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Communication About Sexually-Related Topics Among Hispanic Substance-Abusing Adolescents and Their Parents

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Abstract

Hispanic adolescents have been shown to have high prevalence of sexually transmitted infections and HIV, and substance abuse has been linked to risky sexual behaviors. The literature indicates that good parent-adolescent communication about sexual risk and safe sexual behaviors may help protect youth, yet little is known about this type of communication in Hispanic families. This article reports data on adolescent and parent factors associated with communication about moral and birth control talk between 108 Hispanic substance abusing adolescents and their parents. Results indicate that Hispanic parents who had older adolescents, reported more involvement, were less concerned of possible negative reactions from their child, and felt more knowledgeable and confident regarding sex and birth control also reported greater frequency of birth control talk. Hispanic parents with a daughter, who reported more involvement, or whose child reported more communication were more likely to report greater frequency of talking about moral issues.

Introduction

The emotional, physical, and financial cost of HIV and other sexually transmitted infections (STIs) is widespread and fuels the need for a better understanding of processes that can protect individuals from these infections. Nowhere is this need more salient than among Hispanic substance abusing adolescents, both because Hispanic adolescents have been shown to have high prevalence of HIV (Rangel, Gavin, Reed, Fowler, & Lee, 2006) and because substance abusing adolescents have been shown to engage in riskier sexual behaviors when compared to non-substance abusing youth (Guo, Chung, Hill, Hawkins, Catalano, & Abbott, 2002). Consequently, a greater understanding of protective factors that may reduce the risk for STIs among substance abusing Hispanic adolescents would be valuable. Among the most promising protective factors/processes is the parents' ability to communicate with their adolescents about risky sexual behavior (Hutchinson, 2002;

Hutchinson, Jemmott, Jemmott, Braverman, & Fong, 2003). Little is known, however, about the obstacles and facilitators to this type of communication, particularly among Hispanic families. The purpose of this article is to report on an investigation of adolescent and parent/family factors that are associated with communication about risk among Hispanic substance abusing adolescents and their families and to explore possible adolescent gender differences in these family factors.

HIV and STI Prevalence Among Hispanic Adolescents

The rate of HIV in adolescent Hispanics is higher than those for non-Hispanic Whites (Rangel et al., 2006). Hispanics accounted for 18% of all U.S. AIDS cases reported through 2004 while representing only 13% of the population (aCenters for Disease Control and Prevention [CDC], 2005a), and it is estimated that most of new HIV infections are occurring among individuals under 25 years of age (CDC, 2005a). Likewise, the rate of new cases of Chlamydia in 2004 for Hispanic adolescents in the 15–19 year old age group was twice as high as the rates for White adolescents (CDC, 2005b). The fact that Hispanic youth have higher rates of both HIV and certain STIs (CDC, 2005a, 2005b) when compared to non-Hispanic White adolescents is not surprising for several reasons. The literature indicates that sexually active adolescents have the highest rates of STIs of any age group (CDC, 2005b) and that Hispanic youth are more likely to have had sexual intercourse (51% versus 42%), exhibit higher rates of sexual behaviors, and engage with more partners as compared to Whites (CDC, 2006). Further, the 2005 National Youth Risk Behavior Survey reports that Hispanic youth in the 9th–12th grades have the highest reports of sexual intercourse without a condom, when compared to Black and White youth (CDC, 2006).

Substance Abuse and Risky Sexual Behavior

A subpopulation that appears to be at particularly high risk for HIV and STIs because of their risky sexual behaviors is substance abusing adolescents. The literature indicates that the prevalence rates of risky sexual behaviors for adolescents who abuse alcohol and/or illicit substances tend to be higher than adolescents without a history of substance abuse (Guo et al., 2002). One longitudinal study comparing adolescents receiving treatment for substance abuse and a community sample of adolescents without a history of substance abuse found that two years after the baseline assessment, the substance abusing adolescent sample reported significantly more sexual intercourse (94% vs. 62%) and multiple sexual partners in the preceding year (72% vs. 50%) (Tapert, Aarons, Sedlar, & Brown, 2001). Consistent with the findings above, Brook et al. (2004) in a longitudinal study of African-American and Puerto-Rican adolescents found that substance abuse was associated with having multiple sex partners and inconsistent condom use. A few studies have documented the increased likelihood of adolescents engaging in unprotected sex and sex with multiple partners after an adolescent has used alcohol and/or drugs. Jemmott & Jemmott (1993) found that African-American adolescents who reported having sex while high were more likely to report having unprotected sex, multiple sex partners, and multiple risky partners. Bagnall, Plant, & Warwick (1990) found that adolescents who drank alcohol prior to engaging in sexual intercourse were significantly less likely to use a condom during intercourse.

Parent-Adolescent Factors and Risky Sexual Behavior

There are a number of parent-adolescent factors that have been associated with risky sexual behaviors that can lead to HIV and STIs. Both parental monitoring and communication have been shown to impact adolescent engagement in risky sexual behaviors (Hutchinson, 2002; Hutchinson et al., 2003). Adolescents who perceived more parental monitoring were less likely to report the intention of having sexual intercourse (Sieverding, Adler, Witt, & Ellen, 2005) and if they were sexually active, they were more likely to engage in low risk sexual behaviors such as using a condom and having one partner (Huebner & Howell, 2003). Studies have shown that parental involvement and monitoring are also negatively associated with problem behaviors, namely delinquency and drug use among Hispanic youth (Dinh, Roosa, Tein, & Lopez, 2002).

