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Perceptions of High Risk Behaviors Among Culturally Diverse Adolescents and the Role  
of Parental Influence and Parent Communication

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### **Abstract**

Eighty seven ethnically diverse 9<sup>th</sup> and 10<sup>th</sup> graders from an urban high school in Northern California were studied. Students were mostly female, between 14 and 16 years of age, and reported to be mostly Asian and Filipino. Students completed an 18-item Likert scale questionnaire requesting information about their overall relationship with their parents and their communication with their parents about drugs, sex, alcohol, birth control, and personal problems. Results of this study showed that participants rated their overall relationship with their parents as “good” or “very good.” Despite this, communication was lacking among parents and adolescents in all topics of high risk behaviors. In addition, the participants did not feel comfortable talking to their parents about sex and birth control. Only 37% percent of adolescents reported having been spoken to by parents or guardians about not engaging in sex, taking drugs, and drinking alcohol. Only 37% of the participants stated that they would not engage in high-risk behaviors if their parents/guardians told them not to. Previous studies show a decrease in risky behaviors by the adolescents who have strong communication with their parents/caregivers. This study adds to this literature and further supports the belief that parental communication has a positive impact on adolescent behaviors. In the absence of parental/caregiver communication, teachers, school nurses, and nurse practitioners may need to fill this important role.

*Key Terms:* adolescents, high-risk behaviors, parental communication, parental influence

## Introduction

Adolescents between the ages of 12 to 18 are exposed to media and peers that may influence their decisions to engage in risky behaviors such as taking drugs, drinking alcohol, or having unprotected sex. At this challenging time in their lives, adolescents seek acceptance from their peers, and are likely to engage in behaviors that jeopardize their health without any attention to the consequences. Adolescents who engage in unprotected sex practice one of the most dangerous behaviors, with possible permanent irreversible negative consequences. According to the CDC, there has been an increase in teenage sexual activity that includes the use of multiple partners (Center for Disease Control, 2000). In addition, each year, an estimated 3 million American adolescents acquire a sexually transmitted disease (STD) (Institute of Medicine, 1997).

With the increasing need for full time employment by both parents/care providers, there is likely to be less time at home engaging in family interaction and communication (Sieverding, Adler, Witt, & Ellen, 2005). This study was conducted at an urban high school in Northern California. Culturally diverse adolescent students at this high school were reported to have frequent visits to the school health clinic requesting contraception, counseling, or pregnancy testing. Students were reported to request private discussions with the Family Nurse Practitioner about sex, drugs, and other health-related topics. Students reported having no other source of information. Many students came to the clinic requesting condoms and other contraceptives; stating that they “are sexually active.” In addition, many students claimed to have used drugs or alcohol in association with their sexual activities. Based on the literature and the researcher’s experience, the following questions arose:

1. Does the amount and type of parental/care giver communication play a role in their decision making processes?
2. How likely are the students to engage in drugs, alcohol, and sex, if their parents/care givers communicate with them about the dangers?

The purpose of this study was to describe adolescent perceptions regarding high risk behaviors and the role of parental influence and communication.

### **Literature Review**

Some studies have found that increased parent-child communication and fostering open relationships would increase the age that adolescents start to engage in high-risk behaviors (Rose, et al, 2004). In addition, these studies support the premise that increased family involvement and parent education level may lead to the delayed initiation of sexual intercourse (Rosenthal, et al., 2001, Hutchinson, Jemmott, Jemmott, Braverman, and Fong, 2003). Researchers have studied parents and adolescents who were diagnosed with psychiatric illnesses because they were considered at higher risk of being sexually active and practicing risky sexual behaviors. Once again, adolescents who were the most likely to be sexually active and practice risky sexual behaviors were those participants who did not discuss the topic of sex with their parents. In addition, adolescents whose parents disagreed with their sexual activity were less likely to engage in risky sexual behavior (Wilson and Donenberg, 2003).

