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# Fathers and Their Views on Discussing Sex and Sexuality with Their Daughters

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FATHERS AND THEIR VIEWS ON DISCUSSING SEX AND SEXUALITY WITH THEIR  
DAUGHTERS.

FATHERS AND THEIR VIEWS ON DISCUSSING SEX AND SEXUALITY WITH THEIR  
DAUGHTERS.

A dissertation submitted in partial fulfillment  
of the requirements for the degree of  
Doctor of Philosophy in Health Science

By

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December 2011  
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## **ABSTRACT**

The purpose of this research project was to identify characteristics and perceptions of fathers associated with discussions about sex and sexuality with their daughters. Parental communication, education, and value sharing reduces the risk of STD's and teen pregnancy. Participants were fathers (N=108) who were recruited by their daughters who were attending a Southeastern University. Demographics were utilized and researcher developed modified scales used in previous studies (citation). The newly developed scales were the Sexual Knowledge Inventory (SKI), Value of Self-Efficacy of Sexuality Communication (VSESC), Safe Sex of Self Efficacy of Sexuality Communication (SSSESC), Father's Role as Sex Educators Outcome Expectancy of Sexuality Communication (FROESC), and Father's Emotions as Sex Educators Outcome Expectancy of Sexuality Communication (FEOESC). Analyses of variances (ANOVAs) were used to identify demographic characteristics of fathers and the frequency of sexuality communication and the result indicated income as the only demographic factor to be statistically significant. Regression analysis was used to identify factors predicting frequency communication among fathers and daughters. The results determined over 50% of variance were attributed to the VSESC, SSSESC, FROESC, and the FEOESC. The amount of sexual knowledge of the father had no relationship to frequency of his communication with his daughter. It is the father's values about parenting and emotions about educating his daughter about sexual behavior that determines the father's discussing sexual issues with his daughter. In identifying these factors, future research and implementation strategies can be targeted toward increasing sexuality communication with their daughters by focusing on the values and emotions of fathers.

This dissertation is approved for recommendation  
to the Graduate Council.

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## **ACKNOWLEDGEMENTS**

I would like to give thanks to the members of my committee for the hard work they have put into this journey; editing, consulting, counseling, and everything else they graciously did for me, sometimes completely unnoticed.

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I would like to specially recognize Dr. William Bailey, my co-chair. I really appreciate you taking me on this past year not because you had to, but because you wanted to help. I now know that some blessings come from an unlikely source.

## **DEDICATION**

I dedicate this dissertation to all the people in my life who have made me who I am today. I am sure I will forget someone, but this sincere declaration is for all the people who have shaped me into someone who really cares and wants to make a difference.

First, Mrs. Edna Mae Lambert, she was my fathers' student teacher advisor, my sisters' teacher, and then mine. She was stubborn, strict, and "hardcore", she was awesome. I wanted to get in trouble so I could eat lunch with her at my desk. Secondly, the late Mrs. Glenis Porter, she was just as tough as Mrs. Lambert, but even "more hardcore" and "so hard". She pulled me aside in 7<sup>th</sup> grade English and told me that, "I had by far the worst grade in the class on a test and that was unacceptable", I never was in that situation again. This is the moment I understood my weaknesses (one being diagramming sentences) but more importantly my strengths. I am dedicated and extremely persistent, almost to a fault, but Super Smart? Absolutely Not! In fact, its dedication and hard work that have gotten me through, I owe these traits to my family.

My parents taught me about hard work, about doing what is right when people aren't looking, to be goal oriented, task focused, and also to try to excel. My parents pushed me to do things outside of my comfort zone, outside of things that I thought I could do, but they saw it. My grandparents, who probably know more about what is going on than anyone realizes, also positively shaped my life. My grandma, RERE, she is tough, stubborn, dedicated, but cares more for people than can ever be told. My grandfather, PAPA, he believes in me and has this look of pride on his face when he tells people his granddaughter is a "Dr".

I want to thank my sister, who I have always respected and admired, for several reasons. The first being that she is truly one of the "smart people", the kind you expect to get a Ph.D. She

aced tests, could recite anything one time after seeing it, making amazing students look mediocre, and an absolute freak of nature when it does come to diagramming a sentence.

However, a Ph.D. wasn't her thing; she has another craft, she is an actor, in all meanings of the word. She can act, dance, do stand-up, but most notably she sings. And please understand when I say sing I mean, bring you to your knees, weep because you are so joyous kind of singing. But this is my opinion: Trust me, I'm a doctor. She now uses all those skills to run a company in New York, something that wasn't on her career path. Secondly, I respect her because she has messed up, she admits it, she learned, forgave herself, and kept moving forward. Thirdly, because I see the kind of wife and mother she has become, and it is awe-inspiring.

I think, lastly, and probably most importantly, I want to recognize T.C.! Very few people get the "stuff" relationships undergo during the process of a Ph. D. T.C. gets me, which in itself, is almost miraculous. He has been with me the whole process and I can't imagine having to take on all the characteristics and personal attributes he has had to be the last few years: cheerleader, mediator, critic, advocate, worker bee, strong, together, listener, person that calls me out on my B.S., best friend, worst enemy, companion, competitor, mentor, coach, and really the list can go on. He is one of the kindest, most caring, giving, and warm people I know, but you have to look really hard (under the visor) to see it. I really couldn't have done this without you. I love you. Thank you!

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## **Chapter 1: Introduction**

Communication with children is difficult for any parent, but when that communication involves fathers, daughters, and sex, discussions may become even more difficult. Female adolescents consistently report little sexual communication with their fathers (Hutchinson, 2002; Hutchinson & Montgomery, 2007). Most parents recognize the need to communicate with their children about sexuality, but many feel inadequately prepared as educators and avoid it all together (Kirby & Miller, 2002). Strong support is shown in reducing risky behaviors with children when communication is taking place (Blake et al. 2001; Diorama, Kelley, & Hockenberry-Eaton, 1999; Ford et al., 2005; & McNeely et al., 2002). However, few studies have examined the father's role in sexuality communication with their daughter (Hutchinson & Cederbaum, 2010).

Parents have considerable difficulty talking with their children about sex and infrequently and inadequately do discuss sexuality (Kirby & Miller, 2002). However, adolescents whose parents talked with them about sexuality were less likely to engage in risky behaviors, including sex (O'Donnell, Wilson-Simmons, Dash, Jean-Baptiste, Myint-U, & Moss, 2007) and communication between children and parents serve as a protective factor against early onset sexual activity and behaviors (Zhang, Li, Shah, Baldwin, & Staton, 2007).

According to the Center for Disease Control, 19% of adolescents have had sexual intercourse before the age of 15 and 48% report having had sexual intercourse while in high school. Furthermore, fifteen percent report having had 4 or more sex partners by the time they

graduate from high school (Walker, Rose, Squire, & Koo, 2008). More than 39% of sexually active high school students indicate they did not use a condom during last sexual intercourse (Weinstock, Bernham, & Cates, 2004). Studies indicate the need to communicate sexual risk prevention messages early and often. Parents, who discussed issues such as birth control and condom use, before the situation escalated into sex, were better preparing their children to effectively manage the situation when it does arise (Haffner, 2008).

Parents recognize they should be the primary source of sex education for their children, but many acknowledge they would have difficulty fulfilling that role (Walker et al, 2008). Families may find it difficult to discuss sex with each other; however, adolescents reported gaining more information from parents, than at school or from peers were more likely to use safer sex practices (Booth-Buttefield & Sidelinger, 1998; Kirkman, Rosenthal, & Feldman, 2002). Parents have the unique opportunity to share their personal and family values with their child and convey personal values and messages to their children (Wyckoff, Miller, Forhand, Bau, Fasula, & Armistead, 2008).

Although, some parents feel communication about sexuality will increase sexual activity, this is inaccurate. Parental efficacy (beliefs in one's own ability) to effectively communicate with their children about sexual issues is one of the most important factors affecting early sexual initiation and reducing high-risk sexual behaviors. Nevertheless, parents often avoid broaching this subject with their children (Blake et al. 2001; Diorama, Kelley, & Hockenberry-Eaton, 1999; Ford et al., 2005; & McNeely et al., 2002).

Studies with fathers have not typically been involved in communication about sexuality with their children. Several reasons have been proposed, one including the media portraying sexuality education as a mothers' responsibility (Simanski, 1998) and the stereotype that women communicate better and this assumption could leave some fathers feeling excluded (Kirkman, Rosenthal, & Feldman, 2002). Fathers may be communicating less with daughters because they do not feel comfortable, they feel they lack the knowledge to communicate effectively with daughters, or they think it is the mother's responsibility (Kirkman, Rosenthal, & Feldman, 2002; & Wyckoff et al., 2008). Other reasons fathers gave for not being more proactive about communication with their children, specifically daughters, were: 1. ideals that sex is a taboo subject and never should be discussed, 2. father's distress over their own knowledge limitations, and 3. intrusion of sexuality into the relationships between fathers and daughters (Kirkman, Rosenthal, & Feldman, 2002).

Lehr, Demi, Dilorio, and Facticeau (2005) concluded that gender differences in familial communication about sexuality occur because of a sexual double standard. As a result, fathers should not be negated because they do communicate with children; it is usually their sons. Whalen, Henker, Hollingshead, and Burgess (1996), noted in direct observation with parents and adolescents, fathers were typically more comfortable in sexuality discussions when given a specific direction for discussion. Communication for fathers might be more effective if specific communication prescriptions were tailored to fit this need. Haffner (2008) suggests several ways to help parents better communicate with their children; these include: becoming an affirming parent, utilizing communication with adolescents' early, communicating personal values, and talking openly, frequently, and about uncomfortable issues.

DiIorio et al. (1999) reported only 20% of female participants reported discussion of sex and sexuality issues with their father. Similarly, other studies have reported low levels of communication (Hutchinson, 2002; Hutchinson & Cooney, 1998; Hutchinson & Montgomery, 2007). Bowling and Werner-Wilson (2000) reported responsible sexual behavior of adolescents was related to positive communication with their father. In addition positive communication delayed sexual debut (Regenerous & Luchies, 2006) and less frequent engagement of sexual intercourse (Rink, Tricker, & Harvey, 2007). Further, an absence of a father is linked to higher teen sexual activity and pregnancy (Ellis et al., 2003).

The literature suggests key elements that foster healthy successful communication. These include honesty, trust, love, openness, sharing values, expectations and beliefs, listening, not preaching, and letting children know communication lines are always open (Langford, 1998; Miller, 1994; & Haffner, 1999). Parents should be sharing their values, which allows for sharing of what the parent wants and expects from their child, and trying to understand the child's perspective (Langford, 1998; Miller, 1994; Haffner, 1999; Haffner, 2008). Walsh, Parker, and Cushing (1999) identified parent-child lack of closeness to be the most likely obstacle in their involvement in sexuality education.

