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BIRDS, BEES, AND THE BABIES: STUDY OF THE INFLUENCE OF SELF-EFFICACY ON PARENT-CHILD SEX COMMUNICATION

by

Cassandra M. Craig

A thesis submitted in partial fulfillment
of the requirements for the degree

of

MASTER OF SCIENCE

in

Communication Studies

Approved:

Bradford Hall, Ph.D. Major Professor	Elizabeth Brunner, Ph.D. Committee Member
Sydney O'Shay, Ph.D. Committee Member	D. Richard Cutler, Ph.D. Vice Provost for Graduate Studies

UTAH STATE UNIVERSITY
Logan, Utah

2024

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ABSTRACT

Birds, Bees, and the Babies: Study of the Influence of Self-Efficacy on Parent-Child Sex Communication

by

Cassandra M. Craig, Master of Science

Utah State University, 2024

Major Professor: Dr. Bradford Hall

Department: Communication Studies and Philosophy

This thesis presents a quantitative study of the effects of self-efficacy on parent-child sex communication. Self-efficacy describes the confidence one feels in their ability to perform a particular task, in this case that task is discussing sexual topics with their children. The study is founded in Family Systems Theory and Social Cognitive Theory. The study hypothesizes that self-efficacy will create a mediating effect from participants' experienced sexual communication from their own parents to the intentions for sexual communication with participants' own children. The results indicated that parents are not following the models provided by their parents in the context of sexual communication. Limitations and implications are then presented for the continuing research in the field of parent-child sex communication.

(46 pages)

PUBLIC ABSTRACT

Birds, Bees, and the Babies: Study of the Influence of Self-Efficacy

on Parent-Child Sex Communication

Cassandra M. Craig

Previous studies show that parents tend to be uncomfortable discussing sexual topics with their children, such as menstruation, masturbation, and/or condom use. This study offers a look at the part confidence plays in a parent's intentions to talk to their kids about such topics. The results indicated that the confidence parents feel about discussing sexual topics is not related to how much their own parents talked with them about sex. However, the confidence they feel that could be coming from other models, like social media or peers, is related to how much parents intend to talk with their own children about sexual topics.

ACKNOWLEDGMENTS

I give thanks to the professors that have nurtured my desire for research and pushed me to be the student I am today. I express special appreciation to my husband Seth, who has read these pages until he cannot see straight, all the while managing our home and making sure I eat and sleep. Thank you to the family, friends, and colleagues for their encouragement, moral support, and patience throughout the journey of this thesis. I could not have done it without all of you.

Cassandra M. Craig

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INTRODUCTION

Having a conversation about the birds and the bees with your children has very little to do with fowl or insects. Indeed, the frequent use of euphemisms for sex and sex communication points to the sensitive and important nature of this conversational topic for parents and children. Sex has been deemed a taboo in the United States for a long time as it is a heavily avoided topic among many groups that has previously caused discomfort, thus creating many euphemisms in response (Hachem, 2017). The way that sex has been talked around for years has shadowed the importance of the many nuances involved in parent-child sex communication, specifically. Sex communication promotes healthy relationships and includes the explanation of issues of consent, boundaries, sexual decision-making, contraception, protection from STI's, sexual orientation, along with the biology of hormones and reproductive systems (Allen, 2008). Taking into consideration all of these different pieces to the puzzle, one may not be surprised that few parents are perceived by their children as giving sufficient information about sex (Angera et al, 2008).

With that said, scholarship is missing about what information is passed down and what creates confidence in a person's ability to communicate about sex with their own children (Boyd et al, 2021). Research has been done to understand what is beneficial for adolescents to know and why parents do not communicate about sex (Angera et al, 2008; Ashcraft & Murray, 2018; Goldfarb & Lieberman, 2021; Schalet, 2011). However, it is essential to also examine what causes parents to engage in parent-child sex communication and decide which information to present. Self-efficacy defines how confident a person feels in their ability to enact a certain behavior as well as their

knowledge regarding a specific topic, such as safe sexual health practices and sex communication. Bandura (1997 via Koch et al, 2017) explained that self-efficacy is an essential prerequisite to making a behavioral shift. Since previous scholarship has stipulated the lack of beneficial and accurate parent-child sex communication, a behavioral shift is needed moving forward. Acknowledging the importance of scholarship on parent-child sex communication guides this study's intent of examining the effect of self-efficacy within parent-child sex communication.

I will be exploring this connection of self-efficacy and intentions for parent-child sex communication utilizing self-efficacy as a mediating variable. I first overview the literature on parent-child sex communication then explain the theoretical framework, discuss the variables, and finally pose three hypotheses.