Parent-adolescent communication has also been shown to be an important factor in predicting adolescent sexual activity. Based on a sample of Hispanic, African-American, and White females, Hutchinson (2002) examined the influence of parental communication about sex on the sexual risk behaviors of adolescent daughters. Results showed that discussing sex with parents prior to becoming sexually active exerted the greatest influence on the likelihood of initiating sexual intercourse. More specifically, those youth who discussed sex prior to initiating sex were much less likely to initiate sexual intercourse. Additionally, general mother-daughter communication, communication with mother about condoms, and early sex communication were significant predictors of consistent condom use. A follow-up study investigated the relationship between mother-daughter sexual risk communication and sexual behavior among sexually active African American and Hispanic adolescents (Hutchinson et al., 2003). The results show that the greater the mother-daughter communication about sexual risk at baseline, the less times the adolescent had sexual intercourse at the three-month follow-up and the fewer days of unprotected sex.

There are a number of factors that make these family processes of parental involvement and communication in Hispanic families more complex and worthy of investigation. Parent acculturation has been linked empirically to less involved parenting practices (Gil, Wagner, & Vega, 2000) and disruptions in parent-child communication as a result of differential acculturation rates (Tseng & Fuligni, 2000). There also appear to be ethnic/cultural differences in parents' willingness or ability to discuss sex-related issues with their adolescents, a fact that may further complicate this picture. For example, in addition to finding support for the role of sexual-risk communication, Hutchinson (2002) also found that Hispanic parents were less likely than non-Hispanic Whites to discuss sexual risk behaviors with their children. In a study of Latino college students, Raffaelli & Green (2003) found that relationships and values were discussed more frequently than protection and facts about pregnancy, mothers were more likely than fathers to communicate with their children about sexual issues, and daughters reported higher levels of communication than sons. Other studies have found that Hispanic mothers do not provide information regarding birth control to their adolescents (Villarruel, 1998). In a study in which maternal messages about dating and sexuality were observed at baseline and 1 year later, Romo, Lefkowitz, Sigman, and Au (2002) found that greater discussion about beliefs and values was related to adolescents abstaining from or delaying sex, while maternal disclosure about personal

sexual and dating experiences predicted adolescents reporting more openness in mother-child relationship and more conservative values towards sex one year later.

As is evident from the review above, research on Hispanic parents' communication with adolescents about sexual risk is scarce. Our basic theoretical formulation for the manuscript stems from systems theory, namely Structural Family Therapy, which hypothesizes that parental involvement and communication between parents and children lead to healthier and more adaptive youth behavior. The literature cited above supports the importance of these family factors in promoting healthy youth behavior but does so through a specific focus on communication about sexual behavior. The purpose of this study was to focus specifically on two types of sex risk communication, talk of birth control and talk of moral issues, in Hispanic families and to investigate family factors, such as parent-child communication, parental barriers to discussing sex, and parental involvement that can impact sexual risk communication. These are also examined in relation to adolescent age, gender, and parent acculturation.

Method

Participants

Participants in the overall project were 110 Hispanic adolescents (71 male and 39 female) and their parents. For this study the sample size was 108 Hispanic parents and their adolescents due to the fact that complete data were not available from the parents of two families. Adolescents participating in the basic study had been admitted to an assessment facility due to substance use problems and were interviewed prior to referral for treatment. The mean age of the adolescents was 15.6 years ($SD = 1.96$) and the median age was 16 years. Mother reports were much more common than father reports and are, therefore, the focus of the analyses. The reported ethnicities of the sample were: 40% Cuban, 13% Honduran, 9% Puerto Rican, 8% Dominican, 7% Nicaraguan, 7% Columbian, and 16% other Hispanic (Venezuelan, Mexican, Ecuadorian, Peruvian, Panamanian). Eighty-one percent of mothers reported an educational level of high school or less. Sixty-one percent of the families reported an annual household income of \$25,000 or less, 11% between \$25,000 and \$29,999, and 27% \$30,000 or more. The median family income range for the sample was between \$20,000 and \$24,999.

To be included in the study, the adolescents had to meet the following criteria: (a) 14 to 17 years old, (b) living with at least one family member of an older generation such as a parent or grandparent, (c) Hispanic and having immigrated to the U.S., and (d) fully meeting Diagnostic and Statistical Manual IV (DSM IV) criteria for a substance abuse or dependency disorder. Adolescents with signs of the following DSM-IV diagnoses were not included in the study: organic mental disorders (except psychoactive substance-induced), schizophrenia, delusional (paranoid) disorder, and psychotic disorder.

Procedure

All participant adolescents were recruited from the Juvenile Addictions Receiving Facility (JARF) of a local Southeastern hospital where the youth had been admitted for assessment

of their substance abuse problem and for referral to treatment in the community. A social worker on the unit determined if a new admission to the JARF was eligible for the research program and obtained permission from the primary caregiver to be contacted by a study research assistant. In order to participate, both parents and the adolescent had to complete consent and assent forms and a onetime assessment, taking approximately 3 hours. Families received \$40 for their participation. Both adolescents and parents were informed that their information would be kept confidential. The assessment battery consisted of both self-report measures and semi-structured interviews. Adolescents were administered the assessment battery while they were on the JARF unit, and parents were administered the battery at the research offices or at their residence. Assessors were fluent in Spanish. Approximately 10% of the adolescent assessments and 74% of the parent assessments were conducted in Spanish. Parents and youth were asked if they would like the questionnaire read to them, in the event that they had difficulty reading.

Measures

For this study, measures having strong psychometric properties were selected that addressed demographic information, acculturation, attachment, parenting practices, and parental barriers to talk about sex. Spanish language measures were available to those adolescents and parents who were more comfortable speaking and reading in Spanish.

