The Relationship between Culture and Parent-teen Sexuality Conversations in Black Families: Implications for Health Promotion

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Abstract

Background: Sexuality studies have often overlooked ethnic and cultural differences affecting parent-teen sex conversations and the potential implications for Black teens' sexual activity. **Purpose:** Examine the relationship between parent-teen sex conversations and teens' sexual activity among ethnically diverse Black adolescents in Miami, Florida. **Methods:** Using cross-sectional survey methodology, 157 Black adolescents specifically, African Americans, Haitians, and Jamaicans (ages 14-18 years) were recruited through community-serving organizations and schools in Miami, Florida to complete a 52-item questionnaire. Regression analysis was used to determine the relationship between parent-teen sex conversations and teens' sexual activity. **Results:** Teens' mean age was 16 years, (*SD*=1.49), 60% were female. Fifty percent of African Americans, 39% of Haitians, and 34% of Jamaicans were sexually active. Age of penile-vaginal/anal sexual debut was 14.15 years (*SD*=1.51) for Jamaicans, 15.09 years (*SD*=1.94) for African Americans, and 15.38 years, (*SD*=1.56) for Haitians. Of the three groups, Haitians reported lower comfort and value for family-sex conversations. Cultural differences affected families' engagement in sex conversations, however teens benefited from parents' messages on delaying sex and safer-sex practices. **Conclusion:** Findings call for culturally-appropriate public health interventions to improve families' comfort and communication skills for sex conversations particularly in communities where these conversations contradict cultural norms.

Keywords: parent-teen communication, ethnicity, sexual activity, adolescents, African Americans, Haitians, Jamaicans

Introduction

An estimated 1.2 million people are currently living with human immunodeficiency virus (HIV) in the United States (U.S.) and one in eight remain unaware of their HIV status (Center for Disease Control and Prevention [CDC], 2014). Among Black teens living in the U.S., the rate of HIV diagnosis was 38.2 per 100,000 compared to 1.9 per 100,000 for White teens (CDC, 2015). Similarly as of 2011, youth between ages 15 and 25 years accounted for half of the estimated 20 million new STIs occurring annually in the U.S. (CDC, 2013). Despite public health prevention efforts, the incidence of HIV and other STIs has remained a serious public health concern (CDC, 2014).

Between 2014 and 2016, Florida ranked first in the nation in the number of newly diagnosed HIV cases (Florida Department of Health, 2014a; CDC, 2016a). According to the Florida Department of Health (2012), 17% of all new HIV cases in the state occurred among those under age 25, 68% of which were categorized as Black. Additionally, there were 12,445 Haitian-born immigrants and 1,746 Jamaican-born immigrants living with HIV in Florida as of 2013 (Florida Department of Health, 2014a). This may be an underestimation of the true number of Haitians and Jamaicans living with HIV in Florida as many immigrants are undocumented and face structural barriers to HIV testing and care. In Florida, Miami-Dade County had the highest incidence of HIV and currently Black residents account for 42% of all people living with HIV in the county (Florida Department of Health, 2015). African

Americans, Haitians, and Jamaicans make up the largest number of non-Hispanic Blacks living with HIV in Miami-Dade (Florida Department of Health, 2014b).

Teens in Miami-Dade also experience high-risk sexual behaviors. As of 2014, 16% of adolescents had four or more lifetime sexual partners, 34% of teens did not use a condom in their last sexual encounter, and 21% of teens were not provided educational instruction on STIs and HIV as part of their academic curriculum (CDC, 2014). Among all sexual health programs in Miami-Dade County middle and high schools, only 38% incorporated information to help parents promote safe and safer-sex practices to their adolescents (CDC, 2014). However, there is strong evidence supporting positive parental influence on teens' sexual beliefs and practices. In particular, open, frequent, and positive parent-teen sex conversations have been associated with teens' increased condom use, delayed sexual debut, and fewer sexual partners (Dinaj-Koci et al., 2015; Sales et al., 2012; Sneed, Somoza, Jones, & Alfaro, 2013; Wang et al., 2013).

