Adolescent Sexual Standards and their Role in Parental Knowledge of Sexual Activity Sophia Braman Sickling

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Abstract

Parental-Adolescent relationships are influenced by the social norms and cultural standards within society. Research has looked at the role of parental knowledge on adolescents' risky behavior as well as the benefits of parental knowledge in reducing risks taken by adolescents. Research has also focused on how social norms influence teens' engagement in risky behaviors. There has been a lack of research on how social factors influence parental knowledge of adolescent behavior. Using the parent and student surveys from the National Longitudinal Study of Adolescent to Adult Health (Add Health), I measured parental-adolescent congruence and incongruence of the adolescent's sexual behavior and evaluated the role of cultural standards around premarital sexual intercourse in the level of congruence or incongruence. Parental standard of abstinence plays a significant role in the lack of parental knowledge of teens' sexual activity. Sex within intimate relationships also played a significant role, as adolescents who had sex outside of an intimate relationship had higher levels of parental incongruence. Results highlight the importance of social forces on parental knowledge and parent-adolescent relationships as a whole.

Acknowledgments

There is a story, "This guy's walking down a street when he falls in a hole. The walls are so steep, he can't get out. A doctor passes by, and the guy shouts up, 'Hey you, can you help me out?' The doctor writes a prescription, throws it down in the hole and moves on. Then a priest comes along, and the guy shouts up 'Father, I'm down in this hole, can you help me out?' The priest writes out a prayer, throws it down in the hole and moves on. Then a friend walks by. 'Hey Joe, it's me, can you help me out?' And the friend jumps in the hole. Our guy says, 'Are you stupid? Now we're both down here.' The friend says, 'Yeah, but I've been down here before, and I know the way out'" (Sorkin, Parnell, & Schlamme, 2000).

I wish to thank everyone who has jumped into the hole with me as I embark on my first serious research project. My best friend, Lillian Wynn Platten – you were the first to jump down here with me, and you have walked with me the entire way from start to finish. I appreciate the countless hours you spent on the phone with me, each time you pulled me out of a spiral, and every time you made me laugh or forget how stressed I was.

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Adolescent Sexual Standards and their Role in Parental Knowledge of Sexual Activity

Society plays a large role in shaping what individuals believe is right or wrong, good or bad; this is meant to guide the behaviors of an individual, as well as influence those who are breaking norms from sharing with others. Researchers have studied the positive impacts of parental knowledge on reducing risky adolescent behavior (Romer et al., 1999; Harville et al., 2014; Ether et al., 2016; Markham CM et al., 2010) as well as researching how various norms around sex impact one's behaviors (Mollborn, Domingue, & Boardman, 2014; Mollborn & Sennott, 2015). Mollborn & Sennott (2015) found that community religiosity and socioeconomic status (SES) influenced what was communicated to the teens in that area but did not look at how community religiosity or SES impacted parental knowledge of teens' sexual activity. The goal of this research is to connect how societal norms and standards play a role in parent-adolescent communication and, thus, parental knowledge. Among the four sexual standards: abstinence, double standards, sex with affection, and sex with protection – I hypothesize that parental knowledge will be greatest for adolescents in the last group.

Growing up in a family where everything was shared, and my family provided support and guidance through all areas of life. My mother's motto was strict parents make for sneaky children; my parent's goal was to be present in our lives but to allow us to make our own decisions and then have support if things went poorly. By knowing we would not be in trouble for any of our choices, we were able to ask for help when we needed it. For this research, I wanted to understand if my mother was right; do strict parents make for sneaky children? What is critical both for this paper and for life is that life is more complex, and nothing is in a bubble; throughout this process, I found that the question of "do parents make for sneaky children" ignores the social factors that influence why parents are strict. Parents' sexual standards play a

role in the values they transmit to their children as well as what choices they think their adolescents should be making.

Using the National Longitude of Adolescent to Adult Health (Add Health) survey from 1994, I will be looking at how various cultural standards play a role in parents' accurate knowledge of their child's sexual activity. In this paper, I will refer to sexual activity, sex, or some other form of this; here, I am referring to penetrative intercourse between a male and a female. This is due to how the Add Health survey was conducted and my initial question. The Add Health survey also only asked respondents if they were male or female; they did not give respondents space to answer outside of the gender binary. As such, I will be evaluating gender based on the answer provided to this question.

Literature Review

Reiss (1960), determined four cultural standards for how society views premarital sexual activity within America: complete abstinence, double standards where men are permitted to enjoy sex freely, but women are not, sex with affectional ties, and sex purely around desire with no other ties. A society determines cultural standards by the structure of values around a particular behavior, so depending on what society values determines what the cultural standards are for a particular society. The values include "love, pleasure, security, respectability, independence, religion, safety, and so forth" (Reiss, 1960, p.81). As different people have different value hierarchies, there will be different cultural standards, as such in America, there are four primary premarital sexual standards. Reiss's (1960) cultural standards are regarding any premarital sex rather than specific to adolescents' premarital sex, which may have more limited cultural standards.

Farber (1992) wanted to understand how these sexual codes of conduct had changed since Reiss's (1960) writings; as sexual permissibility grew increasingly favorable in the two decades, Farber (1992) found that among teens, there were two main sexual standards, the first was that sex was permissible when those involved were involved in long-term relationships, aligning with Reiss (1960) "sex with affectional ties" standards; the second was that sex was permissible provided that individuals take precautions to protect against pregnancy (Farber, 1992). The interest of this research is to evaluate how Reiss's (1960) sexual standards - complete abstinence and double standards; as well as Farber's (1992) sexual code of conduct – with affection and with protection, influence parental knowledge of adolescent premarital heterosexual intercourse.