CHAPTER ONE: LITERATURE REVIEW

Parent-Child Sex Communication (PCSC)

Sexual health is one important facet of life that is heavily influenced by parent-child communication. Parent-child communication can function as a protection from ignorance and aid to maintaining sexual well-being (Boyd et al., 2021). Families who engage in frequent parent-child sex communication with attention to the child's questions and needs are more likely to result in sexually healthy young adults (Adams, 2017). In this context, sexually healthy people are individuals who are able to express themselves with a consensual partner while participating in low-risk behaviors such as "use of condoms, limited substance abuse, delaying sexual activity, and reducing the number of sexual partners" (Adams, 2017, p 7).

Parents can communicate about sex in a number of ways, some being more beneficial for the adolescent than others. Boyd et al (2021) discovered that when mothers communicated with support and openness regarding sexual health, their children were less likely to take sexual risks. Furthermore, when fathers focus specifically on the responsibility of sexual intercourse, children have later sexual debuts and safer practices once they decide to have sex (Boyd et al, 2021). On the other hand, sexually risky behaviors, such as unprotected sex, increased number of sexual partners, or drug/alcohol use, are increased when parents engage in high family conflict and low support. Authoritative parenting, characterized by warmth, communication, clear expectations, and structure, leads to a greater amount of parent-child communication with a wider range of sexual health topics (Adams, 2017; Rego, 2015). Parent-child sex communication even improves familial relationships outside of sexual topics. Angera et

al (2008) explain that parents were perceived as better role models by their adolescent children after providing sexuality education with beliefs and values.

Scholars have also determined negative impacts from the conversations led by parents that are perceived as less helpful by their children. Teens have expressed that parents focus too much on fear and biology (Allen, 2008; Flores & Borroso, 2017). Many parents hold a common belief that talking about sex will encourage their child to engage in more sexual behaviors (Ashcraft & Murray, 2018; Flores & Borroso, 2017). This can cause a focus on the consequences and fear to discourage sexuality (Allen, 2008; Angera et al., 2008). Adolescents are not in need of the education focusing on the clinical aspects of sexuality such as reproduction or puberty because the adolescents perceive it as being dated information for their current stage of life and/or "hammered in" (Allen, 2008).

The range and frequency of sex communication are crucial for an adolescent or young adult to be sexually healthy. Many parents rely on a single conversation deemed "the talk" where adolescents and parents feel more discomfort and typically not enough information is shared (Ashcraft & Murray, 2017; Allen, 2008; Hernandez & Petronio, 2020). There have been many studies on parent-child sex communication that show an incongruence in the reporting of incidents of sex communication between the parents and adolescents (Chung et al., 2007; Fitzharris & Werner-Wilson, 2004; Flores & Barroso, 2017; Hadley et al., 2009; LaSala, 2015; Miller et al, 2013; Nappi et al, 2007; O'Sullivan et al., 2005). In grandparent relationships and parent-adolescent relationships the adults reported more frequent instances of sex communication. This incongruence increases if the child is LGBTQIA+ (Flores et al, 2022). With that said, parents may feel that they have discussed certain topics enough times and with enough depth when in actuality their

adolescent children feel differently and may have more questions and/or concerns (Allen, 2008).

While recognizing a child's sexuality can be difficult, information needs to be shared with children about sexuality in order for them to have a healthy lifestyle in the present and future (Grossman et al., 2018). This difficulty of recognizing a child as a sexual being can cause greater issues for their parent-child sex communication because children are more receptive to sex communication before puberty. One barrier to this information being shared is a mutual expectation that the other person in the dyad will lay the foundation of sexual topic conversations (Flores & Barroso, 2017). Each person is simply waiting for the other to be the initiator. During this waiting process, sex communication is being limited, which can lead to discomfort and anxiety over initiating topics of sexual health. Many parents view themselves as available and open to discussions but are waiting for their children to ask the questions (Flores & Barroso, 2017). Children do open up these questions in childhood and preadolescence, although parents tend to avoid sex communication during those years (Grossman et al., 2018). Schalet (2011) explains that parents need to be the source of a positive and open relationship in order to create bonds and connections that empower children to come to their parents later on for information as they should be viewed as a safe adult to turn to in time of need.

Theoretical Foundations

Family Systems Theory

Family Systems Theory (FST) explains the ways in which each individual in a family has an impact on the other members, such as a parent's views on sex will impact

the way they communicate about sex and the views their children may learn (Hall & Scharp, 2020). While family systems theory is very large and founded in general system theory, interdependence and hierarchy are particularly useful aspects when considering parent-child sex communication. In many ways, families function as a group and by nature are interdependent. Just as one would not want to eat the individual ingredients of a pancake to taste a pancake, one cannot look at just one individual to understand the entirety of the family due to mutual influence. Hall and Scharp (2020, p 45) define mutual influence as "when something happens to one member of the family, it affects the other members." The communication used in families will impact how each member interacts within the family and with others.

