The Relationship of Supportive Communication to Sex Discussion in the Home

Michael R. Neer
University of Missouri at Kansas City
Clay Warren
University College of Cape Breton, Canada

Supportive communication was examined as a component of mothers' sex discussion with children. Results demonstrated that mothers who communicated supportively were more open and disclosing when discussing sex and were more likely to provide sons with birth control information and instruction than mothers who communicated nonsupportively. The study concludes by raising several issues for future research and sex education programs for parents.

Introduction. In the last two decades, research has examined several issues relevant to understanding what has now become a national epidemic of unwanted teenage pregnancy in the United States. More than three-quarters of a million teenagers experience a premarital pregnancy each year, half of which end in abortion (National Center for Health Statistics, 1985; U.S. Bureau of the Census, 1984). Considerable research has focused on the causes of teenage pregnancy and factors contributing to its reduction. One factor that has recently received increased research attention is communication about sex within the family context.

Several studies have shown that parental communication influences adolescent sexual attitudes and behavior (see for example: Abrahams, Morrison, & Waite, 1985; Fox, 1980; Hogan & Kitagawa, 1985; Jessop, 1981; Jorgensen & Sonstegard, 1984; Shah & Zelnick, 1981; Shelley, 1981). Collectively, these studies demonstrate that talking with teenage children about sex may lower their rate of sexual intercourse as well as promoting use of contraception. Other studies, however, demonstrate the opposite. That is, family communication also has not been found to

Michael R. Neer is an Assistant Professor of Communication Studies at the University of Missouri at Kansas City, Kansas City, MO 64110-2499. Clay Warren is an Associate Professor of Communication at University College of Cape Breton, Sydney, Nova Scotia, Canada. Funding for this project was provided by a grant from the office of Research Administration at the University of Missouri at Kansas City.
affect parents' ability to predict their children's sexual attitudes (Thompson, Acock, & Clark, 1985) nor does communication within the home appear to predict adolescent sexual behavior as well as a mother's own sexual behavior as a teenager (Newcomer & Udry, 1984). Another study reports that parents' awareness of their daughter's attending a family planning clinic does not increase mother-daughter communication about sex (Furstenberg, Herceg-Brown, Shea, & Webb, 1984).

While research has yielded equivocal findings of the effects of family communication on teenage sexual activity, most research typically assesses the frequency and the quantity of discussion rather than the quality of discussion in the home. However, a recent study has examined the quality of discussion. Rozema (1986) surveyed university undergraduates and found that they rated their parents as generally nonsupportive and defensive when discussing sex. Using Gibb's (1961) categories of supportive versus defensive communication, findings showed that parents were perceived less supportive than peers and that children received significantly less information from parents than friends. Rozema concluded that a nonsupportive communication climate may contribute, in part, to lack of information exchange within the family.

Unfortunately, the effects of nonsupportive communication was not the focus of the Rozema study. A recent investigation with over 200 undergraduates, however, found that children who perceived their parents as being supportive sex communicators were less likely to currently engage in sex with multiple partners while also more likely to use contraception when having sex (Neer & Warren, 1988a). Thus, the means by which a supportive communication climate is developed appears important to understanding the effects of parental communication as a critical factor mediating teenage sexual behavior. The purpose of this study was twofold. First, it was designed to identify the actual communication behaviors that mothers employ in establishing a supportive climate and, second to determine if specificity of information increases as family communication becomes more supportive.

METHOD

Respondents. Respondents were 40 midwestern mothers ranging in age from 22 to 57 with two-thirds under age 40. The sample was selected on a volunteer basis as part of a larger study with 100 undergraduates who agreed to have their parents confidentially interviewed. Data were collected over a one-year period beginning in the winter of 1986. The fact that children only volunteered mothers suggests that they may still bear the primary responsibility for sex education. This finding is important because it appears to reflect a status quo in family sex discussion as confirmed by several other studies. That is, for many (if not most) parents, sex discussion may have proceeded with general discomfort or conflict or, indeed, not at all. The fact that only 18 undergraduates agreed to having both they and their mothers interviewed while the rest to having their mothers interviewed only if they were not interviewed appears to support this interpretation. However, we have concluded that interviewing, although resulting in smaller samples, also may result in more representative information when parents themselves define the methods they use. We recommend additional case studies with parents so that survey-based research with larger samples may include a wider range of communication behaviors for eventual testing.