### **Purpose of Study**

Previous research indicates that father have a small role in educating their daughters about sex and sexuality. With the increase of sexually transmitted diseases, teen pregnancy, early

onset of sexual activities by female adolescents, and the high rate of sexual assault sexuality issues must be discussed. Fathers need to be more comfortable and willing to talk with their daughter. Identification of fathers' perceptions regarding their communication with their daughters builds the foundation to begin addressing implementation strategies, and additionally, helps illustrate characteristics that can be targeted when these implementation strategies are planned. Research suggests that fathers are a valuable tool in reducing these risks; however; barriers often prevent them from accomplishing this role (Haffner, 2001). The present research will aid in identifying what fathers view as their role in their daughters' sexuality education.

The purpose of this study was to determine what predicts the frequency of fathers discussing issues of sex and sexuality with their daughters. Specifically, demographic characteristics, such as income, education, or relationship to the daughter, among fathers were explored to identify differences in the frequency of discussing sex and sexuality with their daughters. The second goal of the study was to determine how the father's knowledge of sex and sexuality affected the frequency the father's discussion of these issues with their daughters. In addition, the study was to determine how the role of self-efficacy about sexual communication and sexual outcome expectations affected the frequency of discussions with their daughter.

Communication with children is difficult for any parent, but when that communication involves fathers, daughters, and sex, it becomes even more difficult. Most parents recognize the need to communicate with their children about sexuality, but many feel inadequately prepared as educators and avoid it all together. Strong support is shown in reducing risky behaviors with children when communication is taking place. Furthermore, research shows us that mothers are

more likely to communicate, in general and more specifically about sex and sexuality, with their children (Haffner, 2001). The question arises, why do fathers seem to have greater difficulty communicating about sex and sexuality activity with their children, specifically their daughters?

When discussing this occurrence of why fathers do not talk to their daughters about sex, within a graduate level advanced qualitative class one father said, “That is easy, because we don’t want to think about our daughters having sex, ever”. The conversation went on to illustrate that this father had no desire to think about his daughter as a sexual being. This seems to be a common theme among most men and fathers when asked this question in social settings. The question then arises that if fathers have this aversion to thinking about their daughters as sexual beings, will they always avoid sexuality discussion? Secondly, would they be more open to discuss this topic if they knew that their communication, if done effectively, could help deter early onset sexual activity, the risk of pregnancy, and contraction of sexually transmitted diseases (STD’s).

Kirby and Miller (2002) noted that parents have considerable difficulty talking with their children about sex and infrequently and inadequately do discuss sexuality. However, research shows that adolescents whose parents talked with them about sexuality were less likely to engage in risky behaviors, including sex (O’Donnell, Wilson-Simmons, Dash, Jean-Baptiste, Myint-U, & Moss, 2007). Furthermore, communication between children and parents serve as a protective factor against early onset sexual activity and behaviors (Zhang, Li, Shah, Baldwin, & Staton, 2007). According to the U.S. Department of Health and Human Services (USDHHS, 2000),

prevention of sexually transmitted diseases and decreasing teen pregnancy are highly recognized as objectives of Healthy People 2020, and helping reduce this risk is something parents can be directly involved.

Educational programs and health communications, address issues associated with breaking down communication barriers about sex, sexuality, and sex education. Further, this specifically, increases the number of parents educated on ways to talk to their children about sex and should help decrease risky behaviors that can lead to teen pregnancy and STD's. Previous research has heavily focused on quantitative means of assessing parental communication with older adolescents, specifically mothers and daughters. Therefore a gap that needs to be filled in the literature is the lack of communication that fathers have with their daughters in regard to sex and sexuality education issues. Additionally, utilizing mixed methods research, which is the collaboration of both quantitative and qualitative means, are needed to further evaluate father's perceptions of communication with their daughters.

## **Research Questions**

1. What are the factors of fathers that influence their decision to discuss issues relating to sex and sexuality with their daughters?
  - a. How does the fathers' education, ethnicity, marital status, relationship with daughter, and religion relate to father daughter communication about sex and sexuality? The specific issues being examined are sexual behavior regarding STD's and sexual values, such as waiting for sexual behavior until one is older.

2. Would fathers be more likely to discuss the topic of sexuality if they knew that communication could delay early onset sexual activity, the risk of pregnancy, and contraction of STD's? (OECS)
3. Do fathers with more knowledge about sexuality communicate more with their daughter than those who do not have as much sexuality knowledge? (SKI)
4. How do fathers' attitudes about their self-efficacy predict father daughter communication about sex and sexuality?
5. What is the relationship between Outcome Expectancy (OESC), Sexual Knowledge (SKI), and Self-efficacy (SESC) to father daughter communication about sex and sexuality?

### **Significance of the Study**

The significance of this study is to identify the fathers' views of discussing sex and sexuality with their daughters and the characteristics of these fathers. Secondly, significance of this research was to evaluate if fathers would be more comfortable and willing to talk with their daughter if they knew that it could decrease early onset sexual activity, teen pregnancy, and risk of STD's. Identification of fathers' perceptions regarding their communication with their daughters is needed to address implementation strategies, and additionally, this research will help illustrate characteristics that can be targeted when these implementation strategies are planned. With the increase of sexually transmitted diseases and teen pregnancy, a need for implementation strategies to reduce these risks are essential.

Research shows that parents are a valuable tool in reducing these risks (Haffner 2001). However, barriers often prevent them from accomplishing this role. This research will aid in identifying what fathers view as their role in their daughters sexuality education. Furthermore, factors and characteristics of fathers was identified. This research was beneficial to numerous communities. For instance, some interested parties include health educators, human sexuality instructors and professors, researchers, and health promotion experts.

### **Definition of Terms**

Sex- Sexual feelings and behavior

Sexual Intercourse- Sexual contact usually understood to involve coitus

Sex Research- Research involving the scientific study of sex

Sexology- Scientific study of sex

Sexuality- Feelings, behaviors, and identities associated with sex.

STD's- Sexually Transmitted Diseases

### **Assumptions and Limitations**

In this study it is assumed that all respondents have the ability to comprehend and respond to questions being asked, and responses from the surveys and prepared questionnaires will accurately reflect the subject's beliefs and ideals about sexuality communication with their daughters. Furthermore, the assumption is made that responses to the questionnaires was honest and only from participants who fit the criteria.

This study is limited by the criteria that respondents must be fathers of college-aged females from the University of Arkansas. This study is also limited by the nature of the online questionnaire, which requires self-reporting data. Due to the numerical nature of quantitative research, another limitation is attaining participant's true perceptions in their responses. Further, preset answers can limit the response of the participants to "best choice", not true answer. The study's validity could also be limited due to the lack of generalization incurred with the convenience sample utilized by the researcher when performing this research analysis.

According to the Center for Disease Control (2008), 48% of high school students have engaged in sexual intercourse and 15% of high school students have had four or more sex partners during their time in high school. In addition, Weinstock, Bernham, and Cates (2004), show 39% of currently sexually active high school students did not use a condom during last sexual intercourse. Additionally, studies indicate that parents who discussed issues such as birth control and condom use, before the situation escalated into sex, were giving their children better tools to effectively manage the situation if it did arise (Haffner, 2008). Furthermore, alarming statistics show approximately 18-19% of adolescents having sexual intercourse before the age of 15 (Walker, Rose, Squire, & Koo, 2008). This data suggests the need to communicate sexual risk prevention messages early and often.

Common sense tells us that abstinence is the only 100 percent guarantee against pregnancy and sexually transmitted diseases; however, abstinence is not always a possibility or a reality. Estimated pregnancy rates (during perfect use of condoms, using the method exactly as it should be used, and at every act of intercourse) is only 3 percent at 12 months (WHO, 2000);

In addition, STI infections are highly reduced. Moreover, Leland and Barth (1993) found adolescents who discussed sexuality and its related topics (including intercourse, pregnancy, abstinence, condom use, and HIV/AIDS) had safer sex practices.

## **Chapter 2: Review Of Literature**

### **Communication About Sexuality**

With increased sexual experimentation comes increased risk for sexually transmitted diseases and pregnancy. Walker et al. (2008) noted that parents recognized they should be the primary source of sex education for their children, but many acknowledge they would have difficulty fulfilling that role. In one study conducted by Haffner (2008), while half of 14-17 year olds reported talking to their mother about how to make decisions regarding when to have sex, only 40 % talked about physical development, and a mere one in six about masturbation. Adolescent males talked to their fathers even less, only one-third had a conversation with their father regarding when to have sex, fifteen percent had discussed development, and only eight percent discussed masturbation. Furthermore only 27% of girls had condom use discussed with them, while more than half of the boys did (Haffner, 2001). Kirkman, Rosenthal, and Feldman (2002) note that all family members find it difficult to discuss sex with each other but adolescents reported gaining more information at home and this increased the likelihood for safer sex practices (Booth-Buttefield & Sidelinger, 1998).

According to Wyckoff, Miller, Forhand, Bau, Fasula, and Armistead (2008) parents are in a unique position to convey personal values and messages to their children. Parents have the rare opportunity to share their personal and family values with their child. Haffner (1999) suggests parents asking themselves the question of whether or not they know what values they choose to communicate with their children. Many parents find it helpful to discuss and brainstorm about their values and what they want to talk about in advance. Not only do children want to hear the facts, they want and need to hear their parents' points of view and opinions on sexuality.

Children enjoy stories about their parents past and what it was like when they were young. Also suggested are rewarding children for asking questions; one strategy is to use positive reinforcement. For instance saying, I'm glad you are comfortable enough to ask me that. Haffner (2008) describes the importance of communication and the benefits that lead to healthy families. They will raise sexually healthy children who grow up to become sexually healthy adults. These adults will feel good about their bodies, be respectful of family members, other children, and other adults, understand the concept of privacy, make age appropriate decisions, and feel comfortable asking their parents questions about sexuality. This seems to sum up what most parents want for their children.

Although, some parents feel communication about sexuality will increase sexual activity, this is inaccurate. Parental efficacy (beliefs in one's own ability) to effectively communicate with their children about sexual issues is the most important factor affecting early sexual initiation and reducing high risk sexual behaviors. Nevertheless parents often avoid broaching this subject

with their children (Blake et al. 2001; Diorama, Kelley, & Hockenberry-Eaton, 1999; Ford et al., 2005; & McNeely et al., 2002). Haffner (2008) stated the following:

Parents are sometimes afraid of talking about sex with their children for fear that it will make their children more likely to have sex or that talking about abstinence while bringing up birth-control and condoms sends a double message. There is not a single research study that has found that adult-child communication about sexuality, whether it is from parents or teachers, causes teens to have sexual intercourse at an earlier age (p. 107-108).