When families engage in conflict or experience hardship, their interaction will impact each member's view of conflict, communication, and consequences. Furthermore, this will influence the way in which each member will engage in conflict outside the home. It is reasonable to expect that this mutual influence also translates to parent-child sex communication. The ways in which parents approach sex communication, what information is shared, and beliefs and attitudes towards sex will influence the children's approaches, information, and beliefs. Grossman et al (2016) examined how early in their child's life parents tend to talk about sex with adolescents, where results showed strong interdependence. For example, the parents' stories of early parenthood, sexually transmitted infections, delaying sex, using protection, and relationship goals influenced the children to engage in less sexual risk-taking (Grossman et al., 2016).

While family structure looks different from place to place and country to country, each family has some form of hierarchy stemmed from sub-systems (Hall and Scharp,

2020). Minuchin's Structural Family Therapy lends a hand to much of the scholarship about family hierarchies and understanding the sub-systems. Hierarchy defines the power structures developed within a group that create barriers, in this case between parents and children (Shaw et al, 2004). Structural family therapy has expressed a need for some of these barriers to be in place in order for children to thrive in and out of the family (Nock, 1988). This therapy models a clear path of family functioning with the parents in both a spousal subsystem and a parental subsystem where their respective roles are to maintain their own relationship and parent individually as well as together (Vetere, 2001). Minuchin posited a healthy hierarchy as one that requires a semi-permeable membrane between parents and children to enable interaction and some joined decision making (McAdams et al., 2016). As parents work with each other to make decisions, enforce rules, and provide support the family hierarchy is established and communicated (Hall & Scharp, 2020). Where families turn to for support, decision making, or rules when experiencing stress, life changes, and difficulties can guide an understanding as to who is the head of the house and at the top of the hierarchy. Extremely low or high levels of hierarchy can lead to enmeshment or disengagement which can both lead to children being asked to take on typical parent roles and duties such as decision-making, discipline, and caregiving (Shaw et al., 2004).

Hierarchy is key to understanding parent-child sex communication because parents must play a role in what rules their children have regarding sexual activity, what information is given, what kind of support is shared, and the openness between parent and child. Flores and Barroso (2018) explain that many parents that acknowledge their responsibility to teach children about sex, also feel that it is an opportunity to constitute

the effects and consequences of sexual behavior. Due to established hierarchies in families, parents are typically given the right to make decisions about what their child needs and wants regarding their sexual education and communication. Parents want to provide communication focused on future consequences and clinical information while this has historically not been what adolescents need or want (Allen, 2008; Flores & Barroso, 2018). Thus, cultivating a frame of sex and sex communication as taboo for now and something to only be considered in the future.

Social Cognitive Theory

Social cognitive theory outlines the process by which people learn behaviors via observation and modeling (Kunkel et al., 2006). This theory provides a helpful framework for communication within the context of family. Through personal experience and observation of parents, children learn expectations, rules, boundaries, and behaviors (Hall & Scharp, 2020). This process creates a cycle of ever-changing and interactive learning within families. Hall and Scharp (2020) outline observational learning, reinforcements, expectations, and self-efficacy as the key components of social cognitive theory.

Through non-verbal and verbal communication children model the behaviors and attitudes of their parents while engaging in their own experiences. While children are not observing every behavior related to sex, there are many pieces of a romantic relationship that parents can demonstrate, such as holding hands, asking for consent before a hug, or kissing, that children may model in their own romantic relationships. Modeling can carry into adulthood beliefs, expectations, and attitudes. As children model their parents' actions and speech they can be reinforced through encouragement or discouragement

(Hall & Scharp, 2020). Observing and modeling is essential to examine because children are looking not only for rewards but also punishments for engaging in behaviors. For example, Rolling and Hong (2016) examined children's dietary behaviors and found that parents' responses to their children, along with which foods they made accessible, reinforced the dietary choices made by children. By observing how others respond to both the parents and the children, the children learn to predict what others expect and to model in alignment with the outcome they desire.

It is logical that this would be the same in the realm of parent-child sex communication. Bandura (2004) explained that health-promoting practices, such as safe-sex practices, are rooted in beliefs surrounding health and personal change. Furthermore, if health promotion is to be accurately examined, focus must be given to where individuals learn habits, beliefs, and attitudes towards health such as in families. As parents communicate about sexual health behaviors and practices, children can learn attitudes, beliefs, and values that will later impact their behaviors and how they communicate about sex. Ashcraft and Murray (2018) discovered that the emotions shown by parents during sex communication are learned by the children and reinforced by consequential interactions. This is most commonly seen as anxiety from the parents about sex communication which is learned by the children as anxiety about sex and communication with their parents about sexuality (Ashcraft & Murray, 2018).

