December 2023

Acculturation and Immigrant Parental Perceptions Concerning Sexual Communication

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Abstract

Acculturation presents challenges to many immigrant parents that are adjusting to new lives in the United States. The rationale for conducting this study stemmed from the effects that acculturation can have on the wellbeing of immigrants, adversely affecting their health outcomes. The purpose of this study was to explore the perceptions of Sub-Saharan African immigrant parents concerning having a conversation with their pre-adolescent children about sexuality and sexual practices. Findings revealed communication barriers due to cultural beliefs, cultural taboos, and shame. The findings from this study are beneficial to behavioral healthcare providers that work with immigrant families, parents, and children. The findings may help professionals working with immigrant families promote healthy conversations about sexuality between immigrant parents and their adolescent children.

Keywords: Sub-Saharan African families, counseling immigrant parents, sexual health communication, acculturation, cultural taboos

Introduction

In the diverse United States, the need for behavioral healthcare providers like counselors, social workers, and human services professionals to know how to offer treatment to people from different cultures and religious backgrounds is critical. Multiculturalism is a vital component of society, and addressing issues of religion and culture in behavioral health is a key aspect of a client's life (Cashwell & Young, 2011). A specific issue spanning culture and religion is sexuality, and different people from different cultures living in the United States view sexuality and sex education with diverse lenses (Szlachta, 2015). First generation children of immigrant parents navigate how their parents communicate to them about sexuality while growing up in American society (Amayo, 2009; Kincheloe, 1998; Ogunnowo, 2016). Christensen et al. (2017) found that many immigrant parents face cultural, traditional, or religious barriers preventing meaningful conversations on sexuality with their children. A parent's confidence level in discussing sexuality can affect the quality of a conversation and the appropriate amount of time to cover the topic (Rodgers et al., 2018). These barriers may include sexual shame, which provides for feeling awkward or embarrassed about the topic, lack of knowledge, and even cultural or religious restrictions on the topic's appropriateness (Agbemenu et al., 2018; Christensen et al., 2017). The purpose of this study was to focus specifically on the population of Sub-Saharan African parent in the United States and their experiences having conversations about sexuality with their pre-adolescent children. The goals of the study was to more fully understand how acculturation can affect wellbeing and health outcomes in this population living in the United States.

Gap in Literature

A study on African immigrant health in the United States confirms that African immigrants are the least studied immigrant group (Omenka et al., 2020). Moreover, while numerous researchers have demonstrated audience-specific interventions' efficiency, studies that target African immigrants are scarce (Maibach & Parrott, 1995). There is support for this statement, as Lindstrom et al. (2019) argued that while parents' role in adolescent health has been well studied, culturally-based studies among African immigrants have little to no research support. A study by Agbemenu et al. (2018) presented a study about African immigrant mothers and daughters, yet also shared within their results that existing research is limited. The literature gap related to African immigrants' sexual health is supported by recognizing the limited studies on early and middle childhood development among immigrant families (Gassman-Pines & Skinner, 2018) and limited research on the impact of acculturation on immigrant children's sexuality (Ogunnowo, 2016). In addition, Kingori et al. (2018) recommended the need for future research to help better serve the African immigrant population. Parent-child sexual communication is critical during pre-adolescence, impacting sexual identity and understanding relationships. However, there is a gap in the literature assessing the changes, barriers, and effectiveness in parent-child conversation concerning sexual health (Grossman et al., 2018). There are very limited studies regarding sex education among African immigrants. Particularly, parent-child conversations on sexual health are rare (Agbemenu et al., 2018). More information supporting African immigrant parents with considerations towards culture, religion, traditions, and mental health was identified as a need to be explored through research.

Literature Review

According to Amadi (2012), Sub-Saharan Africa represents a region of the African continent south of the Sahara Desert, including the eastern, central, southern, and western

regions. Sub-Saharan Africa is viewed as Black Africa based on its predominantly Black population. Christianity is prominent in sub-Saharan Africa; however, religion overlaps with other traditional religions and mythologies (Amadi, 2012). Presenting a challenge to behavioral health providers, many immigrants face a great deal of prejudice (Cashwell & Young, 2011). Cultural awareness may help treatment providers not impose personal religious or faith-based values on clients from different religions and cultures. Without considering the religious background of the client, a treatment provider can harm the client. According to the American Association of Christian Counselors, "while Christian counselors may expose clients or the community at large to their faith orientation, they do not impose their religious beliefs or practices on clients" (AACC, 2014, p. 26). Researchers indicated that counselors, in particular, are trained to help parents reduce feelings of cultural or religious shame concerning sexuality and provide parents with the training needed for effective sexual conversations (Ussher et al., 2017). Ussher et al. noted further that they use cultural discourses and practices to provide resources to non-native families to help address sensitivity to language and other potential barriers to sexual health.