Adolescents are transitioning from a period where parents make decisions for them to a period where they will be the decision maker; many researchers have long been interested in the communication between parents and adolescents. As many try to determine: what makes teens take fewer risky behaviors, what things lead to trust between the two parties, and what parenting methods are best to mold children into good members of society (Commendador, 2010; Frisco, 2005; Harville, Madkour, & Xie, 2014; Kerr, Stattin, & Trost, 1999; Romer et al., 1999; Ethier et al., 2016; Grigoryeva, 2018). While much of the research around parent-adolescent communication and risky behaviors has taken place in the sphere of psychology, childhood development, adolescent health, and sexual health, the focus here on the individual's evaluation of risk and reward, the critical component of social influences on behavior, is being ignored. These social influences and their impact on decision-making are thus critical for understanding the sexual activity of high school students (Billari & Liefbroer, 2007; Mollborn et al., 2014). Both the adolescent-parent relationship and social influences need to be evaluated to understand the larger picture. Farber (1992) found that those he interviewed felt caught between the social expectations of their peers and the more significant cultural norms – which were an opposing force, as well as their parents' expectations and values and their feelings. For this reason, understanding the various forces at play will provide a better picture to understand both adolescent sexual activity and the communication and knowledge between parents and teens.

This transition period is delicate because, unlike children, adolescents are aware enough to want autonomy and believe themselves worthy of it. However, unlike adults, they do not yet have complete control, as parents still have power over them in many respects. It is also not a transition happening only within the family system; many outside factors influence this transition. Amidst this delicate transition, one area of contention is teen sexual activity. While

many may feel like sex is a personal choice and private matter, teens are not always granted this privacy or control by their parents due to the health and safety concerns that are associated with sex (Grigoryeva, 2018). Here we see a change in the hierarchy of values; in some cases, safety may be lower on the value hierarchy for adults who are engaging in premarital sex, and independence may be higher; but concerning adolescent premarital sex, society and parents may prioritize safety above independence, thus changing the cultural standards of premarital sex for adolescents. Parents will use various tactics in trying to control this behavior, ranging from parental monitoring to value transmissions (Grigoryeva, 2018). Parental monitoring is more closely tied to the individual behaviors of both parents and child, as the parent engages directly with the behaviors of their teen. In comparison, value transmissions include both family and society transmitting norms to adolescents. Rather than directly controlling behaviors, parents are using outside forces to influence the behaviors and decisions of their teens. Due to the various internal and external factors influencing this relationship, looking through a sociological lens will help to understand the larger picture of parent and adolescent communication.

PARENTAL MONITORING

When trying to control the behavior of adolescents, parenting methods play a role. A significant amount of research shows that parental monitoring reduces initiation of sex, early sexual debut, and STDs and increases contraception usage; this "monitoring," has then been promoted as a promising health promotion strategy (Romer et al., 1999; Harville et al., 2014; Ether et al., 2016; Markham CM et al., 2010). However, the term "parental monitoring" is not a clearly defined term within the literature. Often the parental knowledge of their teen's behavior is labeled as "parental monitoring," and thus all forms of information gathering, child disclosure, parental solicitation, and parental control, are lumped into one category. Romer et al. (1999)

explicitly used parental solicitation to evaluate "monitoring,". Ether et al. (2016) used the combination of solicitation and child disclosure as a single variable. Stattin & Kerr (2000) dive into this by evaluating norm-breaking behavior broken down by the parent's source of information and finds that "high disclosure were lower on norm breaking" and hypothesize that one reason for this may be the relationships that facilitate communication mitigate bad behavior.

While parental knowledge is protective in decreasing the risky behavior of their adolescent, if parents do not know what is happening in their teen's life, it is better when parents assume that their teen is engaging in less risky behavior rather than more. When parents overestimate their teen's risky behavior, this can become a self-fulling prophecy that teens will then engage more in that behavior. In contrast, Yang (2006) found parents underestimating a teen's risky behavior to be a protective factor as the teen is more likely to be more careful and engage in risky behavior less often. It is hypothesized that when parents do not know or suspect teen engagement in risky behavior, teens try to avoid getting caught, whereas if parents already think or know that the teen is engaging in risky behavior, getting caught is no longer or less of a concern (Yang et al., 2006). All of this is to say that a correct and accurate understanding of adolescents' sexual activity is essential – thus, understanding how norms and cultural standards influence both adolescents having sex and if their parents have accurate knowledge of it is crucial.

FAMILY NORMS

While parental monitoring is one approach, parents cannot be everywhere and always know everything. As a result, another tactic is for parents to transmit their values to their adolescents so that both parties' interests are directly aligned. By aligning their interest, the teen is now responsible for controlling their own behavior to follow their values rather than being

controlled by their parents imposing their values onto them (Grigoryeva, 2018). There are many values that parents can transmit to their teens that will influence their sexual activity; the most obvious is the disapproval of teen sex (Grigoryeva, 2018). More religious families often impose a moral message on their teens that teen pregnancy is wrong, focus on disapproving premarital sex, and publicly encourage abstinence. In contrast, families of higher SES often impose a practical normative message on their teens that pregnancy would ruin their future and encourage contraception use. For those in communities with high religiosity and high SES communities, the family or community used moral messages publicly to influence rationality not to have sex. However, there was a second private message that if one is going to have sex, one better use protection (Mollborn & Sennott, 2015).

There is a second level to value transmission. Teens who are given values and given the responsibility to use their values, rather than having their behavior monitored or controlled allows for teenagers to have a stronger sense of self compared to more authoritative parenting, which results in less self-confidence, more indecision, and relying on others often their parents to guide their decisions (Commendador, 2010). This is also shown in Frisco (2005), who found that while parental involvement in education was significant in estimating current contraception usage, parental monitoring was not; with each one-unit increase in parental involvement in education more than doubles the odds of contraceptive use. Parental involvement in education also provides young women with planning and management skills, empowers them, and gives them a sense of responsibility and control over their future.