Demographics Questionnaire

An intake form was created specifically for this study to collect demographic information, including each family's ethnicity, religious preference, family composition, biological parents' marital status, household income, age of onset for drug (non-alcohol) use, and language preference. This form also included questions about prior adolescent residential/inpatient and/or outpatient treatment for drug use.

Acculturation

The Bicultural Involvement Questionnaire (Szapocznik, Kurtines, & Fernandez, 1980) is a 42-item questionnaire designed to assess the degree to which an individual participates in and feels comfortable with Hispanic culture and activities (Hispanicism) and, independently, American culture and activities (Americanism). The Bicultural Involvement Questionnaire is rated on a 5-point Likert scale. Previous research has reported alphas of .93 and .89 for the Hispanicism and Americanism scales, respectively (Szapocznik et al., 1980). In the current study, both adolescents and parents completed this self-report measure. The alpha coefficients were .95 for the Hispanicism scale and .91 for the Americanism scale. The alpha coefficients for parents were .95 for Parent Americanism and .87 for parent Hispanicism. The alpha coefficients for adolescents were .90 for adolescent Americanism and .95 for adolescent Hispanicism.

Parent-Child Communication

The Inventory of Parent and Peer Attachment (IPPA) (Armsden & Greenberg, 1987) assesses adolescent perception of the positive and negative aspects of their attachment to their parents and peers. In this study we focused only on adolescent reports of adolescent-

mother attachment and the subscale used in the analyses was quality of communication as reported by the adolescents about their mother. Reported internal consistency was .87 for the mother version. Alphas for the current sample ranged from .75 to .88. The IPPA was administered as a self-report to the adolescents.

Parenting Practices

The Parenting Practices Questionnaire (Loeber, Stouthamer-Loeber, Van Kammen, & Farrington, 1991; Gorman-Smith, Tolan, Zelli, & Huesmann, 1996) assesses five dimensions of parenting behavior: Positive parenting, discipline effectiveness, discipline avoidance, rules on having a set time to be home, and extent of involvement. Parents report on all five dimensions while adolescent reports are obtained for positive parenting and extent of involvement only. The reliability of the scales has been supported by confirmatory factor analysis with alphas ranging from .68 to .81. In the current study, alphas ranged from .73 to .89.

Parent Barriers to Talk About Sex

These questions were reproduced from the National Longitudinal Adolescent Health Questionnaire (Add Health). The Add Health (Bearman, Jones, & Udry, 1997) is a school-based study of health related behaviors of adolescents in grades 7 through 12. It was designed to explore the causes of these behaviors, with an emphasis on the influence of social context. In this study we utilize 23 items taken directly from the Parent Questionnaire of the Add Health. The questions assessed parental attitudes and behaviors with regards to discussing sex and birth control with their adolescent. Birth control talk was measured by the question, "How much have you talked to your adolescent about birth control?" Moral issues talk was measured by the question, "How much have you and your adolescent talked about his/her having sexual intercourse and the moral issues of not having sexual intercourse?" The response options for both questions, the moral issues question and the birth control question, were "not at all," "somewhat," "a moderate amount," and "a great deal." The timeframe for the questions was lifetime occurrence.

Analytic Plan

The initial step of the analyses involved conducting a factor analysis of the Add Health items in order to create factor-based scales. The second step consisted of examining a correlation matrix of all variables in order to identify those to be used in subsequent analyses. The final step involved entering each of the selected predictor variables into linear multiple regression analyses predicting birth control talk and moral issues talk. Given that the sample was a substance abusing sample it was important to be sure that the relationships that are the focus of the analyses were not impacted by adolescent drug use. The linear multiple regression analyses were run controlling for adolescent drug use over the past three months. Results indicated that controlling for drug use had no effect on the model which is not surprising given that there is a restricted range in the data due to the fact that it is a drug using sample. In an effort to have a more parsimonious model, adolescent drug use was not included in the final models for birth control and moral issues talk.

Results

Preliminary Analyses

Factor Analysis of Add Health—A principal components analysis was conducted on 21 of the 23 items taken from the Add Health questionnaire (the two remaining questions were the Moral Talk and Birth Control Talk questions). The items and their factor loadings are included in Table 1. The 21 items (excluding Birth Control Talk and Moral Issues Talk) used to create the subscales were reverse scored so that a high score indicated high barriers to talk. All components with an eigenvalue greater than one were extracted and a varimax rotation was applied to the factor structure matrix. This resulted in five components accounting for 66% of the variance.

Five factor-based scales were created corresponding to the mean of the items loading on each of these components. The first, labeled *Parental Fear of Negative Adolescent Reactions*, consisted of eight items. Examples of items on this scale include “It would embarrass {adolescent name} to talk with me about sex and birth control,” and “{adolescent name} will not be honest with me if I talked with him/her about sex and birth control.” Reliability for this scale was high, with a Cronbach’s alpha of .90. The second scale, labeled *Parental Lack of Knowledge/Confidence*, consisted of four items with an alpha of .81. Examples of items include “I really don’t know enough about sex and birth control to talk about them with {adolescent name},” and “It would embarrass me to talk about sex and birth control with {adolescent name}.” The third scale, labeled *Talk Perceived as Unnecessary*, consisted of five items with an alpha of .79. An example from this scale is “{Adolescent name} will get the information somewhere else, so I don’t really need to talk with him/her about sex and birth control.” The fourth scale, consisting of two items, was labeled *Talk Perceived as Encouraging Sex*, and consisted of “If I talked to {adolescent name} about sex and birth control, he/she would think I approve of him/her having sex” and “Talking about birth control with {adolescent name} will only encourage him/her to have sex.” The alpha for this scale was .64. The fifth scale, consisting of two items, was labeled *Parental Discomfort with Disclosure*, and consisted of “{Adolescent name} would ask me too many personal questions of I tried to talk with him/her about sex and birth control” and “I would have a difficult time being honest about my behavior with {adolescent name} if we were to talk about sex and birth control.” The alpha for this scale was .40, and due to this low reliability, it was excluded from further analysis.