In contrast to previous studies, no relationship was found between age of sexual debut and parent-adolescent communication, and between parenting styles and sexual risk-taking. This study did surmise, however, that parental monitoring could have a positive impact on decreasing the incidence of adolescent sexual risk-taking behaviors;

despite the fact that they could not predict which adolescents would abstain from having sex (Huebner and Howell 2003). Communication between parents and their adolescents was reported to be lacking in regard to the topics of sex, condoms, birth control, or AIDS. There does not appear to be any correlation between parental disapproval and sexual activity among adolescent females, however any communication could potentially protect the adolescent from contracting STDs (Hutchinson, Jemmott, Jemmott, Braverman, and Fong 2003).

In summary, despite some contradictions, most studies have supported the premise that fostering parental relationship and communication with adolescents would decrease the incidence of adolescents participating in high-risk behaviors, increase age of sexual debut, and increase awareness to abstain from practicing high-risk behaviors. This study was conducted to expand on previous research and to explore adolescent perceptions about their parents as an influence on their decision-making to either abstain or participate in high-risk behaviors.

## **Methodology**

### *Design and Participants*

This quantitative, non-experimental descriptive study was conducted at an urban culturally diverse high school in Northern California during normal school hours. All requirements from Human Subjects Institutional Review Committees were met before data was collected. Permission to survey the adolescent students was given by the principal of the High School and the faculty member in charge of the several classes. A convenience sample of 120 students was obtained.

### *Study Tool and Procedure*

The questionnaire used in this study was developed by the researcher and consisted of 18 items using a 5 point Likert scale. One hundred and twenty adolescents were given an incentive to participate in the study in the form of “one extra credit point” awarded by the faculty of record. Consent forms were given to each participant’s parent/caregiver(s) and also to the adolescents. Student participation required permission and a signature from both parents and adolescents. Students were given a week to complete the requirements for participation, and the estimated time required to complete the questionnaire was five minutes. Of the 120 students available, 87 signed the required permits and completed the survey.

Demographics surveyed included age, gender, and ethnicity/cultural background. Students were asked to rate their overall relationship with their parents about the following topics: drugs, alcohol, sex, birth control, dating, and personal problems.

Participants were also asked to rate the extent to which they agreed or disagreed with the following statements:

1. I feel comfortable talking with my parents about drugs and alcohol.
2. I feel comfortable talking with my parents about sex.
3. My parents have talked to me about not engaging in sex, drugs, and alcohol.
4. I would not engage in risky behaviors including drugs, sex, and alcohol if my parents told me not to.
5. When my parents tell me to do something, I always listen.
6. My relationship with my parents fosters open communication.
7. I feel like I can talk to my parents anytime about drugs, sex, and alcohol.

8. I would abstain from having sex, doing drugs, and drinking alcohol if my parents communicated with me about not doing them.

### **Results**

Of the 120 students available, 87 students (73%) returned the required consent forms. Eighty-seven participants, twenty-eight males (32%) and fifty-nine females ((68%) completed the questionnaire. The range of participant ages was from 14 to 16 years of age with a mean age 14.61. The majority of the participants were Asian (54%), Filipino (16%), and Hispanic (13%) (see Table 1). Approximately 80% of adolescents reported an overall relationship with their parents as “good” or “very good” (see Figure 1). Communication with parents was lacking in responses about all topics of high risk behaviors. Approximately 46% reported “never” or “rarely” communicating with parents about drugs. Sixty percent reported “never” or “rarely” communicating with parents about alcohol. Over 60 percent of participants reported “never” or “rarely” communicating with parents about sex (see Figure 2). Participants did not feel comfortable talking to parents about sex and birth control

Adolescents communicated with their parents more about dating (22%) and personal problems or concerns (30%) than they did about birth control (7%) (see Figure 3). Only 32% of students reported being comfortable talking to their parents anytime about drugs, and alcohol. The topic of “sex” was the least comfortable; 53% responded “disagree” or “strongly disagree” (see Figure 4). Approximately 68% of participants reported that they “would not engage in risky behaviors—drugs, sex, and alcohol—if their parents told them not to.” (see Figure 5). Independent t-test were calculated on each of the questions looking at any significant differences between males and females.

