SEX EDUCATION, COMMUNICATION, AND LIFE SATISFACTION

IN ADOLESCENCE

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SEX EDUCATION, COMMUNICATION AND LIFE SATISFACTION

IN ADOLESCENCE

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Thesis

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CHAPTER I

INTRODUCTION

Irresponsible sexual behavior among adolescents is a major public health concern. In the United States, 50-58% of teens between the ages 15-19 are sexually active (Robinson & Frank, 1994). The average age for males to lose their virginity is 16.9, and 17.4 is the average age for females (Landry, Darroch, Singh & Higgins, 2003). The National Survey of Family Growth shows 47% of adolescents with Sexually Transmitted Infections reported using condoms during their last intercourse (Kohler, 2008). Annually, over one million teenage pregnancies occur, 75% of which are unplanned (Henshaw, 1998; as cited in Blake et al. 2003). Teenagers account for 50% of all new sexually transmitted infection (STI) reports, although they make up 25% of the sexually active population (as cited in Kohler et al. 2008). Currently, 16% of those between ages 15-19 contract a sexually transmitted disease annually, and the rate rises to one in three by the age of 24 (Blake & Ledsky, 2003).

The heightened risks of sexual behavior during adolescence can be understood in the context of the developmental characteristics of this age group. Despite feeling autonomous and independent, teenagers have a naïveté working against them regarding their bodies and health. Young adolescents are cognitively unable to correlate current behaviors to future outcomes (Hornberger, 2006). This can provide them with a sense of immunity from repercussions of their actions, which can lead them to make poor choices that they will
regret later. As adolescents experiment with identity and spend more time away from the family, it is important to provide them with the tools they need to make better choices.

The Need for Sex Education

Youth spend 1/3-1/2 of their waking hours in school (Steele, 1999). When one factors in time for sleep, it is clear that teachers have the most access to students. The social norms-connectedness framework states, adolescents are most greatly influenced by the social norms of groups they are closely connected to (Kirby, 2001). According to a study by Emerging Answers Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases, students who are attached to school and perform well have later sexual debuts, infrequent intercourse and less unwanted pregnancy (Kirby, 2007). This, combined with a decline in communication with parents (Hornberger, 2006), suggests that school may be the ideal site for sex education.

Because of their specialized training, teachers may be best qualified to assess the educational needs and developmental status of adolescents. Most public schools in the United States offer some type of sex education, which may be a part of health class, physical education, or family and consumer sciences curriculum. However, what children are taught in schools varies considerably.

Despite studies revealing the benefits of sex education, there are continued inconsistencies among educators. High school sex education teachers were asked when they thought specific sexual subtopics should be offered to students and when they actually offered them. Forty-eight percent of teachers believed that information on safe sex, in addition to abstinence only, was needed before eighth grade, but only 27% provided it.
Seventy-five percent of teachers surveyed believed children should be taught about STIs prior to completing seventh grade, only 50% actually taught it. Fifty five percent of teachers think seventh graders need to know about specific forms of birth control; 35% actually teach the methods, and 18% provide information on community resources (Forest & Silverman, 1989).

Although 93-96% of teachers support the inclusion of abstinence information in classroom settings, other more controversial topics, like family planning, continue to lag. A survey of health education instructors revealed that 60% support lecturing on birth control options and 78% support discussions on condom use. But only 50.3% offer resources on how to acquire either option (Landry, Darroch, Singh & Higgins, 2003).

Exposure to general sexual education training in schools or other community centers offers a scientific explanation for one’s changing body and desires. Courses also serve as an effective means to informed sexual decision making in adolescence. Kivisto (2001) questioned abstinent teenagers about their reasons for avoiding sex. The group cited fear of sexually transmitted infections (34%), fear of pregnancy (35%), parental disapproval (14%), and peer pressure (3%). This showed responsible decision making comes from knowledge of possible unwanted outcomes of sexual activity. Research is extensive on the benefits of sexual health education prior to and during the onset of puberty (Whitaker, 1999).

Comprehensive sex education, a specific content model, including equal focus on abstinence and family planning, is associated with numerous positive outcomes. These include: providing the communicative tools to navigate difficult social situations, creating scientific bases to counter balance the social and moral teachings of peers and family, and
allowing optimal psychosocial growth by teaching adolescents aspects of healthy dating relationships (Zimmer-Gembeck, Siebenbrunner & Collins, 2001; Bunnell et al., 1999; Kirby, 2001).

Life satisfaction, which is also called subjective “wellbeing,” is central to “optimal human functioning” (Gilman & Huebner, 2006, p 318). The interchangeable names show the measure as a self assessment of current and ongoing fulfillment (Diener, 2000; as cited in Gilman & Huebner, 2006). In studies, participants are generally asked to assess their current status on a likert type scale which ranges from, “not at all satisfied” to “completely satisfied.” This subjective questioning style allows the individual to measure his or her life with one’s own set of standards (Diener et al., 1999, as cited in Gilman & Huebner, 2006). During adolescence, high levels of life satisfaction are linked to academic success, healthy interpersonal relationships and low levels of depression and anxiety (Gilman & Huebner, 2006). Although no previous studies have correlated adolescent life satisfaction with having knowledge of teenage pregnancy, or risk of STI, it makes intuitive sense that the empowerment that comes from successful comprehensive sex education programming can affect adolescents’ overall socio-emotional wellbeing, which in turn would empower adolescents to make better choices and to resist negative peer pressure.

The association between life satisfaction and the formation of one’s sexual identity is important to study for the following reasons. First, there is a need to increase both the quantity and quality of sex education courses or programs offered to young people. There are many children with no access to sex education (Landry, Darroch, Singh & Higgins, 2003). In addition, adolescent self image has been correlated to individual levels of sexual
knowledge. Self reports from sexually active teenagers revealed that those who were unaware of their contraceptive options prior to their sexual debut were more likely to describe themselves as “stupid.” By contrast, those who were informed and chose to utilize contraception described themselves as “in control” (Kivisto, 2001).

Purpose of the Study

Based on the unique developmental characteristics of adolescents and their effect on risk taking behaviors, peer relations, and parent-child communication, many researchers have concluded that sex education is needed in the school setting. Teenagers receive mixed signals on sexual norms because their parents, friends and partners have conflicting views (Kirby, 2001). Sex education is important in empowering teenagers to make informed decisions and feel secure in all aspects of their development.

This study is a secondary data analysis using existing data from the 2001-2002 Health Behavior in School-Aged Children Survey. The goal is to find associations by examining results from (1) adolescent’s self reported life satisfaction, (2) reported ease of communication with their mothers and fathers respectively, (3) and whether or not the student had received in school education on proper condom use.

In summary, in accordance with the developmental needs of teenagers, it is necessary to examine life satisfaction, perceived ease of discussing difficult topics with parents, and involvement in sex education programming. Previous studies have focused on the benefits of parent-child communication without acknowledging the reality that adolescents are perpetual autonomy seeking. Studies of the benefits of sex education have not considered how such programming may affect their socio-emotional well-being. Given
the dramatic emotional changes taking place during this stage of development, it is
important to understand sex education and its correlates in developmental context. The
review of literature will provide a more comprehensive description of the developmental
changes that occur during adolescence, including the implications for emotional wellbeing
and social relationships with family and peers. Sex education, both abstinence-only and
comprehensive, and its outcomes will also be examined in a developmental context.
CHAPTER II

REVIEW OF LITERATURE

The following chapter will review literature on adolescent development and the implications of identity formation. In particular, Erik Erikson’s theory of psychosocial development will be used as a theoretical lens through which we may understand the socio-emotional aspects of adolescence. In particular, identity as the central developmental crisis of adolescence will be discussed. Two aspects of identity formation, sexual maturity and parental separation, will be the focus. Further research on the connection between life satisfaction and adolescent development will be presented and studies on the role of sexual education in healthy adolescent outcomes.