Kirkman, Rosenthal, and Feldman (2002) suggested that not only is sexuality a difficult topic to broach, mixed messages are occurring. The authors found parents say they are available for questions and then puzzled, even relieved, when their children do not seek out answers to their questions. It's almost as if they put out the idea in hopes that they have done their part, in reality sexuality communication has to happen frequently and comfortably. Only when communication channels have been recognized will trust and openness be established.

### **Fathers as Communicators**

It is worthy to note that Australian Researchers seem more open to discuss sex and sexuality research, due to the larger amount of publications and manuscripts. Studies with fathers have not typically been involved in communication about sexuality with their children. Several

reasons have been purposed, one including the media portraying sexuality education as a mothers' responsibility (Simanski, 1998). Further research addresses the assumption that mothers are more emotionally available. A study conducted by Kirkman, Rosenthal, and Feldman (2002) assessing communications between parents and their children specifically focused on how ordinary fathers went about communicating with their children. This is beneficial to the literature because few studies have focused on fathers and their communication with their children. The participants included all white, working families of nineteen students aged twelve through fourteen. The sample included ten female and nine male (students) in year 8 at four secondary schools in Victoria, Australia and thirty-two parents aged 30-50 (fourteen fathers, eighteen mothers).

The study conducted included in depth, open-ended interviews to illustrate family communication about sexuality. The interviewers asked questions about family communication not only in current families, but also family of origin, to assess communication patterns that could be continuing throughout generations of family. The study showed how healthy warm, reciprocal relationships between fathers and daughters are disrupted at puberty. At this point daughters start to look more like women, hormones surge, and fathers feel uncomfortable. Parents and children both affirmed that sex communication was valuable, but mothers tend to hold most of the responsibility for sexuality communication. Reasons for this include mothers spending more time with children, are better communicators, and are typically the representative of intimacy. The author suggested, that mothers can more safely deal with communication about sexuality and fathers find this type of communication taxing.

Kirkman, Rosenthal, and Feldman (2002), findings suggested the stereotype that women just communicate better and this assumption could leave some fathers feeling excluded. These findings suggest that fathers do want to be involved in the communication, they sometimes just do not know how. In addition, participants suggested that women are more emotional communicators, which is better suited for a conversation dealing with the emotional sides of sexuality, something rarely discussed.

Fathers may be communicating less with daughters because they do not feel comfortable, they feel they lack the knowledge to communicate effectively with daughters, or they think it is the mother's responsibility (Wyckoff et al., 2008). Other reasons fathers gave for not being more proactive about communication with their children, specifically daughters, were: 1. Ideals that sex is a taboo subject and never should be discussed, 2. Fathers' distress over their own knowledge limitations, and 3. Intrusion of sexuality into the relationships between fathers and daughters (Kirkman, Rosenthal, & Feldman, 2002).

Lehr, Demi, Dilorio, and Facticeau (2005) concluded that gender differences in familial communication about sexuality occur as a result a sexual double standard, but fathers should not be negated because they do communicate with children, usually sons. Whalen, Henker, Hollingshead, & Burgess (1996) noted, in direct observation with parents and adolescents, fathers were typically more comfortable in sexuality discussions when given a specific direction for discussion. Communication for fathers might be more effectively utilized if specific communication prescriptions were tailored to fit this need.

Lehr et al. (2005) found that sons' pubertal and physical development was statistically significant in predicting information sharing, value sharing, and general communication about sexuality from fathers. More specifically when fathers see their son develop physically this initiates their drive to discuss sexuality because there could be an increased rate of sexual activity beginning. Interestingly enough, there seems to be a direct inverse relationship for this phenomenon with fathers and daughters. Once girls start to mature and develop fathers typically become more uncomfortable and quit communicating about sexuality with their daughters. This is consistent with previous research ideas that fathers comfort levels decrease a communication lessens when daughters begin to look womanlier.

Haffner (2008) suggests several ways to help parents better communicate with their children; these include: becoming an affirming parent, utilizing communication with adolescents' early, communicating personal values, and talking openly, frequently and about uncomfortable issues. This suggestions and strategies could easily be used in a supplemental information guide given to parents struggling with sexuality communication with their children.

### **Beginning Communication**

Parents have the unique opportunity to positively set the stage for the roles they will play during their child's sexuality awareness journey. Communication about human sexuality is an ongoing process. Research suggests parents know when and what is appropriate to communicate to their child and many studies address the appropriateness of when to first address sexuality. While no specific time or age requirements are appropriate for all children, some standard

guidelines have been put forth. McNaughton (1997) proposes laying the groundwork for sexuality communication early in a child's adolescence. This opens communication channels for later conversation; this will open a direct line of communication and make later conversations more comfortable for parent and child.

Miller (1994) suggests that the best time to begin the process of teaching sexuality is when a child asks the first question. Haffner (1999) believes in using small teachable moments starting early rather than later with one big talk; she advocates that the "big talk" is somewhat of a myth or ominous idea that no one really understands and more likely the only thing the "big talk" will accomplish is showing your child that you are uncomfortable discussing sexuality. Think about your sexuality discussion with your parents; if you did receive the big talk, did it work? Researchers and educators suggest beginning good communication early; this allows for more fluid conversations among more difficult, trying subjects later (Haffner, 1999; Kohner, 1993; Langford, 1998; & Miller, 1994).

Lack of communication is not one-sided; daughters do not want to discuss sexuality issues with their father either. A daughter may suggest thinking it was "gross" to discuss this topic. This brings up the argument as to whether or not fathers who are interested in discussing sexuality halt communication when their daughter implies being uncomfortable with the situation with phrases such as, "Gross, Yuck, Ugh, I don't want to hear that, Stop talking about it". Do these types of phrases sever a communication line between fathers and daughters that fathers so bravely sought to discuss? Despite the fact that this could be reason enough for fathers to stop communication, they need to overcome these barriers and discuss this subject.

Kirkman, Rosenthal, and Feldman (2005) further discuss what the issue of “openness” meant. Parents discussed issues relating to sexuality and many felt that being honest and open with their children was imperative to helping them abstain. The results suggested that openness not only meant conversing about sex, but answering questions and discussing all topics of sexuality that might arise with an open mind. This can be somewhat difficult and intimidating for parents who have no previous experiences of communication and value sharing, thus inhibiting them from engaging with their child. Also indicated in this study was evidence of all but two mothers said openness was important and only two said that too much openness was problematic. This confirms previous research that many parents do want to discuss sex with their children; they just do not have the tools to initiate the conversation. Yvonne White, a mother, stated:

Mothers should be as open as possible. If they don't know they should make an effort to learn. You are responsible for that child's education. ...As a mother...I've got more chances of influencing that child than anyone else. But you've also got to allow that child to grow. And finding balance is so damn difficult.

## **Parenting Style**

Another key concept, to consider, in discussing why some parents might not talk with their children about sexuality is parenting style. This factor could be very important in program implementation. Baumrind (1967) and Richardson and Schuster (2003) discuss different parenting styles and the impact they have on making communication successful.

Richardson and Schuster (2003) refer to two main traits that are expressed within parenting styles: demandingness and responsiveness. Demandingness refers to setting the high standard of children's behaviors, making expectations clear to children, and enforcing rules. Responsiveness, conversely, refers to tuning into your child, listening, and recognizing children's individuality, and further involving themselves in their child's life (p. 31). The authors further suggest that if you accept these two traits, you was able to accept four parenting styles that arise, those who exhibit a lot of the characteristics of parenting style in one, the other, both, or none. For instance, parents whom utilize all rules and little warmth are described as authoritarian. Richardson and Schuster (2003) suggest that authoritarian communication tend to be one sided, from parent to child. Parents usually have high expectations, children tend to be obedient but their self-esteem is generally lower than that compared to other children; and their moral reasoning (values and ideas about sexuality) is lower than that of their peers (p. 32). Accordingly, Baumrind (1967) discusses authoritarian parents utilizing control and suppression of autonomy. Parents often assign regimented chores and exhibit a lack of democracy with their rule being ultimate and final, not unlike a dictator or a totalitarianistic rule. Authoritarian parents rarely talk with their adolescents, but talk at them (Haffner, 2008). This parenting style discourages open communication and sharing between parent and child.

On the other end of the spectrum are permissive parents by (Baumrind, 1967) or indulgent parents (Richardson and Schuster, 2003) These parents typically display characteristics of high responsiveness usually are not demanding, include low demand of responsibility, and lack of parental leadership (Baumrind, 1967 , Richardson and Schuster, 2003). Children of

these types of parents usually have few consequences for their actions, are usually social, and sometimes to aggressive and impulsive. Children of these types of parents might “talk peers into things”, because they rarely have consequences for their actions. Thirdly, neglectful or uninvolved parents tend to raise the least well-adjusted children. Due to the nature that these parents offer little warmth or expectations, children often are neglected or unattended to emotionally (Richardson and Schuster, 2003).

These parents are usually uninvolved and unresponsive to their child’s emotional needs, but will typically provide basic needs; Baumrind does not identify or define this parenting style. Finally, authoritative parents are high in both demand and responsiveness (Richardson and Schuster, 2003). These parents make expectations clear but allow and encourage their children to communicate with them. They value their child’s opinion and encourage independence, autonomy, establish a verbal give and take by identifying their own values, and not forcing their child to adopt their values unless the child aligns with them (Baumrind, 1967, Richardson and Schuster, 2003). Characteristics of children who have authoritative parents include: positivism, high self-esteem and self-efficacy, effective regulation of emotion, and have well developed social skills (Baumrind, 1967; Haffner, 2008; Richardson & Schuster, 2003).

Research suggests becoming an affirming parent rather than an authoritarian type parent (Baumrind, 1967; Haffner, 2008; & Richardson & Schuster, 2003). These parents are more likely to be successful in communicating with their children because they are not *laying down the law*, but setting rules and objectives for their child. An affirming parent seems to fall in the line of authoritative parents. This parenting style seems to be the epitome ideal of all parenting

styles, and leads to mature children whom have high self-esteem and are self-reliant. These children seem to be the best adjusted and tend to be very autonomous and have safe boundaries.

Parenting style could be assessed and by using this information educators could suggest parenting from the authoritative style. This style would raise children whom have better communication, have more mature decision-making skills, higher self esteem, and are overall better ability to manage stress and conflicts, leading to increased self efficacy and more respect for themselves; which are all appealing qualities when dealing with sexuality. Knowledge about parenting style gives researchers tools for interventions targeting cognitive and behavioral changes in parents.