Despite the growing number of foreign-born Blacks in the U.S., most sexuality studies fail to consider potential cultural differences between Black ethnic groups that may affect teens' sexual decision making. In both Haiti and Jamaica, economic hardship, cultural, and societal factors may influence teens' sexual decision making and age of penile-vaginal/anal sexual debut (Baumgartner, Waszak Geary, Tucker, & Wedderburn, 2009; Geary, Wedderburn, McCarraher, Cuthbertson, & Pottinger, 2006; Stockman, Lucea, & Campbell, 2013). In a study conducted in Uganda, culture-based teachings affected teens' sexual decision making. Views of premarital sex as sinful were linked to both protective and risk factors including creating barriers to condom use yet lowering the incidence of teen sexual intercourse (Katz et al., 2012). In another study using a cross-sectional probability sample of U.S. residents, researchers identified that Caribbean immigrants generally had lower sexual risk overall but faced higher risk of HIV transmission compared to the general U.S. population (Saint-Jean, Dévieux, Malow, Tammara, & Carney, 2011). In fact, adult Caribbean immigrants did not have favorable attitudes towards condoms and possessed lower intentions for regular condom use compared to African Americans (Saint-Jean et al., 2011). Finally, in one study conducted in Broward County, FL, researchers found that Haitian-Creole speaking participants were least likely to report using condoms compared to their English-speaking Haitian and other Afro-Caribbean counterparts (Villanueva et al., 2010). South Florida has a large population of Caribbean-born Blacks therefore it has become increasingly important for sexual health promotion professionals in Florida to evaluate cultural influences on teens' sexual activity (Anderson, 2015). Additionally, very few studies have validated the relationship between sexuality conversations and sexual behaviors in Afro-Caribbean populations (Bombereau & Allen, 2008; Waldron, Hutchinson, Hewitt, Kahwa, & Hamilton, 2012). Therefore, the purpose of this study was to examine the relationship between parent-teen sexuality conversations and sexual activity among ethnically diverse Black adolescents. The Family Sex Communication Quotient (FSCQ) was used to provide information on families' orientation towards sex conversations by measuring the perceived information gained, comfort, and importance of sex conversations. The FSCQ scale and sub-scales were used as independent variables measuring family-sex conversation. Researchers hypothesized that (a) adolescents who score higher on the FSCQ *would* have lower scores on the Adolescent Sexual Activity Index (ASAI)*;* (b) adolescents who report higher scores on the FSCQ *would* report later ages of penile-vaginal/anal sexual debut*;* (c) parent-teen conversations about condoms and protection *would* predict teens condom use*;* and (d) teens with higher FSCQ scores *would* be more likely to report virginity.

Methods

The study was approved by the primary investigator's institutional review board and the Miami-Dade School Board's Research Review Committee. This research is a part of a larger

mixed methods study guided by the PEN-3 model to explore the nature, perceptions, enablers, and nurturers of parent-teen sex conversations in Haitian and Jamaican families and to determine the relationship between parent-teen sex conversations and teen sexual activity among ethnically diverse Black teens. Developed by Dr. Collins Airhihenbuwa in 1989, the PEN-3 model provides a cultural framework for understanding health behaviors and has three interconnected and independent domains: cultural identity, relationships and expectations, and cultural empowerment (Airhihenbuwa et al., 2009). In this portion of the study, the PEN-3 model was partially used to provide a cultural framework for understanding and explaining parent-teen sex conversations within the three Black ethnic groups.

Study Design

Cross-sectional survey methodology was used to examine the relationship between parent-teen sexuality conversations and teens' sexual activity among ethnically diverse Black adolescents living in Miami-Dade, FL.

Sample

African-American, Haitian, and Jamaican teens between ages 14 and 18 years residing in Miami, Dade, FL were invited to participate in the study. The purposive sample of 157 Black adolescents (ages 14-18 years) completed the 52-item questionnaire. Eligible participants included first and second-generation Haitian and Jamaican teens. Likewise, African-American adolescents were eligible to participate if they and both their parents/parent figures were born in the U.S.