Sex education has been widely researched, and studies have indicated sex education helps prevent children and adolescents from engaging in risky sexual behaviors (Gabbidon & Shaw-Ridley, 2018; Koren, 2019; Motsomi et al., 2016; Noe et al., 2018); however, challenges exist concerning sexual communication between parents and children, especially among immigrant families from diverse cultures. Regardless of their cultural origin, children naturally tend to exhibit "childhood culture" (Kincheloe, 1998, pp. 169-175). These two cultures, the childhood culture of the child and their parents' culture, lead to complex and stressful parenting for African immigrant families (Amayo, 2009), often rendering parenting ineffective. Studies have indicated that effective parent-child communication is a bedrock for building a child's sense of self-worth, impacting their resilience to resist peer pressure for sexual promiscuity, preventing unplanned pregnancy, sexually transmitted diseases, and school dropout (Sanz-Martos et al., 2022).

Immigrant families experience cultural barriers, such as shame, preventing sensitive and meaningful conversations about sexuality, and immigrant parents experience uncertainty when considering how to engage in a conversation about sexuality with their children (Christensen et al., 2017). A parent's level of confidence in discussing sexuality can also affect the quality of a conversation and the appropriate amount of time to cover the topic. Culturally appropriate and skill-based approaches can help families with communication, and parental education can help support discussions with children concerning sexual health (Gabbidon & Shaw-Ridley, 2018). Mental health professionals, like counselors and human services professionals, can help parents reduce barriers based on cultural or religious shame concerning sexuality and provide parents with the training needed for effective sex education (Ussher et al., 2017). The problem addressed in this study was that parental communication barriers (e.g., sexual shame, taboos) of Sub-Saharan African immigrant families may generate interference in meaningful sexual conversations with adolescents.

As Viruell-Fuentes (2007) indicated, turbulant acculturation can negatively affect the wellbeing of immigrants and their health outcomes. This study explored the experiences of Sub-Saharan parents and their experiences with parenting in the United States while undergoing the acculturation process. Parents find it difficult to initiate sexually-related conversations with children in most sub-Saharan countries due to sexual silence and cultural taboo. The cultural belief that sex education would promote promiscuity and premature exposure to sexual activity is very strong (Asekun-Olarinmoye et al., 2009). This research elicited the experiences of Sub-

Saharan parents who want to educate their children about sexual health. However, the parents find themselves between two cultures, making it difficult to offer meaningful sexual communication with their children.

While extensive research has been conducted regarding sexual shame and communication barriers regarding conversations about sexuality, there are gaps in the literature concerning exploring parental perceptions concerning the barriers to initiating sexual conversations among immigrant families (Farringdon et al., 2014). Due to the different variations of cultures within cultures, providing a one-size-fits-all solution may not be helpful (Szlachta, 2015). This study explored perceptions of cultural barriers Sub-Saharan immigrant parent experience during sexual conversations. For immigrant parents to effectively provide sexual health education to their children, parental training may be essential (Ussher et al., 2017). Exploring parental perceptions concerning sexual communication between immigrant parents and their children may help behavioral health providers understand parental needs for successful communication.

Methodology

Phenomenology is often used in qualitative research to explore unique perceptions and experiences (Creswell & Creswell, 2017). As this study aimed to explore the perceptions of Sub-Saharan African immigrant parents, a phenomenological qualitative design in which participants were purposively sampled was appropriate (Creswell & Creswell, 2017). A phenomenological qualitative approach was used to explore the perceptions of Sub-Saharan African immigrant parents concerning sexual shame and parents' attitudes, knowledge, and comfort level in conversing with their adolescent children concerning sexuality and sexual practices.

Reflexivity

As a qualitative researcher, my cultural experiences helped influence the creation of this study. As an African immigrant, I understand the participant population and the sensitivity of the topic concerning sexual health. Having an awareness of my role and responsibility as the researcher helped reduce instances of research bias and helped me focus on presenting findings as supported by the participants' interviews. Being aware of potential biases was important to ensure the findings were accurate and represented the participants. Due to the nature of the discussion, I was sensitive to the participants that were providing information. My role involved interviewing, taking notes, interpreting the data collected, and presenting the findings as an accurate representation of the participants.

As a qualitative researcher, I made sure to set aside my personal biases and cultural background when analyzing the data, using the technique of bracketing. This helped me see the information objectively and reduce potential bias in my findings. I intentionally bracketed my own cultural lens to avoid any unintended influence on the interpretation of the data. This approach bolstered the credibility of my study and also ensured that the results authentically reflected the experiences and perspectives of the participants. By consciously separating my own experiences from the research process, I ensured that the results truly represented what the participants shared about sexual health, making the study more credible and trustworthy.

Sampling and Recruitment

Participants were recruited through the Ghanaian Minister's Association (GMAC). A recruitment letter was submitted to the GMAC for approval and distribution to potential participants. Upon approval from IRB and with organization site permission, recruitment flyers were sent on the researcher's behalf by the GMAC to potential candidates. The GMAC helped

with purposively identifying potential candidates that met the recruitment criteria. No incentives were offered to potential participants. Participant recruitment was conducted using the following criteria: (a) born in a Sub-Saharan country, (b) fluent in English, (c) have one or more children who were between 10-16 years of age, (d) have lived in the U.S. with their child for at least 10 years. The language criteria ensured that participants did not have any language barriers during the interviews. The background information criteria, including children's ages, ensured participants had children that were an appropriate age to have sexual health conversations, and their experiences were relevant to the focus of the study. The criteria for living in the U.S. for 10 years ensured that parents and their children became familiar with the language and customs of their new communities. This also ensured that the parents and children would have experiences that may be based on acculturation or native culture.

