

“A Different Perspective”: Topics Discussed During African American Father-Daughter Sexual Health Communication

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ABSTRACT

African American youth and young adults are disproportionately burdened by HIV and sexually transmitted infections. Although African American parent-child sexual health communication has been shown to reduce adolescent sexual risk-taking behavior, much more is known about mother-child and father-son sexual health communication than father-daughter sexual health communication. The current study explores what sexual health topics African American father-daughter dyads discuss with one another, and which topics are perceived to have the greatest impact on youths' sexual risk behavior. Seven father-daughter dyads (N=7) and an additional five daughters (n=5) completed individual in-depth semi structured interviews. Daughters were aged 19-21 (M=20.3) years and fathers were aged 52-60 (M=56.7) years. Thematic analysis revealed five themes including: challenging topics to discuss, easy topics to discuss, topics on the continuum, desired topics of communication, and topics with greatest impact on behavior. Although participants shared that discussing sexual health is considered culturally taboo and can be challenging when criticized, several topics were easy to discuss universally, and several topics were both challenging and easy to discuss depending on the context of the conversation and depth of content covered. Sexual health communication was largely perceived as positively impacting daughters' behaviors and daughters expressed wanting to have these conversations. Study findings can inform future intervention development by indicating which sexual health topics should be prioritized during father-daughter communication given their perceived positive impact. Future research is needed to explore how best to support father-daughter dyads in discussing sexual health topics perceived as challenging.

KEYWORDS: Father-daughter communication, sexual health, youth and young adults, health disparities, thematic analysis.

African American youth and young adults bear a disproportionate burden of sexually transmitted infections when compared to their peers in other racial and ethnic groups. In 2019, the HIV infection diagnosis rate for African Americans aged 15-19 years and 20-24 years was more than 3.5 times higher than the national average (32.1 and 97.3, respectively, per 100,000 persons among African Americans; 7.8 and 27.4 respectively, per 100,000 persons nationally) (Centers for Disease Control and Prevention [CDC], 2021b). African Americans aged 20-24 years and 25-29 also had a 2019 HIV mortality rate more than 3.5 times the national average (2.1 and 6.1

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respectively, per 100,000 persons among African Americans; 0.5 and 1.7, respectively, per 100,000 persons nationally) (CDC, 2021b). Racial disparities persist among STI infection diagnosis rates, with African American women and men reporting the highest rates of chlamydia, gonorrhea, and primary and secondary syphilis, when compared to women and men of all other racial and ethnic groups (CDC, 2020, 2021a). Although African American parent-child sexual health communication is a known protective factor against sexual risk behaviors (DiIorio et al., 2007; Harris, Fantasia, & Castle, 2019; Hutchinson & Montgomery, 2007; Kapungu et al., 2010; Teitelman, et al., 2008), there is a dearth of literature on African American father-daughter sexual health communication. For African American youth who are second- or third-generation immigrants, discussing sexual health with one's parents could be particularly challenging due to cultural dissonance, acculturation, and differential norms around gender equality (Alvarez & Villarruel, 2015; Cook & Waite, 2016; Kingori et al., 2018).

Impact of Parent-Child Sexual Health Communication

African American mother-child sexual health communication has been shown to decrease the likelihood of sexual intercourse (Kapungu et al., 2010), HIV sexual risk-taking behaviors including unprotected sex (Kapungu et al., 2010; Teitelman et al., 2008), and having ever been pregnant (Hutchinson & Montgomery, 2007). Similarly, father-daughter sexual health communication has been associated with increased abstinence or consistent condom use (Teitelman et al., 2008), and father-son sexual health communication has been associated with decreased sexual permissiveness (Harris, Fantasia, & Castle, 2019), increased condom use, and intent to delay sexual initiation and abstinence (DiIorio et al., 2007). Notably, among African American families female youth are more likely to communicate about their sexual health (irrespective of the parents' gender) when compared to male youth (Kapungu et al., 2010; Sneed, 2008), and female youth report more sexual health communication with their mothers than their fathers (Harris, 2015; Harris, Sutherland, & Hutchinson, 2013; Sneed, 2008; Sneed et al., 2013; Wyckoff et al., 2008). Thus, more is known about the impact of mother-daughter sexual health communication than father-daughter sexual health communication.

When exploring the impact of African American parent-child sexual health communication, parental nativity, and acculturation must be considered. Previous studies have indicated that among African-born parents living in the U.S. or Britain, discussing sexual health with children was challenging because it was considered culturally taboo and generational differences in gender norms and gender equality served as a barrier to communication (Cook & Waite, 2016; Kingori et al., 2018). Among African immigrants, conflicting cultural values between parents and their children persist because children adopt more Western or European belief systems, and this cultural dissonance widens as children age and becomes more independent (Cook & