
NATURE OF COMMUNICATION: VOICES OF 11–14 YEAR OLD AFRICAN-AMERICAN GIRLS AND THEIR MOTHERS IN REGARD TO TALKING ABOUT SEX

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Background: Within the female population between the ages of 13 and 19, African Americans (AA) made up 70% of the cases of HIV seroconversion within the US in 2006. In light of this health disparity, prevention strategies should begin prior to age 13. The primary sex educator in families is the mother. Examining how mothers communicate with their daughters about sex and how their daughters respond could help healthcare professionals develop interventions to decrease this population's sexual risk. Objective: This qualitative study explored what AA mothers say to their daughters about sex, in what context the discussions occur, and how the daughters respond to their mothers' messages. Methods: Forty-two mother-daughter dyads were recruited from 4 inner-city community centers. Seven separate groups were conducted with mothers and daughters (ages 11–14) using focus group methodology and principles of Participatory Action Research. Results: Four codes emerged from the data, reflecting both verbal and nonverbal sexual communication. These were: level of disclosure; mixed messages; emotional tone; and knowing. Conclusions: Both becoming less reactive and more knowledgeable about her daughter's information processing may facilitate mother to create an environment that provide a positive emotional tone. This can then lead to increasing the daughter's comfort in initiating a conversation with her mother about her

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intimate feelings and experiences. Implications: Findings from this study could assist in developing interventions geared towards open sexual communication with the goal of delaying sexual debut.

Keywords: African American, health disparities, sexual communication, mother-daughter dyads, early adolescence

Although African Americans (AA) comprise an estimated 14% of the population, they make up approximately 44% of all new HIV cases reported in the United States in 2009 (CDC, 2009). Within the female population between the ages of 13 through 19, AA made up 70% of the cases of HIV seroconversion in 2006 (CDC, 2009). Unfortunately, little is understood about the development of risk behaviors during the early adolescent years that contribute to unwanted pregnancy and sexually transmitted infections (STIs) such as HIV in middle to late adolescence and adulthood. As research suggests that preventive interventions are only minimally successful when applied after the high-risk behaviors are established (Seigel, Aten, & Enaharo, 2001), initiating interventions with girls ages 11–14 prior to sexual debut becomes critical. As mothers usually are the first to discuss sexual activity with their daughters, one possible approach would be to improve mother-daughter sexual communication.

Over the past 2 decades there have been many studies examining the effects of parent-adolescent sexual communication on adolescent sexual activity, however, these studies tend to aggregate results within broad age ranges or within several racial/ethnic groups. For example, two studies (Roberts & Sonenstein, 2010; Schuster et al., 2008) targeted parents of adolescents within the broad age range of 11–18 years. Including adolescents within this wide developmental age range in one study creates problems with interpreting issues related to their cognitive development and the consequent need to have different intervention activities developed at appropriate cognitive levels. Other studies that examined parent-adolescent sexual communication included more than two racial/ethnic groups within the sample (Lefkowitz, Sigman, & Au, 2000; Schuster et al., 2008). Examining sexual communication by aggregating results across different ethnic groups creates concerns regarding how families from these varied backgrounds compare in their approach to discussing sexual issues with adolescents. When planning interventions to help communities, it is important to take a within-group approach, with careful attention to preliminary work in order to understand their particular perspective and to incorporate these ideas into a culturally relevant intervention (Ogbu, 1993).

Several studies were found that focused only on AA youth (Brody et al., 2004; Cornelius, LeGrand, & Jemmott, 2008; DiIorio et al., 2007; Forehand et al., 2007; McKay et al., 2004; O'Donnell et al., 2005). Of these, one did not describe the communication measure (McKay et al., 2004). Two of the studies included both parents (McKay et al., 2004; O'Donnell et al., 2005), one study focused on sexual communication between grandparents and youth (Cornelius et al., 2008), while another (DiIorio et al., 2007) focused only on sons. All of these studies employed quantitative methods, with some studies measuring communication of just one member of the dyad. In others, data were analyzed by simply comparing the sum of the quantitative communication measures, which, even when the measures are identical for both parties, leave a gap in interpretation. For example, when analyzing dyadic data, total scores on a measure of sexual communication may be highly correlated; however, when correlation of individual items are examined, these may be much lower (Aronowitz, Rennells, & Todd, 2005; Guilamo-Ramos et al., 2007).