In a study with more than 12,000, teenagers, Whitaker & Miller (2000) researchers found that in homes where parents openly discussed their disapproving of teenagers having sexual intercourse, those teenagers were more likely to postpone sex and have fewer partners than those whom did not have that discussion. However, the communication style did play some part. Parents that utilize authoritative parenting styles were much more effective than authoritarian. This further illustrates the effectiveness of sharing values, family norms, and expectations. In addition, sex communication between parent and child was related with adolescent's perception that their best information of sex came from their parents (Whitaker & Miller, 2000). This only holds true if the child is frequently getting messages about sex communication from their parent.

## **Sharing Parental Values**

Parenting style is not the only idea researchers discuss when beginning a communication relationship between parent and child. The literature suggests key elements that foster healthy successful communication. These include honesty, trust, love, openness, sharing values, expectations and beliefs, listening, not preaching, and letting your child know that you are there for communication, always (Langford 1998, Miller 1994, Haffner 1999).

Langford (1998) suggests starting with a clean slate, meaning going into the conversation with no pre-existing ideals or judgments, when beginning communication with your child and then further suggests using the six building blocks of communication mentioned previously; trust, respect, honesty, love, understanding, and family identity.

When communication is occurring, trust has to be at the basis of every conversation. Children are more willing to open up about intimidating issues concerning sexuality if they feel they can trust their parents in the following ways: Keep their confidences and to fulfill promises. The author also suggests that parents should trust their children until they have reason not to; with trust also comes honesty and respect, ways to validate respectful relationships include looking your children in the eye, listening to your child, and even giving your child some space and privacy (Langford, 1998).

In much literature love is not referred to in sexuality communication, but Langford (1998) deems it necessary and essential to truly communicate effectively and efficiently with

children. By showing love, affection, acceptance, and appreciation children's self-confidence and self-efficacy is increased, which allows children to feel better about themselves and their parental relationship, hence allowing for better communication. Authors also agree that parents should be sharing their values, which allows for sharing of what the parent want and expect from their child, and trying to understand the child's perspective (Langford, 1998, Miller, 1994, Haffner, 1999, Haffner, 2008). Walsh, Parker, and Cushing (1999) identified lack of closeness to be the most likely obstacle to their involvement in sexuality education.

In a study prepared by Lefkowitz, Sigman, and Au (2000) a multi-session intervention program was created for parents. This intervention incorporated two intense 90 min small group sessions. The first focusing on general communication skills such as listening, giving support, taking turns talking and listening, and giving non-judgmental feedback. While the second session focused on information to parents on dating and sexuality. This study was suggested to be rigorous with a pre-post control group design with follow up observations of parents talking with their teens. Over seven weeks, data indicated that parents had improved their communication style. More particularly, they spent less time talking at their children, were less judgmental, and asked more open ended questions (Lefkowitz, Sigman, & Au, 2000). These results suggest that well designed interventions can improve communication between parents and children in the short run. However, limitations arise with the small sample size used and the lack of generalization of results for long-term effects; justifying more qualitative studies on parental views.

## **Communication Barriers**

Communication barriers intensify when taboo subjects arise, such as masturbation, sexual pleasure, and other forms of sex (Heisler, 2005). “Parents (and their children) may want to participate but may also feel paralyzed by embarrassment, their lack of knowledge, or limited communication strategies” (Heisler, 2005, p. 297). This especially seems true when fathers try to talk with their daughters. In a study assessing what parents are really saying to their children, researchers found that HIV and AIDS were the most commonly discussed topics, secondly condom use, reproduction, and sexual pressure, but masturbation and physical and sexual development were the least discussed (Miller, Kotchick, Dorsey, Forehand, & Ham, 1998). However, with a little creativity and ideas tailored to the individual barriers about discussing more culturally unmentionable items can be overcome. Suggestions to parents are: openly communicate with their child on a regular basis, identify their child’s personality, start early on, and use small teachable moments (Haffner, 2008; Heisler, 2005; Walker et al., 2008).

For instance, a sexually provocative situation seen on prime time TV show could be used as a small teachable moment, instead of an awkward silence and in turn, a shameful feeling toward sexuality. Furthermore, a father could begin with asking his daughter how she feels about how she feels when she sees something like that on TV, and thus a doorway opens to begin a conversation talking about sexuality. This strategy is most effective when it has been established early on and sets precedence for family norms.

## **Interventions**

Programs and interventions that are aimed at implementing strategies to break down barriers with parents and children should address several objectives. Suggestions for objectives that need to be met are: 1. Increase parent's self-efficacy in communicating with their child, 2. Increase parents' comfort levels when discussing sex, 3. Increase parents' knowledge and communication skills in relation to sex education, 4. Increase parents' listening skills, 5. Help parents learn to clarify what they want their children to know, and 6. Help parents become less judgmental when discussing sexuality topics with their children (Kirby & Miller, 2002).

Several interventions targeted at parents to increase communication with their children have been effective. A study of the effectiveness on parental sexuality education (Lin, Chu, & Lin, 2006) was conducted to understand the effects a sexuality-training workshop had on parents. The goal of the study was to assess immediate effects of sexuality education training on parents with regards to sex knowledge, awareness on sexuality education, and attitudes toward sexuality, self-efficacy in sexuality education, communication effectiveness, and communication behavior. A 6-week training program for 92 parents, 2 hours per week was designed to emphasize knowledge and skills, especially parental, on sexuality and efficient ways of communicating with their children.

The study of the effectiveness on parental sexuality education (Lin, Chu, & Lin, 2006) was a quasi experiment with pre-test and post-tests given. The parents in the control only took the pre-test posttests with no intervention. The results indicated that parents who underwent the

6-week sexuality education training not only scored higher than the control in sex knowledge, awareness of sexuality education, attitudes towards sexuality education, self-efficacy in sexuality education, communication effectiveness, and communication behavior, but also have better ability to carry out sexuality education. This is very hopeful and much can be learned from utilizing courses like this. Parents are interested in learning the best way to communicate. Thus, by implementing educational programs increase in knowledge and decreasing communication barriers can be overcome (which, many suggested, was a fear that led to the barrier of not communicating).

Walsh, Parker, and Cushing (1999) recommend advocating for policies and campaigns to encourage parental child communication and involvement. One such campaign to increase parental awareness is the “Be a Dad Today” campaign funded by the National Fatherhood Initiative. This campaign focuses on being fathers being involved in their child’s life. The mission is “to improve the well being of children by increasing the proportion of children growing up with involved, responsible, and committed fathers”. President Obama has been one of the spokespeople encouraging fathers to take responsibility and be role models for their children. This campaign is very effective, yet the television advertisements are not focusing on fathers being fathers to daughters, just fathers being fathers to sons, with all the commercial advertisements having been a father and son. This raises the question; as a society, do we not consider encouraging the same bond between fathers and daughters that we do fathers and sons?

However, not all programs are working. Kirby and Miller (2002) list several reasons that need to be addressed as to why parent child communication programs are not always working

effectively. First, few programs are based on theory or research; further, few were based on identification of actual barriers to parent child communication and possible solutions. Secondly, programs should address the need for increasing relationships among parents and children, then focusing on increasing the communication relationship between parents and children on matters of sexuality. Thirdly, research that has been previously used has been moderate and modest in terms of process, impact, and outcome evaluations. Research shows that follow up interventions and activities help ensure higher and more frequent levels of communication between children and parents (Kirby & Miller, 2002).

Recommendations for future research include: larger, better-designed evaluations of interventions, increased identification of characteristics fathers who talk to their daughters exhibit, barriers to communications, and effective strategies for overcoming these barriers, and an increase in the number of booster sessions after an intervention (to help maintain communication) (Kirby & Miller, 2002). Further quantitative and qualitative research methods should be employed. Some examples could be utilizing focus groups with fathers that could provide additional data for researchers, educators, and health promotion experts (Lehr, Demi, Dilorio, & Facticeau, 2005).

## **Literature Summation**

With the increase in media and peer influence, children are getting mixed messages about sex. Many believe it is the parents' responsibility to give their children quality, worthwhile information. However, fathers may not be getting the opportunity to communicate their values,

because they are unaware how to approach the subject. In addition, fathers may not only feel uncomfortable talking about sex, but more specifically taboo areas such as masturbation and oral sex. Thus, program implementation targeting increasing self-efficacy and outcome expectancies of fathers are needed. Once the fear and anxiety associated with talking about sex has been overcome, communication was more easily attained. the first key step for implementation, knowledge and understanding of the demographics.

The following topics were discussed in this chapter: the research design, setting and participants, data collection and analysis, approaches used, potential significance, limitations and a proposed timeline.

### **Chapter 3: Methodology**

#### **Participants**

Data were collected from fathers of undergraduate females at a large Land grant university. The father participants were secured through the recruitment of college-aged females through a variety of courses at the university. Prior to seeking contact with the participants, the researcher was granted permission through the University of Arkansas' Institutional Review Board (IRB) to carry out the research.

Women students were informed of the study by the researcher when she visited most classes and discussed the research project with permission of the faculty instructor. Some of the

course instructors informed their students that as an incentive for their father completing the research questionnaire they would be reward extra points in the class. An email was sent to about 500 students asking them to forward the link to the study consent form and the questionnaire to their fathers.

If the father's chose to respond to their daughter's request, they were sent to Survey Monkey where the questionnaire was located. The fathers first read the consent form about the study and decided whether or not to respond to the items in the questionnaire. At the bottom of the consent form there were two buttons. One was labeled "NO" and the other "YES." If the father clicked on the "NO" button they were rejected from the questionnaire. However, if they clicked the "YES" button they were taken to the questionnaire.

## **Research Instruments**

The testing instrument employed for use in this study was a self-report questionnaire (Appendix A). This instrument was developed to explore demographics, attitudes, and perceptions of fathers on their views on discussing sex and sexuality with their daughters. The majority of the survey items and scales were adopted from items used and tested in previous research.

### **Demographic inventory (DI).**

The questionnaire included several questions that gave basic demographic data on fathers and daughters. Six items were determined to be most significant to this study. The fathers were asked what was their “relationship status” and the selections were “single”, “married”, “cohabitating”, “partnered (in a relationship but not living together)”, “divorced”, “widowed”, and “other”. The respondents were not given a space to explain the “other” selection. The next question was “level of education” and there were 7 selections ranging from “did not complete high school” to “professional degree (M.D., J.D., etc.)”. The respondents were asked to respond to the question: “What is the approximate annual income of your family?” The six choices were “less than \$20,000” to “over \$150,000”. Each father was asked, “What is your race or ethnicity” with the sections being “White, non-Hispanic”, “Black, African-American”, “Hispanic”, “Asian”, and “Native American”. In order determine religiosity, the participants were asked, “How often have you attended religious services during the past year?” The choices were from “never” and “seldom” to “once a week” and “more than once a week”. Those who attended religious services once a week or more were considered to have high levels of religiosity. The final question that was used in this research project was “I am the biological father of the young woman who asked me to do this survey” with selections of either “yes” or “no”.