Another aspect of social cognitive theory that cannot be forgotten is self-efficacy. Self-efficacy is the level of confidence in one's capacity to conduct a behavior, task, or communication (Hall & Scharp, 2020). Self-efficacy is influenced by previous experiences, self-talk, and interpersonal communication. In families, the encouragement

or discouragement to engage in particular activities, along with a parent's own self-efficacy, will influence a child's belief in their own ability. Ferry et al (2000) found that parental encouragement had significant direct effects on children's learning experiences and outcomes in math and science. As children gain knowledge, their confidence, emotional intelligence, and practice increase, leading to increased future intentions for such behaviors. Therefore, parenting self-efficacy, learning experiences, and outcomes should also be influenced by parents' encouragement of sexual health, learning communication, and topics covered.

CHAPTER TWO: RATIONALE

The following sections will explore the relations between parent-child sex communication frequency, intentions for parent-child sex communication frequency, and parenting self-efficacy for sex communication. Furthermore, the effects of previous parent-child sex communication on intentions for future parent-child communication as well as the mediating effect of parenting self-efficacy for sex communication will be discussed. Figure 1 presents the hypothesized patterns in the study.

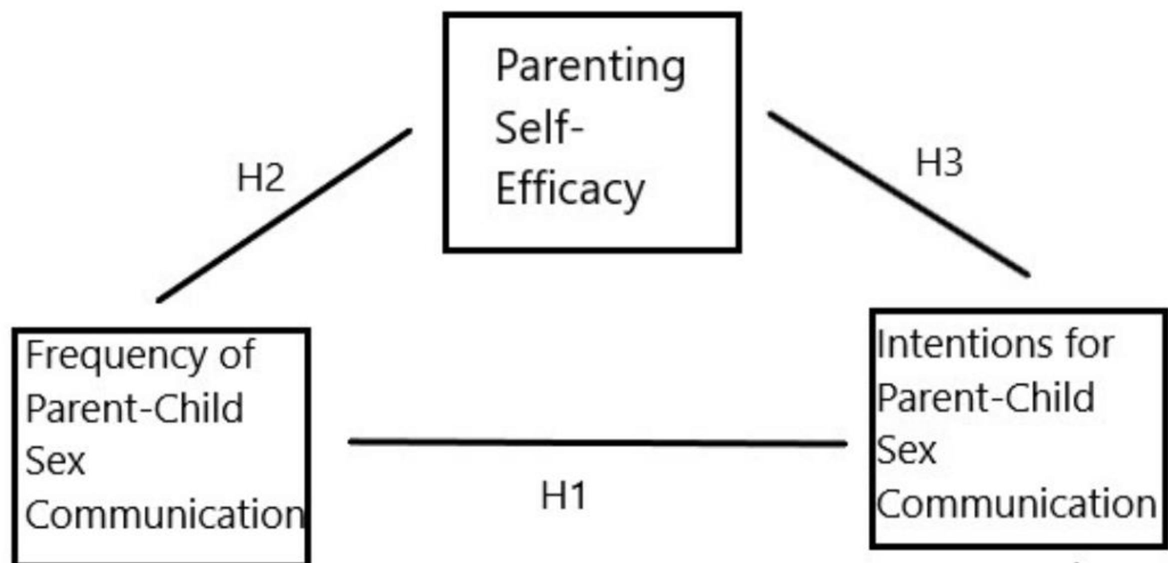

Figure 1

First, I posit that previous parent-child sex communication will be positively associated with the participant's intentions for parent-child sex communication.

Participants will respond to questions regarding the ways in which they communicated about sex with their own parents followed by the ways in which they currently speak or plan to speak with their own children about sex. While many view health behaviors, like sex communication, through an individual lens, previous scholarship has demonstrated that there are many social determinants that impact health decisions (Short & Mollborn, 2016). For example, children may learn health behaviors from their parents, schools, friends, or media as seen through social cognitive theory (Jones & Biddlecom, 2011). While each of these social determinants require further investigation, in this study, the focus will be on the role that parents play in the behaviors children enact. Family systems theory will be used to understand the hierarchical structures as families pass down information.

Through hierarchies, families place parents as the models for the children to follow and learn appropriate behaviors and attitudes. Flores and Barroso (2018) found in their study examining current parent-child sex communication that children gain perspectives, attitudes, values, and even emotions from how their parents discuss sex, sexuality, reproduction, and other sexual topics. Sex communication tends to be a realm of conversation where many individuals feel uncomfortable for several reasons such as recognizing children as sexual beings, religiosity, and connection (Ashcraft & Murray, 2018). After conversations about sex, adolescents report feeling anxious, too focused on fear, and under prepared, with the message that sex is to be looked down upon (Allen, 2008; Ashcraft & Murray, 2018; Holman & Koenig, 2018). Many schools have limited sexual education. For example, Planned Parenthood (2024) explains that only 18 states require information about birth control and 39 require that HIV be discussed, while also

noting that only 18 states require educational instruction about sex to be medically accurate., This leaves parents as one of few models of sex communication for children. As such, with limited models to follow, children are likely to learn how to interact with their children about sexual topics in the same way that their parents did.