In addition to these methodological issues, studies focusing on mother-adolescent communication about sexual activity have primarily focused on the content rather than the quality of the dyadic communication, thus ignoring the context in which these discussions occur. One study employed qualitative methods to examine mother-daughter communication about sexual activity (O'Sullivan, Meyer-Bahlburg, & Watkins, 2001). The researchers found that many mothers encouraged their daughters to disclose information (i.e., about a crush) that would not have been picked up in existing self-report questionnaires. Although the sample in this study was Latina, the epistemological issue related to not getting the true picture of the dyadic communication through quantitative methods is valid across ethnic groups.

Two studies which focused on AA youth were found that used qualitative methods (Akers, Burke, Chang, & Yonas, 2010; Akers, Schwarz, Borrero, & Corbie-Smith, 2010). These studies explored which parent (mother or father) was involved in sexual communication in the family and what was the frequency and content of the communication, depending on the gender of the adolescent. Since it has been shown that mothers are the primary sex educator and that there is an increased prevalence of HIV among AA female adolescents, studies are needed to investigate the impact that the mother-daughter relationship has on the context as well as the content of sexual communication. The focus of this qualitative study was to explore the content of what African American mothers say to their early adolescent daughters about sex and sexuality as well as the context in which they discuss these issues, with implications for the development of a family-focused intervention to delay sexual debut.

METHODS

Design

Focus group methodology was employed in this study. Focus groups are a qualitative research tool that capitalizes on group processes and interpersonal interaction to gain rich experiential data about a topic of interest (Krueger, 1998). Focus groups are used in many settings. As a stand-alone research tool or in combination with other techniques, they are especially useful for discussing complex clinical problems, and interpreting research results (Carey, 1994). The focus groups were conducted in the community centers from which participants were recruited at a convenient time for the families and lasted approximately 2 hours.

In addition, principles of Participatory Action Research (PAR) (Khanlou, 2005) were employed in the formulation of the semi-structured focus group questions, the recruitment of the dyads, and in the analysis of the data. African American women who had worked with families who participated in programs at the four centers were members of the research team during the planning and data collection phases. Focus group questions were developed by the research team members and focused on topics of sexuality and sexual education. The interview guide progressed from general to more specific topics (i.e., for the daughters' groups: "Where did you learn about how your body changes as you go through puberty?" to "What has helped you to not become sexually active?") in an effort to enhance group comfort. Employing grounded theory methods, reassessment by the research team of the questions that would guide focus group discussion was done before each focus group to make slight changes in the language and develop parallel questions as needed (Krueger, 1998). Institutional Review Board approval for the study was obtained from the principle investigator's institution. Informed consent was obtained from the mothers and written assent from the daughters.

Data Collection

Using snowball sampling, the women who were the primary contact at each community center approached families and asked if they would be interested in participating in the study. These agencies provide after-school programming, parenting classes, and other community services for the most impoverished census tracts in the city. No formal sexual education was being provided at these agencies. Separate focus groups were conducted for mothers and daughters with six participants in each focus group. Mother and daughter focus groups ran at the same time in separate rooms at the agencies for the convenience of the mothers.

Procedure

The Principal Investigator (PI) provided 8 hours of training for the moderator and assistant moderators. The same teams, which always included an African American, conducted all focus groups. This training included how to handle questions that might be posed during the groups as well as procedures for reporting any disclosures of abuse. The PI was onsite for all focus groups. Mothers and daughters each received \$20 for participation. After informed consent was obtained from both mothers and daughters, sessions were tape-recorded and lasted approximately 2 hours. A second moderator was present in all focus group sessions to assist and take field notes. Debriefing of the research team occurred after each focus group. Audiotapes were transcribed verbatim and the transcripts checked against the tapes. Focus groups were continued until saturation was reached (Glaser, 1978). Transcribed tapes yielded a total of 130 single-spaced pages of data for analysis and 38 single-spaced pages of field notes.

