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Parents' views on sexual debut among pre-teen children in Washington, DC

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Abstract

Objective—Present US parents' perceptions about factors leading to early intercourse and strategies for overcoming them.

Methods—Conducted analysis of eight focus groups with 78 male and female African-American and Hispanic caregivers of fifth-graders and sixth-graders (ages 10–12).

Results—Participants gave the following primary reasons for early sexual activity: lack of structured activities, adult supervision, and communication; and influence of peers, society, and media. They suggested strategies targeting these reasons, and the need for parents, schools, and the community to work together.

Conclusion—Incorporating parents' perspectives would help tailor interventions to the needs of the target population and increase parental support.

Introduction

National data in the USA indicate that adolescents are engaging in sexual intercourse at alarmingly young ages, with approximately 18–19% of adolescents having sexual intercourse prior to age 15 and 4–5% initiating intercourse prior to age 13 (Albert, Brown, and Flanigan 2003; Alan Guttmacher Institute 2004). More concerning, data from the nationwide 2003 Youth Risk Behavior Survey reveal that African-American and Hispanic youth are at an increased risk, with 19% of African-American youth and 8% of Hispanic youth initiating sexual intercourse prior to age 13, compared with only 4% of White youth (Grunbaum et al. 2004). In Washington, DC, where 93% of the public school population is African American (84%) or Hispanic (9%) (Membership in the DC Public Schools 2003), 25% of males and 6% of females have engaged in sexual intercourse prior to age 13 (Grunbaum et al. 2004). It is unclear why males have consistently had higher rates of reported sexual activity than females in the under-13 age group both nationally and locally in Washington, DC. While there may be a degree of over-reporting in males and under-reporting in females (Zenilman 2005), this imbalance has been consistent for decades and has decreased proportionally as overall reports of sexual activity in youth has declined over the past decade (Centers for Disease Control and Prevention 2006). Although the rate of sexual activity in public school youth in Washington, DC has dropped over the past decade,

it still remains far above the national average, as do the health consequences of early sexual debut (Centers for Disease Control and Prevention 2006).

These high rates of early sexual activity among Washington, DC African-American and Hispanic youth are concerning as they are associated with an increased risk of early adolescent pregnancy and child-bearing. In 2000, the adolescent pregnancy rate among 15-year-old to 17-year-old teenage females living in Washington, DC was 119 per 1000 females, compared with 48 per 1000 females nationwide, and the birthrate among this group of adolescent females (50 per 1000 females) is almost twice as high as that of females nationwide (27 per 1000 females) (Alan Guttmacher Institute 2004).

Researchers have investigated many individual, psychosocial, and environmental factors associated with the risk of adolescent sexual involvement. Much of the research highlights the importance of parents and families in influencing adolescent sexual and reproductive behaviors (Miller 1998, 2002; Miller et al. 1998; Sieving, McNeely, and Blum 2000; McNeely et al. 2002; Silva and Ross 2002; Donnenberg et al. 2003; Parera and Suris 2004; Miller, Benson, and Galbraith 2001; Crosby et al. 2002; DiClemente et al. 2001; Dittus and Jaccard 2000; Karofsky, Zeng, and Kosorok 2001; McBride, Paikoff, and Holmbeck 2003; Somers and Paulson 2000; Stanton et al. 2002). For example, in a review, Miller, Benson, and Galbraith (2001) suggest that the combination of strong parental values disapproving of teenage sexual activity, close parent-child connectedness, and appropriate child monitoring act together to decrease risky adolescent sexual behaviors and thus decrease the risk of early pregnancy. Miller (1998) also found that mothers of African-American and Hispanic adolescents are the primary communicators about sexual topics, and that this communication can have positive effects. Researchers have also begun to examine environmental factors leading to adolescent sexual debut, and have investigated parental views on the media's role in influencing behaviors (Werner-Wilson, Fitzharris, and Morrisey, 2004) and the importance of parents working together with the school system to encourage adolescents to delay sexual activity (Jordan, Price, and Fitzgerald, 2000; Sawyer et al. 2003).

While this research has contributed to understanding the factors associated with adolescent sexual behavior, its usefulness is somewhat limited in identifying the risks and determinants of *very early* adolescent sexual behavior. First, little research has focused on very young adolescents (under 13 years of age); most research investigates the sexual behavior of middle or high school students (13–19 years of age). Similarly, research on risk factors associated with age of sexual debut is often based on retrospective reports of older adolescents in the middle and high school years (Albert, Brown, and Flanigan 2003). Furthermore, research on the role of the adolescents' parents is usually based on either the child's or mother's report of parenting behaviors only (Miller 1998, 2002; Miller, Benson, and Galbraith 2001). Very little research includes the adolescents' fathers or other male caregivers. There is also a need to understand African-American and Hispanic parents' views of why children in their communities are disproportionately affected by early sexual debut (Menacker et al. 2004).