Psychosocial Development

According to Erikson, psychosocial development occurs in eight chronological stages across the lifespan. Humans perpetually overcome crises that are one part biological pressure and one part socio-cultural expectations (Brown & Lowis, 2003). To fully understand the crises associated with adolescence the theory will be outlined in its entirety.

Trust vs. Mistrust.

During the first psychosocial crisis, an infant must decide whether to trust its mother or primary care provider. The caregiver must be responsive to the baby for inner security to develop (Graves, 2006). Erikson says the first stage involves the child receiving and
accepting care; parental concern fosters a sense of concern within the infant (Erikson, 1968). Successful completion of the first stage is essential across the lifespan. Without developing trust within one’s primary relationships, it becomes difficult to do so with others.

**Autonomy vs. Shame and Doubt.**

Erikson defines shame as feeling exposed. Doubt comes from an awareness of the body’s front (penis or vagina) and back (anus), and knowing that the areas are pleasurable, but only controllable by others, during toilet training. The child is now exploring life away from mother (Graves, 2006). During toddlerhood children begin to walk and communicate which opens many doors socially. For best outcomes, caregivers must find a balance among allowing their child to explore and providing boundaries. Figuratively, under exposure, or minimizing opportunities for trial and error in early toddlerhood, prevents a child from developing a healthy sense of autonomy, shame and doubt. Experiencing too much holding or carrying from caregivers can be restraining and restrictive, and thus frustrate the toddler’s efforts to become autonomous. Conversely, too little holding can be neglectful. Erikson describes the latter as leading to “precocious conscience” or a sense of greater ability in the toddler’s mind than she has in reality.

**Initiative vs. Guilt.**

Here the child begins to engage in make believe play as well as master language. Make believe play serves as a catalyst to practice adult behaviors. Successful completion of this stage entails an improvement in language as well as a desire to model the behaviors of the same sex parent. To encourage initiative in early childhood, parents should create a sense of responsibility through household duties and caring for pets (Smith & McSherry,
On the other hand, over involved parents who prevent their child from taking initiative in daily activities such as dressing and personal hygiene create irresponsible children who experience feelings of guilt.

Industry vs. Inferiority.

Once school aged, children seek attention for their achievements from primary caregivers, educators, peers and other involved parties. A satisfactorily developing child will have an appropriate level of honor and inclusion in social activities. Children who are denied opportunities to express themselves academically or receive few accolades for their attempts at industry develop a sense of inferiority or incompetence (Smith & McSherry, 2002).

Identity vs. Identity Confusion.

According to Erikson’s theory of psychosocial development, identity formation is the crisis faced by adolescents (Erikson, 1968; as cited in Ward, 2004). Identity is defined as, “internal, self-constructed, dynamic organization of drives, abilities, beliefs and individual history” (Marcia, 1980, p. 109). The process of establishing an identity allows people to assess their own strengths and weaknesses. Research on identity formation shows it is associated directly with one’s self image, or self concept. Males who have not established an identity feel very distant from their ideal self; conversely, those who have successfully formed an identity feel close to their ideal self (Rosenfeld, 1972; as cited in Marcia, 1980). For example if a young male envisions himself as a football star or mathematician and he is lacking in these areas his real self will be a disappointment because he has not achieved his ideals. However when identity formation is successfully achieved
he will accept those realities and focus on other strengths, perhaps his writing abilities or social skills.

Parent-Child Relationships.

Parenting adolescents presents many challenges, particularly with regard to communication. Much of this has to do with the characteristics of this stage of development. With the onset of adolescence, the goal of psychosocial development becomes separating from one’s family of origin and establishing a sense of self (Hornberger, 2006). The process of self identification includes creating a sexual identity. With puberty, there are physical as well as psychosocial changes (Crockett & Petersen, 1987).

The process of individuation inevitably leads to conflict between parents and children. Teenagers are frequently secluded when at home and spend more time with social groups their parents are not included in as a way to establish autonomy (Hornberger, 2006). Adults will notice their children’s need for privacy also increases immensely during early adolescence. Parents often misinterpret this need as rejection (Hornberger, 2006). Both tendencies hinder and sometimes terminate parent-child communication.

Adolescents frequently evade conversations with their parents, especially those of a sensitive matter. If a teenager perceives her parent as disapproving a given behavior, like premarital sex, she will be unlikely to respond when her parent asks questions in the future (Dutra, Miller & Forehand, 1999; as cited in Whitaker, Miller, May, & Levin, 1999). For example, mothers who call men disrespectful names and constantly question their intentions decrease the chances their daughter will discuss love interests with them (Aronowitz, Todd, Agbeshie & Rennells, 2007).
Adolescents often hide evidence of sexual activity from parents like double agents living two secret lives. Teenagers avoid the possession of contraceptives because of concerns that their parents might find them. According to a study of teenage mothers, one respondent admitted, “I figured they might get suspicious if I had condoms or whatever, so I never used it [birth control]” (Kivisto, 2001, p. 1054).

Implications for Dating.

Although dating can be viewed as a form of intimacy, casual dating in adolescence is a means through which adolescents develop a sense of identity. Brown (1999) asked teenagers to rate the reasons they are involved with romantic partners. The prominent responses showed a relationship to the goals of identity formation. The most frequently reported reasons that peers engage in romantic relationships were: status among peers, which is in line with establishing a sense of self outside the family of origin; recreation, which is actually evidence of the egocentricity associated with adolescent years; identity formation was cited outright, showing teenagers associate an adult image with intimate relationships; and autonomy from parents (as cited in Zimmer-Gembeck, Siebenbrunner & Collins, 2001).

Dating in adolescence is generally considered to be a part of healthy psychosocial development. Zimmer-Gembeck, Siebenbrunner and Collins (2001) studied the developmental implications of adolescent dating, and concluded that love interests offer teens a source of “intimacy, companionship, and support” (p.314). In their study, teenagers reported how many people they dated in the past year. The participants reported a range of 0-35 romantic partners; those with larger numbers were called “over involved” in dating.
Participants who were considered “over involved” in dating also ranked themselves highly in perceived social acceptance, sexual appeal, and appearance, but low on perceived behavioral conduct. They also showed poor emotional health, academic performance, and both internalizing and externalizing behaviors (Zimmer-Gembeck, Siebenbrunner & Collins, 2001). The study concluded that difficulty obeying rules or laws and poor academic performance increase with casual dating and decrease as adolescents move toward steady relationships.

Intimacy vs. Isolation.

Erikson believed that adolescents must discover who they are and, once content, move on to find intimacy in early adulthood. The alternative is loneliness and isolation. Successful young adults will be confident in who they are and find partners who are also pleased with themselves. Intimacy is necessarily placed after identity formation due to the complexities of love. In order to be vulnerable enough to fully accept another person and make personal changes to accommodate them, one must have a solid sense of self (Marcia, 1980). Among young adults, intimacy occurs in those with identity achievement, and isolation occurs in those who are identity diffuse. Identity diffusions are young people who have no set occupational or ideological direction, regardless of whether or not they may have experienced a decision making period (Marcia, 1980, p. 161).
Generativity vs. Stagnation.