Analysis

Two members of the research team who had been present in the groups conducted the analysis. Field notes were reviewed with the transcripts during this process. Analysis was facilitated by coding the transcripts by focus group session for easier sorting of the data into themes. Progressive analysis occurred throughout the study development and implementation, which allowed the researchers to focus on issues of interest in future groups, changing questions, and modifying ineffective approaches as necessary (Morgan, 1997). No software program was employed, therefore color-coding the transcripts assisted with inter- and intra-group analysis (i.e., mother versus daughter groups) and consideration of group dynamics (i.e., communication patterns and participant characteristics). Following immersion in the data, analysis focused on the identification of emergent themes on multiple levels in accordance with the qualitative analysis principles derived by Kidd & Parshall (2000). Interrater reliability was used to confirm all themes and an audit trail was documented throughout the process of analysis. Themes and categories were validated in two focus groups with African American women whose families live in the census tracts where the study population resided.

RESULTS

Sample

Forty-two African American mother-daughter dyads were recruited from four inner-city community centers. Adolescent participants were between

the ages of 11 and 14 ($M = 13.2$). The mother's focus groups included women who were the primary caregiver for the girls and may not have been the biological mother of the girls (grandmother), and ranged in age from 32 to 78 ($M = 38$).

Nature of Communication

Statements mothers and daughters made about their communication revealed four different characteristics which all reflect methods of verbal and nonverbal mother-daughter sexual communication. The four codes that emerged from the data were level of disclosure, mixed messages, emotional tone, and knowing.

Level of Disclosure

Before the tape started in one of the girls' focus groups, they pointedly asked the moderator if their moms would hear what they said in the group. The mothers wanted to know what the girls talked about, while at the same time expressing confidence that their daughters would talk to them if they had been in risky situations: "My daughter would definitely tell me . . . there's no secrets with that." Another mom said, "She tells me everything I need to know when I ask her." In contrast, girls said they were uncomfortable talking with their mothers, and if coerced into communication regarding personal topics with mom, one girl said, "I would do it, but it just wouldn't be true, basically."

According to the girls, vague messages about sex from mothers include "don't go messin' with no boys" and "just don't do it [have sex]," without further explanation. Mothers themselves admitted to using veiled language, recounting how they had talked with their daughters about "it"—"without sayin' 'sex.'" They also shared how they had told their daughters things that were not true, and even silly, in an effort to protect them. For example, "Now if my daughter asks me if it is true that if she kisses a boy, her lips are gonna glow in the dark. . . (laughing) that's my parental control."

Mixed Messages

There were many quotes in which a mother's words in one situation seemed contradictory to her words or actions in another situation. This sent a mixed message to her daughter. One mother recounted the following story:

My daughter, she was 8 years old, and I bought her this cute, little, it was a bikini top with shorts and it had a belt to it . . . and for the winter, I bought her the cutest, high-top, square-toed boots that zipped up the middle. And I thought these were the baddest boots. . . . In the summertime that same year,

she put them boots on with that bikini and went walking up my block (nervous laughter) and scared the hell out of me. . . . And she had her hand on her hip and was switchin'. And I said, "those dang videos." And I went and grabbed her and I took the boots off and put on flipflops . . . and said, "*This* is what you wear. You don't wear those boots." And I really thought she got it from the video.

This mom saw these individual items of clothing as cute and appropriate for her daughter, but realized she had not taken into consideration her daughter's interest in imitating characters, such as a beautiful woman, in the media, even if the daughter did not yet comprehend the full meaning of those media messages. Giving her the boots and then taking them away with a lot of emotional intensity without explanation most likely confused the daughter.

