ATTACHMENT THEORY AND SEX ED: EXPLORING HISPANIC/LATINA MOTHER'S CONFIDENCE AND EXPECTATIONS WHEN DISCUSSING SEXUAL HEALTH WITH THEIR DAUGHTERS

by

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Dedication

با سپاس فراوان از هیلدا و مجید، که با عشق و پشتیبانی بی دریغشان در این راه مرا یاری نمودند

A mamá y papá, quiero que sepan que esta tesis no es sólo mía,

sino también de ustedes.

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fuente constante de motivación.

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ABSTRACT

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Effective and open communication about sexual and reproductive health can have a positive effect on the health outcomes of Hispanic/Latina youth; however, parents face numerous barriers when attempting to engage in such communication. Given that maternal figures are frequently the primary educators in sexual health matters, this study seeks to examine the internal processes associated with mothers' intentions to discuss sex-related topics with their daughters. A digital flyer was used to recruit 79 Hispanic/ Latina mothers to complete a survey on this topic. Results indicate mothers who reported a high level of avoidance related to attachment tend to have lower levels of self-efficacy, while mothers who reported a high level of anxiety related to attachment are more likely to experience lower levels of positive emotions and cognitions when it comes to their expectations about the outcome of conversations with their daughters. The results of this study indicate that the attachment dimensions play a significant role in parental intentions to engage in sexual health conversations. Specifically, it is crucial to focus on enhancing

self-efficacy and fostering a sense of responsibility among mothers in educating their daughters about sexual and reproductive health. By prioritizing these factors, efforts to increase maternal engagement in sexual health conversations can be more effective and potentially result in better sexual health outcomes for Hispanic/ Latina youth.

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CHAPTER I:

INTRODUCTION

Risky Sexual Behaviors among Youth in the United States

The behaviors and experiences that occur during childhood and adolescence have a substantial influence on present and future health outcomes (Braveman & Barclay, 2009), including outcomes related to sexual health (Hillis et al., 2001; Scott et al., 2011). As children enter the adolescent stage, risk taking and impulsivity increases (Romer, 2010). In fact, this period is usually defined by an increase in sexual behaviors (Council, Hofferth & Hayes, 2016), and the engagement in these sexual is a fundamental part of an individual's growth and development. However, there exist potential adverse consequences that may be linked to such behaviors. Risky sexual behavior is most commonly defined as engaging in sexual activities that may lead to negative health consequences (e.g., early sexual debut, incorrect/inconsistent use of protection against STDs and pregnancy, and having multiple/irregular partners; Chawla & Sarkar, 2019). In fact, if adolescents and young adults engage in risky sexual behaviors, they are more susceptible to adverse health outcomes if they engage in risky sexual behaviors (Malhotra, 2008; Nguyen et al, 2017; Ritchwood et al., 2015). As shown in recent reports, individuals between the ages of 13 and 24 constituted 20% of newly diagnosed HIV cases, and the same age group accounted for over 50% of the nearly 20 million new cases of sexually transmitted diseases in the United States (CDC, 2021a). Additionally, more than 145,000 infants were born to adolescent females (Bearak 2021; Hamilton, 2022). Although current U.S. trends show prevalence of high-risk sexual behaviors among adolescents have decreased (e.g., having multiple partners, being sexually active; CDC, 2021b), the prevalence of preventative sexual behaviors (e.g., condom use, STD

and HIV testing) has also decreased, suggesting there is a need for further efforts in the prevention of adverse sexual health outcomes.

Race and Gender Disparities

While these issues are problematic across genders and races, racial-ethnic minority youth are disproportionately impacted compared to White alone non-Hispanic youth living in the United States (CDC, 2021b). Studies have found that African American adolescents exhibit a higher likelihood of having engaged in sexual activity with four or more partners over the course of their lifetime (Ritchwood et al., 2017; Coakley et al., 2017). Further, the prevalence of Chlamydia and Gonorrhea infections among individuals of Hispanic/Latino (H/La) ethnicity was found to be twice as high as that observed among their White alone non-Hispanic counterparts (CDC, 2018). The term "Hispanic" pertains to an individual who possesses ancestral ties to a nation where the predominant language is Spanish. The term "Latino/a" denotes individuals who trace their origins to any part of Latin America, encompassing countries such as Mexico, South and Central America, as well as the Caribbean (Lopez, Krogstad & Passel, 2022). In the present study, the terms "Hispanic" and "Latino/a" are utilized interchangeably to refer to this particular demographic.

Gender is a significant determinant in the health disparities observed within minority communities. Minority female adolescents are disproportionately affected (Badolato et al., 2022; Makrides et al., 2023). According to a seroepidemiologic study, the prevalence of HIV among adolescent girls of African American descent is notably higher than that of male adolescents of African American, White, and H/La descent (Valleroy et al., 1998). In another study, adolescent females that identify as African American and H/La reported increased instances of risky sexual behaviors when under the influence of drugs and alcohol, leading to a decline in the adoption of protective

measures such as condom use or other forms of contraception (Bachanas et al., 2002). Moreover, the prevalence of adverse sexual health outcomes is more elevated among adolescent females of H/La origin. Multiple studies indicate that H/La exhibit a higher incidence of cervical cancer diagnosis, rank among the highest in terms of repeat teen pregnancy prevalence and display a lower likelihood of utilizing contraception (Abma et al., 2004; ACS, 2023; CDC, 2013). Bachanans et al. (2002) revealed that there was a relatively higher prevalence of inadequate negotiation regarding condom use among H/La women. They hypothesize that sexual assertiveness may induce discomfort because the behavior is not conventionally associated with culturally traditional gender roles.