The seventh stage is by far the longest, ranging throughout the entire active adult period often extending past what is considered to be “retirement age.” Adults must be of assistance to others to feel complete. Generativity is defined as concern for guiding the next generation. Generative adults should have a balance of agency and communion. Agency is the desire to create something that represents one’s self, yet will outlive the individual (Frensch, Pratt, & Norris, 2007). Communion is the desire to care for others and relate to people in a caring way (Frensch, Pratt, & Norris, 2007). Adults hold close friends and family dear to maintain generativity (Graves 2006). Mental health comes from participation in fulfilling events throughout middle adulthood (Slater, 2003).

Integrity vs. Despair.

The final stage of Erikson’s model takes place during the senior years. The end of the life cycle involves maintaining dignity as the body and financial state diminish. Older adults begin to reflect on their life as a whole and impending death. Accepting death as a natural part of the life cycle, and successfully overcoming stages one to seven allows one to gain a sense of ego integrity (Brown & Lowis, 2003). Despair occurs if a person is dissatisfied with the way their life turned out, as it is too late to start over.
Physical and Reproductive Changes During Adolescence

Adolescence can be divided into three stages: early (ages 10-13), middle (ages 13-15) and late (ages 16-18) (Hornberger, 2006). During this period both anatomical and physiological changes take place, transforming the individual from a child to an adult. From ages 6-11 the adrenal gland begins to excrete sex hormones. This leads to the emergence of secondary sex characteristics such as pubic hair, oily skin, body odor in addition to genital development (New, Levine & Pang, 1981 as cited in McClintock & Herdt, 1996). Both girls and boys experience a growth spurt in middle adolescence. Because the onset of puberty is later for males, the growth spurt usually occurs in unison with other physiological advances.

Body composition changes as well. Children accumulate 50% of their eventual adult weight during adolescence (Rogol, Clark & Roemmich, 2000). For reproductive purposes, females gain twice as much body fat as males. Fat is traded for muscle in young boys, who become 150% as muscular as the average girl.

The adrenal gland affects other aspects of development as well. Aggression, cognition, perception, attention, emotions and sexuality mature from hormonal exposure (McClintock & Herdt, 1996, p. 180). The development of sexual activity occurs in three stages: (1) the mean age of initial reports of sexual attraction begin at 9.6 years old in males and 10.1 years old in females, (2) the mean ages for first reports of sexual fantasy are 11.2 and 11.9 years of age in males and females, respectively, and (3) and the mean ages for sexual intercourse to begin are 13.1 and 15.2 in males and females (Herdt & Boxer, 1993; as cited in McClintock & Herdt, 1996). According to Herdt and McClintock (1996), once cognition is sufficient to understand adult sex acts, children can successfully imitate them.
Outcomes Associated with Pubertal Confusion

When left to their own devices, teenagers often make risky decisions. Youth are said to have an “illusion of unique invulnerability” (Lauer & Lauer, 1997). This means that, although they are aware of the consequences of their actions, adolescents do not feel susceptible to these consequences. The following studies illustrate the array of negative implications associated with immaturity, misinformation, and sexual development.

Self Esteem.

Creating healthy self esteem is crucial to adolescent development. Self esteem is defined as, “the extent to which one perceives oneself as relatively close to being the person one wants to be and/or as relatively distant from being the kind of person one does not want to be with respect to person-qualities one positively and negatively values” (Block & Robins, 1993, p. 911). Experts do not consider people to be fully healthy without high self esteem (Lauer & Lauer 1997), which for adolescents stems from creating a unique identity.

Self esteem has been measured throughout adolescence. Self esteem can be measured in specific categories like academic performance or social acceptance, but also can be measured globally. Results from studies on global or universal self esteem can be considered more of a culmination of domain specific measures. It is important to study both forms (specific and global) because one may have high self esteem in certain domains and feel insecure in others. As previously mentioned (Zimmer-Gembeck, Siebenbrunner & Collins, 2001), teenagers partake in risky behaviors to feel socially secure, and are left feeling insecure about their behavioral conduct.
Block and Robins (1993) examined the correlations among global self esteem and personality traits. They interviewed 44 males and 47 females in ninth grade and again in twelfth. Each participant described their perceived self from a list of preset adjectives and then several days later they described their ideal self using the same list. Correlations revealed, during early, middle, and late adolescence, males have higher universal self esteem than females, and the inequality only increases over time. The study showed males increase in self esteem by one fifth of a standard deviation from ages 14-23, whereas females show a decrease by one fifth of a standard deviation.

To discover who the “real me” is, teenagers must determine who they are as an individual, not as a member of a nuclear family unit. And to define a “sexual me,” they must adjust to newly raging sexual urges and learn to accept and cope with their emerging adult bodies. Adolescence is uniquely difficult because youth struggle to define both almost simultaneously.

There are gender differences in defining the “real me” and “sexual me.” Beginning in early childhood, males are taught to be strong, competent, and athletic, and in adolescence are encouraged to engage in as much sex as possible (Brandel, 2009). An adult sense of maleness is established through having sex and reproducing (Friedman, 1990). Robinson and Frank (1994) studied the relationship between sexual behavior and self esteem in adolescents. Each participant completed a questionnaire that measured global self esteem. The highest level of self esteem possible was a score of 25. Sexually active males scored 18.34, and males who were virgins scored 17.67. Teenage males who are sexually active have higher self esteem, and feel more socially and physically competent.
Female socialization, in contrast, is quite different. As children, females are taught to be pretty, to always have a boyfriend, to be popular and to avoid sexual promiscuity (Brandel, 2009). Sexual activity is not encouraged among girls as it is in boys. In general, girls do not equate losing their virginity as a rite of passage into womanhood as males do. The responses of the females in Robinson’s and Frank’s (1994) study were much less varied than those of the male participants. Sexually active females scored 17.28 in global self esteem, and virgin females scored 17.63 (Robinson & Frank, 1994).

There are several negative implications associated with teen sexual activity. Peers call sexually active girls names like, “gig, hoe, and nasty” (Aronowitz, Todd, Agbeshie & Rennells, 2007, p. 12). Sexually active females are also seen by age mates as having low self esteem. During an interview of high school students one perspective of sexually active females was, “They have a self esteem problem, finally somebody, they think, somebody like[s] them and they can better themselves if they do it [have sex]. It’s their chance” (Aronowitz, Todd, Agbeshie & Rennells, 2007, p 13).

Sexual Debut.

Studies show those with low levels of self awareness and unplanned futures are most likely to have early sexual debuts (Allen et al., 1997; as cited in Kivisto, 2001, p. 1997). Until one sets goals and understands how the negative implications of sexual activity can hinder those goals, there is little motivation to act responsibly. Generally by middle to late adolescence, many teenagers have a concrete vision of their future. Students are aware that attending college with a child can be difficult, so they avoid irresponsible sexual behavior to evade that challenge.
A study by Kivisto (2001) provided statistical insight into teenage sexual behaviors and attitudes. Questionnaires were answered by a representative sample of teenagers. There were 443 in total. The study revealed that 55% of the respondents lost their virginity before age 15, with 15% occurring prior to age 12. When asked why they lost their virginity, the responses varied and did not seem to involve logic. Thirty five percent of the teens said they lost their virginity because they enjoy sex, which is interesting since enjoyment cannot occur prior to the act. The next largest group, 28%, cited love as the reason for their sexual debut. Seven percent of teens reported they were pressured by their partners. Six percent of the respondents said losing their virginity made them feel “grown up.” And the final two reasons were tied at 2%: peer pressure and wanting to have a baby. The fact that 15% of the teenage respondents reported 5 or more partners suggests that earlier sexual debut is associated with poor sexual refusal skills.