Measures

The survey consisted of three scales: the ASAI, the FSCQ, and the Parent-Teen Sexual Risk Communication Scale (PTSRC-III). The survey also included a researcher developed questionnaire measuring condom use, age of sexual debut, and virginity status. A demographic questionnaire captured sample characteristics: nativity, ethnicity, years lived in the U.S., age, gender, living in a two-parent household, and parent's education level. ASAI is a 13-item instrument using categorical response choices to measure pre-coital and coital activities within the last 30 days (Hansen, Paskett, & Carter, 1999). Scores range from 0-10, a score of six indicates being at-risk for sexual activity and a score of eight indicates being sexually active. FSCQ is an 18-item quotient using a 5-point Likert scale to measure comfort, information, and value for family-sex conversations (Warren, 2011). Scores can range from 18-90; a score of 18-39 is low, 40-69 moderate, and a score of 70-90 is considered high family orientation towards sexual discussions. PTSRC-III is an 8-item scale measuring frequent sexual topics such as pregnancy, STI/HIV, condoms, and sexual pressure discussed between each parent and their teen, scores range from 8-40 and responses use a 5-point Likert scale, (*1=never* to *5=extensively)* (Hutchinson, 2007). All scales have high internal validity and reliability. Cronbach alpha for all researcher developed measures were at least (α=.77) suggesting good internal consistency.

Data Collection

Teens were recruited from schools, churches, and youth-serving organizations in Miami-Dade County using interactive educational presentations, distributing study flyers, and posting study flyers on community bulletin boards. All teens were provided study information to share with their parents. Teens ages 14-17 years required completion of parental consent and child assent forms before survey participation. Teens 18 years of age completed an adult consent form and parents were notified of their child's participation. Once completed consent forms were returned, teens were permitted to complete the questionnaire. Teens were notified of the anonymous nature of the survey and were advised that they could withdraw from the study at any time. Participants completed the 52-item questionnaire in a private designated area for survey administration. Completed surveys were returned in a sealed envelope by all participants. Per the recommendations of the Miami-Dade County School Board's Research Review Committee and the Institutions' IRB, teens in a school setting were not permitted to receive

monetary compensation. Instead, teens in a school-setting were offered 2 hours of community service which was determined as the approximate amount (1.5-2 hours) of active time teens would need to acquire signed consent forms, discuss participation with parents, and complete the anonymous questionnaire. Teens in non-school settings were offered either 2 hours of community service or a $10 gift card for their time and participation. The gift card amount was determined by the average salary for teens' in the state of Florida for the active time it would take to complete consent forms, discuss participation with parents, and complete the questionnaire.

Statistical Analyses

Data was analyzed using SPSS Version 21 (IBM Corp., 2013). Agree/strongly agree Likert responses were condensed to agree, similarly disagree/strongly disagree Likert responses were collapsed as they offered near equal meaning. Linear regression was used to determine predictors of recent sexual activity and age of sexual debut. Logistic regression was used to determine predictors of virginity and condom use.

Results

The sample included (N=157) Black teens; 41% African American, 30% Haitian, and 29% Jamaican. The mean age of the sample was 16 years, (*SD*=1.49) and most participants (60%) were female [Table 1].

Characterizing Parent-Teen Sex Conversation

The mean age of first parent-teen sex conversation was 13 years, (*SD*=2.21). Twenty percent of teens including 26% of Haitians, 22% of Jamaicans, and 13% of African Americans, $p<0.01$ reported never having parent-teen sex conversations. PTSRC-III scores represent the frequency of common sexual topics discussed between teens and each parent, higher scores indicate more frequent discussions. African Americans' mean mother-teen PTSRC-III score was 28.04, (*SD*=9.29), Haitians 21.4, (*SD*=8.09) and Jamaicans 26.34, (*SD*=9.07), Haitians reported significantly lower breadth of mother-teen sex conversations compared to African Americans, $p=.001$ and Jamaicans, $p=.03$. Teens reported lower overall father-teen PTSRC-III scores, Haitians 17.4, (*SD*= 9.70), Jamaicans 20.14, (*SD*=10.89) and African Americans 18.88, (*SD*=10.69), no significant differences across ethnicities.

Table 1.

Demographics of Teen Survey Participants (N=157)

Characteristics	n	%
Mean age in years 16 (*SD*=1.49)		
Ethnicity		
African American	64	40.8
Haitian	47	29.9
Jamaican	46	29.3
Were you born in the US?		
Yes	116	73.9
No	29	18.5
Mean years foreign born teens lived in the US10.32, (*SD*=6.14)		
With which parent do you live?		
Father only	11	7.0
Mother only	77	49.0
Both parents	62	39.5
Mothers' Education Level		
Less than high school	11	7.0
High School	62	39.5
Some College/Vocational	37	23.6
Bachelors' Degree	19	12.1
Graduate/Professional	11	7.0
Don't Know	13	8.3
Fathers' Education Level		
Less than high school	6	3.8
High school	64	40.8
Some College/Vocational	34	21.7
Bachelors' Degree	11	7.0
Graduate/Professional	6	3.8
Don't Know	20	12.7

