

Sexual Socialization for Grenadian Adolescents: An Exploratory Study

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Abstract

In the past decade, risky sexual behaviors have been a persistent concern for policy makers, parents, and social service providers in the Caribbean regions, including Grenada. When viewed from a social ecological perspective, adolescents' knowledge and attitudes about sexuality can be learned from a range of sources to include parents, community, church, school, media, and peers. A grounded theory inquiry, investigating the sexual socialization of Grenadian, adolescent girls, revealed "sexual responsibility" as the central phenomenon through which emergent categories were structured. Findings from 12 participants indicated that Grenadian mothers largely relay values that have been learned from church and school experiences. Mothers seemed to serve as the primary source of guidance regarding adolescents' perceptions of sexual health. Mother-daughter communication included: general messages about abstinence, asserting sexual limits, use of protection, abstinence until marriage, and abstinence due to school completion. Implications for further research, policy planning, and counseling practice are discussed.

Keywords: sexual responsibility, mother-daughter communication, Grenadian adolescents

In the past decade, risky sexual behaviors have been a persistent concern, (Baptiste et al., 2009; Barrow, 2006; Halcon, Blum, Beuhring, Pate, Campbell-Forrester, 2003; Phillips, 2006) for policy makers, parents, and social service providers in the Caribbean region. Studies conducted in Caribbean Islands, such as Anguilla, Trinidad and Tobago, and Barbados, document persistent trends of early sexual activity (Kurtz, Douglas, & Lugo, 2005), low levels of consistent protection, and poor knowledge of sexual health issues (Barrow, 2006). Most studies conducted with Grenadian youth have been a part of general Caribbean surveys. For example, the Caribbean Youth Survey (Halcon et al., 2003) examined factors associated with characteristics such as poor health status, substance use, and suicide risk and explored the extent to which risk and protective factors were related to health compromising behaviors. Blum and colleagues in their nine country survey on risk behaviors among Caribbean islands have found that risky sexual behaviors, including early sexual initiation is a problem for most Caribbean Islands, including Grenada (Blum et al., 2003). Oelhafen (2011) examined health-compromising behaviors among Grenadian youth, utilizing data from World Health Organization (WHO) and found that adolescents' ages 11-16 were engaged in drug use, sexual activity, and alcohol consumption.

More specifically, 25% of the sample were already sexual active. To the best of our knowledge, only the above study has analyzed recently using data specifically on Grenadian adolescents. This study does not explore issues pertaining to sexual socialization and responsibility. As such it is timely to begin examining socializing influences on sexual behaviors and attitudes of Grenadian youth. Therefore the purpose of this study is to examine the messages that adolescent girls in Grenada receive about sex and sexual responsibility.

The Ministry of Health in Grenada has reported an increase in teenage births and pregnancies. Specifically in 2006, the Ministry of Health reported that 20% of first time mothers were teenage girls (UNICEF, 2009). When an adolescent girl becomes pregnant during high school, her formal education abruptly ends, and she is expected to drop out of school. To date, there is only one program for adolescent mothers that accommodates the completion of high school. Selected adolescents are able to complete secondary education on this campus and receive assistance if they return to school (a recent opportunity provided to them).

In a recent study that used data from the World Health Organization (WHO), Oelhafen (2011) found that 25% of the teens in the study were sexually active. The data in this study was primarily descriptive and did not show co-occurrence with substance use. Factors associated with the risky sexual behaviors were not examined. Overall, research has demonstrated a high propensity for risky sexual behaviors, lack of education about safe sex, and misconceptions regarding risk for pregnancy and STIs. Furthermore, the early age of sexual activity among Caribbean adolescents (including those from Grenada) and the negative consequences associated with pregnancy underscore the dire need to learn more about interventions that promote healthy sexual behaviors among Grenadian adolescents.