The purpose of this paper is to present African-American and Latino mothers' and fathers' perceptions about factors leading to initiation of sexual intercourse among children as early as fifth grade and strategies to overcome these influences. Parental views on these topics were elicited as a part of a larger longitudinal study developing and implementing a pregnancy prevention intervention for fifth- and sixth-graders in Washington, DC schools.

Methods

In the fall of 1999 and January 2000, we conducted eight focus groups with male and female African-American and Hispanic caregivers of fifth- and sixth-graders. The eight focus groups were arranged by gender and ethnicity/race. There were two African-American female groups (9 and 12 participants), two African-American male groups (9 and 10 participants) and one group combined African-American males (four participants) and females (six participants). There were three Hispanic groups: one included nine females, one had 10 males, and one combined five males and four females. The total number of participants was 78.

We recruited participants by contacts at an elementary school, a medical clinic, and a community center situated in areas of the city with the highest adolescent pregnancy rates. We also posted written notices at these sites, and accepted some participants by referral from other parents. All procedures and forms (posters, informed consent forms, and focus group guides) were approved by each collaborating institution's Institutional Review Boards.

For all groups, the race – and for the unisex groups, also the gender – of the moderators was matched to those of participants to facilitate open communication. Hispanic groups were conducted in Spanish. Participants were offered refreshments and a reimbursement of \$50 for participating.

Trained moderators used focus group guides¹ to lead the discussions; Table 1 presents key questions from the guides. Participants discussed: (1) general issues related to children's developing sexuality, including when they begin showing an interest in having sex; (2) influences on children's behavior and attitudes toward sexual intercourse; and (3) ideas to help children delay initiation of sexual intercourse. In this paper we shall focus only on the second and third issues.

We followed standardized procedures accepted for qualitative data to capture and analyze the data (Bernard 2000; Denzin and Lincoln 2002; Miles and Huberman 2000). We audio-taped and transcribed all focus group discussions. (The Hispanic groups' transcripts were translated into English for analysis.) We imported the transcripts into Nu*dist (Gahan and Hannibal 1998), a software package used for coding and analyzing qualitative data. Two investigators developed a coding structure based on themes expected from the questions and on their initial readings of all transcripts. Under their guidance, a coder developed a 'codebook', giving definitions of all codes. Two coders then coded the data iteratively, identifying and exploring new themes that emerged during the analysis (Bernard 2000; Miles and Huberman 2000). The two coders and the two investigators met several times as the coding progressed, to discuss the codes and arrive at a mutual understanding of each code. As the coding proceeded, codes and definitions were further clarified, new codes were added as analysis progressed, and new understanding developed.

We also implemented accepted procedures to ensure a high level of intercoder reliability (Carey, Morgan, and Oxtoby, 1996). First, the two coders independently coded the same transcript, assigning one or more codes to passages of text. They and two other investigators then met to compare and discuss differences in their coding and problems with code definitions and coding structure. After making revisions, they coded a second transcript and repeated this process. Upon reaching an acceptable level of intercoder reliability, they

¹Focus group guides were developed in English. For the Hispanic groups, we translated the guides into Spanish and back into English to ascertain that the meaning of the questions was preserved during translation.

divided the coding of the remaining six transcripts. Overall, coders achieved agreement on 87% of the coded lines.

At the end of the focus groups, we also collected quantitative data from 77 out of the 78 focus group participants in a short, self-administered anonymous questionnaire.² We cross-tabulated the data by gender and by race/ethnicity of the participants, and conducted Fisher's exact two-sided tests of significance to detect differences by gender and race/ethnicity.

Results

Participant profiles from questionnaire data

To provide context for the focus group data, Table 2 displays the participants' socio-demographic characteristics by gender. Two-thirds of participants were African-American; most were 30 years of age or older and had a high school education or more. Whereas female participants reported significantly older ages at first sexual intercourse than the males, the two groups did not differ in the reported age when they first became pregnant or impregnated a woman. Compared with African-Americans, Hispanic participants had higher levels of education and reported significantly older ages at first pregnancy or impregnation (results not shown).