Descriptive Statistics—Means, standard deviations, and correlations between all variables are listed in Table 2. As expected, a number of the predictor variables were correlated with each other.

Predictors that were significantly correlated ($p < .05$) with birth control talk included age, parent Americanism, communication with mother, and extent of involvement—parent report. All of the parent barriers to talk about sex, as reported by parents, were significantly correlated with birth control talk. Most interesting, Americanism was more highly correlated with birth control talk than Hispanicism. As expected, parental involvement was significantly correlated with communication with mother as reported by the adolescent. Several predictors were significantly correlated ($p < .05$) with moral issues talk including

gender, parent Americanism, communication with mother, extent of involvement—parent and adolescent report, and parental lack of knowledge/confidence. Two critical demographic variables (age and gender) were significantly related to hypothesized predictors and were therefore controlled for in each analysis.

Primary Analyses: Linear Multiple Regression Analyses

Two linear multiple regression analyses were conducted examining the frequency of parent-adolescent communication concerning birth control and sex-related moral issues. Birth control and moral issues talk were analyzed separately due to hypothesized differences expected in the relationship between the predictors and each of these topics. Furthermore, a correlation of 0.35 between birth control talk and moral issues talk indicated they were related, but substantively distinct from one another.

For both analyses, variables were entered hierarchically in a series of steps. Adolescent age and gender were entered in the first step. Parent acculturation indicators (parent Hispanicism and Americanism) were entered in the second step, communication with mother-adolescent report was entered in the third step, and the extent of involvement-parent and child reports were entered in the fourth step. The last block entered consisted of parent reports of barriers to discussions with the adolescent, including (a) talk perceived as encouraging sex, (b) parent lack of knowledge/confidence, (c) parent fear of negative adolescent reactions, and (d) talk perceived as unnecessary.

Birth Control Talk—The first regression analysis found that the overall set of predictors were highly related to birth control talk, accounting for 56% of the variance ($F(11, 107) = 11.15, p < .0001$). Results of this analysis are presented in Table 3. Several of the hypothesized predictors were significant in the final step of the model, indicating that these had significant effects even after controlling for the effect of all other variables. These included age ($\beta = .17, p = .02$), extent of involvement-parent report ($\beta = .31, p = .0001$), negative reactions ($\beta = .38, p = .0001$), and knowledge/confidence ($\beta = .41, p = .0001$). It is noteworthy that parent Americanism was a significant predictor when initially entered into model ($\beta = .35, p = .001$), and significant ($p < .05$) at steps 2–4, but was nonsignificant in the final step. Hispanic parents who had older adolescents and reported more involvement also reported greater frequency of birth control talk. In addition, parents who were less concerned of possible negative reactions from their child and who felt more knowledgeable and confident regarding birth control also reported greater frequency of birth control talk.

Moral Issues Talk—The second regression analysis found that the overall set of predictors were also highly related to moral issues talk, accounting for 35% of the variance ($F(11, 107) = 4.69, p < .0001$). Results of this analysis are presented in Table 4. Several of the hypothesized predictors continued to be significant or close to statistically significant in the final step of the model, including gender ($\beta = -.34, p = .0001$), communication with mother-adolescent report ($\beta = .19, p = .055$), and extent of involvement-parent report ($\beta = .28, p = .006$). Hispanic parents with a female adolescent, or those who reported more involvement, or whose child reported more communication were all more likely to report greater frequency of talking about moral issues. Multicollinearity did not appear to be a major

problem in our data as no predictor variables in the two analyses met the recommended cutoff of .50 suggesting meaningful multicollinearity (Tabachnick & Fidell, 1996).

Follow-Up Analysis: Differential Focus on Topics

The finding that gender significantly predicted moral talk in Hispanic parents led us to further explore gender differences in the degree to which parents may primarily focus on talking about birth control versus talking about moral issues. To accomplish this, a repeated-measures ANOVA was performed in which sex talk topic (i.e., moral issues and birth control) served as a within-subjects variable and adolescent gender served as a between subjects predictor. The results indicated no overall difference in frequency of moral and birth control talk [moral issues $M = 2.92$, birth control $M = 2.99$, $F(1, 106) = 0.05$, $p > .10$]; however, a significant gender main effect indicated that parents report more frequent sex-related discussions with daughters than with sons ($F(1, 106) = 8.34$, $p = .005$). More importantly, a significant gender by topic interaction suggested that this gender difference varies based on the nature of the topic ($F(1, 106) = 9.39$, $p = .003$). Parents reported discussing moral issues more frequently when their child was female than when their child was male (female $M = 3.47$, male $M = 2.61$, $t(97) = 4.48$, $p < .0001$). In contrast, no difference was found in discussion of birth control talk based on the gender of the youth (female $M = 3.10$, male $M = 2.93$, $t(166) = 0.88$, $p > .10$).