Protective Factors

Given these issues, identifying protective factors for H/La adolescents is critical for mitigating and addressing sexual health disparities. Protective factors, also known as resilience factors, are attributes that exist at the individual, family, or community level and function as dynamic mechanisms to decrease or avert the probability of involvement in risky sexual behaviors (Sharma et al., 2019). Several protective factors have been identified in prior research as being linked to reduced engagement in risky sexual behaviors among adolescents. Some of these factors include religious involvement, academic attendance, and school performance. With regard to religious involvement, Bachanans and colleagues (2002) found church participation exhibited a protective effect for older adolescents, as evidenced by a lower number of sexual partners. The same study also found that adolescent females who exhibited a higher frequency of attendance at religious services were more inclined to postpone their first sexual encounter, exhibit greater levels of self-efficacy in discussing topics such as STDs, HIV, and pregnancy prevention with their partners, and are more likely to decline unsafe sexual encounters (McCree 2003; Rostosky et al., 2004). Moreover, Poulson et al. (1998) found that women

with strong religious convictions are less likely to engage in risky sexual behavior than those with weaker religious convictions.

Education also serves as a protective factor against adverse sexual health outcomes. A literature review conducted by Mmari & Sabherwal (2013) on adolescent reproductive health identified a higher level of education as a protective factor across multiple adverse adolescent sexual and reproductive health outcomes. Additionally, teens who remain enrolled in school are comparatively less prone to engaging in early sexual activity and becoming pregnant in contrast to their peers who dropped out (Marham et al., 2010; Plourde et al., 2016; Talashek, Norr, & Dancy, 2003). Lastly, academic attendance and increased time spent on family activities have been shown to positively influence sexual health outcomes (Barnes et al., 2006).

The family unit plays a significant role in mitigating the likelihood of adolescents engaging in risky sexual behaviors. A review of positive youth development programs aiming to promote adolescent sexual health revealed that directing efforts toward young individuals and concurrently enhancing the familial environment led to better outcomes regarding adolescent sexual and reproductive health (Gavin et al., 2010). Conversely, the same review found that focusing solely on the youth did not yield the same positive results. Extensive research has demonstrated that the family unit is widely acknowledged as a safeguarding element exerting a significant impact on the sexual behavior of H/La adolescents and young adults (Chia-Chen Chen & Thompson, 2007; Garcia Saiz et al., 2021). It is important to note that various facets of the H/ La family structure appear to hold importance, namely connectedness, parenting style and parenting practices, and communication.

Connectedness (familismo). The first facet to consider is family connectedness, which encompasses parental warmth, support, parent-adolescent closeness, and child

attachment to parents (Miller, Benson & Galbraith, 2001). Numerous studies have demonstrated that strong bonds between a child and their caregivers is a crucial component in fostering positive development and preventing young people from potentially dangerous behaviors, such as sexual risk-taking (see Markham et al., 2010, for a systematic review). The majority of available evidence shows that familial connectedness can be a protective factor for early sexual initiation, frequency of intercourse, and pregnancy prevention (Miller, Benson & Galbraith, 2001; Perrino et al., 2000). Being active in their children's lives is vital to H/La parents due to the cultural value of familismo, which promotes strong family ties based on closeness and interconnectedness between immediate and extended family members (Deardorff, Tschann & Flores, 2008). Among the four dimensions of familismo, the dimension that exhibited the highest degree of consistency in predicting sexual risk behavior among girls was parental respect and authority. This dimension pertains to the notion that one must respect and accept family standards (Guilamo-Ramos et al., 2009). When results are considered collectively, they provide guidance for developing prevention programs that include familismo components that assist parents in raising their children's respect for parental authority and decision-making. For example, Familias Unidas, a parent-centered youth development program for Latinx youth that aims to improve families' capacity to support children, discovered that rather than focusing on particular health behaviors, strengthening the family system may be more effective in preventing and/or reducing drug use and unsafe sex among H/La adolescents (Prado, 2007).

Parenting Style and parenting practices. The next facet to consider pertains to parenting styles and practices, which have demonstrated an impact on adolescent sexual behaviors (Borawski et al., 2003). The extant body of literature offers diverse portrayals of Latinx parenting practices, with some research linking them to either authoritative or

authoritarian parenting styles (Hill, Bush, & Roosa, 2003). Studies found that parental attitudes that lean towards conservatism regarding sexual behavior, as well as the implementation and reinforcement of dating regulations, could potentially postpone the initiation of sexual activity (Hovell et al., 1994; Velez-Pastrana, Gonzádez-Rodríguez, & Borges-Hernandez, 2005). Additionally, parental monitoring, which refers to the supervision of adolescents' activities, was found to have a protective effect against the early onset of sexual intercourse (Boislard et al., 2009; Velez-Pastrana, Gonzádez-Rodríguez, & Borges-Hernandez, 2005), fewer sexual partners (Kerr et al., 2003; Miller, Forehand, & Kotchick, 1999) and better use of contraceptive methods (Borawski et al., 2003). Conversely, adolescents who spend more time unsupervised were at a higher risk of adverse health sexual outcomes (Barnes, 2007).

Communication. The last facet relates to parent-child communication. Parental warnings and discussions regarding sexual health topics have been found to be positively correlated with a reduction in instances of unprotected sexual activity (Flores & Barroso, 2017; Ritchwood et al., 2017). Although there is evidence to support a positive relationship between communication about sex and healthy sexual behavior among adolescents, it has been observed that Latino families engage in sexual communication less frequently than families from other racial and ethnic backgrounds (Hutchinson, 2002; Miller, Benson & Galbraith, 2001). The existing body of literature suggests that Latino parents acknowledge the importance of maintaining transparent communication; however, they encounter discomfort in actively participating in such dialogues (Martinez & Orpinas, 2016). Qualitative interviews examining H/La mother-daughter conversations about sex-related topics indicate that mothers recognize the significance of engaging in conversations regarding sexual health as a means of enabling their daughters to prioritize their educational goals, as well as the health-related repercussions associated with sexual

activity (McKee, & Karasz, 2006). Overall, communication is one of the most important and easily implemented parental facets to reduce adverse sexual health outcomes in H/La adolescents.