SOCIETAL NORMS

While there has been a focus on the individual's evaluation of risk and reward, there is a critical component, that is the social influences on behavior; it is these social influences that

influence adolescent decision-making and thus are critical for understanding the sexual activity of high school students (Billari & Liefbroer, 2007; Mollborn et al., 2014). Due to social influences on parents and adolescents, parent/adolescent communication about sex is not an isolated event within a vacuum but rather is influenced by other outside social factors. Looking at this as an individual choice ignores the influence of peers and social norms on adolescent decision-making (Billari & Liefbroer, 2007; Mollborn et al., 2014). Both age norms and norms against teen pregnancy, influence teens' decision-making (Mollborn et al., 2014; Mollborn & Sennott, 2015; Reiss, 1960).

Mollborn et al. (2014) evaluated the norms against teen pregnancy within the school, finding that both the strength and consensus around that norm were critical for effect. However, when the norms against teen pregnancy were strong and had a high consensus, the prevalence of teen pregnancy within schools was reduced. With various cultural standards comes various norms to influence that behavior; Mollborn and Sennott (2015) use the term "bundle of norms" to describe multiple norms that impact each other around a behavior or closely related behaviors. One cannot become pregnant without both having sex and not using protection while having sex. All of the various norms around sex, contraception, and pregnancy are a bundle of norms that impact each activity, with later links of the behavior chain having a stronger social stigma associated with it. Society attempts to control each of these behaviors in the chain, sometimes using different norms or a combination of norms for this purpose (Mollborn & Sennott, 2015). Combining these two ideas, based on one's cultural standards, will impact the buddle of norms used to control the adolescent's behavior. For example, the single standard of abstinence is closely tied to religious values the bundle of norms used will have a larger emphasis on moral

values (Reiss, 1960; Mollborn & Sennott, 2015). Diving deeper into each cultural standard will help us understand what bundles of norms are at play and how they influence behavior.

CULTURAL STANDARDS

There are four main cultural standards I will be using to evaluate parental knowledge of adolescent sex and how other variables and norms are guided by these cultural standards.

Complete abstinence, where society believes that premarital sex is wrong regardless of gender for both men and women; double standards, where premarital intercourse is wrong and not acceptable for women, but it is acceptable for men, sex with protection, and premarital intercourse is right when other certain circumstances for both men and women, and sex with protection, where premarital sex is acceptable when all parties use protection against both pregnancy and sexually transmitted diseases (STDs) (Reiss, 1960; Farber 1992). These standards are not black and white – as we've seen, adolescents are receiving a lot of input from many sources, so while one source may be providing one standard, another may be providing a different one. It may also be that norms to influence one cultural standard may lead to another one being created.

The single standard of abstinence is grounded in the belief that sex is a sacred, vulnerable act, that is too special to be with anyone outside of marriage – because this is the ideal standard society is constantly referring back to this standard. While the double standard exists not because of the sacred nature of sex, but rather to create a hierarchy both between men and women, as well as between women are virgins and women who are not (Reiss 1960).

Methods

DATA

This study uses data from the National Longitudinal Study of Adolescent to Adult Health (Add Health) (Harris & Udry 1994-2018). The data was obtained through the Inter-University Consortium for Political and Social Research (ICPSR). Add Health is a National-Longitudinal study beginning in 1994, with 134 schools nationwide participating in both an in-school survey of students and a school administer survey. The in-school survey provided 90,118 respondents in 7th to 12th grade; from the in-school survey, a subset group (N=20,745) was selected for in-home interviews of both students and their parents, which took place between April and December 1995 (Harris & Udry 1994-2018). Since then, those in the in-home portion have been followed and re-interviewed multiple times. The most recent follow-up available for the public is Wave V, which took place between 2016-2018.

The Wave I public-use data is utilized for the analysis in this study; by collecting information about sexual behavior from both students and parents regarding sexual behavior, this study was possible. I constructed my analytic sample of 3,639 respondents from the Wave I inhome sample; however, much of the analysis in this study is looking specifically at respondents who have had sexual intercourse here n= 1,179. This is smaller population size due to access limited to the public-use data. To be included both respondents and their parents both the respondent must to the following questions: respondents needed to answer, "Have you had sexual intercourse" and their parents need to answer, "Do you think that (he/she) has ever had sexual intercourse?" any respondents that had either of these questions missing, answered did not know, or refused were removed from the sample (Add Health). I also removed anyone above the age of 18 or below the age of 13 years because there was not a large sample of those ages. There

are some questions regarding risky behavior that were only asked of those 15 and older – when measuring these variables, it is noted, here the sample size is reduced to n=2,450 once again because most of the analysis only includes respondents who have had sexual intercourse, n=1,040 for those 15-18 years old.

MEASURES

Parental Knowledge – At Wave I, respondents were asked, "Have you had sexual intercourse" and then parents responded to the question, "Do you think that (he/she) has ever had sexual intercourse?" both questions were coded 0 for no and 1 for yes. I created a new variable by combining these two variables. This created four groups; 0-0, teen no--parents no; 0-1, teen no--parent yes; 1-0, teen yes--parent no; 1-1, teen yes--parent yes. The focus of this research is on the teens who have had sex; as such, when speaking about incongruence, I am referring to the group of parents who think their sexually active teens are not; and when speaking about the congruent group, I am referring to the group of teens whose parents who know there sexual active. See Tables 1, 2, and 3 for descriptive information regarding these variables.

Sexual intercourse with special friend – respondents were asked to identify 3 romantic partners, each relationship was asked a series of questions regarding what they had done with their partner, one of which begin if they had had sexual intercourse – a new variable was created to include all three romantic relationships. Those who had had sex with any romantic partner were placed in the yes group, while respondents who had not had sex with any romantic partner were placed into the no group. Respondents who refused to answer this question were not included, the overall sample size n= 3,541 – when limited to only those who had had sex, n= 1,123.

Alpha Variables – I created new variables using Cronbach's alpha by combining a series of other variables. Cronbach's alpha measures the internal consistency of a group of items, a scale of zero to one is used to evaluate the homogeneity of the group of items. The closer to one the alpha variable is, the higher the internal consistency (Paulsen & BrckaLorenz, 2017). I did not include any variables with a scale reliability coefficient less than 0.6 were not included in this study; most variables have a scale reliability coefficient greater than 0.7, as recommended in Paulsen & BrckaLorenz (2017).