Table 3 presents participants' responses, by gender, regarding attitudes and behaviors toward children's sexuality. Females were more likely than males to have talked with their child about sex (87% vs. 47%), and were more likely to answer that parents should be responsible for giving information to children about sex (100% vs. 89%). Much lower proportions of both males and females indicated that others (e.g. older relatives, peers, etc.) should be responsible for providing information. Hispanics were more likely than African-Americans to think that schools and 'TV, radio, magazines' ($p < 0.05$) and community groups ($p < 0.10$) should be responsible (results not shown).

Relatively large numbers of participants did not answer the four questions about the age they would like their male and female fifth- or sixth-graders to be when they first received information about sex and when they started having sex (Table 3). Among those who did answer, however, there were no significant differences between the two genders. Both groups would like their children to receive information about sex early (more than one-half responded they would like this to be at age 10 or younger for both girls and boys) and start having sex late (49% stated age 19 or older for sons, and 55% responded age 21 or older for daughters). Hispanics gave significantly older ages for daughters than did African-Americans ($p < 0.05$) (results not shown).

About 90% of participants said they would disapprove if they found out their child was having sex (Table 3). Yet, only one-half felt they would be sure whether or not their child was having sex.

Focus group results

In the discussions below, the quotes given are from African-American participants (63% of participants) unless otherwise noted as being from Hispanics.

When do children start becoming interested in having sex?—Most participants agreed that children begin showing 'signs' they 'like' a boy or girl during the late elementary school years (ages 9–12 years). Others commented that children begin showing

²One male Hispanic caregiver did not complete a questionnaire.

an interest in the opposite sex when they begin experiencing pubertal changes. Several participants also felt that, typically, girls show an ‘interest’ in having a ‘boyfriend’ before boys show an interest in having a ‘girlfriend’; however, boys usually become more interested in having sexual relations before girls. Participants also emphasized, however, that every child is ‘different’ and cited examples of children they knew who either became pregnant or impregnated someone at a young age, as well as children who did not show an interest in the opposite sex until their late teenage years.

Why are children having sexual intercourse at such young ages?—In response to the open-ended question ‘Why do you think kids start sex as early as the fifth or sixth grade?’ (Table 1), parents most frequently emphasized four factors: lack of structured activities and routine; lack of appropriate supervision and guidance; lack of communication; and the influence of peers, society, and the media. Other reasons included the desire for love and respect, and the normal course of nature.

Lack of structured activities and routine: Many parents expressed the belief that lack of structure and routine in their children’s lives is an important factor leading to the early initiation of sexual intercourse. As one woman indicated:

A lot of times it’s because the kids don’t have any structure in their life, they don’t have anything to do. For example, my daughter has a rigid routine ... The time is not there to be out there getting into other things.

Participants felt that keeping children involved in activities helps delay their involvement in sexual activity because it provides children with a routine and adequate adult supervision to keep them ‘busy,’ ‘focused,’ and ‘out of trouble.’ African-American parents (but not Hispanic groups) emphasized that being involved in activities builds self-esteem, and that low self-esteem is another reason why children may become sexually active at a young age.

However, while many participants acknowledged the importance of getting children involved in activities, most felt that there was a lack of available and affordable structured activities in their community. As one woman stated:

I’ve been in this community for 16 years, and I haven’t seen anything the children can go to, to have a good time. And what happens is, when there’s a gap in their recreation, then they skip being children and start looking for things that adults have.

They felt that the few programs that are available either cost more money than parents can afford, are too far for kids to get to on their own, or target older teenagers. While parents in all groups discussed the lack of activities available to their children, one African-American female group in particular emphasized that parents need to be more proactive in finding opportunities for their children.

Lack of adequate adult supervision and appropriate guidance: Participants across groups emphasized that children need more adult supervision and guidance from their caregivers, but acknowledged that it is not easy. Participants commented that many children live with single parents who work long hours and are not at home when their children return from school. As one mother explained, ‘You work a job, you come home late and maybe somebody has to watch younger siblings too early in life.’ Hispanic parents noted that in Latin America families spend a lot of time together; however, when they come to the United States many parents find themselves working long hours or night shifts to support their family, making it difficult to supervise their children:

The family is often not with their children ... most of the family in the country is working. They don't have time to sit this creature down to say, 'Look, you're having sex ...' to establish communication. I think that is what is lacking in the country is communication. (Hispanic male)

Parents in multiple groups also discussed how much harder it is to monitor and discipline their kids today compared with when they were growing up. As one woman explained, 'Parents aren't allowed to discipline like they use to. Kids know their rights and can call the police, even divorce their parents'. Several parents cited 'disrespect' as a reason why monitoring and disciplining their children is more difficult these days. Several African-American parents noted that children do not 'respect their elders' as they did in the past. Hispanic parents also noted the cultural differences in discipline they encounter in the USA. A Hispanic father explained, 'The discipline that parents have in this country is pretty limited. Parents have almost no control over their children. While in our countries a parent can severely punish a son or daughter'.