### **Sexual knowledge inventory (SKI).**

The questionnaire included 22 True/False items developed by the researcher from two previously published sexual knowledge assessments. Questions came from the sexual

knowledge quiz (King, 2009) and questions from a public opinion survey (The National Campaign to Prevent Teen and Unplanned Pregnancy, 2008). The researcher changed the wording of some questions for clarification and to establish past tense. The correct answers of the 22 True/False items were summed to give a SKI score with a minimum score of 0 and a maximum score of 22. The knowledge score was then used to assess the sexual knowledge of each participant with the higher the number of correct scores indicating they had more knowledge than those who had a lower score.

The true and false questions on the SKI covered several areas of information. There were questions about sexual anatomy of both male and female. One question on male anatomy was “the vas deferens stores the mature sperm created in the testicles”. Other questions were about birth control such as “a woman can use an IUD even if she has never given birth”. Some items were about STDs, such as “herpes can successfully be treated and cured by antibiotics”. Other topics were about sexual behavior, such as “the frequency of sexual relations is highest for married couples aged 25-35”.

### **Self-efficacy of sexuality communication (SESC).**

Self-efficacy of Sexuality Communication (SESC) is a slightly modified version of the scale developed by DiIorio et al. (2001). The original scale consisted of 14 questions. The respondent was asked to answer on a 6-point scale ranging from “Never” to “Always” with “never” equaling 1 and “always” rated as 6. There are no reversed scored items in the scale.

An evaluation of the SESC by the researcher indicated the SESC scale measured more than one aspect of self-efficacy of sexual communication. As a result, the researcher conducted an exploratory factor analysis of the 14 scale items using varimax rotation (Costello & Osborne, 2005). The results of the factor analysis indicated there were two strong sub-scales within the SESC (Stone & Bailey, 2011).

The items were determined to form Factor 1, which had item loadings from .74 to .90. The items in Factor 1 were evaluated and titled Value of Self Efficacy of Sexuality Communication (VSESC) scale. The other items determined to form Factor 2 were grouped as a scale, which measured one construct as well. This established that each scale measured one construct and enhanced instrument validity, as compared to single items in the analysis. Items for each sub-scale were summed to yield a total score for that sub-scale.

The Values Score (VSESC) was five questions, ranging in score from 5 to 30, measuring the father's efficacy about discussing his sexual values with his daughter. Cronbach's alpha for responses of the 107 participant sample was .91. A representative example question is, "I could always explain to my daughter how to resist peer pressure to have sex."

The Safe Sex Score (SSSESC) was five questions, ranging in score from 5 to 30, measuring the father's efficacy about discussing sexuality and safe sex issues with his daughter. Cronbach's alpha for responses of the 107 participant sample was .86. A representative example question is, "I could always explain to my daughter that she should use condoms if she decided to have sexual intercourse."

### **Outcome expectancy of sexuality communication (OESC).**

The Outcome Expectancy of Sexuality Communication Scale (OESC) was 24 items, each of which is rated on a 5-point scale ranging from 1- strongly disagree to 5- strongly agree.

Outcome Expectancy of Sexual Communication (OESC) measures items that describe the father's opinion of what can positively result from discussing sex and sexuality issues with his daughter. Outcome Expectancy of Sexual Communication (OESC) is a modified version of the scale developed by DiIorio and Colleagues (2001). Cronbach's alpha for responses of that sample of 200 father participants was .91. The questions 68-91 are a modified scale that consists of 24 total items.

An exploratory principal component factor analysis was employed for use with this scale. Grouping these items as a scale, establishing that each scale measures one construct, and using multi-item scales to measure constructs enhances instrument validity, as compared to single items in the analysis. Items for each sub-scale were summed to yield a score for two sub-scales.

The Fathers' Role as Sex Educator Outcome Expectancy of Sexuality Communication (FROESC) was seven questions ranging in score from 7 to 35, measuring the father's view about their role as a sexuality educator of their daughter. Cronbach's alpha for responses of the 107 participant sample was .70. A representative example question is, "If I talked with my daughter about sex or sexuality topics, I would have done what parents should do."

### The Fathers' Emotion Sex Educator Outcome Expectancy of Sexuality

Communication (FEOESC) was seven questions ranging in score from 7 to 35, measuring the fathers' feelings about communicating and discussing sexuality and safe sex issues with his daughter. Cronbach's alpha for responses of the 107 participant sample was .86. An example of this is, "If I talked with my daughter about sexuality issues, I would feel comfortable."

### **Procedures**

A cross-sectional research design was utilized for this study. Due to the nature that this study was a convenience sample of fathers who have daughters already in college, this sample may be biased. Therefore, this study was premised on face validity of the responses. This study used quantitative research methodology to investigate key characteristics of fathers and their perceptions of their communication with their daughters in sexuality education. A questionnaire was developed from the integration of previously evaluated surveys and questionnaires from leading researchers in this topic area (DiIorio et al., 2001). These surveys used Cronbachs alpha to determine the reliability coefficient. Questions from these instruments were modified specifically to this population by changing wording such as "child" to daughter and changing tense and verb usage. The researcher observed no expected problems of validity or reliability with this revision. The questionnaire was available online and was accessed with a web address provided by the researcher.

## **Analysis**

All statistical procedures were performed using Statistical Package for Social Science 15. (SPSS). Data were analyzed using descriptive analysis (frequency counts). Principal components factor analysis was performed on all sub-scales included in the testing instrument. Separate factor analyses were conducted for each sub-scale under investigation. Analyses of Variances (ANOVAS) were computed to determine if frequency of communication was different by demographics. Multiple regression analyses were conducted to predict the extent that Sexual Knowledge (SKI), Safe Sex Self Efficacy Sexuality Communication (SSSESC), Values of Self Efficacy Sexuality Communication (VSESC), Fathers' Role as Sex Educators Outcome Expectancy of Sexuality Communication (FROESC), and Fathers' Emotions as Sex Educators Outcome Expectancy of Sexuality Communication (FEOESC) have on frequency of father daughter sexuality communication. Ordinal level data (Likert scales) were evaluated using parametric statistics, as parametric techniques usually provide the correct results even if the assumptions under which they were derived are not fully met. All data were analyzed with a level of significance set at  $p < .05$ .

## **Chapter 4: Results**

### **Participants**

The fathers (N=108) who participated in this study were generally white (90%) and were well educated, with the majority (72.3%) having college and professional degrees of some type.

They reported higher levels of income than the median income in the state where the data were collected.

### **Reporting Father's Frequency of Communication about Sex and Sexuality**

Fathers responded on a 1 to 5 scale how often they communicated with their daughters while they lived at home (1= Never to 5= Frequently). A small percentage of fathers (15%) reported they had never discussed sexual issues with their daughters while 36% reported rarely. About 43% reported sometimes and less than 6% stated often. The scale became a 4-item scale with a mean of 2.39 and SD of 0.81.

### **Demographics and Frequency of Communication**

Using the above item and selected demographics, one-way ANOVAs were used to determine whether or not there were significant differences between groups. No significant differences were found between marital status, ethnicity, and relationship with daughter, education, or frequency of religious attendance. A statistically significant difference was found between income groups ( $F=3.30, p=.023$ ). No statistically significant difference was found between Sex Knowledge Inventory scores and discussions with daughters ( $F=1.59, p=.195$ ). Moreover, the hypothesis was partially supported, in that higher levels of income resulted in more discussion about sex and sexuality with their daughters and inversely those with high levels of religiosity had lower levels of communication about sex and sexuality with their daughters (Table 2).

## **Frequency of Communication by Scale Score**

The score on the frequency of fathers' discussion about sex and sexuality and the scores on the five scales developed by the research is reported in Table 3. The Sex Knowledge Inventory score indicates the fathers got approximately 17 of the 22 true and false items on the scale correct or to look at it another way they scored on the knowledge test about 77% or a C+.

The scores on the four research developed scales are also reported in Table 3. A comparison analysis of Values Self-Efficacy Sexual Communication (VSESC) and Safe Sex Self-Efficacy Sexual Communication (SSSESC) indicated that fathers felt more confident about discussing their values with their daughters than issues related to safe sex behavior. Both scales have a range of 0 to 30. Respondents mean score on VSESC was 18.64 and on the SSSESC the mean score was 13.86. Respondents reported they were 25% more confident in discussing values with their daughters than discussing safe sex behavior issues. Because this is the first use of the scales, it is impossible to compare them to any other group.

There is a similar pattern to the two other newly developed scales. Fathers reported they felt more comfortable discussing their emotions about sex and sexuality with their daughters. Scores on the Fathers' Emotion Self-Efficacy Sexuality Communication (FEOESC) with a mean of 28.06 was greater than their parental role on the Fathers' Role Outcome Expectancy Sexual Communication (FROESC) with a mean of only 20.55. Both these scales had a range scores

from 7 to 42. Respondents reported they were 38% more confident in discussing their feelings about sex and sexuality rather than their perception of their role as a sex educator (Table 3).

## **Correlation**

A Pearson product-moment correlation coefficient was computed to assess the relationship between the frequency of communication between fathers and daughters and sexual knowledge; no significant difference ( $r = .178, p = .066$ ) between the two variables was found. A weak positive relationship was found between Frequency of Sex Communication and (FROESC) Fathers Role as Sexuality Educator ( $r = .258, p = .008$ ). A strong positive relationship was found between Frequency of Sex Communication and (SSSESC) Safe Sex Variable ( $r = .484, p = .000$ ), Frequency of Sex Communication and (FEOESC) Father Emotions ( $r = .551, p = .000$ ), Frequency of Communication and (VSESC) Values ( $r = .665, p = .000$ ).

Overall, there was no significant difference between sexual knowledge (SKI) and Values Self-Efficacy Sexuality Communication (VSESC), Safe Sex Self Efficacy Sexuality Communication (SSSESC), Fathers Role Sex Educators Outcome Expectancy Sexuality Communication (FROESC), or Fathers Emotions Sex Educators Outcome Expectancy Sexuality Communication (FEOESC). Additionally the hypothesis was partially supported that fathers with higher scores on VSESC and FEOESC (but not for SKI, SSSESC, and FROESC) communicate about sexuality more often with their daughters.

## Multiple Regression

In order to determine which factors predicted frequency of sexuality communication of fathers with their daughters, a multiple regression analysis was performed using frequency of sex and sexuality communication of fathers and daughters as the dependent variable. The predictor variables were the five factors identified through factor analysis; including; Sexual Knowledge Inventory (SKI), Values Self-Efficacy Sexuality Communication (VSESC), Safe Sex Self Efficacy Sexuality Communication (SSSESC), Fathers Role Sex Educators Outcome Expectancy Sexuality Communication (FROESC), and Father Emotions Sex Educators Outcome Expectancy Sexuality Communication (FEOESC).

