Latino Parents’ Plans to Communicate About Sexuality With their Children

MAUREEN C. KENNY
Department of Leadership and Professional Studies,
College of Education, Florida International University,
Miami, Florida, USA

SANDY K. WURTELE
Department of Psychology, University of Colorado–Colorado Springs,
Colorado Springs, Colorado, USA
Video

- https://www.youtube.com/watch?v=V0HdXXV73Dg
The American Academy of Pediatrics (2011) recommends that parents help their children understand sexuality in a healthy way because lessons and values learned at early ages are likely to remain with them as they grow to adulthood.
According to the Sexuality Information and Education Council of the United States (2004):

“Parents and caregivers are—and ought to be—their children’s primary sexuality educators” (p. 13).
Parents are the greatest influence on their child’s sexual decision making.
Importance of Sexuality Communication—the early years

- Gives children naming power
- Normalizes genital names/parts
- Helps reduce victimization
- Sets the stage for later sexuality discussions
- Reduces shame/embarrassment
The later years

- Teens will get their information from the Internet or other sources.
- Good parent-child communication leads to better contraception use and lower sexual risk behaviors.
- Teens want their parents’ guidance: Research has found that more teens would prefer to get information about contraceptives from their parents than from a health center, class, hospital, media or friends.
Discussion about child sexual abuse

- **U.S.**—Most talked to their kids (k-3rd grade) but left out critical information. (Deblinger, Thakkar-Kolar, Berry, & Schroder, 2010)

- **Australia**—67% of parents talked to kids about child sexual abuse prevention (5-12 years old) (Walsh, Brandon, & Chirio, 2012)

- **China**—Almost all parents (7-8 years) talked to their children but emphasized ‘stranger danger’ (Chen, Dunne, & Han, 2007)
Latinos and Sexuality

- Sexual Silence
- Don’t talk about it
- Gender roles traditionally defined
- It is known that there is a taboo against discussing sexual issues
- Parental communication regarding sexuality is often lacking
- Latinos are raised to avoid “talking dirty”
- Latina women have not been taught the correct words to describe sexual acts.
In our previous study comparing Spanish- and English-speaking children’s knowledge of genital terminology we found that none of the Spanish-speaking children knew the correct terms for *breasts*, *penis*, or *vulva*, suggesting a void in sexuality education in Spanish speaking homes. Yet 89% knew the names of non-genital body parts:

*English-* Breasts (10%) Penis (16%), Vulva (11%)
Why don’t parents talk about sex?

- Many don’t have the information/language
- Many believe they should wait until child is older
- Own embarrassment--fear
- No role model from own parents
The Present Study—
The need to study Latino population

- The recognition of the increasing growth of the Latino population in the U.S.
- Aimed to examine the intentions of Latino parents in sexuality discussions with their young children
Participants

- Children were enrolled in the Miami-based Kids Learning About Safety program (KLAS)
- All participants (N=86) were Latino or Hispanic
- Parent’s X age 36.83 (SD=7.42)
- 70% were mothers
- 86% of parents were married
- 88% of children were living in a two parent-household; 8% in a single parent-home
- X age of child 3.96 years (SD = 0.77)
- 44% boys, 56% girls
Parent’s Religious affiliation

- Catholic: 55%
- Other: 19%
- No religious affiliation: 11%
- Protestant: 8%
- Fundamentalist: 3%
- Mormon: 3%
- Jewish: 1%
Measure

The *Family Life Education Questionnaire* (El-Shaieb & Wurtele, 2009) contained four sections:

1. Demographic information
2. Questions asking them to recall how old they were when their parents (mothers and fathers) talked to them about sex education and a rating of how effective their parents were
3. Two questions asking parents to indicate the age at which they first expected to discuss sex education with their children and to rate how effective they would be
4. Questions about actual or intended ages and perceived effectiveness for discussing 15 topics
The 15 topics listed in the survey included:

1. Genital (body) differences between the sexes
2. Human reproduction (how babies are made)
3. Birth (how babies are born)
4. Masturbation
5. Sexual abuse (molestation)
6. Menstruation
7. Sexual intercourse
8. Dating (sexual and romantic feelings)
9. Marriage and divorce
10. Sexual orientation (homosexuality and bisexuality)
11. Sexually transmitted diseases (e.g., herpes)
12. Contraception (birth control)
13. Abortion
14. Nocturnal emissions (wet dreams)
15. AIDS
Family of Origin Education

- Participants were first talked to about sex education at a mean age of 11.26 (by their mothers) and 12.68 (by their fathers).
- The mean number of times participants’ mothers spoke to them about sex education was 3.14 (SD = 4.22)
- The average number of times their fathers spoke to them about sex education was 1.36 (SD = 3.69)
- Participants rated their parents as being relatively ineffective at discussing sex education (M = 2.15, SD = 1.25)
- Participants rated their mothers (M = 2.61, SD = 1.59) as being significantly more effective than their fathers (M = 1.69, SD = 1.35) when first discussing sex education, t(1, 70) = 4.99, p < .001.
Participants (N = 86) intended to discuss sex education with their children at a mean age of 7.29 (SD = 3.33) and predicted an effectiveness rating of 4.23 (SD = .75).