Furthermore, participants commented that children often 'learn from what they see', and in some cases may emulate their parents' behaviors, which may not always be appropriate for young adolescents. A male participant explained:

I see young ladies, they see their mothers wearing tight, skimpy stuff, two days later you see the daughters coming up there with the tight jeans and short vest on flirting with the ball players. 'OK, mom can do it, I can do it'. I believe, they come out, they try to imitate their mother.

Another male participant talked about how sons may learn from their fathers. The following quote expresses the idea that a father may teach his son how to be a womanizer and have a successful conquest with a woman: 'If they are going to be a mac daddy and he pulling up on this, he going to come up, man I got this one, watch this, I'm gonna go hook this one'. Latin-American participants were especially concerned about the 'machismo' that fathers may teach their sons, and noted that boys are encouraged to have sex and go to prostitutes in their country. In contrast, Latin-American girls are encouraged to abstain until marriage: 'The more virginal you are going into marriage, the better'.

Lack of communication: Interestingly, the questionnaire data showed that 47% of men and 85% of women had talked to their children about sex; and only 52% of both genders thought they would know for sure if their child was having sex. Parents recognize the importance of their role in educating their children about sex: 'I wouldn't want it to initially come from the school. I think it should come from the parents, and then from that perspective, the family can give 'em a standard on which they justify it' (African-American male).

Many participants, however, also recognize that many parents would not be comfortable, prepared or have the time to take on this role. For example, when asked about communicating with their children, parents responded that it was a problem. As one mother explained: 'I know honestly, to be honest, I don't communicate with my daughter'. Another mother attributed her lack of communication to her family's busy schedule. She also explained that her children didn't seem to want to talk with her:

A lot of time they're not really trying to communicate with me – they either trying to get on the phone and talk to their friends, or go outside ... There's really not a lot of time that a lot of communication can be going on in the first place.

However, participants also noted that many parents feel uncomfortable and do not know how to talk to their children about sex. Furthermore, participants felt that some parents lack the knowledge themselves to accurately inform their children about sex. Participants

attributed these communication barriers to their own parents, who were not able or willing to talk with them about sex when they were children. As one Latin-American mother stated, ‘I didn’t know what to say because no one trained me about sex and sexuality’.

Many Hispanic parents attributed their discomfort to cultural differences as well. One Latina mother said: ‘Where I’m from you couldn’t talk about sex. It was considered a sin. I never saw a condom until I came to this country’. Participants felt that, unfortunately, many parents take an attitude that not discussing sex will keep their children from experimenting with it. A Hispanic father explained: ‘Because they don’t have it or it was not given to them [knowledge of sex] because they think that by not saying anything that they will keep the son or daughter from doing it’. Another father agreed: ‘Exactly ... sometimes one thinks that by bringing it up right now that the girl will become aware more quickly and the boy will take off to go look for sex’.

All parents seemed to agree that communication about sex should start with age-appropriate information during the elementary school years.

We have to work, but before work, we have the obligation to be parents and therefore, as the lady said before, she is a friend, a mother, a confidante. I prefer to tell him [my son] myself or he will go to the street and they will tell him in another way. (Hispanic female)

African-American mothers in one group emphasized the importance of ‘getting on the child’s level’ and asking them what they want to know and what they think would help delay the initiation of early sex. Both African-American mothers and fathers discussed the importance of talking about the consequences of early sex. The fathers seemed particularly in favor of the ‘scared straight’ approach by showing children pictures of sexually transmitted diseases, while mothers focused more on talking to children about the grim realities of early parenthood, in some cases using their own experiences as an example.

Influence of peers, the media, and society: Parents were concerned that children who do not have appropriate adult supervision and guidance, in general and with respect to sex education, will look to their friends, the media, and society for such information. This possibility concerned parents as they clearly recognized the ‘pressure’ that peers, the media, and society place upon children to have sex. For example, parents noted that some kids were taunted by their peers if they were not sexually active, and that peer pressure to have a baby was also a problem, especially for girls. Many parents agreed with one mother who said ‘They see girls a little older than them with babies. They think they will be a woman if they have a baby’. Another parent stated: ‘There’s no supervision so they learn from one another and they learn the wrong things’.