Discussion

The purpose of this article is to report on an investigation of adolescent and parent/family factors that are associated with communication about sexually-related topics among Hispanic substance abusing adolescents and their families. More specifically, the study was designed to shed light on factors that influence Hispanic parental communication about birth control and about moral issues with their high-risk adolescents. Findings concerning family communication patterns on these important topics can inform family-based interventions for substance abusing youth. Parent-adolescent discussion of birth control is particularly important among drug abusing youth because of the increase in risky sexual behavior that has been linked to drug use. While adolescent substance abuse creates difficulty in the relationship between parents and adolescents, in the current investigation adolescent level of drug use was not related to communication about sex-related topics.

Our finding that there was more frequent birth control talk among parents that reported more involvement and that had older adolescents was not surprising. In an effort to produce better adolescent outcomes, many prevention and treatment programs seek to achieve higher levels of parental involvement (Santisteban et al., 1996). However, this effect was only seen using parent reports of both involvement and birth control talk. Parents who report themselves as being involved will also likely report that they talk with their youth about birth control. Part of this effect may represent a reported bias on the part of the parent. The identification of specific parental concerns that can limit birth control talk was particularly valuable because these barriers can be identified and modified with a family intervention. The concern reported by many Hispanic parents that they have insufficient knowledge about birth control can be addressed via a psycho-educational intervention, and fear of negative adolescent

reactions can be countered with strategies for handling those reactions. Interventions are needed to empower Hispanic parents with the skills and information needed to communicate with their adolescents about specific birth control methods, STIs, and HIV.

Although parent Hispanicism was included in the models, this variable was not found to be strongly associated birth control talk. Parent Hispanicism was related to birth control talk in Step 2 of the model; however, in the following steps became insignificant. While we included Hispanicism to capture what is unique about Hispanic culture and not captured by the Americanism construct, it does appear in this investigation that Americanism is more closely related to parent communication and youth sexual behaviors. Interestingly, parent Americanism was significant in the first steps of the birth control talk model; however, it became insignificant in the final model. This suggests that perhaps parental Americanism is an important factor in discussing birth control with the adolescent, but the variables reflecting parental barriers to discussions about sex and birth control appear to be more closely related to talk of birth control.

Our analysis of discussions of morality as it pertains to sexual behavior also yielded interesting findings. As with birth control talk, our findings on morality talk support previous research showing that high levels of parental involvement positively impact communication about sex-related topics. The set of findings on morality talk suggests that parental barriers to parent-adolescent communication (e.g., lack of knowledge) are less influential while variables reflecting parental involvement may be more influential. It is important to note that this effect was only seen using parent reports of both involvement and moral issues talk. Part of this effect may represent a reported bias on the part of the parent. It appears that acculturation related variables, Hispanicism and Americanism, are not related to discussion of moral issues. Our data suggests that moral issues talk is not related to other behaviors that are typically considered highly Hispanic or highly American.

Our most interesting finding was that there was a significant gender difference, with Hispanic mothers reporting more frequent discussions with daughters than with sons about sex, and that this effect was driven by their more frequent talks with daughters about moral issues of having sex. This finding supports past research, which has shown that Hispanic girls report higher levels of communication with their mothers than boys and that values are discussed more frequently than protection and facts about pregnancy (Raffaelli & Green, 2003). However, it is not known whether this is due to the fact that Hispanic parents are more comfortable talking with their daughters or if it is because they feel that the topic is more relevant for daughters who may have more to risk when engaging in sexual behaviors. In summary, Hispanic parents appear to be more comfortable sharing their values with their daughters than with their sons, and rather than be dependent on any particular level of knowledge on the topic, sharing of values is more common when the quality of the relationship is good.

In traditional Hispanic families it is considered taboo to talk about sex and often the messages given by Hispanic parents to their youth are mixed and confusing (Gil & Vazquez, 1996). Sex is a subject most Hispanic parents feel uncomfortable discussing with children (Gil & Vazquez, 1996). This is important given that aspects of the Hispanic culture, such as

traditional Hispanic male and female gender roles, lend themselves to increased sexual risk taking by adolescents (Prado et al., 2006). Hispanic males are often given permission to have multiple sex partners and to engage in risky sexual behaviors (Prado et al., 2006). Thus, Hispanic parents may feel that it is not necessary to speak with their adolescent boys about birth control, as it is acceptable for them to engage in sex. Hispanic females are usually taught to be sexually submissive and to have little knowledge about sex (Prado et al., 2006). This supports the notion that Hispanic mothers are not likely to discuss issues of birth control and safer sex practices with their daughters. Both of these aspects of Hispanic culture pose risk for STIs and HIV infection among Hispanic youth.

The current study had several limitations. The sample of 108 Hispanic adolescents and their mothers is relatively small and thus the findings should be interpreted with caution. Additionally, the study was based on a sample of primarily non-Mexican Hispanics. While this sample provides a good perspective on a wide array of non-Mexican Hispanic groups that are in need of further research, the findings from the current study may not generalize to Mexican Americans or to non-Hispanic populations. Additionally, it is beyond the scope of this study to address whether the results can be generalized across all of the Hispanic subpopulations represented in the sample. It should also be noted that the adolescents in the study were a clinical sample of substance abusing youth. While this fact provides important information on the treatment issues that exist for substance abusing youth, they are not representative of the general population. The findings are further limited due to the fact that the data collected was cross-sectional in nature, making it difficult to interpret the direction of impact. Future work would benefit from better assessing what types of parental communication about sex precede and what types of parental communication follow parental knowledge of adolescent sexual activity. It would also be important to investigate the extent to which the barriers to communication can be impacted by interventions. Longitudinal data which track parents and adolescents through the point of discussion about sex-related topics, all the way to determining how the discussions impact the adolescent sexual risk behaviors, is warranted.