Parent age, education level, occupation, marital status, religious identity, level of religiosity, and income did not have significant effects on the two dependent variables:

- at what age do you expect to discuss sex education with your child
- how effective will you be
Analysis of Sex Education Topics

- Intended Age of Discussion:
  - genital differences at the youngest age
  - abortion at the oldest age

- Parents’ ratings of perceived effectiveness:
  - highest for discussing marriage and divorce
  - lowest for discussing masturbation
<table>
<thead>
<tr>
<th>Topics</th>
<th>El-Shaieb &amp; Wurtele (N = 214)</th>
<th>Present Study (N = 86)</th>
<th>SD</th>
<th>El-Shaieb &amp; Wurtele (N = 165)</th>
<th>Present Study (N = 70)</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genital differences</td>
<td>5.19</td>
<td>4.6</td>
<td>2.5</td>
<td>4.20</td>
<td>4.2</td>
<td>0.8</td>
</tr>
<tr>
<td>Human reproduction</td>
<td>7.5</td>
<td>8.3*</td>
<td>2.7</td>
<td>3.89</td>
<td>4.0</td>
<td>1.0</td>
</tr>
<tr>
<td>Birth</td>
<td>7.25</td>
<td>7.1</td>
<td>3.1</td>
<td>4.03</td>
<td>4.1</td>
<td>0.9</td>
</tr>
<tr>
<td>Masturbation</td>
<td>9.94</td>
<td>9.7</td>
<td>3.0</td>
<td>3.00</td>
<td>3.8***</td>
<td>1.2</td>
</tr>
<tr>
<td>Sexual abuse/molestation</td>
<td>6.85</td>
<td>5.6***</td>
<td>2.6</td>
<td>4.12</td>
<td>4.2</td>
<td>0.8</td>
</tr>
<tr>
<td>Menstruation</td>
<td>9.09</td>
<td>8.7</td>
<td>2.4</td>
<td>4.00</td>
<td>4.1</td>
<td>1.0</td>
</tr>
<tr>
<td>Sexual intercourse</td>
<td>10.03</td>
<td>10.6*</td>
<td>2.3</td>
<td>3.93</td>
<td>4.1</td>
<td>1.0</td>
</tr>
<tr>
<td>Dating</td>
<td>10.11</td>
<td>10.1</td>
<td>3.2</td>
<td>4.02</td>
<td>4.1</td>
<td>1.0</td>
</tr>
<tr>
<td>Marriage and divorce</td>
<td>8.81</td>
<td>9.3</td>
<td>4.1</td>
<td>4.03</td>
<td>4.3</td>
<td>0.9</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>10.43</td>
<td>10.4</td>
<td>3.5</td>
<td>3.61</td>
<td>4.1**</td>
<td>1.0</td>
</tr>
<tr>
<td>Sexually transmitted</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>diseases</td>
<td>11.05</td>
<td>10.9</td>
<td>2.4</td>
<td>4.04</td>
<td>4.2</td>
<td>1.1</td>
</tr>
<tr>
<td>Contraception</td>
<td>11.28</td>
<td>11.4</td>
<td>2.5</td>
<td>4.16</td>
<td>4.2</td>
<td>1.0</td>
</tr>
<tr>
<td>Abortion</td>
<td>11.50</td>
<td>11.7</td>
<td>3.0</td>
<td>3.86</td>
<td>4.2*</td>
<td>1.1</td>
</tr>
<tr>
<td>Nocturnal emissions</td>
<td>11.01</td>
<td>10.9</td>
<td>2.3</td>
<td>3.13</td>
<td>4.0***</td>
<td>1.1</td>
</tr>
<tr>
<td>AIDS</td>
<td>10.00</td>
<td>10.7*</td>
<td>2.4</td>
<td>4.03</td>
<td>4.1</td>
<td>1.1</td>
</tr>
</tbody>
</table>

Note: Effectiveness was rated on a 5-point scale ranging from 1 (not effective at all) to 5 (very effective). Significant comparisons between groups are indicated by asterisks using Bonferroni’s procedure, *p<.05, **p<.01, ***p<.001.
Table 2. Parent-reported ages of intended discussion sorted by mean for youngest to oldest (N=86)