Many parents also thought children spend too much time indoors watching television or playing video games, sometimes because there are few safe places for them to play outside. Parents agreed that the media glorifies sex, showing little or no consequence to unprotected sex. Music videos, soap operas, and cable television were thought to be the worst offenders. Because exposure is unavoidable, parents stressed the importance of setting limits and instilling values to counteract the negative imagery on television:

I’m not saying that parents allow their kids to look at perverted things on tv, but when you have cable, you are bound to see things and those kids are going to see that. If they can do it. I can do it also. So it is within the parents to instill within them – ‘that’s not for you.’ (African-American female)

Finally, parents were concerned that their children were being exposed to gang activity, drugs, sexually explicit advertisements and street conversations, and so forth, in their own

communities. One parent described her concern: 'If kids are on drugs they don't stop to think. Their mind is blank'. They felt that children spending a lot of unsupervised time in their community might look to gang members and drug dealers as role models. Although most parents concentrated on the negative impact their communities may have on their children, one father thought the problem was larger than just the community: 'It's society as a whole. Living in a society that says sex is ok at any age with anyone and that doing anything is ok'.

Other reasons why children are having early sexual intercourse: The *desire for love and respect* was cited as a reason why children become sexually active. One mother explained:

Girls fall in love, they think they're in love with this person. Guys are just doing it for what the other guys think, it's not about love ... and for girls, it's ... women are more emotional, guys are more physical.

Other parents agreed, noting that while girls are looking for an emotional connection, boys were looking to gain the respect of their peers. As one father explained: 'Once you get to a certain age, like 13, guys start bragging ... then others feel like they have to also'.

Another reason was *nature's role*. Participants felt that curiosity and hormones play a role in the early initiation of sexual activity. They commented that children are naturally curious and often imitate what they see around them without really understanding what they are seeing. One mother explained:

You see a person walking down the street holding hands and kissing in public and then you see another little girl and a boy come right behind that person and want to do the same thing only because they saw it, not because they know what they're doing.

African-American participants also recognized that many children are starting puberty at younger ages and that hormones play a role in the early initiation of sex. As one woman explained: 'I think when their bodies change and they feel those hormones start running. They don't know what to do with themselves'.

How can young children be encouraged to delay sexual intercourse?—

Participants noted that it is ultimately the parents' responsibility to help children delay sexual activity; however, they acknowledged that some parents are not likely to take on this role because they may feel uncomfortable or unprepared to talk with their children about sex. Additionally, participants felt some children may feel less comfortable talking with their parents than with other adults about sex and related issues. Therefore, nearly all participants agreed that both parents and the school system should work together to ensure children are provided with necessary, accurate, and age-appropriate information. 'I think that an important part is that there should be an education plan that includes the schools so that the schools and parents can work together' (Hispanic female).

Most participants felt that, although abstinence should be the focus, one should be realistic and ensure that children know how to protect themselves if they do decide to engage in sexual activities. '... I think they should have it in the schools to educate the kids about the diseases and protecting themselves....Some parents, like I say, go back to the young parents...they don't educate their kids like the school could' (African-American male). Parents also noted that they want to know what the school is telling their children about sexuality and that parental consent should be necessary for school activities involving such topics.

Finally, several participants across focus groups emphasized that ‘it takes a village’ to help children delay sexual activity, stating that other family members (e.g. aunts, uncles, grandparents), the church, and community need to be involved. Specific parental, school, and community strategies mentioned by participants are summarized below.

Parental strategies

1. *Keep kids busy and expand their horizons* by (a) involving them in extracurricular activities such as sports and youth enrichment programs (e.g. Boy/Girl Scouts); (b) ‘branching out’ and seeking non-traditional activities, such as taking children to museums, art galleries, etc.; (c) being more proactive in searching for available and affordable programs both within and *outside* the local community; and (d) being flexible and willing to commit time so their children can be involved in activities that may not otherwise be available to them.
2. *Provide appropriate adult supervision and guidance* by (a) monitoring their children’s activities, friendships, and who they are ‘hanging out with’; (b) being cautious of what they say and do in their children’s presence (‘setting a good example’); (c) helping children learn from the parents’ own ‘mistakes’ and explaining why they as parents did not always make the right decisions; (d) encouraging children to develop new skills that enable them to become productive and self-sufficient adults; and (e) using ‘negative examples’ seen in the community and media to discuss and emphasize the negative consequences of having sex at a young age.
3. *Communicate openly with their children about issues such as puberty, relationships, and sex.* When talking about sex, start during the elementary school years, be ‘straight-up with them’ and talk about: (a) the consequences of having sex at a young age (e.g. pregnancy, sexually transmitted infections [STIs], AIDS); (b) how to protect themselves from pregnancy and STIs by using condoms; (c) why they should wait to have sex; (d) ‘how important it is that they should wait’; and (e) what they want to be when they grow up and how having a baby can affect their goals.

