

Mothers' and Adolescent Daughters' Perceptions of
Communication About Sex

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Carli Alanna Braun Kody

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Dr. Patricia McCarthy Veach, Advisor

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DEDICATION

This doctoral dissertation is dedicated to my parents, Darlene and Robert Braun, and my grandparents, Helen and Jacob Braun and Olga and William Michalenko. Thank you for all you have instilled in me, for nurturing my value of education, supporting and loving me unconditionally, and believing in me. I've been blessed to walk this journey with you. You are my Angels.

ABSTRACT

Drawing upon Consensual Qualitative Research methods (CQR; Hill, Thompson, & Williams, 1997), this qualitative study examined mothers' and adolescent daughters' perceptions of their communication about sex. Fifteen Mother and daughter dyads ($n = 15$ mothers, $n = 15$ daughters) from a major Midwestern metropolitan area participated in individual, semi-structured interviews. Interviews were audio-recorded and later transcribed. Transcriptions were manually analyzed using CQR techniques to extract major domains and categories. Domains and categories were compared between mother-daughter dyads and across mothers and daughters using cross-case analysis procedures. Data analysis and consensus procedures yielded 17 domains and 55 categories for mothers and 15 domains and 44 categories for daughters. Findings revealed that mothers and daughters perceived mother-daughter communication about sex as more complex than their communication about other topics. Mothers and daughters described little or no discussion about intimacy and/or pleasure as it relates to sex and sexuality. Furthermore, they described discomfort (e.g., vulnerability, awkwardness, uncertainty) related to discussing sex, feelings that are unique to this topic (at least with respect to their frequency and intensity). Mother and daughters struggled with self-disclosure boundaries. They worried about each other's reactions and the consequences of what they expressed during discussions about sex-related topics. Mothers expressed ambivalence, for instance, wishing to talk with their daughters about sex, but not wanting them to actually know about sex. Overall, mothers and daughters wished to improve their communication about sex. Although mothers and daughters seemed to share similar perspectives on the *process* of their mother-daughter communication about sex, they appeared to disagree on the

content of their communication. Consistent with prior research, overall level of dyadic agreement was low. Major findings are discussed and practice implications and research recommendations are presented.

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CHAPTER 1

“Sex is when a male and female, like, when they have a baby and then the woman becomes pregnant” (adolescent participant quotation).

Introduction

A large body of research literature supports the importance of and need for improvement within mother-daughter communication about sex. Since the 1980’s, researchers and practitioners have focused their intellectual and investigative radar on parent-child communication about sex and, more specifically mother-daughter communication about sex. Although the research on this topic has dramatically increased in the last thirty years, there remains little knowledge about what actually occurs in mother-daughter interactions about sex (Pluhar, 2001). Research results indicate that mothers and daughters continue to be challenged by the task of talking to each other about sex. Investigations of mothers’ and daughters’ perceptions of their communication about sex and the sources of influences on their sex-related communication are important for the development of effective mother-daughter adolescent sexuality programs and for fostering optimal, mother-daughter conversations on this topic.

Parent-child communication about sex and sexuality, also known in United States popular culture as *the talk* (Wikipedia, 2008), has been stigmatized as a burden for both parents and adolescents. Furthermore, the notion that sex and sexuality can be adequately addressed with *the talk* contradicts messages from advocates of healthy and effective parent-child communication about sexuality who argue that parents should foster and facilitate on-going parent-child dialogues. “Studies show that when parents make consistent efforts to know their teen’s friends and whereabouts, the young people report

fewer sexual partners, fewer coital acts, and more use of condoms and other forms of contraception” (Jemmott, 1992; Rogers, 1999, as cited in Advocates for Youth, 2002, p.2). Parents’ open communication about sex, negative communication, or lack of communication with their children fit into an on-going process of sexual socialization that begins with the family and continues throughout adolescence (Fingerson, 2005). The nature and quality of parent-child interactions and the messages conveyed (e.g., information, attitudes, and values) during adolescence may impact girls throughout their lives (Barone & Wideman, 1997). Parental modeling of sexuality attitudes, beliefs, and behaviors through both verbal and nonverbal communication plays a central role in fostering a “sexually healthy youth” (Centers for Disease Control, 1998 as cited in Fulbright, 2007).

Mothers have been referred to as agents of sexual socialization for their family (Dilorio, Kelly, & Hockenberry-Eaton, 1999; Fulbright, 2007) and mediators who transmit information (or lack thereof) and shape the sexual attitudes and behaviors of their children (Jaccard, Dodge, & Dittus, 2002). Given that mothers are often the primary caregivers for their children (Rozema, 1986), it is not surprising that researchers consistently find that adolescents talk more with their mothers than with their fathers about sexuality-related topics. For instance, Fulbright (2007) states, “Literature has suggested that the mother is the more actively involved parent in the intentional sex education and sexual socialization of their teenager” (p.2). Furthermore, mothers with more education tend to talk about sex more frequently and discuss more topics about sex than mothers with less education (Fisher, 1990; Miller & Whitaker, 2001; Regnerus, 2005; Roberts, 1982; Wills, Gibbons, Gerrard, Murry & Brody, 2003).

The current study focuses on mother-daughter communication and does not explore mother-son, father-daughter, or father-son communication about sex. Research has pinpointed the mother-daughter pair as the parent-child dyad that may be ahead of the rest with respect to the nature and frequency of their communication about sex. Both mothers and daughters identify the mother-daughter relationship as a primary source for sexual education and communication about sex (Orgocka, 2004). Furthermore, mothers talk about sex significantly more in frequency and amount with their daughters than their sons (Whalen, Henker, Hollinghead, & Burgess; 1996). However, regardless of the greater amount of communication between mothers and daughters relative to other parent-child combinations, these female parent to female child conversations can be accompanied by unhelpful misperceptions, discomfort, and even dysfunction.

Past research indicates that mothers often fail to provide their adolescent daughters with sufficient knowledge about sex and sexual behavior (O'Sullivan, Meyer-Bahlburg, & Watkins, 2001). With the sexual health and sexuality of adolescent girls at stake, attention is needed to assist mothers and daughters with developmentally appropriate content and the most helpful processes of communication around sex.

As previously stated, despite over thirty years of research about parent-child communication about sex, there is still minimal knowledge about what actually occurs during mother-daughter exchanges (Fulbright, 2007; Pluhar, 2001). Given that mothers want their daughters to make informed, healthy choices about relationships and sex as they move through adolescence to womanhood (Bartle, 1998), it is crucial for researchers and practitioners to learn more about mothers' and daughters' struggles with communication about sex. Of equal importance is the understanding of what mothers and

daughters find helpful and supportive to their communication about sex. The current study sought to assess supports and barriers to mother and adolescent daughters' dialogue about sex and sexuality. It was hoped that the findings would provide some guidance to mothers and daughters who are interested in pursuing on-going and open conversations about sex.

Prior Research Perspectives

Prior research on mother-daughter communication about sex has operated from two different perspectives: harm reduction or positive sexuality. The present study is grounded in a merging of these two perspectives. The traditional approach used by the majority of researchers, viewed "sexuality in childhood as an etiology for problems and risks instead of an integral part of human development" (Diamond, 2006, as cited in Fulbright, 2007, p.3). In contrast, the positive sexuality approach is illustrated in the following quotation from Fulbright (2007, p.3):

Maddock (1989) states that the prevailing public attitude and understanding of sexuality in the family are laden with negativity, e.g., intrafamilial sexual abuse. He argues that there is too strong of a tendency for sexuality to be viewed as inherently problematic, instead of as a normal, healthy part of the family process. As a consequence, positive principles for healthy sexuality in the home are largely lacking, leaving professionals, researchers and parents struggling to define and communicate "healthy family sexuality."... According to the Guttmacher Institute (2002), "It is essential that parents provide a supportive climate throughout childhood and adolescence, where discussion of sexual issues are acceptable and where families feel comfortable talking openly" (p.1). Further, a parent's willingness and ability to portray and discuss sexuality positively throughout a child's life can impart both competence and confidence, whereas reluctance and embarrassment in dealing with sexuality matters reinforces negative messages of unacceptability and prohibition. Therefore, research on the detailed ways in which daughters perceive and experience their mothers as sex communicators, the way they portray sexuality, is needed to add depth and clarity to the general understanding researchers have of mother-daughter sex communication and the messages transmitted therein (Diamond, 2006).

The majority of research studies use a more traditional approach with the purpose of physical harm-reduction for adolescent girls. Adolescence is a time of many physical and psychosocial changes that can be challenging for girls. As girls develop during puberty, they encounter issues related to physical development, sexuality, interpersonal relationships, and intrapersonal growth (Striegel-Moore, Silberstein, & Rodin, 1986).

From the onset of menstruation, young girls and women are faced with the biological realities of reproduction (Chrisler & Johnston-Robledo, 2000). Menarche is associated with a variety of physiological, psychological, and social meanings and changes in appearance beliefs, body image, self esteem, and peer relationships as well as gains and losses in social power as for instance in ethnic groups in which menarche is seen as a marker of adulthood (Crawford & Unger, 2004, as cited in American Psychological Association, APA, 2007, p.20).

Without adequate education and support systems, these physical and psychosocial changes may put some girls at risk, particularly for risky sexual behaviors (e.g., unprotected sexual intercourse) and unintended teenage pregnancy. For example, “adolescent girls residing in urban neighborhoods characterized by poverty and crime are at considerable risk for sexually transmitted diseases (STDs) and pregnancy” (Wesoff, McDermott, & Holcomb, 1996, as cited in O’Sullivan et al., 2001, p.269). For adolescent girls, sexually transmitted diseases are also an increasing concern in the United States (Gutierrez, Oh, & Gillmore, 2000). Females are more vulnerable to STDs than males (Gutierrez et al., 2000; Ickovics Thayaparan & Ethier, 2001, as cited in American Psychological Association, 2007). “Females adolescents (ages 15-19) have the highest rates of Chlamydia and gonorrhea of any age group” (Kershaw, Ethier, Niccolai, Lewis & Ickovics, 2003, p.521). Due to girls’ anatomy and internal sexual organs, adolescent girls are more likely to contract a sexually transmitted disease from a single sexual encounter than adolescent boys (Jadack, 2001). Furthermore, girls’ may produce few detectable

STD symptoms (Jadack, 2001). In addition, “women and girls suffer the most severe consequences of STDs including infertility (Jadack, 2001, as cited in APA, 2007, p.23) and cervical cancer resulting from persistent infections of certain strains of Human Papillomaviruses (HPVs; National Cancer Institute, 2008).

Mothers may have concerns about their daughters’ sexuality-related changes, concerns that are validated by research, especially with respect to sexual activity, (Kenmore & Spira, 1996) risk of being infected by a sexually transmitted disease, and risk of experiencing sexual aggression (Livingston, Hequembourg, Testa & VanZile-Tamsen, 2007). Many female adolescents do not perceive their sexual behavior as risky (Mickler, 1993, as cited in Kershaw et al., 2003), “underestimate their sexual risk, and are twice as likely to perceive that they have no risk for STDs as male adolescents” (Kaiser Family Foundation, as cited in Kershaw et al., 2003, p.523). Over the 25 years, adolescents in the United States have been engaging in their first sexual intercourse experiences at increasingly younger ages. (Cooksey, Rindfuss & Guilkey, 1996) and “adolescent sexual activity consistently relates to a range of negative sexual health outcomes” (Carvajal, Parcel, Basen-Engquist, Banspach, Coyle, Kirby, & Chan, 1999, p. 443). Furthermore, findings from national surveys indicate that adolescent girls are at an elevated risk of experiencing sexual aggression with 46% of survivors reporting first rape experience prior to the age of 18, 33% of which experience rape between ages 12 and 17 years (Bureau of Justice Research Statistics, 2000, as cited in Livingston et al., 2007). The importance of good mother-daughter communication and a good relationship is reflected in research which indicates that both the quality of general mother-child communication and satisfaction with their relationship are predictors of adolescent sexual

behavior (Dittus & Jaccard, 2000; O'Sullivan, Jaramillo, Moreau, & Meyer-Bahlburg, 1999; Pluhar & Kuriloff, 2004). Positive mother-daughter communication appears to be an agent of harm risk reduction (i.e. STDs, sexual aggression).

In addition to the physical and psychosocial changes that accompany adolescence and risks of STDs and sexual aggression, contemporary girls must also negotiate increasing exposure to voluminous media messages about sex and sexuality.

The media has become an enormously powerful influence regarding access to information; exposure to violence; and conveyor of cultural stereotypes regarding gender, race, ethnicity, and sexual orientation. The media plays a major role in shaping contemporary values and attitudes. An increasingly important social influence in our society, television often presents idealized images of women that are stereotypes and distorted by emphasizing youth, extreme thinness, and sexuality (APA, 2007, p.19).

In watching television, listening to the radio, or reading popular culture magazines, girls may encounter glamorous portrayals of risky sexual behavior, sexism and the objectification of women, and the message that sexual activity and their bodies are a means to increasing their self-worth and their value to others. Sexuality-related education, positive communication with significant adults, and the empowerment of girls to make healthy choices are more important than ever to assist in evaluating and filtering out unhealthy messages and ideals.

Supported by Fulbright (2007), Diamond (2006), and Maddock (1989), this investigator argues that good mother-daughter communication about sex serves the purpose of supporting girls' development of a psychologically healthy and positive sexual identity. While a more traditional research perspective would focus on physical harm-reduction, a "positive sexuality" approach seems to more fully acknowledge the psychological harm that may be caused by the lack of communication about sex,

inadequate communication about sex, misinformation about sex, and unhealthy attitudes about sex and sexuality. Harmful outcomes may include psychosocial distress, lowered self-esteem, a negative sense of one's sexuality, and an overall negative self-perception.

Purpose of the Present Study

In order for researchers and practitioners to more effectively assist mothers and daughters in their communication about sex, several questions still need to be answered. For example, there is little evidence about how mother-daughter conversations occur, what prompts their discussions, and how often daughters actually talk with their mothers about their concerns and questions related to sex. Further investigation is needed to examine the following: 1) what mothers and daughters consider to be good communication about sex; 2) what helps to foster open, on-going dialogue about sex in the mother-daughter relationship; 3) what and whom mothers and daughters identify as sources of influence and models for their communication about sex, and; 4) barriers to and supports for healthy mother-daughter communication about sex.

Accordingly, the purpose of this qualitative study was to investigate mothers and daughters perceptions of their communication about sex. There are variations in prior literature around terminology (e.g. communication about sex, communication about sexuality, sexual communication). The present study used the phrase "communication about sex" to refer to mother-daughter communication about sex-related topics.

Using a qualitative approach and drawing upon Consensual Qualitative Research (CQR; Hill, Thompson, & Williams, 1997) methods, this research investigation examined common themes in mothers' and daughters' perceptions of their communication about

sex. Fifteen mother and daughter dyads from the Twin Cities area were recruited and interviewed individually.

CHAPTER 2

Literature Review

Despite the popular misconception that *the talk about the birds and the bees* is a single conversation, parent-child communication about sex actually begins when children are infants and continues through verbal and nonverbal messages and modeling throughout the lifespan. Parents teach their children gender-appropriate behaviors, moral values, and other forms of sexual socialization (Bennett, 1984; Leight, 1994, as cited in Fulbright, 2007). Roberts (1982) found that sexual learning occurs in infancy and childhood and involves “an awareness of one’s body, its functions, and its capacities for pleasure (as cited in Fulbright, 2007, p.13). However, the most common parenting practice is to wait until a child reaches adolescence to discuss sex (Dilorio et al., 1999), with most often the mother, not the father, leading these conversations. Research suggests that mothers play a more active role than fathers in sexual socialization and sex information provision (Rosenthal & Feldman, 1999).

Research on mother-daughter communication about sex during adolescence has been addressed from multiple etiological perspectives across a broad range of disciplines. In the following sections, past and recent empirical and theory-based literature spanning the aforementioned disciplines is reviewed. The scholarly literature that is examined in this section has been critically selected because of the authors’ specific contribution to the understanding of the mother and adolescent daughter dyad and communication about sex within this same-sex parent-child relationship. Due to the complexity of the current research and the suggested scope of the research literature, variables and findings will be discussed that pertain to the mother-daughter dyad. Gaps in the past research and the

rationale, theoretical framework, and research questions for the present study are presented and discussed.

Puberty, Adolescence and Culture

For girls, adolescence is a time of significant developmental change. This “storm or stress period” often involves widely fluctuating emotions and is accompanied by the developmental task of forming an identity (Jarvis, 1992). In addition to diversity and cultural components (e.g., race, ethnicity, nationality, religion, disability, sexual orientation), girls’ identity development involves a desire for both a connection to and independence from their parents. Simultaneously, they are forming peer relationships and adjusting and adapting to feelings about their body and sexual changes (Walker, 2005).

The adolescent of today in the United States is different from the adolescents of earlier generations. These differences are due not only to advances in communication technologies (e.g. email, instant messaging, cellular phones, and text messaging), reproductive technologies and the sexualized media messages of U.S. popular culture (American Psychological Association, 2007), but also because initiation of sexual intercourse occurs at an earlier age for many adolescents. By the end of adolescence, a majority of teenagers have had sexual intercourse (Rosenthal & Feldman, 1999). In addition, more “tweens” and teenagers are engaging in oral sex and anal sex, often with more than one casual partner (Rosenthal & Feldman, 1999).

Sex Versus Sexuality

The terms sex and sexuality have been used in different ways throughout the research literature, and sometimes they are used interchangeably. When examining sex and sexuality, the majority of researchers have studied intercourse, birth control,

reproduction, and menstruation. A few researchers (Fox & Izazu, 1980; Green & Sollie, 1989; Maddock, 1987) investigated “sexuality” in terms of emotional, psychological, and biological aspects of sex. However, variations in the use of these terms, make it difficult to discern the phenomena being investigated by different researchers, and pose challenges for comparing and contrasting findings across studies.

The present study investigated how mothers and daughters perceived the terms “sex” and “sexuality.” Participants were asked to define each of these terms. This study used the language of “communication about sex,” but did not inform participants of any differentiation between sex and sexuality. Operational definitions are discussed at the end of this chapter.

Sex Education Versus Communication about Sex

Throughout the literature, the terms “mothers as sex educators” and “mothers as sex communicators” have been used without clear distinction. Rosenthal and Feldman (1999) address the difference between sex education and communication about sex in the following quotation.

Warren (1995) makes the important distinction between sex education and sex communication, noting that education is unidirectional, involving the provision of information in a top-down manner, from expert to novice, whereas communication is bi-directional, involving two partners in mutual dialogue with the viewpoint of both being valued. Sex communication, he argues, ‘implies the co-creation of meaning about sexual beliefs, attitudes, values, and/or behaviors between persons exchanging messages’ (p. 173). Clearly, at the very least, the task of educating teenagers about sexuality involves not only the sending of accurate information by parents, but it also requires receptivity on the part of the listener and mutual regulation of information flow as understandings change (p.836).

The present study differentiates between sex education and communication about sex in the design of the semi-structured interview protocol. Participants were asked to

describe good communication, good communication about sex, and their main sources for education about sex. Then in two separate questions, they were asked to describe influences and models for their communication about sex.

Communication

Throughout the literature, mother-daughter communication was discussed as verbal and nonverbal behaviors. Some studies using a psychoanalytic or psychodynamic perspective have also incorporated conscious or unconscious acting out into this definition (Walker, 2005). There are multiple ways in which mothers and daughters communicate and multiple means of delivering or exchanging information. Hepburn (1983) discusses different communication methods such as direct transmission of information from mother to daughter, mother's comments on the behaviors of others, and/or mutual discussions between mothers and daughters. Both indirect and direct methods of communication are important ways for mothers to communicate with their daughters about sex (Hutchinson and Cooney, 1998).

Jaccard and colleagues (Jaccard, Dodge & Dittus, 2002) identified five components of communication that may influence how mothers and daughter interact with each other: 1) source of communication, 2) communication or message factor, 3) channel or medium factors, 4) recipient or audience for the communication, and 5) context in which communication occurred. More specifically, the source of communication refers to the perceived trustworthiness or expertise of the source (Jaccard, Turrisi, & Wan, 1990). The communication or message factor involves both the content and the underlying message conveyed by the style of communication. The channel or medium factors are ways that information is transferred, such as one-on-one dialogue or

through the use of other visual aids or reading materials. The recipient or audience for communication encompasses the adolescent and her exposure, attention, comprehension, acceptance, retention, and accurate retrieval of communication (Jaccard et al., 1990). The final component is the context in which the mother-daughter dialogue occurred. Environmental factors (temporal, physical, social, and cultural), such as the presence of other family members, may affect how mothers talk to their daughters, both in terms of their message and their style of communication (e.g., relaxed or anxious).

It is also important to consider the mother-daughter relationship as the context for communication. Miller-Day (2004, p.202) argues:

The state of being in a relationship is inherently a communication process and must be understood as a series of repeated transactions in which messages are exchanged. Relationships are formed across repeated transactions, with new transactions adding new information to the one that came before, building a cumulative database of information about the relationship (Burlison, Metts & Kirch 2000; Duck, 1992; Guerrero, Anderson & Afifi, 2001).

Non-verbal and verbal messages contain information at the content level and the relationship level (Watzlawick, Beavin, & Jackson, 1967). Information at the relationship level reflects the current state of the relationship and also provides information about how the people involved in the relationship perceive each other, themselves, and their relationship (Miller-Day, 2004).

According to relational communication theory (Burlison, Metts, & Kirch, 2000), it is important to consider mothers' roles in shaping daughters' sexual identities through an information transaction. "Communicative transactions in close personal relationships have implications for personal and relational identities (Miller-Day, 2004, p.202)."

Daughters learn about who they are while maintaining relational ties. Daughters'

identities are formed and managed through their relationship with their mothers and other people in their lives (Adams & Marshall, 1996). A mother or daughter's description of her mother-daughter communication reflects on the relationship and vice versa. Furthermore, an overall good quality of communication may play a critical role in establishing and maintaining a good quality of communication about sex. In fact, Hutchinson (2002) concluded that the single greatest predictor of the quality of parent-adolescent sexual communication was the quality of parent-adolescent general communication.

The present study explored mothers' and daughters' perceptions of their communication about sex. In this investigation, participants were asked to describe good communication and good communication about sex. The semi-structured interview also assessed mothers' and daughters' perceptions of their overall general communication and differences and similarities between their general communication and their communication about sex. In addition, participants were asked to share how they might improve their communication about sex and how the other dyad member might also improve in this area.

Significance of Mother-Daughter Relationship and Communication About Sex

The mother-daughter relationship and interpersonal communication within this relationship may serve as guiding forces for girls as they navigate sexual changes throughout adolescence. Mothers are a main sexual socialization agent for daughters, providing information and modeling attitudes and beliefs about sex (Clawson & Reese-Weber, 2003). Several studies identify a mother as the parent who is more actively involved and intentional about sexual communication with her daughter (Bennett, 1984;

Jaccard & Drittus, 1993; Kahn, Smith, & Roberts; 1984; Kiragu, Obwaka, Odallo, & Van Hulzen, 1996; Kirby, 1995; Nolin & Peterson, 1992; Noller & Bagi, 1985; Reinisch, 1990; Rosenthal & Feldman, 1999; Rozema, 1986; Russo, 1992; Walker, 2001; Warren & Neer, 1988, as cited in Fulbright, 2007). Furthermore, lack of maternal involvement and the absence of mother-daughter communication also convey messages to daughters about sex, sexuality, and womanhood. Mother-daughter relationships play a critical role in the social, emotional and psychological development of adolescent daughters (de Waal, 1993; Vans Mens-Verhust, 1993).

Supports and Barriers to Mother-daughter Communication About Sex

While the developmental tasks of adolescence and physiological changes of puberty may seem complicated for mothers and daughters, talking with daughter about their sexual development and current and/or future sexual behaviors may be particularly challenging and intimidating. Research has demonstrated that parents generally believe in the importance of providing sex education for their children (Alexander, 1984). However, the parents also report feeling overwhelmed by this task; they find it daunting and they perceive themselves as ill-equipped (Rosenthal & Collis, 1997; Rosenthal & Feldman, 1999; Warren, 1995). Multiple factors, including mothers' and daughters' personal characteristics and the society and culture in which they live may affect discussions about sexual issues (Jaccard & Drittus, 2005). Specific factors may include, but are not limited to: mothers' and daughter's beliefs and attitudes about sex, their communication skills, sexual knowledge, and the mother daughter relationship (Thongpat, 2006).

Mothers' sexual attitudes and beliefs and daughters' perceptions of what their mothers think play a role in mother-daughter communication about sex and the outcomes of these dialogues. Fingerson (2005) argues that:

According to Jessor's problem-behavior theory, parents not only influence teen's personality (such as values and opinions about morality), but also affect how their teens perceive support and approval for certain types of behaviors (Jessor, Donovan, & Costa, 1996; Jessor & Jessor, 1977). Teens who think their parents have liberal opinions toward sex may be more prone to engage in sexual activity than those who believe their parents are disapproving of such behaviors (p.951).

Researchers also point out the importance of teens' sexual attitudes, intentions, and sexual standards (Fingerson, 2005) and adolescents' perceptions of what is important in their mother-daughter communication about sex (Rosenthal & Feldman, 1999). For example, given that moral concerns are significantly related to sexual activity (Levinson, Jaccard, & Beamer, 1995), sexual activity and sexual thoughts may be accompanied by feelings of guilt, from messages that sex is morally wrong (Fine, 1988; Reiss, 1990, 1997, as cited in Fingerson, 2005). On the other hand, Levinson et al. (1995) argues that many teens are motivated to pursue sex for physical pleasure and emotional intimacy. Teens' own sexual standards are often overlooked, although research shows that they are stable over time (DeLamater, 1989; Levinson, 1995).

Some research has demonstrated that adolescents perceive their mother-daughter communication about sex as a having risks such as a mother's reaction or response to a daughter's question or self-disclosure (Yowell, 1997). Thus, mothers' and daughters' approach to communication and skills may serve as a support or barrier to their communication about sex. For example, daughters have described barriers to communication about sex that include mothers' anger, silence, not listening, and making

judgments and assumptions (Pluhar, 2001). These behaviors relate to a mother's communication skills and an ability to contain her emotional reaction for the purpose of fostering good communication about sex as well as other topics. The single greatest predictor of the quality of parent-adolescent sexual communication has been found to be the quality of parent-adolescent general communication (Hutchinson, 2002).

However, most mothers feel unprepared for discussion about sex (Rosenthal & Collis, 1997; Rosenthal & Feldman, 1999; Warren, 1995) or may disagree with their daughters' perspectives on dating and sexual activity, triggering mother-daughter conflict (Chung, Borneo, Kilpatrick, Lopez, Travis & Lui, 2005). This conflict may result in mothers avoiding discussions about sex to evade arguments. (Fisher, 1990). In response to mothers' struggles, training programs have been designed to assist mothers with their mother-daughter communication about sex and there is evidence that parents benefit from these programs (Rosenthal & Feldman, 1999).

Mothers' level of education and sexual knowledge may also function as a support or barrier to mother-daughter communication about sex. An overall higher education level increases a mother's likelihood of parent-child communication about sex, and greater sexual knowledge is related to more frequent mother-daughter sexual communication (Fisher, 1990; Miller & Whitaker, 2001; Regenerus, 2005). In general, mothers who talk with their daughters about many topics are more likely to also discuss sexual topics, and mothers who talk less about general issues, are less likely to engage in sexual communication (DiClimente, Wingood, Crosby, Cobb, Harrington, & Davies, 2001; Dilorio et al., 2000; Fisher, 1990; Wills, Gibbons, Gerrard, Murry & Brody, 2003). Research has found that more educated mothers tended to discuss more topics during

sexual communication with their daughters (Roberts, 1982). Furthermore, while mothers perceive themselves as a main source of sex information for their daughters (Jordan et al., 2000), mothers also experience doubt about their abilities to be good educators and provide the necessary information about birth control and HIV/AIDS (Hutchinson & Cooney, 1998; Lefkowitz, Sigman, & Au, 2000).

The mother-daughter relationship may also influence mother-daughter communication about sex. Given that the mother-daughter relationship is a pathway for communication (Miller-Day, 2004), then it follows that a positive relationship likely would support communication about sex, while a poor relationship would hinder communication about sex. Indeed, research shows that familial conflict decreases communication about sex (McBride, Paikoff & Holmbeck, 2003). In contrast, closeness and attachment within the mother-daughter relationship provide greater opportunities for parent-child communication. Several studies have found that these relationship factors lead to more openness to discussing sex-related topics (Aronowitz, Rennells, & Todd, 2006; Jaccard et al., 2000; Mckee & Karasz, 2006; Rosenthal et al., 2001; Whitaker & Miller; 2000). Fulbright (2007, p.38) summarizes how daughters feel in the following quotation.

“Adolescents would like parents to be more open, supportive, and empathetic in communicating about sex (Warren, 1995), to treat them as equal (Pistella & Bonati, 1999) and to avoid being negative, judgmental, moralistic, and rule oriented”(Brock & Jennings, 1993; Neer & Warren; 1988).

Methods of Information Transmission: Verbal versus Nonverbal, Direct versus Indirect

This section discusses how information about sex is transmitted from mothers to

daughters. Nonverbal behaviors, direct and indirect verbal messages, and specific characteristics of verbal communication (e.g., tone of voice conveying positive or negative affect) appear to be the means by which this communication occurs. In addition, mothers may serve as models for sexual behavior, values, and attitudes (Kotchick, Dorsey, Miller, & Forehand, 1999).

Brock and Jennings (1993) used thematic analysis in their retrospective exploration of mother-daughter communication about sex. Their sample of 30-year-old daughters reported receiving negative nonverbal messages and verbal instructions, rules, or warnings during mother-daughter communication about sex. The participants expressed a wish that their mothers had been more comfortable and open in their sex-related conversations.

Bartle (1994) explored pathways of communication about sex between mothers and daughters ($n = 23$ mother-daughter dyads) using focus groups, individual semi-structured interviews, and a communication rating scale. Caucasian pairs and African-American mother-daughter pairs were examined in this study. Qualitative analyses revealed that information, attitudes and values were transmitted in three ways: direct, indirect, and nonverbal communication. Bartle also found that mother-daughter communication about sex pertained to sexual issues, but rarely included dialogue about pleasurable aspects of sex. *Bartle (1998) later wrote a book, Venus in Blue Jeans: Why Mothers Need to Talk About Sex*, in which she described how girls may respond to the messages conveyed by mothers' facial expressions, more so than the content of their verbal expressions.

Raffaelli and Green (2003) conducted questionnaire research to investigate Latino/a college students' (97 female, 69 male) perceptions of parent-adolescent communication patterns and styles (indirect versus direct). Survey respondents were drawn from a larger study conducted in 1999-2000 that targeted Latino/a students at four postsecondary institutions in a mid-western state. The sample for this study had a mean age of 21.4 years. Survey items were designed to gather retrospective self-reports about communication regarding sexuality, indirect communication, cultural characteristics of family of origin (i.e., language, country of origin), parental education, and older siblings.

Several MANOVAs, conducted to assess patterns of sexual communication and predictors of direct and indirect communication, revealed several statistically significant findings. Daughters reported more direct than indirect communication and greater overall communication with mothers than with fathers. Overall, young women talked with mothers more than with fathers and focused more on relationships and values than on protection and facts during parent-child conversations about sex. Additional findings were that daughters tended to report higher levels of direct communication with mothers who were more highly educated and who were of non-Mexican origin. Gender was found to be a major variable related to the extent of parent-child communication, a finding consistent with prior research with non-Latino samples (Dilorio et al., 1999; Hutchinson & Cooney, 1998; Raffaelli et al., 1998, as cited in Raffaelli and Green, 2003). Furthermore, parental education may be another contributing factor related to higher levels of communication. The authors noted the factors they investigated are not exhaustive of those that may contribute to sexual communication. Other potential factors which may impact mother-daughter communication about sex are family structure,

experiences of teen pregnancy, and/or parental attitudes and comfort discussing sexuality (Jaccard, Dittus, & Gordon, 2000, as cited in Raffaelli and Green, 2003). More research is needed about these potential factors and the impact on mother-daughter communication about sex.

A few studies used an observational approach to explore how information is transmitted (both in nature and in style) in mother-daughter communication about sex (Kahlbaugh, Lefkowitz, Valdez, & Sigman, 1997; Lefkowitz, Boone, Sigman, and Au, 2002; Lefkowitz, Kahlbaugh, & Sigman, 1996). For example, Kahlbaugh et al. (1997) was one of the first studies to use an observational longitudinal design to examine the affective nature of nonverbal behaviors in mother-adolescent communication.

Adolescents (11-14 years old, 14 daughters, 18 sons) and their mothers were videotaped discussing everyday topics, dating and sexuality, and conflicts at two points over a 2-year period. Due to the duration of the study, 8 dyads dropped out, with 9 mother-daughter dyads and 15 mother-son dyads participating. Overall, the participant sample was fairly homogenous, predominantly Caucasian, and middle-class. Nonverbal displays of positive emotions (affiliation) and negative emotions (embarrassment and contempt) were examined. Over the course of the 2-year study, nonverbal behaviors indicating affiliation, embarrassment, and contempt were stable across conversations and dyads, but level of affiliation and maternal conversational dominance increased. “Both mothers and adolescents seemed to use contempt as a means of active avoiding in the face of either a difficult topic or a close relationship” (Kahlbaugh et al, 1997, p.236). Findings indicated that mothers showed less embarrassment and tended to use a more didactic style of communication when discussing dating and sexuality than when they talked about other

topics. Mothers also dominated sexuality-related discussions more than when they talked about other topics. Although mothers may be seeking to provide what they perceive as important sex-related information, Lefkowitz et al. (1996) suggested this dominant didactic style was not as effective as a less dominating approach. It is unclear if mothers use this dominant, didactic approach due to cultural norms and beliefs or if this approach stems from mothers' concerns about consequences of adolescent dating and sexuality (Kaulbaugh et al., 1997).

Lefkowitz, Boone, Sigman, and Au (2002) studied differences in interactions (e.g., mutuality, positive emotions) between mother-daughter and mother-son discussions about sexual issues. Their methods included self-report questionnaires and laboratory observations. Participants were 50 mother-adolescent dyads (25 boys and 25 girls). Adolescents' mean age was 12.7 years (R : 10.7 to 12.9), and mothers' mean age was 42.9 years (R : 31 to 53). The ethnic composition was: 18% Latino American, 16% Black (African American or African), 46% White (European American, European, Persian, or Middle Eastern), 14% Asian or Pacific Islander, and 6% mixed ethnicity. Participants were recruited from a large intervention study designed to train mothers in parent-child communication skills, and the current study was based on data from the first visit (the pretest) of the larger study.

Mother-adolescent dyads participated in videotaped structure discussions about four specific topics: everyday issues, conflict issues, AIDS, and dating and sexuality. At the end of the session, mothers and adolescents completed questionnaires in separate rooms. The study questionnaires elicited self-report data regarding age, pubertal status, and frequency of sex-related conversations. Observational measures were used to analyze

videotapes of mother-adolescent interactions and included time spent talking, time spent talking about specific topics, and six aspects of mother and adolescent behavior. Several ANOVAs were conducted, controlling for age as a potentially confounding factor. Results indicated that mothers reported more frequent discussions of sexual topics than adolescents; mothers talked significantly more about dating and sexuality than adolescents, and mothers and adolescents spent more time talking about dating and sexuality than other topics. The researchers examined the correspondence between self-report questionnaires and observational data and mutuality between mothers and daughters' behaviors and found that: mothers' and daughters' reports of frequency of communication were significantly and positively correlated; girls who reported more frequent conversations about sexual topics tended to spend more time discussing sex with their mothers during videotaped discussions compared to girls who reported less frequent sexuality conversations; and, regarding mutuality of interactions, the more positively the mothers acted, the more positively and the less negatively the girls acted.