No statistically significant differences between male ( $n = 28$ ) and female ( $n = 58$ ) responses were found among any of the questions using  $df = 85$  and a  $p = 0.05$ .

### **Discussion**

Despite the adolescent's "good" or "very good" overall relationship with their parents, communication about sex and birth control was poor. There is further need for parental/care giver communication because, it appears that many adolescents would choose not to engage in high-risk behaviors if their parents specifically told them not to. Communication does make a difference. Educating adolescents and parents about high-risk behaviors, and fostering communication between adolescents and parents will help to decrease the incidence of sexually transmitted diseases, unwanted pregnancies, and engagement in other high-risk behaviors.

### *Limitations*

This study's generalizability was limited by its small convenience sample size, the lack of rigorous reliability and validity of the tool, the fact that the tool was only made available in English, and the fact that participants may have been lost because of the rigorous consent policy. Students may have participated only to get the one point credit in the class and may not have responded truthfully. Despite the assurance of confidentiality, adolescents may have responded falsely based on the fear that their parents would find out. Lastly, this study had a predominance of Asian and Hispanic participants; a more equally represented ethnic sample would be preferable.

### *Implications for School Nurse Practice*

In the absence of parental/care giver communication, school nurses and nurse practitioners may be the only adults that adolescents have available to discuss their health

problems or to answer questions about sensitive issues. If communication with parents is lacking at home, teachers, school nurses, and nurse practitioners become responsible for providing support and education so that adolescents can make better choices. School clinics and health classes on high school campuses provide a way to make available one to one counseling, along with verbal and written information. Education about using condoms, birth control, abstaining from sex, and not using drugs and alcohol is essential. In most school settings, adolescents feel more comfortable about discussing sensitive issues; the environment is perceived as less judgmental and safe. With the collaboration of school officials and parents, high risk adolescents may be offered a chance to live a healthy lifestyle.

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Table 1  
*Demographics (n=87)*

Gender	Participants	%
male	28	32
female	59	68
Age (years)		
14	36	41.4
15	49	56.3
16	2	2.3
Ethnicity		
Asian	47	54.0
Filipino	14	16.1
Hispanic	11	12.6
African American--Black	1	1.2
American Indian--Alaskan	1	1.2
Pacific Islander	1	1.2
Caucasian	8	9.2
Other	4	4.6

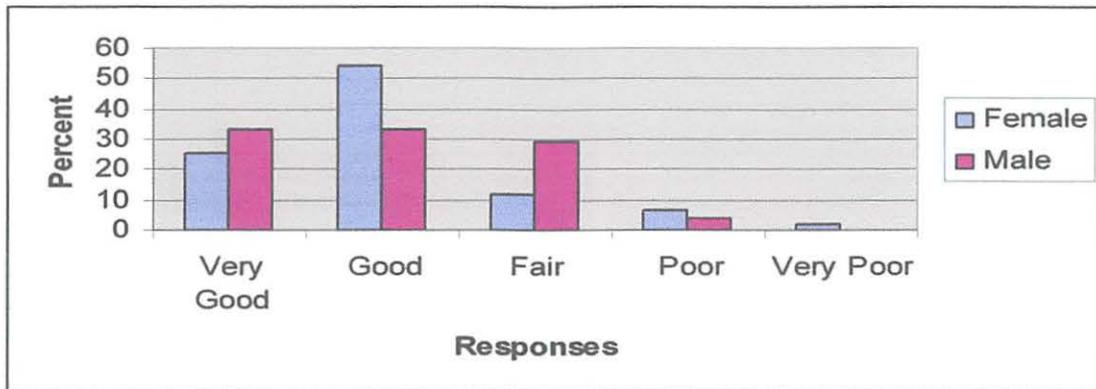


Figure 1. Adolescent response to: "What is your overall relationship to your parents?"  
Female n = 59; Male n = 28