In summary, the findings from this study inform current family interventions for substance-abusing adolescents that seek to modify risky sexual behavior. Findings indicate that potentially protective communication can be negatively impacted by parental concerns that they lack knowledge about safe sex and by breakdowns in communication patterns (e.g., poor communication or negative adolescent reactions during conversations focusing on sex). Both “information sharing” and “family relational” domains can be addressed via well designed family interventions. In our earlier work (Santisteban, Mena, & Suarez, 2006), we designed and tested interventions that integrate both psychoeducational modules of this type (e.g., parent versions of the youth HIV risk reduction educational modules) and family therapy interventions that orchestrate productive “in-vivo” parent-adolescent communications focused on sexual behaviors. These modules are made available to parents (separately from the youth) as optional components within a flexible treatment manual, depending on the specific needs of the parents, and are followed by family therapy sessions focused on facilitation of productive parent-adolescent discussions. Continued research is needed on the efficacy of such integrated interventions for Hispanic adolescents and families.

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References

- Armsden G, Greenberg MT. The inventory of Parent and Peer Attachment: Individual differences and their relationship to psychological well-being in adolescence. *Journal of Youth and Adolescence*. 1987; 16:427–454. [PubMed: 24277469]
- Bagnall G, Plant M, Warwick W. Alcohol, drugs, and AIDS-related risk: Results from a prospective study. *AIDS Care*. 1990; 2:309–317. [PubMed: 2090201]
- Bearman, PS.; Jones, J.; Udry, JR. The National Longitudinal Adolescent Health Questionnaire. 1997. Retrieved February 7, 2008, from <http://www.cpc.unc.edu/addhealth>
- Brook J, Adams RE, Balka EB, Whiteman M, Zhang C, Sugarman R. Illicit drug use and risky sexual behavior among African American and Puerto Rican urban adolescents: the longitudinal links. *The Journal of Genetic Psychology*. 2004; 165(2):203–220. [PubMed: 15259877]
- Centers for Disease Control and Prevention. Trends in HIV/AIDS diagnoses- 33 states, 2001–2004. Morbidity and Mortality Weekly Report. 2005a; 54:1149–1153. [PubMed: 16292247]
- Centers for Disease Control and Prevention. Sexually transmitted disease surveillance, 2004. Atlanta: U.S. Department of Health and Human Services; 2005b.
- Centers for Disease Control and Prevention. Youth risk behavior surveillance-United States, 2005. Surveillance summaries. Morbidity and Mortality Weekly Report. 2006; 55m(SS-5)
- Dinh KT, Roosa MW, Tein J, Lopez VA. The relationship between acculturation and problem behavior proneness in a Hispanic youth sample: A longitudinal mediation model. *Journal of Abnormal Child Psychology*. 2002; 30:295–309. [PubMed: 12041714]
- Gil AG, Wagner EF, Vega WA. Acculturation, familism, and alcohol use among Latino adolescent males: Longitudinal relations. *Journal of Community Psychology*. 2000; 28:443–458.
- Gil, RM.; Vazquez, CI. The maria paradox: How Latinas can merge old world traditions with new world self-esteem. New York: G.P. Putnam's Sons; 1996.
- Gorman-Smith D, Tolan PH, Zelli A, Huesmann LR. The relation of family functioning to violence among inner-city minority youths. *Journal of Family Psychology*. 1996; 10:115–129.
- Guo J, Chung I, Hill K, Hawkins D, Catalano RF, Abbott RD. Developmental relationships between adolescent substance use and risky sexual behavior in young adulthood. *Journal of Adolescent Health*. 2002; 31:354–362. [PubMed: 12359381]
- Huebner A, Howell LW. Examining the relationship between adolescent sexual risk-taking and perceptions of monitoring, communication, and parenting styles. *Journal of Adolescent Health*. 2003; 33:71–78. [PubMed: 12890597]
- Hutchison MK, Jemmott JB, Jemmott LS, Braverman P, Fong GF. The role of mother-daughter sexual risk communication in reducing sexual risk behaviors among urban adolescent females: A prospective study. *Journal of Adolescent Health*. 2003; 33:98–107. [PubMed: 12890601]
- Hutchinson MK. The influence of sexual risk communication between parents and daughters on sexual risk behaviors. *Family Relations*. 2002; 51:238–247.
- Jemmott JB, Jemmott LS. Alcohol and drug use during sexual activity: Predicting the HIV risk-related behaviors of inner-city Black male adolescents. *Journal of Adolescent Research*. 1993; 8:41–57.
- Loeber R, Stouthamer-Loeber M, Van Kammen W, Farrington DP. Initiation, escalation, and desistance in juvenile offending and their correlates. *Journal of Criminal Law & Criminology*. 1991; 82:36–82.
- Prado G, Schwartz SJ, Pattatucci-Aragon A, Clatts M, Pantin H, Fernandez IM, Lopez B, Briones E, Amaro H, Szapocznik J. The prevention of HIV transmission in Hispanic adolescents. *Drug and Alcohol Dependence*. 2006; 84S:S43–S53. [PubMed: 16764997]
- Raffaelli M, Green S. Parent-adolescent communication about sex: Retrospective reports by Latino college students. *Journal of Marriage and Family*. 2003; 65(2):474–481.