A weakness of the study is that the laboratory setting and videotape procedures may have influenced the findings by provoking reactivity. Furthermore, self-report and perception-based data must always be interpreted with caution due to the potential effects of social desirability and/or misinterpretation of questionnaire items. In addition, it is unclear if the wide age variation for mother (R : 31 – 53) may have affected findings.

Mother-Daughter Communication Processes: Style and Behaviors

In the recent literature on mother-daughter communication about sex, researchers have explored the process of how this communication occurs, including both

communication styles and behaviors. Some researchers also have explored possible typologies for mothers' and daughters' communication styles.

Among the studies of the process of mother-daughter communication, research has focused on styles and behaviors related to communication. Pluhar and Kuriloff (2004) used a qualitative observational approach grounded in existential phenomenology to explore African American mothers' and daughters' ($n = 30$ dyads) perceptions of the process and style of their communication about sexuality. Subjects were thirty lower and middle-income American mother-daughter pairs recruited from a large urban healthcare system in the southeastern U.S. and throughout the local community using advertisements and referrals. The researchers noted that "for recruitment, 'mother' was defined as a primary caregiver (including biological mothers, stepmothers, grandmothers, aunts and other mothers) (Collins, 2000, as cited in Pluhar & Kuriloff, 2004, p.306).

Participants completed two interviews and a questionnaire designed to collect demographic data and specific information regarding their communication about sexuality topics. Observational data were collected through the first interview by videotaping mother-daughter pairs' discussions of three structured topics: families and rules, teen sexual behavior, and birth control (and STD protection). The authors reported using an untimed "ordered task method" to stimulate conversation because it directs participants to topics that they might otherwise avoid. Participants completed the questionnaire at the end of the first meeting.

At a follow-up meeting, mothers and daughters separately viewed the tapes of their discussion and were then individually interviewed about their communication and relationship. The interviewer used an open-ended unstructured format to ask participants

about the following topics: general reactions to the tape; how they felt during the conversations; if they were typical conversations; how they compare to other conversations they have; what role(s) conversations play in their relationship; and general comments and memories about their mother-daughter relationship. It should be noted that 3 pairs from the clinic group did not return for the follow-up interview.

Data including both verbal content and behavior (e.g., gestures and movement) were transcribed and categorized using an inductive process and a grounded theory approach that allowed themes to come from the data rather than being imposed. The authors also noted the use of triangulation from each source of data to serve as a check on the validity of their findings (Mertens, 1998). In addition, they reviewed their preliminary findings with a sample of study participants and experts in sexuality and family communication to further ensure validity (Mertens, 1998). Finally, the authors reported meeting regularly to discuss transcripts and decide on themes and coding structures.

Results of this study illuminate two dimensions of the sexual communication process: affect and style. The affective dimension included mothers' and daughters' emotions that occurred during their discussion about sexuality issues. Four affective qualities (i.e., comfort, empathy, anger, and silence) played a major role in how connected or disconnected mother-daughter pairs appeared in their discussions. More specifically, empathy and comfort facilitated sexuality communication, and anger and silence acted as barriers to communication. The stylistic dimension captures the specific manner of expression used by mothers and daughters to communicate, including verbal and behavioral gestures styles. For this dimension, a spectrum of "didactic to interactive" communication was observed. An interactive style was a critical factor in perceptions of

closeness and mother-daughter connection and openness regarding their communication. In addition, mothers' use of persuasive techniques was a common theme and consisted of three different types: storytelling, persistence, and body language.

Findings suggest that the *process* of mother-daughter sexuality-related communication may be more important than the *content* of the discussion. In addition, affectively open and stylistically interactive sexuality communication may be more characteristic of close and connected mother-daughter relationships. One strength of this study is that it provides important insight into the process of mother-daughter communication and ways of interacting that foster more effective communication and connectedness in their relationship. Another strength is that the sample is homogeneous and a substantial size for a qualitative study, which allows a very specific population and phenomenon to be studied. Hill, Nutt-Williams, and Thompson (1997) stated that qualitative data should be generalized to individuals "just like" the participants.

A potential limitation is the authors' failure to report the interviewer's gender. The use of a male interviewer may have affected participant disclosure about sensitive topics. In addition, videotaped conversations constitute a strength because they provide "in vivo" data that can be triangulated with the self-report data. However, these video recorded discussions are somewhat limited in terms of generalizability because the discussion of topics was highly structured and designed to elicit "theoretical or abstract" dialogue rather than personal conversations. It cannot be determined that videotaped conversations accurately represent what happens in a natural setting.

In another observational study, Whalen, Henker, Hollingshead, and Burgess (1996) examined the process of parent-adolescent communication about sexuality and AIDS, focusing on communication styles, knowledge, worry, and stigmatizing attitudes. Participants were 140 dyads (39 mothers-daughters, 39 mothers-son), 29 fathers-daughters dyads, and 33 fathers-sons dyads recruited through public elementary and junior high schools. Adolescents included 52 sixth graders (mean age = 11 years, 5 months), 47 seventh graders (mean age = 12 years, 6 months), 41 eighth graders (mean age = 13 years, 6 months).

Parents and adolescents completed identical questionnaires in separate rooms and were then reunited to complete structured communication tasks consisting of 6 self-paced modules about AIDS and AIDS education. The questionnaires collected information about AIDS knowledge, negative or stigmatizing attitudes, and concerns. Knowledge about AIDS was measured by a 15-item true-false questionnaire. Parent-adolescent interactions were coded on 7 dimensions related to their interactions (scale: 2 = low to 9 = high): mutuality, support, directiveness, negative feedback, withdrawal, emotional expressiveness, and non-hostile humor.

Correlational analyses revealed significant positive and strong correlations for mutuality ($r = .73, p < .001$), negativity ($r = .59, p < .001$), humor ($r = .61, p < .001$), and support ($r = .53, p < .001$). In addition, parent and adolescent levels of emotional expressiveness were positively associated ($r = .27, p < .001$) and parent and adolescent directiveness were negatively correlated ($r = -.33, p < .001$).

Analyses of AIDS knowledge, worries, and stigmatizing attitudes indicated that parents knew significantly more about AIDS than adolescents, and parents expressed

significantly more stigmatizing attitudes than adolescents. Although parents and adolescents differed in these areas, significant positive associations were found between dyads' levels of knowledge and stigmatizing attitudes. A particularly striking finding was that more knowledgeable parent-adolescent dyads tended to report less worry about contracting AIS than did less knowledgeable dyads. In addition, greater parental knowledge was associated with lower levels of stigmatizing attitudes in both parents and their adolescents.

Findings from this study indicate that behaviors such as mutuality, negativity, humor, and support are highly related to the mother-daughter pair and mothers and daughters influence each others' styles of communication behavior. Furthermore mothers' and daughters knowledge may reduce worry and stigmatizing attitudes in the process of communication. A limitation of the study is that the authors clearly stated that, for ethical reasons, participants were informed that the study's focus was on AIDS. Therefore there may be a participant bias due to the volunteer status of participants and their willingness to talk about the issues addressed. An additional limitation, noted by the authors, is that communication for other aspects of sex and sexuality was not examined, and therefore no conclusion can be drawn about the extent to which the observed patterns are characteristic of parent-adolescent interactions more generally.

Romo, Nadeem, Au, and Sigman (2004) used an observational design to examine Mexican-American adolescents' responsiveness to their mother's questions about dating and sexuality. Furthermore, the researchers wanted to learn how the types of questions asked by Mexican-American mothers were related to how their sons or daughters participated in sexuality-related discussions. Participants ($N = 71$ dyads) were Mexican-

American mother-daughter and mother-son pairs (42 girls, 29 boys, age *R*: 11 to 16 years) from the Los Angeles area recruited through flyers at schools and local community centers. In videotaped sessions, dyads were asked to discuss three topics (dating, sexuality, and AIDS), each for 7 minutes, with the order of the topics being counterbalanced across interviews. Sessions were conducted in the family's preferred language (English, Spanish, or a combination).

Data collection included a demographic questionnaire and videotapes. Two raters were trained and coded videotapes for the following: content of maternal questions (e.g., opinion questions, knowledge questions, adolescents' personal experiences, and peer group personal experiences); format of maternal questions (e.g., open ended, yes-no, or a tag question); and adolescent participation (e.g., verbal and nonverbal behaviors, engagement, and affect). It should be noted that adolescent responses were only coded for negative affect. A series of analysis of variance, correlations, and hierarchical regression analyses were conducted and revealed a positive association between the proportions of mothers' open-ended questions and adolescent engagement. Furthermore, open-ended questions were significantly related to adolescent females' engagement levels. In addition, mothers' personal questions about the adolescents' experiences were significant predictors of engagement levels for girls, but not for boys. Also, a positive association was found between maternal education and income and frequency of questions. Finally, mothers from a higher income background and higher education level tended to ask more questions of adolescents about their viewpoints.

Findings for adolescents showed that girls interacted more with their mothers as compared to boys, and the girls tended to ask more questions about mothers' personal

experiences. Another important finding is that adolescents responded with negative affect to questions about their personal experiences and knowledge about sexuality.

Furthermore, older adolescents displayed more negative affect than younger participants.

One limitation of this study is the wide age range for adolescents (11 to 16 years old) who may greatly differ in their maturity and comfort related to sexuality communication.

Also, adolescents were only coded for negative affect and thus, no data were obtained regarding how mothers' questioning style may elicit positive affect.

Yowell (1997) used a qualitative observational approach to explore the ways in which mothers and their adolescent daughters experience their communication about sexuality-related topics as compared to the ways daughters experience sexuality-related communication with their best friends. Twelve female adolescents (ages 11-13) were audio recorded in separate conversations with their mothers and with their best friends. Conversations focused on sexuality related topics.

Analyses of conversation transcriptions revealed three communication styles for mothers and three engagement styles for daughters. Mothers' three communication styles were: power assertive (focused on rules, regulations, and sexual values), conflicted communicative (comprised of a mothers' desire for open communication and fears that communication would alienate her daughter or condone sexual activity), and collaborative (involved open communication with mutuality in discussing thoughts and feelings). Daughters' descriptions of their mother-daughter communication about sex produced three engagement styles: passive (willingness for discussion in terms of external regulation and obedience to mother), avoidant (avoidance of discussions, requests privacy, not feeling understood by mother) and active (engagement in

discussions, acknowledged different perspectives in mother-daughter dyad, communicated strategically to bridge the generation gap). Limitations of this study are lack of discussion in the following areas: 1) potential overlap amongst daughters engagement styles and amongst mothers' communication styles and 2) engagement styles and communication styles that were displayed between dyads members. It would have been helpful to learn if a mother's particular communication style tended to be matched by a daughters' particular engagement style.

Another qualitative study that provides information about mother-daughter communication about sex is Rosenthal, Feldman, and Edwards (1998). Researchers interviewed 30 Australian mothers of 16 year-olds (16 mothers of sons, 14 mothers of daughters) to examine the quality, process, and factors that fostered good parent-child communication about sex. Findings revealed five communication styles: avoidant, reactive, opportunistic, child-initiated, and mutually interactive. Avoidant communicators comprised the smallest group of women ($n = 3$) and showed the following characteristics: avoided discussion of sex-related or personal issues, had few discussion about sex, addressed a limited range of topics, focused on facts, biology, and impersonal information. This group of women described feelings of discomfort or uncertainty about how to proceed with communication about sex and often discussed their adolescent daughter or son's lack of readiness or unwillingness to discuss sex or their need for privacy.

Reactive communicators ($n = 6$) reported having had only one or two conversations one-side with their adolescent about sex and were motivated to initiate this communication due to what they perceived as a pressing issue (i.e. daughter's

relationship with romantic partner). Reactive communicators often doubted their own communication abilities, were concerned about their adolescent's response, and discussed few sexuality related topics (most often development and dangers and reproduction).

Opportunistic communicators ($n = 9$) had the following characteristics: willing to discuss sex-related topics, but did so infrequently, used events, occasions, and catalysts (i.e. Television, school sex education) to initiate discussions, discussed specific settings (i.e. driving in the car), discussed psychological issues about physical development and responsibility about sex, and discussed a broader range of topics. However, opportunistic communicators were often unaware of their adolescents' thoughts and feelings about sex.

Child-initiate communicators ($n = 7$) waited for adolescents to initiated discussions and, surprisingly, their adolescents often played an active role in conversations about sexual topics. While these mothers felt assured that their child really wanted to talk about a sexual topic, they had less control over what was covered or the depth or frequency of coverage, and felt a risk of feeling unprepared for possible questions.

Finally, interactive communicators ($n = 5$) described their sex-related communication as mutually interactive and characterized by openness, intimacy, and emotionally based. Conversations about sex arose from catalyst such as media, school and things that happened to friends. These mothers intentionally worked to foster open communication, create time for their adolescent amidst busy schedules, and to be good listeners. The frequency of communication varied, but overall communicated more often than the child-initiated group because both mothers and adolescents initiated discussions. Topics discussed ranged widely and included factual, practical, psychological, and

emotionally charged issues. Interactive communicators were open to discussions, but also respected their adolescents' privacy. These mothers established boundaries as to what they wished to exclude from adolescent-mother discussions, particularly related to their own personal sexual practices.

Rosenthal, Senserrick, and Feldman (2001) conducted a follow-up questionnaire study examining the frequency and importance of parent-adolescent communication about sex. The researchers investigated Australian high school-aged teenagers' ($n = 298$, 156 boys, 142 girls) judgments of their mothers' and fathers' competence as a sex communicator using a likert scale 20-item questionnaire. Consistent with findings from other studies, participants reported more communication with their mother than with their father. When communication occurred, topics of discussion focused on physical development, societal concerns, and sexual safety more than experiencing sex and solitary sexual activity (i.e., masturbation). Most participants who reported infrequent communication also reported communication as unimportant. This study illuminates the importance of adolescents' perceptions of importance in parent-adolescent communication about sex and the frequency of sex communication as a potential key for effective communication in this area. Essentially, the communication *needs to happen* for it to be perceived as important for an adolescent. Furthermore, this study calls into question the importance of parents as sex communicators.

Methodological limitations for this subsection of literature include the use of volunteer samples and initiation of mother-daughter study participation by the mothers only, which may cause participation bias. Studies involving videotaped conversations typically assigned participants the discussion topics in a highly structured way, thus

possibly creating somewhat artificial and abstract discussions rather than personal conversations. Furthermore, it cannot be concluded that videotaped conversations accurately represent what happens in a natural setting.

Outcomes of Mother-Adolescent Daughter Communication About Sex

Studies of the impact of mother-daughter communication about sex on their adolescent daughters' sexual behavior have yielded mixed results (Rosenthal & Feldman, 1999). Some indicate that parent-adolescent communication about sex is related to fewer sexual behaviors in adolescence (Fisher, 1990; Pick & Palos, 1995; Regnerus, 2005), while other show that parent-adolescent communication about sex is related to more sexual behaviors (Clawson & Reese-Weber, 2003; Pistalla & Bonati, 1998; Somers & Paulson, 2000). A few studies reported no relationship between mother-daughter communication and daughters' sexual behaviors (Dilorio et al., 2000).

Several researchers have concluded that mother-daughter communication about sex positively influences sexual behaviors, particularly related to risky behaviors (Barnett, Papini & Gbur, 1991, as cited in Clawson & Reese-Weber, 2003; Mueller & Powers, 1990; Pick & Palos, 1995). For instance, adolescents in five studies were found to be less likely to have sexual intercourse at an early age (DiClemente et al., 2001; Dilorio et al., 1999; Hutchinson, 1999, Mueller & Power, 1990; Whitaker & Miller, 2000), and in two studies, adolescents were less likely to engage in pre-marital sex (Fisher, 1990; Regnerus, 2005). Furthermore, adolescents demonstrated a low frequency of sexual intercourse (Hutchinson, 2002; Hutchinson et al., 2003; Wills et al., 2003).

Additionally, some researchers found other benefits of mother-daughter communication about sex. These positive outcomes were adolescents' better self-control

and decision-making (Wills et al., 2003), a greater likelihood of talking about sex-safe practices with their partner (Whitaker & Miller, 2000), and a lower number of sexual partners (Hutchinson, Jemmott, Jemmott, Braverman & Fong, 2003; Whitaker & Miller, 2000). In addition, a few studies demonstrated that adolescents' likelihood of talking with their parents about HIV/AIDS was related positively to current condom use, self-reported lifetime condom use, and consistency of condom use (Hutchinson, 1999; Hutchinson et al., 2003; Whitaker & Miller, 2000).

As part of an HIV intervention study, O'Sullivan and colleagues (O'Sullivan, Jaramillo, Moreau, & Meyer-Bahlburg, 1999) investigated the relationship between mother-daughter general communication, communication about sexuality, and adolescent sexual behavior in a clinical sample of Hispanic adolescent girls (ages 13 - 18, mean = 15.0 years) and their mothers. Participants were recruited from outpatient clinics. Demographic data indicate that diagnoses of girls varied, including depression, anxiety disorders, disruptive disorders, substance abuse disorders; 27% of the girls did not meet criteria for a specific disorder.

The researchers defined mother-daughter communication as patterns of interacting, and mother-daughter perceptions about communication openness and problems were examined. Mothers and daughters independently completed self-report measures assessing demographics, psychiatric diagnoses, religiosity, patterns of general communication, communication about sexuality, and adolescent sexual behavior. General communication patterns were measured by items from parallel forms of the Parent-Adolescent Communication Scale (Barnes & Olson, 1982), rated in terms of subjective quality (e.g., greater openness, fewer problems). Communication about sexuality was

measured in terms of openness and fewer problems by the Sex Communication Scale (SCS), developed by the researchers. The third instrument was a modified form of the Sexual Risk Behavior Schedule for Sheltered Youths, Female, Baseline (SERBAS; Mayer-Bahlburg, Ehrhardt, Exner, Gruen, & Gugan, 1995). The SERBAS is a semi-structured interview schedule that collects data through details about sexual behavior practices and history.

Multiple analyses, including chi-square, factor, and regression analyses, were conducted to investigate the degree of correspondence between both mothers' and daughters' reports of their general communication and communication about sexuality, and the associations of these variables to sexual behavior. Findings indicated that mothers' scores were significantly higher than daughters' scores on overall communication and communication about sexuality. The correlation between mother and daughter reports about sexuality-related communication was significant, but of a modest magnitude low ($r = .32, p < .001$, average Kappa statistic = .22). In addition, daughters scores for general communication and communication about sex were highly correlated ($r = .75, p < .001$) whereas mothers scores for the two variables were moderately correlated ($r = .47, p < .001$).

Analyses for general and sexual communication scores and daughters' reported past adolescent sexual behavior, revealed both non-significant and significant findings. No significant results were found when subscales (i.e., Openness and Problems with Communication) were entered into regression analyses as independent variables. Using full-scale scores for communication, significant negative associations were found between older girls' (ages 15 – 18) communication scores and reports of sexual

experiences involving genital contact. Girls who rated their mother-daughter communication lower, were more likely to report sexual experiences involving genital contact. Only general communication (not sexual communication) was significantly related to genital contact. Also, analysis for age at first sexual experience for older girls showed was significantly associated with the two communication scores such that older girls' who more highly rated general communication were more likely to engage in their first sexual experiences involving genital contact at a later age. However, the association between quality of sex communication and age of first sexual experience was not significant.

Zero-order correlations and partial correlations (controlling for the effect of sex communication scores) showed a significant positive relationship between general communication and age at first vaginal intercourse. Thus, the higher the quality of mother-daughter general communication, the later girls tended to first engage in vaginal intercourse. Again, surprisingly, girls' sex communication scores were not significantly associated with initial age of vaginal intercourse. These findings suggest that adolescents' perceived quality of overall mother-daughter general communication was more strongly associated with their sexual behavior than perceptions of the quality of communication about sex. Furthermore, this relationship appears to be more strongly related to onset of sexual experiences than to extent of sexual experiences.

This study has several strengths and weaknesses. One strength of this study is that the researchers independently measured mother-daughter general communication and mother-daughter sexuality communication. They also conducted statistical analyses that minimized error due to confounding variables. For example, religiosity was controlled in

analyses of sexual variables as it was inversely related to number of sexual encounters. A limitation of this study is the wide age range for adolescents (13 to 18 years) who may greatly differ in their developmental level, experiences, and comfort related to sexuality communication. Another limitation is the impact of multiple types of adolescents' diagnoses. It is unclear how the range of diagnoses may impact communication. In addition, the author's noted that the self-report assessments used in this study may not be sensitive enough to thoroughly measure aspects of communication most directly associated with sexual behavior such as frequency of sex.

Kotchick and colleagues (Kotchick, Dorsey, Miller, & Forehand, 1999) examined the relationships between content and process of mother-daughter communication and adolescent sexual risk-taking behavior in single-mother, ethnic minority families. Communication process was assessed by assessment of maternal sexual behavior, mother-adolescent communication about sex, and maternal attitudes about adolescent sexuality. The researchers also assessed whether communication content included the following topics: when to start having sex, birth control, condoms, AIDS or HIV, reproduction, physical and sexual development, masturbation, sexually transmitted diseases, how to handle sexual pressure by friends or potential partners, and choosing sexual partners.

Participants were 397 adolescents (235 Blacks, 162 Hispanics; 58% girls, 42% boys) and their mothers who were selected from a larger study of 907 mother-adolescent pairs who participated in the Family Adolescent Risk Behavior and Communication Study (FARBC; Miller et al., 1997, cited in Kotchick et al., 1999) Selection criteria were: 1) adolescent was 14-16 years old, self-identified as Black or Hispanic, currently

enrolled in one of the selected high schools, had lived with her or his mother in the local area for 10 consecutive years; 2) mothers reported being single and not living with a male partner at the time of the assessment. All participants from the larger study were recruited via classroom presentations, flyers, and mailings to student's homes at selected high schools in San Juan, Montgomery (Alabama) and New York City.

Adolescents and mothers independently completed semi-structured interviews. Interviewers were matched with participants on gender and ethnicity, and the interviews were conducted in English or Spanish. All participants responded to demographic questions and rating scale items regarding the content and process (i.e., openness and receptivity) of mother-adolescent communication about sex. Adolescents responded to an index of questions on sexual risk-taking behavior. Mothers completed rating scale items that assessed maternal sexual risk-taking behavior and maternal attitudes about adolescent sexual behavior.

Analyses of quantitative data revealed several significant findings. Mother-daughter dyads reported discussing significantly more content areas and having a better communication process than did mother-son dyads. In addition, mothers of girls reported more conservative attitudes about adolescent sexual behavior for girls than did the mothers of boys. Hierarchical regression analyses for adolescents' and mothers' reports (controlling for demographic variables) revealed that mothers' sexual risk-taking behavior was significantly and positively related to adolescents' self-reports of sexual risk-taking behavior. These analyses also indicate that the process, but not the content of mother-daughter communication, was significantly associated with adolescents' sexual risk taking behavior, in that, the more open and receptive the communication, the smaller

amount of adolescent risk-taking behavior was reported. The researchers did not indicate audio or video taping of interviews, transcriptions, or checks for consistency across interviewers, which may directly affect the accuracy and potential systematic error in the data.

Using a cross-sectional survey design, Parera and Suris (2004) investigated the relationship between quality of mother-daughter relationships and risky sexual behaviors. The researchers speculated that a good mother-daughter relationship might serve as a protective factor against sexual risk behavior among adolescent females. Participants were 3,677 females (ages 14-19) from Catalonia, Spain who completed the Catalonia Adolescent Health Survey 2001. The original study used random sampling of schools and yielded 7057 questionnaires. For the purpose of this study, data were used for female adolescents who answered the following question about their relationship with their mother: "How would you rate the relationship with your mother?" Participants were divided into two groups based on their responses to that question -- bad relationship (BR) group (scores 1-5 = bad relationship; $n = 342$; 9.3%), and a good relationship (GR) group (scores 6-10 = good relationship; $n = 3335$, 90.7%).

Multiple variables pertaining to sexual behavior and a few demographic variables about the adolescent and her family (age, age at menarche, parent's marital status, siblings, relationship with father) from the original data source were analyzed using bivariate analysis, chi-square tests, and odds ratio with 95% confidence intervals (95% CI) to compare qualitative variables. Quantitative variables were analyzed using t-tests, and all significant variables were subjected to a non-conditional logistic regression.

Results revealed several significant findings. The GR group contained slightly, but significantly younger females. This difference is worth noting as it may affect how other findings are interpreted. Females in the GR group were more likely to live with both parents, to have a good relationship with their father, and to talk about their partner or about sexuality with their mother, and to report a good relationship with siblings. Findings also reveal that GR group members were significantly less likely to have ever had sexual intercourse, or they were significantly older than adolescents in the BR group at first intercourse. The BR group was significant more likely to have had more than one sexual partner in the previous year and a history of a sexually transmitted infection. Finally, in a logical regression that included only sexually active adolescents, GR females were significant more likely to have a good relationship with their father, a good relationship with their siblings, and to talk about their partner or sexuality with their mother.

The researchers concluded that a good mother-daughter relationship was a protective factor against having multiple partners and a history of a sexually transmitted infection. The researchers cautioned that results should be viewed with caution due to the determination of the independent variable by a self-report, single-item measure. Second, causality should not be assumed because the study was based on a cross-section survey. Additionally, division of participants into “good relationship” and “bad relationship” groups may affect the findings because they were not comparable in size.

Hutchinson (2002) used retrospective self-reports from interviews of young adult females to examine the influence of mother-daughter communication on sexual risk behaviors. A unique aspect of this study is the inclusion of daughters’ perceptions about

communication with mothers ($n = 229$) and fathers ($n = 215$). However, in this chapter, the focus is on mother-daughter communication. Two hundred-thirty four women (19-21 years old) were randomly selected from all counties in a Mid-Atlantic state. There were 65 Hispanic-Latinas, 78 African Americans, and 91 Caucasians who completed interviews. Interviews included open-ended questions and rating scale items about parent-adolescent relations, sexual communication, and sexual risk behaviors and outcomes.

Quantitative analyses revealed significant correlations between general communication with each parent and parent-adolescent sexual risk communication. Chi-square analyses yielded significant intergroup differences for timing and amount of sexual communication, with African-Americans reporting significantly more communication with both mother and father and more communication prior to their initial sexual activity than the other two groups. T-tests and multivariate OLS regression models also indicated that African American and urban participants reported more general communication with both mothers and fathers, and urban participants indicated significantly more sexual communication with fathers. Hispanic-Latinas reported the least mother-daughter and father-daughter communication about sex and risk behaviors.

The researcher concluded that the single greatest predictor of the quality of parent-adolescent sexual communication was the quality of their general communication. Overall, higher quality of parent-child communication and discussions about sex were related to lower rates of sexual initiation. Furthermore, mother-daughter general communication, communication about condoms, and sexual communication prior to beginning sexual activity were found to be significant predictors of adolescent consistent

use of condoms. Finally, overall results showed higher levels of daughters' sexual communication with mothers and fathers when compared to sons. Strengths of this study include the use of a stratified random and diverse sample from, urban and non-urban areas. Despite these efforts, however, the sample may not be representative of all young women (19 – 21 years old) in the United States, and small subsamples may inhibit the detection of more complex differences regarding ethnicity and place of residence.

In contrast, the findings from other studies suggest negative outcomes of mother-daughter communication about sex (Clawson & Reese-Weber, 2003; Pistalla & Bonati, 1998; Somers & Paulson, 2000). Negative outcomes include a greater likelihood of engaging in first sexual activity at an earlier age, and having a greater number of lifetime partners (Clawson and Reese-Weber, 2003; Somers and Paulson, 2000). Kotchick et al. (1999) found that mothers' sexual risk taking behavior was positively associated with daughters' sexual risk-taking behavior, and concluded that this relationship is due to the sexual socialization process of modeling and nonverbal communication. It was unclear, however, if these mothers had shared stories about their risky sexual behaviors with their daughters.

Unclear results may be been the product of methodological issues in the previous research. Methods may have been oversimplified or not sensitive enough to measure behavior outcomes. For example, self-report data should be interpreted with caution and may not accurately represent daughters' sexual behaviors and mother-daughter communication about sex. In addition, the majority of studies focused on specific time periods instead of using a longitudinal or retrospective approach to assess lifetime behaviors (Dilorio et al., 2002). In addition, assessment instruments used general

questions which may lack the sensitivity needed to explore specific information that are necessary for the determination if sexual communication influences on sexual behavior (Raffaelli, Smart, Van Horn, Hohbein, Kline, & Chan, 1999).

Studies Targeting Specific Cultural Groups

A critical aspect of research on mother-daughter communication about sex concerns the importance of using a cultural lens when investigating the phenomena of interest. While biological changes may be a universal experience for girls, their cultural heritage, racial or ethnic identity, and community may play a powerful role in setting norms and expectations around sexual behaviors and mother-daughter communication about sex. It appears that mother-daughter communication about sex is culture-bound and in many ways, is like a mosaic. As studies contribute new information about various cultural groups' experience of communication about sex and sexuality, a larger picture is slowly forming, small piece by small piece. Since 2000, there has been a large increase in the number of studies examining sex communication and related phenomena within diverse populations within the United States and internationally.

For example, Aronowitz, Rennells, and Todd (2006) investigated mothers' and daughters' perceptions of ecological influences on adolescent African American girls' sexual behavior. Participants in their qualitative study were recruited from four inner-city community centers in New York City and included 28 pairs of African American mothers and their adolescent daughters ($M = 12.4$ years old; $R: 11 - 14$) who had reported never having been sexually active. They conducted separate audio taped focus groups for mothers and daughters. African American women who worked with families at the four community centers consulted with and advised the research team on planning, question

development, data collection, and analyses. A moderator and assistant moderators were trained by the principal investigator and the same team conducted all focus groups. The moderator's or assistant moderators' gender is not reported nor is it noted how many assistant moderators were part of the research team, but some members were African American.

Progressive analysis was used throughout the study to allow researchers to modify ineffective questions and approaches. Data were transcribed and reviewed along with field notes by two members of the research team who were present in the groups and who coded emergent themes. Findings revealed that mothers and daughters perceived their shared home as “community” and the locale for all of their communication. Furthermore, exposure to education and information and support systems are the two main influences of the community on mothers and daughters. Themes for exposure to information about sex and sexuality included formal (e.g., home, school, and community centers) and informal (e.g., peers, media, community). Themes for support systems included: a) mothers' getting to know the families of daughter's friends; b) mothers supporting others mothers; c) some mothers felt no support; d) a battle against isolation and; d) different standards in different homes. Mothers and daughters both that friends were a source of social support. However, daughters expressed that sometimes their friends' social support was dependent on their participation in risk behaviors such as doing drugs with their friends.

This study provides data regarding the impact of ecological influences on adolescent girls' sexual behavior. The findings indicate that exposure and support play major roles in influencing adolescent decision-making concerning sexual behavior.

Similar to other research, the results of this study may have been affected by social desirability. For instance, focus group members may have minimized negative influences and emphasized positive influences on their mother-daughter communication or simply described their mother-daughter relationship in an overly positive light.

Also, Orgocka (2004) used a qualitative approach to examine Muslim immigrant girls' and their mothers' perceptions of communication and school-based sexuality education (SBSE) classes. A sample of 30 mothers (mean age = 43.17) and their 38 daughters (mean age = 16.59) were recruited through snowball sampling techniques and through visits to local mosques and Islamic centers in Illinois. A demographic survey was administered and collected via mail. Next, mothers and daughters completed a 45 to 90 minute individual, semi-structured, audio taped interview and participated in one of ten focus groups (four mother groups and six daughter groups).

Analyses of transcriptions of audiotapes from focus groups and interviews focused on participants' perspectives of Islamic rules, values, and norms regarding sexuality, and participants' understanding of communication and perception of SBSE classes. Findings indicated that mother-daughter sexual-related communication was limited and presented discomfort for both parties. Mothers' discomfort included embarrassment, lack of knowledge, lack of parental models, and fear that the relationship would be undermined if mothers talked about sexuality with their daughters. A theme common to both mothers and daughters is that their discussion of sex and sexuality contained messages about threats to social order from premarital sex. The authors concluded that these threats caused mothers to provide their daughters with limited information about sexuality.

One of the limitations of this study is the lack of attention to mother-daughter dyads. Mothers were permitted to participate with more than one daughter. Therefore, no comparisons were made between dyad partners to assess similarities and differences in perceptions. Also, a “key informant” was used to assist with communication in English for a few interviews. This interpreter and translation process may have affected participants’ responses.

Another example, O’ Sullivan, Meyer-Bahlburg, and Watkins (2001) examined mother-daughter perceptions about their communication, focusing on two specific minority groups in an urban setting –African American and Latina dyads. A convenience sample was recruited from neighborhoods in New York City and included 72 African American Mothers (31-40 years old) and 72 daughters in two age groups (6-9 and 10-12 years). The authors noted that they used a sub group of younger girls due to the little that is known about younger girls on this topic. Each participant completed a demographic questionnaire and participated in one of twenty-two, 90-minute focus group sessions. Graduate student facilitators were matched by ethnicity to group and led the focus groups in either English or Spanish. Mothers and daughters were grouped separately. Parallel protocols were used to yield information about mothers and daughters perception on the same issues.

The sessions were audio taped, transcribed, and coded using a grounded theory approach that revealed several themes. First, cues associated with timing of communication were: beginning of puberty, awareness of daughters’ interest in boys, as opportunities arise, and discussions are postponed indefinitely. Second, themes for content of parent child-communication were: dire consequences associated with sexual

participation, girls' responsibility to avoid or control sexual encounters, and girls' reassurance to mothers of their intentions to avoid sexual relations. Third, exploration of mothers' and daughters approaches to communication about sexuality revealed two themes: mothers urge daughters' disclosure of sexual participation, and girls avoid disclosure of sex-related information. In addition, findings indicated that mothers and daughters adopt relatively antagonistic positions that may impact and furthermore prevent effective communication. They also found evidence of communication between adolescent girls and significant adults, other than mothers, for sexuality-related communication. The researchers noted that the generalizability of their results to other urban, low-income African American and Latino families is unknown. Furthermore, differences in responses of 6 – 9 year old and 10 – 12 year old girls were not reported; it is likely that their responses would differ dramatically.

These studies are examples of the increasing number studies that have explored targeted cultural groups and mother-daughter communication about sex. Others studies that targeted specific culture groups and previously discussed in the present review of literature are Romo et al., (2004), Pluhar (2001), and Bartle (1994).