Despite past studies that have been conducted on sexuality and youth health, there remains a gap in research that explores how Sub-Saharan African immigrant culture and sexual shame may affect teen sexuality (Gabbidon et al., 2018). Therefore, exploring perceptions of Sub-Saharan African immigrant parents were needed to indicate effective resources and parent training to help overcome cultural barriers discussing sexuality-related topics with their children. The following research questions were used in this study:

> **RQ1**: What are the perceptions of Sub-Saharan immigrant parents concerning the influences of a decision to discuss issues relating to sex and sexuality with their children?
> **RQ2:** What are the perceptions of Sub-Saharan immigrant parents concerning attitudes about their self-efficacy in parent-child communications about sex and sexuality?
> **RQ3:** What are the perceptions of Sub-Saharan immigrant parents concerning communication barriers based on cultural taboos and belief systems?

Twelve Sub-Saharan African immigrant parents participated in this study. The countries represented by the parents included Ghana, Cameron, and Liberia. These countries, and the corresponding number of participants, were Ghana (n = 9), Liberia (n = 2), and Cameron (n = 1); participants were married couples and ranged in age from 37 to 53 years. Participants have lived in the United States for more than 10 years. Eighty percent were married, and all the participants had some college education or higher. In addition, all participants reported being Christians, and all the participants had a child between 10-16 years of age.

Data Collection

Before participants participated in the interviews, demographic information was collected, such as gender, age, education, and religious affiliation. Data collection involved conducting interviews using semi-structured questions from an interview protocol. The interview protocol was created to seek alignment between the interview questions and the research questions. Interview questions were created based on previous literature that indicated cultural challenges and barriers to sexual health communication. In addition, the questions were open-ended to elicit detailed information from the participants. Finally, two subject matter experts were asked to review the interview protocol to provide feedback on clarity and the ability of questions to elicit information that would answer the guiding research questions.

Each interview lasted approximately 60 to 90 minutes. Interviews helped to identify perceptions of barriers to parental conversations concerning sexual health and sexuality. Perceived barriers were anticipated to include barriers such as (a) sexual shame, (b) knowledge

about sexuality, (c) attitudes and beliefs, (d) parental style, (e) acculturation, and (f) gender. The interview questions were developed using the research purpose and focus as a base and consisted of open-ended questions that would help answer the research questions. An interview protocol script (see Figure 1) was used as a guide to present several open-ended questions to the participants based on the focus research questions and relevant to the purpose of the study.

Figure 1
Interview Protocol

Interview Protocol

Demographic Questions

- Gender
- Age
- Education
- Religious Affiliation

Interview Questions

1. What words would you use to describe your relationship with your children? (Don't prompt them unless they don't understand. Would you describe the relationship, for instance, as being particularly warm and close, friendly, formal, aloof, or distant and reserved, etc.?)
2. Describe your weekly communication with your child(ren). If this differs depending on each child, describe them one by one. How often would you say you talk, and what do you speak about?
3. If I were to ask your child to describe your relationship, what would they tell me?
4. Let's focus mainly on discussing sex with your children. Where do you think that your children have found out or will find out about sexual matters? (You are looking for responses like their friends, television or movies, books, school, their parents, etc.)
5. What do you think the Bible has to say about sexual matters?
6. Discuss your comfort level with sexual language and conversation.
7. Discuss how knowledgeable you are about sexual matters.
8. Does it matter whether you are discussing sexual matters with girls or boys? [looking to see whether there is a double standard, and whether they mention menstruation, etc. Prompt if necessary.]
9. What do you think your children have learned about sex from you? [consider from watching you and spouse interact, affection, etc.]
10. What do you believe is important to communicate when talking to your children about sex?
11. With your children, how did or do you think sexual issues ought to be communicated w/your children? [attempt to get age-related information here, prompt if necessary]
12. Let's speak about our African culture. What cultural differences have you found between attitudes in your home country and the United States about sex and sex education?
13. Would you attend a training session to help you in approaching and discussing sexual matters with your children? If so, what would you like to see addressed in that session?
14. How does speaking of culture helps you in discussing sexual matters with your children. (Culture is a safe place for…)

Data were collected via audio-recorded interviews, and data analysis was conducted using the interview transcripts.

Data Analysis

Once all transcripts were collected and reviewed and returned (if corrections or additions are necessary), the data analysis process began using a thematic analysis approach. Braun and Clarke (2019) noted thematic analysis allows researchers both accessibility and flexibility for analyzing qualitative data. The analysis involved following the recommended steps of Braun and Clarke's (2019) thematic analysis. The following six steps were followed, including (a) becoming familiar with the data, (b) coding, (c) forming themes, (d) examining themes, (e) labeling themes, and (f) reporting themes. Categorizing the codes supported the identification of themes, and Table 1 presents examples of phrases identified throughout the participant transcripts and also includes coding examples.