Additionally, mean FSCQ score for Jamaicans was 63.80, (*SD*=15.02), African Americans 61.49, (*SD*=14.33), and Haitians, 54.93,

(*SD*=12.56), *p*=.01. All ethnic groups reported a moderate orientation towards family-sex conversations, however Haitians reported a significantly lower orientation than the other two ethnic groups. FSCQ value, comfort, and information scores can range from 8-30, Jamaicans' mean comfort scores was 21.17, (*SD*=6.26), African Americans 20.04, (*SD*=6.44), and Haitians 16.85, (*SD*=5.71). Haitians showed the greatest differences compared to African Americans, *p*=.03 and Jamaicans, *p*=.004. Similarly, Jamaicans' mean value score was 20.26, (*SD*=5.49), African Americans 20.18, (*SD*=5.46), and Haitians 17.57, (*SD*=4.65). Haitians had significantly lower scores than African Americans, *p*=.03 and Jamaicans, *p*=.03. Mean information score was 21.35 (*SD*=4.69) with no significant differences across ethnicities.

Recent Sexual Activity

Hypothesis 1: Adolescents who score higher on the FSCQ would report lower scores on the ASAI. Linear regression showed that FSCQ scores were not predictive of ASAI scores, β= -.019 t (157) = -.231, *p*=.82. African Americans reported a mean ASAI score of 4.77, (*SD*=3.01), Haitians 3.53, (*SD*=2.6), and Jamaicans, 3.08, (*SD*=2.6). African Americans reported significantly higher scores compared to Haitians, *p*=.03 and Jamaicans, *p*=.004.

Predictors of Recent Sex. Controlling for all demographic variables, significant predictors of ASAI scores were age, discussions with mother, parent-teen sex conversations in the last year, and parents' education level [Table 2].

Table 2.

Predictors of Recent Pre-coital and Coital Activity for all Ethnicities Using Linear Regression

Variable	B	Std. Error	β	*t*
Constant	-6.933	3.419		-2.029*
Age	.755	.167	.387	4.650***
Female[a]	.020	.481	.003	.042
Ethnicity	-.242	.311	-.066	-.788
No talks with parents about sex in the last 12 months	-1.446	.489	-.235	-2.958**
Extensive talks with mother about STIs and AIDS	1.922	.625	.250	3.076**
Mothers' highest education level				
Less than high school	-1.782	1.129	-.162	-1.579
High school	-2.541	.864	-.426	-2.942
Some College/Vocational Training	-2.766	.859	-.388	-3.219**
Bachelor's degree or higher	-2.620	.967	-.238	-2.709**
Fathers' highest education level				
Less than high school	4.195	1.456	.276	2.881**
High School	2.254	.843	.381	2.673**
Some college/Vocational Training	1.765	.822	.259	2.148*
Bachelor's Degree or higher	2.578	1.106	.212	2.332*
Living Arrangement				
Live with mother figure alone	-.635	.872	-.060	-.728
Living with both parents	-.307	.477	-.052	-.644

R^2=.39, *p*<.0001

*p<.05, **p<.01, ***p<.001, ****p<.0001

[a]Male as reference group

Note. Dependent variable is ASAI score

For African Americans, regression results showed that three predictors accounted for 54% of the variance in ASAI scores, adjusted R^2 = .54, F (3, 38) = 17.24, *p*<.0001. Age, β=.53,

p<0.0001 and "extensive" talks with mother about STIs, β=.492, *p*<.0001 were predictive of higher ASAI scores, while "no" discussions with father about ways to protect themselves from HIV/STIs, β= -.26, *p*=.02 were predictive of lower ASAI scores.

For Haitians, regression results showed that five predictors accounted for 70% of the variance in ASAI scores, adjusted R^2 = .70, F (5, 20) = 13.11, *p*<.0001. "Extensive" talks with fathers about condoms, β=.50, *p*<.0001, "some" talks with father about protecting themselves from HIV/STIs, β=.43, *p*<.001 and teens feeling uncertain about being able to speak to parents freely about sex, β=.25, *p*=.04 were predictive of higher ASAI scores, while mothers having some college//vocational training, β= -.45, *p*=.001 and teens agreeing that sex was an important topic for parents and teen to discuss, β= -.46, *p*=.001, were predictive of lower ASAI scores.