Topics of Conversations about Sex

Several studies have explored the discussion topics in mother-daughter communication about sex. Thongpat (2006), in a review of this literature, concluded that the following topics are prevalent in parent-child communication about sex:

“Generally topics of communication about sexuality consist of menstruation, masturbation, sexual desire, sexual satisfaction, dating, HIV/AIDS, sexually transmitted infections (STIs), birth control, condom use, sexual intercourse, premarital sex, homosexuality, sexual negotiation, abortion, and pregnancy (Dilorio et al., 1999; Fisher, 1990; Kahlbaugh et al., 1997; Miller and Whitaker,

2001; Raffaelli et al., 1998, Raffaelli et al., 1999, Regenerus, 2005; Somers and Paulson, 2000; Wills et al., 2003)” (p.47).

Research further indicates that topics discussed vary between younger adolescents and older adolescents (Thongpat, 2006). One study found that adolescents (13-15 years old) talked with their parents about menstruation, physical attraction, and dating (Dilorio et al., 1999). Fox and Inazu (1982) reported that menstruation and contraception were among the first sex-related topics mothers discuss with their daughters; other topics were dating and boyfriends, sexual morality, conception, and sexual intercourse. Furthermore, mothers and daughters may want to talk about different topics within their sexuality related conversations (Fox and Inazu, 1982) and often report having discussed different topics in their recollection of their mother-daughter conversations about sex (Dilorio, Phuhar & Belcher, 2002).

Timing of Communication

According to previous research, several factors influence the timing of mother-daughter communication about sex: cultural beliefs and attitudes, mother’s concern, age, daughter’s dating behaviors, and daughters’ initiation of sexual communication.

Thongpat (2006) summarizes mothers concerns in the following quotation:

“Mothers typically begin sexual communication with their daughters when they become concerned about their daughters’ behaviors (Kahlbaugh et al., 1997; O’Sullivan et al., 2001; Raffaelli et al., 1998) notice physical change (Fongkwaew, 1997, O’Sullivan et al., 2001); or when they realize that their adolescent is curious to know about sexuality” (p.53-54).

Dilorio et al. (1999) noted that parents typically begin to talk with their children about sex during the preteen years. However there is variability, with some parents beginning these discussion when their children are older, and others never having discussion of

these issues. Surprisingly communication about sex may decrease as a girl grows older and/or becomes sexual active (Karofsky, Zeng & Kosorok, 2001). Mothers' perceptions about their daughters' interest in dating or sexual activity have also been found to influence the time of mother-daughter communication about sex (Kahlbaugh et al., 1997, O'Sullivan et al., 2001, Raffaelli et al., 1998). Cultural variables also may play a role in this timing, with some mothers waiting until their daughters are married before they discuss sex (McKee & Karasz, 2006, O'Sullivan et al., 2001).

Research Limitations: Methodological Issues

As previously mentioned in this chapter, research on mother-daughter communication about sex and sexuality demonstrates several methodological limitations. First, methodology may influence validity and generalizability of findings (Raffaelli, Smart, Van Horn, Hohbein, Klein, & Chan, 1999). The wide use of self-report measures (questionnaires, individual interviews, focus groups) may generate data that are affected by social desirability and/or discomfort with the topic. Furthermore, variability in the ways these measures are designed and administered may affect participants' responses. In addition, instrument sensitivity may not be sufficient to capture the complex process of mother-daughter communication. Researcher gender (particularly for interview and focus group studies) may affect mothers' and daughters' responses.

A critical issue concerns the lack of standard measurement of parent-child communication. Multiple questionnaires and forms of data collection have been used. One study (Parera & Suris, 2004) even used a single-item to measure perception of the quality of the mother-daughter relationship vis a vis communication. Limitations also exist for observational measures such as videotaped, highly structured dyadic discussion,

(used in 4 of the 5 studies examining the process of communication). Videotaped laboratory discussions are contrived and may not be a true indicator of how mothers and daughters communicate “in vivo.” In addition, the use of structured discussion topics ignores the question of what is it that dyads wish to discuss.

The study samples comprise another limitation. A wide age range of “adolescents” has been studied (i.e., 6 – 19 years), thus obscuring developmental differences. Retrospective reporting by older adolescents (e.g., college students) may introduce recall bias due to memory distortion. Finally, it appears that none of the studies reviewed involved recruitment procedures in which daughters contacted the investigator; mothers made the initial contact for participation. Some daughters may have been less invested and/or resistant to participation.

Research Gaps

There are gaps in the current research that support the need for the present study. First, a major shortcoming in the research is that few studies simultaneously assessed general communication and sexuality-related communication, thus making it difficult to discern what makes communication about sexuality and sex different from other areas of communication in the parent-child relationship. Based on prior research, one might speculate that the quality and nature of communication regarding sexuality would be similar to the quality and nature of overall communication in the parent-child relationship. One goal of the present research study was to investigate mother-daughter perceptions of how communication about sexuality and sex is similar or different to their communication concerning other aspects of their lives.

In addition, only minimal research incorporates an assessment of community supports and barriers to mother-daughter communication. The current study attempted to build on the research of Aronowitz et al. (2006) and explore the impact of community influences on mother-daughter communication about sex and sexuality among a sample of predominantly Caucasian mothers and daughters from the Twin Cities area of Minnesota.

Finally, there is a lack of research on mother and daughter communication about positive aspects of sexuality and ways in which mothers can convey healthy, positive sexuality messages to their daughters. This gap in the research may reflect that mothers and daughters rarely talk about the positive, pleasurable aspects of sexuality and sex. In addition, the majority of existing studies cite harm-reduction and risks as the justification for the research investigation and only a few studies approach the topic focused on positive adolescent sexuality and identity development.

Clearly more information is needed about: 1) what mother's and daughters talk about; 2) how/if mother-daughter communication about sex is similar or different from general communication; 3) how parents past experience of communication about sex with their parents may impact their communication with their children. The present study explored these areas using a theoretical framework. Social learning theory was the foundation of this framework and guided the study design and interpretation of the findings.

Social learning theory, described in more detail later in this chapter, argues that individuals develop cognitions such as attitudes, beliefs, and knowledge through the process of social modeling and social interactions (Bandura, 1977). When this theory is

applied to parent-child communication about sex, it prompts the following hypothesis: The way in which mother's and daughters' perceive (or experience) their communication about sex may impact their communication behaviors and may influence their attitudes and beliefs about sex or how they should communicate about sex. These attitudes, beliefs, and knowledge, developed through mother-daughter social interactions, impact the *lived experience* for both mothers and daughters in their communication about sex. In order to test this hypothesis, mothers and daughters perceptions of how they communicate about sex must be further investigated. The interview questions for this study were designed to solicit information about communication models and influences.

Building on prior research, the present study has unique aspects. Using a qualitative approach, mothers' and daughters' perceptions about general versus sex communication were explored. Social modeling and influences were assessed and allowed for the comparison of experiences of mother-daughter communication about sex between dyads members. Furthermore mothers' adolescent experiences of their mother-daughter communication about sex provide helpful information about how mothers' formed their current approach to talking with their own daughter about sex. In addition, this study is unique because mothers and daughters were asked to define sex, sexuality, good communication, and good communication about sex. Finally this study involved a fairly detailed investigation of the supports and barriers to mother-daughter communication about sex.

Theory and Conceptual Framework

The framework for the present study draws from socialization theory, social learning theory, social cognitive theory, and relational communication theory. These

theories served as a foundation from which to develop research questions and guided the conclusions drawn from the findings. However, given the inductive analysis methods used (e.g., not imposing a framework on the data) the theoretical framework was *set aside* during the data collection and qualitative analyses procedures. The four theories stated above are discussed in this section.

“Socialization theory is based on the idea that children and adolescents learn certain attitudes and behaviors early in life from adult role models, such as parents” (Clawson & Reese-Weber, 2003, p. 256). Children learn the attitudes and behaviors modeled by their parents and later demonstrate these attitudes and behaviors in adolescence and adulthood (Phillibier, 1980, as cited in Clawson & Reese-Weber, 2003). For example, parents’ sexual socialization of their children informs an adolescents’ sexual behavior (Clawson & Reese-Weber, 2003; Rogers, 1996).

Social Learning Theory (Bandura, 1977) emphasizes the importance of observing and modeling the behaviors, attitudes, and emotional reactions of others. Social learning theory explains human behavior in terms of continuous reciprocal interaction between cognitive, behavioral, and environmental influences. The component processes underlying observational learning are: (1) Attention, including modeled events (distinctiveness, affective valence, complexity, prevalence, functional value) and observer characteristics (sensory capacities, arousal level, perceptual set, past reinforcement); (2) Retention, including symbolic coding, cognitive organization, symbolic rehearsal, motor rehearsal); (3) Motor Reproduction, including physical capabilities, self-observation of reproduction, accuracy of feedback; and (4) Motivation, including external, vicarious and self reinforcement (<http://tip.psychology.org/bandura/html>).

Bandura’s (1997) Social Cognitive Theory grew out of Social Learning Theory. Social Cognitive Theory “posits that portions of an individual's knowledge acquisition can be directly related to observing others within the context of social interactions,

experiences, and outside media influences” (Wikipedia, 2008). A quotation from the University of Twente - The Netherlands’ website states the following:

The social cognitive theory explains how people acquire and maintain certain behavioral patterns (Bandura, 1997). Evaluating behavioral change depends on the factors environment, people and behavior. Environment refers to the factors that can affect a person’s behavior. There are social and physical environments. Social environment include family members, friends and colleagues. Physical environment is the size of a room, the ambient temperature or the availability of certain foods. Environment and situation provide the framework for understanding behavior (Parraga, 1990). The situation refers to the cognitive or mental representations of the environment that may affect a person’s behavior. The situation is a person’s perception of the place, time, physical features and activity (Glanz et al, 2002). The three factors environment, people and behavior are constantly influencing each other. Behavior is not simply the result of the environment and the person, just as the environment is not simply the result of the person and behavior (Glanz et al, 2002). The environment provides models for behavior. Observational learning occurs when a person watches the actions of another person and the reinforcements that the person receives (Bandura, 1997). The concept of behavior can be viewed in many ways. Behavioral capability means that if a person is to perform a behavior he must know what the behavior is and have the skills to perform it (http://www.tcw.utwente.nl/theorieenoverzicht/Theory%20clusters/Health%20Communication/Social_cognitive_theory.doc/).

One criticism of socialization theories, such as social learning theory, is that these theories do not take into account either individual difference variables or interpersonal communication. With consideration of this criticism, the researcher also used relational communication theory (Burlison, Metts, & Kirch, 2000) as an additional guide for this study. Relational communication theory argues that communication occurs within relationships and takes into account interpersonal factors and perceptions about the relationship, which may impact communication. Furthermore mother-daughter communication may impact a girls’ developing sexual identity. Research has shown that female development involves a relational perspective, also supported by Surrey’s (1985) Self-In-Relation Theory.

Research Questions

In the present study, a qualitative approach and Consensual Qualitative Research (CQR; Hill, Thompson, & Nutt-Williams, 1997) methods were used to explore mothers' and daughters' perceptions of their communication about sex. Five research questions were developed which served as a guide for this study:

1. How do mothers and daughters describe their communication?
2. How is mother-daughter communication about sex similar to and different from general mother-daughter communication?
3. What are the catalysts that prompt mother-daughter communication about sex and the topics that are discussed?
4. What are the supports and barriers to mother-daughter communication about sex?
5. What or who are sources of influence, modeling, and education for mother-daughter communication about sex?

Operational Definitions

Sex. For the purpose of this study, sex is defined as sexual intercourse involving vaginal, anal, or oral penetration. This definition includes both heterosexual and homosexual sexual relations.

Sexuality. Sexuality is defined as the expression of a sexual interest, or the quality or state of being sexual. (Merriam-Webster, 2008). Sexuality also includes a person's sexual preferences and is related to person's sexual orientation.

Models. For the purpose of this study, a model is defined as someone or something that exhibits a targeted behavior, value, and/or attitude.

Catalysts. For the purpose of this study, catalysts are defined as factors (e.g., situations, experiences, events) that bring about a mother-daughter talk about sex.

Influences. For the purpose of this study, a source of influence is defined as someone or something that has an effect on thoughts, feelings, and behaviors.

CHAPTER 3

Methodology

This chapter describes the qualitative methods, role of the researcher, participants, sample selection, instruments, data collection, and data analysis procedures.

Methodological limitations are discussed in Chapter 5.

Rationale for Qualitative Approach

Though research about mother-daughter communication about sex has increased substantially since the 1990s, there have been few studies that have addressed how mothers and daughters perceive good communication about sex and what they would both like to improve to communicate more effectively about sex. Furthermore, there is a dearth of research about how mothers and daughters perceive their communication about sex to be similar or different from their general daily conversations. There little known about the actual process and quality of mother-daughter communication about sex, which goes beyond risk-messaging (Lefkowitz & Stoppa, 2006) and developmental changes (Fulbright, 2007). The use of a qualitative approach is particularly advantageous when exploring topics or phenomena about which little is yet known. Inductive analysis allows themes to be extracted from the data without imposing a pre-existing framework (Creswell, 1998).

Qualitative methods have been used across social and human science disciplines to investigate various aspects of mother-daughter communication about sex (Creswell, 1998). The use of a qualitative approach allows the researcher to understand interpersonal and intrapersonal phenomena from the perspective of those being studied

(Creswell, 1998). One specific approach is the psychological approach, grounded in phenomenology (Creswell, 1998). The central tenets of the psychological approach are:

To determine what an experience means for the persons who have had the experience and are able to provide a comprehensive description of it. From the individuals descriptions, general or universal meanings are derived, in other words, the essences of the structures of the experience (Moustakas, 1994, p.13).

In the present study, this psychological approach enabled the investigator to explore mother-daughter communication about sex from the perspective of mothers and daughters. In order to learn about their perceptions of their communication on this topic, it is crucial to investigate how mothers and daughters think and feel and how they behave during their communication about sex.

Participants and Recruitment Procedures

Upon receipt of approval from a University of Minnesota Institutional Review Board (IRB), mother-daughter pairs were recruited to participate in individual, semi-structured interviews regarding their communication about sex. Criteria for participation were: 1) mother-daughter dyads who completed the “Celebration of Change” program between the years 2001-2006 and whose daughters were between the ages of 12-14 years old at the time of the interviews, and; 2) *mother* was limited to biological mothers, stepmothers, and adoptive mothers who had lived in the same household as their daughter for at least 10 years (Kotchick, Dorsey, Miller, & Forehand, 1999). No age criteria were imposed for mothers, but information about mothers’ age was collected in order to assess the sample homogeneity and to describe the participants. Recruitment strategies consisted of telephone calls by the principal investigator and flyers mailed through the U.S. Postal

Service. Participants contacted the principal investigator via telephone or email to express their interest in participating in the study.

All prospective participants underwent a screening phone interview (see Appendix) to ensure that selection criteria were met. However, no dyads were excluded from participation in interviews if they expressed interest. This decision was based on pilot participants' feedback about the benefits of participating including self-reflection, increased awareness, education, resources, and a sense of social support. If either member of the dyad failed to meet established criteria, the dyad's data were not analyzed.

Twenty-one mothers contacted the principal investigator via email or phone and expressed interest in participating in the study. For each dyad that contacted the principal investigator, the mothers made the initial contact. Four mother-daughter dyads did not enroll in the study for the following reasons: scheduling difficulties, and/or mothers' report of daughters discomfort or lack of desire to participate. Seventeen mother-daughter dyads completed the interview procedures, and transcripts from 15 pairs of interviews were transcribed and analyzed. Two pairs were excluded from the analysis due to not meeting the study criteria for the following reasons: one mother-daughter pair was vague about the daughter's age and gave different ages during the screening and interview procedures and; one daughter was not developmentally appropriate for the sample due to a diagnosis of Pervasive Developmental Disorder, Not Otherwise Specified (PDD-NOS): high functioning autism.

The mothers' and daughters' demographic characteristics are presented in Tables 1 and 2, respectively, and they are summarized in Chapter 4. To the investigator's best knowledge, 14 mothers appeared to identify as heterosexual and 1 mother identified as a

lesbian. However, the demographic questionnaire designed for this study did not solicit information about mothers' or daughters' sexual orientation and therefore, sexual orientation can only be inferred. A convenience sample (Creswell, 1998) of past participants from the "Celebration of Change Program" was used. The present sample included adolescent girls attending schools in the larger twin cities metropolitan area and their mothers, especially those in the northwestern suburbs and the city of Robbinsdale, Minnesota.

Celebration of Change program. The Celebration of Change program is a structured, three-session adolescent sexuality program for mothers and daughters (ages 9-12). The program is facilitated by health educators, nurses, and mental health counselors from the Annex Teen Clinic in Robbinsdale, MN. The program, which began in 1997, is offered to the public semi-annually, in particular to mothers and daughters from the Twin Cities area, and is conducted in school settings in the Robbinsdale school district. The purpose of the program is to educate mothers and daughters about physical, emotional, and cognitive changes accompanying puberty, to facilitate communication between parent and child, and to foster a supportive mother-daughter relationship. As part of the program, mothers and daughters participate in mother-daughter dyad activities as well as small groups for mothers only and daughters only. Each mother-daughter pair also received a packet, which included exercises and resources pertaining to adolescence, puberty, and mother-daughter communication about sex. All mother-daughter dyads receive the same resources, which is of critical importance to the homogeneity of the present research sample.

Instrumentation

Demographic questionnaires. An 18-item questionnaire for mothers (see Appendix B) and a 6-item questionnaire for daughters (see Appendix) were designed for this study to obtain information about age, ethnicity, daughter's grade in school, maternal education, nature of mother daughter relationship, religious affiliation, siblings, socioeconomic status, mothers' relational status, previous participation in mother-daughter communication programs, and past family therapy and/or mother-daughter counseling experiences. Participation in psychoeducational programs and counseling were assessed, as these experiences may have impacted mothers' and daughters' perceptions of their communication about sex. Furthermore, this information is vital for accurately describing the sample and to provide clues about potential subject characteristics such as motivation level, education about this topic, and communication skills training.

Semi-structured interview. Epoche is a central concept of qualitative analysis and Consensual Qualitative Research (CQR; Hill, Thompson & Williams, 1997) where the researcher states his or her assumptions regarding the phenomenon under investigation (Creswell, 1998). After the researcher brackets her assumptions or biases, she suspends or sets aside these ideas in order to not impose any a priori expectations on to the mothers' and daughters' experiences. Furthermore, this bracketing procedure supports the investigator's pursuit to fully understand the experience from the individual participant's perspective (Creswell, 1998; Field & Morse, 1985).

Prior to developing the interview protocol used for this study, the principal investigator bracketed her personal biases about the research topic. These biases are: a) effective and positive mother-daughter communication about sex and sexuality is an

important source of attitudes, values, and education; b) the mother-daughter relationship is often underutilized or ineffectively utilized for accurate education regarding sex, sexuality, and healthy attitudes about female sexuality; c) mother-daughter discussions about sex and sexuality are optimal when positive sexuality messages are shared to support a daughters' development of a healthy sexual identity; d) mother-daughter communication about sex and sexuality is as important as general communication and should not be regarded as a compartmentalized issue; e) there likely are intrapersonal, interpersonal, and environmental/community factors that either help (e.g., availability of materials on sexuality) or hinder (e.g., discomfort with the topic) mother-daughter communication about sex and sexuality. These factors may serve as supports or barriers to mother-daughter communication about sex and; f) social modeling and social interactions, as described in social learning theory (Bandura, 1977), may play a role in mother-daughter communication about sex.

A semi-structured interview method was used to promote consistent data collection across participants and in-depth information about individuals' experiences (Hill, Knox, Thompson, Williams, Hess, & Ladany, 2005). Drawing upon the current literature on mother-daughter communication about sex, social learning theory (Bandura, 1977), social cognitive theory (Bandura, 1997), and socialization theory, the investigator generated an initial series of questions. The final interview protocol (see Appendix) consists of 28 questions and was developed through consultation with a licensed psychologist who is also a mother of an adolescent daughter; a master's level counselor; and a public health nurse who works at an adolescent clinic, has over 18 years experience as a sex educator, and who is the mother of a 19-year old daughter. Interview

questions were designed to assess mothers' and daughters' perceptions of communication about sex through the gathering of information about their *lived experiences* (Creswell, 1998). Given the daughters' developmental level and the sensitivity of the topic, the questions addressed overlapping content and reflected different angles of inquiry to stimulate responses in the event that participants were hesitant to self-disclose. The interview protocol was piloted with 2 mother-daughter pairs prior to the beginning of data collection. Interview questions were revised based on pilot participants' feedback and through consultation and discussion amongst the four research team members.

Procedure

Interested prospective participants were asked to contact this investigator by phone or email to set up a pre-screening phone interview. The screening phone interview included a description of the study's purpose, an assessment of selection criteria, information about consent, and contact information (Anderson Jacob & McCarthy Veach, 2005). Those who met selection criteria and agreed to participate were scheduled for a 60-minute interview session during which the mother and daughter were interviewed individually. Prior to the interviews, participants were mailed a study packet that consisted of a consent form for mothers, a parallel assent form for daughters, and a confirmation letter including the interview time, date, and location. Copies of the consent/assent forms were provided for the participants' personal records; an additional copy of each form was made available at the time of the interview and provided upon request.

This investigator conducted all of the interviews. The investigator is a female doctoral candidate in counseling psychology with extensive psychoeducational

experience working with mothers and adolescent daughters, clinical experience working with adolescent girls, and related research and program development experience. The use of one interviewer minimized the risk of bias due to participants responding differently to more than one interviewer.

Interviews were scheduled at times that were convenient for the study participants. The combined length of dyad interviews was on average 47 minutes (median=69.5, range = 31-85 minutes). Daughters' interviews were an average of 16 minutes in length (median = 17.5 minutes, range = 13-22 minutes). Mothers' interviews were an average of 30 minutes in length (median = 41.5 minutes, range 18-63 minutes) . To minimize participant selection bias due to transportation or scheduling difficulties, participants were offered three options for the location of the interviews: their homes, an office at the University of Minnesota-Twin Cities, and the Annex Teen clinic. As per participant request, all interviews were conducted in a private office at the Annex Teen Clinic in Robbinsdale, MN. Two recording devices (digital and audiocassette recorders) were used to audio record interviews for later transcription. Mother-daughter dyads were asked to choose who would like to go first, the mother or daughter. All interviews were conducted between February and April 2007.

At the beginning of each interview, the principal investigator met with both the mother and the daughter and administered informed consent (see Appendix). At this time, the investigator reviewed the informed consent document that participants' had been following their enrollment to the study. Confidentiality of participants identifying information was ensured. However, participants were informed that with their consent, quotations from their interview responses may be used to illustrate themes. Participants

were able to ask any questions that had about the study during this time. At this time, participants also individually completed their parallel forms of the demographic questionnaire.

When the individual interviews began, the investigator revisited confidentiality and informed consent and reminded each mother and each daughter that that information from individual interviews would not be shared with the other dyad member. During individual interviews, the other dyad member waited in the lobby of the Annex Teen Clinic. The lobby and reception area contained numerous books, pamphlets, and magazines related to sexual health and popular teen culture.

At the end of the interview, participants each received \$15 as compensation for their time. Also following the interviews, each dyad was offered an optional 30-minute psychoeducational session with the principal investigator during which educational resources and communication strategies were discussed. Four mother-daughter pairs accepted the invitation of a 30-minute optional, educational session at the end of their interviews. Seven mothers met with the interviewer to ask questions following their individual interview. With every pair, the interviewer briefly reviewed the contents of the resource packet created for this study and provided each pair with their resource packet. Upon completion of interviews with each mother and daughter dyad, the researcher documented impressions of the participants and of the interview process.

During the period of data collection, this interviewer met weekly for clinical supervision with a licensed psychologist for general discussion of interview content and debriefing about initial impressions. This weekly meeting helped to ensure consistency in implementation of the interview protocol. In addition, audiotapes and interview

transcriptions were reviewed by this investigator throughout the research process to check for consistency with interview protocol. Interview transcriptions for the 15 dyads also were reviewed to determine whether saturation (redundancy) of data had been achieved (Hill, Thompson, & Nutt-Williams, 1997).

Data Analyses

Audiotapes of the semi-structured interviews (with no identifying information) were transcribed verbatim by a professional transcription service and checked against the tapes for accuracy by the investigator. Transcriptions were then manually analyzed using techniques from Consensual Qualitative Research (CQR; Hill et al., 1997; Hill, Knox, Thompson, Williams, Hess & Ladany, 2005). CQR is a methodology derived from elements of phenomenology, grounded theory and comprehensive process analysis (Hill et al., 2005). The three essential steps of CQR are: 1) development of *domains* (rationally derived topic areas), 2) construction of *core* ideas (participants' actual words), and 3) creation of cross-analyses (Hill et al., 2005). Through this process, themes naturally emerged without the imposition of any pre-existing framework.

Initially, the investigator worked independently through the process of inductive analysis. The researcher selected transcripts in random order for analysis. The investigator read through each transcript several times. This repetitive reading allowed the researcher to develop a sense of each participants' whole experience as well as mother-daughter dyads and group experiences. INVIVO qualitative data analysis software was initially used to support data coding procedures. However, the investigator found manual coding to be the more optimal method.

CQR analysis methods were used and included the following steps. First *domains* were created from the interview content. Next, *core ideas* were constructed for each domain for each transcript. Then *categories* (more specific topics within domains) were formed through the aggregation of the core ideas. Following the initial creation of domains and tentative categories from the first single transcript, the remaining transcripts were coded in this same manner. Throughout the coding process, the investigator modified domains and categories in order to more accurately represent the interview data. After the coding of all transcriptions, the investigator reviewed each transcript to ensure that the meaning participants' responses fit with domains and categories.

After the creation of domains and core ideas as stated in steps one and two above, the research consulted with the study auditors. The research team consisted of the principal investigator and three auditors, a licensed psychologist with experience using CQR methods; a masters level mental health counselor; and a public health nurse and staff member of the Annex Teen Clinic for over 18 years, and expert in sexuality education and mother-daughter communication about sex and sexuality. The auditors provided initial feedback about domains and core ideas and revisions were made.

Following the construction of domains and core ideas and auditing feedback from the research team, cross-case analysis was used to develop categories for the group of mother and the group of daughters. "Cross-case analysis is used to construct common themes across participants (i.e., developing categories that describe the common themes reflected in the core ideas within domains across cases" (Hill et al., 2005, p. 200). The process of determining categories is discovery oriented (Maher, 1998, as cited in Hill et al., 1997) and involves looking at data from multiple angles. "Cross-case analysis keeps

investigators from reaching premature conclusions by requiring that investigators look at the data in many different ways” (Soy, 1997, p.4). For instance, all responses coded as barriers for mother-daughter communication about sex were assembled in one document and analyzed by group (for mothers and for daughters). Categories that emerged were eight types of barriers for mothers and three types of barriers for daughters. A comparison across groups and dyads revealed that mothers and daughters held shared perceptions of three barriers to their mother-daughter communication about sex and dyad agreement was low to moderate.

For the verification of domains and categories, the principal investigator consulted again with the research team. The three auditors checked the work of the principal investigator by carefully reviewing the domains and categories and verifying or contesting domain and category labels and content. Consensus was a main goal of the auditing process and was used to arrive at judgments of the meaning of data and arrangement or grouping of data in domains and categories.

Data analysis and consensus procedures yielded a total of 17 domains and 55 categories for mothers ($n = 15$) and 15 domains and 44 categories for daughters ($n = 15$). For both mothers and daughters, five additional subsections were not grouped by categories and domains, but instead coded for frequency of response, summarized, and presented in tables. These subsections are catalysts for communication, topics discussed, topics for future discussion, main sources for sex education, and participants’ fears about mother-daughter communication about sex.

CHAPTER 4

Results

The purpose of this study was to explore mothers' and daughters' perceptions of their communication about sex. Specific topics explored were mothers' and daughters' definitions of sex and sexuality, communication, catalysts for communication, topics discussed in the past and topics to discuss in the future, fears, barriers and supports to communication about sex, sources of influence and models for sex communication, and main sources of sex education. Data analysis yielded a total of 17 domains and 55 categories for mothers ($n = 15$) and 15 domains and 44 categories for daughters ($n = 15$). For both mothers and daughters, five additional subsections are not grouped by categories and domains, but instead are summarized and presented in tables. In the following sections, domains, categories, and illustrative quotations for mothers' responses are presented first, followed by those for daughters. Next, responses are compared across groups in order to determine similarities and differences between mothers and daughters.

Participant Demographics

Fifteen mother-daughter dyads who met the study criteria participated in the interviews. All dyads lived in the Twin Cities area of Minnesota. Their demographic characteristics are presented in Table 1 and Table 2.

Mothers ($n = 15$). All mothers were Caucasian. The majority identified a religious affiliation of a Christian denomination and several ($n = 11$) expressed that they were currently practicing their religion. Mothers' average age was 45 years (median = 47, Range: 40-54). The majority of mothers were their daughters' biological mothers; two were adoptive mothers. The majority of mothers had more than one child in their

household. No information was gathered about the birth order of the daughter who participated in the present study. All mothers reported that they were married or partnered. However, one mother who reported on the demographic questionnaire that she was married, disclosed during the interview that she had been widowed. All mothers had attended some college, with several mothers possessing a four-year bachelor's degree. Two mothers were attending graduate school at the time of the study. The average household income was 70,000 to 90,000 dollars, with a range between 40,000 to 60,000 and 140,000-160,000 dollars. Most mothers were formally employed outside of the home. Mother-daughter pairs completed the *Celebration of Change* Program at one of the two semi-annual workshop series between November 2004 and March 2006 except for one pair who attended the workshop in November of 2002. All mothers had not participated in additional parent-child workshops. Only two mothers attended counseling with their daughters in the past. One of these mothers specified that it was "school focused counseling" and the other mother noted that she and her daughter were attending therapy together at the time of study interviews.

Daughters (n = 15). The majority of daughters were Caucasian. Their mean age was 13.1 (Range: 11.8 to 15). One daughter was 14 years-old at the time of enrollment in the study, and she turned 15 within a few weeks of her interview. One daughter was permitted to participate in the study because she turned 12 within six weeks of enrollment and participation in the interview. Most daughters attended middle school and were in 7th or 8th grade. All daughters identified as having a Christian religious affiliation, with two daughters identifying as both Jewish and Christian. The majority of daughters (n=13) reported that they were currently practicing their religious faith.

Table 1

Demographic Characteristics of Mothers ($n = 15$)

	<i>n</i>	
Mean Age in Years	15	44.9
Mean Annual Income	15	\$32, 857
Mean Household Income	15	\$97,143
Highest Education Level ^a		
Some college	4	
Technical school	1	
Bachelor's degree	9	
Some graduate school	1	
Master's degree	1	
Religious Affiliation		
Lutheran	7	(6 currently practicing)
Catholic	3	(3 currently practicing)
Jewish	1	(not currently practicing)
Baptist	1	(currently practicing)
Episcopal	1	(currently practicing)
Spiritual	1	(currently practicing)
No religious affiliation	1	
Ethnicity/Race: Caucasian	15	
Married or life partnered	15	
Nature of Relationship		
Biological Mother	13	
Adoptive Mother	2	
No. Children in Household		
1 daughter	1	
1 daughter & 1 son	6	
2 daughters	3	
1 daughter & two sons	3	
2 daughters & one son	2	

Note. Household and individual incomes were measured in ranges. Means refer to mid-point of the dollar range. One mother did not report either individual or household annual incomes. ^aOne mother reported some college and technical school experience.

Table 2

Demographics Characteristics of Daughters (n = 15)

	<i>n</i>	
Mean Age in Years	15	13.1
Education Level		
5 th grade	1	
6 th grade	1	
7 th grade	6	
8 th grade	5	
9 th grade	2	
Religious Affiliation		
Lutheran	5	(5 currently practicing)
Catholic	4	(4 currently practicing)
Christian	3	(3 currently practicing)
Jewish & Christian	2	(2 not currently practicing)
Baptist	1	(currently practicing)
Ethnicity/Race		
Caucasian	14	
Hispanic/Latina	1	
School Type		
Elementary school	1	
Middle school	12	
High school	2	

Interview Characteristics

All interviews were conducted in a private room at the Annex Teen Clinic in Robbinsdale, MN. The interviewer initially met with both dyad members to administer informed consent and explain the interview format. Then the mother and daughter chose the order in which they would be individually interviewed. Nine daughters and six mothers completed their individual interviews first, with their dyad members completing their individual interviews in second position. The interviewer inquired about and

addressed participants' informed consent questions at the beginning of each interview. During individual interviews, the other dyad member waited in the lobby of the Annex Teen Clinic. The lobby and reception area contained numerous books, pamphlets, and magazines related to sexual health and popular teen culture.

The combined length of dyad interviews was an average of 47 minutes (median=69.5, range = 31-85 minutes). Daughters' interviews were an average of 16 minutes in length (median = 17.5 minutes, range = 13-22 minutes). Mothers' interviews were an average of 30 minutes in length (median = 41.5 minutes, range 18-63 minutes). All interviews were taped with both a digital recorder and audiocassette recorder. The overall recording quality was very good, with only a few short segments of unclear dialogue during daughters' interviews. Four mother-daughter pairs accepted the invitation of a 30-minute optional educational session at the end of their interviews. However, seven mothers met with the interviewer to ask questions following their individual interview. The interviewer met briefly with all fifteen pairs and reviewed the contents of the resource packet created for this study. Every dyad was given a resource packet. In addition, each participant received fifteen dollars for her participation.

Interviewer Clinical Impressions

Mothers. Most mother participants tended to give shorter answers at the beginning of their interviews but elaborated more on their thoughts and feelings as the interview progressed. Overall they appeared to be forthcoming and thoughtful in their responses to interview questions. As evidenced by the median and range of interview duration, some mothers talked longer than others. Overall, most mothers actively engaged in the interview. Their demeanors were mixed with upbeat, curious, and somewhat anxious

moods, while every mother showed interest in the topics as evidenced by their asking questions throughout and at the end of the interview. Several mothers seemed confident and clear about their values regarding sex and the importance of conveying their point of view to their daughters. A few mothers demonstrated authoritarian parenting styles and discussed the importance of their daughter obeying their parental expectations about sex.

Daughters. Initially daughters seemed more nervous than their mothers and some even appeared hesitant to proceed to the interviewing room (e.g., they moved slowly and looked anxiously at their mothers). A few daughters expressed confusion about the purpose of the interview and why they were participating in this task. Overall, daughters were less actively engaged in the interviews and disclosed less than their mothers as evidenced by the median and range of their interview duration. Furthermore, data analysis generated fewer domains and categories for daughters. Although the daughter's talked less than the mothers, their initial anxiety seemed to decrease as the interview progressed. Daughters seemed to struggle cognitively with concepts such as "influences" and "models" and higher-level cognitive tasks of comparing and contrasting their overall communication with communication about sex. Daughters required more probing to elaborate on responses, and they stated, "I don't know," more frequently than did mothers. Also, some daughters seemed bored with answering questions by the end of the interview (e.g., fidgeting, body shifting, blank facial expression, and shorter responses).

Participants' Reactions to the Interview

At the end of the interview, mothers and daughters were asked to share their reactions to the experience.

Mothers. Every mother expressed positive reactions to the interview experience.

Most ($n = 13$) commented on the self-reflection function of the interview. Below are four illustrative examples of mothers' reactions regarding this reflection component.

It tripped some triggers for me. Oh, I should just do that. I should just make time and ask and have those conversations. It's hard to fit it in. It's partly recognizing that she's getting older and our former ways of communicating are going to have to evolve for both of us to be comfortable, for her to be willing to listen, and for me to adapt how I talk to her.