ANALYSIS PLAN

This study aims to understand the various cultural standards regarding adolescent sexual activity and how they influence parental knowledge of this behavior. All analysis was done in STATA.17. Bivariate descriptive analysis was used with ordinal variables, the mean was calculated, and a z-test was used to evaluate the significance; anything with a p-value of 0.05 was considered significant.

A second analysis was done to evaluate the double standard; respondents were first split by gender to assess congruence/incongruence differences between those of the same gender, then the groups were split by congruence or incongruence to evaluate gender differences between those with the same parental knowledge. A z-test was used to test the significance of the differences.

Results and Discussion

ABSTINENCE

As seen in table 3, 68% of adolescents have not had sex, thus aligning with the first premarital sexual standard – abstinence. When teens were abstinent, 98% of parents were able to correctly identify this, with 2% overestimating and assuming their teen was sexually active when they were not; however, as seen in table 4, of parents who stated their teen was abstinent (83% of parents), only 79% of those teens were – the other 20% of teens had had sexual intercourse without their parents' knowledge. Looking at table 2, we can see that of the teens having sex, only 47% of the parents have accurate knowledge of this activity.

As seen in table 6, there is a significant difference in age between abstinent adolescents whose parents think they are not having sex compared to those when they assume, they are having sex (Pr<0.0000). The average of adolescent parents who say they are abstinent, who are abstinent, is 15 years old, but the average age of adolescents who are abstinent whose parents assume they are not abstinent is 1.4 years older (16.4 years old). This age significant age difference can also be seen when comparing abstinent adolescents compared to sexually active adolescents.

[Table 6]

As seen in table 5, the average age of abstinent teens was 15 years old, while the average adolescent having sex was 16.3 years – the age difference between those having sex and those abstinent was significant (Pr<0.000). There was not a significant difference in the gender of those abstinent compared to those not (Pr=0.149). 52% of abstinent respondents were females, and 49% of sexually active respondents were female. There was a significant difference in the

race of respondents (Pr<0.000). 70% of abstinent respondents were non-Hispanic White, and 12% were non-Hispanic Black, while 61% of sexually active respondents were non-Hispanic White, and 22% were non-Hispanic Black.

[Table 5]

Religion is often identified with abstinence, as Mollborn & Sennott (2015), found within highly religious communities, there was a standard for abstinence; as seen in table 6, 66% of adolescents whose parents believe the religious sacred scripture word of god without mistake are abstinent, the variable of parental religiosity is significant in adolescent sexual behavior; but, seen in table 17, the parents of children who are having sex and believe sacred scripture word of god without mistake are less likely to know that their teens are having sex. So, while parents' religiosity increases abstinence, when adolescents choose to have sex, it reduces parental knowledge. This can also be seen in table 16, which shows that the more religious services and/or religious youth group events an adolescent goes to, the less accurate knowledge parents will have.

[Table 6] [Table 17] [Table 16]

DOUBLE STANDARDS

As seen in Table 6, gender is not significant (Pr=0.149) in the difference between respondents who are not having sex and respondents who are abstinent. As seen in Table 10, gender is also not significant (Pr=0.104) in parental knowledge. Curiously, adolescents' opinions of their parents' feelings towards them have significant differences both when splitting by gender and when splitting by parental knowledge.

[Table 6]

As seen in Table 12, there is not a significant difference between boys and girls regarding parental disapproval of sex among either congruent or incongruent parents. There is also not a significant difference among boys and girls regarding the parental acceptance of sex when it's with someone who is special among either congruent parents, but there is a significant difference (Pr=0.01) between men and females when parental knowledge is incongruent with teen's activity. Interestingly, there is a larger double standard at play when teens are reporting their opinion of parental attitudes. As seen in Table 12, girls report their parents having higher levels of disapproval for sex, sex with someone special, and parents being okay with them using birth control. While for both boys and girls, when adolescents report parents are more approving, there are also higher levels of congruence; overall, boys report significantly higher approval both when parental knowledge is congruent and incongruent. Overall, the congruent parents have a smaller gender difference in parental approval for sex, sex with someone special, and use of birth control.

[Table 12]

As seen in both Tables 11 and 12, adolescent girls report higher levels of guilt than adolescent boys. There is a significant difference (Pr=0.0013 and Pr=0.0049) for both boys and girls when their parents do vs. do not know they are having sex. However, when separated by parental knowledge, girls of both parents who know and parents who do not report significantly higher (Pr=0.0005 and Pr=0.0001) levels of guilt compared to their male peers. This same result is also seen when respondents were asked if having sex would upset their mother. Once again, there was a significant difference regarding parental knowledge for both boys and girls (Pr=0.0000 and Pr=0.0000). For both congruent and incongruent parents, girls agreed more that their sexual activity would upset their mothers than boys (Pr=0.0000 and Pr=0.0000). Finally,

when asked if having sex would bring them pleasure, boys agreed significantly more with this statement than girls among both incongruent and congruent parents. As seen in table 11, among boys, boys with parents in congruence think that sex would bring them pleasure; on the contrary, girls with parents in congruence agree less that sex would bring them pleasure. This may be that girls who are having sex against their parent's knowledge or possibly wishes would need stronger feelings to convince them to have sex; while boys are experiencing lower levels of guilt and pressure from their parents

SEX WITH AFFECTION

As seen in table 2, 72% of those having sex have had sex with someone they consider to be special. The variable of sex being with someone who is special is significant (Pr<0.0000) for parental knowledge. When one has had sex with someone special, 52% of their parents know, but if adolescents have not had sex with someone, they consider special, only 33% of their parents know. There is also a significant difference (Pr<0.0000). On average, parents who agreed more that sex was okay if it was with a special person were more likely to know that their teen was having sex. On a scale of 1-5 (5 being strongly agreed), parents were asked how much they agreed with the statement: if it was with someone special to them, you would not mind if your adolescent had sex, parents who thought their teen was abstinent had an average score of 1.7 while teens whose parents did know had an average score of 2.3. This change in parental knowledge is also seen – parents of adolescents who think their parents agree that sex is okay if it is with someone special are more likely to know their adolescent is having sex.