- Rangel MC, Gavin L, Reed C, Fowler MG, Lee LM. Epidemiology of HIV and AIDS among adolescents and young adults in the United States. *Journal of Adolescent Health*. 2006; 39:156–163. [PubMed: 16857526]
- Romo LF, Lefkowitz ES, Sigman M, Au T. A longitudinal study of maternal messages about dating and sexuality and their influence on Latino adolescents. *Journal of Adolescent Health*. 2002; 31:59–69. [PubMed: 12090966]
- Santisteban, DA.; Mena, MP.; Suarez-Morales, L. Using treatment development methods to enhance the family-based treatment of Hispanic adolescents. In: Liddle, H.; Rowe, C., editors. *Adolescent substance abuse: Research and clinical advances*. Cambridge University Press; 2006.
- Santisteban DA, Szapocznik J, Perez-Vidal A, Kurtines W, Murray EJ, LaPerriere A. Efficacy of interventions for engaging youth/families into treatment and some variables that may contribute to differential effectiveness. *Journal of Family Psychology*. 1996; 10(1):35–44.
- Sieverding JA, Adler N, Witt S, Ellen J. The influence of parental monitoring on adolescent sexual initiation. *Archives of Pediatric Adolescent Medicine*. 2005; 159:724–729.
- Szapocznik J, Kurtines WM, Fernandez T. Bicultural involvement and adjustment in Hispanic American youths. *International Journal of Intercultural Relations*. 1980; 4:353–366.
- Tabachnick, BG.; Fidell, LS. *Using multivariate statistics*. 3. New York: Harper Collins; 1996.
- Tapert S, Arons GA, Sedlar GR, Brown SA. Adolescent substance use and sexual risk-taking behavior. *Journal of Adolescent Health*. 2001; 28:181–189. [PubMed: 11226840]
- Tseng V, Fuligni AJ. Parent-adolescent language use and relationships among immigrant families with East Asian, Filipino, and Latin-American backgrounds. *Journal of Marriage and the Family*. 2000; 62:465–476.
- Villarruel A. Cultural influences on the sexual attitudes, beliefs, and norms of young Latina adolescents. *Journal of the Society of Pediatric Nurses*. 1998; 3:69–79. [PubMed: 9670168]

Table 1

Principal Component Analysis of Add Health Items

Item	Component				
	1	2	3	4	5
{ Youth } will not be honest with me if I talked with him/her about sex and birth control.	0.80				
{ Youth } does not want to hear what I have to say when it comes to talk about sex and birth control.	0.79				
{ Youth } and I would only argue if we were to try and talk about sex and birth control.	0.77				
{ Youth } would not take me seriously if I tried to talk with him/her about sex and birth control.	0.75				
{ Youth } would think that I was nosy if I tried to talk about sex and birth control.	0.73				
{ Youth } will think that I do not trust him/her if I try to talk to him/her about sex and birth control.	0.72				
{ Youth } would just make fun of me if I tried to talk with him/her about sex & birth control.	0.65				
It would embarrass { Youth } to talk with me about sex and birth control.	0.53				
It would be difficult for me to explain things if I talk with { Youth } about sex and birth control.		0.83			
It would embarrass me to talk about sex and birth control with { Youth }.		0.81			
I really don't know enough about sex and birth control to talk about them with { Youth }.		0.72			
If I talked about sex and birth control with { Youth } he/she might ask me something that I don't know the answer to.		0.49			
I don't need to talk with { Youth } about sex and birth control; he/she knows what he/she needs to know.			0.70		
It would be difficult to find a convenient time and place to talk to { Youth } about sex and birth control.			0.64		
{ Youth } is just too busy to talk about sex and birth control.			0.61		
It wouldn't do much good if I talked to { Youth } about sex and birth control.			0.60		
{ Youth } will get the information somewhere else, so I don't really need to talk with him/her about sex and birth control.			0.58		
If I talked to { Youth } about sex and birth control, he/she would think I approve of him/her having sex.				0.77	
Talking about birth control with { Youth } will only encourage him/her to have sex.				0.50	
{ Youth } would ask me too many personal questions if I tried to talk with him/her about sex and birth control.					0.72
I would have a difficult time being honest about my behavior with { Youth } if we were to talk about sex and birth control.					0.66

Table 2

Means, Standard Deviations, Range, and Intercorrelations of All Variables (N = 108)

	Variable	Mean	SD	Min	Max	1	2	3	4	5	6	7	8	9	10	11	12	13
1	Birth Control Talk-Parent	2.99	1.00	1.00	4.00	1.00												
2	Moral Issues Talk-Parent	2.92	1.12	1.00	4.00	0.35***	1.00											
3	Adolescent Age	15.76	1.25	12.00	18.00	0.19	0.09	1.00										
4	Adolescent Gender	0.65	0.48	0.00	1.00	-0.09	-0.37***	0.14	1.00									
5	Hispanicism-Parent	86.66	13.06	50.00	105.00	0.05	-0.05	-0.11	0.01	1.00								
6	Americanism-Parent	58.00	21.29	21.00	104.00	0.28**	0.19	0.14	-0.07	-0.45***	1.00							
7	Comm w/Mother-Adolescent	28.20	6.71	13.00	42.00	0.16	0.21*	0.19	0.12	0.16	-0.07	1.00						
8	Extent of Involvement-Parent	3.19	0.80	1.17	4.92	0.53***	0.29**	0.11	0.09	0.05	0.13	0.26**	1.00					
9	Extent of Involvement-Adol	3.11	0.67	1.55	4.91	0.09	0.17	0.01	0.05	0.10	-0.04	0.42***	0.18	1.00				
10	Encouraging Sex-Parent	2.81	1.02	1.00	5.00	-0.23*	0.04	-0.12	-0.12	0.14	-0.28**	0.04	-0.19*	-0.06	1.00			
11	Negative Reactions-Parent	2.94	0.97	1.00	4.88	-0.53***	0.00	-0.05	-0.19	-0.10	-0.20*	-0.25**	-0.46***	-0.15	0.50***	1.00		
12	Lack Confidence/Knowledge-Parent	2.28	0.92	1.00	5.00	-0.52***	-0.28**	0.01	0.19*	0.21*	-0.41***	0.08	-0.26**	0.05	0.36***	0.33***	1.00	
13	Unnecessary-Parent	2.21	0.81	1.00	4.40	-0.37***	-0.11	-0.03	-0.02	0.01	-0.26**	0.01	-0.39***	0.07	0.49***	0.54***	0.57***	1.00

Note.