For Jamaicans, regression results showed that four predictors accounted for 38% of the variance of ASAI scores, adjusted R^2 = .38, F (4, 73) = 13.20, *p*<.0001. Age, β=.51, *p*<.0001 and "extensive" talks with mother about sexually transmitted diseases, β= .29, *p*= .002 were predictive of higher ASAI scores. Meanwhile, never having parent-teen sex conversations, β= -.26, *p*=.007, and living with father, β= -.21, *p*= .03 were predictive of lower ASAI scores.

Age of Penile-vaginal/anal Sexual Debut

The mean age of penile-oral/vaginal-oral sexual debut was 15.23 years, (*SD*=1.97), 36% of teens reported having oral sex. Mean age of oral sex debut for Jamaicans was 14.44 years (*SD*=1.51), African Americans 15.23 years, (*SD*=2.44) and Haitians 15.81 years (*SD*=1.13). The mean age of penile-vaginal/anal sex debut was 14.95 years, (*SD*=1.71), with 45% of teens reporting sexual intercourse. Jamaicans' mean age of penile-vaginal/anal sexual debut was 14.15 years (*SD*=1.51), African Americans 15.09 years, (*SD*=1.94*)*, and Haitians 15.38 years, (*SD*=1.46). Results were not significantly different across ethnicities.

Hypothesis 2: Adolescents who report higher FSCQ scores would report a later age of penile-vaginal/anal sexual debut. FSCQ scores were not predictive of age of sexual debut, β= -.15 t (157) = -1.206, *p*= .23.

Predictors of Age of Penile-vaginal/anal Sexual Debut. Controlling for demographic variables, significant predictors of age of penile-vaginal/anal sexual debut included age, gender, age of first parent-teen sex conversations, parent's discomfort discussing sex, and living with mother alone. For African Americans, regression results showed that three predictors accounted for 40% of the variance in age of sexual debut, adjusted R^2 = .40 (3, 25) = 7.349, *p*=.001. "Little" talks with father about resisting sexual pressure, β= -.493, *p*=.002, believing sex was the least important topic to discuss with parents, β= -.569, p=.002, and being male, β= -.352, *p*=.04 were predictive of younger ages of debut. For Haitians, three predictors accounted for 73% of the variance in age of sexual debut, adjusted R^2 = .73 (3,14), *p*< .0001. Living with mother alone, β= -.530, *p*=.001 and believing that sex was not too personal to discuss with parents, β=-.369, *p*=.011 were predictors of younger ages of debut, while age, β=.531, *p*=.001 was predictive of later debut. For Jamaicans, one variable predicted 45% of the variance in age of sexual debut, adjusted R^2 = .45 (2, 9) = 10.344, *p*=.009. Teens' FSCQ comfort scores, β= -.713, *p*= .009 were predictive of younger ages of sexual debut [Table 3].

Table 3.

Predictors of Age of Penile-vaginal/anal Sexual Debut for all Ethnicities Using Linear Regression

Variable	B	Std. Error	β	*t*
Constant	7.335	3.596		2.045
Male[a]	-1.328	.465	-.382	-2.855**
Ethnicity	.128	.291	.057	.440
Age	.547	.176	.395	3.099**
Mothers' highest education level				
Less than high school	1.366	.818	.258	1.669
High school	.733	.695	.208	1.054
Some college/ Vocational Training	.130	.786	.027	.165
Bachelor's Degree or higher	-.934	.844	-.165	-1.106
Fathers' highest education level				
Less than high school	-1.063	1.182	-.137	-.900
High school	-.609	.687	-.172	-.886
Some college/Vocational Training	-.721	.688	-.174	-1.049
Bachelor's Degree or higher	.741	.892	.131	.831
Living Arrangement				
Living with mother only	.1.876	.764	-.355	-2.456*
Living with both parents	.150	.429	.043	.349
Age of first parent teen sex conversation	.527	.220	.334	2.391*
My parents don't feel comfortable talking with me about sex	-1.268	.415	-.352	-3.058*

R^2 =.51, *p*=.003

*p<.05, **p<.01 [a]Female as reference group

Condom Use

Most sexually active teens reported using a condom during their first (68.4%) and last (66.7%) sexual encounter, no significant ethnic differences were found. Results indicated that conversations with parents about condoms and ways to protect themselves against HIV/STIs were associated with condom use.