H1: Previous parent-child sex communication frequency will be positively associated with intentions for parent-child sex communication frequency.

Self-efficacy is the confidence in one's ability to perform a particular act (Chen et al, 2014; Hall & Scharp, 2020). Sex communication is a health behavior that requires examination of how each person feels they are able to fulfill that communication. Previous scholarship has highlighted that self-efficacy is one of the most important prerequisites for a behavior to occur (Bandura, 1997 via Koch et al, 2013). Chen et al (2014) examined the influence of self-efficacy on adherence to complex self-care regimen goals and challenges. They found that if individuals are not confident in their decisions, appropriate self-care may not occur (Chen et al, 2014).

Furthermore, Nurgitz et al (2021) conducted a study involving the mediating effect of self-efficacy on sexual education, both in school and at home, and sexual satisfaction. They explain, "more comprehensive and higher-quality sexual education increased sexual self-efficacy which was then related to higher sexual satisfaction beyond the role of gender and relationship status" (Nurgitz, 2021). Not only did self-efficacy play a part, Nurgitz et al (2021) explain that sexual self-efficacy was positively associated with adolescents' ability to navigate sexual encounters and enjoy them as they choose to engage. Positive experiences can boost self-efficacy and further influence future

intentions and confidence (Ineson et al, 2013). Therefore, it is posited that the influence of self-efficacy on sexual health communication would have the same outcome.

The proposed study will utilize the Parenting Self-Efficacy for Sex Communication Scale to measure a participant's confidence in explaining topics in the following areas: sexual relationships, sexual health care, sexual assault, safer sex, sexual equality/diversity, and abstinence (DiIorio, 2011). Thus, providing a prediction as to how likely the participants are to discuss such topics with their own children in the future. When individuals have prior knowledge of a particular subject or action, their confidence and thus self-efficacy about fulfilling the task increases (Ineson et al, 2012). It is likely that a large part of their prior knowledge will come from parents who gave them information about sex and modeled parent-child sex communication. Thus, I posit that as parent-child sex communication increases, the child's knowledge and therefore self-efficacy will also increase.

H2: Experienced parent-child sex communication frequency will be positively associated with parenting self-efficacy for sex communication.

The next step in this model shown in Figure 1 proposes a link between self-efficacy and intentions for future parent-child sex communication. Aligned with Social Cognitive Theory, individuals will observe the models given to them and follow suit, especially if they see potential rewards (Hall & Scharp, 2020). If there are no clear rewards, punishments, or set outcomes, an individual will have no need to alter the script leading to a repetition of the model given. When participants have been provided a script and knowledge they deem as important and achievable I expect they will operate along

the same script with their own children. However, I need to acknowledge that intentions for future parent-child sex communication may also be influenced by knowledge and self-efficacy that did not originate from the parents.

While children may not have many models of sex communication outside of parents and media, they still may have their own experiences that influence their belief in their ability to engage in sex communication. Grossman et al (2016), explored the sex communication between parents who had their children during their teenage years. These young parents utilized their unique experiences in their sex communication with their own children, which they had more confidence discussing, along with the negative consequences rather than simply puberty or menstruation. Their confidence level from the parent-child sex communication with their own parents was low, creating more space for their own situations to influence the way that they wished to talk to their future children. Such evidence highlights the need to survey participant experience and self-efficacy when examining the relationship between previous parent-child sex communication and intentions for parent-child sex communication.

Bandura via Artino (2012) explains that “Unless people believe they can produce desired effects by their actions, they have little incentive to act.” Therefore, if the participants did not see the benefits in their previously experienced parent-child sex communication, their self-efficacy would be low leading to little incentive to use the scripts provided by their parents. On the other hand, if children do see benefits of the ways that their parents engaged in sex communication and positive effects on their own sexual encounters, then their self-efficacy for sex communication would be higher (Nurgitz, 2021). Self-efficacy measured through knowledge, ability, and prior experience

in regard to sex communication with a child will influence an individual's intention for future parent-child sex communication. Thus, it is proposed that Parenting Self-Efficacy for Sex Communication will mediate the link between experienced parent-child sex communication frequency and intentions for parent-child sex communication frequency.

H3: Parenting Self-Efficacy for Sex Communication will be positively associated with intentions for parent-child sex communication frequency.

CHAPTER THREE: METHODS

In order to measure parent-child sex communication (Somers & Canivez, 2003) and parenting sex communication self-efficacy (DiIorio, 2011), I surveyed parents with children 18 years old or younger. This population was chosen due to previous scholarship in parent-child sex communication demonstrating the frequency of such communication to be with children of middle school and high school ages (Allen, 2008; Ashcraft & Murray, 2018). Participants for this study were recruited via social media, as well as flyers posted in on-campus organizations and city organizations. The survey included an informed consent form that had to be agreed upon in order to continue forward. The surveys utilized the Sexual Communication Scale to measure previous parent-child sex communication frequency with the participants' parents as well as intentions for parent-child sex communication frequency with the participants' children (Somers & Canivez, 2003). The surveys also employed the Parenting Self-Efficacy Scale to measure participants' self-efficacy regarding communication with their child about various sexual health practices (DiIorio, 2011).