Overall, prior research demonstrates that parent-child communication is critical to healthy sexual behavior. It can create long-term protective behaviors for teens, leading to improved sexual health outcomes including increased use of contraception, fewer episodes of sexual intercourse and unprotected sexual encounters among adolescents (Flores & Barroso, 2017; Hutchinson et al., 2003). Quality parent-child communication can also help teens gain trust and improve their capacity to approach partners about their needs, thereby enhancing their relationship. Sexually active Latinx and African American teens who perceive their mothers as responsive when discussing sexuality and sexual risks are more likely to talk to their partners about contraception (including condoms) and STIs (including HIV) than those who perceive less positive affect (Driscoll et al., 2001). Further, teens with responsive mothers are more likely to use condoms at the time of their first sexual encounter and throughout their lives (Whitaker et al., 1999).

Mothers as Primary Educators

It should be noted most studies find the prevalence of parents discussing certain topics with their children is highest among same-gender dyads, and research has found that maternal figures are often the primary educators in sexual health matters (Flores & Barroso, 2017; Hutchinson, 2002; Romo et al., 2001). Given that H/La females often hold a pivotal role within their familial units (McKee, & Karasz, 2006), teens frequently report that their mothers are the individuals they strive to satisfy the most and with whom they experience the strongest emotional bond (Velez-Pastrana, Gonzádez-Rodríguez, & Borges-Hernandez, 2005). In addition, Wyckoff et al. (2008) found that mothers, in comparison to fathers, are more likely to engage in conversations regarding risk factors

and topics related to sexuality with their daughters rather than with their sons. The discrepancy might come from the belief that mothers are responsible for educating their daughters (Wright, 2009).

Dynamics of Communication

Enabling an environment that fosters open communication provides an avenue for parental guidance. Hutchinson and colleagues (2003) explained caregivers have the ability to customize communication to align with the cognitive and emotional maturity of their children, leverage opportune instances to impart knowledge, establish a framework of ethics surrounding sexual conduct, and act as a continuous resource for guidance and support. Moreover, parental guidance regarding sexual health can lead to increased responsible decision-making regarding sexual activity and favorable sexual health outcomes such as higher contraceptive self-efficacy (Guilamo-Ramos et al., 2011; Hutchinson, 2002; Lardier et al., 2019; Longmore et al., 2003). Regarding parent-child sexual communication, various dynamics of communication have been demonstrated to enhance sexual health outcomes including frequency/timing of conversations, content and parental tone of voice.

Frequency/ timing. In a 2017 article by Flores and Barroso, results indicate that discussions about sex and sexual health among parents and children are often triggered by developmental indicators such as bodily changes, fluctuating emotions, and the desire for autonomy. Adolescents who engage in more frequent and higher-quality communication with their parents about sexual topics are less likely to engage in risky sexual behaviors (Miller et al., 2001; Ritchwood et al., 2017; Sutton et al., 2014). Frequent parent-child communication about sex is uncommon, and when it does occur, it tends to be a one-time event or episodic in nature (Guilamo-Ramos et al., 2006). A recent qualitative study on H/La female students found that mothers who engaged in episodic

talks tended to maintain a consistent conversation style that did not align with their daughters' evolving thoughts and behaviors on the topic (Leyser-Whalen & Jenkins, 2022). The same qualitative study also suggested that parents should contemplate modifying their ongoing discussions about sexual and reproductive health to cater to their children's needs and current sexual history.

Content and Culture. The content of conversations is another crucial element in sexual communication. In general, parental discourse with their kids pertaining to sexual matters is often vague, advocates for abstinence, and emphasizes the negative consequences of sexual behavior (e.g., STDs, unintended pregnancy; Guilamo-Ramos et al., 2006). However, there are variations in the content of conversations between parents and teenagers based on their culture and gender. In H/La culture, conventional gender roles dictate that males are anticipated to exhibit strength and provide for their families, a construct known as "machismo." On the other hand, females are expected to display nurturing qualities and defer to the male head of household, a construct referred to as "marianismo" (Maas et al., 2022; Lefkowitz et al., 2014). These cultural expectations have an impact on sexual behaviors (Villar-Loubet et al., 2011). Collectively, the cultural constructs of machismo and marianismo contribute to the existence of a dual standard within Latin society. This standard promotes and reinforces the notion that men should exhibit sexual aggression and engage in active sexual behavior, while simultaneously minimizing women who display similar conduct (Pinos et al., 2016). Moreover,, sexual communication can be hindered bythe extent of a mother's sexual knowledge. Mothers may also be hesitant to participate in open conversations regarding sexual matters, as it can result in her being stigmatized as promiscuous or immoral (Villar-Loubet et al., 2011). Considering these social roles, mothers indicate that their conversations with their daughters center on puberty, the dangers and consequences of sexual activity, and the

feminine values of staying at home (McKee, & Karasz, 2006). In line with these findings, Romo and colleagues (2002) also found H/La mothers predominantly emphasized cautionary messages. However, their discussions also encompassed personal values and recommendations pertaining to appropriate behavior in particular circumstances. Overall, the available evidence shows that Latina mothers tend to emphasize the negative consequences of sexual activity (McKee, & Karasz, 2006); yet, even with the emphasis on the consequences, H/La teens use condoms or birth control pills at a lower rate than White and African-American teens (CDC, 2021b). In order to optimize sexual health outcomes, it is imperative to address the gender-based sexual double standard inherent in the values of machismo and marianismo and potential ambiguity in sexual health conversations, as these factors may significantly impact H/La adolescents.