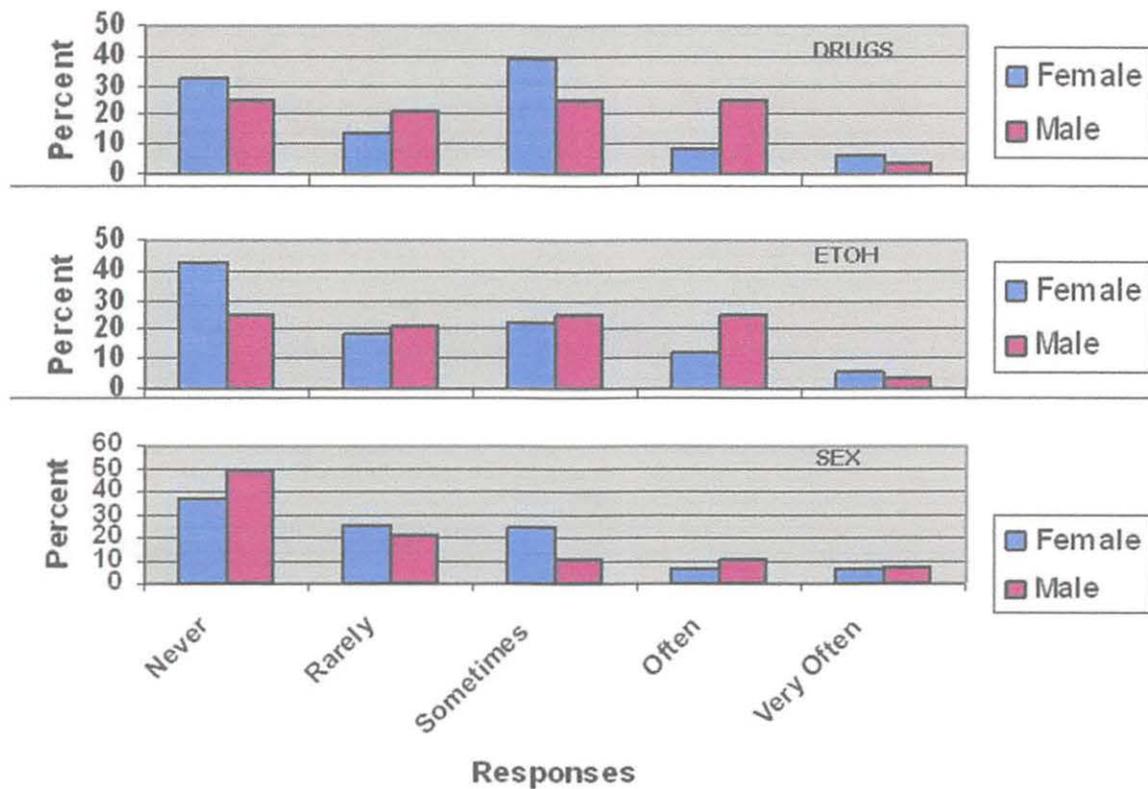


Figure 2. Adolescent response to: "How often in the past year have you communicated with your parents about...?" Female n = 59; Male n = 28