Participants

This analysis examined parents of children under the age of 18 about their intentions for sex communication with their own children, influenced by their confidence and experience of sex communication with their parents. The data included 62 parents ranging in ages 18-60, primarily 31-50. The demographic reports from participants showed 85.7% married, 11.1% not married; 90.5% White. Other demographics included education (54.0% Bachelor's, 20.6% some college, 19.0% Master's) and religion (90.5% various Christian denominations; 5.6% Agnostic; 1.6% Pagan). The gender demographic

makeup has been removed due to an issue with the phrasing of the question. We received feedback that there was a potential lack of clarity on this question, thus this is viewed as a limitation and will require focus in the future.

Procedures

Participants were recruited in two ways. First, fliers were posted in community areas such as obliging restaurants, university hallways, and community churches. Second, the flier was distributed online via social media such as Instagram and Facebook on the researcher's personal accounts and shared by followers. The fliers included a QR code that could be scanned, and the posting included a link that could be clicked on. The code and link directed the participant to the consent form followed by the survey. Participants filled out items that included measurements of previous parent-child sex communication, intentions for future parent-child sex communication, and self-efficacy. The survey was confidential, participants did not report names. The full survey took approximately 15 minutes to complete. Participation was completely voluntary to aid research as there was no financial compensation. All procedures were approved by the Institutional Review Board (IRB).

Measures

Frequency of Sexual Communication

The Sexual Communication Scale measures the frequency of parent-adolescent communication regarding a range of sexual topics based on previous studies on sexual communication (Somers & Canivez, 2003). Furthermore, the topics included those that any parent may think of, while also including topics that may feel more out of the box or less obvious. This variety was appealing for this study to capture the frequency more

accurately of what is being discussed between parents and children. This scale includes a Likert scale of 1-5, rather than the previously used binary response of occurred or did not occur.

Self-Efficacy

The Parenting Self-Efficacy Scale (DiIorio et al., 2001; DiIorio, 2011) was chosen to measure the confidence parents feel regarding their ability to discuss sexuality related topics with their children. As self-efficacy is a key construct of social cognitive theory, self-efficacy seemed an essential variable for this study. Furthermore, the scale has been assessed for reliability and validity through a sample of 491 mothers. These assessments indicated high internal consistency and significant predictions. While this is not a commonly used scale (50-80 citations), that is due to the lack of research focused on the self-efficacy impacting parent-child relationships, rather than partner-partner relationships.

CHAPTER FOUR: RESULTS

Each hypothesis was tested using the Hayes (2013) PROCESS Macro for SPSS. This analysis uses bootstrapping to test for indirect effects in a mediation model. We ran four separate models to test all of the proposed hypotheses. See Figure 1 for the hypothesized paths.

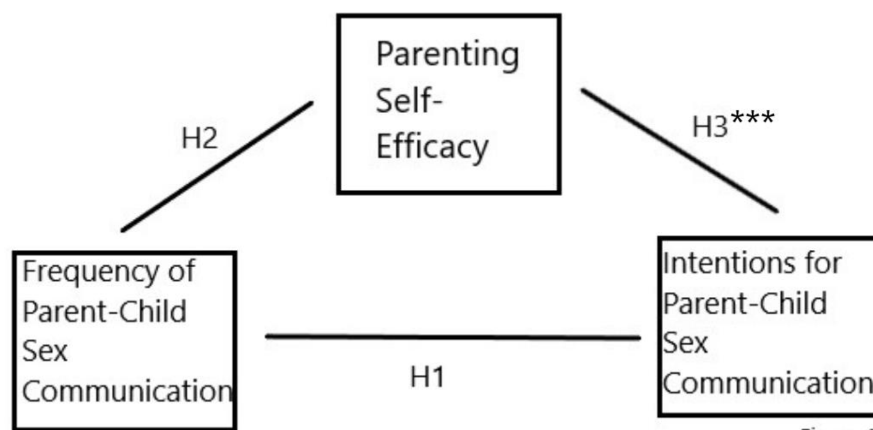

Figure 1

Results showed the direct effect from (H1) parent-child sex communication frequency and intentions for parent-child sex communication was not significant (***β*** = -.03, *SE* = .12, t = -.23, p = .82). Results showed the direct effect from (H2) parent-child sex communication frequency to parent-child self-efficacy intentions was not significant (***β*** = .003, SE = .13, t = .10, p = .91). The mediation test showed an indirect effect from parent-child sex communication frequency to intentions for parent-child sex communication was not significant (***β*** = .01, SE = .08, CI = -.15, .17). Further, results showed the positive direct effect between (H3) parenting self-efficacy to parent-child sex communication intentions was significant (***β*** = .58, SE = .12, t = 4.93, p < .001***).