School system strategies

1. *Start before children begin engaging in sexual activity* by (a) implementing sex education classes during the elementary school years as part of the school curriculum, and (b) presenting information that is age appropriate.
2. *Hire health education professionals* who (a) the children can ‘admire’ and (b) ‘who knew what they was talking about and could give it to them straight up and down’.
3. *Provide an open forum for children to discuss and ask questions* about issues related to (a) puberty, relationships, and sex; (b) the physical aspects of puberty, pregnancy, STIs, and sex; (c) means of protection against pregnancy and STIs; and (d) the consequences that can occur when having sexual intercourse at a young age.
4. *Consider having someone who experienced a teenage pregnancy* talk about their own experiences and the difficulties encountered.
5. *Have gender-specific sessions* so information can be tailored to the needs of boys and girls, and because children in such sessions feel more comfortable discussing such topics and asking questions.

6. *Have sessions for both children and parents.* At some point, bring the children and parents together so they can begin to discuss such issues together, with the help of trained professionals.

Community strategies

1. *Offer more youth programs.* This will help keep children involved in supervised and constructive activities and can be used to provide health education services that help children to make better and more informed decisions in their lives.
2. *Involve parents in prevention efforts.* Parents need to be educated on the consequences of early adolescent sexual activity, the importance of talking to children about sex, and how to communicate with their children.
3. *Encourage participation in available programs* by being flexible and responsive. Consider the needs of those being served by such programs and services, and adjust the hours, location, and special interest topics to be more flexible and responsive. Describe to children and parents the benefits they will receive by making the effort to attend. Be sure that health education programs and services are culturally appropriate (e.g. provide Spanish-speaking health educators in communities with many Spanish-speaking families).
4. *Involve neighbors and community members;* for example, by monitoring and keeping parents informed of children's activities.
5. *Consider using religious institutions as potential community partners.* A church can be used as a site for hosting recreational/youth programs and/or a means for providing health education programs for children.³

Discussion and conclusion

Focus group discussions conducted with African-American and Hispanic parents living in Washington, DC reinforce recent concern regarding the risk of very early sexual activity among youth in Washington, DC public schools. Participants acknowledged that many children begin to show an interest in the opposite sex and having sexual relations at very young ages, sometimes as early as elementary school. Parents cited a number of reasons for early sexual activity, such as a lack of structured activities, appropriate adult supervision and communication; the influence of peers, the media, and society; and the adolescents' own physiological development and biologically driven feelings and behaviors.

Consistent with previous research conducted among adolescents and parents, participants recognized the importance of the following parenting practices in encouraging adolescents to delay sexual activity: involving children in extracurricular activities that keep them focused, build self-esteem, and limit time available for risky behaviors; providing appropriate levels of parental supervision and monitoring their children's behaviors, friends, etc.; increasing parent-child communication; and avoiding being a negative role model, instead instilling values that promote adolescent sexual abstinence.

Participants recognized that parents should be the primary source of sex education for their children, but they acknowledged that many parents would have difficulty fulfilling that role.

³Although some participants discussed ways in which the church is already involved, several also expressed the idea that the church needs to become more involved. Interestingly, whereas a few participants felt that the church is an important resource for helping children to delay sex because of its 'abstinence until marriage message', a few also expressed distrust toward the church and felt strongly that they did not want the church to be involved in talking to their children about sex. Overall, however, there was general agreement that the church and community need to be more involved.

For example, consistent with other research conducted by the National Campaign to Prevent Teen Pregnancy (1998), participants realized that although parent–child communication about sex is important, many parents do not feel comfortable discussing such issues with their children. They also mentioned that many parents lack knowledge about sex and sexuality, and in some cases had inadequate communication with their children in general.

Participants agreed that, given the difficulties faced by many parents (e.g. working long hours, lacking cultural support for their parental roles, being poor role models), a successful prevention approach would require the support of parents, the school, and the community. These data also suggest that involving parents in prevention efforts and addressing issues such as parental supervision and parent–child communication may be a key component to delaying sexual activity among young children. Such an approach is supported by ecological theorists who argue that to change the attitudes and behavior of adolescents successfully, one must consider not only the individual as the basis for change but also the various systems to which the child may be exposed; for example, the child’s family, peers, community, and so forth (Garbarino 1982).

Additionally, despite the recent increase in federal funding of abstinence-based programs, parents felt strongly that schools need to implement more comprehensive sex education programs, beginning in the elementary school years, and that such programs should be age-appropriate and provide information about the consequences of early sexual activity and the use of birth control and condoms.