Tone. Lastly, the tone in parental communication serves to augment the significance, purpose, and affective expression of the conveyed message to their children. Aronowitz & Agbeshie (2012) examined the impact of a parent's emotional tone on their daughters' willingness to engage in discussions about sex. They found that a negative emotional tone hindered such conversations; whereas, a positive tone facilitated them. Similarly, in a study conducted on the quality of parent-adolescent conversations regarding sex and sexual behavior, the researchers distinguished between teaching and lecturing. Rogers and colleagues (2015) found that teaching involved an educational or instructional approach, while lecturing had a condescending or derogatory tone. According to their findings, communicating the topics of dating and sex in a lecturing tone may increase the likelihood of adolescents engaging in sexual activity because they are less likely to assimilate messages about sexuality conveyed in a harsh/shameful tone. As a result, tone is a significant determinant in influencing adolescent sexual behavior.

Barriers to Sexual Communication in the Hispanic/Latin Community

Given the significance of effective communication, it is imperative to comprehend the obstacles that impede communication, particularly within the H/La community. Prior studies on parental communication regarding sexual health have identified various obstacles that hinder parents from engaging in productive discussions with their children. Common barriers found across parent's hesitancy to initiate conversations come from parenting style, knowledge about sexual health, perceptions that their child is not mature enough and perceptions that their child will be uncomfortable during the conversation (Coakley et al., 2017; Flores & Barroso, 2017; Pluhar, 2018). Within the H/La community, discussions about sexual topics are highly informed by culturally accepted norms and values. Murphy and colleagues (2011) discovered that parents' immigration, degree of acculturation, and family roles shaped communication about sex-related topics. Facilitating open sexual communication between parents and their children, especially among H/La parents whose culture emphasizes abstinence and minimizes discussions about sex (Villar-Loubet et al., 2011) could act as a catalyst for promoting safer sexual practices among adolescents.

The cultural norms surrounding discussions on sexuality are often a barrier to open communication regarding sexual health. H/La adolescents have expressed a desire for their mothers to initiate conversations regarding sex (Leyser-Whalen & Jenkins, 2022). However, previous research has indicated that certain parents may experience discomfort in acknowledging their adolescents' evolving sexual behavior, resulting in less reciprocal discussions about sexual topics. Parents with such characteristics may display a proclivity towards deliberately controlling and restricting the sexual activity of their teens upon gaining knowledge of it (Rogers et al., 2015). This may prompt Latinx adolescents to seek sex education and associated services elsewhere that is easily

accessible and without parental interference (Aarons and Jenkins, 2002; Lee, Flores & Holm, 2013).

The discussion of sex-related topics often elicits anxiety and apprehension among parents and their children, resulting in avoidance of such conversations. Leyser-Whalen and Jenkins (2022) have elucidated that certain mothers belonging to the H/La community refrain from engaging in sexual and reproductive health discussions with their daughters due to concerns that such conversations may inadvertently promote sexual activity among adolescents. Furthermore, Ashcraft and Murray (2017) have identified common themes that contribute to parental anxiety during conversations surrounding sexual health. Based on their findings, parents experience a range of concerns regarding the discussion of sex education with their children. These may include fear surrounding potential gaps in their knowledge, fear of divulging too much information, apprehension regarding challenging questions, worries regarding discovering previously unknown information about their child, concern regarding their teen's response or perception, and a general sense of discomfort surrounding the topic. Therefore, it appears that engaging in these discussions is necessary for H/La mothers yet they might refrain from doing so due to the reasons previously mentioned.

Psychosocial Variables Associated with Lack of Sexual Communication

The cognitive processes involved in communication may be influenced by parents' own beliefs and attitudes (Jaccard, Dodge & Dittus, 2002; Murphy et al., 2011). In the context of interpersonal communication, parents often possess a predetermined set of cognitions or affective states that impact parent-self efficacy (parent's own confidence) and parent outcome expectancy (parent's expectations about how the conversation with their child will go). In order for parental conversations to effectively connect with adolescents, it is crucial to identify the characteristics influencing mothers'

perceived confidence that they can have sex-related conversations and emotions/ thoughts related to these discussions.

Attachment Theory

One avenue for understanding communication processes is analyzing dimensions associated with parental attachment style. Attachment theory is a widely recognized conceptual framework employed to comprehend interpersonal relationships. The development of attachments is influenced by early interactions with caregivers and subsequently impacts an individual's expectations of future interpersonal relationships (Bowlby, 1969; Cooper, Shaver & Collins, 1998). The most commonly identifiable dimensions of attachment are anxiety, avoidance, or both (Hazan & Shaver, 1994).

Findings indicate that dimensions of attachment impact various aspects of parenting behavior such as the parent's ability to respond to stressful situations (Edelstein et al., 2004), level of support during parent-child conflicts (Feeney, 2006), and choice of parenting style (Doinita & Maria, 2015). Further investigation on dimensions of attachment indicate the potential influence on communication patterns. Several research studies have demonstrated that individuals with insecure attachments tend to utilize fewer effective methods of communication, specifically regarding communication about sex. McNeil, Rehman, and Fallis (2018) found avoidant attachment to be associated with more negative communication between an individual and their romantic partner. Similarly, Khoury and Findlay (2014) also found individuals with avoidant attachments exhibited lower levels of comfort with communicating their sexual needs/ boundaries, which in turn, resulted in a lower level of sexual satisfaction. On the other hand, positive correlations between secure attachment style and healthy communication led to increased use of birth control and higher physical/sexual satisfaction, indicating that individuals with secure attachment engaged in more effective sex-related communication resulting in

favorable outcomes (Barnes et al., 2017). Research findings on the communication styles of insecurely attached individuals focus mostly on sexual communication between adult intimate/ romantic partners. This leaves a significant gap in the literature regarding how attachment style affects parent-child communication and parental anxiety about engaging in sex-related conversations with their children.