[Table 2]

Curiously, as seen in table 9, moms talking with their teen about a problem they are having (yes or no) is significant for parent's knowledge of adolescent sexual activity if they have

had sex with someone special (Pr<0.0074), but when an adolescent has not had sex with someone special, then there is not a significant difference in the adolescents who talk and don't talk with their mom about problems they are having.

[Table 9]

SEX WITH PROTECTION

The survey did not ask respondents specifically if they thought sex was okay with protection. Rather questions were asked to both parents and teens regarding sex, birth control, and pregnancy.

As seen in table 14, there is not a significant difference (Pr=0.1271 and PR=0.4567) in the use of a condom or the proportion that one uses a condom in relation to parental knowledge. This is interesting because it shows that parental knowledge is not important in ensuring that one protects themselves from pregnancy and STDs. There is a significant drop (0.171) (Pr=0.0036) in adolescents who do not know how to use a condom when their parents do not know they are sexually active. Adolescents whose parents do not know they are having sex report feeling stronger that birth control is morally wrong. While the expense and hassle of getting birth control are not determined by parental knowledge (Pr=0.444 and Pr=0.886), adolescents' ease of obtaining birth control is significantly improved (Pr=0.0008) with parental knowledge. This is interesting regarding Mollborn & Sennott (2015) work because while parents may only encourage abstinence and not want to discuss birth control, when parents find out that their teen is having sex they may then encourage birth control, as in Mollborn & Sennott (2015) study where high SES and highly religious families encouraged abstinence, but then added that if you are stupid enough to be having sex it is important not to be stupid enough to get pregnant, and privately encouraged the use of birth control.

[Table 14]

As seen in table 15, there is not a significant difference between incongruent and congruent parents regarding their feelings around information and encouragement; parents both disagree that they don't need to talk to their teen about sex or birth control and disagree that if they talked about sex or birth control, it would encourage sex. Yet, there is a significant difference in all questions regarding talking about sex and birth control. Parents who know their teen is having sex have talked more with their teen about sex and birth control, while this may be due to other factors, such as the incongruent parents do not think it is time to talk about these things or parents who know their teen has sex want to make things very clear for their teens is unknown, but should be further evaluated. This difference in communication about sex can be seen in the created alpha variable (scale of reliability 0.78), which showcases that parents who know their teen is having sex are more comfortable talking with their teen about sex.

[Table 15]

As seen in table 13, in every question regarding pregnancy, teens are asked on a scale of 1-5 how much they agree with a statement, adolescents whose parents do not know they are having sex agree more strongly that pregnancy would be embarrassing, that they may have to quit school, and that they may marry the wrong person if they got pregnant. While this does not show that these adolescents think that sex is okay with protection, it does highlight that adolescents who can see significant harm to their life if they become pregnant are still choosing to take that risk. This may be because those individuals feel protected from those risks with the use of birth control. I hypothesize that individuals whose parents know are less worried about pregnancy because they have a trusted adult support system and trust that if they did get pregnant, there would be adults to help them make decisions and evaluate opinions. This is

interesting relating to Mollborn et al. (2014), findings that showed that as norms and consensus against teen pregnancy increased, prevalence against teen pregnancy decreased; here, more embarrassment if one got pregnant, is related to a decrease in parental knowledge. It may be parents use this embarrassment to encourage abstinence, but it also results in adolescents thinking their parents would shame them for having sex and thus, keep their choices to themselves.

[Table 13]

Conclusion

We know from the literature that parental knowledge is important for reducing risky behavior (Romer et al., 1999; Harville et al., 2014; Ether et al., 2016; Markham CM et al., 2010), but we also know that trust is critical for adolescents share information with their parents (Stattin & Kerr, 2000). Findings here show that when parents' and teens' sexual standards do not align, adolescents are more likely to hide this behavior. When parents have stronger disapproval of their teens having sex, their teen is most likely to hide that they are having sex. While double standards play less of a role in parental feelings, they do have an impact on adolescent girls' feelings of guilt and perception of parental disapproval. When teens had sex with someone who was special to them, their parents were more likely to know; this provides support to the third standard that sex is permissible for those with affection. This research is important to help understand the reasons for incongruence between parents and teens during this transition time.

Limitations of this study and Future Research

The Add Health survey was done in 1994, which is almost 30 years ago; as a result, the sexual standards may have changed between now and then, limiting how much this can be applied to the current era. It would be interesting to see how this has changed over the last three decades and how parental knowledge has changed with the increase of technology.

A second significant limitation was 92% of the parents responding were the mother; as a result, we do not know the role fathers play in knowledge or if fathers hold more strict views that reduce their knowledge of adolescent behavior. It would be interesting to do a study where both parents are asked separately or where the sample is 50% fathers and 50% mothers. I hypothesize that the double standards in regard to parental attitudes may be stronger among fathers than mothers.

A third limitation was that we do not know how parents got their information, whether they had simply guessed correctly if their teen had disclosed the information, or if they had caught their teen. Future research looking at how parents obtain their knowledge of teen sexual activity would be interesting. It would be interesting to see the characteristics of parents and adolescents who had a relationship where teens felt comfortable disclosing their sexual activity.