Table 1
Organizations of Codes and Themes

Common Phrases or Terms	Codes	Themes
• Western culture • Social media • Internet, online, or cell phones	Western influences and technology	Acculturation and Technology
• School campus • Peers or friends	School and social interactions	School and Friends
• Role model • Help with making decisions • Teaching children	Parents talk to and teach their children	Parental Authority and Responsibility
• Bible • God/ Sins • Premarital sex • Culture	Culture and religion steer conversations	Religion and Cultural Beliefs
• Not comfortable/ timid • Do not talk much • Gender differences and discomfort	Variety of situations cause discomfort among parents	Discomfort in Initiating Conversations
• Clueless • Have no knowledge • Not sure what to say • Not sure where to start	Parents uncertainty on how to start a conversation and what to say	Uncertainty
• Approach • Shaving or menstruation • Mothers and fathers	Opposite gender-based topics may cause discomfort to parents	Parent-Child Gender Barriers
• Don't talk • Conversations not part of culture practice	Family values, religion, and taboo	Cultural Taboo

• Grew up in culture with no discussion • Parents want to learn	Parents lack knowledge but are willing to learn how to talk about sexuality	Lack of Knowledge or Parental Uncertainty

To become familiar with the data, all the transcripts were organized from the participant interviews. For coding, each transcript was read three to four times to help identify common words and phrases; then, the researcher assigned the common phrases with a code that was relevant to one of the three research questions, using the recommended institutional guidelines. Next, the themes were formed using the codes as supported by the participant data. The researcher examined the themes by organizing the codes as they answered each research question; for example, a taboo code was organized with the third research question. Table 2 presents the themes which were developed from the analysis and shows the number of occurrences in the data.

Table 2
Themes and Number of Occurrences in Data

Theme	Number of Occurrences in Data
Acculturation and Technology	19
School and Friends	19
Parental Authority and Responsibility	9
Religion and Cultural Beliefs	24
Discomfort in Initiating Conversations	10
Uncertainty	17
Parent-Child Gender Barriers	10
Cultural Taboo	18
Lack of Knowledge or Parental Uncertainty	8

The findings from this study identified parental struggles and provided information that can help improve conversations concerning sexuality and sexual health within Sub-Saharan African immigrant families.

Results
The study was conducted to explore perceived barriers of Sub-Saharan immigrant parents' sexual conversations with their pre-adolescent children. Table 3 presents the overall demographics of the participants. While some demographics were gathered to ensure participants met the criteria, other demographics such as education and church denomination were gathered to present understanding (education level) and experience (religion and culture).

Table 3
Participant Demographics

Participants	Age	Gender	Country of Origin	No. of years lived in U.S.	Education	Church Denomination
P1	40	Female	Ghana	10+	Associates	Charismatic
P2	44	Male	Ghana	10+	Associates	Charismatic
P3	50	Male	Ghana	10+	Associates	Charismatic
P4	45	Male	Ghana	10+	Bachelors	Non-Denominational
P5	43	Male	Ghana	10+	Masters	Charismatic
P6	37	Female	Ghana	10+	Bachelors	Charismatic
P7	41	Male	Cameron	10+	Ph.D.	Charismatic
P8	50	Female	Ghana	10+	Bachelors in social work	Charismatic
P9	52	Female	Ghana	10+	HS Diploma	Charismatic
P10	53	Male	Ghana	10+	Masters	Charismatic
P11	51	Male	Liberia	10+	MDIV	Charismatic
P12	48	Female	Ghana	10+	Some college	Charismatic

Research Question One

Research Question One was: What are the perceptions of Sub-Saharan immigrant parents concerning the influences of a decision to discuss issues relating to sex and sexuality with their children? Four themes were identified as relevant to answering the first research question. The four themes include (a) acculturation and technology, (b) school and friends, (c) parental authority and responsibility, and (d) religion and cultural beliefs.

Acculturation and Technology. The first theme of acculturation and technology emerged as parents discussed influences to discussions relating to their children and sexuality. The theme developed as many parents shared influences of the Western culture that affected how their children learned about sexuality. Many parents shared Western influences such as cell phones, television, social media, and the internet. When sharing about influences on children, one parent shared:

> The sources of their knowledge about sex, especially the online thing, you know, these children, they spend a lot of time on the internet. Initially, I didn't really want to give a cell phone, [because they] were going to middle school, and I told their mom, you know, because there's so much of that sexual information online. (P11)

Oher parents shared how technology influences exposure to sexuality among their children. P3, a parent of three children, shared how the influences of sexuality are more prominent in the United States, explaining, "Currently, I mean, when they were in Ghana, you know, it was through TV, but for the past five years that they've been with me down here [United States], It's been the internet and the TV." Similarly, another parent noted that social media apps on cell phones were also a negative influence, sharing, "The one that I hate the most is TikTok" (P6). Most parents shared that their children can access information on sex and sexuality via technology, whether through television, cell phones, social media apps, or access to

the internet. Compared to many Sub-Saharan countries, Western culture provides easy access to information via technology. However, based on the feedback from the parent participants, Sub-Saharan immigrant parents perceive acculturation and technology as influences to their decision to discuss issues relating to sex and sexuality with their children.