<table>
<thead>
<tr>
<th>Topics</th>
<th>M</th>
<th>SD</th>
<th>Effect size (d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genital differences</td>
<td>4.64ᵃ</td>
<td>2.507</td>
<td>.22</td>
</tr>
<tr>
<td>Sexual abuse/molestation</td>
<td>5.61ᵃ</td>
<td>2.598</td>
<td>.48</td>
</tr>
<tr>
<td>Birth</td>
<td>7.07ᵇ</td>
<td>3.125</td>
<td>.06</td>
</tr>
<tr>
<td>Human reproduction</td>
<td>8.2ᶜ</td>
<td>2.66</td>
<td>.28</td>
</tr>
<tr>
<td>Menstruation</td>
<td>8.71ᶜᵈ</td>
<td>2.396</td>
<td>.16</td>
</tr>
<tr>
<td>Marriage and divorce</td>
<td>9.25ᶜᵈᵉ</td>
<td>4.099</td>
<td>.11</td>
</tr>
<tr>
<td>Masturbation</td>
<td>9.74ᵈᵉᶠ</td>
<td>2.986</td>
<td>.07</td>
</tr>
<tr>
<td>Dating</td>
<td>10.05ᵉᶠ</td>
<td>3.227</td>
<td>.02</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>10.41ᵉᶠᵍ</td>
<td>3.495</td>
<td>.01</td>
</tr>
<tr>
<td>Sexual intercourse</td>
<td>10.6ᵉᶠᵍ</td>
<td>2.268</td>
<td>.25</td>
</tr>
<tr>
<td>AIDS</td>
<td>10.70ᵉᶠᵍ</td>
<td>2.422</td>
<td>.29</td>
</tr>
<tr>
<td>Sexually transmitted diseases</td>
<td>10.86ᵉᶠᵍ</td>
<td>2.421</td>
<td>.08</td>
</tr>
<tr>
<td>Nocturnal emissions</td>
<td>10.94ᵉᶠʰ</td>
<td>2.271</td>
<td>.03</td>
</tr>
<tr>
<td>Contraception</td>
<td>11.43ᵉᶠʰ</td>
<td>2.458</td>
<td>.06</td>
</tr>
<tr>
<td>Abortion</td>
<td>11.69ʰ</td>
<td>2.944</td>
<td>.06</td>
</tr>
</tbody>
</table>

Note: Means with different superscripts are significantly different using Bonferroni’s procedure, p<.05. Only participants who answered 80% of all items were included in this analysis.

Mean ages for discussions of genital differences and sexual/abuse molestation were significantly younger than all other items.
Table 3. Means and standard deviations for parents rated-effectiveness (N=70)

<table>
<thead>
<tr>
<th>Topic</th>
<th>M</th>
<th>SD</th>
<th>Effect size (d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maturbation</td>
<td>3.82ᵃ</td>
<td>1.140</td>
<td>.72</td>
</tr>
<tr>
<td>Human reproduction</td>
<td>4.11ᵃᵇ</td>
<td>0.904</td>
<td>.24</td>
</tr>
<tr>
<td>Nocturnal emissions</td>
<td>4.08ᵃᵇ</td>
<td>1.158</td>
<td>.82</td>
</tr>
<tr>
<td>Dating</td>
<td>4.11ᵃᵇ</td>
<td>1.031</td>
<td>.09</td>
</tr>
<tr>
<td>Menstruation</td>
<td>4.28ᵃᵇ</td>
<td>0.911</td>
<td>.31</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>4.11ᵃᵇ</td>
<td>0.974</td>
<td>.52</td>
</tr>
<tr>
<td>Birth</td>
<td>4.26ᵃᵇ</td>
<td>0.768</td>
<td>.30</td>
</tr>
<tr>
<td>Sexual intercourse</td>
<td>4.19ᵃᵇ</td>
<td>0.982</td>
<td>.26</td>
</tr>
<tr>
<td>Genital differences</td>
<td>4.26ᵃᵇ</td>
<td>0.723</td>
<td>.08</td>
</tr>
<tr>
<td>AIDS</td>
<td>4.17ᵃᵇ</td>
<td>1.087</td>
<td>.13</td>
</tr>
<tr>
<td>Sexually transmitted diseases</td>
<td>4.25ᵃᵇ</td>
<td>1.054</td>
<td>.19</td>
</tr>
<tr>
<td>Abortion</td>
<td>4.26ᵃᵇ</td>
<td>1.065</td>
<td>.38</td>
</tr>
<tr>
<td>Contraception</td>
<td>4.25ᵇ</td>
<td>1.036</td>
<td>.09</td>
</tr>
<tr>
<td>Sexual abuse/molestation</td>
<td>4.33ᵇ</td>
<td>0.781</td>
<td>.27</td>
</tr>
</tbody>
</table>

Note: Means with different superscripts are significantly different using Bonferroni’s procedure, \( p < .05 \). Only participants who answered 80% of all items were included in this analysis. Effectiveness was rated on a 5-point scale ranging from 1 (not effective at all) to 5 (very effective).
Off limits....