Hypothesis 3: Parent-teen conversations about condoms and protection would predict teens' condom use. Results suggest that conversations about condoms did predict condom use.

Predictors of Condom Use. Logistic regression results show that teens who spoke to their mother "a lot" about protecting themselves from HIV/STIs were 79% less likely OR= .21, 95% CI [.05, .873] to report not using condoms and teens who reported "no" discussion with fathers about ways to protect themselves from HIV/STIs were four times more likely OR= 4.41, 95% CI [1.466, 13.30] to report "no" condom use during their last sexual encounter. Additionally, teens who reported "no" talks with fathers about ways to protect themselves from HIV/STIs were six times more likely, OR= 6.67, 95% CI [2.190, 20.295] to report "no" condom use at first sexual encounter. Similarly, teens who reported "a lot" of conversations with their mothers about protecting themselves from HIV/STIs were 86% less likely to report "no" condom use, OR= .14, 95% CI [.032, .649], teens who disagreed that sex was an important topic to discuss were almost five times more likely to report "no" condom use during their last sexual encounter, OR= 4.97, 95% CI: [.832, 29.309], and teens being uncertain about speaking to parents when needing sex-related information were four times more likely to report no condom use in their last sex encounter, OR= 4.413, 95% CI [1.152, 16.903].

Virginity Status

Fifty-six percent of African Americans, 39% of Haitians, and 34% of Jamaicans were sexually active, differences were not statistically significant, p=.057. However, there were significant differences in oral sex with 47% of African Americans, 30% of Haitians, and 24% of Jamaicans reporting ever having oral sex, p=.04. Twenty percent of sexually active teens reported having their first parent-teen sex conversation after vaginal or anal sexual debut, X^2 (2, 99) = 9.09, p=.01, and 27% of sexually active teens report first parent-teen sex conversation after oral sex debut, X^2 (3, 147) = 15.84, p=.001.

Hypothesis 4: Teens with higher FSCQ scores will be more likely to report virginity. Controlling for all demographic variables, predictors of virginity included age, importance of family-sex conversations, and discussing STIs with mother [Table 4].

Table 4.

Predictors of Virginity for all Ethnicities Using Logistic Regression

Variable	B	SE	df	OR	95% CI
Constant	9.119	2.616	1	9124.430	
Extensive talks with mother about postponing sex	1.142	.530	1	3.133*	1.108, 8.862
Agreeing sex should be discussed with the family even if there is not a problem	1.654	.662	1	4.846*	1.429, 19.134
Age	-3.196	1.519	1	.492**	.329, .665
Ethnicity	.436	.306	1	1.546	.849, 2.816
Living Arrangements					
Living with mother alone	.747	.873	1	2.110	.381, 11.683
Living with both parents	.344	.517	1	1.1411	.552, 3.609
Male[a]	-3.17	.482	1	.729	.283, 1.874
Mothers' highest education level					
Less than high school	-.177	1.195	1	.838	.080, 8.722
High school	.188	1.038	1	1.207	.158, 9.240
Some college/vocational training	.647	1.083	1	1.910	.229, 15.947
Bachelor's Degree or higher	.798	1.171	1	2.221	.224, 15.947
Fathers' highest education level					
Less high school	-1.953	1.469	1	.142	.008, 2.524
High school	-.714	.884	1	.489	.087, 2.768
Some college/Vocational training	-.569	.873	1	.566	.102, 3.133
Bachelor's Degree or higher	-2.510	1.233	1	.081*	.007, .892

*p<.05, **p<.001

[a]Female is reference group

Predictors of ever having sex. For African Americans, predictors of virginity included FSCQ comfort scores, OR=1.5, 95% CI [1.154, 1.866], and age, OR= .599 95% CI [.348, .897]. For Haitians, predictors included age, OR= 0.093, 95% CI [0.022, .395], and agreeing that sex was too hard to discuss with parents, OR= 0.047, 95% CI [0.002, .326]. For Jamaicans, teens living with a father/father figure were 8 times more likely to report virginity, OR= 8.250, 95% CI [1.498, 45.429].