It's funny how you don't really talk about how you feel unless you're asked particular things, but I was able to open up a little more than I thought. Maybe that was the biggest... I enjoyed it. I learned some things about myself, too. I just hope my daughter will be able to feel comfortable and open to talking about these things.

You know probably [it] is just saying it out loud how conflicted I am, because I consider myself fairly open and feel like I've been trying to do everything I know how to do to keep things open with my girls. But like saying out [loud] how conflicted I am about how to give information and communicating my values and not be a hypocrite at the same time. Because I really don't regret anything I've done, but I never got hurt.

[Re: the interview] Oh, easy. I mean, you know, if anything it was fun. It was good to go over these questions because it makes me examine myself and how I can be better at what I do with her and how I talk to her. And I like that. I like that ability to be reflective. Sometimes I don't always have the answer at the tip of my tongue, but it was good because I did have a [few times during the interview] that I needed to come back to something. I thought it was a great interview.

Daughters. The majority of daughters ($n = 14$) expressed positive reactions to the interview experience. One daughter did not give a clear indication of her emotional reaction. Three illustrative examples of daughters' reactions follow:

This interview really helps me to think about this and reminds me to do what I'm saying. Nothing really surprised me. I felt pretty good about what I'm sharing, and I need to learn from my own words.

It was simple. It wasn't over-intruding. It was nice. I'll probably talk about it with my mom later.

This interview? I felt comfortable because usually I'm really shy, and so I felt kind of like...I've been talking to my mom, except for more shy than what I usually am.

Results Extracted from Mothers' Responses

Definitions of Sex and Sexuality

In order to establish a context for mothers' perceptions of their communication about sex, this researcher explored their definitions of sex and sexuality by asking: 1) How do you define sex? And 2) How do you define sexuality? Individual participants' answers to these questions are contained in Appendix G and Appendix H. Mothers defined sex as a range of sexual behaviors (e.g., kissing, hugging, heavy petting, oral sex, vaginal intercourse, and "the whole gamut") that are shared between two people in the context of a relationship for the purpose of reproduction, emotional intimacy, and physical intimacy. Two mothers articulated that sex involves an emotional component.

Several mothers struggled to define sexuality and expressed surprise or feeling caught off-guard by this interview question. Two mothers included an emotional component in their definitions of sexuality, and a few mothers explicitly acknowledged homosexual and heterosexual orientations. Mothers' definitions of sexuality are encompassed in the following quotation:

How you feel about a person, how you behave, and what you're wearing that attracts males or females contributes to people's thoughts about you and [whether] you're willing to, or willing not to, engage in sexual activity.

How do Mothers Describe their Communication with their Daughters?

The six domains and 21 categories in this section pertain to mothers' descriptions of good communication, current overall mother-daughter communication, good communication about sex, possible improvements for sex-related communication, and

affect. Separate questions were used to explore how mothers perceive good overall communication and communication about sex. Therefore, there is some redundancy between results for domain 1 and domain 3.

Table 3

Mothers' Perceptions of Communication ($n = 15$)

Domains & Categories	<i>n</i>	Frequency
Domain 1: Characteristics of Good Communication		
Specific Communication Behaviors	15	General
Openness of Expression	10	Typical
Trustworthiness, Comfort, & Safety	8	Typical
Domain 2: Current Overall Communication		
Mixed	9	Typical
Good	5	Variant
Declining Recently	1	Variant
Domain 3: Characteristics of Good Communication about Sex		
Comfortable	14	General
Specific communication behaviors	13	Typical
Openness & availability	11	Typical
Information provision	5	Variant
Privacy & time	5	Variant
Domain 4: Mother's Improvement		
Increase communication	10	Typical
Modify communication style	4	Variant
No improvements suggested	3	Variant
Increase comfort	1	Variant
Domain 5: Daughter's Improvement		
Increase openness and comfort with communication	12	Typical
Increase Communication	8	Variant
No improvement needed	2	Variant
Domain 6: Participant's Affect		
Vacillating Feelings	15	General

Note. General ≥ 14 , Typical = 8-13, Variant ≤ 7

Domain 1: Characteristics of Good Communication

Participants were asked, “In general, describe what you consider to be good communication with another person?” This domain captures their descriptions of features of good communication. There are three categories.

Category 1: Specific communication behaviors (n = 15) All mothers mentioned specific behaviors, including nonverbal communication behaviors (e.g., actively listening, talking, head nods, staying present, and not interrupting) and verbal communication behaviors (e.g., asking questions and exchanging dialogue). Listening was the most prevalent behavior. For example, one mother commented,

Listening is a big one. I'd just say being a good listener and not getting distracted.

Another mother expressed,

I guess active listening between both parties and probably, you know how you repeat back, ‘This is what I heard you say.’ That would probably be good communication. It doesn't mean I do it.

Another participant explained,

When you both really listen to each other...instead of one person talking. Hopefully you're both talking and exchanging and listening in between. Listening is the key for communication.

Finally, one participant identified helpful nonverbal behavior when she stated,

The acknowledgement of shaking the head that they understand.

Category 2: Openness of expression (n = 10). Many mothers identified open sharing of thoughts and feelings as a key component of good communication. Honesty was discussed as part of openness.

Category 3: Trustworthiness, comfort, and safety (n = 8). Several mothers described feeling comfortable, safe, and trusting of the person with whom they are

communicating. Some mothers described being nonjudgmental and also not feeling threatened as part of the safety involved in good communication. The following example refers to a level of openness and honesty that results from a sense of safety.

If you can honestly share what you're feeling and thinking without fear that they're going to get angry or use it against you at a later time.

Another mother expressed a similar sentiment when she stated,

When you listen to each other, and you don't feel criticized, that you can say what you mean, and that you don't have to worry [about] saying anything.

Below are mothers' responses about characteristics of good communication about sex, which illustrate all three of the above categories,

First of all, expressing your feelings, definitely, but also being very open to listen. A lot of times in communication we end up talking at each other sometimes, instead of talking and then listening. Listening is probably the biggest part of communication. I've tried to do that with my daughter, but being very open, being very honest, listening, and also sharing your opinions, but letting them know that's your opinion, and everybody has a right to their opinion and feelings.

I think it's an honest exchange of dialog. It's not just one person talking at another person and that each person feels safe that whatever they share is shared in confidence and is not going to be shared with others.

I guess when you can sit down and talk and you don't feel threatened. You feel like you can just say what's on your mind and your feelings are respected by the other person and you can respect their feelings, even if you disagree with things, that you can just kind of open up to each other. And there's two-way communication; it's not just one person talking.

Domain 2: Current Overall Communication

Mothers' perceptions of their overall communication with their daughters were examined via the following question: "Describe your overall communication with your mother/daughter." There are three categories.

Category 1: Mixed (n = 9). Several mothers described their communication with their daughters as good, but they also referred to struggles and “ups and downs.” Most perceived these communication struggles to be a natural part of their daughters’ developmental stage as exemplified by one mother’s comment about “a pre-teen stumble.” Another mother discussed more “volatile” moments in her mother-daughter communication as illustrated in the following quotation:

Pretty open. I mean, it’s probably like any teenager and parent. We have our volatile moments, but I think we do a pretty good job of communicating. Sometimes when she’s talking to me and I try to offer advice or something, she doesn’t listen. You know, she doesn’t want input, so I’m starting to learn to ask, ‘Do you want me to comment on that, or am I supposed to just listen?’ So that helps, too, then we know. Because you always want to make things better and give them advice, but they don’t always want it.

Another mother described her difficulty adjusting her parenting and communication style to her daughter’s adolescent stage and her daughter’s changing moods as a teenager.

I’m having a little trouble adjusting to the fact that she’s getting older. I recognize that in myself, and having triplets was a challenging endeavor. We survived that by being very structured and very organized. I lean more towards that authoritarian style, and I realize that’s not going to serve me well. the older they get. I tend to tell too much and not ask enough, but that’s the dynamics. [name] generally gets along well with us and, like I said, she’s very close to [partner’s name]. She’s still the cuddly little girl one minute, and then she’s the pre-teen nastiness another minute -- not that often. So she’s in that in-between area, and we’re trying to figure out how to recognize when she’s which one.

In addition, one mother described the impact of her own feelings of stress on her communication with her daughter.

I think it’s good. There’s times when I think every mom feels like everybody wants something. There’s times when I’ll be stressed and she’ll come to me and I won’t be as open as I could have been or should have been. There’s times like that, but nothing is perfect, which also teaches a lesson that there’s times when you step back and say, OK, maybe this wasn’t the best time to bring that up. Overall, we talk about pretty much everything from the littlest thing to

relationships and sex, which is a big issue in kids' lives nowadays. It's overall pretty solid.

Another mother discussed the dynamics of her mother-daughter communication

and her daughter's conditional level of disclosure that vary dependent on the topic.

Sometimes it's absolutely great, and I mean absolutely great. Sometimes she just shuts me right down. She doesn't want to hear it. Then there's nothing I can do. Even though I know what I have to say is important, she's not going to listen. So it's kind of a fifty-fifty thing. You know, it depends on what it is. And if we're talking about her girlfriends, she'll tell me a few things. If she's going through a really emotional, hard time with them, sometimes she wants me to tell her what I think, and sometimes she doesn't. If it's about a boyfriend, she usually will tell me that she's got a boyfriend, after the fact, and that he's cute and who he is. But she won't tell me anything about what they're really doing, sexual-wise, although she knows I don't really care if they're holding hands or kissing. You know, that's just not a big deal to me to hold a guy's hand at fourteen or fifteen.

Category 2: Good (n = 5). A few mothers expressed that they shared "good" and "very good" communication with their daughters. Contributing factors included the daughter being easy-going, open communication, and a good relationship.

In the following example, a mother describes how her daughter turns to her for support and advice, and that they share a good relationship.

I do think we have a good relationship. She called me at work one day after school, and she was very upset about what the kids were saying about her best friend. And she said, 'Should I call her and tell her what the kids are saying?' I said, 'No, don't do that. Let's talk about it when I get home.' She was, 'Okay, I just needed to know what to do.' So she, I think, comes to me...when she is crying, she comes to me when she's happy. So I think it's a good relationship, fortunately.

Another mother shared her perspective about positive communication:

Very good. We're very fond of each other as people. I think she's got a great sense of humor. She's a very bright girl, so I love to get her take on things. She's also an *old soul*. My whole life I've said that. She figures things out, you know, nuances of things and subtleties that many adults don't pick up on...Like we had a family reunion down in [name of city]...a lot of times she'll just sit there in a room and not say anything. She'll just watch the twenty people and three days

later, [say] ‘Hey, mom, I was wondering. . . .’ and I just love to hear it. ‘Why does he do this?’ or ‘Why does she do this? When granddaddy was talking about this. . .’ She just catalogued all of it. So she’s a very interesting, intriguing young woman, and I love to hear what’s going to come out of her mouth. So we really seek each other out. We have a great time together, too.

Category 3: Declining recently (n = 1). One mother reported a recent decline in her mother-daughter communication:

Until recently I would have said it’s always pretty good. Right now I would say it’s rockier at times. I think we have pretty good communication. There have been some situations that she came to me with information that I wouldn’t have expected her too necessarily, and I was happy that she did. Or when I found out something that I needed to talk to her about, and she seemed relieved actually, that it was out, and we could talk about it. And actually [talking about sex] is probably easier than grades right now. She gets more defensive about grades than about sex.

Domain 3: Characteristics of Good Communication about Sex

This domain contains responses about characteristics of good mother-daughter communication about sex. Participants were asked the following two questions: 1) Describe what you consider to be good communication with your daughter about sex? And 2) Overall, what would you need to have good communication with your daughter about sex? Responses to these specific questions as well as to other questions throughout the interview were extracted and classified within five categories.

Category 1: Comfortable (n = 14). The majority of mothers identified comfort and a lack of awkwardness as helpful parts of good communication about sex. A few mothers specifically mentioned their daughters’ comfort level as being helpful, while several mothers mentioned the importance of both mothers’ and daughters’ comfort levels.

Her not getting flinchy about certain things and her just being able to ask me any question that she wants and thinks about, and her being totally comfortable with

the situation and talking to me. Me being able to be totally honest about everything and not having it scar her or make her look at me differently. That would be it.

Another mother shared a similar perspective and stated,

I guess it would be nice if it would be something that I could talk and they would ask questions. They wouldn't be laughing through the whole thing and stuff like that, but of course that doesn't happen.

One mother addressed the benefits of her own comfort:

Well, I'm not the type of person that gets embarrassed talking about sex with my kids. Their dad isn't the type that could talk about sex to his daughters- it's the dad/daughter thing. [Name] is not the type of kid that gets real embarrassed, that I see right now. She hasn't for a long time. So I think it just makes it easier because I'm not embarrassed by any of it. I would rather be way open and...tell her stuff than to grow up like I grew up. My mom never told me anything. I was one of those kids that never heard a thing from my mom.

In contrast, one mother recognized that her discomfort with sex could be an area for growth to better her mother-daughter communication about sex.

So if I could wave a wand, it would be like there are no hang-ups in this world and we can just talk about sex, and it doesn't have to be hidden. It can be something that we can talk about because I really believe that it's really special and beautiful when you're with the right person. So I guess I've just found my segue into talking to her about it because I really think that that would be the best way for me to get the ball rolling on this. More than anything, I think I start with my hang ups and go, 'Okay, I don't know if I should say this. I don't know.'

Category 2: Specific communication behaviors (n = 13). Several mothers described specific actions as part of good communication about sex, including: active listening, mutual exchange of dialogue, and active participation by both parties (e.g., asking questions, answering questions, sharing thoughts, expressing feelings). Two examples illustrate behaviors in this category.

Again, I hope I'd have the ability to listen and not just give answers before hearing all the facts and not just revert to, 'Well, when I was your age' I know things are different now and I hope that I can wait and help her feel that

she's been able to speak her whole piece and then ask for my advice, before I just shove it down her throat.

To me, a challenge is in part, telling her more than she wants to know because sometimes I think she or her brothers may ask a question and it's like, OK, here's the big talk. I think we say way more than they ever ask, and then after the fact it's like, 'Oh, we really meant this.' 'Oh, OK.' It's knowing what they're really asking and then just answering that, and not trying to go overboard with too much information....Maybe the first step there that sometimes we miss is clarifying what you are asking. 'You might have asked this question, but why do you ask?' or "What brings that to mind?" Sometimes we just jump into the big answers that we're so cued up to.

Category 3: Openness and availability (n = 11). The majority of mothers discussed openness both to the initiation of dialogues about sex and openness during dialogues about sex as aspects of good communication. Openness to the initiation of dialogues was also referred to as "being available" for a daughter to approach her mother with questions about sex-related topics. One mother stated,

Just [be] open, honest, casual, responsive, and caring.

Another mother described good communication about sex as the following:

Open, caring, no embarrassment, honesty.

Yet another mother described her efforts to convey openness and availability to her daughter.

I try to be open with her and try to let her know that I'm open for whatever questions she might have. It would be easier if she would initiate or accept it a little bit more. On the other hand, I think she's doing as good as she can. I don't think she can react any [other] way, but the way that she does right now. But I have to keep putting it out there and saying 'You can talk to me. I will take care of you'."

Another mother also commented on her desire for openness as well less discomfort with communication about sex.

That we could be totally open with no icky or uncomfortable feelings. Just open. I don't want to gross her out, but on the flipside, I want her to realize the importance of what everything is and what it stands for, when it's appropriate, and for her to really understand. I guess if I could know for sure that she totally gets it and I do not have to worry about her doing something before she's ready, that would be ideal.

Category 4: Information provision (n = 5). Some mothers described how they attempt both to provide focused, relevant, and accurate information and to communicate their expectations, guidelines, and rules for their daughter's sexual activity. Vehicles for information provision included conversations, workshops, and books. One mother described her efforts as follows:

I've also tried to give her a lot of information. You know one thing I've found most effective is giving her stuff to read and then letting her know that I'm very open to talking about whatever she wants to talk about afterwards. I talk a lot about the mixed messages that they get in the media. You know I sit there and I watch the OC with them and go "You guys, this is not real, and it's [unrealistically] cool. You know, most kids who are having sex your age are doing it in a bathroom at Hardees. It's not romantic.' I'm doing...everything I can where I can keep them out of a nice comfortable bed, 'So, trust me. It's not going to be that lovely if you choose to do it this young.' And then they go, "Shut up."

One mother also discussed how she explains rules, guidelines and expectations:

Honesty, first and foremost. From a mother to daughter standpoint, I would say setting almost rules or guidelines, expectations, so it's clear right out there what we expect of her, or what we don't expect her to be doing. You hope she follows it, and just knowing that she at least listens to you.

Category 5: Privacy and time (n = 5). Some mothers discussed the importance of having a private place and time to talk with their daughters about sex. Privacy was important to increase comfort and focus and to decrease distractions. Regarding time, some mothers expressed how challenging it can be to have the time, find the right time, and/or taking advantage of specific times (e.g., 11:30 at night when the other family members are asleep) to foster good mother-daughter communication about sex.

One mother stated,

Just having the time and space to do it, where we were comfortable and not distracted, not having other ears in the room that want to eavesdrop.

Another participant shared the following:

Privacy would be good. That's what I'm going to try to do anyway this summer. I tried to talk to the two girls together last summer and have a major discussion. I thought we'd get all the books out and have this big deal. It didn't work. They just laughed, and it didn't work.

One mother identified a time of day that fosters good, one-on-one mother-daughter communication about sex:

We have our best conversations at about 11:30 at night in the kitchen when I'm in there reading and eating, and she gets up and gets hungry. She comes in the kitchen and I stop reading, and she starts eating with me, and then we start talking about things like sex and friendships and relationships. I think that's the time when we have the best conversations about it. But we could have a conversation about it at any time. I don't feel that there's a real problem in that area at all...Everybody's sleeping. The dad and sister are gone; they're not around. It's a private conversation. Kind of late at night, and the house is dark. It's kind of, you know, cozy and that type of thing...at fourteen and fifteen, you don't want them to be embarrassed in front of other people, or their dad or their sister. So one on one is probably the best way.

Domain 4: Mothers' Improvement

For this domain, mother's were asked: How could you improve your communication about sex? Responses from this question as well as other questions throughout the semi-structured interview were extracted and classified in four categories.

Category 1: Increase communication (n = 10). Many mothers identified a desire to increase the frequency, amount, and depth and breadth of topics discussed in their mother-daughter sex communication. The following quotations exemplify this category.

I don't know. Maybe we should talk about it more often. I don't know if more often is better, or if you just do it when it's natural. And maybe a little earlier. I noticed, and I think it's just by default; her 10-year-old sister is getting it a lot earlier because we're talking about it with [name], and she's there. She's hearing things. That's what I would say I could have done better.

Probably doing it more, giving her more opportunities without feeling like I'm lecturing her...Maybe just saying, 'Do you have any questions?' and doing that more frequently. She'll be going into sixth grade next year. I remember sixth grade and remember all of those things. Maybe it's not so much telling her, but making sure, just checking in with her periodically to see if she has any questions, or what she's hearing, or what's happening.

Talk about it more often. I probably need to ask her more questions, rather than me just stating what's expected. Sometimes we'll talk about other people that we know. 'There was this girl who blah, blah, blah.' I need to ask her more, 'What are you thinking?'

I think to talk to her more often, maybe. But I don't really know that you need to talk to your kids every week about sex either. But maybe the topic needs to come up more, I don't know. Every couple of months, is that enough?

I think to make it more often. We tend to bring it up, and then it's done for a while. I'm not sure on that one, if it needs to be more often than not. Is that something you should keep flowing constantly or not? I think at her age, probably more often is best. If she's comfortable, then you can kind of let it go.

Category 2: Modify communication style (n = 4). Some mothers shared that in order to improve, they need to assess and modify their current communication style. One mother described a need to develop more ways to talk about sex than her usual method of looking at books with her daughter. Another also mother discussed checking in with her daughter more often to "make sure that I'm coming across as someone they can confide in and trust." For example:

Like I said, when I listed stuff out, they were a lot younger. Now that they're older, you know, I certainly want to come across to them like I'm treating them like I understand that they're growing up, and these are things they'll think about. I know she'll talk about it with her friends. I know she'll hear things that I'll be appalled at. But at the same time, once she hears them, I want her to know that I'm always there for her. So I just hope I keep putting that message out to her. I'll

certainly check with her tonight to make sure I am doing that. I think that's the one thing, you know, checking in with them, but checking in to make sure that I'm coming across as someone they can confide in and trust.

The following two quotations also illustrate this category.

I think simply knowing the appropriate times to initiate....I really do need to keep one step ahead of the curve so that when she's faced with... Something could come on very quickly, and all of the sudden she gets engaged with a boy at summer camp, and all of the sudden things go very quickly, that she's clear on the topics of sexuality and what this could lead to. So that she feels prepared for things to be initiated in her sexuality as well. It's kind of an unknown quantity for her yet, but that could change next week...[I need to] initiate it and then find a comfortable time, a time where she feels comfortable. I think for us, we have the most fun and the most engaging conversations when we leave the house...It's interesting; she's so much more prone to just gab about anything when she's out of the house...

Category 3: No improvement suggested (n = 3). A few mothers did not identify possible improvements, rather they expressed uncertainty as to how they might improve as sex communicators. For instance:

I don't know. Maybe watch her 'uncomfortability,' but I don't want to not talk about it just because she's uncomfortable, because she's not going to become more comfortable if I don't talk about it. So, I don't know.

Category 4: Increase comfort (n = 1). One mother expressed that she needs to increase her personal comfort with the topic and the process of communicating about sex with her daughter.

I just think feeling more comfortable bringing things up to her. Now that she's getting older, I know she's seeing and hearing things. We watch some shows that we think are funny and things come up in them, which I think, you know, are maybe good ways to segue into stuff...I'm always testing the waters... I'm throwing it out there, and if somebody bites I'm ready to talk. If they don't, 'Okay, fine I put it out there.' I guess it's one thing to check in, it's another to actually say something. You know, to actually have something to say that would be helpful to them. I mean, just sitting around in this whole Annex, just looking around at all the little signs and everything, I'm like, 'Well, I really haven't talked about that in a while, and I haven't said anything about that.' So I probably need a

little daily reminder, something to pop up on my e-mail and say, 'Oh, did you ask them about this?' You know, 'Do you know about that?'

Domain 5: Daughters' Improvement

For this domain, mothers were asked the following question: What can your daughter do to improve in her communication about sex? Responses from this question as well as others throughout interview were extracted and grouped into three categories.

Category 1: Increase openness and comfort with communication (n = 12). Most mothers described a desire for their daughters to become more open and comfortable with communication about sex. One participant expressed,

Just somehow her not to be so embarrassed, because at times she's pretty embarrassed. And then other times she's just, you know, 'Oh, okay, that's all I needed to know'.

Another mother stated,

Just listen and not get all huffy. She's a preteen, so she gets huffy. That's just her mode.

A couple of mothers expressed a specific desire for their daughters to be honest and forthcoming with information about their sexual activity. For instance:

Make sure she's totally honest. I think she's still young enough. I know she's not being pressured into things at this point, but I'm sure there will come a time where she will be. I hope that she can come to me if there's a boy pressuring her, 'Kiss me or do this, or I won't be your boyfriend.' For her to be able to come to me and be honest about the whole situation before she does something she may regret. That would be my biggest thing, that she's completely open and honest at a time that I can help her, and not when it's too late.

During the interview, mothers' discussion about increasing openness and comfort often led to their sharing wishes for their daughters to engage more actively in conversations, as described in next category.

Category 2: Increase communication (n = 8). Several mothers expressed a desire for their daughters to participate more in conversations by asking questions and engaging more in dialogue about sex.

Boy, I think it would be great if she could ask more questions and initiate it a little bit more. I think that's probably not going to happen, but I think that would [be great] 'cause lots of times I have no idea if she's thinking about it, talking about it, wondering about it. She would never initiate it. It's always initiated by me.

It would be nice if [daughter's name] had more than one-word answers, just to open up a little bit more about it...Just frequency, and not holding things back if she is protecting us or feeling shy. I hope that's not the case. I would hope she'd be comfortable enough to ask, even if it's uncomfortable for both of us.

Another mother stated,

I guess just to have her open up a little more and maybe she'll get there... Yeah, just have a little more two-way conversation, so I could really see what her views are on something, so it's not so one-sided.

Category 3: No suggestions for improvement (n = 2). Two mothers stated that their daughters were doing the best that they could given their developmental stage.

She tries. I mean, like I said, I think she pursues things that are most imminent on her brain at that moment. She has things on her brain that are so far from having sex right now. It's just moving to that next stage in your development. So I don't know. When she wants to ask something, she comes and asks, or she writes it down. And I'm happy for that. I'm happy that she feels like she can come and ask or we can have those moments. We have that moment when she says to me, if something is on her mind, she'll call me in and say, 'Can you put me to bed?' And you know, we go and we have that quiet time in her bed room and just talk before the lights go out. So, you know, those kinds of things. I think if she does have stuff, I think she comes to me. If you were asking me about my son, he could do a whole lot better at it, but my daughter is very good, I think, at least at this point.

Domain 6: Mothers' Affect

This domain pertains to mothers' emotions related to communicating with their daughters about sex. Mothers were asked the following questions: 1) In general, describe

how you feel when talking with your mother/daughter about sex? And 2) How comfortable are you with talking with your daughter about sex? Responses from these and other interview questions were analyzed and resulted in a single category.

Category 1: Vacillating feelings (n =15). Every participant described multiple emotions that vacillate when it comes to communication with their daughter about sex. These emotions included anxiety, gratitude, happiness, discomfort, relief, embarrassment, nervousness, hope, fear, surprise, hesitancy, confidence, protectiveness, and curiosity.

For example:

It's makes me a little nervous. It's not something that you're used to talking about often, and I wonder how much to tell her. What's appropriate for her age? I want to have those conversations with her. I like that we do that, but there's still some uncertainty. How much detail do you give an 11 year old? I want her to be prepared for what she needs to know, but I don't want to take her youth away from her either by making her worry about too many things or talking about things that aren't appropriate.

This same mother went on to say:

I'm relieved in a way. I'm glad she feels comfortable asking me. I think back to growing up, and I didn't really have conversations about things with my mom. It just wasn't comfortable, so I'm grateful that she feels comfortable asking about it. That's the biggest thing, and I want her to continue to feel that way.

Another mother described feeling both grateful and anxious.

Part of me is I feel very grateful to have the opportunity and that I'm comfortable enough to even broach it. Part of me is still anxious about it because some times I'm worried about how much I want to disclose about my past and still be real with them, you know, and I would like to maybe even share some of my past mistakes, but not knowing what kind of effect that would have on some of the choices they might make. That's probably where most of my anxiety comes from is how far am I going to with trying to be open and not get caught in lies and yet not disclose things that might give them a license to make choices earlier than they should.

In addition, one mother described how her feelings change during these conversations.

I think I start off feeling a little on edge because like I said, I think with her it's more like I want to respect what she wants to hear, so I'm a little less likely to just bring up, you know, any subject that I think might make her uncomfortable. So, you know, I guess that's why I feel like I haven't approached, like Oh, let's see, she's in eighth grade. Sixth grade was when they got all the final details and then they've had updates since, but you know, I think mostly it comes up when she hears something. And then I'm okay with answering right then and there.

How is Mother-Daughter Communication About Sex Similar to and Different from

General Mother-Daughter communication?

Domains and categories in this section pertain to mothers' perceptions of how their communication with their daughter about sex is similar or differs from their overall communication. Participants were asked to compare and contrast two. The interview question used to solicit this information was, "How is your communication about sex similar to or different from your overall communication with your daughter (or communication about other topics)?" The impact of the word "or" on mothers' responses is discussed in Chapter 5. As show in Table 4, there are two domains and seven categories.

Domain 1: Differences

This domain has five categories and concerns mothers' perceptions of differences between communication about sex and overall mother-daughter communication.

Category 1: Negative affect (n = 9). Several mothers described personally experiencing negative affect such as discomfort, fear, anxiety, self-doubt, and nervousness. One mother who was also a widow shared the following response:

And it makes me more nervous. I'm less comfortable, because I don't have experience. I don't have a spouse to discuss, share that with. You know, I haven't done it [before with other children], she's number one [in birth order].

Table 4

Mothers' Perceptions of Differences and Similarities Between General Communication & Communication about Sex (n = 15)

Domains & Categories	n	Frequency
Domain 1: Differences		
Logistics	9	Typical
Negative affect	9	Typical
Communication style	8	Typical
Daughter's response	4	Variant
No differences	1	Variant
Domain 2: Similarities		
No similarities	11	Typical
Communication style	4	Variant

Note. General ≥ 14 , Typical = 8-13, Variant ≤ 7

Another mother remarked specifically about the intensity of emotions when communicating about sex as compared to her general mother-daughter communication.

What feels different is there's a little more anxiety around it. There's a little more nervousness around it. In every-day communication it's more relaxed and more casual, whereas, there's a heightened sense of emotion when we bring out that topic.

The following quotations also illustrate negative affect:

I don't think I'm real comfortable with it...it's not the greatest subject in the world. I could talk about anything else easier.

It was scary because I know my daughter and I know... so many parents have said that. 'Oh, I know my kids,' and then they find out that this has happened or they're doing this, so there's always that fear...It's scary as a parent because you want to make sure you're saying the right thing or doing the right thing and being supportive, not pushing them away. It's a pretty scary situation.

Category 2: Logistics (n = 9). Several mothers discussed differences with respect to frequency of discussions, who initiates conversations, and timing of discussions (i.e., when and how long). One mother stated,

Obviously, we spend a lot more time talking about everything else other than that. The talk about sex is more private. It's making me think we don't talk about it enough....If I see something or hear something I'll go, I need to talk to [daughter's name] about that. If we're in the car I'll think, OK, when's a good time? When we're driving home from school or when I have alone time with her in the car, versus any other kind of communication. If it's not a private matter it can be done with the boys in the car or it can be done at the dinner table. I don't ever talk about anything that personal in front of the boys. Maybe that's what I got from my mom. You didn't talk about it in front of the boys, probably because my dad never wanted to hear about it.

Within this category, many mothers explained that their daughters initiated communication about sex. For example, one participant shared,

It's probably more initiated by her when we talk about that. I figure if she has questions she'll ask them, and if she doesn't have questions or something doesn't come up, I don't bring them up, and I probably should, unless there's something in the news about a girl.

The following mother also agreed that her daughter bring ups sex-related topics.

It's a little more when she brings it up. I don't typically just start talking about sex or sexual things without her bringing up something a friend said or something. That's where it's different. I'll bring up about all other things, but it doesn't seem I bring up the sex subject unless she's brought it up. Maybe part of that is because I know she gets shy or giggly. She's very private, so I want it to be more coming from her.

Category 3: Communication style (n = 8). Many mothers reported changes in their communication style or their daughter's style when discussing sex versus every day topics. Several described their change in style as being more playful, structured, intentional, "narrow," and authoritarian.

...I feel like we have to keep it very narrow, and we talk about this and this, and we do a lot of that. But sometimes I don't think we get out to the broad. [issues]...

sometimes I feel like we're just, 'You're not supposed to do this, this, or this, and you can do this and this,' and that's it. But, you know, 'These are the consequences,' or whatever.

Give me just a minute on that one. There are things I'll just talk to her about, I'll just bring it up. With sex I'm still more tentative. Once again, because I'm always checking whether she really wants to talk about this or not, so maybe I'm kind of like, I think I'm more tentative, I just am. Which is how this answer came up - more tentative. I think that pretty much describes it. Like I said, if she's listening and she wants to talk about it, I can go on forever. I kind of will take off on it.

I'd say it's different in the sense that when we're talking about sex I think there's always something in the back of your mind. You don't want to go too far. There's like a filter there that you're constantly thinking about, 'What am I saying? What am I not saying? What impression am I giving?' I don't want to make her afraid, but I also don't want to give her free reign. So there's much more filtering going on than when we're just talking about every-day school or grades or what movie she might be going to.

Different would be I would probably plan it... but not necessarily... with communication about sex, I think I would use a newspaper article or if we saw something on TV, or if she brought something up about a friend, 'So-and-so like's so-and-so,' that kind of thing. Our overall communication is just free-for-all.

Yeah. In every-day conversation it is what it is, and I maybe am better at just answering a question or keeping things within the scope of what we're talking about. Whereas with sex, I feel like here's... maybe just throwing up way too much information. She may ask a simple question and I come out with way too complex an answer, just because it's like [Inaudible]. Maybe I'm too intentional about wanting to share the information, so I take any little opportunity and try to turn it into something bigger than what she's asking for.

Category 4: Daughter's response (n = 4). Some mothers expressed that their daughters respond differently to their communication about sex than to their communication about other topics. Their daughters' responses varied, as illustrated by the following quotations:

Sex she's more private about, definitely more private. Even just changes in her body or anything are very, very, private to her. I'm not sure she even talks to her friends about it. But I know she hears things because she brings things up to me. But like I said, when it's really too embarrassing or way too private, she'll at least write to me and slip me notes.

I'd say that I have better communication with her about sex than I do about other things. Like I said, sometimes she just shuts me right down. But the sex stuff, she seems to always be willing to listen.

I communicate about the same. She has her moments where she just zones out. I can tell she's not paying any attention to me, or she feels like I'm being repetitive. I want to drill it into her noggin. Yes, I'm repeating myself for the umpteenth time, but that's OK because you know they're not getting it the first time you talk to them.

It's been interesting now going into the adolescent mode because she's always shared everything and we've always been very, very close, but coming to be an adolescent, all of the sudden she became very private. When she got her period she actually didn't tell me for four or five days. I actually discovered a sanitary napkin in the trash can, and I don't use them. I came and thankfully I sat there and thought, 'Okay, it's not about you,' because part of me was crushed. Like how could she not tell me? This is supposed to be something that I would hope she would feel comfortable telling me. So I sat there for about twenty seconds and thought, 'This is about her, not about you.' So luckily I went in there and said, 'Hey, [daughter's name], obviously you started your period.' She said, 'It was about four days ago.' I was like, 'Wow, good for you... So I thought, 'This is going to enter a new phase for us.' And I'm trying to be respectful, and as it comes to her period, I just make sure she has the supplies she needs, but part of me is kind of set up to think with the privacy issues about her body we're going to have a little bit, not necessarily a stumbling block, but it's going to be a different era for us. That she used to tell me everything, and now this is going to become a private piece of it.

Category 5: No differences (n = 1). One mother denied any differences between her mother-daughter communication about sex and overall mother-daughter communication.

Domain 2: Similarities

This domain refers to mothers' perceptions of similarities between their mother-daughter communication about sex and overall communication. There are two categories.

Category 1: No similarities (n = 11). Several mothers did not comment on or deny any similarities between their mother-daughter communication about sex and

overall mother-daughter communication. The topic of similarities did not come up.

Instead these mothers solely explained how these types of communication are different.

Category 2: Communication style (n = 4). A handful of mothers described using a consistent communication style regardless of the topic. For example:

Well, again, I think it's probably similar. I usually try to make myself available that any of my kids can approach me about any subject. I mean, it's not like talking about the weather, but ... And I think it's two-sided, you know.

I'd say it's probably similar. Just as far as her feelings and things don't come back to me as much about either topic...I can get feedback from her, but her personal stuff, she doesn't like to share.