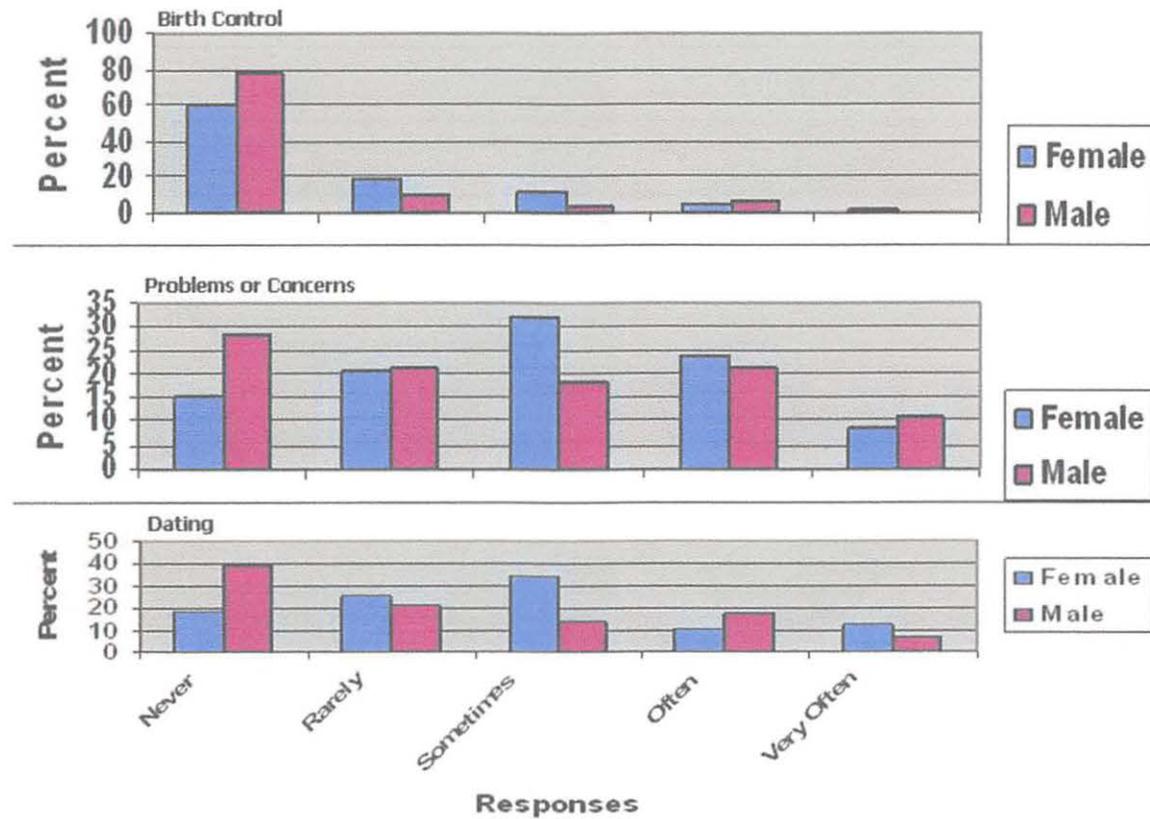


Figure 3. Adolescent response to: "How often in the past year have you communicated with your parents about...?" Female n = 59; Male n = 28