School and Friends. The second theme of school and friends emerged as parents discussed influences relating to their children's sexuality. The theme developed as many parents shared that social media and technology influences were a part of their children's school environment and were shared among peers and friends. Based on participants' feedback, many parental conversations on sexuality often occur after children have already been exposed to information at school, through friends, or through technology. P11 shared, "I think they know a lot about sexuality and sex. You know, it's everywhere around school, especially, you know, the era is to put a cell phone in their hands." Other parents shared similar feedback. P2 shared that children know about sex "because they talk with their friends and the things they see on social media." Many public schools teach some form of sex education. P6 noted, "I haven't really spoken to them too much about that. But, I know they know because of school." P7 also shared, "It's [sex] everywhere around their school, phone, and online because there's so much of that sexual information online. In this country, the U.S., you're talking about 15 years, 17 years, he already knew a lot." Parent participants shared concern over how early children are learning about sexuality. For example, P10 shared concern noting what children are "doing in middle school frightens me because they're irresponsible, but think that they're responsible." Based on the feedback from the study participants, Sub-Saharan immigrant parents perceived school experiences and peers as influences on their children's early exposure and knowledge of sexuality. This, in turn, can affect parental decisions on discussing issues relating to sex and sexuality with their children.

Parental Authority and Responsibility. Another theme of parental authority and responsibility emerged as parents discussed influences to discussions relating to their children and sexuality. Not every parent expressed the same concerns about sexual conversations with their children. Some parents were concerned with choosing the topics to discuss, other participants were concerned with how their approach to addressing sexuality is lessened by Western culture or early exposure to topics outside of the home, and others were concerned with emphasizing the dangers of sexual irresponsibility, such as pregnancy or sexually transmitted diseases or STDs.

For parents that felt responsible for choosing the topics of discussion, P8 shared using life experience as a tool to teach their children. P8 noted, "I teach them using my own self." When discussing the roles and responsibilities of being a parent, P11 shared:

> We are role models before our children, and they follow. And so, we told you this culture [U.S. culture] is too sexually explicit. You know, even the words we use, the language that we use, you know, is very sexually oriented.

The roles and responsibilities include having difficult discussions with children. P2 shared that parental discussions are important to have early on before children can learn from their friends or outside influences. Based on the feedback from the participants, Sub-Saharan immigrant parents perceived their parental role and authority as influencing their decision to discuss issues relating to sex and sexuality with their children. Overall, parents noted that the

discussion topics were determined by the parent's decision on what they deemed appropriate for their child.

Religion and Cultural Beliefs. The final theme relevant to influences on parental discussions relating to their children and sexuality was religion and cultural beliefs. Early on, participants shared their church affiliation as part of gathering participant demographics—one participant identified as non-denominational, and the rest identified as charismatic. Religion and culture were reflected in the statements of the Sub-Saharan immigrant parent participants. Some parents shared how biblical beliefs influenced their conversations, and some participants shared how cultural beliefs hindered their comfort level in having parental conversations on sex and sexual health. Many of the parent participants shared how their faith and biblical teaching guide the topics of sexuality with their children. For example, P8 shared:

> So far as we are Christians, we are supposed to do all the proper engagements before we enter into sexuality, so far as male and female sexual life is concerned. I know the Bible says that premarital sex is sinful. So far as we are Christians, we have to identify ourselves different from others and go with what the Bible says, that we should stay be chaste.

P1 also shared similar biblically-based ideas, reporting, "I think the Bible says our bodies are the Temple of God. Well, we shouldn't play with our bodies like having multiple partners. No sex outside of our marriage." P2 shared that the "Bible says that sex should be between married couples, right? And nothing else." Culture was also reported as an influence on parental conversations. P7 noted that in the African culture, sexuality is not discussed. P7 shared how life in "Africa, in growing up, we didn't talk about it."

Research Question Two

Research Question Two was: What are the perceptions of Sub-Saharan immigrant parents concerning attitudes about their self-efficacy in parent-child communications about sex and sexuality? Two themes were identified as relevant to answering the second research question. The two themes include (a) discomfort in initiating conversations and (b) uncertainties.

Discomfort in Initiating Conversations. The first theme relevant to attitudes about their self-efficacy in parent-child communications was that Sub-Saharan immigrant parents experience discomfort in initiating conversations with their children. Based on the feedback provided by the participants, culture and acculturation play a role in the comfort level of parents discussing sexuality with their children. The discomfort was described in two forms: discomfort in discussing sex and sexual health or discomfort in discussing sexual matters such as menstruation.

Although many parents shared topics concerning sexuality they felt were important or necessary, initiating the conversations was more challenging for many participants. Many parents shared being uncomfortable in their self-efficacy concerning having parental conversations on sexuality. For example, P10 said, "I don't talk much about it to my kids." Some participants noted that their children could tell if they were knowledgeable or not. P8 explained how "some parents, when we are talking, the children listen to us, and they see that we have no knowledge. Yeah. Sometimes parents are clueless. The child doesn't even care about whatever you say." P6 shared a need for guidance to know what is appropriate for conversations and at

what time. P6 explained a guide should share something like, "At this age, this is what we [child] should know." P7 gave great examples to illustrate discomfort related to knowing what to talk about. P7 shared uncertainties in:

> Knowing what is the right thing to say. When do you say it, and whether they have been at a certain appropriate level to understand certain things? Am I comfortable addressing these? … I am clueless about what to say, so it's been a challenge for me.