Overall, H1 and H2 were not supported. Though H3 was supported, the model proved to not be a good fit.

CHPATER FOUR: DISCUSSION

This study aimed to understand the influence of self-efficacy, the confidence in one's ability to perform a task. In this case, the task was parent-child sex communication (Bandura, 1997). The results of this study suggest that individuals are not as influenced by the parent-child sex communication model demonstrated by their parents as previously expected via Social Cognitive Theory (Bandura, 2004). Hypothesis one states that previous parent-child sex communication will be positively associated with intentions for parent-child sex communication. The results for this hypothesis were insignificant. Parents' intentions for sex communication with their own child were not related to the conversations they had with their own parents. This potentially contradicts the expectations from social learning theory that people learn behaviors from observation, largely from their early home life (Kunket et al., 2006). Further analysis could indicate that a positive interaction with parents or high-quality parent-child sex communication would be of more significance than the frequency of sex communication.

I suspect that while social learning theory is not specifically seen in the relationship between parent and child as it relates to intentions to discuss sex with their children, there are numerous other sources available to current parents for social learning. Mommy blogs, parenting TikTok, and all sorts of parenting books provide more accessible models that parents can take pieces of rather than solely utilizing what they observed their own parents doing for them. Sparrow et al. (2011) explain that there are many cognitive consequences of having information within easy reach at all times. The effort required to find a piece of advice, parenting suggestions, or effects of parenting styles on children has significantly decreased. There is no longer much need for

individuals to scour books, discuss with friends and family, or simply base decisions off of experience. The experiences of strangers who might have more knowledge, understanding, or credibility shared through short articles and videos can be a quick guide for social learning. The opportunities for social learning outside the family could explain why participants have high intentions for parent-child sex communication frequency without reporting high frequency from their own parents.

The research findings also indicate that current parents of children under 18 are greatly confident in their abilities to communicate about sexual health topics to their children. Hypothesis two posits that previous parent-child sex communication will be positively associated with parenting self-efficacy. However, like hypothesis one, the results were insignificant. It seems that current parents are confident and have remarkably high self-efficacy, but it is not connected to the information given to them by their parents. Ferry et al. (2000) pointed out that confidence can grow as children gain knowledge, and yet according to the self-reports of previous parent-child sex communication, participants did not gain enough knowledge from parents alone to warrant their self-efficacy. Furthermore, the self-reporting nature of the survey could also influence a participant's response of their own confidence. In this case, parents may have a desire to save face by reporting higher confidence in having conversations about sexual topics if they interpret the questions as being good parents. A future longitudinal study could illuminate how confidence and intentions translate to enacted behavior over time.

Lastly, the research reveals that parents with more self-efficacy have significantly higher intentions to communicate about sex with their children, as suggested in hypothesis three. This result aligned with previous scholarship on self-efficacy (Bandura,

1997; Ferry et al., 2000; Hall & Scharp, 2020). However, it is also important to note that not every participant who reported high self-efficacy has an equal amount of high intentions for parent-child sex communication. Even if a participant felt confident in their ability to discuss, for example, condom use during sex, STI transfer, or perspectives on adolescents having sex, they still may not have a desire or intent to discuss that specific topic with their child(ren). This could be influenced by religion, temperament of the child, perceived need, or gender identity of parent or child.

In this study specifically a substantial portion of the participants that reported religious affiliation are members of the Church of Jesus Christ of Latter-Day Saints (81.5%). This religion is a Christian denomination that has a large focus on family, sexual purity/worthiness, and promises or covenants with God (The Church of Jesus Christ, 2024). One promise is to maintain the law of chastity outlining no sexual relations with any person outside the bounds of marriage (The Church of Jesus Christ, 2022). Such values and beliefs can influence an individual's intentions on what topics are deemed necessary for someone to discuss with their children. Parents who identify as religiously affiliated may not feel a need to discuss sex with their children due to an expectation of abstinence until marriage, fear of impurity, or to avoid acknowledging their child as a sexual or carnal being (Moore et al., 2014). Further study on the impact of religious affiliation on parent-child sex communication is needed to gain understanding on this potential influence.

Limitations

As with all research, this project has limitations. Some limitations of this project are associated with the composition of the research sample and survey administration.