Dimensions of attachment in relation to a mother's propensity to engage in discussions regarding sexual health, particularly among H/La mothers, has been largely unexplored. Considering the association between dimensions of attachment styles and communication patterns, it seems feasible that these dimensions (anxiety and avoidance) could influence the cognitive or affective states that mothers experience before engaging in conversations related to sexual health.

Overview of the Current Study

The purpose of this study is to explore the internal processes that influence mothers' conversations with their daughters about sexual health issues in a particularly susceptible demographic, H/ La in the United States. It is anticipated that attachment dimensions (anxiety and avoidance) will impact a mother's confidence in their ability to talk to their daughters and expectations about outcomes associated with having those conversations. Mothers scoring high on the dimension of attachment anxiety will be more likely to encounter reduced self-efficacy and perceive themselves as less capable of having constructive forms of sexual health communication with their daughters. Conversely, mothers scoring high on the dimension of attachment avoidance will report lower positive cognitive expectancies (i.e., thinking they are a responsible parent) related to discussions about sex-related topics and have lower positive emotions (e.g., feeling pleased they had those conversations) related to parent-adolescent discussions about sex-related topics. Overall, this research aims to offer information that assists in better

understanding parental characteristics to aid in consequently enhancing H/La youths' present and future sexual health outcomes.

CHAPTER II:

METHODOLOGY

Participants

Participants were recruited through a digital flyer posted on social media (e.g., Instagram, Facebook, Twitter, parenting forums) and a "snowball" emailing method, asking potential participants to complete the survey and email the research opportunity to their contacts. Mothers were invited to complete a survey regarding their experiences in discussing sexual and reproductive health information with their daughter(s). Respondents were eligible to participate if they reported being Hispanic/ Latina mothers (≥18 years of age) who had one or more daughter(s) ages 10-26 years old, spoke English and/or Spanish and reported currently residing in the U.S. or a U.S. territory. The rationale behind the selection of mothers with daughters in this age group was made to capture those whose daughters were nearing the pre-adolescent stage. The age cut-off was chosen to account for cultural norms that dictate the timing of Latina youth's departure from their parental home (Vos, 1989; Gillespie, Bostean & Malizia 2020; Lei & South, 2016). Research has shown that parents often postpone conversations about sex because they don't want to make their child feel uncomfortable or embarrassed (Guilamo-Ramos, et al., 2008). When children choose to delay leaving their parental home, parents may feel inclined to postpone having conversations with them until they feel their children are more mature. This is why the present study assessed mother's inclination to initiate discussions pertaining to sexual health with daughters aged between 10 and 26 years-old.

The initial sample included 130 adult respondents. However, several respondents' data were removed, due to problematic responding (e.g., The mother was 18, but

reporting having a 14-year-old daughter). Thus, the final sample consisted of 79 mothers. Descriptive statistics for demographic study variables are reported in *Table 1*.

Procedure

Data was collected between April 2022 and June 2023. The lead investigator designed a web-based survey using Qualtrics, and an undergraduate research team pilot-tested the final survey to ensure its accuracy and functionality. In order to counteract the potential of low English proficiency and/or restricted reading abilities, a Spanish translation of all materials was available to participants. To ensure adequate translation, materials were translated using a machine learning translation software (DeepL Translate) and reviewed by the native speaking author and faculty.

Mothers were invited to complete a survey regarding their experiences in discussing sexual and reproductive health information with their daughter(s). Those who wished to participate and/or learn more could scan the QR code provided on the digital flyer. When participants scanned the QR, a webpage directing them to our study survey would appear on their screen. Individuals were first prompted to select if they wished to proceed in English or Spanish. After selecting a preferred language, participants were taken to an information page outlining information about the study, what to expect if they wished to proceed, and contact information if they had questions or concerns. Additionally, to mitigate the influence that immigration fears could have on potential participants, a statement was made available to ensure data confidentiality and privacy regardless of immigration status.

Potential participants were directed to the consent form by clicking an arrow located at the bottom right corner of the information page. After reading the consent form, they were asked to click on a button acknowledging that they understood what they were consenting to and that they agreed to participate. Those who did not agree to

participate could click on the "I do not agree" button which would bring them to an exit page on the website instead of proceeding to the questionnaire.

After completing the informed consent, participants completed preliminary items to determine if they met the inclusion criteria. Next, participants responded to the survey questions (see full survey in *Supplementary Material*). After completing the survey questions, participants were asked whether they would like to provide an email address to be entered into a raffle for the chance to win a $100 gift card. A participant choosing to provide an email address would select “yes” and would be automatically redirected to a separate survey. This process would maintain confidentiality and separate the reward distribution process from the main survey responses.

Measures

Demographics. Mothers were asked to report their gender, age, country of origin, primary language spoken at home, current state residency, educational level, marital status, employment, and household income.

Experiences in Close Relationships-Revised (ECR-R). The ECR-R is a 36-item scales that evaluates individuals on two dimensions of attachment: *avoidance* and *anxiety* (Fraley et al., 2000). Respondents were asked to answer questions based on how they *generally* experience relationships, not just what is happening in a current relationship. Responses are on a Likert scale and range from “1” (*strongly disagree*) to “7” (*strongly agree*). The first 18 items comprise the attachment-related anxiety scale (e.g., “*I am nervous when partners get too close to me*”). Items 19 – 36 comprise the attachment-related avoidance scale (e.g., “*My desire to be very close sometimes scares people away*”). The mean of an individual's responses to items 1-18 determines attachment-related anxiety, whereas the mean of questions 19-36 determines attachment-related avoidance. This measure has been shown to be reliable and provides one of, if not

the, most appropriate self-report measure of adult romantic attachment currently available (Sibley et al., 2005). A Spanish adaptation of the Experiences in Close Relationships (ECR) measure of the 2 dimensions of adult attachment (Brennan, Clark, & Shaver, 1998) was created using a back-translation procedure. For the study, the order in which these items were presented was randomized.