A thorough search of the literature in journals about United States and Caribbean journals has found that, to date, no study has been conducted to examine the process of sexual communication between Grenadian adolescents and their parents. This literature review also highlighted the significance of family and religious influences and the gendered way sexual communication occurs. Through a qualitative inquiry we examined the sexual socialization that adolescent girls in Grenada experienced. This is an initial phase for understanding the messages that adolescent girls in Grenada receive about sex. The specific aims of this study were to explore: (1) adolescents' perception of communication with their parents about sexual issues, (2) the content of sexual health discussions when they occurred, and (3) the sources of sexual socialization for Grenadian adolescent girls.

Background and Significance

A social ecological perspective frames adolescents' risky sexual behaviors and attitudes as learned from a range of sources that included parents, peers, and experiences with community, church, school, and media (Blum et al., 2003; Bronfenbrenner, 1979; Guillamo-Ramos, Jaccard, Dittus, & Collins, 2012). For Grenadian and Caribbean adolescents, familial and religious contexts may be salient forces in the adolescents' sexual socialization. Parent-adolescent communication, with regard to sexual activity, is generally viewed as important and is perceived as a means of encouraging adolescents to engage in responsible sexual behavior (Stauss, Murphy-Erby, Boyas, & Van Bivens, 2011). Scholars have agreed that appropriate sex education and effective parent-adolescent communication about sex are important steps in encouraging safe practices and, consequently, reducing teen pregnancy and STI rates (Majumdar, 2005; Stauss et al., 2011).

Several empirical studies have linked levels of parental communication with adolescents' outcomes in general. Researchers have found that increased mother-adolescent communication was associated with lower levels of adolescent risky sexual behaviors (Hutchinson, Jemmott, Jemmott, Braverman, & Fong, 2003; Hutchinson & Montgomery, 2007). More specifically, parent-adolescent communication about sex plays a role in delaying early intercourse. Previous studies have consistently suggested that the quality of parent-adolescent communication about sex is more relevant to reducing risky sexual behavior than other communication process dimensions. Open, comfortable communication is associated with less sexual experience and less risky sexual behavior among adolescents (Dutra, Miller, & Forehand, 1999; Whitaker, Miller, May, & Levin, 1999). Overall, past research suggests that parents' communication with adolescents is more important than how frequently or to what extent they discuss these issues.

Another important contextual factor is the influence of religion. Among Grenadian adolescents, church attendance and Christian beliefs (both Catholic and Protestant) stress abstinence. These beliefs are important sources of socialization for adolescents about sexuality and life issues (Dufour et al., 2013).

It is important to take into account the role that parents' religious beliefs play in the sex-related conversations that occur within the family setting. Soares (2008) documents that, for Caribbean families, religion is a major agent of social control. Dufour and colleagues (2013) recently examined the role of faith-based organizations in Eastern Caribbean HIV prevention programs. They found that, although these organizations are part of the process, religious beliefs limit the kinds of prevention messages that can be taught to participants. In particular, promoting condom use was incompatible with church doctrine; therefore, the practice was not encouraged. These findings suggest that adolescents exposed to a high level of religious socialization may be provided limited information about sexuality and healthy sexual behavior.

There are gender issues when discussing parent-child communication and sexual activity. Mothers usually assume the primary responsibility for sex education, and daughters are more often recipients of sex education than are sons (Majumdar, 2005; Nolin & Peterson, 1992; Sneed, 2008). Girls, whose mothers spoke with them about sexual issues, tended to be less sexually active over time (Newcomer & Udry, 1985).

Furthermore, researchers have concluded that maternal communication about birth control was associated with an increased likelihood of sexual initiation in both girls and boys when adolescents were less satisfied with their relationships with their mothers (Dittus & Jaccard, 2000). O'Sullivan, Myer-Bahlburg and Watkins (2001) found that African American mothers and their pre-teen and early adolescent daughters discussed primarily biological issues and negative consequences of sexual activity. Positive aspects about sexual relationships were not as frequently discussed (O'Sullivan et al., 2001).

This study explored the sexual socialization that adolescent girls in Grenada experienced from their homes and other contexts in which they function. The topics of interest to this study were: adolescent girls' perceptions of communication with their parents about sexual issues, the content of sexual health discussions when they occurred, and the sources of sexual socialization for Grenadian adolescent girls.