References

- Billari, F. C., & Liefbroer, A. C. (2007). Should i stay or should i go? The impact of age norms on leaving home. *Demography*, 44(1), 181–198. https://doi.org/10.1353/dem.2007.0000
- Commendador, K. A. (2010). Parental Influences on Adolescent Decision Making and Contraceptive Use. *PEDIATRIC NURSING*, *36*(3), 12.
- Ethier, K. A., Harper, C. R., Hoo, E., & Dittus, P. J. (2016). The Longitudinal Impact of Perceptions of Parental Monitoring on Adolescent Initiation of Sexual Activity. *Journal of Adolescent Health*, 59(5), 570–576. https://doi.org/10.1016/j.jadohealth.2016.06.011
- Farber, N. (1992). Sexual standards and activity: Adolescents' perceptions. *Child and Adolescent Social Work Journal*, *9*(1), 53–76. https://doi.org/10.1007/BF00755671
- Frisco, M. L. (2005). Parental involvement and young women's contraceptive use. *Journal of Marriage and Family*, 67(1), 110–121. https://doi.org/10.1111/j.0022-2445.2005.00009.x
- Grigoryeva, M. (2018). *Adolescent Concealment: Causes and Consequences* [Thesis]. https://digital.lib.washington.edu:443/researchworks/handle/1773/42544
- Harris, K. M. and Udry, R. (1994-2018). National Longitudinal Study of Adolescent to Adult Health (Add Health), [Public Use]. Carolina Population Center, University of North Carolina-Chapel Hill [distributor], Inter-university Consortium for Political and Social Research [distributor], 2022-08-09. https://doi.org/10.3886/ICPSR21600.v25
- Harville, E. W., Madkour, A. S., & Xie, Y. (2014). Parent-child Relationships, Parental Attitudes towards Sex, and Birth Outcomes among Adolescents. *Journal of Pediatric and Adolescent Gynecology*, 27(5), 287–293. https://doi.org/10.1016/j.jpag.2013.12.005

- Kerr, M., Stattin, H., & Trost, K. (1999). To know you is to trust you: Parents' trust is rooted in child disclosure of information. *Journal of Adolescence*, 22(6), 737–752.
 https://doi.org/10.1006/jado.1999.0266
- Markham, C. M., Lormand, D., Gloppen, K. M., Peskin, M. F., Flores, B., Low, B., & House, L. D. (2010). Connectedness as a Predictor of Sexual and Reproductive Health Outcomes for Youth. *Journal of Adolescent Health*, 46(3, Supplement), S23–S41.
 https://doi.org/10.1016/j.jadohealth.2009.11.214
- Mollborn, S., Domingue, B. W., & Boardman, J. D. (2014). Norms as Group-Level Constructs:

 Investigating School-Level Teen Pregnancy Norms and Behaviors. *Social Forces*, *93*(1), 241–267. https://doi.org/10.1093/sf/sou063
- Mollborn, S., & Sennott, C. (2015). Bundles of Norms About Teen Sex and Pregnancy. *Qualitative Health Research*, 25(9), 1283–1299. https://doi.org/10.1177/1049732314557086
- Paulsen, J. & BrckaLorenz, A. (2017). Internal consistency. FSSE Psychometric Portfolio. Retrieved from fsse.indiana.edu.
- Reiss, I. (1960). Premarital Sexual Standards in America. The Free Press, New York.
- Romer, D., Stanton, B., Galbraith, J., Feigelman, S., Black, M. M., & Li, X. (1999). Parental Influence on Adolescent Sexual Behavior in High-Poverty Settings. *Archives of Pediatrics & Adolescent Medicine*, *153*(10), 1055–1062. https://doi.org/10.1001/archpedi.153.10.1055
- Sorkin, A., Parnell, P. (Writer), & Schlamme, T. (Director). (2000, December 20). Noel (Season 2, Episode 10) [TV series episode]. *The West Wing*. Warner Bros. Television.
- Stattin, H., & Kerr, M. (2000). Parental Monitoring: A Reinterpretation. *Child Development*, 71(4), 1072–1085. https://doi.org/10.1111/1467-8624.00210

Yang, H., Stanton, B., Cottrel, L., Kaljee, L., Galbraith, J., Li, X., Cole, M., Harris, C., & Wu, Y. (2006). Parental Awareness of Adolescent Risk Involvement: Implications of Overestimates and Underestimates. *Journal of Adolescent Health*, 39(3), 353–361.

https://doi.org/10.1016/j.jadohealth.2005.12.008

Tables

TABLE 1.
PARENTAL KNOWLEDGE
OF TEEN SEXUAL ACTIVITY

01 1221 221212121211				
Parents know their teens have had sex	15.09%			
Parents don't know their teens have had sex	17.31%			
(incongruence, underestimation)				
Parents think their teens have had sex, but they have	1.48%			
not				
(incongruence, overestimation)				
Parents know their teen have not had sex	66.12%			
Total	100%	N (3,639)	Pr < 0.000	

TABLE 2. OF TEEN WHO HAVE HAD SEX? 32.40% OF RESPONDENTS	Parents Know	With Someone Special	Parental knows - sex is with someone special	Parental knows – sex is with someone not special
	46.56%	72.04%	51.79%	32.80%
(1)	, , ,	(1,123)	(809)	(314)
Pr	<		0.0000***	0.0000***

TABLE 3.

OF TEEN WHO HAVE NOT HAD SEX -- 67.60% OF RESPONDENTS

Parents who know their teen has not had sex.	97.80%
Parents who think their teen has had sex.	2.20%
Total	N (2,460)

TABLE 4. OF PARENT WHO STATE THEIR TEEN HAS NOT HAD SEX. – 83.43% OF PARENTS

Teens who have had sex.	20.75%
Teens who have not had had sex.	79.25%
Total	N (3,036)

TABLE 5. OF PARENT WHO STATE THEIR TEEN HAS HAD SEX. – 16.57% OF PARENTS

Teens who have had sex.	91.04%	
Teens who have not had had sex.	8.96%	
Total	N (603)	

TABLE 6. RESPONDENT DEMOGRAPHICS	AGE	FEMALE	NH WHITE	NH BLACK	Believe sacred scripture word of god without mistake	Parents Believe sacred scripture word of god without mistake
Dagman danta having gav	16.3	49.19%	61.48%	22.28%	68.68%	65.92%
Respondents having sex	10.5	49.19%	01.4870	22.2870	08.0870	03.92%
Respondents not having	15.0	51.75%	70.23%	11.72%	31.32%	34.08%
sex						
Total	15.4	50.92%	67.39%	15.14%		
N	(3,639)	(3,639)	(3,625)	(3,625)	(3,055)	(2,992)
	,	, ,			, ,	
Pr<	0.0000	0.149	0.000	0.000	0.068	0.008

^{*}Cell entries are the means for continuous variable and the proportion for binary variables.