Test Measure. The Supportive Sex Discussion scale (SSD) was developed by the authors (Warren & Neer, 1986) as an index of supportive communication. The nine-item scale uses 5-point Likert-type scales anchored from "strongly agree" to "strongly disagree." Although relatively short, the scale has demonstrated moderately high reliability in three previous investigations (i.e., Cronbach's alpha = .80 to .86) with a reliability estimate of .83 in this study. A 22-item scale currently under investigation increased the reliability to .91. Thus, the nine-item scale is nearly as reliable and tests essentially the same behaviors as the longer scale (see Figure 1).
Data Collection. Mothers were interviewed on three topics requesting them to describe how they discussed sex with their children (i.e., how do you initiate and maintain discussion and what topics do you most often talk about when discussing sex). Interviews were conducted face-to-face and required approximately forty-five minutes to complete. Responses to the three open-ended questions were categorized by content theme. That is, each response was categorized separately with two or more similar responses than defined as a theme. Multiple responses were permitted to each question. All content themes selected for analysis were referenced by at least 20 percent of mothers. This procedure was selected for coding responses in order to accurately and consistently identify responses across interviews. These themes are reported under each dependent measure. For the purpose of recording responses, answers were coded as "yes" or "no" to each theme comprising the three questions.

FIGURE 1
Supportive Sex Discussion Scale

1. I am open-minded to things my children have to say about sex (certainty versus provisionalism)
2. I judge my children through my own sexual standards (evaluation versus description)
3. I don’t seem to know what to say to my children about sex (strategy versus spontaneity)
4. I am supportive of my children’s personal feelings about sex (empathy versus neutrality)
5. I do most of the talking when we discuss sex (control versus problem-solving)
6. I become impatient when my children do not accept my sexual standards (evaluation versus description)
7. I often told my children not to be so interested in sex (certainty versus provisionalism)
8. I am hesitant to disclose much specific information about sex (strategy versus spontaneity)
9. I try to get my children to open up and say what they think is most important to them about sex (control versus problem-solving)

Dependent Measure. The first measure consisted of eight behaviors from which mothers selected those which they used to initiate (i.e., when there was a TV show we were viewing with sexual content, waiting until children first approached parents to discuss, begin by talking about something other than sex, and directly asking children questions) and to maintain discussion (i.e., letting children do most of the talking, telling children only what mothers wanted them to hear, accepting children's point of view, and discussing openly and honestly). Initiation was operationalized as communication behaviors used in getting children to discuss sex while maintenance was operationalized as communication behaviors used to keep the lines of communication open so that children would continue talking once discussion was initiated.
Specificity of information consisted of six items measuring the content of mothers' communication (i.e., importance of respecting one's own and another's body, not feeling pressured to have sex, normal to feel shy with members of the opposite sex, not have sex until married, mothers sharing with children how they felt about sex as youngsters, and how to avoid sex and not lose a boyfriend or girlfriend). We included the measure because effective communication, in the long run, needs to reach a level of specificity in order to influence children's sexual attitudes and behavior. For instance, an earlier study demonstrated that when parents do discuss sex, their children also expect them to do so on a specific level (Warren & Neer, 1982).

Following the interview, mothers completed a questionnaire that included the SSD. The questionnaire concluded with two sets of 5-point Likert-type attitudinal scales and a set of behavior measures. The first attitude set (alpha = .71) included four attitudes toward family discussion (i.e., I would rather my children talk with me about sex than with their friends, I trust my children's judgment when it comes to sexual matters, I wished my children had talked to me more often about sex, and what I say about sex has little influence on my children's sexual behavior). The second attitude set also included four items (alpha = .75) measuring mothers' sexual attitudes (i.e., the primary responsibility for birth control should be taken by females, sex should be discussed openly and honestly by dating partners, sexual intercourse should only be engaged by a couple in love, and contraception should be discussed by a couple before engaging in sex).

A final attitude measure examined mothers' overall satisfaction with family discussion of sex. Satisfaction was tested on the assumption that mothers would perceive discussion more valuable when they communicated supportively. Satisfaction also was measured on a 5-point Likert-type scale. The nominally-based behavior measures requested mothers to state whether they provided their children with birth control information and whether they would be willing to prescribe (or have prescribed) contraception. Since frequency of communication is often tested as a communication variable, it also was tested in this study. Frequency consisted of three Likert-type summed measures (alpha = .93) (e.g., sex was frequently discussed in my family and I often talked to my children about sex).

**Data Analysis.** The SSD was assigned to range levels (i.e., low versus high supportiveness) based on the median split with low supportive scores ranging from 15 through 27 and high supportive scores ranging from 31 through 41 (out of a possible 45). Chi-square was selected to test for significant percentage differences with communication methods and behavior measures. Multivariate analysis of variance (MANOVA) tested the significance of mean differences with all attitude measures. SSD range-levels were then returned to their original raw scores with regression selected to examine the relationships among supportiveness, frequency, and the attitude measures.

**RESULTS**

**Communication Methods.** Findings revealed that supportive mothers selected TV shows as a means of initiating discussion. That is, a higher percentage were likely to initiate discussion based on a TV show making reference to sexual issues (Chi-square = 8.33, 1 df, tau = .44, p < .001; Low Supportive = 58%, High Supportive = 94%). Supportive mothers also were more likely to accept their children's point of view about sexual issues (Chi-square = 7.44, 1 df, tau = .41, p < .01; Low = 64%, High = 85%) while low supportive mothers reported they waited for their children to approach them to discuss sex (Chi-square = 4.19, 1 df, tau = .27, p < .04; Low = 44%, High = 17%). Supportiveness also influenced the content of mothers' communication. That is, supportive mothers were more likely to tell their children how they felt about sex as youngsters (Chi-square = 5.50, 1 df, tau = .35, p < .02; Low = 27%, High = 100%) and that it is normal to
feel shy with members of the opposite sex (Chi-square = 5.50, 1 df, tau = .35, p < .02; Low = 27%, High = 100%).

Attitude Measures. The first set yielded MANOVA significance (Wilks' = .71, F = 2.84, df = 4.32; p < .04) with univariate significance observed with one measure: mean scores revealed that supportive mothers felt they had greater influence over their children's sexual behavior than low supportive mothers (Low = 2.76, High = 3.94, F = 9.14, p < .004). MANOVA also yielded significance with the sexual attitude set (Wilks' = .56, F = 5.04, df = 4.32, p < .004) and univariate significance with two attitudes: supportive mothers preferred open discussion of contraception (Low = 3.61, High = 4.75, F = 17.65, p < .001) and that sex be engaged by couples in love (Low = 3.88, High = 4.88, F = 6.27, p < .02).

Regression examined the relationship between supportiveness and the attitude sets. The first analysis defined supportiveness as the criterion and the sexual attitude set as predictors. The analysis was conducted on the premise that sexual attitudes most likely exist prior to discussion and may therefore influence level of supportiveness during discussion. The regression model yielded a multiple correlation of .67 (F = 6.95, df = 4.35; p < .0003) with two attitudes functioning as significant predictors (i.e., open discussion and sex by couples in love). Discussion attitudes were then defined as the criterion variables with supportiveness and the four sexual attitudes defined as predictors. The "open discussion" measure predicted the "trust my children's sexual judgment" discussion attitude (F = 5.50, df = 5.34; p < .03, r = .29) while supportiveness predicted the "influence my children" attitude (F = 8.81, df = 5.34; p < .005, r = .43). A final model regressed supportiveness and both attitude sets as predictors against satisfaction as the criterion. While the entire model yielded a multiple correlation of .82 (F = 4.74, df = 9.25; p < .002), only one discussion attitude (i.e., trust children's judgment) functioned as a significant predictor (F = 6.24, p < .02, r = .61).

Effects of Communication Frequency. The summed frequency and supportiveness scales were first correlated in order to determine whether the two functioned together in family discussion. Correlation revealed that the presence of one does not ensure the occurrence of the other (r = .32, p = .08). That is, mothers may discuss frequently but not supportively or they may be supportive without having to discuss frequently. When frequency was entered into the regression model, it failed to predict either sexual attitudes or discussion attitudes. However, interaction of frequency and supportiveness functioned as the single best predictor of two sexual attitudes. That is, mothers communicating both frequently and supportively felt that contraception should be discussed prior to sex (MR = .38, r^2 = .145, F = 6.48, df = 1.35; p < .02) and that sex should be engaged only when a couple is in love (MR = .513, r^2 = .263, F = 13.61, df = 1.38; p < .0007).