Discussion

Characterizing sex conversations

Study findings show that some teens engaged in sexual intercourse before having their first

parent-teen sex conversation supporting the need for parent and teen to begin sexuality discussions at or before the child's preadolescent years. Afro-Caribbean teens were more likely to report *no* sexuality discussions compared to African Americans. By applying the PEN-3 model, results suggest that Afro-Caribbean groups may experience negative perceptions of family-sex conversations believing them to be culturally inappropriate and may face more barriers to open discussions compared to African Americans. Of the two Afro-Caribbean groups, Haitians reported lower breadth, value, and comfort for family-sex conversations. In the qualitative portion of this study, authors identified that Haitians experienced greater negative perceptions and cultural taboos of sex conversations compared to Jamaicans (Gabbidon & Shaw-Ridley, 2017). These negative perceptions are classified under the cultural empowerment and the relationships and expectations domain of the PEN-3 model. Another study showed that Haitians experienced more difficulty engaging in sexual health conversations compared to African Americans (Joseph et al., 2012). In contrast, Jamaican and African-American teens reported higher levels of perceived importance of their family's role in their sexual learning and a higher perceived openness with which sex was discussed in their families. These findings challenge the assumption that members of the Black race are homogenous and encourages an understanding of how ethnic and cultural variation may shape sexual attitudes and behaviors.

Condom use

Teens reported 17% higher levels of condom use compared to the 2015 YRBS results with 54% of sexually-active teens reporting condom use (CDC, 2016). This corroborates findings that African Americans experience favorable views of condoms and this may extend to other Black ethnic groups (Saint-Jean et al., 2011). Meanwhile, *extensive* discussions about condoms and HIV/STIs were associated with more condom use and more recent sex. To encourage safer sexual practices, parents should specifically discuss condoms and protection from HIV and STIs. However, research suggests that parents may delay conversations about HIV/STIs and condoms until they perceive their teens to be sexually active or curious (Beckett et al., 2010). To avoid delayed discussions, parents should be encouraged and prepared to engage in sexuality conversations in their child's preadolescent and early adolescent years (ages 9-13) and continue throughout later years to reinforce messages of safe and safer sex.

Sexual Debut, ASAI, and Virginity

The number of sexually active teens (45%) was comparable to recent findings with 41% of U.S. teens being sexually active (CDC, 2016). Findings corroborate reports that African-American males reported younger ages of penile-vaginal/anal sexual debut compared to males of other racial/ethnic groups (CDC, 2016). As expected being female was predictive of later age of penile-vaginal/anal sexual debut for all ethnic groups. Additionally, for all teens, perceiving parents as uncomfortable with sexual discussions was predictive of earlier penile-vaginal/anal sexual debut. African-American teens who reported more comfort talking to parents about sex were more likely to report virginity. Findings may indicate that more family comfort discussing sex may encourage virginity or teens who are virgins may be more comfortable discussing sex with parents. For Afro-Caribbean teens, more comfort was associated with younger ages of penile-vaginal/anal sexual debut. More research is needed to understand why more comfort for sex conversations has been linked to early sexual debut among Afro-Caribbean teens. Adolescent sexual health professionals should encourage early parent-teen sexual discussions to help Afro-Caribbean teens develop sexual-refusal skills.

Among African Americans, *little* discussions with fathers about resisting sexual pressure was predictive of earlier penile-vaginal/anal sexual debut. Additionally, across the three ethnic groups, extensive talks about postponing sex was predictive of virginity. These findings support the need for targeted messages from parents that encourage later sexual debut. African Americans not valuing sex conversations was also predictive of younger penile-vaginal/anal sexual debut. Findings may

suggest that teens who engaged in early sex may no longer value sex conversations with parents or a lower value for conversations may lead to earlier ages of sexual debut. This finding was similar in Haitian teens where those who found the conversations important were more likely to report less recent sexual activity. A cultural group's value for sex conversations can be explained using the relationships and expectations domain of the PEN-3 model, where cultural perceptions, structural and systematic influences, and extended-family and community nurturers can influence the value families place on sex conversations.

Afro-Caribbean teens experienced less sexual activity in the 30 days prior to completing the survey compared to African Americans. Family orientation towards sex conversations was not predictive of recent sexual activity or age of sexual debut. However, age was a consistent predictor of sexual activity. For each year increase in an African-American teens' age, there was a 41% decrease in reporting virginity. Among Haitians, every unit increase in age resulted in a 91% reduction in reporting virginity. Haitians who also reported difficulty discussing sex with their parents were 95% less likely to report virginity. However, aging showed a more pronounced effect on Haitian teens' sexual activity than African Americans. For Haitian teens as they aged they were far less likely to report virginity compared to African Americans. Haitian teens may experience existential socio-cultural beliefs and practices that may negatively affect their virginity.