Some parents described being uncomfortable talking to children of opposite genders concerning sexuality and the changes a body goes through during puberty. For example, P12 explained that her husband is uncomfortable talking to their daughter. Similarly, P10 shared, "So if I have to address menstruation, how will you do that? I will not even go there. I don't know what it is to talk to somebody about it." Overall, parents noted that comfort levels among parents did influence how conversations were initiated if they did occur at all. Although every parent participant shared views on sexual-based conversation, many parents were uncomfortable initiating these conversations.

Uncertainties. The second theme relevant to parental attitudes about self-efficacy in parent-child communications was that Sub-Saharan immigrant parents experience uncertainties about what to discuss with their children. Based on the feedback provided by the participants, uncertainties may either be related to timing and knowing what is age-appropriate or may be related to parents' concerns over the receptiveness of their children.

Knowing what to say and when to talk about sexuality was a concern for some participants. P2 explained how parents need "to know what kind of words to use for your girls, and also to use for your boys." Adding to what to say, other participants noted the importance of how to address them. For example, P4 noted the need to "talk to them [children] on their level." In addition, some parents shared reaching out to other parents for suggestions on starting conversations. For example, P7 shared reaching out to church members and getting suggestions on books that members used in combination with conversations. Other parents shared feelings of inadequacy. For example, P1 reported, "I will say I know enough to answer some questions that might come up. But I'm still learning. I'm not there yet."

One parent stressed uncertainties of receptiveness to parental conversations based on understanding their child. P8 shared, "When you don't know what is going on in their life, you cannot even talk to them." Many participants shared a lack of knowledge on age appropriateness for initiating sexual health conversations and what to include. Another factor that participants shared was the receptiveness of their children. Many parents hesitated to start conversations for fear of their children viewing them as clueless.

Research Question Three

Research Question Three was: What are the perceptions of Sub-Saharan immigrant parents concerning communication barriers based on cultural taboos and belief systems? Three themes were identified as relevant to answering the third research question. The three themes include (a) parent-child gender barriers, (b) cultural taboos, and (c) lack of knowledge and parental confidence.

Parent-Child Gender Barriers. Parent-child gender differences were the first theme relevant to the perceptions of Sub-Saharan immigrant parents concerning communication

barriers. Based on the feedback provided by the participants, gender differences between parent and child may present a barrier to conversations on sexuality and sexual health. Many father participants shared being uncomfortable talking to their daughters about menstruation. The gender difference between the parent and child was noted as the cause of the discomfort. For example, P2 shared, "For menstrual stuff. That's one thing that I'm not sure what to do. Yeah, I'm not really sure what to do. … I would say Mama will have to talk to you about it." Menstruation was the most noted topic that fathers had difficulty with. Also, many mothers noted talking to their daughters was easier.

Cultural Taboo. Cultural taboo was the second theme relevant to the perceptions of Sub-Saharan immigrant parents concerning communication barriers. Based on the feedback provided by the participants, many cultural beliefs presented barriers in past experiences and current experiences in conversations with children. For example, many African cultures do not approve of conversations about sexuality and sexual health. One participant offered a great explanation of how African culture presents a barrier to conversations about sexual health. P11 stated:

> Africans see sexually related conversations as taboo. Okay. You will barely see an African parent talking about sexual matters. Even when I lived with my parents, my father never talked to me about sexual matters. So, Africans have the tendency to shy away from saying we are discussing it.

Other participants shared similar perceptions and experiences. For example, one participant noted that a cultural barrier was not discussing sexual matters with children. P7 explained that the biggest barrier to parental conversations is:

> Not talking about it begins with Africa, in growing up when we didn't talk about it. The only time my mom mentioned it was when we grew up to the age where we could go out. And she would describe it as this is what is happening out. And then that was, I think I grew up in the era when HIV became rampant.

Similarly, P12 shared, "When I was growing up, and nobody talked to me about sexuality, and I tried to figure it myself. Okay, I make wrong choices. Okay. And I have come to understand that I cannot pretend like it doesn't exist." P8 shared that, in Ghana, there was a cultural taboo on conversations about sex. P8 noted, "We don't even communicate about [sex]." Cultural taboo is a barrier for parents to communicate with their children on sexual matters. P1 noted that "back home, we don't generally talk about sexuality." Many participants shared experiences from their childhoods to demonstrate how sexual matters are not commonly discussed in open conversations within the African culture.

Lack of Knowledge and Parental Confidence. Participant feedback on lack of knowledge and confidence about what information they share with children is supportive of both Research Question Two and Research Question Three. For Research Question Three, the theme of lack of knowledge and parental uncertainty is relevant to the perceptions of Sub-Saharan immigrant parents concerning communication barriers. Based on the participant feedback, many parents felt inadequately prepared to initiate and hold a conversation with their children concerning sexuality and sexual health and experienced intense uncertainty.

One parent shared how the Western culture approaches conversations of sex more openly than in their African culture. A difference in culture can present some immigrant parents with feelings of uncertainty. P1 explained, "It's a big difference here [U.S.]. It's like, a lot of people are comfortable talking about it, but back home, people are not comfortable." P4 expressed a need for immigrant parents to know more about Western culture and practices so they are prepared to address the needs of their children. Other parents noted that African immigrant parents needed to learn how to be more open with their children and be more knowledgeable about their children's lives to hold meaningful conversations. For example, P2 stated, "Parents must be open to allow kids to discuss their struggles."