Parent Self-Efficacy Scale. A 17-item measure assessing parents' confidence in their ability to talk to their children about sexuality issues (Dilorio et al., 2001). Each item is worded positively on a seven-point Likert scale and ranges from "1" (*not at all*) to "7" (*completely sure*). The midpoint of the scale is defined as *moderately sure*. Each item begins with the stem, "*I can always explain to my daughter*…" (including items; e.g., "*what is happening when a girl has her period*", "*how someone can get AIDS if they don't use a condom*", and "*where to buy or get birth control pills*"). Total scores are found by summing responses to individual items ranging from 16-112 with higher scores corresponding to a higher degree of self-efficacy to discuss sex-related issues. Cronbach's alpha computed to assess the internal consistency reliability of the self-efficacy scale was $\alpha = 0.85$ indicating an acceptable level of internal consistency among the items. This measure is not available in Spanish. Thus, the measure was translated for the current study. To ensure adequate translation, this measure was translated using a machine learning translation software (DeepL Translate) and reviewed by the native-speaking author and faculty.

Parenting Outcome Expectancy Scale. A 15-item measure assessing parents' expectations about the outcomes associated with talking with their children about sex-related topics (Dilorio et al., 2001). Fifteen of the 23 items are positively worded while 8 are negatively worded. Each item is rated on a five-point Likert scale ranging from "1" *strongly disagree* to "5" *strongly agree*. Each item begins with the stem "If I talk with

[my daughter about sex topics…" (including items; e.g., "I will feel proud", "I will be uncomfortable during my discussion", and "I feel like a responsible parent"). Cronbach's alpha computed to assess the internal consistency reliability of the outcome expectancy scale was α= 0.83 indicating an acceptable level of internal consistency among the items. This measure is not available in Spanish. Thus, the measure was translated for the current study. To ensure adequate translation, this measure was translated using a machine learning translation software (DeepL Translate) and reviewed by the native-speaking author and faculty.

Data Analysis

Descriptive analysis was employed to assess the characteristics of the sample and to present the frequency of the mean data pertaining to participants' demographic information. A linear regression model was used to assess mother's self-efficacy, positive cognitive expectancies and positive emotion expectancies. An alpha level of 0.05 was used to judge the statistical significance of all effects. Independent variables tested in the initial model for having a non-exclusive relationship were age, U.S. born status, language spoken at home and education. A backward elimination strategy of insignificant independent variables was followed until only statistically significant predictors remained. All analyses were conducted using STATA 17/SE (StataCorp, 2017).

Power Analysis

Power analyses were conducted using G*Power Version 3.1.9.2 to determine sufficient sample size. An effect size of 0.15 was used, based on Timm & Keiley's (2011) work on adult attachment and sexual communication in marital relationships, which yielded an r=0.36. Power analyses with those values indicated that a sample of 107 was needed to achieve a power of 0.95. Because the referenced research did not specifically assess parental attachment and sexual communication, the current study planned to

recruit 214 participants. Recruitment concluded with a final sample of 130 mothers due to time constraints.

CHAPTER III:

RESULTS

Demographics

Table 1 presents the descriptive statistics of the participants, including the frequency and percentage of responses to the demographic questions. The mean age was 37 years-old (*SD*=7.00).

Relationships between Outcome Variables, Demographics and Standardized Measures

U.S.-born status was significant for self-efficacy ($t(78) = -3.65$, $p=0.005$). U.S.-born mothers scored higher in self-efficacy (M=5.05, SD=1.12) compared to non-US-born mothers (M=3.95, SD=1.31). U.S. born mothers report higher positive cognitive expectancies (M=3.27, SD=0.45) compared to non-U.S. born mothers (M=2.68, SD=0.77). US-born status was also significant for positive cognitive expectancies ($t(77)=-3.60$, $p<.0010$). U.S.-born status was not significant for positive emotions expectancies. Language spoken at home was not significant for any outcome variables. Further, Education was not significant for any of the outcome variables. The correlations for all measures and age are presented in *Table 2*.

Linear Regression Main Outcomes

In the self-efficacy model, there were 4 significant variables that were used in the model including dimension of attachment anxiety, dimension of attachment avoidance, age, and US-born status. Of these 4 variables only one was significant in the model. The avoidant dimension of attachment was negatively associated with self-efficacy ($b= -0.861$, $t= -3.56$, $p <0.001$).

In the positive cognitive expectancies model, there were 4 significant variables that were used in the model including dimension of attachment anxiety, dimension of

attachment avoidance, age, and US-born status. Of these 4 variables only one was significant in the model. The anxious dimension of attachment was negatively associated with positive cognitive expectancies (b= -0.210, t= -2.09, p <0.040).

In the positive emotion expectancies model, there were 3 significant variables that were used in the model including dimension of attachment anxiety, dimension of attachment avoidance and age. The anxious dimension of attachment was negatively associated with positive emotions expectancies (b= -0.343, t= -3.93, p <0.001). All findings are reported in *Table 3.*

Table 1

Descriptive Statistics for Mother Participants

Characteristic	N (%)
Survey's Language	
Inglés/ English	69 (87.34%)
Español/ Spanish	10 (12.66%)
Place of Birth	
Outside of the U.S.	53 (67.09%)
U.S.	26 (32.91%)
Place of Birth	
North America	33 (41.25%)
South America	22 (27.50%)
Central America	11 (13.75%)
Caribbean	9 (11.25%)
Africa	1 (1.25%)
Europe	1 (1.25%)
Language spoken at home	
Spanish	19 (24.05%)
English	60 (75.95%)
Education	
Up to High School	11 (13.92%)
Any Education after High School	65 (82.28%)
Prefer not to say	3 (3.80%)
Household Income	
Under $100k	56 (70.87%)
Above $100k	23 (29.11%)

Table 2

Pearson Correlation

	1	2	3	4	5	6
(1) Self-Efficacy	-					
(2) Positive Cognitive Expectancies	0.70***	-				
(3) Positive Emotions Expectancies	0.48***	0.54***	-			
(4) Dimension of attachment anxiety	-0.39***	-0.43***	-0.56***	-		
(5) Dimension of attachment avoidance	-0.57***	-0.42***	-0.22	0.45***	-	
(6) Age	0.24*	0.1	0.30**	-0.37***	-0.13	-

Note. *p<.05, **p<.01, ***p<.001

Table 3

Regression Analysis for Mother's Confidence and Outcomes Associated with Sexual Health Conversations

	Self-Efficacy				Positive Cognitive Expectancies				Positive Emotions Expectancies			
	b	*SE*	*t*	*p*	*b*	*SE*	*t*	*p*	*b*	*SE*	*t*	*p*
Dimension of attachment anxiety	-0.123	0.130	-0.95	0.344	**-0.210**	**0.100**	**-2.09**	**0.040**	**-0.343**	**0.087**	**-3.93**	**<.001**
Dimension of attachment avoidance	**-0.861**	**0.242**	**-3.56**	**0.001**	-0.205	0.123	-1.67	0.098	0.036	0.123	0.29	0.770
Age	0.026	0.023	1.16	0.250	-0.007	0.015	-0.45	0.651	0.011	0.013	0.85	0.398
U.S. Born	0.078	0.335	0.23	0.817	0.174	0.167	1.04	0.303	-	-	-	-
Intercept	**5.626**	**1.086**	**5.18**	**<.001**	**3.993**	**0.704**	**5.67**	**<.001**	**2.687**	**0.621**	**4.33**	**<.001**

CHAPTER IV:

DISCUSSION

Overall, the current study examined the effects the dimensions of attachment on various outcomes associated with having these conversations between mother and daughter. We examined the effects of demographics, dimension of attachment (anxiety and avoidance) on three outcomes (self-efficacy, positive cognitive expectancies and positive emotion expectancies).

Regarding self-efficacy, the findings of the present study indicates that mothers scoring high on the dimension of attachment avoidance, experience lower levels of self-efficacy when they think of engaging in discussions about sex-related topics with their daughters. It should be noted that having higher attachment-anxiety was not associated with their self-efficacy. The absence of confidence in mothers may be associated with their concern of appearing overly assertive in initiating conversations, a lack in trust within the mother-daughter relationship, and elevated levels of interpersonal conflict within the mother-daughter dyad, which has been supported by the research. Several studies have found establishing an interpersonal setting characterized by maternal *confianza* (to have trust, or to have confidence) is associated with the facilitation of effective sexual health communication (McKee, & Karasz, 2006; Romo et al., 2002; Romo et al., 2010). However, given the apparent lack of readiness and perceived inability of mothers exhibiting high levels of attachment avoidance to partake in these discussions, it becomes imperative to enhance their confidence in conducting such conversations.

Further, it has been indicated that there is no association between higher levels of attachment anxiety and self-efficacy.

Consequently, this can enhance the level of trust and *confianza* between them. Given that avoidance is about the lack of self-efficacy, it is important to assess the

existing interpersonal relationship and communication patterns with their daughters to gain a comprehensive understanding of potential areas for improving the mother-daughter relationship and communication skills. Increasing *confianza* and possessing adequate communication skills may enhance maternal confidence and competence, thus increasing their self-efficacy and facilitating conversations, as the absence of meaningful conversations contributes to daughters' inadequate understanding of their sexual health, thereby leading to unfavorable outcomes in their sexual health.

Regarding positive cognitive expectancies, the current study found that mothers scoring high on the dimension of attachment anxiety had lower positive cognitive expectancies when it came to engaging in conversations about sex-related topics. Again, it should be noted that there was no significant relationship found between mothers' avoidance related to attachment and positive cognitive expectancies. This pattern could potentially be attributed to an anxiously attached individual's inclination to internalize negative beliefs and anticipate unfavorable outcomes, which is consistent with previous research findings. Cognitive research examining the association between individuals' attachment dimension and their beliefs reveals a moderate correlation between negative self-evaluative core beliefs and anxiety related to attachment (Wearden et al., 2008). Moreover, parental sexual communication with their children can be influenced by both positive and negative expectancies held by parents and have been found to be significant predictors of parent-child sexual communication (Astle, McAllister & Pariera, 2022; Dilorio et al., 2000).

No association was found between higher levels of attachment avoidance and positive cognitive expectancies.

Based on these findings, a prospective approach to assisting mothers in addressing their negative self-evaluations regarding their maternal responsibility could involve

fostering self-awareness. By facilitating mothers' awareness of cognitive patterns, analyzing the origins of their negative self-talk, and encouraging them to contemplate the potential positive effects of initiating discussions on sexual health with their daughters, it is possible to improve sexual health-related outcomes.

With regard to positive emotion expectancies, the results indicate that mothers who self-reported having high anxiety related to attachment exhibited lower positive emotion expectancies when it came to engaging in conversations about sex-related topics. The emotional component pertains to emotional discomfort or difficulty with discussing sex-related topics. This might indicate that mothers that reported high anxiety related to attachment were less likely to feel comfortable and more likely to experience feeling embarrassed or ashamed. Guilamo-Ramos and colleagues (2007) found how positive emotion expectancies, such as experiencing calmness or feeling optimistic, along with negative emotion expectancies, such as feelings of nervousness or shame, can serve as predictors of parent-child sexual communication. It is plausible that mothers exhibiting elevated levels of attachment-related anxiety may experience heightened nervousness and shame from the concern that engaging in conversations of this nature with their daughters could potentially jeopardize the existing relationship. Given their attachment needs, such apprehension may be incongruent with their underlying motivation to foster intimacy and maintain a strong bond with their daughters. No significant relationship was observed between mother's avoidance related to attachment and positive emotion expectancies. A plausible interpretation for this outcome is that mothers who display attachment-related avoidance may opt not to actively foster close connections with their daughters and may deliberately avoid reflecting upon their emotions and expectations regarding sexual health conversations.