What Prompts Mother-Daughter Communication about Sex and What is Discussed?

Domains and categories in this section pertain to mothers' descriptions of daughters' cues about their readiness to discuss sex-related topics, situational, topics discussed, and topics that mothers would like to address. There is one domain and three categories as shown in Table 5, and three subsections that were coded by frequency of the response, but not divided into domains and categories.

Table 5

Mothers' Perceptions of Daughters Cues as Catalysts (n = 15)

Domain & Categories	n	Frequency
Domain 1: Mothers' Perceptions of Daughters' Readiness Cues		
Sexual feelings and dating	10	Typical
Onset of puberty and menstruation	5	Variant
Daughter's comfort level	3	Variant

Note. General ≥ 14 , Typical = 8-13, Variant ≤ 7 .

Domain 1: Mother's Perceptions of Daughters' Readiness Cues

This domain includes mothers' perceptions of physical, behavioral, cognitive, and emotional signs of their daughters' readiness to discuss sex. There are three categories.

Category 1: Sexual feelings and interest in dating (n = 10). Several mothers expressed that their daughter's level of interest in boys served as a cue about her readiness and need for sex-related discussions. For example:

And I'd imagine, you know, as her friends, none of her friends really date boys at this point. There have been some boy/girl parties, so that's been kind of an opportunity for discussion even this year of, 'Gosh, that scene is not a healthy one' or 'Are the parents home? And what could possibly happen?' whether it's with drugs, alcohol or sexual contact. So we've had an opportunity even just to start those discussions...

Well, since she hasn't been dating, I haven't gotten into some of the feelings she may have, as far as if she made out with a boy for a long time, and things can happen that you know are beyond her control. So, I haven't gone into detail because I felt like it was a little premature. I need to fairly soon,...

At this point, I still think there's a bit of discomfort and a bit of kind of the unknown of how best to approach the subject. Again, I'm kind of sticking my head in the sand because she's not socially active yet with boys. I keep figuring out, 'Oh, good, I can keep delaying this as long as possible,' but knowing full well that I need to stay one step ahead of the curve, and I'm not at this point. I'm kind of waiting to react, which could be dangerous.

Category 2: Onset of puberty and menstruation (n = 5). Some mothers described their daughters' physical development as signals of their readiness or lack of readiness for sex-related discussions. For example:

You know, we probably haven't talked a lot lately about it. I think it's more, she's more concerned right now, she hasn't gotten her period yet, so she's more concerned about just even those first changes. So we're kind of not up there yet, as far as I think. But I still think it's important to kind of address things with her because I know it will come eventually and I'd like to talk to her now when she's still listening to me, hopefully.

Another mother also shared how she perceived her daughters' lack of physical development as a signal of her daughter's lack of readiness for further discussions about sex.

It's been like one time. She's asked questions about her body because she is smaller and she is doing growth hormones. She's not growing like the other kids. She notices that. One of the books that was mentioned when we went to that class [Celebration of Change], the American Girl one, she has that in her room and she's looked at it. She's read the whole book. It seems like getting my period, that kind of thing, but as far as sex, I just don't see that she is there yet, to go beyond what we've already talked about.

Category 3: Daughters' comfort level (n = 3). A few mothers described their daughter's nonverbal and verbal reactions of comfort or discomfort and their initiation of discussions as signs of their readiness to communicate about sex. One mother stated,

I haven't gotten any other cues from her if she's uncomfortable. If she didn't like the way we communicated, she maybe would stop coming to me. I'd get a cue from her.

The following quotation illustrates how mothers' perceive their daughter's comfort level as a cue to the timing and topics of discussion.

You know, I think she actually kind of puts up boundaries for me. She had a hard time discussing buying a bra, so she wrote me a letter and then she asked me to please not say the word. So when I speak about it, I still get that look from her. So I've tried not to, you know, just jump in because I think I appall her sometimes. So I've tried to kind of let her come to me. I'm more cautious. When she says, 'Nope, we can't talk about this,' I stop...

Catalysts of Mother-Daughter Conversations About Sex

Mothers were asked to describe their most recent conversation about sex with their daughters. For this study, catalysts are defined as factors (e.g., situations, experiences, and events) that bring about a mother-daughter talk about sex. Mothers were

asked the following: Describe the most recent time you talked about sex with your mother/daughter. Their descriptions included 10 different catalysts presented in Table 6.

Table 6

Catalysts for Communication about Sex Between Mothers and Daughters (N = 30)

Catalyst	Mothers <i>N</i>	Daughter <i>n</i>	Total <i>n</i>
Daughters' real-life experiences with peers	4	1	5
<i>Celebration of Change</i> Program	0	4	4
Mother inquiry re: daughter's & peer's dating behaviors	2	1	3
Discussion about sex initiated by mother	2	1	3
Church program	1	2	3
Did not identify a catalyst	0	3	3
Fictional story on television	1	1	2
Wedlock: A relative's unplanned pregnancy	2	0	2
School class	0	2	2
Not a topic previously discussed	1	1	2
Onset of menstruation	1	0	1
Music on the radio	1	0	1
Riding in car: Daughter stated, "I want to have a baby."	1	0	1

Note. A *catalyst* is a factor (e.g., situations, experiences, events) that brings about a mother-daughter discussion about sex. Participants identified catalysts for their most recent mother-daughter conversation about a sex-related topic. One mother identified two catalysts.

Discussion Topics

Mothers identified 20 sex-related topics that they had previously discussed with their daughters. Individual responses are summarized in Table 7. The top five topics reported by mothers were pregnancy, religious values, negative consequences of having sex before marriage, dating behavior guidelines, and family values.

Table 7

Content of Communication about Sex Between Mothers and Daughters (N = 30)

Topics	Mothers <i>n</i>	Daughter <i>n</i>	Total <i>N</i>
Pregnancy	9	1	10
Religious values (e.g., abstinence, sin, marriage)	5	3	8
Negative consequences of having sex before marriage	5	1	6
Dating behavior guidelines (e.g., holding hands)	4	1	5
Family values	4	0	4
Menstruation	3	1	4
Sexual Intimacy: Emotional and physical aspects	3	0	3
Sexually transmitted disease	3	0	3
When sex is an okay choice: Good times, bad times	2	1	3
Anatomy	2	1	3
Physical or “bodily” changes of puberty	2	1	3
Daughter’s and her peers’ sexual behaviors	2	0	2
Definition of sex: “What it is”	1	1	1
Kids at school teasing about mothers’ sexual orientation	1	0	1
Distrust of boys and sexual agendas	1	0	1
The media’s mixed messages and glamorization of sex	1	0	1
HIV and AIDS	1	0	1
Premarital cohabitation and divorces	1	0	1
Infidelity	1	0	1
Daughter’s interest in boys	1	0	1
Oral sex: Don’t do it!	0	1	1
Don’t have sex until you’re old enough!	0	1	1
Social pressures to be sexually active	0	1	1

Note. Many participants identified multiple topics. Also, because values are inherent to choices and behaviors, only participants who explicitly described a discussion of “values” were coded in this manner.

Topics for Future Discussion

Most of the mothers ($n = 13$) identified topics they would like to talk about with their daughters in the future. They identified a total of 13 topics, summarized in Table 8 below. Of this majority, one mother wished to review past discussion topics. One mother

was not able to identify anything that she and her daughter had not talked about, while another reported that she did not wish to have any specific conversations in the future.

Table 8

Sex-Related Topics for Future Mother-Daughter Discussions ($N = 30$)

Topics	Mothers <i>n</i>	Daughters <i>n</i>	Total <i>n</i>
Did not identify topics for future discussions	2	11	13
Sexual Intercourse: What it is and what happens	3	1	4
Oral sex	3	0	3
Range of sexual behaviors between kissing and intercourse	3	0	3
Romantic relationships and sex: Wait, be careful, and take it seriously.	2	0	2
Attraction and sexual feelings: Being turned on, where it can lead, where it might lead, and what to do	2	0	2
Saying no and getting out of uncomfortable situations	2	0	2
Sexually transmitted diseases	2	0	2
Mothers' sexual experiences	0	1	1
Pregnancy	0	1	1
When will I be old enough to have sex?	0	1	1
Choosing to get married	0	1	1
Birth Control	1	0	1
STD protection methods	1	0	1
HIV	1	0	1
Making it more about her: Daughter being involved in sexual experiences in the future	1	0	1
Masturbation	1	0	1
Sexual intimacy between women	1	0	1
Revisiting past topics that have been already discussed	1	0	1

Note. Many participants identified multiple topics.

What are the Barriers to Mother-Daughter Communication about Sex?

Domains and categories in this section pertain to mothers' descriptions of barriers to communication about sex. There is one domain and eight categories as shown in Table 9 below. In addition, mothers' fears about mother-daughter communication about sex will be summarized in this section.

Table 9

Mother's Perceptions of Barriers to Communication About Sex ($n = 15$)

Domain & Categories	<i>n</i>	Frequency
<hr/>		
Domain 1: Barriers to Communication About Sex		
Fear and protection	11	Typical
Concerns about information provision	9	Typical
Daughter's negative reaction	9	Typical
Discomfort with the topic	8	Typical
Having time and finding the right time	8	Typical
Personal disclosure concerns	6	Variant
What is developmentally appropriate information?	6	Variant
Uncertainty about what daughter comprehends	5	Variant

Note. General ≥ 14 , Typical = 8-13, Variant ≤ 7 .

Domain 1: Barriers to Communication about Sex

This domain captures mothers' perceptions of barriers to their mother-daughter communication about sex. Two questions specifically addressed possible barriers: 1) What if anything, holds you back from talking about sex with your daughter? And 2) What, if anything, makes it difficult to talk about sex with your daughter? Responses to these questions as well as other questions throughout the interview protocol were coded and resulted in eight categories.

Category 1: Fear and protection (n = 11). A majority of mothers discussed their desire to protect their daughters and also the mothers' fears about the possibility of harm or their daughters becoming sexually active at an early age. Examples of harm included sexually transmitted diseases, unplanned pregnancy, and sexual pressure, as well as more vague examples such as "a bad situation" or "something will happen." Though mothers don't want their daughters to be hurt in any way, their fears about their daughter's harm and their desire to protect their daughters are sometimes barriers to communicating and prevent them from talking to their daughters.

...That at some point she will come headlong into having to deal with something that she hasn't talked to me about or hasn't been able to express.

When we were talking about the negative side of things, I don't want to make her scared. Sex can be a good thing, but being realistic enough to know that it's not always. I don't want her to be ill-informed. My biggest fear is that she would not advocate for herself and not be able to say no, not be able to recognize when a situation becomes bad and be able to get out of it....Sex is good and it's natural, but, unfortunately, in my perception, there's some bad too. It's not always a positive experience, depending on how it happens. It's hard to know how much of that to burden her with. I want her to know and be informed, so she doesn't let anything happen to her that she can control. It's just recognizing that she's growing up and sometimes it's hard to recognize that it's time to start mixing in more of the cautions or the negative side of things.

Category 2: Concerns about information provision (n = 9). Several mothers discussed the following concerns about information provision: 1) unintentionally giving permission to have sex; 2) providing more options for sexual activity; 3) giving the wrong information or not having the answer; 4) lack of knowledge about sexually transmitted diseases; 5) negative effects of waiting too long to provide information, and; 6) lack of a "step-by-step process" for discussions, 7) or the results of a lack of communication. One mother expressed,

What holds me back is me. I don't think I want to get into those details until I have to. I kind of feel like if I put them in front of her face, it just gives her more options and she doesn't need any more options at fourteen or fifteen."

Below are three participant responses, which also exemplify this category.

I probably don't know everything about the sexually transmitted diseases to help her. You know, you'll get a sexually transmitted disease if you have sex with many people, but I can't tell her what it's all about. And it makes it kind of difficult to be able to go to that next step. But then, we come to a place like this[Annex] and get all the answers on the internet. So I guess I'd say that's probably it, just my not being knowledgeable on everything.

I probably fear the mixed message of not having straight in my head exactly the message that I want to give to her. That's probably the biggest barrier for me, going any deeper than I have right now. Wanting them to have a lot of information and be able to make good choices, but knowing that I don't have any control over those choices, and am I facilitating that choice. I mean I know the answer from an intellectual point of view is *information is power*, but it's really hard when you're looking at your 14 year-old daughter. I've even thought about it with that new shot [to prevent human papilloma virus], am I giving her a license? She's very up on it and asks for it...

I guess that I won't be able to answer a particular question or she won't feel free to ask me the most intimate feelings that she has, and

I don't want her to be afraid of sex, and it probably came out that way when I listed what she shouldn't do. But at the same time, I think I know where my daughter is at and that confines me to what I think she's ready to hear. It's okay to think about it, but I'm not ready for them to make any big leaps or my daughter to make any big leaps on me...

Category 3: Daughters' negative reaction (n = 9). Several participants reported that their concern about their daughters' possible negative reactions and/or about hurting their mother-daughter relationship hinders their initiation of communication about sex.

One mother stated,

Part of it is her reaction, too, because she's so uncomfortable about it at time. And I think she thinks she knows it all. And she can't imagine that there's anything else I could say, that she'd really rather not [talk about it].

Another mother stated,

My only hope is that it wouldn't hurt our relationship at all.

The following two quotations also illustrate this category.

I'm usually sweating inside...for me it's somewhat uncomfortable, mostly because they don't want to hear it. I get a lot of 'Mom, no, don't. I don't want to hear this.' And I'm like, 'Well, you're going to.' I'm just going to say what I think I have to say...But it's not heavy. I'm trying to give them good information but joking at the same time. I don't know if I'm doing mixed messages or not [laughs]...You know I never really know [how it goes]. When I try to talk about it, they'll pull the sheets over their heads and those sorts of things. 'Mom, ish, do we have to talk about this?' 'Yes, we do.' That's generally how it goes with just about everything. I don't know if they ever look me in the eye and talk about it.

Well, again, you don't want to be so forward thinking that you're bringing up....I'm not talking about oral sex with her right now because I think it would scare her to death. You know, the fear factor that I might put in her too. It's that balancing of initiating, but not, you know, being so off-putting...There have been opportunities when she's talked about some girls at schools that she's said, 'Oh, she's a slut.' We'll talk about it and I'll say, 'When you say slut, what are you saying and what is she doing right now and how do you feel about that?' So I'm trying to take the opportunities as they come up and again, not be shoving it down her throat, too early, too much, too soon, so that it turns her off and I become negative enough in her mind that she doesn't want to open up to me with her own questions. So it's kind of a finessing thing to figure out how much to be talking about and at what times.

Category 4: Discomfort with the topic (n = 8). A number of participants

expressed that their daughter's and/or their own discomfort with sex-related topics hindered their communication.

So just my own embarrassment, not wanting her to get frustrated or embarrassed and leave.

It's still a little bit of a comfort level thing. I have all the knowledge. It's not a knowledge-based thing at all. I don't know – time, privacy, willingness to do it, and for her once to hear it.

I suppose it's definitely difficult to bring up the subject...You know, I don't want to make her uncomfortable or me uncomfortable, so that's kind of a whole bag, but I know I should do it.

I've always been OK with it. I grew up on *Our Bodies Ourselves*. What I actually feel comfortable with, they would never feel comfortable with. I've already talked to them about taking a mirror and looking at yourself. They don't even want to do that. There's no way that they would want to do that. They won't go into a shower with other women. They won't go into the steam room or sauna with me at the club. Teens today are really weird. Are you finding other girls that same way, that they're not comfortable with nudity? I don't even know how they do all this stuff. If they're not comfortable with the stuff, how do they have all this sex anyway? In the dark?

Category 5: Lack of time and timing (n = 8). Several mothers described a lack of time and privacy, busy schedules, and finding the "right" time as barriers to their mother-daughter communication about sex.

Part of it is gosh, it's sometimes having the time, the right time. We have a busy time of life. I get off this time of day and just start driving. But sometimes in those moments in the car the best stuff happens when we're driving. Sometimes timing, depending on where we are. If we're watching a movie and something [in the movie] comes up. We're watching it with my husband and my son, then you have to remember it and go back to it. It doesn't always happen. Or if we're in the car with her friends and, all of a sudden, I hear something. It's like putting that away and remembering to bring it up and say, 'What was this about?'

Part of it is making sure there's a time and a place for it, where she feels comfortable, maybe without her brothers being in the room. Maybe just having more opportunities for us to be alone together so she could ask comfortably if she had a question. So it's logistics and having the time and place to do it. Then, getting back to what's the right level of detail and what should she be aware of based on where she's at.

I think time sometimes is an issue. She's very busy. She likes to be busy and schedules out her time. By the time she comes home, it's late at night and the last thing you want to do is have her thinking about this before she goes to sleep...

Category 6: Personal disclosure concerns (n = 6). Some mothers expressed concern about disclosing their personal sexual history, and some reported avoiding or communication regarding sex due to their fears. They were uncertain about how to handle their daughters' questions about their past sexual experiences, particularly related to having sexual intercourse before marriage.

I'm concerned for the day when my children asks me, 'Did you and Dad have sex before you were married?' And that's probably going to be a very difficult conversation because I can't say, 'No, we didn't' But the church is teaching them, we're teaching them. And it's like, 'Well, you did it, then why are you so upset that [Nephew's name], you know [had sex before marriage]...' That's my fear, that's when it's going to get hard and difficult.

For me, I think [a barrier is] the fact that I did have sex before I was married. I haven't come out and said it because I don't want her to think less of me. I've made my mistakes, I don't want her to go there, and I know that sometimes the reaction is, 'Well, you did it, so I can do it.' I'm hoping this is not one of those places she goes. That's the only thing I have a hard time with.

Just that she'd find out I was sexually active before marriage and take that to heart and go, 'Oh, you did it; why can't I?' Instead of, 'Oh, you did it, and that was dumb.' Grandma (daughters' grandmother) did it and she got pregnant and had to get married to an old fart and her life went downhill. She was very intelligent, but because she was 15, she never got her diploma and had to move away. It was one thing after another that happened and it spiraled downward because she felt lonely, had sex with an older man, got pregnant immediately and had to get married. In those days -- oh my -- you had two options. You went away to the nunnery for a while or you got married.

Category 7: Uncertainty regarding developmentally appropriate information

($n = 6$). Some participants described their lack of knowledge about developmentally appropriate sex education and communication.

It gets back to knowing what's the appropriate level of detail, depending on how old she is. Sex is good and it's natural, but, unfortunately, in my perception, there's some bad, too. It's not always a positive experience, depending on how it happens. It's hard to know how much of that to burden her with. I want her to know and be informed, so she doesn't let anything happen to her that she can't control. It's just recognizing that she's growing up, and sometimes it's hard to recognize that it's time to start mixing in more of the cautions or the negative side of things.

It's not difficult, it's just that fine line of at 14, what do you need to know and what don't you need to know? My 14 was very different than her 14...It amazes me what she comes home and tells me that goes on at school – boyfriend, girlfriend, and dating. Again, I want her to be happy and healthy and have the knowledge she needs, but I don't want to burden her with what she doesn't need to know or deal with right now.

Category 8: Uncertainty about what daughter knows or comprehends (n = 5). A few participants identified that they do not know what their daughters have learned and what they comprehend about sex. Their lack of knowledge makes it difficult to determine what they need to discuss with their daughters.

We haven't gone through all the details. I haven't really told her what it's all about. I'm sure she knows what it's all about, but I haven't specifically spoken of it. We haven't talked about oral sex or any of that stuff. I don't know that I've talked about a lot of stuff.

Boy, I sort of touched on everything, but I don't know much has ever stuck. I just want to impress upon her [these things]: wait, being faithful, it's your body. Abstinence till you're married, kind of thing. What the actual act is and is like, I think I've touched on. I don't know how much she gets.

Mothers' Fears

Participants were asked, "Overall what do you fear most about talking with your daughter about sex?" Mothers' fears as presented in Table 10. These responses were assessed by a separate interview question than the questions designed to explore possible barriers to mother-daughter communication about sex. There is redundancy in the findings between fears and barriers. In fact, the majority of mothers' fears overlapped with the barriers that they described. However, mothers' fears about communicating with their adolescent daughters about sex may complicate, but not necessarily hinder the communication process or content.

What or Who are Sources of Influence for Mother-Daughter Communication about Sex?

One domain and four categories, as show in Table 11, concern mothers' descriptions of sources of influences on their communication about sex. For the purpose of this study, a source of influence was defined as someone or something that has an

effect on thoughts, feelings, and behaviors. Mothers' specific sources of influence are presented in Table 12.

Table 10

Mothers' Fears About Mother-Daughter Communication about Sex (n = 15)

Fears	N
Daughter will be harmed due to a sexual experience	5
Lack of communication between mother and daughter	4
Scaring daughter with information about sex	3
Daughter will be pressured to have sex	2
Daughter asks questions about mother's sexual practices	2
Daughter has sex, despite mother's instructions to abstain	1
Daughter has already had sexual intercourse	1
Discussing "nitty gritty" information about sexual practices	1
Discussing detailed information about birth control and STD protection	1
Mother-daughter relationship is negatively affected by discussions	1
Giving inaccurate information	1
Unable to answer daughter's question	1
Not giving enough information	1
Denied having any fears	1

Note. Mothers discussed multiple fears.

Table 11

Mother's Sources of Influence for Mother-Daughter Communication About Sex (n = 15)

Domain & Categories	n	Frequency
Domain 1: Sources of Influence		
Positive influences	10	Typical
Negative influences	10	Typical
Mixed influences	2	Variant
Undetermined nature of the influence	1	Variant

Note. General ≥ 14 , Typical = 8-13, Variant ≤ 7

Table 12

Mothers' and Daughters' Sources of Influence on Communication about Sex (N =30)

Sources of Influence	Mothers <i>n</i>	Daughters <i>n</i>	Total <i>n</i>
<i>Positive Influences:</i>			
Mother	3	6	9
Friends	2	2	4
Health teacher or health class	0	4	4
Father	0	1	1
Grandmother	1	0	1
Myself	1	0	1
Church & the Bible	1	0	1
College education & career	1	0	1
Older sister	1	0	1
<i>Negative Influences:</i>			
Mother	4	0	4
Parents	4	0	4
Family household	1	0	1
Childhood friend's mother	1	0	1
<i>Mixed Influence:</i>			
Friends	1	0	1
Mother	1	0	1
<i>Undetermined nature of influence</i>			
Media: Television and newspapers	1	1	2
School and Health class	0	1	1
<i>No Sources of Influence</i>	0	3	3

Note. For the purpose of this study, a source of influence was defined as someone or something that has an effect on thoughts, feelings, and behaviors. Some participants identified multiple sources of influence.

Domain 1: Sources of Influence

Mother were asked, “What or who influenced the way you communicate about sex?” There are three categories.

Category 1: Positive influences (n = 10). A number of mothers described positive sources of influence from childhood through adulthood that were educational and increased their comfort in talking about sex. One mother identified her own grandmother and mother as positive influences:

My mom was an only child and she was best friends with her mom, but my mom looked at my sister and me as almost her sisters, more so than her children. So I was very close to her mom. My grandma was like my mom. So she was very open and very loving. I give a lot of who I am to her. I learned through her and then also through my mom. My grandma was more open about it. She had several relationships before she met my grandpa and we used to talk about those things.

Another participant stated:

You know what, it was not my parents. It was actually when we went to *Celebration for Change*...And when she [the group facilitator] came and talked to us, I watched her and I listened to her, and she talked about how her kids are here all the time and they know a lot of stuff. ‘There’s brochures sitting out at home, she said.’ ‘And the one thing that I really like to do,’ she said, ‘is when I go into my daughter’s room, she’s home from school, and I just kind of start the conversation about, so how was school today?’ And she said, ‘Before you know it, we’re both sitting on the bed, we’re both relaxed, and we have open communication.’ And I heard her say that, and I thought, ‘That’s what I want to do.’ So I had my son in the car the other day, and he was in the passenger’s seat and I was in the driver’s seat, just like she told us with her kids, and how the conversation can keep going because you’re not looking at each other. And so I tried that with him. So she’s kind of the one that really showed me how you can talk about sex with your kids. It sure wasn’t my parents.

Category 2: Negative influences (n = 10). Several mothers discussed negative sources of influence that impacted their knowledge and communication about sex during their childhood through the present day. The following three quotations illustrate this category.

...not having a lot of those types of conversations growing up with my parents. Because of that relationship, it makes me want to have a different kind of relationship with [name] and with her brothers, so that they are comfortable asking questions. They have enough knowledge to make good choices for themselves. It's probably just in reaction to me not having those conversations and maybe not having the information I should have had as I was growing up.

You know what, it was not my parents. Basically the only thing my dad told me was, 'I'd be so disappointed in you if you ever came home pregnant.' And my mother was never saying, you know, 'If anything would happen, I would support you.' I think I had a five-minute talk with my dad about sex and why it wasn't a good thing to do, and that was it. There wasn't much talk about it.

... my mother never did [talked about sex]. I don't know, the night before or two nights before I got married – oh, I'm a nurse, so my mom said, 'Well, I suppose I don't need to tell you anything because you know more than I know.' So I think I wanted to avoid that with my daughters, and I want to be able to be open and let them know I'm there. And mine hopefully would have been there, too, but I never talked to her much about it.

Category 3: Mixed influences (n = 2). Two participants identified positive and negative aspects of the influences on their communication about sex as exemplified by the following response.

Probably my mom. My mom was very open given that I was born in the 60s and told me the mechanics from a very young age. You know I think my experience was kind of unique for someone my age. And I don't know why mom was so open, but she was. I grew up in a medically-oriented family, but she also talked about the spiritual aspects of sexual relationships too and you know, so I never really had a lot of hang-ups. She told me all of that stuff and then told me I'd be disowned if I did it [laughs]. She gave me all of the information and said 'Don't ever do it.' [With my daughters] it is kind of that exact same thing, but I don't want to leave them with that kind of guilt because I think I'm maybe a bit more realistic. But I certainly don't want my daughters going into sexual relationships before they're ready. And how do you even know when that is? I just know it's not now.

One participant described her friends as mixed source of influence. She explained that by observing their mistakes and successes in their communication with their children, they

influenced the ways in which she does and does not want to communicate with her daughter.

Oh, boy, my friends. I have friends who have older kids and I've watched how they've handled things, and I've seen how their children grew up, and I'm like, 'Okay, that was good. That worked. Okay, that really didn't work,' and all that kind of thing. So I base it [my communication] on that.

Category 4: Undetermined nature of the influence (n = 1). One mother identified television and other media sources (e.g., magazines and newspapers) as influences. She did not clearly express if this was a positive or negative influence. However, she shared that though the media she has learned how the current adolescent generation is more sexually active than prior generations.

What or Who are Models for Mother-Daughter Communication about Sex?

The four domains and eight categories in this section pertain to mothers' descriptions of who or what served as a model for their communication about sex. For this study, a model was defined as someone or something that exhibits a behavior, attitude, and/or value. Participants were asked: 1) Who or what has been a positive or negative model to you for communication about sex? 2) How did this model communicate about sex? 3) What did you learn from this model? And 4) How has this model influenced the way you talk about sex with your daughter? Redundancy exists between results for influences and models. However, the findings are reported separately due to the conceptual differences between influences and models. Table 13 summarizes mothers' individual responses regarding their models for communication.

Table 13

Mothers' and Daughters' Models for Communication about Sex (N =30)

Models	Mothers <i>n</i>	Daughters <i>n</i>	Total <i>N</i>
<i>Positive models:</i>			
Partner	4	0	4
Friend	3	1	4
<i>Celebration of Change Program</i>	3	1	4
Church	1	1	2
Neighbor	1	1	2
Book	1	0	1
College women's health class	1	0	1
Grandmother	1	0	1
Health teacher & health class	0	3	3
Mother	0	2	2
Father	0	1	1
Parents	0	1	1
Whole family	0	1	1
Cousin	0	1	1
<i>Negative models:</i>			
Mother	5	0	5
Parents	2	0	2
Nephew	1	0	1
Television shows & movies	0	2	2
Brother	0	1	1
<i>Mixed models:</i>			
Mother	3	0	3
Parents	1	0	1
Friend	1	1	2
My children's teachers	1	0	1
Television shows	0	2	2
<i>No models identified.</i>	0	1	1

Note. For the purpose of this study, a model was defined as someone or something that exhibits a targeted behavior, attitude, and/or value. Some participants identified multiple models. One mother referred to both her mother and her parents as negative models.

Table 14 illustrates the four domains and eight categories for this section.

Table 14

Mothers' Models for Communication About Sex ($n = 15$)

Domains & Categories	n	Frequency
Domain 1: Parents, Primarily Mothers as Models		
Negative models	7	Variant
Mixed models	2	Variant
Domain 2: Family Members as Models		
Positive models	5	Variant
Negative models	1	Variant
Domain 3: Community Members as Models		
Positive models	4	Variant
Mixed models	1	Variant
Domain 4: Other Models		
Positive models	5	Variant
Mixed models	2	Variant

Note. General ≥ 14 , Typical = 8-13, Variant ≤ 7

Domain 1: Parents as Models

Parents, and primarily mothers, were identified as models for communication about sex. There are three categories for this domain.

Category 1: Negative models ($n = 7$). Some participants identified their mothers and parents as negative models because of their lack of communication about sex.

I guess my mom in the way she was a little more quiet and closed about it made it seem, not like it was dirty, but as a kid when someone says, 'Don't do that,' part of you thinks, 'How come? What is it they don't want me to know?' So it was almost like I hunted it out because I was told not to do it. I wasn't told anything about it with her. That's why I'm afraid with my daughter to just say this is something... I'd love to say, 'you shouldn't have sex till you're married,' but I know in this day and age that that's probably not very feasible, so I want to try to learn from my negative influence of not making it seem like you shouldn't do,

something that's off limits. But yet give her enough information to make the right choices and be safe...What if you don't have good, open communication about that sort of thing? I definitely would go for the open and talking about everything, making your child feel like nothing is too little, too big or stupid. She can always talk to you about it.

It's not like my mother did it wrong, necessarily. She did pull out the medical texts when I was 11 and went through the whole thing. I just thought it was the grossest thing in the world. I couldn't imagine anybody ever doing that. Maybe that did affect me. I might have been too young. Since I thought it was so gross, that stuck with me for a long time. Positive-wise, I don't think anybody else ever talked to me about it...She sat down with medical texts when I was 11, showed me the pictures, pointed it out and said, 'This is what people do. [I learned] just the physical aspects of it... Well, I don't do it that way. There's a lot of things that I took from my mom and did the opposite as a parent, so I wouldn't do it like that. I waited until they were ready to hear the stuff, and they still aren't...

Again, more in negative ways, my parents and not ever talking about sex. It made me ill informed. There were things that I experienced that, in hindsight, I wish I would have had more information and could have dealt with better. So I react to that and tend to go the opposite way. With my mom, there was so little. The fifth-grade movie where you find out about having your period, the only thing she said about that was, 'Did you see it, and did you understand it?' I said yes and that was that, and then really no conversation about sex. The only, I'd say, passive/aggressive response from my mom was she found my birth control pills when I was in college. Instead of saying anything, she just set them out on my dresser, so I would know that she knew, but that was it, no conversation about it. Again, the idea of more information is better. On the negative side, it would be that whole passive way of dealing with things is something I internalized that I wish I hadn't. On the positive side, I've made a deliberate effort with our kids to try to be more open about it...Maybe the more passive way of doing it is telling our kids we've got this information. Here are these books. They're here on the bookshelf. You can go look at them whenever you want to. So maybe not trying to feel like we're forcing it on them, so they have access to it...

Category 2: Mixed models (n = 2). Two participants described their mothers/parents as both positive and negative models about sex.

Mom was positive and negative. I really appreciated that I had good information very early on, but I was also raised very Catholic...it was very clear that I wasn't to have sex before I was married, and birth control was a sin. So in some ways I have a very healthy attitude about it, but it took me a long time to come to terms with the fact that from my teenage years I chose to use birth control and that sort of thing. She probably had the most effect, and I've tried to do it a little

differently, be as open as she was, but I also give information about what you do to take care of yourself. [She was] very open. She probably drank too many drinks and then she was open [laughs]...From early on I felt like I had good information, not that I ever went to her and asked for additional information. I think I didn't have as many hang-ups as other people might...I'm trying to make sure that my kids gets that information without judgment...that they'll destroy my life if they make decisions that involve birth control, having sex, and that sort of thing. I don't want them to think that, but I'm trying to figure out how exactly do I tell them that.

My mom, to some degree, but I think she went a little early with that. We talked, just kind of like I do about stuff on TV when I was a kid. On long trips my mother would talk about stuff. She didn't want me to fall into the same trap she did, pregnant at 15, married to a guy 25 years her senior. She had a bad way, so she wanted to make sure I didn't have a bad way to go because it didn't make life easy...We didn't do *the talk* because that seemed weird, and I'm glad. I don't think I would have gotten anything out of *the talk*, just to sit down one day when you're a certain age and say, 'Here's sex, there it is, good-bye.' We have little tidbits because I think you learn better that way...Do it in small amounts and when the opportunity arises...

Domain 2: Family Members as Models

Some participants identified family members as models for communication about sex. There are three categories.

Category 1: Positive models (n = 5). Four participants described their partners as positive models for communication and one participant expressed that her grandmother was a positive model for her current communication with her daughter about sex.

My grandmother, very positive. Because I had such a great relationship with my grandma and part of that relationship was our ability to talk about anything, that has definitely opened my communication with my daughter. It's made it much stronger and better. My mom and I have a good relationship now, but I also have the opposite side of it. What if you don't have good, open communication about that sort of thing? I definitely would go for the open and talking about everything, making your child feel like nothing is too little, too big or stupid. She can always talk to you about it.

Probably my spouse...He's just very open. He's very self assured. He's a very strong Catholic with very strong morals, so he's definitely had a strong influence on me. It helped even with my confidence and so on, so he's been the biggest

influence...I guess definitely values and some communication skills as well...He's encouraged me, I guess, because she was getting very curious a couple years back, and he said I really needed to sit down and discuss things with her, you know, why she's not developing as quickly as some of her friends. I've talked with her a lot about that because, you know, I developed later than other kids, just to make her feel comfortable with herself, her body itself.

Category 2: Negative models (n = 1). One mother identified her nephew as illustrated in the following quotation:

Probably I would say my nephew. He's been negative, that's a negative, because everything we've been teaching our children, he didn't do. You know, so that might be a negative person... We just had a conversation when we learned that my nephew was going to be a dad. We knew they were engaged. And I told the kids that, you know, this is not a situation that most people want to be in, and we want to make sure that when we're going to marry somebody that we really love them for who they are, and you don't have to get married because you're having a baby coming. And we would have liked to see [nephew's name] wait until he was married, but this is the situation they're in, and we need to tell them that we love them and that we support them. And what they have done is not what we are teaching you, and what your church is teaching you.

Domain 3: Community Members as Models

A number of participants also identified some of their community members as models for communication about sex. There are three categories.

Category 1: Positive models (n = 4). A few mothers described friends and a neighbor as models for good communication about sex:

My neighbor. She's got a daughter who's a junior in high school and she seems to have really good communication with her daughter. She's a nurse, so she's just very straightforward. If she reads something in the paper she'll bring it to her daughter and say... A couple years ago, there was a big thing about teenagers and oral sex, so she brought it right to her daughter. My daughter was a lot younger and I just went, 'You did?' then I thought, you know, that's a good idea. But now that my daughter is older and probably there, I could easily see me doing that. That doesn't bother me at all. That's a good thing to do. She's very open about it, matter of fact, just clinical. It's like she's talking about the weather. [I've learned] I'd say, ways to communicate, being direct, head-on.