Method

Grounded theory was created as a method for developing theories grounded in data and analyzed by systematic and recursive means (Strauss & Corbin, 1994; Rafuls & Moon, 1996). The primary aim of grounded theory is to develop theoretical constructs embedded in peoples' lived experiences (Echevarria-Doan & Tubbs, 2005). Grounded theory differs from other qualitative approaches as it seeks to develop a theory by explaining the relationships between phenomena found in gathered data (LaRossa, 2005). In the present study, a theory is constructed to understand the messages Grenadian, female adolescents receive about sex.

Sample

The sample consisted of adolescent girls residing in Grenada. Participants were recruited through solicitations sent to their high school teachers and through snowball sampling. An information packet with parental consent forms and information about the study were given to schools four schools. Two in the rural are and two in the Urban. The schools were selected based on connections between the first author (who is a Grenadian national) and the schools identified. Participants also informed their peers. Interested students were asked to have their parents sign consent forms and to contact the primary researcher.

Interview Procedure

Depending on each student's preference, interviews were conducted in a private room, either at a home or school. Interviews were approximately 30 minutes in length. Adolescents were asked open-ended questions about discussions that their parents had with them about sex. The interview protocol included questions related to the content, quality, and perceived level of comfort of mother-daughter communication about sex. The interviewer included follow-up questions seeking clarification, specific examples, or more precise descriptions (Creswell, 1998).

During the interview process, the primary researcher used memos and journaling techniques to accommodate reflections, personal experiences, and observations (Richards & Morse, 2007). Since grounded allows for the modification of questions as a study progresses based on the information obtained in previous interviews, the interview guide consisted of grand tour questions that, during the course of the interviews, were slightly modified with clarifying probes.

Data Analysis

The first step of data analysis involved open coding. All members of the research team carefully read each transcript in order to begin developing an understanding of emerging concepts. This initial step consisted of line-by-line examination of transcripts according to conceptual content (Charmaz, 2000). Strauss and Corbin (1998) identified open coding as a process where data are broken down into discrete ideas and given a name that represents these ideas. This analysis is the first step of the theory building process as themes emerge and are organized into concepts (Whiting, 2008). For the present study, this process yielded 24 codes.

The axial coding process involved determining the relationships of codes and subcodes in order to better understand the phenomena being studied. During axial coding, categories were related to subcategories in order to recognize the relationships between them (Strauss & Corbin, 1998). In this process, the researcher engaged in the arrangement, rearrangement, and regrouping of data to identify higher abstract categories (Clark, 2009). Based on the methodological groundwork of Strauss and Corbin (1998), selective coding consisted of choosing a central category through which all of the major categories were connected. Categories were continuously refined and higher abstractions were identified (Clark, 2009). Furthermore, the researchers remained open to negative case data, outlying data that seemed to contradict the constructed theory (Strauss & Corbin, 1998).

Ensuring rigor and trustworthiness. Creswell (1998) identified the employment of several strategies to boost the validity of grounded theory research findings. It is recommended that researchers use at least two of these strategies. In the present study, the validity was addressed through: (1) the incorporation of a team approach and (2) clarification of research team members' biases and values. Validity was ensured first through the incorporation of the primary researcher, a secondary researcher, and a research assistant – the research team. The research team engaged in numerous discussions which allowed for negotiation of emerging concepts and relationships to take place (Whiting, 2008). All of the researchers kept memos about the emerging concepts and their personal reflections.

The second approach to ensuring validity was the diversity of experience of the three research team members. The first author is a female professor who migrated from Grenada to the United States in order to obtain degrees of higher education in Human Development and Family Studies. She has intermittently traveled to Grenada to visit her family members, many of whom continue to reside on the island. Utilization of memos and triangulation allowed the first author to ensure trustworthiness and credibility. Two additional coders (one professor and one research assistant) were not of Grenadian descent they also incorporated memos to aid in the transparency of their personal values. The team engaged in weekly meetings to discuss emerging themes.