Results of the multiple regression on frequency for communication were statistically significant: [ $F(5, 93) = 19.01, p = .000$ ]. The regression produced a  $R^2 = .505$ , indicating the model accounted for more than 50% of the total variability in frequency of sexual communication. Results of the multiple regression analyses for frequency of sexual communication are presented in Table 5.

The results of the study revealed significance for parts of hypothesis 2, fathers with higher scores on VSESC and FEOESC communicate about sexuality more often than those with lower scores. Additionally, fathers with lower scores on SKI, SSSESC, and FROESC communicate less. Therefore, values and emotions about the discussion of sex and sexuality with daughters predict higher levels of communication. Statistically significant differences were

found by efficacy and values scale scores ( $F=29.54$ ,  $p=.000$ ) and efficacy and safe sex scale scores ( $F=10.72$ ,  $p=.000$ ).

## **Chapter 5: Discussion**

The study aimed at exploring the demographic characteristics and identifying factors that resulted in higher communication levels between fathers and daughters; as well as, fathers perceptions and views on discussing sex and sexuality with their. This research further examined how often fathers reported discussing sex and sexuality issues with their daughters as they grew up and the extent that demographics and other issues affected their frequency of communication. Research addressing sexuality communication among parents and children has been limited. Further, specific studies measuring the frequency of sexuality communication among fathers and daughters has been much underrepresented in the scientific literature (Blake et al. 2001; Diorama, Kelley, & Hockenberry-Eaton, 1999; Ford et al., 2005; McNeely et al., 2002). The present investigation broadens the previous research by addressing the literature gap and identifying the role demographics, personal perceptions, and fathers' attitudes have on communication about sex and sexuality with their daughters.

The frequency of communication was most affected by the father's income level. Fathers with higher levels of income and education appear to be more open talking to their daughters and the assumption arises, that fathers with less education would benefit from encouragement to be family sex educators. The father's self-efficacy sexual values and their self-efficacy about safe sex behavior were important aspects in how often they talked to their daughters. It is significant to note that the frequency of communication increased with increase in value and safe sex

variables. Subsequently, when fathers communicate in general they tend to communicate more about sexuality issues. Sex educators and health counselors need to become increasingly aware of the fathers' values and attitudes toward safe sex behavior.

The regression analyses confirmed predictor variables accounting for a statistically significant proportion of the variance. Values (VSESC) and emotions (FEOESC) significantly explained the variability in sexuality communication. Previous research has demonstrated that fathers don't communicate with daughters for a variety of reasons including; fear, knowledge, gender roles, or even embarrassment (Kirkman, Rosenthal, & Feldman, 2002) and (Wyckoff et al., 2008). Recognizing these factors or reasons associated with lack of communication from fathers to daughters about sexuality is the first step in identifying implementation strategies.

The current findings did not account for significant differences in demographics except income. Further, variation in Sexual Knowledge (SKI), Safe Sex Self Efficacy Sexuality Communication (SSSESC), or Fathers Role Sexuality Educator Outcome Expectancy Sexuality Communication (FROESC) was not accounted for by the analysis.

Major findings of the study included self-efficacy (the beliefs in ones own ability to perform a task) and outcome expectancies of communication were predictors of communication. Further, internal or self-regulating factors, such as values and emotional factors predict fathers' communication with their daughters. This is supported by earlier research (Haffner, 1999; Haffner, 2008; Heisler, 2005; Kohner, 1993; Langford, 1998; Miller, 1994; Walker et al., 2008).

## **Limitations**

Interpretation of these results should take the limitations of the study into account. Participants consisted of a convenience sample of fathers who were recruited by their undergraduate college daughters enrolled in health education classes at one university. However, analyses of the demographics of the larger university suggest the sample is relatively representative. The evaluation instrument consisted of an online self-report questionnaire and the possibility of bias due to false or socially desirable responses could have occurred. Moreover, the current study involves a sample that is largely of Non-Hispanic, Whites; thus, generalizability to other racial/ethnic groups is uncertain.

## **Conclusion**

This research indicates fathers can be prospective sexuality educators for their daughters. This research supported claims that communication about values and familial choices play an important role in sexuality communication between fathers and daughters (Wyckoff, Miller, Forhand, Bau, Fasula, & Armistead, 2008). Further, parental efficacy (beliefs in one's own ability) is one of the key factors in reducing early sexual initiation and high-risk sexual behaviors. Unfortunately though, parents often avoid broaching this subject with their children (Blake et al., 2001; Diorama, Kelley, & Hockenberry-Eaton, 1999; Ford et al., 2005; McNeely et al., 2002).

## **Implications**

Implications of findings in this study will serve to guide multitudes of groups including; sexuality educators, community agencies, nonprofits, health agencies, marketing and promotion experts, government agencies, and even private entities. Moreover, identification of types and kind of programming to be used and possibly the atmosphere it is presented will be essential in program development.

Due to the results that self-efficacy, values, and emotions are guiding factors associated with frequency of communication, sexuality educators should consider incorporating other disciplines in program development. The asset of collaboration is the utilization of diverse methods, approaches, and ideas to help solve one problem.

Further research should examine if paternal communication about sexuality is a protective factor for other issues of sexuality such as STDs, pregnancy, sexual risk taking, or sexual assault. Also, given that paternal income is associated with the frequency of sexuality communication, identifying populations from lower income families should be addressed to ensure this population is getting adequate sexuality education. This population may be at a higher risk for STDs, pregnancy, sexual risk taking, or even sexual assault.

In conclusion, it is the fathers' values about parenting and his emotions about educating his daughter that determine discussion of sexual issues. In identifying these factors, future research and implementation strategies can be targeted toward increasing sexuality

communication with fathers and daughters by focusing on the values and emotion dimension of fathers. Additionally, research should address creating and implementing programs that utilize primary prevention strategies. For instance, offering “train the fathers” educational sessions to create empowerment and encourage comfort when discussing these issues with daughters. Ultimately, for this program to work researchers and program development teams must locate health promotion venues, increase awareness and communication about sexuality, and identify stakeholders within communities that are willing to speak out about sexuality.

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## Appendix A: Demographic Questionnaire

1. What is your race or ethnicity?
  - 1) White, non-Hispanic
  - 2) Black, African American
  - 3) Hispanic
  - 4) Asian
  - 5) Native American
2. What religion do you most identify with?
  - 1) Protestant
  - 2) Catholic
  - 3) Jewish
  - 4) Other
  - 5) None
3. How often did you attend religious services during the past year?
  - 1) Never
  - 2) Once a month
  - 3) 2-3 times a month
  - 4) Once a week
  - 5) More than once a week
4. Since your daughter has been in college, how often do you communicate with her?
  - 1) Never (I haven't communicated with her since she has been in college)
  - 2) Seldom (Once since she has been in college)
  - 3) Occasionally (Once a Month)
  - 4) Often (Once a week)
  - 5) Very Often (More than once a week)
5. How old is your daughter?
  - 1) 17-18
  - 2) 19-20
  - 3) 21-22
  - 4) 23-24
  - 5) Other
6. Relationship Status: (please choose one)
  - 1) Single (not married or partnered)
  - 2) Partnered (in a relationship but not living together)
  - 3) Cohabiting
  - 4) Married
  - 5) Divorced
  - 6) Widowed

7. Level of Education: (please choose one)
  - 1) Did not complete high school
  - 2) High school graduate/GED
  - 3) Some College
  - 4) Bachelor(s) Degree
  - 5) Graduate/ Masters Degree(s)
  - 6) Doctoral Degree(s)Other
8. What type of area fits your description of where you live
  - 1) Urban
  - 2) Suburban
  - 3) Small Town
  - 4) Rural
9. What is the approximate annual income of your family?
  - 1) Less than \$20,000
  - 2) \$20,000 to \$49,999
  - 3) \$50,000 to \$79,999
  - 4) \$80,000-\$109,999
  - 5) \$110,000-\$150,000
  - 6) Over \$150,00
10. What classification is your daughter?
  - 1) Freshman
  - 2) Sophomore
  - 3) Junior
  - 4) Senior
  - 5) Other
11. I am the Biological father of the female who asked me to do this survey.
  - 1) Yes
  - 2) No
12. Which college is your daughter enrolled?
  - 1) College of Education and Health Professions
  - 2) College of Agriculture
  - 3) J. William Fulbright College of Arts and Sciences
  - 4) Sam Walton College of Business
  - 5) College of Engineering
  - 6) Fay Jones School of Architecture
  - 7) Other
13. Is your daughter a member of a sorority?
  - 1) Yes
  - 2) No
  - 3) Not sure

- 14.** Your daughters relationship status is
- 1) Single
  - 2) Dating
  - 3) Dating, in a serious relationship
  - 4) Cohabiting with partner
  - 5) Engaged
  - 6) Married
  - 7) Don't know
- 15.** Do you believe your daughter to be currently sexually active?
- 1) Yes
  - 2) No
  - 3) Not Sure
- 16.** Do you know if your daughter is using condoms as a contraceptives?
- 1) Yes
  - 2) No
  - 3) Not Sure
- 17.** Is your daughter using some other form of contraceptives, such as the pill?
- 1) Yes
  - 2) No
  - 3) Not sure
- 18.** I encouraged my child to freely "speak her mind" and share their opinions, even if she disagreed with me
- 1) 1- Never
  - 2) 2
  - 3) 3
  - 4) 4
  - 5) 5
  - 6) 6- Always
- 19.** I explained reasons behind my expectations to my child
- 1) 1- Never
  - 2) 2
  - 3) 3
  - 4) 4
  - 5) 5
  - 6) 6- Always
- 20.** I explained to my child how I felt about her good/bad behavior
- 1) 1- Never
  - 2) 2
  - 3) 3
  - 4) 4
  - 5) 5
  - 6) 6- Always

**21.** I was responsive to my child's feelings and needs and offered comfort and understanding when she was upset.

- 1) 1- Never
- 2) 2
- 3) 3
- 4) 4
- 5) 5
- 6) 6- Always

**22.** I complimented my child

- 1) 1- Never
- 2) 2
- 3) 3
- 4) 4
- 5) 5
- 6) 6- Always

**23.** When my child asked me why she must do something I told her it is because I said so, I am your parent, or because that is what I want