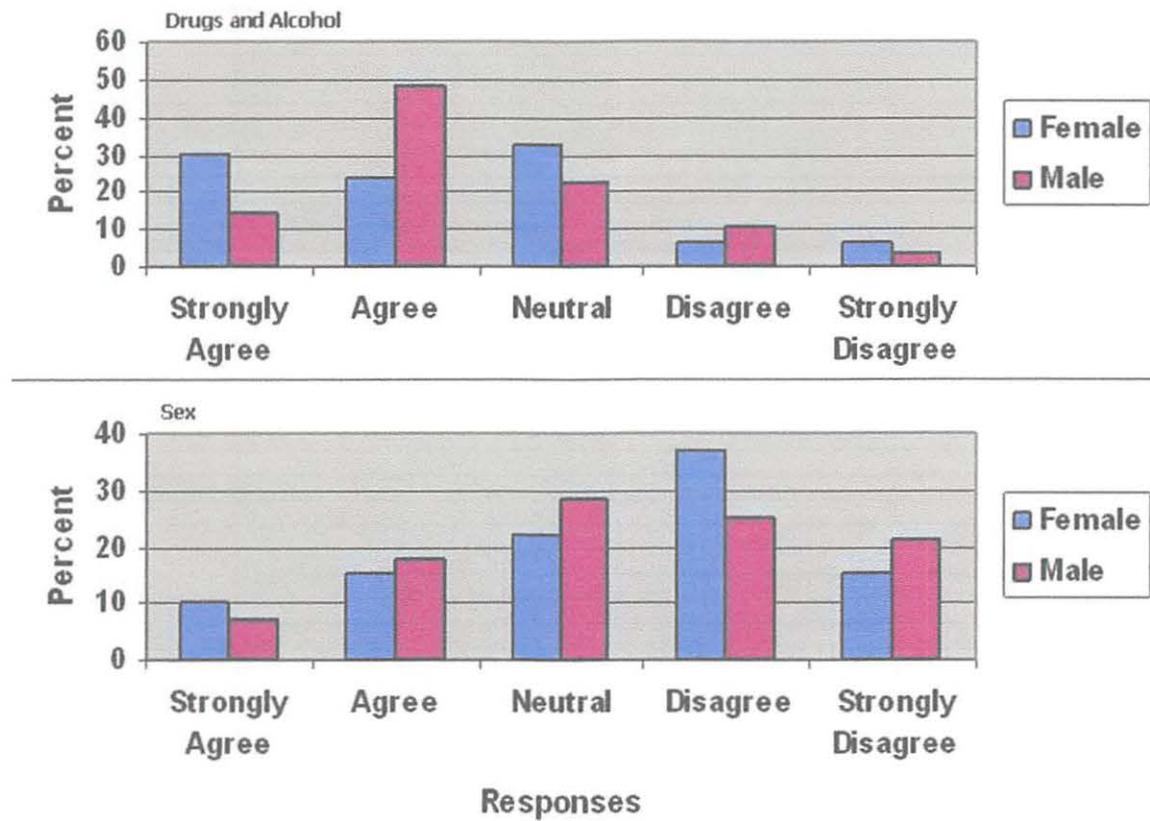


Figure 4. Adolescent response to: "I feel comfortable talking with my parents about ..."  
 Female n = 59; Male n = 28

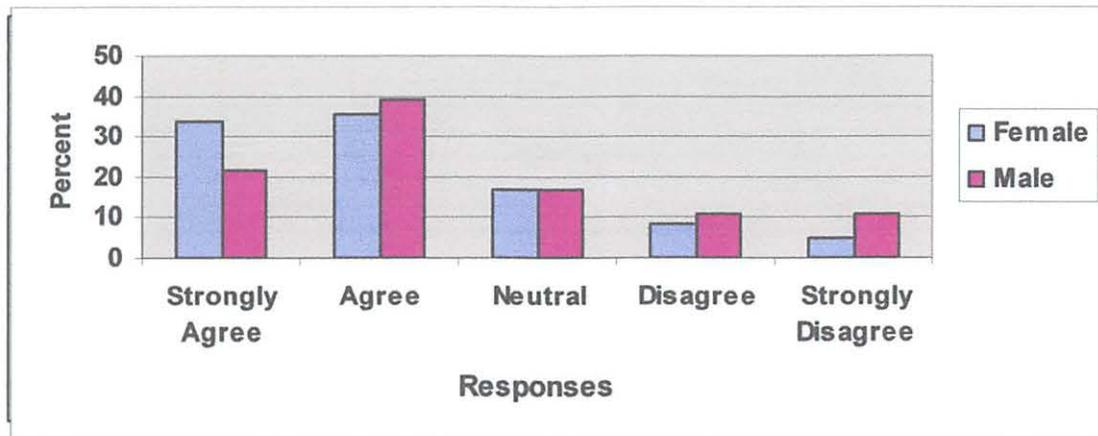


Figure 5. Adolescent response to: "I would abstain...if my parents told me to." Female n = 59; Male n = 28