Racial demographics 14 individuals missing

TABLE 7. PARENTAL DEMOGRAPHICS	AGE	FEMALE	NH WHITE	NH BLACK	MARRIED	1994 INCOME (THOUSANDS)
Those with adolescents having sex	42.1	91.0%	65.04%	20.75%	89.08%	51.7
Those with adolescents not having sex	41.8	92.7%	73.29%	10.99%	93.37%	58.6
Total N	41.9 (3,565)	92.1% (3,493)	70.61% (3,539)	14.16% (3,539)	91.98% (3,577)	56.4 (3,133)

Cell entries are the means for continuous variable and the proportion for binary variables.

Racial demographics 14 individuals missing

Gender of 146 individuals missing - race of 100 individuals missing - marital status 63 individuals missing - income of 506 respondents missing.

TABLE 8. **ABSTINENT**

RESPONDENT DEMOGRAPHICS	AGE	FEMALE	NH WHITE	NH BLACK
Parent says teen is abstinent	15.0	52.08%	70.61%	11.44%
Parent says teen has had sex	16.4	37.04%	53.70%	24.07%
Total		51.75%	70.23%	11.72%
N	(2,460)	(2,460)	(2,449)	(2,449)
Pr<	0.0000	0.029	0.072	0.072

^{*}Cell entries are the means for continuous variable and the proportion for binary variables.

ONLY RESPONDENTS NOT SEXUALLY ACTIVE

	Parental			
TABLE 9. Sex with Someone Special	NO	YES	DIFF	Pr<
Did you have sex with someone special (ex. Boyfriend or girlfriend)	.648	.803	-0.154	0.0102*
	1.73	2.28	-0.546	0.0000***
Parent agreement that sex is okay if with special person (1-strongly disagree, 5-strongly agree)				
Teens opinion of parent agreement that sex is okay if with special	2.09	2.64	-0.554	0.0000***
person				
When any adolescent having sex has talked with mom about a personal problem	.356	.532	-0.176	0.0037**
When adolescent having sex with someone special has talked with mom about a personal problem	.371	.567	196	0.0074**
When adolescent having sex not with someone special has talked with mom about a personal problem	.326	.426	0988	0.429

^{*}Results are from only respondents who have had sexual intercourse.

TABLE 10. RESPONDENTS WHO

HAVE HAD SEX DEMOGRAPHICS	AGE	FEMALE	NH WHITE	NH BLACK
Parent says teen is abstinent	15.0	46.98%	70.61%	11.44%
Parent says teen has had sex	16.4	51.73%	53.70%	24.07%
Total		49.19%	70.23%	11.72%
N	(2,460)	(1,179)	(2,449)	(2,449)
Pr<	0.0000	0.104	0.072	0.072

^{*}Cell entries are the means for continuous variable and the proportion for binary variables.

ONLY RESPONDENTS NOT SEXUALLY ACTIVE

TABLE 11. GENDER AND		Knowledge ETEEN			Parental K FEMAL	U		
PARENTAL KNOWLEDGE	NO	YES	DIFF	Pr<	NO	YES	DIFF	Pr<
Parents disapproval of sex at this time	4.32	3.82	.497	0.0000***	4.34	3.88	.462	0.0000***
Parent wouldn't mind if teens sex was with someone special	1.84	2.33	499	0.0000***	1.63	1.64	609	0.0000***
How would your mom feel about you having sex at this time	2.32	2.98	665	0.0000***	1.76	2.57	814	0.0000***
How would your mom feel about you having sex at this time with someone special	2.29	2.85	570	0.0000***	1.98	2.65	-0.666	0.0000***
How would your mom feel about you using birth control	3.38	4.10	728	0.0000***	3.00	3.88	-0.88	0.0000***
Teen's guilt after sex.	2.59	2.31	.281	0.0013**	2.90	2.65	.249	0.0049**
Having sex would upset your mother.	3.84	3.20	.643	0.0000***	4.26	3.58	.679	0.0000***
Sex would bring you pleasure	3.76	3.97	120	0.0223*	3.37	3.32	.053	0.5506

TABLE 12. PARENTAL KNOWLEDGE AND	Parental K	RUENCE			Pare Know CONGR	ledge UENCE		
GENDER	BOY	GIRL	DIFF	Pr<	BOY	GIRL	DIFF	Pr<
Parents disapproval of sex at this time	4.32	4.34	026	0.743	3.82	3.88	-0.0614	0.472
Parent wouldn't mind if teens sex was with someone special	1.83	1.63	.206	0.0100*	2.33	2.24	.096	0.259
How does you mom feel about you having sex at this time	2.32	1.76	.557	0.0000***	2.98	2.58	0.40	0.0000***
How does your mom feel about you having sex at this time with someone special	2.29	1.98	.309	0.0002**	2.86	2.65	.213	0.018*
How would your mom feel about you using birth control	3.38	3.00	0.38	0.0000***	4.10	3.88	.226	0.0123*
Guilt after having sex	2.59	2.90	308	0.0005**	2.31	2.65	340	0.0001**
Having sex would upset your mother	3.84	4.26	420	0.0000***	3.20	3.58	384	0.0000***
Sex would bring you pleasure	3.77	3.37	.400	0.0000***	3.97	3.32	.653	0.0000***