So, again, that girlfriend piece of it...just you know, kind of contrasted [and] comparison stuff. That's kind of the fun part of being in your middle forties. 'You do that? No way!' So actually it's kind of a neat place to be though because I'm a lot more free to discuss things that I probably wouldn't have even done in my thirties. You're at the stage like, 'Okay, wait. I don't get that part? What do you do?' ...With my girlfriends, [I've learned] attitude. We're all kind of in that same stage of the game, being married fifteen to twenty years, and we can now honestly talk about sexuality and relationship. 'Are you in the same place we are? Oh, you are. Okay, we feel better about that camaraderie' ...I'm hoping that that kind of, my greater comfort level within myself and with my girlfriends is something that I can translate into talking with her about it. And again, not make it so rigid.

Category 2: Mixed models (n = 1). One mother identified her friends as both positive and negative models for communication about sex because she sometimes agrees and sometimes disagrees with their behaviors. She expressed that her friends show her what she does and doesn't want to do.

... I had a friend who I thought had good information about how to talk to children about sex and actually, I did get a book from her and that book was really good and that was really helpful for me. But then, things started happening with one of her sons and I realized that she went way beyond where I thought appropriate boundaries should be. You know, was actually, I thought, pushing him to have sex, as opposed to saying, 'You know what? Everybody is ready in their own time, and this is not something that you need to go out and do today [just] because it says 85% of the children at this age level are having sex.' I really felt like that was just going way over the boundaries. So it started out as a good experience, but went to a bad experience...

Domain 4: Other Models

Participants identified other models for communication about sex that did not fit in the previous sections. These models are educational or religious in nature. There are two categories.

Category 1: Positive models (n = 5). Some participants identified positive models including the *Celebration of Change* Program, Church and the Bible, a book, and a college women's health class. The following three quotations illustrate this category.

Well, I think the Celebration of Change was a very good experience, and definitely started and made things easier to start talking about having baby...Just to be open, give facts and be honest, and allow your child to respond and ask, and try to make them comfortable...That it's a good idea to communicate, and you can say the same thing 20 times, probably, and we need to hear it, and like to hear certain things over and over...I definitely try to bring it up more in small pieces more often, and just as we come across the situation, discuss it briefly at that time. You know, the TV, the movie, something she heard at school.

Only thing positive is when we did Celebration for Change here. Well, as I look back on Celebration for Change, it was nice to see different age levels of people talking about it, and that the girls could go off with younger people and their moms. So that was to me a good – that was positive...That you really need to talk to your kids, and you need to find a comfortable place to do that, and make them feel good about talking about it. You know, when we met when the moms would talk, we all pretty much, nobody told me that. My parents never told me that. Oh, my sister told me in five minutes, here's a tampon, put it in. So that was kind of like not a good way of communication. And then you guys get up and you communicate, and [daughter's name] didn't hear all that about the moms, what they were saying, but to me the positives is just everything you guys were doing...Just make sure I do it, and not to hold back because she may not be ready or it may embarrass her. Talk.

Category 3: Mixed models (n = 2). Two participants discussed mixed models.

One participant identified that life served as a mixed model for communication:

I guess some of my experiences are both positive and negative. The way that they are positive is that I can share what I've learned from them, but I think negative because they changed who I was. I'm not as free and free-spirited and open to everybody. I'm a little more closed because of some of the experiences. I'm a little more tainted about the world and that sort of thing. From an experience, I learned that you can never be too safe and that it does only take one time [to get pregnant]...That experience in my life, I don't want to share that with her in that I don't want her to know that happened to me, but I want to share what I learned from it. I don't know if that's hypocritical to not totally be honest about everything, or is just something she doesn't need to know. I go back and forth with that.

How Do Family Members and Friends Affect Communication about Sex?

The domains and categories in this section pertain to mothers' descriptions of the effects of their family members and friends on their mother-daughter communication

about sex. There is some redundancy between results for the following two domains and previous domains in which mothers identified family members as a model or influence. However, separate questions about the effects of family members and friends on communication were used by the researcher due to the potential differences between the concepts of influences, models, the effects of the family household, and the effects of friends.

Table 15

Mothers' Perceptions of the Effects of Family and Friends on Mother-Daughter

Communication about Sex ($n = 15$)

Domains & Categories	<i>n</i>	Frequency
Domain 1: Effects of Family		
Inhibit communication	9	Variant
Partner's lack of support neither supports nor inhibits comm.	7	Typical
Support communication	6	Variant
Domain 2: Effects of Friends		
Support communication	9	Typical
Mixed effects	4	Variant
No effects	2	Variant

Note. General ≥ 14 , Typical = 8-13, Variant ≤ 7 . Comm. is communication abbreviated.

Domain 1: Effects of Family

For this domain, participants were asked about the impact of their family (limited to members of the household) on mother-daughter communication about sex. The specific interview question was, "How does your family household affect your mother-daughter communication about sex?"

Category 1: Inhibits communication (n = 9). Several mothers expressed that a lack of privacy due to other children in the household inhibits their mother-daughter communication about sex. These findings are similar to previous results about a lack of privacy in the home being a barrier to mother-daughter communication about sex. The following two quotations illustrate this category.

We probably don't have that much one-to-one time, so it's if it comes up somebody else is usually there, too. So sometimes that fosters where you're not real open because you're not willing to talk about it with the other family members.

That's the biggest issue, finding time and privacy. If I work during the day, come home, there's always another kid there. Then my husband comes home and we don't have that big a house. There is no privacy. I could go in the bedroom I suppose and lock the door, but then someone wonders how come I'm in there, so I don't have any.

Category 2: Partner's lack of involvement (n = 7). Some mothers mentioned their partners' lack of involvement in communicating with their daughter about sex. Some stated that it neither supported nor hindered her efforts to provide good parent-child communication about sex. Other mothers firmly expressed their beliefs that their partner "had no place" in their mother-daughter communication about sex. The following quotations illustrate both of these viewpoints.

I don't think my husband has ever talked to them about sex or any of that. He would if he had to, but he has precious little frame of reference for teenage girls at this point. He grew up in a family of only boys and he's a little baffled by the basics. So he hasn't got into any sexual discussions at this point. Poor guy [laughs]. I would be surprised if he talked to them about it.

We try to leave my husband out of those conversations totally. Well, if he's there he gets to listen, and if he doesn't like it, he can go somewhere else. Sometimes he gets up and says, 'I don't want to hear this. I don't want to know. I don't want to hear this.' That kind of thing, you know, blinders.

Category 3: Supports communication (n = 6). Some participants described how

their partners and other children in the household support mother-daughter

communication about sex. One mother stated,

I think it's positive. Both her dad and I are pretty much on the same page. We have a good relationship all around.

The following two participants' responses also illustrate this category.

Lots of times our discussion, because I have 12 and 14 year-old daughters who are pretty close to each other, don't do much fighting, spend a lot of time together. So it's not unusual for me to be talking to them at the same time. And that's always been from the time they were little, too. Like I ended telling them about sex really early partly because they went to the Spanish immersion school and they were on the bus with middle school kids when they were in kindergarten and they were coming home with information that I either needed to clarify or give my version of pretty young. From kindergarten on ...And so because these discussions happen in bed time and frequently they're together it happens when they're together.

With two moms, she has both of us. She's very close to [partner's name], her biological mom. They're like peas in a pod. I think she would be comfortable going to either one of us. Again, with having two brothers the same age, some of the questions come up. In a way, I'm glad because she might hear a little of the boy perspective, and the boys can hear a little of the girl perspective on what the questions are and what the kids are thinking. I think that influences, too, because when we talk about things, we try to talk about how it is for the boys and the girls.

Fortunately my husband is very, very open about that sort of thing and I think that's really helpful, that we both see the need to talk about it. He's comfortable actually, if she'd be willing to talk to him as well. I think she's probably a little more comfortable actually talking with him than with me, which in some ways I wish she'd open up a little more to me. But it's kind of his style. He's just very easy to confide in...

Domain 2: Effects of Friends on Communication

For this domain, participants were asked: How does your group of friends affect your communication about sex with your mom/daughter?

Category 1: Support communication (n = 9). Several mothers discussed their friends as a source of verbal persuasion, encouragement, and positive discussions about

sex-related topics.

Our closest group of friends are all very fond of our kids. I see some of them being that other trusted adult, where if our kids aren't comfortable coming to us with certain things, we've told them, 'then go talk to [name]. You might not be comfortable talking to us, but you can talk to her.' That's one part of it. Then we have heterosexual couple friends, so I think they get some dynamics from them that they don't get from us, so they have some exposure to different types of families.

Well, I have a group that I'm with. We've been getting together for about 12 years and probably hearing what they've gone through with their daughters – half of them are in the upper group, and half of us are in the coming up group. So we listen to their conversations. So I kind of have an idea of what she's going to run across as the years go. So I think that's helped me, too, because they've been real open in what they've done.

Category 2: Mixed Effects (n = 4). Four mothers expressed that their friends had both positive effects (e.g., support, modeling good friendships) and negative effects (e.g., inappropriate behavior in front of daughters, lack of boundaries for their children) on their mother-daughter communication about sex. One mother articulated that observing her friends' lack mother-daughter communication about sex has motivated her to increase her communication with her daughter.

I have a couple that I'm shocked [their daughter] is about to be 14 and they haven't had this discussion. They've just left it all up to the school. I see how she acts and I'm thinking, oh my, if they don't get with it and talk to her soon, this kid is going to be pregnant before she knows it... My daughter and I talk about how this person is flirtatious and how it's going to end badly if she doesn't stop. In the last year, I've been talking to [my daughter] more than I probably would have if I didn't see those three girls, and they're all very nice girls, but their parents are too religious to go there...some other friends have made good choices, too, and said that's the way to go. We've had both gambits.

Another mother discussed her friends in the following quotation:

My group of friends? Well, we have some pretty wild friends. Their Godparents are our best friends. They might make remarks that I probably wouldn't make in front of my kids, but I would never say to them, 'Don't say that. The kids are here'...It's not that our friends would bring up a lot of stuff about sex, but they

might hear something if they're around when we're with them and we're partying or something, you know.

Category 3: No effects (n = 2). Two mothers denied any effects of their

friendships on their mother-daughter communication about sex. For instance:

I'm not sure if it has much impact. With kids and a husband, you tend not to have as strong of friendships as you did growing up, so there's less impact on you. So I wouldn't say they have any impact right now.

Sources of Sex Education

Mothers were asked to identify their main sources of education about sex. They identified 14 sources, summarized in Table 16.

Table 16

Mothers' and Daughters' Main Sources for Education about Sex (N =30)

Sources of Education	Mothers <i>n</i>	Daughters <i>n</i>	Total <i>n</i>
Books	10	3	13
Celebration of Change Program	5	6	11
Mother	3	7	10
School health class	3	6	9
School	0	9	9
Friends	6	0	6
Life experiences	4	0	4
Church programs	2	1	3
Media (magazines, television)	1	2	3
Church and the Bible	1	1	2
Parents	0	2	2
Grandma	1	0	1
Cousin	0	1	1
Husband	1	0	1
College health class	1	0	1
Physicians/medical clinic	1	0	1
Teenage boys and boyfriend	1	0	1

Note. Many participants identified multiple sources.

In describing an educational life experience, one mother stated a memorable quotation as follows.

I learned about sex because somebody in the neighborhood learned about it and then they called a neighborhood meeting. The neighborhood had like a hundred kids in it, so there were probably about fifty or sixty of us over at this house, and this one kid was going to tell everyone about sex. So that's how I learned about it there. So I didn't want my kids to do that. But that was just so funny. They were using visuals like the hamburger in the bun or the hotdog in the bun kind of thing. It was just so stupid when I think about that. So then that was my first experience.

Results Extracted from Daughters' Responses

Definitions of Sex and Sexuality

To establish a context for daughters' responses regarding communication about sex, the researcher asked the following questions: 1) How do you define sex? And 2) How do you define sexuality? Individual participants' answers to these questions are contained in Appendix I and Appendix J. Daughters generally defined sex as physical contact that involves love, an intimate relationship, and reproduction. Only one daughter included oral sex and intercourse in her definition of sex. A few daughters stated, "I don't know," and did not have a definition for sex. The majority ($n = 13$) denied having a definition for sexuality and stated, "I don't know." Two participants described sexuality as being sexually active ($n = 1$) and conveying a desire for sexual activity ($n = 1$).

How do Daughters Describe their Communication with their Mothers?

The six domains and 21 categories in this section pertain to daughters' descriptions of good communication, current overall communication, good communication about sex, areas for communication improvement, and affect related to mother-daughter communication about sex. To explore and compare how daughters perceive good overall communication versus good communication about sex, separate

questions were used to assess these types of communication. The implications of the redundancy between domains 1 and 3, as shown in Table 17, are discussed in Chapter 5.

Table 17

Daughters' Perceptions of Communication ($n = 15$)

Domains & Categories	n	Frequency
Domain 1: Characteristics of Good Communication		
Specific Communication Behaviors	15	General
Openness of Expression	6	Variant
Trustworthiness, Comfort, & Safety	10	Typical
Domain 2: Current Overall Communication		
Mixed	4	Variant
Good	10	Typical
Declining Recently	1	Variant
Domain 3: Characteristics of Good Communication about Sex		
Specific communication behaviors	13	Typical
Openness & availability	12	Typical
Comfortable	11	Typical
Information provision	3	Variant
Non-judgmental	3	Variant
Domain 4: Mother's Improvement		
Modify communication style	9	Typical
Increase communication	5	Variant
No improvements suggested	4	Variant
Domain 5: Daughter's Improvement		
Increase Communication	11	Typical
Increase openness and comfort with communication	5	Variant
No improvement needed	2	Variant
Learn more about the topic	1	Variant
Domain 6: Participant's Affect		
Vacillating Feelings	9	Typical
Negative only	5	Variant
Positive only	1	Variant

Note. General ≥ 14 , Typical = 8-13, Variant ≤ 7

Domain 1: Characteristics of Good Communication

This domain captures daughters' responses about characteristics of good communication. Participants were asked, "In general, describe what you consider to be good communication with another person?" Three categories emerged.

Category 1: Specific communication behaviors (n = 15). Most daughters mentioned specific behaviors that are helpful for communication such as not interrupting, asking for feedback, exchanging dialogue, explaining one's point of view, and sharing thoughts and feelings. One daughter stated, "I guess listening." Another participant explained,

Being able to talk to them without them always interrupting and then asking them for feedback, and them being able to give you something or just to make you feel better.

Another participant defined good communication as:

One person talking at a time. You know, like one person asks a question, and then another person answers, and it basically goes from there.

Category 2: Trustworthiness, comfort, and safety (n = 10). A number of participants expressed that feeling comfortable, safe, and trusting of the other person are important components of good communication. One daughter stated,

When you can easily talk to them about something and you're not scared at all to talk about it.

Another participant stated that good communication means,

...just being able to talk to them without feeling awkward or different. Talking to them easily... When you can talk to them and you don't feel uncomfortable talking to them.

Category 3: Openness of expression (n = 6). Some daughters described sharing honestly, openly, and “not holding back what you are feeling”: Three participants shared the following responses:

I guess open conversation, where you can really explain your feelings to them.
Not holding back what you're feeling

Good communication is when you're getting along with the person you're talking to and you're just being honest with them

Being honest and open and being able to tell how the other person is feeling so that if it starts getting uncomfortable or you say the wrong thing, you know.

Domain 2: Current Overall Communication

Participants were instructed to, “Describe your overall communication with your mother.” Three categories were extracted from daughters’ responses.

Category 1: Good (n = 10). Many daughters described their overall communication as “good,” or “pretty good.” They mentioned their ability to talk to their mom about what’s going on in their lives, such as school and friends, and the daughters remarked that they felt supported by their mothers. For instance:

In general I get her involved in basically most of my life. I tell her about almost everything because a lot of it affects me a lot of the time. It’s hard for her to see me so upset because I get upset a lot. There’s a lot of bad stuff that happens sometimes, but she’s there and if I tell her to listen, she’ll listen, even though sometimes she interrupts me and I get mad. I’m like, ‘No, just listen to me.’ But most of the time she makes me feel a little bit better, so that’s good.

I get along with my mom really well. She listens to what I say, I listen to what she says, and we both kind of learn from each other.

Category 2: Mixed (n = 4). Some daughters describe their mother-daughter communication as “good,” but then mentioned negative aspects, such as not wanting to share some information with their mother ($n = 2$) and their mothers’ lack of availability

due to schedule or mood ($n = 2$). One daughter also referred to a power differential by “obeying her mother” in order to prevent getting in trouble.

We get along because I don't fight with her. Otherwise, I'm going to be in big trouble, and I don't like being in trouble.

Another daughter expressed,

We can talk about stuff. Sometimes when she's working, like if she works over time, then she just wants to go to bed, so then we don't talk about stuff. But I think usually we talk a lot.

Category 3: Declining recently ($n = 1$). One daughter discussed the recent decline in communication with her mother as illustrated in the following quotation:

General, lately it hasn't been as good. We used to be able to talk about everything, but now there's stuff that I don't want her to know that I could not tell her.

This daughter's mother also described a recent decline in their mother-daughter communication.

Domain 3: Characteristics of Good Communication about Sex

This domain captures daughters' responses about characteristics of good mother-daughter communication about sex. Participants were asked two questions: 1) Describe what you consider to be good communication with your mother about sex? And 2) Overall, what would you need to have good communication with your mother about sex?. Responses to these questions and other questions throughout the grouped into five categories. There is some overlap between daughters' description of good general communication and good communication about sex.

Category 1: Specific communication behaviors ($n = 13$). The majority of daughters described specific communication behaviors such as sharing thoughts and feelings. Three examples are:

I need to ask her questions about it, really listen to what she says and just learn from what she's saying.

Listening to her and asking questions.

Like she's getting me to understand what she is trying to say, and asking me questions.

Category 2: Openness and availability (n = 12). A great majority of daughters mentioned a willingness to share openly and readiness to discuss their questions about sex. The following four daughters' quotations illustrate this category.

When you can tell your mom how you really feel about it, just that you can open up and talk about it.

...So there can even just be conversations about it.

It would be just me and her and like anything that was on my mind I could ask her and she'd give me a good answer.

You can tell her anything, and she can tell me anything.

Category 3: Comfort and lack of awkwardness (n = 11). Most participants stated that feeling comfortable and having a minimal degree of awkwardness help to promote communication about sex. A few daughters likened communication about sex with their mothers to communication that would occur in a friendship. For instance:

Probably her being like a friend, being able to feel open just to talk about anything without her thinking... I don't know how to describe it."

Another daughter also described the lack of awkwardness and comfort of a friendship and the nurturing provided by her mother.

It would be like her being my best friend and just being able to just talk to her and just come out and be like, 'Wow, oh my gosh, so me and this guy had sex,' and that type of thing. And then her still being kind of the mom in it and like make sure that everything was good.

In addition, one daughter stated,

Making me feel comfortable when I'm talking to her about it. If I have questions or problems I can go to her.

In addition, a participant mentioned,

Well, obviously not being like weirded-out and being embarrassed about asking certain questions, so that kind of thing.

Category 4: Information provision (n = 3). A few daughters mentioned receiving advice and information as a characteristic of good communication about sex. For example:

I guess it would be like her telling me the basics and then letting me come to her with anything else and not pressuring me or forcing stuff out of me cause then I wouldn't really listen, because then it would be awkward. Giving me space and stuff. I like it best right before I go to bed, and it would only be like 10-15 minutes at a time. Like if I started getting uncomfortable to just stop and finish it later. And it would be [like] talking about a book that we really like and go over it together. Like read one chapter every week and talk about that chapter or something. And 'cause that would cover everything. And then if I had other questions, I'd be able to ask those.

Category 5: Non-judgmental and non-reactive (n = 3). Some daughters commented that it is most helpful when mothers do not make judgments or assumptions or react negatively to their questions about sex. In describing her mother's lack of awareness and feeling judged for her age, one daughter stated,

She doesn't really know what's going on. That's why she thinks I'm just a little kid because there's a lot of stuff that goes on. She doesn't know all the slang terms for stuff.

Another daughter shared,

To be able to talk to her about it and not have her start getting mad at me or something or getting all like 'Oh, my gosh, have you had sex!

Also with a concerned tone, one participant stated:

I want to talk about specific things that I'm curious about, but I can't talk to her about them because she'd find out something that I don't want her to know. So, I

guess a specific question I'd have would be about herpes, but I can't really ask her without her assuming something.

Domain 4: Mothers' Improvement Regarding Communication about Sex

For this domain, daughters were asked the following question: "What can your mother do to improve in her communication about sex?" Responses from this question as well as other questions throughout the interview yielded three categories.

Category 1: Modify communication style (n = 9). Several daughters articulated that their mothers could modify the ways in which they communicated about sex. For example: "Don't treat me like a little kid," "don't blurt out a topic," "wait for me to initiate conversations," "don't make long lectures," "talk to me one-on-one," and clarify to ensure understanding. One daughter shared,

Sometimes there's a story, like on the news, and she wants to talk about it, and she talks about it front of my brother and my dad. So I kind of don't really want to say anything. So maybe if she talked about it just me and her.

Category 2: Increase communication (n = 5). Some daughters wished that their mothers would talk more about sex and explain in more detail about "what it does and everything." Two examples of responses are:

Talk to me more about it. Tell me more about it, because she only says it sometimes.

She could bring it up every once in awhile, but not too often because that kind of presses it. I think if she like brought it up every once in a while in a conversation when we're talking about stuff it would be [ok].

Category 3: No suggestions for improvement (n = 4). A few participants reported no areas for their mother's improvement. All of these daughters more or less stated, "I think she does pretty good."

Domain 5: Daughters' Improvement Regarding Communication about Sex

For this domain, daughters were asked, "How you could improve your communication about sex?" Responses from this question as well as other questions throughout the interview were extracted and produced four categories.

Category 1: Increase communication (n = 11). Many participants expressed that they could increase the amount of questions and the frequency with which they talk with their mothers about sex. Two daughters also discussed a need to increase the extent to which they listen to their mothers. One participant stated,

I can improve by asking more questions about it and really listening to what she's saying.

Category 2: Increase openness and comfort with communication (n = 5). A few daughters discussed improving their openness and comfort. One daughter stated that she could be more open with her mother, but that she needed her mother to also be open and non-assuming in order for that to occur:

Back to the whole assuming thing, if I knew she wouldn't just assume something I'd feel a lot more open. And, like if every little thing wouldn't turn into a huge discussion, like it could be a little bit at a time, not like a big lecture and stuff. If that was the case, I guess I'd ask her questions. Every time something popped up I'd ask her if I knew she wouldn't assume stuff and start talking about other things.

Category 4: No suggestions for improvement (n = 2). A couple of daughters expressed that they did not think their communication needs improvement.

Category 3: Learn more about the topic (n = 1). One participant stated,

Well, learning more about it. And I guess that's it.

Domain 6: Daughters' Affect

This domain refers to daughters' emotions related to communicating with their

mothers about sex. They were asked the following questions: 1) In general, describe how you feel when talking with your mother about sex? And 2) How comfortable are you with talking with your mother about sex? Responses from these questions as well as other questions throughout the interview were extracted and produced three categories.

Category 1: Vacillating Feelings (n = 9). Several daughters discussed vacillating emotions when it comes to their mother-daughter communication about sex. These emotions included comfort, hesitancy, awkwardness, curiosity, discomfort, and apathy. One daughter shared,

Sometimes it can be uncomfortable, and other times I don't really care.

Category 2: Negative Affect (n = 5). Five participants described only negative feelings, including frustration, fear, anxiety, nervousness, awkwardness, lack of confidence, discomfort, and self-consciousness. For instance: "It's always uncomfortable, but I feel like I can talk to my mom about it because we have good communication. But it's always uncomfortable and stuff." Another daughter stated:

I feel kind of nervous about asking her anything, because I feel like if I ask her about something she'll assume. Like if I ask her something she'll assume I'm doing something, not just cause I'm curious. So it's kind of weird. [Just] Cause I'm asking about something, [she assumes] I'm planning on doing it, or I have been doing it, or I have done it, and stuff.

Category 3: Positive Affect (n = 1). One participant discussed only positive emotions in reference to her mother-daughter communication about sex. She expressed that she feels "pretty good, pretty comfortable."

*How is Mother-Daughter Communication About Sex Similar to and Different from
General Mother-Daughter communication?*

Domains and categories in this section pertain to daughters' perceptions of how their communication with their mothers about sex is similar or different to their overall communication. The interview question used to solicit this information was, "How is your communication about sex similar to or different from your overall communication with your mother (or communication about other topics)?" The impact of the word "or" will be addressed in Chapter 5. Table 18 illustrates the two domains and six categories.

Table 18

Daughters' Perceptions of Differences and Similarities Between General Communication
& Communication about Sex (n = 15)

Categories & Domains	n	Frequency
Domain 1: Differences		
Logistics	9	Typical
Negative affect	9	Typical
No differences	1	Variant
Domain 2: Similarities		
No similarities	9	Typical
Communication style	5	Variant
Important to learn like other topic	1	Variant

Note. General ≥ 14 , Typical = 8-13, Variant ≤ 7

Domain 1: Differences

This domain involves daughters' perceptions of differences between communication about sex and overall mother-daughter communication. There are three categories.

Category 1: Logistics (n = 9). Several participants identified logistical differences such as the frequency and length of discussions, conversation formats (e.g., one-on-one), and who initiates conversations and asks questions. One daughter said,

It's different. We talk about homework more often than we do that. Or other stuff we talk about more, like technology and how machines work.

Another daughter expressed,

It's mostly similar, but in some ways it's different. Like, there's not a lot of other people that they're talking to; it's just me and my mom. I don't really ever bring it up. It's usually someone else bringing it up.

Also, another daughter shared,

Yeah, I don't bring it up.

Category 2: Negative Affect: Awkwardness and discomfort (n = 9). Many daughters discussed feelings of discomfort, embarrassment, awkwardness, and an “intensity” that is unique to their mother-daughter communication about sex. Most referred to their own negative feelings, except for one participant who in describing her mother's discomfort stated,

Oh yeah, she seems really awkward about it. At times she feels really awkward answering some questions.

An example of a daughter's own discomfort is:

It's kind of different because with other things I'm more confident, but with sex it's a little more intimidating. But then I don't feel too scared that I can't talk about it. Like I can still talk about it with her.

In addition, one daughter stated,

I feel a little weirded-out because, again, it's the mom and daughter thing. She's your mom and she's not your best friend, who would be super excited for you. Your best friend wouldn't press like a million questions.

Category 5: No differences (n = 1). One participant denied any differences between her mother-daughter general communication and communication about sex.

Domain 2: Similarities

This domain concerns daughters' perceptions of similarities between their communication about sex and overall, general mother-daughter communication. There are two categories.

Category 1: No similarities (n = 9). A majority of daughters did not verbalize any similarities between their general communication and communication about sex.

Category 2: Communication style (n = 5). Some participants described similarities in communication style such as their own limited self-disclosure, mothers' consistent positive attitude, and both they and their mothers' openness to discussions.

One participant stated:

I think it's kind of similar because there are some things I can just blurt out to my mom and I don't really care, but there are some things that I have to be a little more careful about because they're kind of uncomfortable. Stuff at school can be a little bit uncomfortable to talk with my mom about.

From a more positive standpoint, another daughter stated that the communication is

...Similar because we're just open about it.

With a complimentary tone, another participant expressed,

I think because my mom doesn't usually change her attitude when she's talking, you know, she's always nice, and so she doesn't really change that. And she doesn't look awkward when she talks about it.

Category 3: Important to learn (n = 1). One daughter described the importance of her learning about sex similar to how she needs to learn about other topics.

What Prompts Mother-Daughter Communication about Sex and What is Discussed?

Results in this section pertain to daughters' descriptions of catalysts of mother-daughter communication about sex, topics discussed, and topics that daughters would like to talk about in future mother-daughter conversations about sex. There are 3 subsections for which responses were coded by frequency and summarized.

Catalysts of Mother-Daughter Conversations About Sex

Daughters were asked to describe their most recent conversation with their mother on the topic of sex and the catalyst(s) that prompted the conversation. They described nine catalysts, presented in Table 6 found in the mothers' results section. The most common responses were: the *Celebration of Change Program* ($n = 4$), did not identify a catalyst ($n = 3$), a church program ($n = 2$), and a school class ($n = 2$).

Topics Discussed

Daughters identified 12 sex-related topics that they had previously discussed with their mothers. Individual responses are presented in Table 7 in the mothers' results section. The most prevalent topic was pregnancy ($n = 9$), followed by negative consequences of sex before marriage ($n = 5$), dating behavior guidelines ($n = 4$), family values ($n = 4$), religious values ($n = 4$), and menstruation ($n = 3$).

Topics for Future Discussions

Four daughters identified five topics to discuss with their mothers in the future. These were topics that they had not yet talked about in their mother-daughter pair. The five topics were: mother's personal experiences ($n = 1$), pregnancy ($n = 1$), sexual intercourse ($n = 1$), when daughter will be old enough to have sex ($n=1$), and "how do I know when I should get married" ($n = 1$). These topics are summarized in Table 8 as

previously shown in the mothers' results section. The remaining 11 daughters reported either they could not think of any topics for discussion ($n = 9$) or did not want to talk about sex in the future ($n = 2$).

What are the Barriers to Mother-Daughter Communication about Sex?

The following one domain and three categories illustrated in Table 19 pertain to daughters' descriptions of barriers to communication about sex. The present study also assessed daughters' fears about mother-daughter communication about sex. Responses about fears were coded by frequency and summarized and will be presented later in this section. Redundancy between daughters' perceived barriers and fears about communication about sex will be discussed in Chapter 5.

Table 19

Daughters' Perceptions of Barriers to Communication About Sex ($n = 15$)

Domain & Categories	<i>n</i>	Frequency
Domain 1: Barriers to Communication About Sex		
Discomfort with the topic	12	Typical
Mother's or parent's negative reaction	9	Typical
Having time and finding the right time	6	Variant

Note. General ≥ 14 , Typical = 8-13, Variant ≤ 7 .

Domain 1: Barriers to Communication about Sex

Three interview questions specifically explored possible barriers to mother-daughter communication: 1) What if anything, holds you back from talking about sex with your mother? 2) What, if anything, makes it difficult to talk about sex with your mother? And, 3) overall, what do you fear most about talking with your mother about

sex? Responses from these questions and other questions throughout interview were coded and produced three categories.

Category 1: Discomfort with the topic (n = 12). The majority of daughters described negative feelings related to communicating with their mothers about sex as barriers. These feelings included awkwardness, discomfort, embarrassment, nervousness, and fear. For example:

Just the uncomfortableness is probably what holds me back.

Another daughter also stated,

It sort of makes me nervous.

In the quotation below, a daughter also explains her personal discomfort:

It's the fact that she's my mom and I'm the kid and it's like, 'Well, obviously you've done it, but do I really want to talk about that with you?' It's kind of awkward. Then she'll want to know if I've had it [sex], and then that type of thing. It's like, 'I don't want to talk about that with you'."

Category 2: Mother's or Parent's reaction (n = 9). Many participants discussed their parent's (primarily their mother's) negative reaction to questions or disclosures as an obstacle. The following three quotations illustrate this communication barrier:

Cause my parents already don't trust me and they think I'm making bad decisions. So I feel like if I talk to her about it, then I'll let them know that they're right. So then I've just been avoiding talking about anything...Boys, and her finding stuff out, and plain assuming things. I feel like if I ask her something and she comes to an assumptions, and she might restrict what I'm doing. Because of school I can't do stuff during the week, so I'm afraid she might take away my weekends or something if she's thinking that I'm doing something. She wouldn't let me go over my friend's house

But I think that sometimes at school you feel like, 'Oh, they'll laugh at me.' So sometimes you think...like your mom's going to laugh at you. But I know my mom won't. But it's just that thing like in the back of your head.

In addition, the following daughter discussed fears about her mother's judgment of

her curiosity and questions about sex.

I'm just afraid she might judge me, which I know she probably won't, but you always have that thought. She might think, 'Oh...'

Category 3: Having time and timing (n = 6). A few daughters described difficulties with making time, finding the right time and privacy, and mother's availability due to busy schedules, fatigue, or a "crabby mood." For instance:

Maybe that we don't talk about it as much.

Not having enough time is pretty much it.

I don't think it's that hard to talk about. We just haven't found the time . When you can do it. We're always out, or she's busy, or something like that.

Daughters' Fears

Participants were asked, "Overall what do you fear most about talking with your mother about sex?" Although there is some redundancy between findings for fears and barriers, fears may not necessarily prevent or hinder communication. Findings presented in Table 20 illustrate daughters' concerns.

Table 20

Daughters' Fears About Mother-Daughter Communication about Sex (n = 15)

Fears	<i>n</i>
Denied having any fears	5
Stated: "I don't know" (could not articulate)	4
Mother will respond, "Why are you asking that?"	3
Mother finding out information and daughter being punished	1
Mother will get worried and protective like my dad is already	1
Being embarrassed	1
Mother's disappointment	1
Mother's answer is different from what I thought sex was	1

Note. Some daughters discussed multiple fears.

What or Who are Sources of Influence for Mother-Daughter Communication about Sex?

The one domain in this section pertains to daughters' descriptions of sources of influences on communication about sex. Table 21 illustrates the one domain and three categories. Individuals' responses were previously presented in Table 12 in the mothers' results section.

Table 21

Daughters' Sources of Influence for Mother-Daughter Communication About Sex
(*n* = 15)

Domain & Categories	<i>n</i>	Frequency
Domain 1: Sources of Influence		
Positive influences	13	Typical
No influences	3	Variant
Undetermined nature of the influence	2	Variant

Note. General ≥ 14 , Typical = 8-13, Variant ≤ 7

Domain 1: Sources of Influence

Daughters were asked, "What or who influenced the way you communicate about sex? Three categories emerged.

Category 1: Positive influences (n = 13). A great majority of daughters described positive sources of influence that provided them with education and increased their comfort talking about sex. Six daughters identified their mothers as positive influences:

Probably my mom, because she'll talk to me. She'll just come and talk to me, and she'll ask me how my day went and I can talk to her, and I can tell her, 'Well, this went wrong.' And like, we'll talk about my friends and our fights, but then, you know, sometimes it will get deeper, but it's cool if we talk like that. I kind of get the feeling like I get to know her better.

A few daughters also described a friend as a positive influence. For instance:

I guess my friends. My friend mentioned that she and her mom had just had a big talk, and so then the next time my mom started talking about it, it wasn't as weird because I knew my friends were talking about it, you know being talked to too.

Another daughter expressed,

Well, my friend, she says that she can always talk to her mom about it, and she always feels comfortable. So I feel like that if she's going to be comfortable, then I can be comfortable, too.

Category 2: No influences (n = 3). A few daughters denied having an influence.

It was unclear if they understood the concept of a source of influence on their mother-daughter communication and had not been influenced or if they could not articulate their sources of influence.

Category 3: Unclear nature of influence (n = 2). One daughter expressed that stories told on television programs, in newspaper articles, and at school influence her communication with her mother. However, she did not specify the nature (e.g., positive negative, or mixed) of the influence.