Given that mothers with high anxiety related to attachment expect fewer positive emotions from sexual health conversations, it is important to talk about anticipatory negative emotions that might arise in these conversations (e.g., you will find some things difficult to talk about, you will experience discomfort, it might be unpleasant). Moreover, it is important to underscore that engaging in these discussions will not lead to rejection or alienation from the existing relationship they have with their daughter. On the contrary, such conversations have the potential to foster greater emotional intimacy. Imparting knowledge to mothers about the significance of facilitating open dialogues and preparing them for potential negative emotions can potentially mitigate adverse sexual health outcomes for their daughters.

Limitations

Although this study provided important new insights into our understanding of H/La mother-daughter communication about sexual health, it is not without its limitations. The inclusion of marginalized populations in health research holds significant importance due to its potential to yield valuable insights that could facilitate the development of more efficacious and culturally sensitive treatment and interventions. According to the study conducted by Wendler et al. (2005), there is a disparity in the recruitment rates of minority groups in research studies when compared to non-Hispanic White participants. H/La individuals in particular encounter additional obstacles in their participation due to linguistic challenges and apprehensions regarding their undocumented immigration status (García, Zuñiga & Lagon, 2016). In our study, efforts were made to address the aforementioned obstacles by offering comprehensive translation for all the study materials and ensuring the confidentiality of participants' information, including their immigration status. However, recruiting eligible mothers proved to be a challenging task. Considering that digital flyers were utilized as the

principal means of recruitment, it is plausible that this form of indirect recruitment may have dissuaded prospective eligible mothers from participating in the study due to potential difficulties they might have encountered, such as requiring assistance or having additional questions about enrolling in the study. Additional investigation is warranted with individuals who have willingly opted to participate in the research, as it holds the promise of generating valuable insights when working with this population. Had it not been for these constraints and had our recruitment strategies been more effective, a larger sample size may have been achieved. Therefore, it is imperative to exercise caution when interpreting and generalizing the results, given the limited power and small sample size.

Next, the self-efficacy and outcome expectancy scales developed by Dilorio et al. (2001) are among the limited number of measurement tools utilized in the examination of factors related to parent-adolescent discussions regarding sexual health. The psychometric properties of the scale were derived from a predominantly African American sample of mothers. However, the current sample consisted of H/La mothers. Consequently, certain cultural values and assumptions may not have been adequately represented in the items presented to mothers. Hence, knowledge can be missing regarding the beliefs and expectations of H/La mothers in relation to their anticipated conversational experiences. The degree of potential differences in outcomes remains uncertain within the confines of this limitation; however, it is crucial to acknowledge the necessity for further investigation in order to ascertain the adequacy of contextualization or comparison to this particular population. In addition, the authors of the measure emphasized the importance of including ethnically diverse participants in order to evaluate the efficacy of the scale in accurately measuring the experiences of parents belonging to different racial and ethnic groups (Dilorio et al., 2001).

Lastly, the current study employed the Experiences in Close Relationships Scale (ECR-R). Fraley and colleagues (2000) draw the conclusion that the most effective approach to assessing and understanding adult attachment is through the use of dimensions rather than treating it as a categorical variable. Taking this into consideration, our study employed this methodology for evaluating attachment. It is important to note that the scale utilized in our research is specifically designed to measure adult attachment within the context of romantic relationships. The lack of available self-report instruments designed to evaluate adult attachment patterns across diverse close relationships posed a limitation in our study, as it hindered our ability to adequately assess parent-child attachment. Including a validated self-report measure for parental attachment in future investigations could allow for a more comprehensive understanding of the influence of attachment and other parent-related variables, such as caregiving patterns, sensitivity, and responsiveness, on the conversational abilities of H/La mothers with their daughters. Overall, despite the advancements achieved in the development of more effective assessment tools for evaluating attachment, there remains a persistent demand for further enhancement of self-report measures pertaining to adult attachment.

To overcome these limitations and expand upon the present study, future researchers may utilize H/La cultural values to inform and improve recruitment efforts. Previous research has suggested utilizing in-person methods as opposed to indirect approaches such as emails or flyers (García, Zuñiga & Lagon, 2016). Moreover, future studies could conduct interviews that can be employed in conjunction with the administration of psychological survey measures. Incorporating qualitative research can build a foundation of cultural competence among researchers, enabling them to acquire a deeper understanding and enhanced knowledge, for an understudied population. This may subsequently result in the emergence of parenting interventions that enhance the self-

assurance of H/La mothers. The findings from the current study can personalize sexual health communication interventions for H/La mothers and daughters. For example, H/La mothers who report having high avoidance related to attachment may need interventions that improve their confidence to have sexual health conversations with their daughters. H/La Mothers who report having high anxiety related to attachment may benefit more from interventions that focus on what to expect from sexual health conversations.

In conclusion, attachment dimensions can affect a mother's confidence and expectations about outcomes when having conversations about sexual health with their daughters. It is important for those who work with H/La mothers to encourage them to believe in their own ability to have difficult conversations, to help them feel like they are capable parents, and to help them accept the reality that they will experience some discomfort when discussing sensitive topics, but that doing so will be worthwhile for the future well-being of their children. If mothers were to assume a more proactive role in engaging in discussions about sexual and reproductive health, it is possible that H/La adolescents and young adults could enhance their ability to adopt safer sexual practices, thereby resulting in improved sexual health outcomes.

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