Sexually Transmitted Infections (STI).

As mentioned in Chapter One, adolescents who are sexually active increase their rate of STI. STIs can have lifespan implications. Infertility becomes a possibility when STIs go untreated and advance in severity. Because adolescents are less likely to seek medical attention, their STIs are more likely to reach advanced stages (Bunnell et al., 1999). Pelvic inflammatory disease, ectopic pregnancy, preterm birth and fetal abnormalities are examples of outcomes associated with STI (Kaestle, Halpen, Miller and Ford 2005).

Numerous risk factors have been identified that increase an adolescent’s likelihood of contracting an infection: one is social power. Females are often too timid to refuse sex or mention the use of contraception. In addition, an immature female clitoris is biologically
more susceptible to infection (Kaestle, Halpen, Miller and Ford 2005). Other risk factors for girls contracting STIs during adolescence include: a sexual debut earlier than 15 years of age, having more than one sexual partner, and dating a drug dealer (Bunnell et al., 1999).

Early sexual debut has even greater implications than STI risk. Prior to becoming sexually active, children create sexual scripts based on the social norms they have been exposed to in which they determine what acceptable sexual behavior is. If an adolescent’s debut experience does not match the ideal scenario found in his sexual script, he is likely to engage in risky sexual behavior perpetually (Kaestle, Halpen, Miller and Ford, 2005). This only intensifies the risk of STI for these teens.

Bunnell and colleagues (1999) surveyed teenage patients at a family planning clinic in an attempt to measure STI incidence in urban females. Each teenager who reported testing positive for an STI, or 40% of the original sample, was asked to return in six months for a follow up assessment. Chlamydia proved to be the largest epidemic among the girls during the second meeting. The disease was found in 38% of the overall group and in 26% of those with herpes, 48% of those with trichomoniasis, and 56% of the girls with gonorrhea.

Whereas condoms are promoted as a method of lowering the risk of STIs, abstinence is promoted as the only fool-proof method of avoiding them. Virginity pledges have been used as a method of encouraging abstinence among teens. However, those involved in virginity pledges have surprisingly equivalent incidences of STI compared to those who have not signed pledges (Bruckner & Bearman, 2005). Because these teenagers vow to wait until marriage to have sex, they often do not receive or seek sexuality education
or information about STIs. Parents may not feel as obligated to discuss safe sex with their children, and professionals appear to be less inclined to offer condoms to teens who have pledged to abstain from sex. Those who break their vow are too embarrassed to admit their mistake and often avoid their primary healthcare provider. Also, results from Add Health show members of the virginity pledge movement engage in most of the oral and anal sex reported among adolescent “virgins” (as cited in Bruckner & Bearman, 2005). Because vaginal intercourse is often the adolescent’s definition of losing one’s virginity, the aforementioned acts are not considered “sex.” Unfortunately these behaviors include exposure to STIs (Bruckner & Bearman, 2005).

Teenage Pregnancy.

Teenage pregnancy is a health risk for both the mother and baby and should be avoided (Kivisto, 2001). Teenagers’ reluctance to seek medical attention extends to prenatal care. Their transitioning bodies may not be fully equipped to healthily carry a baby full term. In addition to concerns about the health of the teen parents and their infants, there are also concerns about the ability of teens to meet the practical and financial responsibilities of parenthood. The reason for this concern is self-evident: Teen parenthood can interrupt or end a teen’s education. Among teenagers who have experienced a pregnancy, the mean years of education are 11.57, compared to an average of 13.32 years of education for teens who have never been pregnant (Berry, Shillington, Peak and Hohman, 2000). In today’s job market, teen parents are typically at a severe disadvantage.

Several risk factors heighten one’s likelihood of becoming a parent during adolescence. Examples include low socio-economic status for African American youth,
having less educated parents, and having parents who started their own family in adolescence (Miller & Moore, 1990; as cited in Berry, Shillington, Peak & Hohman, 2000). Psychosocial risk factors include low self-esteem, over-concern with peer acceptance, and drug and alcohol use (Oates, 1997; as cited in Berry, Shillington, Peak & Hohman, 2000).

Robinson and Frank (1994) studied the self esteem of sexually active adolescents. The study revealed low self esteem in those who were teenage fathers. The teenage mothers were more likely to have reconciled their relationships with disappointed parents. For females, self esteem is greatly defined by social connections. Males, however, felt teen parenting would ruin their future and disappoint important adults. This stems from gender socialization that emphasizes the importance of financial support of children as central to the fatherhood role.

In a survey of teenage mothers, no knowledge of birth control was cited as a reason that they started a family. Simply being unaware of contraceptive methods puts many teens at risk for conception. One participant reminisced about becoming a young mother; the father “volunteered to use a condom, but I said he didn’t have to, I was young…I was stupid” (Kivisto, 2001, p. 1055).
The Role of Family Ties and Norms in Pro-social Behavior

Family closeness has been found to be positively correlated with less emotional distress, drug and alcohol abuse, and suicidality as well as later sexual debut. Resnick et al. (1997) defined family closeness as perceived caring provided by mother and father, satisfaction with parental relationships, the number of activities youth reported engaging in with their parents in the last four weeks, whether parents were present before and after school as well as meal and bed times, whether parents discussed the importance of completing high school. Successful suicide attempts by close relatives were also included as a measure of the family’s mental health.

Daughters display pro-social behaviors to maintain family closeness while sons focus on avoiding anti-social behaviors to avoid discipline. This is because parents report using rewards systems with daughters and punitive measures with sons (Roche, Ahmed & Blum, 2008).

Families Establish Norms and Value Systems.

Neglectful parenting styles can be as harmful to parent-child interactions as punitive styles. Parents who avoid direct disapproval of teenage sexuality rear children who perceive their chances of experiencing its negative implications as minimal (Dittus & Jacquard, as cited in Bearman & Bruckner, 2001). The Alan Guttmacher Institute (1994) showed adolescents with one parent or who are in step families have more unsupervised time, which is a predictor of younger sexual debut (as cited in Bearman & Bruckner, 2001).

According to Ochs and Kremer-Sadlik, parents are charged with showing their child that “growing up means that obligation precedes pleasure and that time is finite and must be
managed” (2007, p. 9). Families show children how to interact socially and serve as an early model of intimate relationships. One’s sense of morality is shaped by daily interactions within the family. Parents are likely to use any social setting as an opportunity to reference and resolve moral dilemmas. This teaches youth to do so in other situations (Ochs & Kremer-Sadlik, 2007).

Parents can detour their offspring from risky behaviors by placing value on school and success. Children who focus on school and extracurricular activities are the least sexually active (Kirby, 2001). Close parental monitoring is associated with lowering the risk of one’s offspring having an early sexual debut or getting pregnant (Usher-Seriki, Bynum & Callands, 2008). Teens whose parents openly express their disapproval of premarital sex have later debuts, less frequent sexual encounters and fewer partners (Kirby, 2001). When parents advocate for condom use, their children have fewer partners and practice safe sex if sexually active (Usher-Seriki, Bynum & Callands, 2008).