While many participants shared not having enough knowledge to talk to their children, many parents shared sentiments and advice that demonstrate a willingness to learn and adapt to the Western culture and the needs of their children. All 12 participants expressed interest in attending counselor-led training to help initiate and maintain effective conversations with children concerning sexual matters.

Discussion

Without a good understanding of the role of culture and sexuality, it might be confusing for first and second-generations of immigrants to receive one message from their parents and another from school. Participants noted that parental conversations on sexuality are often too late as their children have already been exposed at school or through friends. These findings align with the research of Agbemenu et al. (2016), who shared that many immigrant parents are not prepared to initiate sexual health conversations. In addition, parents shared how they struggled with conforming to the U.S. culture and noted they struggled with acculturation. These findings extend the findings of Meschke and Dettmer (2012), who shared acculturation poses challenges for immigrant parents and presents parents with difficulties in having sexually-related conversations with their children. Participant concerns also support the findings of Nundwe (2012), who noted that in some cultures, a lack of direct communication presents barriers to communicating sexual health to children.

Religion and culture were reflected in the statements of the Sub-Saharan immigrant parent participants. Gabbidon and Shaw-Ridley (2018) noted that strong Christian views among immigrant parents often clash with acculturation. This clash may be evident in reports by participants' parents, emphasizing that children need to know what sexual activities and experiences are acceptable based on religious beliefs and culture. Several participants shared biblical teachings to help guide their discussion topics concerning sexuality with their children. This practice was supported by Nundwe's (2012) research, noting cultural barriers in communicating sexual health to children resulted from parents using religious instruction as a tool with their children in place of direct communication. Although biblically-based views were most prominent in discussions, culture was reported to influence sexuality-based discussions.

Participants shared that comfort levels did influence how they initiated conversations if they occurred at all. Discomfort was described in two forms: discomfort in having discussions on sex and sexual health and discomfort in discussing gender-based sexual health such as menstruation. For example, some parents described being uncomfortable talking to children of opposite genders concerning puberty and how the body changes. These reported discomforts to support the claims of Amayo (2009), who reported that the merging of two cultures (African and U.S. cultures) causes immigrant families to face stressful parenting.

Ogunnowo (2016) reported that generational gaps between immigrant parents and their children might exacerbate barriers to acculturation. Participants shared that they are responsible

for choosing the discussion topics as parents, despite Western culture and early exposure to sexuality-based topics outside of the home. Sub-Saharan immigrant parents perceived their role and authority as influencing their decision to discuss sex and sexuality with their children. Participants emphasized how parents are responsible for ensuring their children learn family values and beliefs concerning sexuality and sexual behaviors. Similar to the findings of Christensen et al. (2017), immigrant parents of young children struggle to provide sexual health education before puberty and adolescence.

Other self-efficacy attitudes involved uncertainties related to timing, knowing what is age-appropriate, or concerns over their children's potential receptiveness. Participants also noted levels of comfort in having sexuality-based conversations or a lack of knowledge on age appropriateness as challenges to their self-efficacy. These findings support the research of Campero et al. (2010), who stressed parental embarrassment or a lack of education to discuss sexuality present barriers to meaningful conversations. Christensen et al. (2017) indicated educating immigrant parents could help them feel more comfortable. The need for parental education was a topic of discussion among participants, and many parents shared openness to attending counselor-led parent education sessions to improve their comfort level with parent-child discussions on sexual health.

Many African cultures do not approve of conversations about sexuality and sexual health. Dune and Mapedzahama (2017) noted first- and second-generation immigrants that did not experience sexual health conversations growing up are confused by the Western culture and direct approach used in school and among American families. A lack of knowledge and parental uncertainty was relevant to the perceptions of Sub-Saharan immigrant parents concerning communication barriers. Many participants reported feeling inadequately prepared to initiate conversations with their children concerning sexuality and sexual health. These findings are supported by the work of Salami et al. (2020), who identified challenges to parenting among African immigrants involving acceptable discipline practice, embedding cultural and religious practices in their U.S.-born children, and accessing support services for assistance.

Implications for Practice

The qualitative study findings could help behavioral health providers, including counselors, pastors, social workers, and human services professionals identify and address cultural barriers to initiating parental conversations on sexuality and sexual health. Findings from the study indicate that Western society influences immigrant children on sexuality through school, friends, social media, and the internet. In addition, any professionals that work with the Sub-Saharan community may benefit from the findings and create resources to help immigrant parents initiate discussions on sexuality.

Treatment providers should have diverse background knowledge when working with immigrant clients experiencing sexual shame (religious or cultural) or discomfort in having parent-child conversations. For example, the implications for medical health providers along with behavioral health are one and the same since medical care can easily pertain to sexual health. When interacting with a child of a Sub-Sarahan immigrant, doctors and nurses can more effectively communicate with the parents understanding the cultural limitations they may have in a Western society.