Throughout the coding and data analysis process, team members clarified their values through personal reflection and group discussions. Comparison of data analyses often evoked conversations where the researchers challenged themselves and each other to be aware of how personal values may have affected their perceptions of the data. This process helped ensure the validity of the emerging theory.

Results

Study Participants

A total of 12 students, all young women, were interviewed; they were from seven different villages and four different high schools. The sample included four 15-year-olds, three 16-year-olds, two 17-year-olds, and three 18-year-olds. Only three of the participants were in a household with two biological parents. The others lived with their mothers and grandmothers or with their mothers and a visiting/live-in significant other. The participants were from lower or working class families.

Data Analysis

Grounded theory research consists of the identification of a central phenomenon through which subsequent categories are related. "Sexual responsibility" is the central phenomenon through which emergent categories were structured. This central phenomenon emerged from fears regarding "teen pregnancy" and HIV/STIs. Furthermore, messages that the study participants received about sexual responsibility were practical and appeared to represent the values that Grenadian mothers learned from their experiences at churches and schools.

Sexual Responsibility

Shortly after beginning the data analysis process, it was obvious that the primary messages that these Grenadian high school students received surrounded sexual responsibility.

It was evident that the goal of such communication was aimed towards avoiding teen pregnancy and/or HIV/STIs. Study participants directly stated that they received messages about sexual responsibility that seemed to be aimed at warding off HIV/STIs and teen pregnancy. One participant succinctly explained the way that many of her peers experienced these messages:

When we talk, we conclude that sex is not good because it can bring bad results; you can get pregnant in school, and you might have to drop out of school. You can get some STD.

In another descriptive example, a study participant described how her mother recalled her own experience as a pregnant teenager as an attempt to dissuade her daughter from repeating the experience. She said:

I asked her what it is about; she said no matter she had sex and made twelve (12) of us, we should never follow her footsteps and my sister drop out of school and she don't want me to make the same mistake.

Primary Message Sources

The study participants reported that their mothers typically provided information about sexual responsibility. Mothers seemed to serve as the primary source of guidance regarding their perceptions of sexual health. Mother-daughter communication, regarding sexual responsibility, addressed the following: general messages about abstinence, asserting sexual limits, use of protection, abstinence until marriage, and abstinence due to school completion

General messages about abstinence. Some participants reported that the message they received from their mothers was as follows: "absolutely no sex."

Another participant stated that the messages she received regarding abstinence did not prepare her to manage the possibility of sexual encounters. She stated specifically that she was, "not prepared [for a sexual encounter] because they don't tell us how to deal with [those] situations, they just say abstain."

Abstinence until marriage. Study participants also received messages that "unless you're married, you shouldn't be [having sex]." These types of messages seemed to be closely connected to their religious beliefs.

For example, one participant said:

[Mom] always go[es] back to the Bible and say just like how the Bible says that you must not have sex before you married...she always go back to the Biblical word and give[s] me information about it. So [we] always go back to the word.

Abstinence due to school completion. In reference to school-related obligations, a participant described the warning that her mother gave her:

...don't have sex at an early age, I don't want you to get pregnant...at an early age you have to drop out of school; education is the key to success nowadays and she don't want me to end up like her having a child at 14.

Sexual limits. Other participants reported that their mothers gave them instructions on how to set appropriate sexual limits. One said that she was told to "know your limits with boys and, if they [are] going too far, stop them and let them know what you stand for." Another associated her ability to set sexual limits as a source of pride: I am in a relationship with a boy and, when coming to sex, I will tell him that I am not ready yet because I am in school and I am aiming to achieve 10 subjects so sex will come after. I want to make my mom proud. And if he wants sex, the door is always open he can just walk out.

Protection. Although many of the study participants reported having received messages not to engage in sexual activity, some received information encouraging them to protect themselves should they decide to have sex. One participant stated that, although she was warned against the dangers of teen pregnancy, safe sex was also promoted:

My mom basically would say, don't have sex at an early age I could get pregnant. I could catch a lot of harmful diseases by having sex and if you are having sex make sure you use protection or make sure the guy get[s] tested before you have sex with him and things like that.