- 1) 1- Never
- 2) 2
- 3) 3
- 4) 4
- 5) 5
- 6) 6- Always

**24.** I got angry and yelled at my child when I disapproved of her behavior

- 1) 1- Never
- 2) 2
- 3) 3
- 4) 4
- 5) 5
- 6) 6- Always

**25.** I punished my child by taking privileges away from her ( e.g., TV, games, visiting friends)

- 1) 1- Never
- 2) 2
- 3) 3
- 4) 4
- 5) 5
- 6) 6- Always

**26.** I used threats as a form of punishment with little or no justification

- 1) 1- Never
- 2) 2
- 3) 3
- 4) 4
- 5) 5
- 6) 6- Always

27. I found myself struggling to try to change how my child thought or felt about things
- 1) 1- Never
  - 2) 2
  - 3) 3
  - 4) 4
  - 5) 5
  - 6) 6- Always
28. I found it difficult to discipline my child
- 1) 1- Never
  - 2) 2
  - 3) 3
  - 4) 4
  - 5) 5
  - 6) 6- Always
29. I gave into my child when she caused a commotion about something
- 1) 1- Never
  - 2) 2
  - 3) 3
  - 4) 4
  - 5) 5
  - 6) 6- Always
30. I spoiled my child
- 1) 1- Never
  - 2) 2
  - 3) 3
  - 4) 4
  - 5) 5
  - 6) 6- Always
31. I ignored my child's bad behavior
- 1) 1- Never
  - 2) 2
  - 3) 3
  - 4) 4
  - 5) 5
  - 6) 6- Always
32. Condoms have an expiration date.
- 1) True
  - 2) False
33. It is ok to use petroleum jelly or Vaseline as a lubricant when using latex condoms.
- 1) True
  - 2) False
34. Birth Control pills are effective even if a woman misses taking them for two or three days in a row.
- 1) True
  - 2) False

35. After a woman stops taking birth control pills, she is unable to get pregnant for at least two months.
- 1) True
  - 2) False
36. After giving birth, a woman can get pregnant even before she has her period.
- 1) True
  - 2) False
37. The only way to completely prevent pregnancy is to abstain from sex.
- 1) True
  - 2) False
38. During a woman's monthly cycle, there are days that she is more likely to become pregnant.
- 1) True
  - 2) False
39. Sperm can be produced only in an environment several degrees lower than normal body temperature.
- 1) True
  - 2) False
40. The hymen is a reliable indicator of whether or not a girl is a virgin.
- 1) True
  - 2) False
41. The inner two thirds of the vagina are highly sensitive to touch.
- 1) True
  - 2) False
42. A vasectomy inhibits the ability for a man to ejaculate.
- 1) True
  - 2) False
43. The Vas Deferens transport sperm from the epididymis.
- 1) True
  - 2) False
44. AIDS is always the diagnosis for people with HIV.
- 1) True
  - 2) False
45. A girl can get pregnant as soon as she starts having her menstrual cycles.
- 1) True
  - 2) False
46. A woman must undergo surgery to obtain an IUD.
- 1) True
  - 2) False
47. A woman can use an IUD even if she has never given birth.
- 1) True
  - 2) False
48. The birth control pill gives woman protection against STD's.
- 1) True
  - 2) False

- 49.** Most women are asymptomatic in the early stages of Chlamydia and Gonorrhea.
- 1) True
  - 2) False
- 50.** Herpes can successfully be treated and cured with antibiotics.
- 1) True
  - 2) False
- 51.** Oral herpes can be transmitted to another person by oral-genital sex.
- 1) True
  - 2) False
- 52.** I could always explain to my daughter what is happening when a girl had her period.
1. 1- Never
  2. 2
  3. 3
  4. 4
  5. 5
  6. 6- Always
- 53.** I could always explain to my daughter why a person should use a condom when he or she has sex.
- a. 1- Never
  - b. 2
  - c. 3
  - d. 4
  - e. 5
  - f. 6- Always
- 54.** I could always explain to my daughter ways to have fun without having sexual intercourse.
- a. 1- Never
  - b. 2
  - c. 3
  - d. 4
  - e. 5
  - f. 6- Always
- 55.** I could always explain to my daughter why she should wait until she is older to have sexual intercourse.
- a. 1- Never
  - b. 2
  - c. 3
  - d. 4
  - e. 5
  - f. 6- Always

**56.** I could always explain to my daughter that she should use condoms if she decided to have sexual intercourse.

- a. 1- Never
- b. 2
- c. 3
- d. 4
- e. 5
- f. 6- Always

**57.** I could always explain to my daughter how to put on a condom.

- a. 1- Never
- b. 2
- c. 3
- d. 4
- e. 5
- f. 6- Always

**58.** I could always explain to my daughter how to use birth control pills.

- a. 1- Never
- b. 2
- c. 3
- d. 4
- e. 5
- f. 6- Always

**59.** I could always explain to my daughter how birth control pills keep girls from getting pregnant.

- a. 1- Never
- b. 2
- c. 3
- d. 4
- e. 5
- f. 6- Always

**60.** I could always explain to my daughter what I think about young teens having sex.

- a. 1- Never
- b. 2
- c. 3
- d. 4
- e. 5
- f. 6- Always

- 61.** I could always explain to my daughter how to tell someone no if she did not want to have sex.
- a. 1- Never
  - b. 2
  - c. 3
  - d. 4
  - e. 5
  - f. 6- Always
- 62.** I could always explain to my daughter how to make a partner wait until she is ready to have sex.
- a. 1- Never
  - b. 2
  - c. 3
  - d. 4
  - e. 5
  - f. 6- Always
- 63.** I could always explain to my daughter how someone could get AIDS if they don't use a condom.
- a. 1- Never
  - b. 2
  - c. 3
  - d. 4
  - e. 5
  - f. 6- Always
- 64.** I could always explain to my daughter where to buy or get condoms.
- a. 1- Never
  - b. 2
  - c. 3
  - d. 4
  - e. 5
  - f. 6- Always
- 65.** I could always explain to my daughter where to buy or get birth control pills.
- a. 1- Never
  - b. 2
  - c. 3
  - d. 4
  - e. 5
  - f. 6- Always
- 66.** I could always explain to my daughter how to tell if a girl or boy really loves her.
- a. 1- Never
  - b. 2
  - c. 3
  - d. 4
  - e. 5
  - f. 6- Always

- 67.** I could always explain to my daughter how to resist peer pressure to have sex.
- 1- Never
  - 2
  - 3
  - 4
  - 5
  - 6- Always
- 68.** If I talked with my daughter about sexuality topics, I would feel proud.
- 1) Strongly disagree
  - 2) Disagree
  - 3) Neutral
  - 4) Agree
  - 5) Strongly agree
- 69.** If I talked with my daughter about sexuality topics, I would feel like a responsible parent.
- 1) Strongly disagree
  - 2) Disagree
  - 3) Neutral
  - 4) Agree
  - 5) Strongly agree
- 70.** If I talked with my daughter about sexuality topics, I would feel that I did the right thing.
- 1) Strongly disagree
  - 2) Disagree
  - 3) Neutral
  - 4) Agree
  - 5) Strongly agree
- 71.** If I talked with my daughter about sexuality topics, I would not be embarrassed.
- 1) Strongly disagree
  - 2) Disagree
  - 3) Neutral
  - 4) Agree
  - 5) Strongly agree
- 72.** If I talked with my daughter about sexuality topics, I would find some things difficult to talk about.
- 1) Strongly disagree
  - 2) Disagree
  - 3) Neutral
  - 4) Agree
  - 5) Strongly agree
- 73.** If I talked with my daughter about sexuality topics, I think she would listen.
- 1) Strongly disagree
  - 2) Disagree
  - 3) Neutral
  - 4) Agree
  - 5) Strongly agree

74. If I talked with my daughter about sexuality topics, I would feel comfortable.
- 1) Strongly disagree
  - 2) Disagree
  - 3) Neutral
  - 4) Agree
  - 5) Strongly agree
75. If I talked with my daughter about sexuality topics, she would do what she wanted no matter what.
- 1) Strongly disagree
  - 2) Disagree
  - 3) Neutral
  - 4) Agree
  - 5) Strongly agree
76. If I talked with my daughter about sexuality topics, I would not feel ashamed.
- 1) Strongly disagree
  - 2) Disagree
  - 3) Neutral
  - 4) Agree
  - 5) Strongly agree
77. If I talked with my daughter about sexuality topics, I think it would do some good.
- 1) Strongly disagree
  - 2) Disagree
  - 3) Neutral
  - 4) Agree
  - 5) Strongly agree
78. If I talked with my daughter about sexuality topics, she would be less likely to have sexual intercourse as a young teen.
- 1) Strongly disagree
  - 2) Disagree
  - 3) Neutral
  - 4) Agree
  - 5) Strongly agree
79. If I talked with my daughter about sexuality topics, it would be pleasant.
- 1) Strongly disagree
  - 2) Disagree
  - 3) Neutral
  - 4) Agree
  - 5) Strongly agree
80. If I talked with my daughter about sexuality topics, my daughter would be less likely to get pregnant.
- 1) Strongly disagree
  - 2) Disagree
  - 3) Neutral
  - 4) Agree
  - 5) Strongly agree

- 81.** If I talked with my daughter about sexuality topics, I would find these issues easy to talk about.
- 1) Strongly disagree
  - 2) Disagree
  - 3) Neutral
  - 4) Agree
  - 5) Strongly agree
- 82.** If I talked with my daughter about sexuality topics, I would feel relieved.
- 1) Strongly disagree
  - 2) Disagree
  - 3) Neutral
  - 4) Agree
  - 5) Strongly agree
- 83.** If I talked with my daughter about sexuality topics, she would want to talk to me.
- 1) Strongly disagree
  - 2) Disagree
  - 3) Neutral
  - 4) Agree
  - 5) Strongly agree
- 84.** If I talked with my daughter about sexuality topics, she would not be embarrassed.
- 1) Strongly disagree
  - 2) Disagree
  - 3) Neutral
  - 4) Agree
  - 5) Strongly agree
- 85.** If I talked with my daughter about sexuality topics, I would have done what parents should do.
- 1) Strongly disagree
  - 2) Disagree
  - 3) Neutral
  - 4) Agree
  - 5) Strongly agree
- 86.** If I talked with my daughter about sexuality topics, she would remember the discussion when she is older.
- 1) Strongly disagree
  - 2) Disagree
  - 3) Neutral
  - 4) Agree
  - 5) Strongly agree

**87.** If I talked with my daughter about sexuality topics, she would appreciate my willingness to provide further information.

- 1) Strongly disagree
- 2) Disagree
- 3) Neutral
- 4) Agree
- 5) Strongly agree

**88.** If I talked with my daughter about sexuality topics, she would be comfortable during the discussion.

- 1) Strongly disagree
- 2) Disagree
- 3) Neutral
- 4) Agree
- 5) Strongly agree

**89.** If I talked with my daughter about sexuality topics, she would be more able to resist sexual peer pressure.

- 1) Strongly disagree
- 2) Disagree
- 3) Neutral
- 4) Agree
- 5) Strongly agree

**90.** If I talked with my daughter about sexuality topics, she would know where I stand on teens having sex.

- 1) Strongly disagree
- 2) Disagree
- 3) Neutral
- 4) Agree
- 5) Strongly agree

**91.** On a scale of 1 being never to 5 being always, what would you rate the frequency of sex and sexuality communication with your daughter while she was living in your household?