Emotional Tone

In sharing their conversations, mothers and daughters revealed some of the emotion that infused their communication. Conversations about sexual behaviors and personal topics frequently included anger, discomfort, and frustration. One mother reported that during a conversation with her daughter, her daughter said, "I was just askin'. Now you said you wouldn't get mad at me. I'm just askin'. . . . Mommy, see that's not fair." Mothers stated their voices frequently "got elevated" particularly when they "don't understand some things."

Another mother also admitted to being reactive when her daughter disclosed about her friendship with a boy.

. . . it ended up coming out in the conversation. Even if they say so-and-so hugged me. That's it right there. He did what? Oh but he didn't mean anything. That's just what my daughter (when she was 7 years old) said, I said, I'm going to the school, why did the teacher not send a letter home and say that you was mad cause he hugged you? . . .

The daughters also discussed how negative emotional tone affects their ability to talk and ultimately their behavior. ". . . you walk out of the house and go to school, don't say nothin' to her, she don't say nothin' to you. You don't communicate." "Kids will try to do the opposite [of what parents want], they don't like being told what to do."

However when the emotional tone is positive the mutual understanding and outcome from the conversation is positive. Mother says "during a positive activity when everyone's enjoying it and we just kinda get into the questioning nonchalant, ask the question." When the mother was able to set the tone in a positive light, communication about sex and sexual behavior led to giggling and further discussing. "[daughter asked about

first kiss] how did it taste? And I said yucky and we both laughed. Then daughter asked ‘and who is he?’ It went well. A lot of stuff we were kinda compatible with.”

Daughters also express that when the emotional tone is framed in a positive light although mothers may be strict, they understand and accept their mothers’ limits. As one daughter expressed “. . . she get mad when she feels that boys come around the house because my sister was 16 when she got pregnant so that she don’t want the same thing to happen to me.”

Knowing

Both mothers and daughters used the word “know” frequently when reflecting on their communication. It seemed this word often indicated the other person’s nonverbal messages. For example, one mom said, “I saw her eyes crossin’ up . . . and this is only 3 minutes into what I’m sayin’. . . I knew it was one of those things I had to take a different route.” Another example of mother being able to interpret her daughter’s nonverbal communication is illustrated by this mother’s comment, “Cause I started out with her like that and she gave me that Bambi caught in the headlights look like any minute she’s just gonna fall.” The girls confirmed mother’s ability to read nonverbal communication. “Just, for example, I had broke something and hid it . . . she knew by the look on my face that I did something I wasn’t supposed to, and like I was lying.”

The daughters’ shared their perceptions of their mothers’ instinctive knowledge of their development and character. This was especially true regarding menarche, for example, “I don’t know how, she just asked me the day before, ‘Did it start?’ And it came on the next day.” One girl expressed her view that her mother understood her character by saying, “Well, she knows that I really know better [than to have sex]. . . . I guess she trusts me.” The girls also expressed a view that mothers in general were clairvoyant about girls and their experiences and behaviors—as if they could read their minds or see them at all times. “Well, actually, some moms can sense it [when you’re doing something you’re not supposed to] . . . ’cause some moms, they smart like that.” According to the girls, however, if the mothers and daughters “don’t communicate,” this aspect of knowing will be compromised.

In contrast to the girls’ perceptions that their mothers know everything about them, mothers admitted to each other in the group that there is much they do not know about their daughters and they wanted to know more. For example, “When she get around her friend I don’t know how she might act.” The mothers also admitted that the foundation of their “knowing” was based on first-hand experiences from their own adolescence.

DISCUSSION

Nature of Communication

Although all four codes (level of disclosure, mixed messages, emotional tone, and knowing) that emerged from the data are represented in the literature, the findings in previous studies are not as focused on the context in which communication about sex occurred. The participants in this study expressed the importance of a sense of connectedness, which affected their comfort in disclosing personal topics and feelings without misinterpreting and overreacting to each other.