Across all three ethnic groups, extensive discussions about STIs were predictive of more recent sexual activity. This finding again supports previous reports that parents increased conversations about STIs when they perceived their teens to be romantically linked or sexually active (Beckett et al., 2010). Haitian teens who did not feel they could openly speak with parents about sex also reported more recent sexual activity. For Haitian teens, this may indicate that they seek sexual health information elsewhere or not at all putting them at risk for misinformation and risky sexual activity. Contrastingly, teens who felt sex conversations were important reported lower levels of sexual activity. All three cultural groups particularly Haitians need community and structural factors that support family-sex conversations.

Although each group reported varying risk and protective factors, results suggests that *no* discussions about resisting sex or postponing sex were associated with earlier sexual debut or being sexually active. To encourage delayed sex, parents should discuss postponing sex and resisting sexual pressure. For Jamaicans, living with both parents was predictive of virginity. Two-parent households increase parents' ability to monitor teens which limits teens opportunities for sex (Boislard & Poulin, 2011). Carver et al., (2014) results suggested that for Haitians residing in Haiti, living with a mother figure alone was protective for teens. However, this study suggests that living with a mother figure alone was not protective for Haitians living in Miami-Dade. This study however supports other research findings emphasizing the benefit of two-parent homes, particularly a father figure (Dévieux et al., 2016; Kirby & Lepore, 2007).

Strengths and Limitations

The research is innovative because it is the first to investigate ethnic differences in U.S. Black families' orientation towards sex conversations and the implications for teens' sexual activity. The findings compare two understudied Black ethnic groups with African Americans to illustrate ethnic differences in parent-teen sex conversations and teens' sexual activity. The findings emphasize the importance of understanding ethnic differences within historically underserved Black communities and how both ethnic and cultural factors shape behaviors. Findings have practice implications including incorporating the parent-teen dyad as a plausible HIV/STI prevention intervention entry point for evidence-based approaches. More importantly, the study provides evidence for the benefits of strategic sexual health messaging from parents as they delayed teens' sexual debut and increased their condom use.

Despite the generally supportive findings related to parent-teen sex conversations and their relationship to sexual activity, the study has

some limitations. First, the study used a purposive sample consisting of African American, Haitian, and Jamaican teens (14-18 years) living in Miami-Dade County, FL limiting generalizability to other Black populations living in the U.S. Second, the study does not investigate parental monitoring and religiosity which are known predictors of teens' sexual activity (Agha, Hutchinson, & Kusanthan, 2006; Borawski, Ievers-Landis, Lovegreen, & Trapl, 2003). Finally, a larger sample size may better detect significant relationships. Despite these limitations, the exploratory study advances the essential knowledge base for health promotion practitioners and researchers to refocus adolescent prevention efforts on the parent-teen dyad in family settings where teens learn initial values and health promoting behaviors.

Implications for Practice

Caribbean-born Blacks make up a significant and growing portion of Blacks in the U.S. and are heavily concentrated in the Northeast and Southern regions of the nation. The largest populations are centralized in the New York-Newark-New Jersey metropolitan area, Miami-Ft. Lauderdale-West Palm Beach metropolitan area, Maryland, Washington, D.C., and other localities (Anderson, 2015). Therefore, public health professionals should begin to address the needs of this growing and largely underserved population. Health promotion professionals must first consider cultural perceptions ethnically diverse Black families have about sex and sex conversations, and how these cultural nuances may affect families' ability to discuss sexual topics. Therefore, more research is needed exploring culture and its influence on teen sexual decision making. Secondly, while there is much evidence to support the positive influence parent-teen sex conversations can have on teen sexual activity, few HIV/STI and teen pregnancy prevention programs have included parents as an integral part of their prevention efforts (Davis, Evans, & Kamyab, 2013). Perhaps health promotion professionals have missed opportunities to develop parents for engaging in those important conversations. In the qualitative portion of this study, parents were open to receiving skill development for sex conversations however researchers and practitioners may have trouble reaching parents and may be more successful locating Black families through churches and local community-serving, family-oriented organizations. Public health agencies and health educators addressing Black teens' sexual behavior should provide culturally-sensitive, parent-oriented, evidence-based approaches that improve (a) families' comfort discussing sexual topics, (b) parents' sexual health knowledge, and (c) parents' communication skills so they can communicate responsible sexual messages to their teens effectively.

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