Other Message Sources

Although study participants primarily reported receiving messages about sexual responsibility from their mothers, they also received messages from their experiences with church and school. The messages from church and school experiences echoed the messages received from their mothers.

Church experiences. The study participants discussed some of the religious rationale used to deter them from engaging in sex. One said that she learned, “sex before marriage is a sin.” At times these messages are delivered within church settings, “because I grow up in church, unless you’re married you shouldn’t be [having sex]...”

School experiences. Some participants discussed the ways in which the messages they received from school encouraged them to be sexually responsible. Many participants stated that they received the message to avoid sex until after they reached their educational goals: “don’t have sex at an early age; I don’t want you to get pregnant and at an early age you have to drop out of school. Education is the key to success nowadays.”

School was viewed by some of the study participants as a source of direct instruction for sexual behavior. In another example, a participant said, “In guidance and counseling they talk about teenage pregnancy, why you should not have sex while you still at school...”

Uncomfortable Conversations

Some of the study participants seemed to be highly in tune with their mothers’ level of comfort discussing sex. Furthermore, many were aware of the topics that made them uncomfortable when having interpersonal conversations about sex. Uncomfortable conversations emerged as another focal point in discussing sex from the study participants’ points of view.

Mom’s comfort. Participants reported perceiving that their mothers were comfortable while discussing sexual responsibility with them. One said that her mother, “feels comfortable talking to me about everything.” While another said that her mother gradually introduced information to her about sexual responsibility:

At first, when I asked her, I was in primary school, but she did not answer. But then she just ignore me. So I [thought] that she did not want to talk to me about that. But, as you grow older, you going to secondary school, you start to learn about it from school then, she started opening up you know about stuff like that.

Participants’ discomfort. Although the study participants stated that they perceived their mothers to be comfortable talking with them about sexual responsibility, they actually experienced their own discomfort during these conversations. One said:

soon as you like a boy she [Mom] always feel that only one thing boy want from you, you’re feeling kind of weird. So [Mom] is like oh you like this boy, but you don’t know what this boy want from you; the boy only want sex from you. If you try talking to [Mom], it’s like she don’t have understanding. As a teenager, it’s kinda weird when she saying this things...

Additional Topics from participants

Some participants expressed wanting more information or feedback regarding sex in order to have a stronger feeling of preparedness. Many openly expressed their needs in terms of understanding topics related to sex. Some identified other resources to get information about sex outside of what their mothers were providing. In addition, when given the opportunity, participants had specific pieces of advice for their peers.

More facts needed. Despite messages that the participants received, many addressed lingering questions that they had about sex. Some stated that they wanted to know more about STIs. One participant said that she wanted to know, “how diseases are transmitted, what the best thing you can do to stay away from sex?”

Others stated that they wanted to know about the positive attributes of sexual encounters:
I would like to know if that’s all that could happen only if you can catch diseases and you could get pregnant. Is it a good feeling if you have sex? Basically I know what to ask her, but I am not ready to bring out myself to ask her that yet. If it’s a good thing, what is the purpose people really have to have sex and stuff like that.

Sources apart from Mom. Although most participants said that information regarding sex was primarily delivered from their mothers, many said that they knew of other sources of information as well. One participant identified her “grandmother” as a potential source. Another said that she “would rather talk to her sisters.” Finally, another said that she would, “go to the school counselor and my best friend sister, who is 33...”

Advice to peers. As a result of these conversations, participants reported passing messages that they receive about sexual responsibility on to others. One said that she tells her friends, “open up and tell your parents what’s going on in your life, have a good communication with your parents.” Another gave advice for situations where her friends were hesitant to communicate about the topic: Some people don’t like to talk to their parents about sex. Some of us don’t like to talk about that with their moms; some time a parent just ignores us and sometimes they don’t know that much to tell us the information. So it would be hard for us to do that. But I would tell them that can get someone older; it doesn’t have to be their mom. It could be their father or someone older and has more info to get someone to talk to. It helps a lot especially if you have feeling likes guys it’s better for them to go and talk to a guy because a guy has that feeling.