What or Who are Models for Mother-Daughter Communication about Sex?

The three domains and seven categories in this section pertain to daughters' descriptions of models for communication about sex. Participants were asked the following questions: 1) Who or what has been a positive or negative model to you for communication about sex? 2) How did this model communicate about sex? 3) What did you learn from this model? And, 4) How has this model influenced the way you talk about sex with your mother? Individual responses are presented in Table 14 in the mothers' results section. There is some redundancy between results for influences and models, but these findings are reported separately because these are different concepts and were addressed in different questions. One participant could not identify any models

for her communication. It was unclear if she did not understand the concept of a model and could not articulate models or if she could not think of any particular models during the interview. Table 22 summarizes these findings.

Table 22

Daughters' Models for Mother-Daughter Communication About Sex ($n = 15$)

Domains & Categories	<i>n</i>	Frequency
Domain 1: Family Members, Primarily Mothers as Models		
Positive models	5	Variant
Negative models	1	Variant
Domain 2: Community Members as Models		
Positive models	5	Variant
Mixed models	1	Variant
Domain 3: Other Models		
Positive models	2	Variant
Negative models	2	Variant
Mixed models	2	Variant

Note. General ≥ 14 , Typical = 8-13, Variant ≤ 7

Domain 1: Parents and family members

Parents, primarily mothers, and family members were identified as models for communication about sex. There are two categories.

Category 1: Positive models ($n = 5$). A few participants described their mothers, parents, and “whole family” as positive models of communication about sex.

My whole family has been a positive thing because they want to protect me. There's really no one negative...Like when I'm going out with a group of friends, they talk about 'Don't do anything stupid. If there's a problem call us'...I've learned from them that this is a pretty important topic to talk about with your parents because they really want to protect you, to make sure that you don't do anything stupid...[they influenced me] because I want to ask more questions about the topic to see why it's so important.

One participant described her cousin as a positive model of communication because of her cousin's openness and willingness to discuss her problems with her mother. This participant remarked that this positive model showed her that she, too, could talk to her mother if she was struggling with a problem related to sex.

Category 2: Negative models (n = 1). One daughter identified her brother as illustrated in the following quotation:

Not my brother. He kind of ignores it. Like when my mom talks about it he ignores it. when she started talking about it, he looked out the window and said, 'hey, they have snow mobiles.'

Domain 2: Community Members as Models

A few participants identified some community members as models for communication about sex. There are three categories for this domain.

Category 1: Positive models (n = 5). A few participants identified the following community members as a positive model: a friend, a neighborhood couple, and health teachers. One neighborhood heterosexual couple was view positively due to the religious values modeled by their marriage. For another participant, her friend served as a model because of this friend's open style of communication about sex-related topics and trustworthiness. In addition, another participants expressed the following response:

My health teacher, [teacher's name] because he really, really, likes to shout when he has a microphone and everything... Well, our health teacher basically teaches it, and he shows videos and stuff...my health teacher, if he brings something up, it might be something I didn't know before, and that way I have something to talk to my mom about.

Category 2: Mixed models (n = 1). One daughter identified a friend as both a positive and negative model.

Probably one of my friends...She has a boyfriend, so she's kind of... I disagree with... but she just talks about stuff. I don't know if she's had an influence with me and my mom, but the stuff she's brought up, I don't know if I really want to talk about that with my mom, just more like a friends thing.

Domain 3: Other Models

Participants identified other models for communication about sex that did not fit in the previous sections. There are three categories.

Category 1: Positive models (n = 2). The Church and the *Celebration of Change* program were identified by participants as two additional positive models.

Positive I guess would be my church. Well, they're really open about it and tell you stuff, even if you don't want to hear it, they'll tell you stuff... Values and ways Like they tell you how to communicate with your parents more openly... It's a little more open just because I can talk about what we did and stuff like that, so it's a little bit easier.

The *Celebration of Change*. It was a positive [model] because there were other girls there that were doing the same thing, so I felt comfortable...I didn't really know if my mom wanted to talk about it, but then they kind of asked the questions to the moms, and my mom wrote this letter that said she'd be comfortable, so that kind of gave me the feeling that it's okay to talk with your mom about it...I learned that if you don't feel comfortable at first talking with your mom you could write her a little note and set it where she would look. Then she would write back, and then you could talk about it, and it would like start off a conversation – ways to start a conversation with her and not just go up and ask her straight out...It made me feel more comfortable.

Category 2: Negative models (n = 2). A couple of participants described television as a negative model due to the number of minors being portrayed as sexually active.

Category 3: Mixed model (n = 2). Two participants identified television as being both a positive and negative model. These daughters mentioned that there are too many characters having sex on television shows, but these also characters also provided examples of how to communicate with parents about sex.

How Does the Family Household and Friends Affect Communication about Sex?

The two domains and six categories in this section pertain to daughters' descriptions of the effects of their family household and friends on their mother-daughter communication about sex. There may be some redundancy between results for the following two domains and previous domains in which daughters identified family as a model or influence. However, separate questions about the effects of family members and friends on communication were used by the researcher due to the potential differences between the concepts of influences, models, the effects of the family household, and the effects of friends. Table 23 summarizes results for this section.

Table 23

Daughters' Perceptions of the Effects of Family and Friends on Mother-Daughter

Communication About Sex ($n = 15$)

Domains & Categories	<i>n</i>	Frequency
Domain 1: Effects of Family		
Inhibit communication	9	Typical
No effects	4	Variant
Support communication	2	Variant
Domain 2: Effects of Friends		
No effects	10	Variant
Support communication	3	Typical
Inhibit communication	2	Variant

Note. General ≥ 14 , Typical = 8-13, Variant ≤ 7

Domain 1: Effects of Family

For this domain, participants were asked about the impact of their family on mother-daughter communication about sex with the question: How does your family

household affect your mother-daughter communication about sex? Participant responses were coded into three categories.

Category 1: Inhibit communication (n = 9). Many daughters expressed that a lack of privacy due to siblings or another parent in the household inhibits their mother-daughter communication about sex. A few also mentioned their mothers' busy household schedule or lack of availability as inhibiting factors. For example:

It doesn't really [inhibit communication]. It's me, my mom, and my dad and my 12 year-old sister. And so my sister hears a lot of the same stuff I do which I kinda don't like cause she kinda is teaching a 12 year-old and 14 year-old the same thing. And I don't want my 12 year-old sister hearing the same stuff that I am, but at least she's good at not talking when my dad's around cause then I wouldn't ever go to her cause I'd be embarrassed in front of my dad.

No, I don't talk much because a lot of times I'm shy or my dad is talking about business to my mom because they have so many businesses, or we're watching a movie or something. I don't really talk much because I'm always doing something or another, too.

Category 2: No effects (n = 4). Some participants reported no effects of their family household on their mother-daughter communication about sex.

Category 3: Supports communication (n = 2). Two participants described how their siblings or father supported their mother-daughter communication about sex. For instance:

Well, my dad kind of affects the way me and my mom talk because sometimes the problems are because of him, because, you know, fathers and teenage daughters don't get along too well most of the time, and both of us have anger management problems. So, I'll go talk to my mom about something he did, and then she'll be like, 'Well, he's just worried about you,' and then it just starts to happen. We'll talk about boyfriends and that type of stuff.

My sister is really open herself, and I'm really good friends with her. She's three years older. She's been through some stuff, so she kind of helps me with it...

Sometimes we talk together, like all three of us maybe. It kind of helps me because we're kind of silly around each other, so it makes it more interesting I guess, so I'm not there just alone.

Domain 2: Effects of Friends on Communication

For this domain, participants were asked: How does your group of friends affect your communication about sex with your mom/daughter? There may be some redundancy between results for this domain and previous domains in which daughters identified friends as a model or influence. However, a separate question of the effects of friends on communication was intended by the reader due to the potential differences between the concepts of influences, models, and the "effects of friends."

Category 1: No effects (n = 10). Most daughters denied any effects of their friendships on their mother-daughter communication about sex. For example:

They don't really. I mean like if I know one of my friends was being really open with her mom or talking with her a lot, I guess I maybe would be a little bit more open, too. But not that much. Doesn't affect it.

Category 2: Support communication with mother (n = 3). Some participants reported that their friends promoted their mother-daughter communication by making it comfortable to talk about sex-related topics in their friendship. One daughter stated,

Well, my friend I was talking about earlier, she like – she's not really shy about talking about that kind of stuff, and so she kind of makes it easier for me.

Category 3: Inhibit communication (n = 2). A couple of daughters expressed that their friends inhibit their communication with their mom due to limited opportunities for discussion (e.g., due to spending time with friends) or an increased sense of discomfort due to sexual discussions with friends. For example,

I go over to my friend's house a lot, so it's probably keeping me away from her more, so we can't talk about it because we don't have enough time.

Another participant stated,

I guess they make it kind of – I don't know what would be a good word for it... they make it more uncomfortable probably... Yeah, because they talk kind of serious about it.

Main Sources of Sex Education

Daughters were asked to identify their main sources of education about sex. A total of 10 main sources of sex education were discussed. Individual participant responses were presented in Table 16 as shown in the mothers' results. Several daughters described school ($n = 9$), health class ($n = 6$), mothers ($n = 7$) and the *Celebration of Change* Program ($n = 6$) to be their main sources for sex education. Only two daughters identified their "parents" as a main source of sex education.

Summary of Results Mother's and Daughter's Responses

The purpose of this study was to explore mothers' and daughters' perceptions of their communication about sex. Specific topics explored were mothers' and daughters' definitions of sex and sexuality, communication, catalysts for communication, topics discussed, barriers and supports to communication about sex, sources of influence and models for sex communication, and main sources of sex education. Data analysis and consensus procedures yielded a total of 17 domains and 55 categories for mothers ($n = 15$), 15 domains and 44 categories for daughters ($n = 15$), and five subsections for both mothers and daughters.

Next, responses are compared across groups in order to determine similarities and differences between mothers and daughters. Table 24 contains a summary of the frequencies of domains and categories and the number of dyads that agreed regarding each category. Note that daughters' domains and categories for models are presented in a

way that corresponds with mothers' domains and categories, and therefore increases daughters' results to appear as 16 domains and 47 categories.

Table 24

Mothers' and Daughters' Perceptions of Their Communication About Sex: Domains & Categories (N=30)

	M <i>n</i>	Frequency	D <i>n</i>	Frequency	Dyads <i>n</i>
<i>Communication</i>					
Domain 1: Characteristics of Good Communication					
Specific Communication Behaviors	15	General	15	General	15
Openness of Expression	10	Typical	6	Variant	4
Trustworthiness, Comfort, & Safety	8	Typical	10	Typical	5
Domain 2: Current Overall Communication					
Mixed	9	Typical	4	Variant	3
Good	5	Variant	10	Typical	4
Declining Recently	1	Variant	1	Variant	1
Domain 3: Characteristics of Good Communication about Sex					
Comfortable	14	General	11	Typical	10
Specific communication behaviors	13	Typical	13	Typical	10
Openness & availability	11	Typical	12	Typical	11
Information provision	5	Variant	3	Variant	2
Privacy & time	5	Variant	0	--	0
Non-judgmental	0	--	3	Variant	0

Note. General ≥ 14 , Typical = 8-13, Variant ≤ 7 .

<u>Table 24 (Continued)</u>	M	Frequency	D	Frequency	Dyads
	<i>n</i>		<i>n</i>		<i>n</i>
Domain 4: Mother's Improvement					
Increase communication	10	Typical	5	Variant	3
Modify communication style	4	Variant	9	Typical	2
No improvements suggested	3	Variant	4	--	0
Increase comfort	1	Variant	0	Variant	0
Domain 5: Daughter's Improvement					
Increase openness and comfort with communication	12	Typical	5	Variant	5
Increase Communication	8	Variant	11	Typical	7
No improvements suggested	2	Variant	2	Variant	2
Learn more about the topic	0	--	1	Variant	0
Domain 6: Participant's Affect					
Vacillating Feelings	15	General	9	Typical	9
Negative only	0	--	5	Variant	0
Positive only	0	--	1	Variant	0

Note. General \geq 14, Typical = 8-13, Variant \leq 7.

Table 24 (Continued)	M <i>n</i>	Frequency	D <i>n</i>	Frequency	Dyads <i>n</i>
<i>Differences and Similarities Between General Communication & Communication about Sex</i>					
Domain 1: Differences					
Logistics	9	Typical	9	Typical	5
Negative affect	9	Typical	9	Typical	5
Communication style	8	Typical	0	--	0
Daughter's response	4	Variant	0	--	0
No differences	1	Variant	1	Variant	0
Domain 2: Similarities					
No similarities	11	Typical	9	Typical	6
Communication style	4	Variant	5	Variant	1
Important to learn like other topic	0	--	1	Variant	0
<i>Catalysts for Communication about Sex</i>					
Domain 1: Mothers' Perceptions of Daughters' Readiness Cues					
Sexual feelings and dating	10	Typical	0	--	0
Onset of puberty and menstruation	5	Variant	0	--	0
Daughter's comfort level	3	Variant	0	--	0

Note. General ≥ 14 , Typical = 8-13, Variant ≤ 7 .

<u>Table 24 (Continued)</u>	M	Frequency	D	Frequency	Dyads
	<i>n</i>		<i>n</i>		<i>n</i>
<i>Barriers to Communication About Sex</i>					
Domain 1: Barriers to Communication About Sex					
Fear and protection	11	Typical	0	--	0
Concerns about information provision	9	Typical	0	--	0
Daughter's/Mother's or parent's negative reaction	9	Typical	9	Typical	5
Discomfort with the topic	8	Typical	12	Typical	6
Having time and finding the right time	8	Typical	6	VARIANT	3
Personal disclosure concerns	6	VARIANT	0	--	0
What is developmentally appropriate information?	6	VARIANT	0	--	0
Uncertainty about what daughter comprehends	5	VARIANT	0	--	0
<i>Sources of Influence for Mother-Daughter Communication About Sex</i>					
Domain 1: Sources of Influence					
Positive influences	10	Typical	13	Typical	5
Negative influences	10	Typical	0	--	0
Mixed influences	2	VARIANT	0	--	0
Undetermined nature of the influence	1	VARIANT	2	VARIANT	0
No influences	0	--	3	VARIANT	0

Note. General ≥ 14 , Typical = 8-13, Variant ≤ 7 .

<u>Table 24 (Continued)</u>	M	Frequency	D	Frequency	Dyads
	<i>n</i>		<i>n</i>		<i>n</i>
<i>Models for Mother-Daughter Communication About Sex</i>					
Domain 1: Parents, Primarily Mothers as Models					
Negative models	7	Variant	0	--	0
Mixed models	2	Variant	0	--	0
Positive models	0	--	4	Variant	0
Domain 2: Family Members as Models					
Positive models	5	Variant	1	Variant	0
Negative models	1	Variant	1	Variant	0
Domain 3: Community Members as Models					
Positive models	4	Variant	5	Variant	1
Mixed models	1	Variant	1	Variant	0
Domain 4: Other Models					
Positive models	5	Variant	2	Variant	2
Mixed models	2	Variant	2	Variant	0
Negative models	0	--	2	Variant	0

Note. General ≥ 14 , Typical = 8-13, Variant ≤ 7 . In daughters' results section, domain 1 and 2 for models are merged into one domain titled, "Family Members, Primarily Mothers as Models."

<u>Table 24 (Continued)</u>	M	Frequency	D	Frequency	Dyads
	<i>n</i>		<i>n</i>		<i>n</i>
<i>Effects of Family and Friends on Mother-Daughter Communication About Sex</i>					
Domain 1: Effects of Family					
Inhibit communication	9	Typical	9	Typical	0
Partner's lack of support neither supports nor inhibits communication	7	Variant	0	--	4
Support communication	6	Variant	2	Variant	0
No effects	0	--	4	Variant	0
Domain 2: Effects of Friends					
Support communication	9	Typical	3	Variant	2
Mixed effects	4	Variant	0	--	0
No effects	2	Variant	10	Typical	2
Inhibit communication	0	--	2	Variant	0

Note. General ≥ 14 , Typical = 8-13, Variant ≤ 7 .

CHAPTER 5

Discussion

Given its potential effects on daughters' sexual and psychosocial identity development and health, mother-daughter communication about sex is an important research topic. The present study investigated mother-daughter communication about sex. Specific topics explored were mothers' and daughters' definitions of sex and sexuality, communication, catalysts for communication, topics discussed, fears, barriers and supports to communication about sex, sources of influence and models for sex communication, and main sources of sex education. Major findings are discussed in the next sections followed by study strengths, limitations, practice implications, and research recommendations.

How Do Mothers and Daughters Define Sex and Sexuality?

One unique aspect of the present study is that mothers and daughters were asked to discuss their personal definitions of sex and sexuality. The majority of mothers and daughters provided general definitions of sex, but struggled to define sexuality. Several mothers explained that they had never been asked to define sexuality before and daughters simply stated, "I don't know." It is most likely that mothers and daughters do not explicitly discuss the actual definitions of sex and sexuality when communicating about sex, and they are even less likely to discuss the more abstract concept of sexuality. Their difficulties defining sexuality reflect a need for education, programming, and further research focused on positive female sexuality. There is a paucity of research examining the mother-daughter communication about sex with the lens of sexuality as distinct from sex. Instead, the majority of studies focus on harm-reduction (e.g.,

unplanned teenage pregnancy, sexually transmitted diseases) as the justification for research. In contrast, the present study, along with a few other studies (Diamond, 2006; Fulbright, 2007; Maddock, 1989), point to the great need to address female sexuality and mother-daughter communication about sex as a healthy natural part of development.

A striking finding is that very few of the mothers and none of the daughters mentioned emotional and physical intimacy and/or pleasure in their definitions of sex and sexuality. Daughter's referred to "love" which by definition would be pleasurable. However, "love" seemed to be more of a context for which one should engage in sex or the act of having sexual intercourse (e.g., making love). The girls' definitions were rather vague and, in some cases, they idealized sex. This might be expected given their developmental level. Mothers provided more inclusive definitions of sex, referring to a range of sexual behaviors, but they did not mention pleasure and only two mothers discussed emotional intimacy in their definition of "sex." These findings suggest that mothers tend to use a more biological definition for sex, and they are unlikely to talk with their daughters about pleasurable aspects of sex or emotional and physical intimacy components of sexual relations. Given that prior research has not explored mothers and daughters' definitions of sex and sexuality, there are no prior research findings with which to compare the present results. However, research has found that mothers and daughters may rarely talk about the pleasurable aspects of sex (Bartle, 1994).

Mothers and daughters do not appear to discuss what sex and sexuality entail, or daughters do not comprehend what their mothers tell them. An additional consideration is that daughters may not have wanted to share what they know about sex and sexuality with this investigator due to embarrassment or discomfort.

How Do Mothers and Daughters Describe their Communication?

A number of the present findings concern mothers' and daughters' descriptions of their communication about sex. In this section the following results are discussed: mothers' and daughter descriptions of good communication versus good communication about sex; mothers' and daughters' descriptions of their overall communication about sex; mothers' and daughters' suggestions for their own improvement as well as each others' improvement in communication about sex, and; participants' affect related to communication about sex.

General Communication versus Communication about Sex

Mothers and daughters described "good communication" and "good communication about sex" as types of communication that share certain characteristics. Every participant reported that specific communication behaviors (e.g., talking, exchange of interactions and listening) were important. A few mothers and daughters also mentioned openness of expression, as well as trustworthiness, comfort, and safety, although there was less agreement within dyads about these characteristics.

Participants variously expressed that good communication about sex involves feeling comfortable and lacking awkwardness; openness and availability; specific communication behaviors (e.g., talking, mutuality of interactions and listening), and; information provision. Mothers were more concerned about the timing of initiating a discussion and privacy for these conversations; none of the daughters mentioned these aspects. Daughters were more concerned about non-judgmentalness; none of the mothers mentioned this dimension. Dyads were in highest agreement about feeling comfortable awkwardness, openness and availability, and specific communication behaviors.

Findings indicate that within and across dyads, mothers and daughters generally share similar views of what constitutes good communication and good communication about sex. Findings also reveal that mothers and daughter perceive sexual communication as having some unique components from general good communication. Findings from qualitative, observational studies support these findings. For example, Pluhar and Kuriloff (2004) suggest that the process of mother-daughter communication about sex may be more important than the content of the dialogue, particularly for fostering future discussions.

Most mothers and daughters positively described their overall communication with more mothers' describing mixed characteristics (e.g., ups and downs) while some daughters reported that their communication was "pretty good" or "fine." When asked to elaborate on their short descriptions, some daughters were not able to articulate the factors that made their mother-daughter communication "pretty good" or "fine." It was unclear if they were unaware of these factors or unable to articulate these factors. Approximately half of the dyads were in agreement regarding their descriptions of their overall communication about sex. While this level of dyad agreement is high compared to other findings in this study, it still suggests that mothers and daughters may perceive their communication differently. The findings indicate that satisfaction with communication about sex may only be as good as satisfaction with overall communication. Previous research found that the single greatest predictor of the quality of parent-child sexual communication was the quality of parent-child general communication (Hutchinson, 2002).

Several factors may have influenced mothers' and daughters' descriptions of their

mother-daughter communication. Due to their developmental level, daughters may have evaluated their mother-daughter communication more concretely (e.g., good or bad) rather than perceiving and articulating the nuances (e.g., having ups and downs). It is also possible that daughters were reluctant to accurately report how they feel about their communication with their mother due to fear of reprisal or because they felt protective of their mothers. Daughters may have had similar fears regarding the reactions of this investigator (e.g., that she would judge them negatively). It also is possible that individuals who have fairly good communication were more likely to volunteer for this study.

Improving Mother-Daughter Communication

Both mothers and daughters provided specific suggestions for improving their mother-daughter communication about sex. Both groups of participants identified specific ways in which they and the other dyad member can improve. Daughters might improve by increasing their openness and comfort with communication about sex, and increasing the overall amount and frequency of their communication. Mothers might improve by increasing the amount and frequency of their communication and modifying their communication style. Dyad agreement was relatively high regarding suggested improvements. A few daughters had no suggestions for their mothers' improvements, while members of two dyads were in agreement about having no suggestions for the daughter's improvement. Overall, mothers and daughters seemed to believe that their communication about sex could be improved.

Both mothers and daughters expressed mixed emotions about their communication about sex. Dyads shared a fairly high level of agreement with respect to

experiencing several different feelings. Some daughters described only negative feelings and one daughter described only positive feelings. In contrast, every mother reported feeling mixed emotions. Overall, it is clear that mothers and daughters experience a sense of discomfort or awkwardness related to discussing sex, and that these emotions are unique to this topic. Again, it is unclear if daughters were unaware of mixed feelings, did not know how to articulate such feelings or did not want to share their mixed feelings with this investigator. A “mixed” perspective involves higher level thinking versus a more concrete way of describing “good” or “bad” affect; thus, daughters’ developmental level may have influenced these results.

How is Sexual Communication Similar to and Different from General Communication?

When asked about similarities and differences between communication about sex and general communication within the mother-daughter dyad, mothers and daughters identified logistics and negative affect as major differences. Mothers also identified their daughters’ responses and the dyad’s communication style as differences. In contrast, a few mothers and daughters identified their dyad communication style as a similarity. However, most participants indicated no similarities between these two types of communication. There was moderate agreement within dyads, with members of five dyads identifying logistics and negative affect as unique components of communication about sex. Members of six dyads reported that there were no similarities between their general communication and communication about sex. A design issue may have influenced these findings. The word “or” was used in asking participants about the similarities “or” differences between their overall communication and communication about sex. Therefore participants may have been primed to only discuss similarities or

differences.

Overall, these findings further demonstrate that mothers and daughters perceive their communication about sex differently than their general communication. Negative affect, logistics, and concerns about each others' reactions distinguish their communication about sex from general mother-daughter communication. In addition, their definitions of good communication about sex and overall good communication differentiate these types of communication. Communication about sex is different in that it requires information provision, privacy and time, a nonjudgmental approach, and possibly more openness and availability in order to decrease awkwardness and discomfort and increase the likelihood that either dyad member would initiate a conversation.

What Prompts Mother-Daughter Communication about Sex and What is Discussed?

Mothers described daughters' cues regarding their readiness to communicate about sex as a catalyst for conversations. Daughters' readiness cues were sexual feelings, a desire to begin dating or current dating, onset of physical changes with puberty and menstruation, and daughters' comfort level with discussing sex. These findings are consistent with prior research studies (Thongpat, 2006). It appears that mothers may wait until they notice their daughters' cues and may in fact, delay critical communication about sex in their waiting process. These findings further suggest that mothers use a more passive approach to the timing of their communication about sex. In addition, it is possible that mothers may avoid talking about sex due to their own discomfort, but they justify this avoidance by focusing on their perception that their daughter is not yet "ready" to talk about sex.

Mothers and daughters described several situational catalysts that prompted their most recent conversations about sex, they identified several topics discussed in their mother-daughter communication about sex, and they shared ideas about what topics they would like to discuss in the future. There was variability across mother and daughter groups as well as within dyads regarding their descriptions of discussion topics. The majority of mother-daughter dyads did not agree on the situational catalyst and/or content of their most recent conversation about sex. This finding indicates that when it comes to recollection of their past conversations about sex, mothers and daughters describe different discussions and situations. This may be due to differing perceptions about what is important (Rosenthal & Feldman, 1999) or it may be indicative of the daughters' level of comprehension or openness to what their mother is saying. Furthermore, mothers may perceive that they are sharing more information, communicating more clearly, and talking about sex more often than they actually are. In addition, daughters may have been hesitant or reluctant to share what had been discussed in their most recent conversation about sex because of embarrassment, awkwardness, and discomfort talking with this investigator about such content. Furthermore, it may also be possible that what a mother perceives as communication about sex may not be perceived as being about sex by her daughter and vice versa. In part, it may depend on how mothers and daughters define sex and how explicitly they discuss sex-related topics. Finally a mother or daughter may not understand what a catalyst was for the other dyad member to initiate a conversation, therefore possibly creating apprehension, confusion, or less attention to what the conversation initiator may perceive as important.

The most frequent topics were: pregnancy; negative consequences of sex before marriage; dating behavior guidelines (e.g., holding hands and kissing), menstruation; family values; religious values, when sex is an okay choice; anatomy; emotional and physical aspects of sexual intimacy, anatomy, physical or “bodily” changes of puberty, and sexually transmitted diseases. The most frequent topics for future discussion were: sexual intercourse; oral sex; range of sexual behaviors between kissing and intercourse; romantic relationships and sex; attraction and sexual feelings; assertion skills, saying no, and dating safety, and; sexually transmitted diseases. These findings are consistent with previous research (Thongpat, 2006). In particular, the most frequently discussed topics are consistent with studies that investigated what mothers talked about with their daughters who were of similar ages to the present sample (Dilorio et al., 1998; Fox and Inazu, 1982).

What are Barriers to Mother-Daughter Communication about Sex?

Overall, participants identified several barriers to their communication about sex. Mothers identified eight barriers while daughters only described three barriers. Both groups identified the following common barriers: 1) discomfort with the topic, 2) having time and finding the right time, and 3) concerns about each other’s reactions particularly with respect to initiating a conversation and asking questions. Agreement within dyads was moderate for discomfort with the topic (n = 6 dyads) and concerns about each other’s reactions (n = 5 dyads), but less strong for having time and finding the right time (n = 3 dyads). In addition to their concerns about reactions when initiating conversations, mothers and daughters worry about the consequences of what they say during their communication about sex.

Mothers' additional barriers were: fear and protection, concerns about information provision, personal disclosure concerns, questions about what is developmentally appropriate information, and uncertainty about what daughters comprehend. Regarding information provision, mothers expressed ambivalence, wishing to talk to their daughters about sex but not wanting their daughters to actually know about sex. Also, mothers feared disclosure of their personal sexual experiences and they struggled with self-disclosure boundaries (e.g. what is appropriate to share) during mother-daughter conversations about sex. Several mothers discussed their uncertainty about the appropriate boundaries of what to share with their daughters about their personal sexual history. In addition, mothers struggled to initiate conversations and/or respond to daughters' questions. Their difficulties stemmed from uncertainty about developmentally- and age-appropriate topics to share with their daughters and uncertainty about their daughters' comprehension during previous discussions and their knowledge from other sources (school and friends). These findings indicate that mothers may face a greater number of barriers than their daughters with regards to communication about sex.

Mothers identified more obstacles than daughters. However, the number of obstacles does not necessarily reflect the magnitude of barriers experienced by an individual. Moreover, the ways that individuals cope with barriers influence their communication processes and outcomes. Coping was not directly investigated in the present study and thus, it comprises an important area for future research.

Although mothers and daughters talk in more quantity and frequency about sex than other parent-child dyads (Whalen et al., 1996), they, too, encounter barriers when it comes to their dialogues about sex. Barriers revealed by this study are consistent with the

previous literature on factors that make communication about sex difficult, prevent mothers and daughters from dialogue on this topic, and may create dysfunction in mother-daughter communication about sex. For example, mothers who are more comfortable and knowledgeable with regard to sex-related topics are more likely to respond to their daughters' questions about these topic or initiate a conversation (Fisher, 1986; Fulbright, 2007; Russo, 1992).

Mothers and daughters also experience fears related to their communication. Some of these fears overlap with barriers to their communication about sex. In an interesting finding for mothers was that some of their fears were not necessarily a barrier, but part of the mothers' experience of their daughters' developing sexuality. For example, one mother was fearful of a lack of communication and the possible consequence of harm to her daughter, but she was not fearful of the communication itself. All of daughters' fears overlapped with their descriptions of barriers to their mother-daughter communication about sex. Thus, daughters' fears seemed likely to be a communication barrier.

What or Who are Influences, Models, and Main Sources of Sex Education for Mothers and Daughters?

Participants identified several influences on their communication about sex. Positive influences precipitated thoughts, feelings, and attitudes related to communicating about sex that shaped mothers and daughters in ways that were desirable personally. Negative influences seemed to promote aversive negative thoughts, feelings, and attitudes about having sex and/or talking about sex. Negative influences often motivated participants to do things differently in terms of their development of sexual values, sexual

activity, and communication about sex. Negative influences also appeared to create what one mother termed “hang-ups,” including guilt, embarrassment, fear, and awkwardness related to sex.

Positive and negative influences included other people as well as other sources for information such as books and the popular culture media. Positive influences included a variety of sources: parents, friends, teacher/health class, other relatives, one’s self, and religious, educational and vocational influences. Negative influences also varied and included: parents, family household members, and friend’s parents. Mixed influences consisted of friends and mother.

Similar to influences on communication about sex, mothers and daughters discussed a variety of positive and negative models for their communication about sex. These models consisted of parents (primarily mothers), other family members, community members, and other models (i.e. books, television, classes, and the *Celebration of Change* workshop). Positive models demonstrated a targeted behavior that participants wanted to imitate in their own mother-daughter communication about sex. In addition, mothers and daughters identified with the attitudes and values of positive models. Positive models were: parents, relatives, partner, Church, neighbor, friend, book, *Celebration of Change* Program, college women’s health class, health teacher and health class.

In contrast, negative models embodied behaviors, values and attitudes related to sex that did not fit for mothers’ and daughters’ current constructions of sex and sex communication. Negative models seem to clash with their current values around sex. Negative models were: nephew, mother, parents, brother, and television shows and

movies. Finally, five mixed models were identified. These models had both positive and negative characteristics in terms of attitudes, behaviors, and values that participants do or do not want to imitate. They included: mother, father, parents, television shows, friend, and teachers

These findings reveal that mothers and daughters look to several different types of influences and models, including both people and inanimate objects, for information about sex communication. Furthermore, mothers have been strongly influenced by how their mothers did or did not communicate with them about sex. In fact, every mother expressed a desire to communicate with her daughter in ways that differed from how her own mother communicated with her. Due to the lack of research regarding mothers' and daughters' social construction of influences and models, there are few prior findings to compare with the present results. However, research has shown that parents, mothers, and friends are socialization agents for adolescent girls (Aronowitz et al., 2006).

It should also be noted that mothers' and daughters' influences and models sometimes overlapped between sources. It was unclear if participants, particularly daughters, understood and differentiated between the concepts of "influences" and "models" for communication about sex. It would have been helpful to include questions about mothers' and daughters' definitions of "models" and "influences" as part of the interview protocol. Some daughters struggled to identify models for communication about sex. The abstract nature of these concepts may have been too cognitively advanced for all daughters' developmental levels.

Participants identified seventeen main sources for sex education. The most frequent sources were books, *Celebration of Change* Program, mother, school health

class and school. School health class and school were not grouped together because it was unclear if other factors at school were sources of education besides health class. If combined, school and school health class constitute the most frequently identified source of sex education ($n = 18/30$).

As described in Chapter 2, the present study attempted to differentiate between communication about sex and sex education. Nevertheless, given the overlap in mothers' and daughters' responses regarding models for and influences on their communication about sex, it is possible that they did not clearly differentiate between main sources for sex education and communication about sex. However, mothers' and daughters' constructions of what constitutes an influence, a model, and a main source of sex education are important findings. Given that sexuality and sexual orientation vary among individuals, families, groups, and cultures, so too, may ideas about influences, models, and sources of education.

For the purpose of program development and counseling assistance, it is important to identify *how, where, and from what sources* mothers and daughters learn about sex and learn to talk about sex with each other. The present findings are consistent with social learning theory and social cognitive theory in that mothers and daughters reported developing attitudes, beliefs, knowledge, and behaviors through social modeling and social interaction processes.

How do Family Members and Friends Effect Mother-Daughter

Communication about Sex?

Guided by social cognitive theory, social learning theory, and relational communication theory, it was important to explore the impact of participants'

relationships or what may also be referred to as their *environment*. Adolescence is a time during which girls are socialized by their families as well as their peers. Peer influences become increasingly stronger sources as girls move into middle adolescence. Peer relationships are typically more egalitarian, mutually determined, and may involve greater feelings of shared understanding than mother-daughter relationships during adolescence (Yowell, 1997). One might say that the peer group is like *the family* during the teenage years, a socialization agent that influences girls' psychosocial and identity development.

The present findings regarding friends are somewhat consistent with prior research. A few daughters expressed that their friends supported their communication with their mother about sex. Peer relationships are source of socialization during adolescence (Rosenthal, Sensorick, and Feldman, 2001). However, several daughters expressed that their group of friends did not affect their mother-daughter communication about sex. These findings may be due to the daughters' lack of awareness or ability to articulate their friends' socialization effects. Several girls reported that they had not talked with their friends about sex. Developmental differences may have also influenced the findings. For instance, 13 and 14 year-old girls may talk with their friends about dating and sexual –related topics, whereas 12 year-old girls are less likely to have discussed such topics with their friends.

Mothers found their own friends to be a major source of support for their communication about sex. Friends were supportive in terms of verbal persuasion and encouragement, providing a venue for feedback and discussion about communication strategies. In addition, some mothers discussed specific topics with their friends such as

how to monitor a daughter's Face book activities and the risks of on-line predators and other risky situations resulting from daughters meeting romantic interests on-line.