Family and Self Esteem Formation.

Achieving generativity is the preferred psychosocial outcome for parents. Being generative is associated with life satisfaction and higher self esteem in adulthood (McAdams & Logan, 2004). Generative parenting is positively correlated to successful identity development during adolescence. Generative women see teenage children moving out as the appropriate step in parent-child relations. To ensure this occurs, they encourage autonomy by granting their child various freedoms. At the same time, they expect mature behavior, so they enforce reasonable rules and regulations (Pratt, Danso, Arnold, Norris, & Filyer, 2001).
According to Peterson (2006) generative parents use an authoritative parenting style. Authoritative parenting is an approach endorsed by Diana Baumrind (1966). According to Baumrind, authoritative parents find a perfect blend of autonomy and structure for their children (1966). This parent welcomes the child’s opinions, but always has the final say. Authoritative parenting is positively associated with life satisfaction and healthy self esteem in adolescents (Milevsky, Schlechter, Netter & Keehn, 2007). Encouraging a child’s attempts to forge a sense of identity both within and outside of the family with minimal friction can be beneficial to both the child and her parent(s).

Self Esteem and Social Decision Making.

Adolescents with healthy self esteem have higher cognitive ability and find prosocial means for interaction (Bruckner, 1999; Harpen et al., 2000; as cited in Bearman & Bruckner, 2001). Higher cognitive ability can be beneficial in peer negotiations and assessing potentially dangerous situations. The ability to find prosocial means for interaction makes youth less susceptible to risky behaviors. Involvement in extracurricular activities and participation in comprehensive sex education offer means to practice and perfect healthy communication with one’s peer group.
Research on the Need to Initiate Discussion Prior to Adolescence

Sexual discussions should begin as early as children demonstrate interest and curiosity; these conversations become particularly important beginning in early adolescence. At this stage, the home environment is still the dominant social structure in a child’s life (Steinberg, 2001; as cited in Aronowitz, Todd, Agbeshie & Rennells, 2007). Developmental tasks associated with identity development reshape parent-child relations. As teenagers become distant and hormonal it becomes more difficult for parents to spark their interests.

The pubertal process has been correlated with parent-child disagreements and less family time (Crokett and Petersen, 1987; Hornberger, 2006). As a result of decreased opportunity and sheer discomfort, most mothers wait to speak to their child openly about sex and contraception after their sexual debut (Usher-Seriki, Bynum & Callands, 2008). This is clearly less beneficial because once sexual activity has begun, interventions are less effective (Seigel, Aten & Enaharo, 2001; as cited in Aronowitz, Todd, Agbeshie & Rennells, 2007).

Psychosocial Need to Separate From One’s Family of Origin.

In line with psychosocial goals, young adolescents begin to distance themselves from home and resist parental supervision (Hornberger, 2006). The two most common motives for teenage parenthood are to solidify a relationship or separate from one’s parents (Kovisto, 2001). Adolescents often consider their parents unbearable. Youth undergoing puberty believe that their peers understand life’s struggles the best (Crockett & Petersen, 1987).
Because teenagers are distancing themselves from home, the peer group and school setting can be more influential than family at times. Among age-mates, adolescents receive social scrutiny for avoiding sexual activity. “They [sexually active peers] try not to be around you as much, they think you still [sic] a little girl” says one high school student (Aronowitz, Todd, Agbeshie & Rennells, 2007 p. 12). This study shows previous gaps in gender behavioral norms are decreasing.

Early adolescence is when youth become very egocentric. This can be damaging to parent-child bonds because teenagers are easily outraged by perceived injustices. Youth occasionally regress to concrete operations, where reasoning occurs in relation to other objects and not hypotheses, in normal cognitive development this exists between the ages 7-11 (Piaget, 1972) when they become emotionally over-stimulated. Because they are truly unable to think in abstract terms while under distress, parents may perceive them as rude or oblivious (Hornberger, 2006). Teens also exaggerate more frequently, which also puts their credibility in question with parents.

The belief that sexual debut, marriage and childbearing should occur in a certain order can be a source of conflict for parents and their adolescent children. According to Furstenberg (1991), “the issue of early child bearing was invisible” just one generation ago when the teen pregnancy rate was much lower, and the issue was not as openly discussed (p. 129; as cited in Kivisto, 2001). In a study of communication among African American adolescent mothers and their own mothers, the results showed how volatile parent-child interaction can become. One interviewee reported wrestling on furniture with her mother when she disclosed her pregnancy (Bell-Kaplan, 1996).
Communication with family and risky sexual behavior seem to be related in several ways, and for a variety of reasons. For example, adolescent males whose parents’ communication styles are perceived as nonsupporting are more likely to engage in risky sexual behaviors (Rodgers, 1999; as cited in Aspy et al., 2007). Likewise, conversation in religious households decreases in adolescence, because teenagers who are considering engaging in sexual behaviors fear parental judgment (Klick & Stratmann, 2007).

Outcomes Associated with Sex Education

Sex education gives teenagers the scientific reassurance that they are developing typically and that their physical differences from peers should not be alarming (Hornberger, 2006). Many studies have positively correlated sex education to delayed sexual debut and safer behaviors and decision making (Kirby & Laris, 2009; Kirby, Laris & Rolleri, 2006; Whitaker, 1999).

Features of Different Approaches to Sexual Education.

Abstinence training covers the “social, psychological and health benefits of abstaining from sexual activity” (Kohler et al. 2008). Abstinence only methods have been shown to have no real impact on sexual behaviors. Comprehensive approaches to sexual education include abstinence training as well as information on the use of contraceptives for both STI and pregnancy prevention (Kohler et al., 2008). Teenagers from comprehensive programs have lower rates of unwanted pregnancy and delayed sexual debuts (Kohler et al., 2008). Nine out of ten students in comprehensive sexual education programs have received HIV education, and 50% have attended a lecture hosted by someone living with AIDS (Hollander, 2003). Such programs also frequently partner HIV education with condom
Schools with condom distribution campaigns have students who are more likely to use condoms and have more virgin students (Hollander, 2003). Among adolescents who have experienced the distribution campaigns, 89% feel condoms are easy to obtain.

Behavior Changes.

It has been revealed that females who receive sex education are less likely to become pregnant and more likely to use condoms, than their uneducated age mates (Kirby, Laris & Rolleri, 2006). Schools that teach sex education (rather than abstinence only) often distribute condoms to students. Students are twice as likely to use condoms to prevent pregnancy, which also lowers susceptibility to STI if they are available in school (Blake & Ledsky, 2003).

Previously, the declining pregnancy rate was positively correlated to less sexual activity in general, increased condom use among those sexually active and longer lasting female contraceptive options (CDC, 2000; as cited in Blake & Ledsky, 2003). Those adolescents who have been trained to discuss sexuality with their partners have lower rates of STI (Whitaker, 1999).

There are positive social motives for behaving safely in sexual encounters as well. According to Blake and Ledsky (2003) youth use condoms for the following reasons: (1) positive beliefs about condoms, (2) peer approval, (3) confidence in use or negotiation ability, (4) belief in the reliability of condoms, (5) coming to a consensus with their partner (6) or being free of drug and alcohol influence at the time.