TABLE 13. ADOLENCENTS FEELINGS ON SEX AND PREGNANCY		KNOWLEDGE		_
Respect from friends.	NO	YES	DIFF	Pr < 0.318
Respect from partner lost if have sex.	2.38	2.24	.141	0.0233*
If you had sexual intercourse, afterward, you would feel guilty	2.73	2.48	.256	0.0000***
If you had sexual intercourse, it would upset {name of mother}.	4.04	3.39	.649	0.0000***
If you had sexual intercourse, it would give you a great deal of physical pleasure.				0.319
If you had sexual intercourse, it would relax you.				0.0787
If you had sexual intercourse, it would make you more attractive to the opposite sex.				0.344
If you had sexual intercourse, you would feel less lonely.				0.737
If you got someone pregnant or if you got pregnant, if you got pregnant, it would be embarrassing for you.	3.73	3.28	.456	0.0000***
If you got someone pregnant or if you got pregnant, you would have to quit school.	2.40	2.15	.253	0.0000***
If you got someone pregnant or if you got pregnant, you might marry the wrong person, just to get married.	2.83	2.61	.220	0.0004**
If you got someone pregnant or if you got pregnant, you would be forced to grow up too fast.	3.92	3.79	.133	0.0313*
If you got someone pregnant or if you got pregnant, you would have to decide whether or not to have the baby, and that would be stressful and difficult.				0.188
Getting (someone) pregnant at this time worst thing that could happen to you	4.28	4.15	.133	0.0326*

^{*}Results are from only respondents who have had sexual intercourse and are 15 years or older.

^{*}Each variable is on a scale 1-5, 1-strongly disagree 5-strongly agree

TABLE 14. ADOLENCENTS FEELINGS ON	Parental I	Knowledge		
BIRTH CONTROL.	NO	YES	DIFF	Pr<
Hassle of birth control	2.01	2.07	-0.658	0.444
Expense of birth control	2.12	2.14	-0.0162	0.886
Difficulty to plan ahead to have birth control when needed	2.15	2.10	0.0452	0.208
Ability to get partner to use birth control	2.07	2.03	0.0388	0.630
Birth control impacting sexual enjoyment.	2.26	2.26	-0.00677	0.562
Ease to get birth control	3.65	3.85	-0.196	0.0008**
Birth control is morally wrong.	1.90	1.72	0.178	0.0024**
Friends opinion of birth control	2.52	2.33	0.182	0.002**
You are quite knowledgeable about how to use a condom				
correctly.	4.42	4.59	-0.171	0.0036**
You are quite knowledgeable about the withdrawal				
method of birth control.	3.80	3.95	-0.150	0.0177*
Use of a condom during sex (yes or no)	.506	.692	-0.185	0.1271
Proportion of time using condom when having sex (0-				
none of the time to 5-all of the time)	1.25	1.30	-0.05	0.4567

^{*}Results are from only respondents who have had sexual intercourse and are 15 years or older.

^{*}Each variable is on a scale 1-5, 1-strongly disagree 5-strongly agree

TABLE 15. PARENTAL					
COMMUNICATION ABOUT SEX	PARENTAL KNOWLEDGE				
AND BIRTH CONTROL	No	Yes	Diff	PR<	
{NAME} will get the information somewhere else, so you don't really need to talk to (him/ her) about sex and birth control.	1.66	1.62	.039	0.5001	
Talking about birth control with {NAME}would only encourage (him/ her) to have sex.	1.64	1.57	.075	0.203	
how much have you talked about the negative or bad things that would happen if [he got someone/ she got] pregnant?	3.02	3.36	-0.348	0.0000***	
How much have you talked about the dangers of getting a sexually transmitted disease?	3.22	3.45	-0.228	0.0001**	
How much have you talked about the negative or bad impact on (his/ her) social life because (he/ she) would lose the respect of others?	2.68	2.91	-0.229	0.0001**	
How much have you talked about the moral issues of not having sexual intercourse?	2.99	3.07	075	0.203	
How much have you talked about birth control?	2.705	3.305	-0.6	0.0000***	
How much have you talked about sex?	3.0209	3.365	-0.345	0.0000***	
You have recommended a specific method of birth control to {NAME}.	2.84	3.71	-0.8729	0.0000***	
Overall parent uncomfortable communicating about sex (alpha=0.7800) (5 variables) (mean standardized)	.0375	0879	0.125	0.0321*	

^{*}Results are from only respondents who have had sexual intercourse

^{*}Questions regarding how much are on a scale of 1-4: 1-not at all 4-a great deal; questions regarding agreement are on a scale 1-5: 1-strongly disagree, 5-strongly agree

TABLE 16. ADOLESCENCE RELIGIOUS	Parenta	l Knowledge			
VIEWS	NO	YES	DIFF	Pr<	
Do you identify with a religion	0.884	0.851	0.0335	0.466	
Sacred scriptures as the word of god	0.788	0.713	0.0756	0.132	
Attending religious services	3.03	2.67	0.358	0.0000***	
How important is religion to you?	3.31	3.17	0.131	0.0362*	
Do you think of yourself as a born-again Christian?	0.477	0.384	0.0922	0.117	
How often do you prey	2.92	2.66	0.265	0.0000***	
Attending youth groups, bible classes, or choir or other activities at places of worship?	1.20	.809	0.396	0.0000***	
Gone to a religious service or church-related event with mom.	0.408	0.257	0.151	0.0128*	
Gone to a religious service or church-related event with dad.	0.302	0.175	0.126	0.0305*	

^{*}Results are from only respondents who have had sexual intercourse.

TABLE 17. PARENTAL RELIGIOUS	Parental k			
VIEWS	NO	YES	DIFF	Pr<
Identify with a religion.	0.948	0.925	0.0231	0.614
Believe sacred scriptures as the word of god.	1.87	2.07	-0.201	0.0007**
Attending religious services	2.81	2.55	0.258	0.0000***
How important is religion to you?	3.51	3.41	.097	0.0995
How often do you prey	3.29	3.13	0.163	0.0055

^{*}Results are from only parents of respondents who have had sexual intercourse.