While parents across all focus group sessions generally agreed upon the causes and possible ways to prevent early adolescent sexual behavior, the data revealed a few differences in perspectives between male and female parents and between African-American and Hispanic parents. For example, fathers in particular emphasized the importance of encouraging children to become productive, self-sufficient individuals as a means to prevent early sexual activity. And while parents faulted the school system and community for the lack of programs and opportunities available, participants from one of the African-American female groups emphasized that parents themselves need to be more proactive in finding opportunities and getting their children involved in activities. African-American parents also noted that children often learn from their parents’ own behaviors and what they see in their community; they felt, therefore, that parents need to talk with their children about these experiences so the children can learn from them and have their horizons expanded by showing them other opportunities outside their immediate community. Hispanic participants, in particular, commented on their discomfort in talking to their children about sex and about the barriers faced by many parents in supervising their children after immigrating to the USA. Latino fathers emphasized the need for more adolescent prevention programs.

Despite these differences, participants provided clear, specific, and consistent strategies for encouraging children to abstain from early sexual activity. One must be aware, however, that this is a qualitative study, and therefore the ideas and views expressed by participants may not be generalizable to other populations within or outside of Washington, DC. The number of participants was small, and parents who participated in the focus groups were probably a somewhat select group, reflective of parents who are more comfortable discussing the topic of early adolescent sexual activity.

However, many of the strategies mentioned by participants have been supported by quantitative data from other researchers, suggesting that these strategies are probably generalizable to the population at risk of very early sexual initiation and to children of all ages. For example, the parents’ emphasis on the importance of parental supervision of children’s activities and behaviors, parent–child communication, and a more proactive role

from the school and community have all been supported by previous research findings conducted among older youth (Miller 2002; McNeely et al. 2002; Parera and Surís 2004; Miller, Benson, and Galbraith 2001).

While some researchers have begun to investigate parents' views on the media's role in influencing adolescent sexual behaviors (Werner-Wilson, Fitzharris, and Morrissey 2004) and the importance of both parents and the school system working with adolescents to delay sexual activity (Jordan, Price, and Fitzgerald 2000; Sawyer et al. 2003), overall, research in parents' perspectives is minimal. Eliciting and incorporating parents' perspectives in prevention program development can reveal new insights regarding the causes and prevention of early sexual debut, help interventionists tailor programs for parents and children to their specific needs, and increase parental involvement in an increasingly contentious but important issue. The findings from this study, although largely exploratory in nature, provide a basis upon which future studies and research programs can begin to draw.

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Table 1

Major questions in the focus group guide.

Sexual development

- When do you think boys/girls first become interested in having girlfriends/boyfriends? (At what age?)
- When do you think kids start becoming interested in having sex? (At what age?)
- Why do you think some kids have sex as early as the fifth or sixth grade?
- What does having sex at this age mean to boys? What does it mean to girls?

Influences on children

- What is important to fifth-graders and sixth-graders?
- Who do fifth- and sixth-graders look up to?
- Where do you think fifth- and sixth-graders get their information about sex?
- In your opinion, who influences the way kids think about sex?
- Do you think boys and girls get different messages about sex?
- Do you think some kids are afraid of being teased if they don't have sex?

Ideas for interventions

- How much do you think parents influence their kids when it comes to sex?
 - Do you think parents or other adults ever encourage kids to have sex? Why?
 - What might parents be able to do to encourage kids to wait longer before having sex?
 - What would you like your children's schools to do to encourage kids to wait?
 - Most kids wait until they're older than the fifth grade to have sex. How would you describe the kids who decide to wait until they're older to have sex?
 - What do you think might be good ways to encourage more kids to wait until they're older?
 - What types of activities are available for fifth- and sixth-graders in your neighborhoods?
-

Table 2

Caregivers' demographic characteristics.