Findings for the effects of family members on mother-daughter communication about sex are somewhat consistent with previous research on gender differences within the family unit. Prior studies indicate that mothers are significantly more involved in and more intentional about initiating parent-child communication about sex (Bennett, 1984; Jaccard & Dittus, 1993; Nolin & Petersen, 1992; Reinisch, 1990; Rosenthal & Feldman, 1999; Russo, 1992). Therefore it is not surprising that mothers and daughters demonstrated little or no discussion about the father's role in communication about sex. Apart from a few mothers positive comments about their partners' support of their communication about sex and their teamwork, there was little mention of a parental "team approach" to communication about sex. Of the mothers that described their partners as a support, a lesbian mother expressed she found it helpful for her daughter to have the support of two moms when it comes to mother-daughter communication about sex. Otherwise, surprisingly, stereotypical sex-roles emerged in regards to mothers believing that because they are the women of the household, it is their job to provide sex-related information. In addition, a few mothers mentioned a "double standard" with regard to how they talk with their sons about sex versus their daughters. These findings are consistent with findings with other studies, which point to a double standard for gender and more traditional sex roles (Kirby, 1995). These beliefs about the separation of mother's and fathers' responsibilities regarding parent-child communication may further perpetuate stereotypical sex-roles, gender divisions, and the limited amount of father-son

and father-daughter communication about sex as shown in previous literature (Whalen et al., 1996).

A number of mothers and daughters ($n = 18$) reported that family members within their household were an inhibiting factor to their communication about sex, while only a few ($n = 8$) considered them to be a supportive factor. However, dyad agreement was surprisingly low, with only four dyads in agreement that the dynamics of their family household inhibit their communication about sex. Overall, mothers and daughters appear to have different perceptions of the effects of other family members.

Findings regarding family and friends may have been affected by the interview protocol. Interview questions directly asked participants about the effects of their family and friends on their mother-daughter communication about sex. Direct solicitation about these potential sources of influences may have introduced bias into their responses as some participants may not have elected to discuss these individuals.

What are the Supports to Mother-Daughter Communication about Sex?

The results of this study reveal several possible supports for their mother-daughter communication about sex. These supports include: specific communication behaviors (listening, exchange of dialogue), openness and availability, feeling comfortable and a lack of awkwardness, information provision, a non-judgmental approach; privacy and time (environment); awareness, ability, and confidence to find the right time; friends, partners, and psychoeducational programs such as *Celebration of Change*; educational resources such as books, sex education in schools, personal comfort with sex, and personal comfort talking about sex in the parent-child dyad; positive influences and models for communication and negative influences and models. Indeed, virtually every

major factor discussed in response to other interview questions was mentioned as supports by at least some of the participants.

Summary

Mother-daughter communication about sex appears to be a more complex communication process as compared to their everyday general communication. Mothers and daughters described good communication about sex as having more characteristics than they articulated for good general communication. This perception of complexity may play a role in mothers' and daughters' struggles with this topic area.

Every mother and daughter in this study indicated that communication about sex is important, despite their difficulties in precisely defining sex and sexuality. Definitions were especially difficult for daughters. All of the participants struggled to varying degrees with differentiating the two concepts, and some seemed to lack confidence about the accuracy and/or comprehensiveness of their definitions. Mothers and daughters reported that they initiated little or no discussion about intimacy and/or pleasure as it relates to sex and sexuality. Furthermore, they described discomfort (vulnerability, awkwardness, uncertainty) related to discussing sex, feelings that are unique to this topic (at least with respect to their frequency and intensity). Mothers and daughters struggled with self-disclosure boundaries, and they were concerned about each others' reactions. They worried about the consequences of what they say during their mother-daughter communication about sex. Mothers expressed a certain ambivalence such as they wished to talk with their daughters about sex, but they did not want their daughters to actually know about sex. This ambivalence possibly is due to a belief that knowledge about sex

would precipitate sexual activity. Overall, mothers and daughters wished to improve their communication about sex.

The mothers in this study were strongly influenced by how their mothers did or did not communicate with them about sex. In fact, every mother expressed a desire to communicate differently than their mother communicated with them as an adolescent. This desire may increase the pressure that mothers feel to “get it right.” Most mothers and some daughters had specific ideas about topics they wished to discuss with each other in the future. Mothers and daughters generally indicated little or no inclusion of the father/other parent’s role in communication about sex. However, for a handful of mothers, their partners were involved in parent-child discussions about sex, including one lesbian couple. Only this handful of mothers referenced a “team approach” to communication about sex. The results also indicate that mothers’ and daughters’ general communication was better than their communication about sex. Nevertheless, most mothers and daughters wanted to talk with each other about sex regardless of their own comfort level.

Although mothers and daughters seemed to share some perspectives on their mother-daughter communication about sex, the level of dyad agreement was lower than might be desired. For instance, daughters did not seem to know why their mothers initiated conversations, and mothers did not feel confident in their assessments of their daughters’ comprehension. It is unknown why dyadic concordance was rather low. One possibility is that developmental differences result in mothers and daughters being on “different pages” vis a vis comprehension and ability to evaluate sex and sexuality issues. Another possibility is that they have different goals for their communication—mothers

primarily wish to protect their daughters from harm, while daughters primarily wish to avoid punishment. Yet another possibility is that both partners are so self-conscious during these communications that they are unable to take each other's perspective and thus lack insight regarding the other party's feelings and motivations.

Finally, the findings of this studies should be interpreted within the cultural context of the sample demographics: predominantly Caucasian, Judeo-Christian, and middle class. Given the influence of culture on values, beliefs, and behaviors related to sex and sexuality, the cultural composition of the participants may have impacted their responses. For example, social desirability related to a participant's religious beliefs might have impacted her level of self-disclosure and self-presentation.

Strengths of the Study

There are several strengths of the present study. For instance, use of a qualitative approach allowed for a more holistic investigation into the lived experiences of mothers and daughters with regard to their communication about sex. Furthermore, the interview protocol was based upon relational, social learning, and social cognitive theory and prior research findings, thus providing a comprehensive assessment of mother-daughter communication. The present study contributes to the previous literature in several respects, including: 1) comparison of mother and daughter perceptions about general communication and communication about sex; 2) consideration of social modeling and other influences for both mothers and daughters, allowing for more exploration of mothers' adolescent experiences and the impact of those experiences on their current communication with their daughters; 3) generation of detailed information concerning what mothers and daughters actually discuss, the catalysts for those discussions, and the

topics they wish to discuss in the future (the latter of which is unique to this study), and; 4) identification of both barriers and supports for good communication about sex. Another strength is that the sample was homogeneous enough to elicit themes and of an adequate size to obtain saturation (redundancy) of the data. Finally, except for domains pertaining to models, every domain in mothers' and daughter's results contained a related category with a *typical* frequency. This finding suggests that the domains and categories capture prevalent phenomena for this sample.

Limitations of the Study

There are several limitations to the present study. First, volunteer bias may have influenced the participants' responses, particularly if they possessed increased levels of awareness about communication due to their participation in the *Celebration of Change Program*. Every mother-daughter pair had participated in that program, receiving sex-related education as well as information about communication skills. Furthermore, this sample of mothers was fairly well educated, a factor that has been associated with increased levels of mother-daughter communication about sex (Roberts, 1982).

Similar to previous research (e.g., Tennyson, 2000), only mothers made initial contact with this researcher to express their interest in participating. Therefore, it is difficult to assess the extent to which daughters wanted to participate, or were apathetic and/or were coerced by mothers or other family members to participate in the study. Furthermore, in-person, face-to-face interviews may have precipitated socially desirable responses. Overall, daughters tended to convey more positive perceptions of their communication and they expressed few or no ways that their mothers could improve their communication about sex. Also, participant communication between interviews may

have influenced the response of one mother-daughter dyad. During the interview, the daughter of this dyad disclosed that she had talked about the interview content and process with another daughter who had already completed the interview. She reported that the other girl described her experience as “weird.”

The interview protocol presents limitations. As previously mentioned, questions designed to assess both similarities and differences might have been less effective in collecting data due to the use of the word “or” rather than “and.” In addition, the interview protocol directly asked participants about the effects of their family and friends on their mother-daughter communication about sex rather than allowing them to elect to mention these sources of influence. Also, some homogeneity of the sample was achieved through limitations on the daughters’ ages; however, developmental differences may still have impacted the findings. Finally, other factors such as mothers’ marital status, education level, and sexual orientation and daughters’ birth order and sexual orientation may have influenced the results. It would have been useful to assess daughters’ birth order to have more information about mothers’ potential level of familiarity and practice with these mother-daughter or mother-son conversations about sex. Furthermore, it would have been interesting and pertinent to ask mothers about the timing of their mother-daughter communication, when they first began talking with their daughters about sex and when they anticipate they will stop talking about this topic.

Counseling and Psychoeducation Implications

The results of this study provide several implications for counseling and psychoeducational programs. Mother-daughter communication about sex occurs within the mother daughter relationship and is part of this dyad’s overall communication.

Therefore, it is imperative that practitioners integrate relationship-building strategies and communication skills training into their psychoeducation programs and psychotherapy treatment modalities. As Hutchison (2002) suggests, a good quality and process for overall mother-daughter communication is crucial to establishing good communication about sex. Furthermore, it is important to provide mothers and daughters with education about specific styles of communication such as openness, empathy, and an interactive style to foster connectedness and more effective communication (including sexuality-related communication) in the mother-daughter relationship (Pluhar & Kuriloff, 2004). Practitioners also should encourage mothers and daughters to discuss more of the supports and barriers that they face when talking about sex. Validation of such concerns, as well as problem-solving about how to overcome barriers and most effectively utilize supports may be quite beneficial for mothers and daughters.

Furthermore, practitioners should seek specialized training and be familiar with the most current research on mother-daughter communication about sex. Because this research topic is interdisciplinary, with the nursing field being a leader in adolescent sexual health, consultation and education across disciplines is vital to create optimal services for mothers and daughters. It is also recommended that practitioners remain current with research for specific populations and continually renew their knowledge of cultural norms and values that may impact mother-daughter communication about sex and sexuality.

Research Recommendations

With respect to social learning theory and social cognitive theory, more research should be conducted on ways to increase mothers' and daughters' self-efficacy for their

communication about sex. Further studies of both communication about sex and general communication should be done to more fully determine how these relational processes are similar and different. A comparison of communication processes and interactions across topics would help researchers examine whether certain communication patterns and styles are unique to sexuality-related discussions or are part of a general parent-child way of communicating during adolescence (Whalen et al., 1996).

More research is needed about ways that mothers can convey healthy, positive sexuality messages to their daughters. Currently, research conveys a general negative spin on mother-daughter communication about sexuality, given its focus on challenges for mothers and daughters and risks for adolescent sexual decision-making. Prior research also has primarily investigated the effects of sex education programs on adolescent sexual behavior (e.g., O'Sullivan et al., 1999), the effects of mother-daughter communication on sexual behavior outcomes (e.g., Hutchinson, 2002), and the risks of mother-daughter communication about sexuality-related topics (Yowell, 1997). However, there is a gap in the research with respect to the exploration of possible outcomes of mother-daughter communication about sex besides sexual behavior. Research is needed that assesses how mother-daughter communication about sexuality might affect an adolescent girls' sexual identity, feelings about being a woman, and self-esteem. In other words, do conversations about sex and sexuality lead to anything besides sexual behaviors? A longitudinal design would be advantageous to examine how mother-daughter sexuality communication varies over time and whether it is related to future behaviors (Lefkowitz et al., 2002). This longitudinal design may also be used to explore how daughters' experiences of their

mother-daughter communication about sex are related to their own parent-child sexual communication, should they have children.

Continued investigation is needed concerning communication processes and mother-daughter perceptions of barriers and supports to their communication. Researchers have only recently begun to explore community factors that influence adolescent sexual behaviors (Aronowitz et al., 2006)

Another area for future research involves future investigation of sexual orientation as part of mother-daughter communication about sexuality and sex. Heterosexual orientation seems to be assumed in most research studies. How might mother-daughter communication about sexuality and sex be different or similar for mother-daughter dyads in which both individuals identify as heterosexual and mother-daughter dyads in which one or both individuals identify as homosexual? More investigation is needed about how mother-daughter communication about sex may be impacted by sexual orientation of parents and/or children. Related to the present study, research is needed about lesbian mothers' communication with their daughters about sex and the unique experiences and challenges of this mother-daughter pair. For example, a lesbian mother in the present study disclosed that her daughter was teased by kids at school for not having a dad, which prompted a discussion about reproduction. This mother was particularly concerned about her daughter's desire to protect her mothers and therefore, may not mention similar incidents of homophobia and ignorance in the future.

Regarding methodology, researchers should focus on the development of standardized measures of communication and the integration of these instruments with qualitative approaches. Regardless of the instruments used, sexuality-related

communication is regarded as a sensitive topic because such discussions involve the sharing of personal, intimate experiences (Orgocka, 2004). Therefore, despite their limitations, surveys, focus groups and individual interviews seem to be the most appropriate methods to study mother-daughter communication about sex and sexuality.

Finally, it is noteworthy that the quantity of research on mother-daughter communication greatly exceeds the number of studies on father-daughter communication. Although father-daughter communication was not the subject of this review, this father-child relationship should be explored more thoroughly, as fathers have been found to be an important source of influence on teen girls' psychosexual development

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Appendix A

Mother-Daughter Communication:



Mother and daughter volunteers are needed!

Mothers and daughters (ages 12 to 14) are needed for a study exploring what mothers and daughters think and feel about their communication about sex.

What: A 60-minute interview.

Receive \$30 for your participation.

- Mother and daughter participants will each receive \$15 and a list of helpful educational and communication resources.
- *Optional:* 30-minute discussion about communication skills and strategies.

Interested? Contact:

Carli Braun, M.A.
Department of Educational Psychology
University of Minnesota
Email: cbraun@umn.edu
Phone: 612-801-8989

Appendix B

Interviewer: Carli Braun, M.A., Principal Investigator

Date: _____

Time: _____

Participant #: _____ (*assigned at end of the screening if interested and eligible*)

RECRUITMENT AND SCREENING PROTOCOL

Hello,

My name is Carli Braun. I am an Annex Teen Clinic volunteer and a doctoral student at the University of Minnesota in Counseling Psychology. I have worked with the Celebration of Change program for five years and I received your name as a registered participant of this program. Is this correct?

I am exploring mother-daughter communication about sex for my PhD dissertation research. Do you have a few minutes to speak with me about the possibility of participating in my research?

Thank you. I will give you some background information on the study and please let me know if you have any questions:

I am conducting a study to explore mothers' and daughters' perspectives on their communication about sex and what helps and hinders mother-daughter communication on this topic. Mothers and daughters who agree to participate will be asked to complete a brief demographic questionnaire and an individual 30 to 45-minute interview. I will be conducting all of the interviews. As I mentioned before, my name is Carli Braun. I am a doctoral level counselor with 5 years of experience working with mothers and daughters through the "Celebration of Change" program, clinical experience working with adolescent girls, and related research and program development experience.

You and your daughter would be interviewed separately. The interviewer will ask you and your daughter open-ended questions such as, "What have been your main source (s) for education about sex?", and "Describe what you consider to be good communication about sex with your mother/daughter?" All interviews will be audio-taped. Potential risks for participating in this study include some discomfort with answering open-ended questions about a sensitive topic. There are benefits for participating in this study. You will each receive \$15 as an incentive for your participation. Also, following the 45-minute interviews, you will be provided with an optional 30-minute, combined mother-daughter session to discuss any questions you might have about communication skills and resources to support your mother-daughter communication.

Appendix B (Continued)

All information will be kept confidential; your individual responses will not be shared with anyone, and no names will be used to identify participants for the research study. Results of the study will consist of common themes about communication across the entire sample of mother and daughter pairs. Anonymous quotations may be used to illustrate a common theme, but no identifying information will be disclosed.

If you and your daughter agree to participate, we will set up a time and place for each of you to be interviewed. You will be interviewed individually, but for your convenience mother and daughter interviews will be conducted simultaneously in adjacent rooms. The interview locations are rooms at the Annex Teen Clinic or Burton Hall on the University of Minnesota campus in Minneapolis. If you cannot meet at one of these locations due to transportation, we could arrange to interview you and your daughter in your home.

Also, you may withdraw from the study at any time without penalty, and you may decline to answer any of the interview questions.

Do you have any questions about participating?

I realize you may want to speak with your daughter about her willingness to participate. From what you've heard so far, are you interested in participating in the study?

Yes No Not Sure

If yes:

Okay, I will need to ask you a few questions to ensure that you are eligible to participate in the study. I need to let you know that your responses to these questions will be kept confidential.

1. Have you and your daughter participated in the Celebration of Change Program?

Yes No

2. How old is your daughter? _____

3. What is her birthday? Month_____ Year_____

4. What is your relationship to your daughter?

Biological mother

Step-mother

Adoptive Mother

Legal guardian (Guardian ad litem – not eligible)

Foster mother (not eligible)

Appendix B (Continued)

- Aunt (not eligible)
- Grandmother (not eligible)
- Other (Please specify) _____

Eligible?

- Yes, eligible.*
- No, not eligible.*

If eligible,

At this time, I'd like to let you know that you and your daughter are eligible to participate in the study. Would you like to set up a time for me to call back to confirm your participation after you have spoken with your daughter?

If not eligible,

I'm sorry. Based on study criteria, you are not eligible to participate. I would be happy to send you resources on communication skills. Would you be interested in receiving these materials? What is your mailing address?

Address:

Appendix C

Interviewer: Carli Braun, M.A., Principal Investigator

Date: _____

Time: _____

Participant #: _____ (*assigned at end of the screening if interested and eligible*)

SECOND PHONE CALL TO CONFIRM PARTICIPATION

Hello,

This is Carli Braun calling regarding your participation in a study exploring mother and daughter perspectives on mother-daughter communication about sex. I am following up about your study participation. Do you have any questions at this time?

Are you and your daughter interested in participating in this study?

Yes _____

No _____

At what location would you like to complete the interview?

Annex Teen Clinic _____

Burton Hall, University of Minnesota campus _____

Provide participants' home as last option if there are mobility, transportation, or scheduling issues that prevent the other two options for interview sites.

Participants' Home _____

I will be sending you two consent forms to review, one for you and one for your daughter. I will also be sending you a confirmation of the time, date, and location.

Address: _____

Thank you for your participation. I will sending the materials to you within the next day and will also be providing a reminder call two days before the interview. Please free to contact me if you have any questions.

Provide email (cbraun@umn.edu) and phone number (612-801-8989).

Goodbye.

Appendix D

Mother-Daughter Communication Study
University of Minnesota

Participation Assent for Daughters

We are asking if you are willing to participate in an interview about your communication about sex with your mother. We are trying to learn more about mother-daughter communication about sex for girls your age and their moms. Because you are 12-14 years old and have completed the Celebration of Change program, we are asking if you want to be in the study. We hope that talking with mothers and daughters about their communication will help us understand what helps and what makes it hard for mothers and daughters to talk about sex. We also hope that we'll learn more about how to help mothers and daughters talk with each other about sex.

If you agree to participate in this study, we will ask you to fill out a form that asks you information such as your age, ethnicity/race, and religion. We will also ask you to talk with a female interviewer for approximately 30 to 45 minutes about your communication with your mom about sex. Your mom will be interviewed before or after you and will be asked the same questions. Following the interview, you and your mom will be offered the option to meet with a counselor for 30 minutes to discuss any questions you might have about communication skills and resources to support your mother-daughter communication. You may choose to not speak with a counselor.

You may feel uncomfortable answering questions for this study.

For your participation, you will be given \$15. Your mom will also be given \$15. If you decide that you do not want to answer any question or want to stop participating in the study after you have begun the interview, you and your mom will still each receive \$15.

Anything you share as part of this study will remain confidential. Your individual answers will not be shared with your mother or with anyone else.

You can decide if you do or don't want to participate in this study. If you say no, no one will be mad at you. If say yes, you may choose to not answer any questions that make you uncomfortable. You may also choose to stop participating at any time.

You can ask any questions that you have about this study. If you have a question later that you didn't think of now, you can ask any time at any time during or after study.

Signing below means that you have read this form or had someone read it to you and you are willing to be in this study. If you don't want to be in the study, don't sign this paper. Being in this study is your choice and no one will be mad at you if you say no or even if you change your mind later.

Signature of participant _____ Date _____

Signature of person explaining study _____

Appendix E

Mother-Daughter Communication Study University of Minnesota

Participation Consent for Mothers

Thank you for your interest in participating in this research study. You are invited to be a part of a research study exploring mothers' and adolescent daughters' perceptions of communication about sex. You were selected as a possible participant because you are the parent/guardian of an adolescent girl (age 12 to 14) and have completed the Celebration of Change Program sponsored by the Annex Teen Clinic. This study is being conducted by Carli Braun, M.A., a doctoral candidate in Counseling Psychology at the University of Minnesota and Annex Teen Clinic volunteer.

Background Information:

The purpose of this study is to better understand mothers' and adolescent daughters' perceptions of communication about sex. This study will explore mothers' and daughters' thoughts and feelings about mother-daughter communication about sex.

Procedure:

If you agree to participate in this study, you will be asked to complete a short demographic questionnaire and participate in an individual 30- to 45-minute interview. Your daughter will also be interviewed individually. You and your daughter will be asked the same questions during the interviews. Also, following the interviews, you will be offered an optional 30-minute combined mother-daughter session to discuss any questions you might have about communication skills and resources to support your mother-daughter communication. You may choose to decline this optional session at no penalty.

Risks and Benefits of Being in the Study:

There are no direct benefits to participating in this study. The only potential risk is that you may experience mild discomfort in talking about sensitive matters.

Confidentiality:

The records of this study will be kept confidential and your name and your daughter's name will not be associated with your responses. In any sort of report that might be published, no information will be included that will make it possible to identify you or other participants. The interview transcripts and your contact information will be stored separately in a secured location and will only be accessed by research team members. All of your answers will remain confidential.

Compensation of \$30

For your participation, you and your daughter will each receive \$15.

APPENDIX E (Continued)

Voluntary Nature of the Study:

Your decision to participate is completely voluntary. Your decision to not participate will not have any negative effects and will not affect your relationship with the University of Minnesota or the Annex Teen Clinic. If you decide to participate, you are free to withdraw at any time or refuse to answer any question. Should you choose to withdraw from the study after starting the interview or choose to not answer any question, you and your daughter will still each receive \$15.

Contacts and Questions:

You may ask any questions you have at the beginning of your interview. If you have any questions later, you may contact the principal researcher, Carli Braun by email at cbraun@umn.edu or by cell phone (612) 801- 8989. You may also contact Carli Braun's academic adviser, who is supervising this research, with any questions. Her name is Patricia McCarthy Veach, Ph.D., L.P., and can be reached by email at veach001@umn.edu or phone at 612-624-3580.

If you have any questions or concerns regarding the study and would like to talk to someone other than the researcher, contact Research Subjects' Advocate Line, D528 Mayo, 420 Delaware Street S.E., Minneapolis, Minnesota 55455; telephone (612) 625-1650.

You will be given a copy of this form for your records.

Statement of Consent:

I have read the above information. I have asked questions and received answers. I consent to participate in the study.

Participant Signature _____

Date: _____

Signature of Investigator or Interviewer Obtaining Consent _____

Date: _____

IRB # _____

Expiration date: _____

Appendix F

Interviewer: _____

Date: _____

Time: _____

Participant #: _____

INTERVIEW PROTOCOL

Principal Investigator Administers Informed Consent to Mother and Daughter:

Thank you for your willingness to participate. Before we begin the interview, I want to review the informed consent. You should have received a copy by mail.

You have been selected to participate in a study to explore mothers' and daughters' perspectives on their communication about sex and what helps and hinders mother-daughter communication on this topic. You will be asked to complete a brief demographic questionnaire and a 45-minute audio-taped interview.

The interviewer will ask open-ended questions such as, "What have been your main source (s) for education about sex?", and "Describe what you consider good communication about sex with your mother/daughter?" Potential risk for participating in this study includes some discomfort with answering open-ended questions about a sensitive topic. There are benefits for participating in this study. You will each receive \$15 as an incentive for your participation. Also, following the 45-minute interviews, you will be provided with an optional 30-minute combined mother-daughter session to discuss any questions you might have about communication skills and resources to support your mother-daughter communication.

All information will be kept confidential; your individual responses will not be shared with anyone, and no names will be used to identify participants for the research study. Results of the study will consist of common themes about communication across the entire sample of mother and daughter pairs. Anonymous quotations may be used to illustrate a common theme, but no identifying information will be disclosed.

Also, if you choose to, you may stop the interview at any time without penalty, and you may decline to answer any of the interview questions.

Do you have any questions about participating?

(Principal investigator reviews informed consent statement)

Do you have any questions?

APPENDIX F (Continued)

(Principal investigator answers any questions.)

Interviewer: First I would like you to complete this demographic questionnaire. Please let me know if you have any questions as you fill it out.

(Principal investigator answers any questions and directs mothers and daughters to interview rooms)

INDIVIDUAL INTERVIEW PROTOCOL

Interviewer asks again at beginning of interview if participant has any questions about the interview. This step is mainly intended for daughters in case they were not comfortable asking any questions in front of their mother. Interviewer reminds participants that interview information will not be shared with the other dyad member.

Interviewer: Do you have any questions before we begin?

Interviewer: Now we'll go through a series of open-ended questions. Please answer as openly as possible and try to express your thoughts and feelings as accurately as possible. Please let me know if you have any questions or feel uncomfortable at any time.

1. In general, describe what you consider to be good communication with another person?

Prompted: Yes
 No

Prompts Used: Restated the question
 Give an example
 Asked for elaboration of response
 Asked for clarification
 Other (specify) _____

2. Describe what you consider to be good communication with your mother/daughter about sex?

Prompted: Yes
 No

Prompts Used: Restated the question
 Give an example
 Asked for elaboration of response
 Asked for clarification
 Other (specify) _____

APPENDIX F (Continued)

3. How do you define sex?

Prompted: Yes
 No

Prompts Used: Restated the question
 Give an example
 Asked for elaboration of response
 Asked for clarification
 Other (specify) _____

4. How do you define sexuality?

Prompted: Yes
 No

Prompts Used: Restated the question
 Give an example
 Asked for elaboration of response
 Asked for clarification
 Other (specify) _____

5. Tell me about the most recent time you talked about sex with your mother/daughter?
(*Prompt Examples:* Describe what you talked about. What was the experience like for you? How did you feel?)

Prompted: Yes
 No

Prompts Used: Restated the question
 Give an example
 Asked for elaboration of response
 Asked for clarification
 Other (specify) _____

6. In general, describe how you feel when talking with your mother/daughter about sex?
(What's it like for you?)

Prompted: Yes
 No

Prompts Used: Restated the question
 Give an example

APPENDIX F (Continued)

- Asked for elaboration of response
- Asked for clarification
- Other (specify) _____

7. What or who influenced the way you communicate about sex?

Prompted: Yes
 No

Prompts Used: Restated the question
 Give an example
 Asked for elaboration of response
 Asked for clarification
 Other (specify) _____

8. How comfortable are you about talking with your mother/daughter about sex?

Prompted: Yes
 No

Prompts Used: Restated the question
 Give an example
 Asked for elaboration of response
 Asked for clarification
 Other (specify) _____

9. What do you think your mother/daughter would say about how you feel about talking about sex?

Prompted: Yes
 No

Prompts Used: Restated the question
 Give an example
 Asked for elaboration of response
 Asked for clarification
 Other (specify) _____

10. What do you think your mother/daughter would say about the ways you communicate with her about sex?

Prompted: Yes
 No

APPENDIX F (Continued)

Prompts Used: Restated the question
 Give an example
 Asked for elaboration of response
 Asked for clarification
 Other (specify)_____

11. How you could improve your communication about sex?

Prompted: Yes
 No

Prompts Used: Restated the question
 Give an example
 Asked for elaboration of response
 Asked for clarification
 Other (specify)_____

12. What can your mother/daughter do to improve in her communication about sex?

Prompted: Yes
 No

Prompts Used: Restated the question
 Give an example
 Asked for elaboration of response
 Asked for clarification
 Other (specify)_____

13. How does your family household affect your mother-daughter communication about sex ?

(Standard prompts: *The way things are in your home*, Father? Partner/Spouse? Siblings? Family dynamics?)

Prompted: Yes
 No

Prompts Used: Restated the question
 Give an example
 Asked for elaboration of response
 Asked for clarification
 Other (specify)_____

APPENDIX F (Continued)

14. How does your group of friends affect your communication with your mother/daughter about sex?

Prompted: ___ Yes
 ___ No

Prompts Used: ___ Restated the question
 ___ Give an example
 ___ Asked for elaboration of response
 ___ Asked for clarification
 ___ Other (specify)_____

15. Who or what has been a positive or negative model to you for communication about sex?

Prompted: ___ Yes
 ___ No

Prompts Used: ___ Restated the question
 ___ Give an example
 ___ Asked for elaboration of response
 ___ Asked for clarification
 ___ Other (specify)_____

16. How did this person communicate about sex?

Prompted: ___ Yes
 ___ No

Prompts Used: ___ Restated the question
 ___ Give an example
 ___ Asked for elaboration of response
 ___ Asked for clarification
 ___ Other (specify)_____

17. What did you learn from this person?
(*Prompt Examples:* Ways to communicate? Attitudes? Values? Education?)

Prompted: ___ Yes
 ___ No

Prompts Used: ___ Restated the question
 ___ Give an example

APPENDIX F (Continued)

- Asked for elaboration of response
- Asked for clarification
- Other (specify) _____

18. How has this person or people influenced the way you talk with your mother/daughter about sex?

Prompted: Yes
 No

Prompts Used: Restated the question
 Give an example
 Asked for elaboration of response
 Asked for clarification
 Other (specify) _____

19. What have been your main source (s) for education about sex?

Prompted: Yes
 No

Prompts Used: Restated the question
 Give an example
 Asked for elaboration of response
 Asked for clarification
 Other (specify) _____

20. Describe your overall communication with your mother/daughter?

Prompted: Yes
 No

Prompts Used: Restated the question
 Give an example
 Asked for elaboration of response
 Asked for clarification
 Other (specify) _____

21. How is your communication about sex similar to or different from your overall, general communication with your mother/daughter?

Prompted: Yes
 No

APPENDIX F (Continued)

Prompts Used: Restated the question
 Give an example
 Asked for elaboration of response
 Asked for clarification
 Other (specify) _____

22. What if anything, holds you back from talking about sex with your daughter/mother?

Prompted: Yes
 No

Prompts Used: Restated the question
 Give an example
 Asked for elaboration of response
 Asked for clarification
 Other (specify) _____

23. What, if anything, makes it difficult to talk about sex with your mother/daughter?

Prompted: Yes
 No

Prompts Used: Restated the question
 Give an example
 Asked for elaboration of response
 Asked for clarification
 Other (specify) _____

24. In general in the topic of sex, what haven't you talked with your mother/daughter that you'd like to talk about with her?

Prompted: Yes
 No

Prompts Used: Restated the question
 Give an example
 Asked for elaboration of response
 Asked for clarification
 Other (specify) _____

25. Overall, what would you need to have good communication about sex with your mom?

APPENDIX F (Continued)

(Standard prompts: What would it look like in your specific relationship? How would you talk with each other and what topics would it include?)

Prompted: Yes
 No

Prompts Used: Restated the question
 Give an example
 Asked for elaboration of response
 Asked for clarification
 Other (specify) _____

26. Overall, what do you fear most about talking with your daughter/mother about sex?

Prompted: Yes
 No

Prompts Used: Restated the question
 Give an example
 Asked for elaboration of response
 Asked for clarification
 Other (specify) _____

27. Overall, what was this interview like for you? How did you feel? Any surprises?

Prompted: Yes
 No

Prompts Used: Restated the question
 Give an example
 Asked for elaboration of response
 Asked for clarification
 Other (specify) _____

28. Before we end this interview, is there anything else would you like to share?

Interviewer: This concludes our interview. Here is your \$15 incentive for participating in this study. I want to thank you for your time and participation in this study. If you would like to add or modify anything you said in the study, you may contact the principal investigator, Carli Braun at cbraun@umn.edu.

Interview Duration: _____

Interviewer's Notes:

Appendix G

Mothers' Definitions of Sex (n=15)

Definitions	<i>n</i>
Sexual intercourse and oral sex.	2
Intercourse.	2
Any unclothed physical contact including oral sex and intercourse.	1
A very intimate physical and emotional relationship between two people which requires both physical and emotional readiness.	1
The act of sexual intercourse between two people.	1
Whether a person is male or female and sexual intercourse.	1
The act of what married people do including oral sex and any sexual activity beyond kissing.	1
Reproduction, sharing your body with another person.	1
The interaction between a man and a woman, which includes intercourse and other acts, which may lead to intercourse.	1
The act of intercourse and things leading up to it.	1
Anything that concerns either your own body or physical contact with another person.	1
Anything from heavy petting, to oral sex, and intercourse.	1
Different levels of physical and emotional intimacy between two or more people	1
Sex includes different kinds of sexual contact including kissing, hugging, touching and feeling with and without clothes, oral sex – covering the whole gamut.	1

Note. Three mothers specifically referenced that sexual intercourse is not just heterosexual acts and may included same-sex partners. One mother discussed multiple partners. Participants' responses have been paraphrased.

Appendix H

Mothers' Definitions of Sexuality (n=15)

Definitions	<i>n</i>
It's whom you choose to be physically and emotionally intimate with and may vary between different people.	2
How you view yourself, who you are inside.	2
Your awareness of yourself, how you feel about your body, and the intimate feelings that you have toward other people.	1
A physical awareness of your body.	1
Your [sexual] preference.	1
How you feel about a person, how you behave, and what you're wearing that attracts male or females contributes to people's thoughts about you and you're willing to, or willing not to, engage in sexual activity.	1
I don't know.	1
The interest in, the action of – of the sex act itself.	1
How you feel about your self, body, and gender, how you wear your clothes, do different activities, and you express yourself - if you show that you respect your body or trying to let anybody see anything.	1
It's an innate sense of who you are, what you look like, how you act, how you feel about yourself that you either have or your don't have.	1
The understanding of your body, how it works and, as a woman, the whole cycle of sex, birth, and having babies.	1
A person's feeling of their own sexuality is their feeling of confidence and maturity, as well as their degrees of experience in sexual relationships and how much they want to pursue sexual contact with others too.	1
Sexuality is something that comes with time and experience, evolving into who you are beyond the action of being sexual.	1

Note. Participants' responses have been paraphrased.

Appendix I

Daughters' Definitions of Sex (n=15)

Definitions	<i>n</i>
I don't know	3
When a male and female love each other and want to have kids	1
Intimate relationships between two people	1
Having a relationship with someone and sleeping together	1
Oral Sex and "Actual Sex Sex"	1
How two people make a baby	1
The TV version of Love	1
Two people getting together to have kids	1
If you love someone it's making love, not sex	1
Being intimate with someone you love	1
Something physical that you do when you're married	1
A male and female get married, have a baby, and get pregnant.	1
When two people love each other and they create a new person	1

Note. Participants' responses have been paraphrased.

Appendix J

Daughters' Definitions of Sexuality (n=15)

Definitions	<i>n</i>
I don't know	11
Same thing as sex: <i>When two people love each other and they create a new person</i>	1
Your sexual orientation and If you're sexually active	1
Your Feelings for someone	1
Conveying a message that you want to <i>get really involved</i>	1

Note. Participants' responses have been paraphrased.