*
p<.05,

**
p<.01,

p<.001.

Table 3

Predictors of Birth Control Talk: Results of Linear Multiple Regression Models (N = 108)

Variable	B	β	T	R ²	F
Step 1				.05	F(2,105)=2.56
Adolescent age	.16	.20	t(105)=2.08*		
Adolescent gender	-.23	-.11	t(105)=-1.17		
Step 2				.10	F(2,103)=6.12**
Adolescent age	.14	.17	t(103)=1.56		
Adolescent gender	-.18	-.09	t(103)=-1.07		
Hispanicism-parent	.02	.22	t(103)=2.18*		
Americanism-parent	.02	.35	t(103)=3.42**		
Step 3				.02	F(1,102)=2.10
Adolescent age	.12	.15	t(102)=1.56		
Adolescent gender	-.21	-.10	t(102)=-1.07		
Hispanicism-parent	.02	.20	t(102)=1.93		
Americanism-parent	.02	.35	t(102)=3.44**		
Comm with mother-Adol	.02	.14	t(102)=1.45		
Step 4				.20	F(2,100)=16.16***
Adolescent age	.10	.13	t(100)=1.51		
Adolescent gender	-.28	-.13	t(100)=-1.63		
Hispanicism-parent	.01	.15	t(100)=1.68		
Americanism-parent	.01	.26	t(100)=2.86**		
Comm with mother-adol	.01	.03	t(100)=0.29		
Extent of involvement-par	.59	.48	t(100)=5.67***		
Extent of involvement-adol	-.02	-.01	t(100)=-0.16		
Step 5				.19	F(4,96)=10.50***
Adolescent age	.14	.17	t(96)=2.38*		
Adolescent gender	-.23	-.11	t(96)=-1.48		
Hispanicism-parent	.01	.13	t(96)=1.67		
Americanism-parent	.01	.10	t(96)=1.17		

Variable	B	β	T	R ²	F
Comm with mother-Adol	-.01	-.01	t(96)=-.15		
Extent of involvement-Par	.38	.31	t(96)=3.80***		
Extent of involvement-Adol	-.02	-.02	t(96)=-.21		
Encouraging sex-par	.10	.10	t(96)=1.11		
Negative reactions-par	-.39	-.38	t(96)=-3.98***		
Lack conf/knowledge-par	-.45	-.41	t(96)=-4.48***		
Unnecessary-par	.22	.18	t(96)=1.78		
Total R ² = .56					F(11,96)=11.15***

Note.

* $p < .05$,

**

$p < .01$

$p < .001$.

Table 4

Predictors of Moral Issues Talk: Results of Linear Multiple Regression Models (N = 108)

Variable	B	β	T	R ²	F
Step 1				.16	F(2,105)=9.73***
Adolescent age	.13	.15	t(105)=1.61		
Adolescent gender	-.91	-.39	t(105)=-4.29***		
Step 2				.02	F(2,103)=1.34
Adolescent age	.11	.13	t(103)=1.38		
Adolescent gender	-.87	-.37	t(103)=4.13***		
Hispanicism- parent	.01	.04	t(103)=.43		
Americanism- parent	.01	.16	t(103)=1.61		
Step 3				.06	F(1,102)=8.22**
Adolescent age	.07	.08	t(102)=.85		
Adolescent gender	-.93	-.40	t(102)=4.52***		
Hispanicism- parent	.01	-.01	t(102)=-0.02		
Americanism- parent	.01	.16	t(102)=1.18		
Comm with mother- adol	.04	.26	t(102)=2.87**		
Step 4				.07	F(2,100)=4.74*
Adolescent age	.06	.07	t(100)=.82		
Adolescent gender	-.97	-.42	t(100)=-4.89***		
Hispanicism- parent	-.01	-.03	t(100)=-.30		
Americanism- parent	.01	.12	t(100)=1.20		
Comm with mother- adol	.03	.16	t(100)=1.68		
Extent of involvement-par	.35	.25	t(100)=2.86**		
Extent of involvement-adol	.14	.08	t(100)=.87		
Step 5				.05	F(4,96)=1.64
Adolescent age	.07	.08	t(96)=.89		
Adolescent gender	-.80	-.34	t(96)=-3.86***		
Hispanicism-parent	.01	.01	t(96)=.14		
Americanism-parent	.01	.11	t(96)=1.09		

Variable	B	β	T	R ²	F
Comm with mother-adol	.03	.19	t(96)=1.95*		
Extent of involvement-par	.39	.28	t(96)=2.83**		
Extent of involvement-adol	.16	.10	t(96)=1.04		
Encouraging sex-par	.07	.06	t(96)=.58		
Negative reactions-par	.21	.18	t(96)=1.54		
Lack conf/knowledge-par	-.25	-.21	t(96)=-1.85		
Unnecessary-par	.01	.01	t(96)=0.07		
Total R ² = .35					F(11,96)=4.69***

Note.

* $p < .05$,

** $p < .01$,

*** $p < .001$.