	–.05	–.00	.06	–.08	.50	–				
8. Focus on future goals	–.20	–.09	.10	–.08	–.07	.67	.47	–			
Relationship power equity											
9. Low partner dominance	–.10	.06	.09	.07	.19	–.05	–.01	–.12	–		
10. Shared decision making	.15	.06	–.08	–.05	–.20	.25	.21	.27	–.31	–	
11. Consistent condom use	–.06	–.07	–.03	.09	–.03	.14	.32	.14	–.26	.24	–
<i>M</i>	19.48	0.67	5.23	0.63	16.42	38.73	9.94	23.81	26.21	4.92	0.36
<i>SD</i>	1.13	0.47	1.15	0.48	6.88	10.84	3.98	6.86	8.72	2.19	0.48

Note. Coefficients with an absolute value of .19 to .24 are significant at $p < .05$; coefficients with an absolute value of .25 or greater are significant at $p < .01$.