Further, practical implications for educators and supervisors include diverse training opportunities. Educators of counselors, social workers, and human services practitioners should offer students opportunities to learn how the views of Western culture may differ from clients of other cultural backgrounds. Findings from the study support a need for cultural sensitivity

training and providing counselor-led training for parents. War and Albert (2013) indicated that culturally-based silence on issues related to sexuality contributes to sexual silence among immigrant parents. Clinical supervisors could provide their associates with learning opportunities such as learning how to initiate and lead parent workshops, and training focused on improving the comfort levels among immigrant parents to hold sensitive conversations.

Educators and supervisors must devise highly creative interventions that engage fathers in sex education, as sub-Saharan immigrant fathers offer minimal sex education to their children (Feldman & Rosenthal, 2000; Wilson & Koo, 2010; Wyckoff et al., 2008). Research that explicitly targets fathers of the sub-Saharan population could help shape a professional understanding of the struggles of sub-Saharan immigrant fathers (Coatsworth et al., 2006; Woody et al., 2005). Targeting communities with trusting and valuing programs or interventions can positively impact fathers in recognizing the importance of their participation in their children's sexual education (Martino et al., 2008).

In addition to benefiting healthcare providers, counselors, pastors, social work professionals, and human services practitioners, the findings of the study have implications for a range of other careers and professions. For example, teachers and educators who work with immigrant children from Sub-Saharan backgrounds can use the study's findings to better understand the cultural barriers that affect these students' perceptions of sexuality and sexual health. By recognizing the influence of Western society through schools, friends, social media, and the internet, educators can design culturally sensitive curricula that address the needs and challenges immigrant children face. In addition, interprofessional collaboration could include community leaders, policymakers, and organizations that work with the Sub-Saharan immigrant community, who could use the findings to develop local resources and programs aimed at helping immigrant parents impacted by acculturation.

Trustworthiness and Ethical Considerations

Using the basis of Lincoln and Guba's (1985) research, Stenfors et al. (2020) shared that trustworthiness strengthens the value of the findings. Lincoln and Guba (1985) proposed four elements of trustworthiness, including credibility, transferability, dependability, and confirmability. Each of these components were considered to support the trustworthiness of the findings. Triangulation and member checking supported the credibility of this research. Transferability was supported by presenting organized steps and details on the methodology and approach to recruitment, data collection, and analysis. Dependability was established through analysis bracketing, which helped focus the findings on actual data presented by the participants. Confirmability was established through the use of direct quotes and detailed information. In addition, ethical considerations were supported through confidentiality measures. To ensure confidentiality, identifying information was coded with numbers to protect participant identities.

Strengths and Limitations

Throughout the qualitative study, the data collection and analysis highlighted the strengths and limitations of the study. One strength of the study is that the participant selection and topic of focus are unique to existing research and contribute to counseling regarding how counselors can work with a diverse population. One limitation that impacted the recruitment of participants was limiting the study to United States immigrants. This limitation prevented other English-speaking Sub-Saharan African immigrant parents from participating. The sample participants were all living in the United States, so Sub-Saharan immigrant parents of other nations (i.e., Canada) were not included. Another limitation of the research process was time

availability. Finding time to schedule participants was difficult as many parents have various responsibilities with school, home, and other activities. In addition to identifying the strengths and limitations of the study, potential biases were considered when creating the research questions and selecting a methodology. By using interviews and transcripts, the interviews could be verified as accurate by participants. By only including participant responses in the findings, researcher bias was avoided. Despite the limitations, overall, the strengths of the research design supported gathering parental perspectives valuable to counselors, counselor supervisors, and key stakeholders working with diverse populations of immigrant families.

Future Directions

A strength of the study is that the participant selection and topic of focus are unique to existing research and contribute to literature regarding how behavioral health providers can work with a diverse population. Further exploratory research, including samples from more and different Sub-Saharan countries could further elucidate effective communication style about topics of sexuality. In fact, further research can be focused on interventions and communications styles most appropriate for this population.

All 12 participants expressed interest in attending counselor-led training to help initiate and maintain effective conversations with children concerning sexual matters. Future researchers may consider conducting a qualitative study to gather topical ideas from immigrant parents concerning training and educational needs. Counselors could also be a focus sample for a qualitative study to explore perceptions of the needs of immigrant parents served by counselors, social workers, and human services professionals.

Conclusion

This study explored the perceptions of Sub-Saharan African immigrant parents concerning sexual shame and parents' attitudes, knowledge, and comfort level in having a conversation with their adolescent children concerning sexuality and sexual practices. Participants shared many views on essential topics of sexuality-based discussions; however, many parents were not comfortable initiating these conversations. Despite every participant sharing views on potential topics of discussion, not every parent participant was comfortable initiating these conversations. The findings of this research can benefit behavioral health providers seeking to improve communications between first-generation children and their immigrant parents. Cashwell and Young (2011) indicated that understanding diverse cultures and religions is essential to developing good helper-client relationships. Cultural differences present challenges to parents, and many participants emphasized how Western cultural influences such as cell phones, television, social media, and the internet present sexually explicit materials and content to their children. Sub-Saharan immigrant parents can learn to understand Western culture and practices to prepare for sensitive conversations with their adolescents.

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