Kivisto (2001) cited the following as teenage motives to use condoms: the adolescent had personal acquaintances with STI’s and witnessed the difficulties associated
with them, or they saw the challenging lives of young mothers and were actively avoiding the same fate, and lastly there is no need for parental approval since most clinics have confidentiality policies and freely offer them (Kivisto, 2001).

Kirby and Laris (2009) examined outcomes associated with sexual education. The study assessed 55 programs, seven were abstinence only and 48 were comprehensive. Among the programs 41% effectively prolonged sexual debut and 31% lowered the frequency of sex among students. More than half of the programs showed significant improvements in participants’ perceived risk of STI. There was a positive impact on the teenagers’ self efficacy to refuse sex and obtain condoms. Knowing the health risks associated with sexual behaviors provided motivation to restrict their number of partners and intention to use condoms. Teenagers became more comfortable communicating with their parents and avoiding situations which could lead to sex (p. 24).

Summary

The literature on aspects of adolescent development has revealed several milestones which must be met in the identity formation process. They must establish a sense of self, during which peers and love interests become the focus of social influence. Because they are the same age, they provide a realistic point of reference in self assessment (Marcia, 1980). Adolescence also involves separating from one’s family of origin. Less time is spent in the home, and teenagers often appear to be disinterested in familial interactions (Hornberger, 2006).
Part of adolescent identity formation involves acceptance of sexuality and learning to make responsible choices. Puberty involves physically and psychosexually transitioning from children to adults. Intense physical, cognitive, and emotional changes occur in a relatively short time period (McClintock & Herdt, 1996). Dating and the acquisition of romantic interests is also a component of adolescent psychosocial development (Zimmer-Gembeck, Siebenbrunner & Collins, 2001).

While going through puberty and beginning the process of dating, teenagers face many risks. Succumbing to negative peer pressure, STIs, unplanned pregnancies, and low self esteem are examples that appear most often in literature (Aronowitz, Todd, Agbeshie & Rennells, 2007; Kivisto, 2001; Klick & Stratmann, 2007). Adolescents need information and support in order to navigate an increasingly complex social environment successfully.

Prior to adolescence parents are sought after to help their children analyze difficult situations. However, adolescents are learning to navigate through life as independent adults so they rarely approach parents with sexual crises. This predicament leads to the conclusion that sex education should be provided for adolescents in their school settings.

Comprehensive programming can help to ensure that certain milestones of identity formation are met in the absence of parental guidance. Studies have correlated sex education to many positive psychosocial outcomes such as later sexual debut, use of condoms and contraception when sexually active, and peer or intimate partner refusal skills (Zelnik & Kim, 1982; Blake & Ledsky, 2003). To further explore the relationship between different types of sex education and psychosocial outcomes in adolescence, this study will
examine the relationship among sex education, ease of parental communication, and life satisfaction in adolescence.
CHAPTER III

METHODOLOGY

Chapter three outlines the research methods that were used for this secondary data analysis. Using SPSS, results from student and administrative surveys were analyzed in an attempt to find relationships among variables related to subjective well being, family closeness and school based efforts to offer education on human sexuality. In this chapter, the Health Behavior in School-Aged Children (HBSC) Survey is described, including a description of its sample selection and size, operationalization of main variables, as well as statistical treatment and hypothesis testing.

Sampling

The data for this study came from the 2001-02 Health Behavior in School-Aged Children Survey which is part of a collaborative effort among industrialized nations headed by the World Health Organization. The United States began participating in the international study in 1996. The survey focused on health related behaviors and lifestyle issues in students grades 6-10. The final toll revealed a 73.2% response rate among schools; that is, 340 of the 465 invited participated. Also, 81.9% of the students and staff participated, or 15,245 of the 18,620 invited.

During the survey, students were given 45 minutes to answer 77 multiple choice questions. Also, school based administrators answered a 15 minute questionnaire including
yes or no questions on the goals of their curriculum to see what aspects of education were being presented.

The U.S. data from this international study came from a randomly selected list of American schools. Compared to the national population, there is an accuracy of ±3% at 95% confidence in age\grade representation of the sample. Because the group used in the international study does not account for racial minorities, researchers use a larger pool for domestic application. This allowed them to use random selection to not only represent the national average for age\grade appropriately but also race. The sample which will be used for this study has a precision of ±5 at 90% confidence for African American and Hispanic youth.

Operationalization of Variables

Definitions.

As proxies for emotional well-being, variables that involved student self reports of life satisfaction and peer acceptance were included in the correlation analysis. In this study, life satisfaction was conceptualized as an overall cognitive evaluation of one’s life (Huebner et al., 2006; as cited in Saha et al., 2009 p. 150). Previous studies of life satisfaction in adolescence have correlated positive subjective well being to positive attitudes about school and teachers and a stronger sense of support from teachers and friends (Gilman and Huebner, 2006; Suldo and Huebner, 2006; as cited in Saha et al., 2009). In this study, life satisfaction was measured by one question. Students who participated in the survey were shown an icon of a ladder which had the number 10 on top and 0 on the bottom. They were then asked to gauge their levels of life satisfaction at the moment, 10 representing the best
possible life and 0 meaning the worst. The question, “Please show [sic] much you agree or disagree with the following statements. Other students accept me as I am,” was included as a variable in the analysis to supplement the measure of life satisfaction. During adolescence, high levels of life satisfaction are linked to academic success, healthy interpersonal relationships and low levels of depression and anxiety (Gilman & Huebner, 2006).

Student’s closeness to family was determined by two questions on parental communication. Respondents were asked, “How easy it is to talk to the following persons about things that really bother you?”:

I. Their mother. The answers included (1) very easy, (2) easy, (3) difficult, (4) very difficult, and (5) don’t have or see this person (students with absent parents).

II. Their father. This question had an identical answer key.

Students’ response to the question, “I have been taught proper condom use” was used to determine school level commitment to providing comprehensive sexual education.

Hypotheses. **Hypothesis 1:** It was anticipated that adolescents who reported ease of communication with their mothers and fathers would also report higher life satisfaction. It has been shown that separation from family of origin is a normal step in the transition to identity formation. Students who report high levels of ease in parental communication will also experience high life satisfaction. Although it is normal to avoid parent-child interaction during this time, adolescents should feel comfort in knowing their parents are available and supportive of them.
Hypothesis 2: It was hypothesized that high school students whose schools worked diligently to promote STI prevention, provided family planning tools and helped teens develop negation skills would correlate positively with higher levels of life satisfaction. Life satisfaction has previously been correlated to healthy psychosocial development. Gaining a sense of comfort and understanding with one’s own sexuality is a psychosocial crisis that must be overcome in adolescence.

Statistical Treatment and Hypothesis Testing

To test the hypotheses, Spearman correlations were used to find statistical associations among the variables described previously in this chapter. SPSS statistical software was used in the analyses, and a .05 alpha level was used to determine statistical significance. The results are described in the following chapter.
CHAPTER IV

RESULTS

Statistical information on the sample from the HBSAC, 2001-02 is found in table one below. As can be seen in table one, the majority (N=2747, 41.7%) of the sample was age 14 and an almost equal gender balance (N=3340, or 50.7% female). White respondents, the largest ethnic sub group, comprised 57.3% of the sample. Urban areas or cities were the most popular places of residence among participants (N=2349 43.2%). Ninety-two percent of the students surveyed were born in the United States.
Table 1 Descriptive Statistics of Student Sample (N=6588)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>3248</td>
<td>49.3</td>
</tr>
<tr>
<td>Female</td>
<td>3340</td>
<td>50.7</td>
</tr>
<tr>
<td><strong>Imputed Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>2747</td>
<td>41.7</td>
</tr>
<tr>
<td>15</td>
<td>2666</td>
<td>40.5</td>
</tr>
<tr>
<td>16</td>
<td>1175</td>
<td>17.8</td>
</tr>
<tr>
<td><strong>Geographic Location</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>2849</td>
<td>43.2</td>
</tr>
<tr>
<td>Suburban</td>
<td>1766</td>
<td>26.8</td>
</tr>
<tr>
<td>Rural</td>
<td>1841</td>
<td>27.9</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latino</td>
<td>1331</td>
<td>20.2</td>
</tr>
<tr>
<td>Indian/Alaskan</td>
<td>391</td>
<td>5.9</td>
</tr>
<tr>
<td>Asian</td>
<td>303</td>
<td>4.6</td>
</tr>
<tr>
<td>African American</td>
<td>1489</td>
<td>22.6</td>
</tr>
<tr>
<td>Native Hawaiian</td>
<td>115</td>
<td>1.7</td>
</tr>
<tr>
<td>White</td>
<td>3775</td>
<td>57.3</td>
</tr>
<tr>
<td><strong>Birth Country</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United States</td>
<td>6007</td>
<td>91.6</td>
</tr>
<tr>
<td>Other</td>
<td>553</td>
<td>8.4</td>
</tr>
</tbody>
</table>

*Note.* Imputed age is used to eliminate discrepancies found in reported age
As can be seen in Table 2, less than one third of the students’ parents had graduated from college (30.7% of mothers and 29.7% of fathers). After students indicated the type of profession each parent had, an individual socioeconomic status (SES) was determined based on occupation, (1 being high and 5 being low) or a sixth choice, “unclassifiable.” Students’ responses indicated that 24.4% of fathers were level 4 and 22% of the mothers were level 3, indicating relatively low socioeconomic status for the sample. When asked who was responsible for their care, students’ responses revealed that 55.2% of the sample was raised in a household with both of their parents.
Table 2  
Familial Characteristics of the Sample (Percentages in Parentheses) (N=6588)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Mother</th>
<th>Father</th>
<th>Child</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Responsible for Care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both Parents</td>
<td>3635 (55.2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>806 (12.2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father</td>
<td>98 (1.5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother/Stepfather</td>
<td>441 (6.7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father/Stepmother</td>
<td>60 (0.9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other/Blended Family</td>
<td>1315 (20.0)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>120 (1.8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Education Level</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No High School Diploma</td>
<td>884 (13.4)</td>
<td>798 (12.1)</td>
<td></td>
</tr>
<tr>
<td>High School Diploma</td>
<td>1466 (22.3)</td>
<td>1428 (21.7)</td>
<td></td>
</tr>
<tr>
<td>Some Post HS Education</td>
<td>1337 (20.3)</td>
<td>1024 (15.5)</td>
<td></td>
</tr>
<tr>
<td>College Graduate</td>
<td>2021 (30.7)</td>
<td>1865 (28.3)</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>768 (11.7)</td>
<td>1172 (17.8)</td>
<td></td>
</tr>
<tr>
<td><strong>Socio Economic Status</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>1269 (19.3)</td>
<td>615 (9.3)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>324 (4.9)</td>
<td>729 (11.1)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>1447 (22.0)</td>
<td>751 (11.4)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>212 (3.2)</td>
<td>1606 (24.4)</td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>758 (11.5)</td>
<td>666 (10.1)</td>
<td></td>
</tr>
</tbody>
</table>
The sample differed somewhat from the United States population as a whole. According to the Census (2000) 79% of those residing in the United States are in an urban area (the figure includes suburban areas too) and 21% are in rural (http://factfinder.census.gov/home/saff/main.html?_lang=en&_ts=). This is nearly mirrored by participants in the study, as can be seen in Table 2. Additionally, the sample has a representative distribution of English speakers as the national percentage was 82.1%. Finally, the national statistics for parental education in 2000 were as follows: 19.3% of mothers and 19.9% of fathers did not finish high school, 29.6% of mothers and 27.6% of fathers have graduated from high school, while 21.5% of mothers and 20.6% of fathers have at least one college credit, and 29.6% of mothers and 31.9% of fathers.

The question, “During this school year, did teachers in this school teach any of the following Sexually Transmitted Infection (STI) prevention topics in a required health education course in grades 6 through 10? How to Use a Condom,” was used to assess whether comprehensive sexual education programming was in place. This measure proved most effective for this study’s purposes for the following reasons. Outside of abstinence only training, the best protection against pregnancy and STI is proper condom use, which is only discussed in comprehensive programming. The skill empowers a teenager to navigate adult situations, which is consistent with the psychosocial crisis of identity formation (Hornberger, 2006; Zimmer-Gembeck, Siebenbrunner & Collins, 2001; Kirby, 2001; Bunnell et al., 1999).
Correlation of Variables

Because the variables involved in hypothesis testing were all nominal and ordinal level, Spearman’s Rho correlations were used to test for association between variables. Consistent with Hypothesis 1, it was expected that there would be a significant correlations among the following variables: Talk to Father, Talk to Mother, Life Satisfaction, and Students Accept Me. For Hypothesis 2, which states adolescents who have received comprehensive sex education will have higher life satisfaction, it was expected that Taught Proper Condom Use (the sex education variable) would be significantly correlated with talk to father, talk to mother, students accept me, and life satisfaction. The results are summarized in Table 3.

Table 3

Correlations Between Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Talk to Father</th>
<th>Taught proper condom use</th>
<th>Students Accept Me</th>
<th>Life Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talk to Mother</td>
<td>.285**</td>
<td>-.044**</td>
<td>.132**</td>
<td>-.234**</td>
</tr>
<tr>
<td>Talk to Mother</td>
<td>-.026</td>
<td>.172**</td>
<td></td>
<td>-.250**</td>
</tr>
<tr>
<td>Taught proper condom use</td>
<td>-.016</td>
<td>.003</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students Accept Me</td>
<td></td>
<td></td>
<td>-.253**</td>
<td></td>
</tr>
</tbody>
</table>

**p<.001
Hypothesis 1. There was statistically significant support for the first hypothesis. As expected, Talk to Father and Talk to Mother were highly correlated, $r_s(6212) = -.285$, $p < .001$. The variable Talk to Father was significantly correlated with both Life Satisfaction, $r_s(6255) = -.234$, $p < .001$ and Students Accept Me $r_s(6153) = .132$, $p < .001$. To interpret these correlations, it’s important to keep in mind that the variables Talk Father and Talk to Mother have a range of answers that are opposite of the range for Life Satisfaction. Where 10 would indicate the best possible life, 1 would indicate it is very easy to talk to one’s father or mother. This also applies to “Students Accept Me,” where a score of 1 indicates one strongly agrees that students accept them. A positive correlation indicates that students with high levels of peer acceptance also report being able to communicate with their fathers. Likewise, the variable Talk to Mother was correlated with Life Satisfaction, $r_s(6162) = -.250$, $p < .001$, and with Students Accept Me, $r_s(6050) = .172$, $p < .001$. The findings show perceived ease of communication with one’s mother is significantly associated with greater perceived peer acceptance and life satisfaction.