- 1) 1 - Never
- 2) 2
- 3) 3
- 4) 4
- 5) 5- Always

## Appendix B: IRB Approval

120 Ozark Hall • Fayetteville, Arkansas 72701 • (479) 575-2208 • (479) 575-3846 (FAX)  
Email: irb@uark.edu

### Research Support and Sponsored Programs Institutional Review Board

February 23, 2011

#### MEMORANDUM

TO: Kindi Stone  
Ches Jones  
William Bailey

FROM: Ro Windwalker  
IRB Coordinator

RE: New Protocol Approval  
IRB Protocol #: 11-02-438

Protocol Title: *Fathers and Their Views on Discussing Sex and Sexuality with Their Sons and Daughters*

Review Type:  EXEMPT  EXPEDITED  FULL IRB

Approved Project Period: Start Date: 02/23/2011 Expiration Date: 02/22/2012

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Your protocol has been approved by the IRB. Protocols are approved for a maximum period of one year. If you wish to continue the project past the approved project period (see above), you must submit a request, using the form *Continuing Review for IRB Approved Projects*, prior to the expiration date. This form is available from the IRB Coordinator or on the Compliance website (<http://www.uark.edu/admin/rsspinfo/compliance/human-subjects/index.html>). As a courtesy, you will be sent a reminder two months in advance of that date. However, failure to receive a reminder does not negate your obligation to make the request in sufficient time for review and approval. Federal regulations prohibit retroactive approval of continuation. Failure to receive approval to continue the project prior to the expiration date will result in Termination of the protocol approval. The IRB Coordinator can give you guidance on submission times.

If you wish to make *any* modifications in the approved protocol, you must seek approval *prior to* implementing those changes. All modifications should be requested in writing (email is acceptable) and must provide sufficient detail to assess the impact of the change.

If you have questions or need any assistance from the IRB, please contact me at 120 Ozark Hall, 5-2208 or irb@uark.edu,

The University of Arkansas is an equal opportunity/affirmative action institution.

## Appendix C: Tables

TABLE 1

### Frequency of Selected Demographics of Fathers

Demographic	Frequency	Percentage
<b>Relationship Status</b>		
Single	6	5.6
Married	90	83.3
Cohabiting	2	1.9
Partnered	1	.9
Divorced	6	5.6
Widowed	1	.9
Other	1	.9
Missing	1	.9
Total	108	100.0
<b>Educational Attainment</b>		
Less than High School	1	.9
High School	10	9.3
Some College	19	17.6
B.S.	49	45.4
M.S.	18	16.7
Doctoral	2	1.9
Professional	9	8.3
Total	108	100.0
<b>Annual Family Income</b>		
Less than \$20,000	2	1.9
\$20,000-\$49,999	9	8.3
\$50,000 to \$79,999	17	15.7
\$80,000-\$109,999	23	21.3
\$110,000-\$150,000	27	25.0
Over \$150,000	28	25.9
Missing	2	1.9
Total	108	100.0

TABLE 1

## Frequency of Selected Demographics of Fathers (Continued)

Demographic	Frequency	Percentage
Ethnicity: What is your race or ethnicity?		
White, Non Hispanic	98	90.7
Black, African American	5	4.6
Hispanic	1	.9
Asian	2	1.9
Native American	2	1.9
Total	108	100.0
How Often Did You Attend Religious Services Last Year?		
How Often		
Never	8	7.4
Seldom	23	21.3
Once a Month	14	13.0
2-3 times a month	16	14.8
Once a week	38	35.2
More than once a week	9	8.3
Total	108	100.0
Are You the Biological Father?		
Yes	93	86.1
No	15	13.9
Total	108	100.0

TABLE 2

## Results of ANOVAs of Frequency of Father's Sexual and Sex

## Communication with Daughters by Demographic Characteristic

Characteristic		Sum of Squares	df	Mean Square	F
Biological Father or Stepfather	Between Groups	.16	3	.05	.43
	Within Groups	12.74	103	.124	
	Total	12.90	106		
Father Married or Other	Between Groups	.63	3	.21	1.57
	Within Groups	13.64	102	.134	
	Total	14.27	105		
High School Diploma, Some College, College or Better Degree	Between Groups	1.00	3	.33	1.12
	Within Groups	27.98	94	.298	
	Total	28.98	97		
Income in Four Categories	Between Groups	12.16	3	4.05	3.30*
	Within Groups	124.09	101	1.23	
	Total	136.25	104		
Ethnicity: White or Other	Between Groups	.49	3	.16	1.97
	Within Groups	8.57	103	.083	
	Total	9.07	106		
Religious Service Attendance in Three Categories	Between Groups	.90	3	.30	.42
	Within Groups	73.99	103	.72	
	Total	74.90	106		

\* $p > .05$

TABLE 3

Statistical Characteristics of Frequency of Father's Discussion with Daughter about Sex and Sexuality and Five Created Variables

<b>Question or Scale</b>	<b>Range</b>	<b>Mean</b>	<b>Median</b>	<b>Standard Deviation</b>
Frequency of Father's Discuss of Sex with Daughter	(N=107) Potential Range: 1-5 Actual 1-4	2.39	2.00	.81
Score on Sex Knowledge Inventory	(N=108) Potential Range: 0-22; Actual Range 11-22	17.13	17.00	2.28
Score on Self-Efficacy of Sexual Communication: Values	(N=108) Potential Range: 0-30; Actual Range 5-30	18.64	20.00	7.99
Score on Self-Efficacy of Sexual Communication: Safe Sex	(N=108) Potential Range 0-30; Actual Range 5-30	13.86	12.00	8.02
Outcome Expectancy of Sexual Communication: Father's Role Outcome Expectancy of Sexual Communication: Father' Role	(N=103) Potential Range 7-42; Actual Range 8-32	20.55	21.00	5.22
Outcome Expectancy of Sexual Communication: Father's Role Outcome Expectancy of Sexual Communication: Father's Emotions	(N=105) Potential Range 7-42; Actual Range 18-35	28.06	28.00	3.93

TABLE 4

Pearson Correlations and Significant Scores on Variables Associated with the Study of Father's Sexual Communication with Daughter

Variable	Frequency of Discussion	Score on SKI	Score on VSESC	Score on SSSESC	Score on FROESC	Score on FEOESC
Frequency of Discussion of Sex and Sexuality	1	0.18	.67**	.48***	.26***	.55***
Score on Sex Knowledge Inventory (SKI)		1	0.08	0.09	0.01	0.01
Score on Values Sex Efficacy Communication Scale (VSESC)			1	0.61	0.47	0.57
Score on Safe Sex on Sex Efficacy Communication Scale (SSSESC)				1	0.16	0.36***
Score on Father's Role on Self Efficacy Outcome Scale					1	0.40***
Score on Father's Emotion on Self Efficacy Outcome Scale (FEOESC)						1

\*\* $p \geq .01$ , \*\*\* $p \geq .000$

TABLE 5

Summary of Multiple Regression Analysis of Variables Predicting Father's  
Frequency of Discussing Sex and Sexuality with Daughter

Variables	$\beta$	SE	Beta	t	Significance
Score on SKI	0.04	0.03	0.12	1.52	0.13
Score on VSESC	0.05	0.01	0.47	4.19	0.00
Score on SSSESC	0.01	0.01	0.12	1.26	0.21
Score on FROESC	-0.02	0.02	-0.1	-1.12	0.33
Score on FEOESC	0.04	0.01	0.27	2.89	0.01
$R^2$	0.5				
$F$	18.44				0

TABLE 6

Items and Factor Loadings of Values of Self-Efficacy of Sexuality Communication (VSESC)

<b>Items</b>	<b>Factor Loadings</b>
Q14SESC I could always explain to my son or daughter how to resist peer pressure to have sex.	0.90
Q7SESC I could always explain to my son or daughter what I think about adolescents having sex.	0.83
Q3SESC I could always explain to my son or daughter why he or she should wait until he or she is older to have sexual intercourse.	0.78
Q9SESC I could always explain to my son or daughter how to make a partner wait until he or she is ready to have sex.	0.77
Q13SESC I could always explain to my son or daughter how to tell if a girl or boy really loves him or her.	0.74

The VSESC scale score is calculated by summing all seven items.

TABLE 7

Items and Factor Loadings of Safe Sex of Self Efficacy of Sexuality Communication (SSSESC)

<b>Items</b>	<b>Factor Loadings</b>
Q11SESC I could always explain to my son or daughter where to buy or get condoms.	0.89
Q5SESC I could always explain to daughter how to put on a condom on a partner.	0.79
Q6SESC I could always explain to daughter how birth control pills keep women from being pregnant.	0.77
Q4SESC I could always explain daughter that he or she should use condoms if he or she decided to have sexual intercourse.	0.76
Q12SESC I could always explain daughter where to buy or get birth control pills with a prescription.	0.73

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The SSSESC scale score is calculated by summing all seven items.

TABLE 8

## Items and Factor Loadings of the Fathers Role as a Sex Educator Variable (FROESC)

Items	Factor Loading
If I talked with my daughter about sex or sexuality topics, I would feel like a responsible parent.	0.67
If I talked with daughter about sex or sexuality topics, I think he or she would listen.	0.67
If I talked with my daughter about sex or sexual topics, I would feel that I did the right thing.	0.66
If I talked with my daughter about sex or sexuality topics, I would feel comfortable.	0.61
If I talked with or daughter about sexual topics, I would not be embarrassed.	0.51
If I talked with or daughter about sex or sexuality topics, I would feel proud.	0.51
If I talked with or daughter about sex or sexuality topics, I would not feel ashamed.	0.49
The FROESC scale score is calculated by summing all seven items.	

TABLE 9

Items and Factor Loadings of the Father Emotions about Communication as a Sex Educator (FEOCSE).

Items	Factor Loadings
Q15OESC If I talked with or daughter about sex or sexuality topics, I would find these issues easy to talk about.	0.85
Q7OESC If I talked with or daughter about sex or sexuality topics, I would feel comfortable.	0.78
Q12OESC If I talked with or daughter about sex or sexuality topics, it would be pleasant.	0.72
Q18OESC If I talked with or daughter about sex or sexuality topics, he or she would not be embarrassed.	0.70
Q22OESC If I talked with or daughter about sex or sexuality topics, he or she would be comfortable during the discussion.	0.69
Q17OESC If I talked with or daughter about sex or sexuality topics, he or she would want to talk to me.	0.68
Q4OESC If I talked with or daughter about sexual topics, I would not be embarrassed.	0.65

The FEOCSE scale score is calculated by summing all seven items.