	All	Male caregivers	Female caregivers
All respondents ^a	77 (100%)	37 (100%)	40 (100%)
Race/ethnicity			
African American	50 (65%)	23 (62%)	27 (68%)
Hispanic	27 (35%)	14 (38%)	13 (33%)
Age			
18–24 years	5 (7%)	5 (14%)	0 (0%)
25–29 years	11 (15%)	6 (17%)	5 (13%)
30–39 years	34 (46%)	15 (42%)	19 (50%)
40+ years	24 (32%)	10 (28%)	14 (37%)
Highest school grade completed			
<High school	16 (21%)	5 (14%)	11 (28%)
High school/GED/trade school	31 (40%)	16 (44%)	15 (38%)
Some college or more	29 (38%)	15 (42%)	14 (35%)
Age first had sex *			
12 years or younger	7 (10%)	6 (19%)	1 (3%)
13–14 years	19 (27%)	12 (38%)	7 (18%)
15–16 years	18 (25%)	8 (25%)	10 (26%)
17–18 years	16 (23%)	5 (16%)	11 (28%)
19 years or older	11 (16%)	1 (3%)	10 (26%)
Age first pregnancy/impregnated someone			
16 years or younger	10 (15%)	4 (15%)	6 (15%)
17–18 years	20 (30%)	6 (23%)	14 (35%)
19–21 years	20 (30%)	8 (31%)	12 (30%)
22 years or older	16 (24%)	8 (31%)	8 (20%)

Note: Data presented as *n* (%).

^a A total of 77 participants completed questionnaires; GED, General Educational Development (High School Equivalency Certificate). Some questions were not answered by all participants; the number of cases for these items sum to fewer than 77. Percentages may not sum to 100% due to rounding.

* $p < 0.01$.

Table 3Parenting attitudes and behaviors regarding adolescent sexuality^a.

	All	Male caregivers	Female caregivers
All respondents	77 (100%)	37 (100%)	40 (100%)
Ever talked with fifth- or sixth-grader about sex? ^{**}			
Yes	47 (61%)	14 (47%)	33 (87%)
Who should be responsible for talking with child about sex?			
Parents [*]	73 (95%)	33 (89%)	40 (100%)
Older relatives	16 (21%)	8 (22%)	8 (20%)
Peers	7 (9%)	3 (8%)	4 (10%)
Doctors or nurses	28 (36%)	12 (32%)	16 (40%)
Schools	30 (39%)	16 (43%)	14 (35%)
Community groups	19 (25%)	10 (27%)	9 (23%)
TV/radio/magazines	15 (20%)	10 (27%)	5 (13%)
No one	0 (0%)	0 (0%)	0 (0%)
Age would like your male children to be when first get information about sex ^b			
Less than 9 years	10 (18%)	7 (24%)	3 (11%)
9–10 years	18 (32%)	6 (21%)	12 (43%)
11–12 years	18 (32%)	10 (35%)	8 (29%)
13 years or older	11 (19%)	6 (21%)	5 (18%)
Age would like your female children to be when first get information about sex ^c			
Less than 9 years	16 (25%)	8 (27%)	8 (23%)
9–10 years	19 (29%)	8 (27%)	11 (31%)
11–12 years	23 (35%)	9 (30%)	14 (40%)
13 years or older	7 (11%)	5 (17%)	2 (6%)
Age would like your male children to be when first have sex ^d			
16 years or younger	11 (23%)	5 (19%)	6 (27%)
17–18 years	14 (29%)	7 (26%)	7 (32%)
19–20 years	9 (18%)	5 (19%)	4 (18%)
21 years or older	15 (31%)	10 (37%)	5 (22%)
Age would like your female children to be when first have sex ^e			
16 years or younger	7 (12%)	4 (13%)	3 (10%)
17–18 years	11 (18%)	5 (17%)	6 (19%)
19–20 years	9 (15%)	4 (13%)	5 (16%)
21 years or older	24 (56%)	17 (57%)	17 (55%)
Think you would know if your fifth- or sixth-grader was having sex?			
Yes	38 (52%)	17 (52%)	21 (53%)
No	8 (11%)	4 (12%)	4 (10%)
Not sure	27 (37%)	12 (36%)	15 (38%)
How would you feel if found out your fifth- or sixth-grader was having sex?			
It would be okay	7 (10%)	2 (6%)	5 (13%)

	All	Male caregivers	Female caregivers
I would disapprove or wouldn't care ^f	66 (90%)	31 (94%)	35 (88%)

Note: Data presented as *n* (%).

^a A total of 77 participants completed questionnaires. Some questions were not answered by all participants; the number of cases for these items sum to fewer than 77. Percentages may not sum to 100% due to rounding.

^b The total number of cases sums to 57; an additional 10 parents answered that they did not have male children, and 10 did not answer the question.

^c The total number of cases sums to 65; an additional eight parents answered that they did not have female children, and four did not answer the question.

^d The total number of cases sum to 49; an additional 11 parents answered that they did not have male children, and 17 did not answer the question.

^e The total number of cases sum to 61; an additional seven parents answered that they did not have female children, and nine did not answer the question.

^f Only one parent answered 'I wouldn't care'.

* $p < 0.05$

** $p < 0.01$.