Hypothesis 2: High school students whose schools work diligently to promote STI prevention, family planning tools and negation skills will have a high level of life satisfaction. This hypothesis was not confirmed. Taught Proper Condom use was significantly correlated with only one variable: Talk to Father, $r_s(4716) = -.044$, $p = .002$. The negative correlation indicates that students who received this component of sex education were less likely to report feeling able to talk to their fathers. No further significant results were obtained.
CHAPTER V
DISCUSSION

Erikson’s theory of psychosocial development provides a guide on the crises or milestones associated with all stages of life. Adolescence is an extremely complex stage of human development. Children must transition to adulthood physically, cognitively and psychosocially; these domains of development all influence each other, but do not necessarily develop at the same pace. In many cases, adolescents may struggle with psychosocial development and feel unprepared for the physical changes that are occurring.

According to Eriksonian theory, young adults must create a definition of self, one distinct from the role within the nuclear family with independent views and self awareness (Erikson, 1968). As a teenager, sexuality arises as a factor in establishing independence and self awareness. This study set out to determine if these two important influences on identity formation, family and peer relations have a relationship to life satisfaction in adolescence. As Chapter IV highlights, the current study demonstrated a significant correlation between ease of communicating with parents and a rating of life satisfaction among the adolescents who responded to this survey. According to Baumrind, authoritative parents find a perfect blend of autonomy and structure for their children (1966). This parent welcomes the child’s opinions, but always has the final say. Consistent with the findings of this study, Milevesky, Schlecter, Netter, and Keehn (2007) found that authoritative parenting is positively associated with life satisfaction and healthy self esteem in adolescents.
Consistent with Baumrind’s ideas about the positive aspects of authoritative parenting, the question “How easy is it to talk to the following persons about things that really bother you?” leaves room for options and independence, but also gives an indication of closeness and efficacy of parent-child bonds. If it is easy for adolescents to talk to parents about things that really bother them, this allows dialogue in times of crisis or distress. However, the question does not address whether such intimate conversations actually occur with any frequency, if at all. It should not be assumed that life satisfaction would have the same correlation to frequent or casual conversation among parents and their adolescent offspring.

The wording of the question also sheds light on parent child closeness. Reported ease of conversation comes from both participants respecting each other as people and contributors to the subject matter. There is a quality of knowing that parents are “there for you” if and when you need them that adolescents benefit from, even if they may be psychosocially pulling away from their family of origin in some respects (Guilamo-Ramos & Bouris, 2008). What this question gets to is not frequency of communication, but feelings of closeness and parental acceptance indicative of healthy parent-child bonds.

When interpreting the results of this study, it is imperative to remember the age of participants. Early adolescence is when youth become very egocentric. This can be damaging to parent-child bonds because teenagers are easily outraged by perceived injustices. Subsequently in middle adolescence parent-child conflict reaches its peak (Hornberger, 2006). According to the stages of adolescence: early (ages 10-13), middle (ages 13-15) and late (ages 16-18), the group used in this study consisted of adolescents in
their middle and late teenage years (Hornberger, 2006). Fourteen year olds made up 41.7% of the sample group; 40.5% were 15 and 17.8% were 16.

The results show evidence that, because the students were moving out of the egocentric phase, being able to communicate with their parents reemerged as beneficial to their SWB. Age could also explain the weakness of the relationship. Although there was a significant correlation, 82.2% of the sample was in middle adolescence and possibly at the height of parent-child conflict. It is vital for parents to realize the importance of letting their adolescent children know that they are there for them and continue to keep the lines of communication open. During middle adolescence, which is characterized by individuation and distancing from family, this is particularly challenging. Parents need to keep in mind that their adolescents still need them even when they send signals that they do not.

Hypothesis two proved to be incorrect. Contrary to expectation, students who received comprehensive sexual health education, as defined by receiving a condom demonstration in school, did not report having higher life satisfaction than those who hadn’t. In fact, it was negatively associated with communication with father, which was particularly surprising. It may be that such programming is targeted to particular at-risk students, who are less likely to have positive relationships with their biological fathers. Revisiting age at which the students received sex education programming and other demographic factors that might be involved, more information is needed in order to fully understand the reasons for these findings.

The literature review pointed out self-aware adolescents who have clear plans for the future are most likely to delay sexual debut while they pursue goals (Allen et al., 1997; as
cited in Kivisto, 2001, p. 1997). If students have successfully mapped out young adulthood and placed sexual endeavors low on their priority list, the topic would have little or no impact on subjective well-being. Or perhaps introducing this topic in middle childhood is too late; according to Kivisto (2001), 55% of adolescents have lost their virginity by age 15.

Another explanation for hypothesis two not having statistical significance is the measure of life satisfaction. Although a second question, “students accept me” was included to add another dimension to subjective well-being, neither that nor the life satisfaction variable was associated with “taught proper condom use.” Previous studies showed that to measure specific factors and their relation to self esteem, global measures are not ideal. Results from studies on global or universal self esteem can be considered more of a culmination of domain specific measures. It is important to study both forms (specific and global) because one may have high self esteem in certain domains and feel insecure in others. Perhaps a specific question on students’ perceived self efficacy in navigating sexual situations would be a more appropriate variable to correlate with participation in comprehensive sex education.

Directions for Future Research

The study of adolescent life satisfaction and its association with parent communication and comprehensive sexual education is an under-investigated area of research. Future directions for the study of parent communication and its impact on adolescent life satisfaction could investigate each stage of adolescence: early, late and middle separately. Because psychosocial and hormonal changes make the parent-child dynamic change vastly over a 6-10 year span, empirical data should examine each sub-stage
individually. A more thorough understanding of Subjective Well Being in adolescents and which substage is most impacted by different aspects of the parent-child relationship has implications for further research, parent education, child/family therapy, and parent-school involvement among others.

To obtain more insight into relationships among comprehensive sex education and life satisfaction, future studies should also examine issues among specific demographic groups of adolescents in the United States. The sample used in this study was a fairly representative group of American adolescents. However, parents’ marital status, the youth’s primary caregiver, and geographical area of the U.S. are all areas of demography that should be investigated more closely. For example, are the needs of rural, suburban and urban adolescents similar? Are urban and suburban populations differently impacted by comprehensive sex education? Might controversial practices such as teaching condom use be perceived differently by different communities of adolescents? Might this aspect of sex education affect communication between parents and teens differently across demographic sub-groups?

Religious affiliation, in addition to religiosity in general, may also be important variables to consider here. Religion plays a major role in shaping our beliefs about sexuality and its role in our lives. A closer look at teenagers in light of their religious beliefs and practices might help us to understand variability within teens. Information from such studies could be useful in sexual education programming--after all, a one-size-fits-all approach to any sort of prevention programming is likely to have unintended consequences. Each teen must use the information and experiences in the programming to build their own meaning
systems; thus, each teen’s experience of sex education is likely to be unique. Sexual practice is varied, so it stands to reason that sex education programming should vary as well. Understanding more about how different groups of teens respond to different components of sex education programming might help educators to develop programming tailored to the communities they serve.

Perhaps the results of this study will encourage the promotion of more attentive discussions among parents and their adolescent offspring. Adults should be prepared to remain approachable even in the midst of a tumultuous period. Although youth undergo developmental changes that impair their communicative abilities, results show those who report having parents that are easy to talk to also report higher levels of life satisfaction.
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