Level of Disclosure

Open communication as measured by self-report questionnaires may not be a good way to define whether or not mothers and daughters are communicating effectively. In the topics that were discussed, the adolescents stated that the areas focused on the physical aspects of sex (menstruation and fertility) and information about risks (STIs) without the emotional aspects (relationships and desire) (Aronowitz et al., 2007). When mothers in this study said “don’t go messing . . .” they considered that open communication; however, daughters may not have been getting the complete message.

A mother’s lack of disclosure has a direct effect on the ability of her daughter’s comfort in disclosing, as one girl in the study stated “I would do it [talk to mom], but it [disclosure] just wouldn’t be true.” While mother-daughter dyads have reported more open communication about sex compared to mother-son dyads (Akers, Burke, Chang & Yonas, 2011), the girls in this study reported discomfort disclosing certain topics to their mothers. This is not surprising considering mothers admitted using veiled language to talk about sex and even had difficulty saying “sex.” When dyads are comfortable communicating about sexual topics, the girls are less likely to experience early sexual initiation (Aronowitz, Rennells, & Todd, 2006).

Mixed Messages

Daughters are more influenced by their mothers’ actual attitudes and behaviors if their mother verbalizes her disapproval rather than the daughter just thinking that her mother disapproves (Smetana, 2008). In fact, when one mother in this sample removed her daughter’s boots she did not discuss with her daughter the reason for her disapproval of this outfit, leaving her daughter confused. The mixed message to her daughter was that these clothes are cute but not on you and not together walking down the street. While the mother might feel that her behavior of taking away the boots

communicated her attitude about the combined outfit in this context, by not verbalizing her reasons she failed to communicate her fears and attitudes. As a result the daughter is left to interpret her mother's reaction in any number of ways that might not be consistent with what the mother wanted to convey to her daughter.

Mothers' use of euphemisms when talking to their daughters about sex has been shown to be common in countries where rates of HIV and STIs are excessively high. In addition, there is a strong fear that sexual education will legitimate premarital sexual activity and most mothers participate in "respectful avoidance" (Lambert & Wood, 2005). Mothers in this study also used euphemisms such as the use of the word "messin'" and their inability to say the word "sex." Not defining what they mean by "messin'" leaves the girls to have to interpret on their own what mother means. In fact, the girls may define this as not talking with boys. This veiled language also can categorize boys as not trustworthy, which can interfere with the development of normal heterosocial communication skills (Grover, Nangle, & Zeff, 2005).

Although mothers deliver mixed messages that may be difficult to interpret, recent research findings on adolescent brain development demonstrate that adolescents process information differently than adults. A neuropsychiatrist compared adult and adolescent brain responses to facial expressions, by obtaining MRI images (Public Broadcasting Service [PBS], 2006). The participants were asked to identify the emotion of the facial expression in a series of photographs. The findings indicated that adolescents interpreted facial expression as anger or shock, whereas the adults interpreted the expression as fear. The findings also showed that adults use more of the prefrontal lobe, which carries out executive functions, such as planning, goal-directed behavior, judgment, and insight. Adolescents, on the other hand, employ more of the amygdala, a structure in the temporal lobes associated with emotion and "gut response" (PBS, 2006). Therefore, if mothers are able to express openly their attitudes and values regarding sex and adolescence, they are still facing the adolescent's development barrier to processing the information. It is as if they are speaking two different languages.

Emotional Tone

When emotional tone was negative, it led to misunderstanding between the dyad and could lead to misconceptions about heterosocial behaviors. For example, when a mother overreacted to her daughter being hugged by a boy, this could have taught the daughter to either be frightened to hug a boy or to not tell her mother if she did. These findings are similar to what has been documented in the literature as psychological parental control.

Psychological control has been defined as parental coerciveness, instilling of guilt and interference with the youth's development of independence leading to negative outcomes (Barber, 1996).