Behavior Measures. Although supportive mothers were not more willing to instruct their sons in birth control than nonsupportive mothers, a larger percentage were willing to do so before sons reached age 16. (Chi-square = 12.60, 1 df, tau = .54, p < .001; Low = 17%, High = 77%) and also more likely to provide contraception for them before age 16 (Chi-square = 3.36, 1 df, tau = .27, p < .05; Low = 44%, High = 77%).

DISCUSSION

An important implication of these findings is demonstrating to parents that supportiveness is not established simply through engaging select initiation strategies. Instead, mothers should talk openly with children about their psychosocial sexual development (i.e., normal to feel shy) as well as personalizing discussion through relevant self-disclosure (i.e., revealing to children how they felt about sex as youngsters). As findings further demonstrate, open discussion paves the way for mothers to potentially influence their children's sexual behavior and nurtures trust in their sexual judgment. A recent study, in fact, demonstrated that although children receive more birth control
information from supportive parents, they actually engage in sexual intercourse with fewer people (Neer & Warren, 1988a). Thus, supportive mothers, by virtue of discussing sexual values and feelings with their children, are able to discuss birth control without promoting sexual license.

This study also has shown that mothers' sexual attitudes also influence their level of supportiveness. Thus there is support for Rozema's (1986) recommendation that educational programs be designed to help parents become more supportive communicators. However, communication training alone may prove insufficient unless those factors promoting supportiveness are identified and addressed by family educators. For parents who communicate nonsupportively, their inability (or decision) to be nonsupportive may not only reflect a lack of communication skill but an inability to remove themselves as the central figure in sex discussion for fear their children will otherwise not receive adequate instruction or internalize particular codes of sexual conduct. Thus, while supportiveness includes a highly specific set of communication behaviors, communication training also should identify sexual attitudes and other factors that influence whether parents will use the supportive skills in which they have been trained.

Two research directions based on findings in this study should briefly be noted. First, while supportiveness and sexual attitudes each predict select discussion attitudes, only discussion attitudes are able to predict satisfaction. These findings suggest that mothers do not base their satisfaction on how supportively they communicate but on the perceived merits or effects of discussion. A study in progress (Neer & Warren, 1988b) indicates that nonsupportive mothers are perceived by children as openly communicating more "control" than "problem-solving" information than supportive mothers (i.e., not have sex until married, come to me the moment someone talks to you about sex). That study did not sample mothers' perceptions of their satisfaction. Thus, future research should directly establish whether nonsupportive mothers are satisfied with their communication. If nonsupportive mothers report satisfaction equal to supportive mothers, educational programs also may need to deanchor this perception before mothers will consider alternative ways of discussing sex.

Second, future studies, unlike several previous ones not finding communication a significant mediator of teenage sexual behavior, should continue to examine communication frequency but not without evaluating its supportiveness. That is, supportive mothers who discuss frequently are more likely to discuss contraception and conditions prompting sexual intercourse than supportive mothers who communicate infrequently. Thus, while frequency alone does not function as a mediator of mothers' supportiveness, future research should examine its role in facilitating openness since frequency may initially pave the way for discussion of more specific information.

Twenty-three years have passed since the Supreme Court legalized open distribution of birth control information in the United States (Griswold vs. Connecticut, 1965). Despite this effort to reduce teenage pregnancy, the United States still leads all industrialized nations in unintended pregnancy, teenage birth, and teenage abortion. Sufficient time has passed to conclude that the solution to teenage pregnancy may not lie in open distribution of information alone but also with better communication about sex within the family unit.

NOTES

1. A copy of the 22-item scale is available from the first author. Factor analysis revealed a one-factor solution loading all nine items, thus confirming that the SSD is a unidimensional scale similar to the one in which Rozema (1986) also reported a one-factor solution.

2. All eight attitudinal items were author-generated and based on previous research by the authors and similar scales tested in other studies. Confirmatory factor analysis resulted in two factors; the first factor yielded mothers' sexual attitudes and the second factor yielded the
discussion attitudes. The items are therefore valid measures of the attitude sets they were designed to measure.

REFERENCES