- 14% masturbation
- 9% menstruation
- 9% nocturnal emissions
- 8% abortion
- 8% contraception
- 7% sexual intercourse
- 7% sexually transmitted infections
- 6% AIDS
- 5% human reproduction
- 4% sexual orientation
- 2% dating
- 1% birth
- 1% marriage/divorce
Discussion—Family of Origin Education

- Parents’ sexuality-related discussions in their families tended to occur when they were early adolescents (ages 11–12 years)
- They perceived their mothers to be more effective as sexual educators than their fathers
- This is consistent with research:
  - Parents postpone sexual discussions until adolescence (Dilorio et al., 2000; Romo et al., 2001)
  - Mothers are the primary educators when it comes to sexuality discussions (Jaccard, Dittus, & Gordon, 2000; Romo, Nadeem, Au, & Sigman, 2004; Rosenthal, Senserrick, & Feldman, 2001)
- Marianismo encourages women to remain silent about sexual matters
  - Children may not be receiving consistent, accurate information (Guilamo-Ramos et al., 2006)
**Intended Age of Discussion**

- Much earlier (7.29 years) than when their own parents discussed sexuality issues with them (range 11.26–12.68 years)
- In comparison with the participants in the study by El-Shaieb and Wurtele (2009)
  - Parents intended to discuss sexual abuse/molestation at an earlier age
- Parents were enrolled in a child sexual abuse prevention program
  - They were willing to talk to their young children about this topic
- Parents intended to discuss human reproduction and sexual intercourse at later ages (8 and 10½ years)
Perceived Effectiveness of Discussion

- This study demonstrated that parents generally reported being moderately effective in discussing most sexuality topics with their own children.

- Using a scale from 1 to 5, ratings ranged from a low 3.79 (for masturbation) to a high of 4.34 (marriage and divorce).
Parents Difficulties with Sexuality Discussions

- Parents admitted that it would be very difficult for them to talk about masturbation with their children.
- Of the parents in the present study:
  - 14% would never discuss this topic with their children.
  - They also intended to delay discussions of normal sexual development (i.e., genital differences, birth, reproduction).
  - Between 1% and 10% would never discuss a number of other topics (e.g., menstruation, nocturnal emissions, intercourse, and STDs).

JUST SAY NO!
Limitations

- The results may be affected by response bias
  - Parents may have responded in a socially desirable fashion
  - People indicate they are effective, but they may not be

- Small convenience sample of Latino parents
  - Parents struggle with providing effective, accurate sexuality education
Helping Parents with Discussions

- Latinos do not support providing sex education in the schools (Chappell, Maggard, & Gibson, 2010)
- Due to federal funding limitations, sexuality education in schools can only discuss abstinence
- Discussions will need to take place at home
Communication Skills for Parents

- Guidance on how to approach sexuality discussions with their children
- Address cultural and religious inhibitions that may hinder discussions (Pick & Palos, 1995)

- Due to the norm of “sexual silence” (Van Oss Marin, 2003)
  - May require further education about the importance of teaching correct genital terminology
  - Use materials that are culturally appropriate and available in their language

- Parents need to be encouraged to begin discussions during early childhood

- Due to the cultural concept of “respeto”
  - Latino children may be reluctant to ask their parents questions about sexuality
Recommendations

- Need to talk to children about puberty before they begin
- All girls are entering puberty earlier than decades ago *(Dorn & Biro, 2011)*
- Latino children are entering puberty earlier than their peers *(Cavanaugh, 2004)*
- Absence of parental discussions leaves them unprepared for puberty changes
Recommendations

- Begin talking with your child at a young age (2 years)
- Preschool- facilitate healthy sexual development rather than the threat of harm or abuse
- Parents typically wait until they believe their children are sexually active to talk to them, but they consistently underestimate their kids sexuality \(^{(\text{Romo et al, 2011})}\)
Specific communication skills parents can employ

- Use “teachable moments” (Wurtele, 2010)
- Incorporate culturally-important morals and values
- For older children (7–12 years), use a television show, movie, or recent news event to bring up sexual topics
Recommendations

- Think about your own attitudes and what you want to impart to your children
- Resist the tendency to be afraid of what your children may hear
- You are only one source of information for your children, but the most critical (Pick & Pelos, 1995)
JUST DO IT.