When the emotional tone during these discussions was positive, it encouraged both mother and daughter to ask questions and influenced their level of intimacy. This is a characteristic of unconditional love, which had been found to increase a daughter's self-esteem and decrease sexual risk-taking behaviors (Akers et al., 2009; Aronowitz et al., 2007). Also, parental styles that are consistent with a pluralistic approach (firm rules but democratic style) report more positive relationships between mother and daughter and a greater ability to engage in communication about sex with romantic partners (Depadilla, Windel, Wingood, Cooper, & DiClemente, 2011).

Knowing

This construct is overarching and affects the three other codes. Both mothers and daughters defined "knowing" as the ability to read each other's non-verbal communications. When mothers were able to read their daughters' nonverbal communication they adjusted their teaching to be more developmentally appropriate. The daughters expressed closeness to their mothers and stated that their mothers understood them when they felt that their mothers "knew" them. This finding is consistent with what has been shown in other studies. Teens who perceive they have a better relationship with their mothers are less likely to engage in early sexual debut (Aronowitz, et al., 2007).

This level of intimacy increases mothers' and daughters' ability to verbally communicate. When they feel that they can read each other or know each other they are more likely having open communication about all topics including sexual health in an environment that is set with a positive emotional tone. This "knowing" also removes the embarrassment and fear of initiating the conversation about all topics from a crush to specific topics related to intimate heterosocial relationships.

IMPLICATIONS

In a mother-daughter relationship that has been characterized by an inability to disclose, giving mixed messages, and a negative emotional tone, a girl will have trouble initiating a conversation with her mother about sex. There are two levels at which a mother may create an environment that negates disclosure and sets a negative tone. First she may overreact (i.e., boots) and she may use euphemisms because of discomfort with the topic and her knowledge. If a mother can't even say the word "sex," her daughter will

learn that this topic is taboo. Intervention strategies should focus on helping mothers take a moment to assess the situation prior to reacting. The strategies that could be taught to mother include coaching her to ask further questions and contemplating several ways to react rather than being reactive. Interventions should also provide mothers with the knowledge and behavioral skills necessary to help them become the primary sex educators they want to be (Aronowitz et al., 2006).

In addition to mothers' personal difficulties in openly communicating about sex with their daughters, recent findings suggest discrepancies in adult and adolescent information processing (PBS, 2006). Mothers need to understand the physiological differences in how teens interpret and process information. Realizing this difference in cognitive development may help a mother be more patient with her daughter's inconsistencies in information processing. This knowledge could also reinforce the importance in expressing her expectations and values repeatedly and in various ways to her daughter.

Both becoming less reactive and more knowledgeable about her daughter's information processing may facilitate a mother to create an environment that provides a positive emotional tone. This can then lead to increasing the daughter's comfort in initiating a conversation with her mother about her intimate feelings and experiences. It also supports a high level of intimacy and comfort between mothers and daughters, which increases their bond and mutual life understanding.

Qualitative research helps us better understand not only the content but also the context of what happens between mother and daughter during communication about sex. In the past, mothers may have felt they were conveying clear messages to their daughters about sexuality. In this study the mothers stated that they were uncomfortable during these conversations and admitted to "raising their voices" when they did not know how to respond or what to say. The daughters discussed their disappointment in their mothers' lack of understanding of their lives.

CONCLUSION

These findings demonstrate a need for a mother-daughter intervention directed at increasing connectedness, thereby increasing their feelings of "knowing" each other. This will lead to less misinterpretation of each others' verbal and non-verbal communication creating a more positive emotional tone and facilitating more open communication about sex and sexuality. Community health nurses can act as interventionists by conducting groups with mothers and their daughters to increase connectedness and open sexual communication. In addition, interventions could be directed on an individual level with families. It is critical to facilitate

mother-daughter sexual communication since adolescents presently represent one of the fastest growing risk groups for HIV in the US, with AIDS now ranking among the leading causes of death in mid-to-late adolescence (CDC, 2009).

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