First, the research sample appeared to be primarily consisting of religious, educated (Bachelor's and Master's), married individuals, which is not representative of all parents with children under the age of 18. There is a lack of results representing non-religious parents, single parents, non-heterosexual parents, and parents without a college degree. Further scholarship is needed to fill this gap in order to be generalizable to the larger United States. Second, due to the nature of the study and participant recruitment methods, individuals from Utah, USA were more likely to complete the survey. Lastly, due to recruitment protocol issues, the recruitment ended two months earlier than expected with 63 participants, rather than potentially a greater number had the survey been available longer. While this sample was smaller than expected, the 31-50 years age group is under researched, therefore this study provided beneficial documentation for that group. Future studies should take steps to recruit participants from a larger variety of locations with a greater sample size.

Practical Implications

The results of this study show that we can be optimistic about the future of parent-child sex communication. While it was previously expected that people will do and say as their parents did before them, these results say otherwise. Individuals are not doomed to engage in poor communication even if that is the model from their own parents. There are ways to build up a person's self-efficacy that should be the focus of workshops, education, and social media messaging (Bleakley et al., 2018). For example, a workshop could acknowledge that people may not be satisfied with their own sexual education, but through talking and learning, confidence can grow to give their own children a better experience than they had. Parents may also receive some of this information to build

confidence from a medical practitioner. Family doctors, pediatricians, and obstetricians could provide medically accurate, age-appropriate information for parents to build self-efficacy in teaching their children throughout childhood.

CHAPTER FIVE: CONCLUSION

Sexual communication between parents and children can have a lasting impact on an individual's relationships, confidence, and intentions for future conversations. As this study indicated, frequency of such communication may not be the primary factor in creating confidence or guiding behaviors. Models outside the home could influence confidence in one's ability to have conversations with their children which increases intentions. Further research to understand how intentions change over time, the accuracy of the knowledge parents provide with confidence, and how religion impacts intentions for specific topics or frequency could all benefit the field of parent-child sex communication.

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APPENDICES

Appendix a.

The Sexual Communication Scale

Using this scale, rate how much your parents communicated with you on each of the following topics before you were 18.

Using this scale, rate how much you plan to communicate with your child(ren) before they turn 18 on each of the following topics.

	1	2	3	4	5
	never		a few times		a lot of times
1. Sexual reproductive system (“where babies come from”)	1	2	3	4	5
2. The father’s part in conception (“getting pregnant”)	1	2	3	4	5
3. Menstruation (“periods”)	1	2	3	4	5
4. Nocturnal emissions (“wet dreams”)	1	2	3	4	5
5. Masturbation	1	2	3	4	5
6. Dating relationships	1	2	3	4	5
7. Petting (“feeling up”)	1	2	3	4	5
8. Sexual intercourse	1	2	3	4	5
9. Birth control in general	1	2	3	4	5
10. Whether you personally are using birth control	1	2	3	4	5
11. Consequences of teen pregnancy					

(Other than AIDS)	1	2	3	4	5
12. Sexual transmitted diseases	1	2	3	4	5
13. Love and/or marriage	1	2	3	4	5
14. Whether pre-marital sex is right or wrong	1	2	3	4	5
15. Abortion and related legal issues	1	2	3	4	5
16. Prostitution	1	2	3	4	5
17. Homosexuality	1	2	3	4	5
18. AIDS	1	2	3	4	5
19. Sexual abuse	1	2	3	4	5
20. Rape	1	2	3	4	5

Parenting Self-Efficacy Scale

Respond to the following statements on a scale of 1 to 5; 1 being Not sure at all and 5 being completely sure.

Items

1. I feel confident in my ability to explain to my child what is happening when a girl has her period.
2. I feel confident in my ability to explain to my child why a person should use a condom when they have sex.

3. I feel confident in my ability to explain to my child ways to have fun without having sexual intercourse.
4. I feel confident in my ability to explain to my child why my child should wait until my child is older to have sexual intercourse.
5. I feel confident in my ability to explain to my child that my child should use condoms if my child decides to have sexual intercourse.
6. I feel confident in my ability to explain to my child why wet dreams occur.
7. I feel confident in my ability to explain to my child how to put on a condom.
8. I feel confident in my ability to explain to my child how to use birth control pills.
9. I feel confident in my ability to explain to my child how birth control pills keep girls from getting pregnant.
10. I feel confident in my ability to explain to my child what I think about young teens having sex.
11. I feel confident in my ability to explain to my child how to tell someone no if they do not want to have sex.
12. I feel confident in my ability to explain to my child how to make a partner wait until my child is ready to have sex.
13. I feel confident in my ability to explain to my child how someone can get AIDS if they do not use a condom.
14. I feel confident in my ability to explain to my child where to buy or get condoms.
15. I feel confident in my ability to explain to my child where to buy or get birth control pills.

16. I feel confident in my ability to explain to my child how to tell if an individual really loves my child.
17. I feel confident in my ability to explain to my child how to resist peer pressure to have sex.
18. I feel confident in my ability to explain to my child how to establish boundaries with a partner.
19. I feel confident in my ability to explain to my child what a healthy relationship is like.
20. I feel confident in my ability to explain to my child the benefits of sexual intercourse.