Summary

The messages adolescents received were grounded in the sexual responsibility paradigm and highly influenced by the cultural factor, religiosity. Adolescent girls received messages from various sources, but cited the need for more information about STIs and relationship dynamics. Finally, both mothers and daughters expressed varying levels of comfort discussing sexual issues.

Discussion

The findings of the present study were consistent with results from several US, Latin American, and Caribbean studies (e.g., Guillamo-Ramos et al., 2008; Hutchinson et al., 2012). Findings addressed themes associated with an understudied population in the Caribbean and offered important information regarding the sexual attitudes and communication that Grenadian, adolescent girls received. The sexual responsibility paradigm was proven to be the central phenomenon in this study. The content of communication adolescents received from their mothers centered on preventing STIs and teen pregnancy. Overall, abstinence was the general message to adolescent girls via their mothers and experiences with churches and schools. From the adolescent perspective, mothers wanted adolescents to demonstrate responsibility for their actions by promoting abstinence. Adolescents then countered that they should receive a better quality of sex communication and were open to alternative sources, such as the internet and peers.

Mothers served as the primary message source for adolescent girls. A recent study by Hutchinson et al. (2012), examining mother-daughter communication about sex confirmed the significance of looking at sexual communication from a mother-daughter perspective. This study found that the primary messages that girls received from their mothers contained general messages about abstinence, asserting sexual limits, use of protection, abstinence until marriage, and abstinence due to school completion. The recurring theme of abstinence is important because of the cultural/religious ties to sexual decision-making. The sexual socialization that daughters received from their mothers was consistent with those of religious teachings. Religiosity, as documented by several scholars, plays a significant role in the lives of Caribbean families (e.g., Dufour, et al., 2013; Soares, 2008; Stauss, Murphy-Erby & Van Bivens, 2011). Grenadian society is conservative and highly driven by Catholic customs as well as growing Protestant influences. A recent study with Mexican adolescents noted that messages of abstinence permeated the sexual communication that parents gave to adolescents (Rouvier, Campero, & Caballero, 2011) and that this stance was due to the high influence of Catholicism in Mexico. In general, parents endorse church attendance and abstinence from a moral and religious standpoint. Adolescents were also encouraged to delay sex due to completion of school. This is not a frequently discussed issue in the current literature; however, it resonated with many of the adolescents in our study of Grenadian adolescents. Adolescents seem to be in agreement with the parents’ perspective that they should delay intercourse until secondary (high) school completion. Parents often cited examples from their own experiences and that of siblings who may have had a pregnancy before school completion. There was an overall concern for the adolescents’ futures and quality of life. The focus of past literature has always been on abstinence due to religious beliefs; therefore, this is an area that needs further exploration.

The sexual responsibility that parents encouraged for their adolescents was motivated by the need to have a good future and to avoid embarrassment or shame upon the family.

It was not clear how powerful the messages of abstinence based on the need for school completion were in deterring adolescent girls from engaging in sexual intercourse. However, future studies can explore the importance of these primary messages from Grenadian mothers.

As many adolescent girls have romantic interests, some adolescents in our study reported that their mothers stressed sexual limits. Their mothers encouraged them to know and set their limits with regard to romantic involvement. These participants reported that setting sexual limits meant having pride and succeeding academically. This message appears to be connected to their parents' concern for their daughters' futures and for societal images. Studies have shown that adolescents who delay intercourse tend to perform better academically than adolescents who engage in intercourse early (Rector & Johnson 2005; Sabia, 2007). From the Grenadian perspective, given the low level of opportunities for obtaining an education after a pregnancy occurs, it is understandable why the emphasis is placed on limits and concern for adolescents' futures.

Not only are parents communicating about setting sexual limits, the messages that adolescents receive from their school and church experiences tended to augment the messages received from home. While some participants reported that their mothers had encouraged them to use protection if they were to engage in sexual activity, not all mothers communicated this practice of protection. The school curriculum, in a limited way, exposed adolescents to information about sexual protection. However, the information, as our participants noted, was not necessarily adequate. In order to promote safe sex and healthy sexual development, it is important for Grenadian sex education to be comprehensive and medically accurate. Although this communication between parents and adolescents should be encouraged, our findings suggest that it is also vital that schools provide adequate information to support the education received at home. Furthermore, educational structures should implement resources for those children and adolescents who many not receive information from home.

Although our study participants received the recurring message of sexual responsibility, only a few of them indicated some level of comfort discussing sex with their mothers. Others openly reported discomfort with discussions about sex. The issue of adolescent discomfort is important to explore. Several studies show that open, comfortable communication is associated with less sexual experiences and less risky sexual behaviors among adolescents (Dutra, Miller, & Forehand, 1999; Whitaker, Miller, May, & Levin, 1999). Many of our participants reported that their mothers often ignored their initial questions about sex and waited until they were older to have these conversations. Guilamo-Ramos et al. (2008) noted that the reluctance to discuss sex may be due to the parents' lack of knowledge, embarrassment, or an interest in encouraging an academic focus. In the present study, the participants also noted their discomfort discussing sex with parents. They reported feeling "weird" and "uncomfortable" discussing sex, specifically with their mothers. It is important for an open and comfortable environment to be created between mothers and daughters to facilitate a fruitful discussion about sexuality (Hutchinson et al., 2012; Guilamo-Ramos et al., 2008).

During the interviews, our study participants were cognizant of the barriers to communication about sex and expressed the need to know and learn more from their mothers. Some were also aware of sources of information and support apart from their mothers, such as other family members, the internet, and older friends. The Grenadian family constellation often includes active grandmothers, aunts, and older siblings as caretakers of children and adolescents. With this in mind, it is important to include the extended family in the sex education process. Due to their upbringing, some adolescents may be more comfortable discussing sexual issues with other close kin. Interventionists and providers who endeavor to prevent risky sexual behaviors should be aware of the ties that adolescents have to kin and other supportive figures.

Our study participants clearly want to know more about sex, particularly issues related to sexually transmitted diseases. There is often a call for medically accurate information about pregnancy, HIV/AIDS, and STIs transmission. There is not a clear mandate for teaching about these topics in the secondary schools. Therefore, adolescents indicated a greater need to know more and to learn more about disease transmission. They were also interested in knowing more about methods of protection. If parents are solely focused on abstinence, this may explain the absence of discussion regarding appropriate safe sex methods. There is clearly a need for a more comprehensive sex education to be provided at home and in schools. Ministries of Health and Education would benefit from collaboratively training Family Life Education teachers and medical professional to provide comprehensive sex education to students, schools, and parents within the community.

Study Limitations

As noted above, this is one of the first known studies that examined adolescents' perceptions about the communication they receive from their mothers about sex. We recognize that there are several limitations with regard to the present study. First, the sample only included adolescent girls and their mothers. Future studies should aim to capture the experiences of adolescent boys and the perception of communication with fathers. Several studies have sought to investigate dialogues from mother and daughter dyads. This dyadic focus could capture a richer experience for topics associated with sexual health and communication. In the future, the researchers intend to extend this study to include mother-daughter dyads. This examination can determine congruency in present reports as well as further the understanding of sexual communication between mothers and daughters.

Most Grenadian families fall within a lower socioeconomic status or working class. Our recruitment attracted adolescents from lower SES backgrounds, and therefore, theoretical saturation was reached from interviews with the first seventeen participants. The perspectives of adolescents from higher SES backgrounds were not examined in the present study. Future investigation is expected to explore sexual communication issues within this population.

Conclusion

Despite the limitations documented above, the researchers believe that this study has provided valuable information about parent-adolescent communication about sex. Furthermore, the recommendations section provides insight for the creation of quality programs to promote healthy sexual communication and practices for adolescents. Clearly, the literature suggests that parents have an important role to play in helping their children engage in healthy sexual behaviors. While the moral views of parents should be respected, policy and intervention efforts should be geared toward fostering a climate for open and accurate discussion of sexuality.

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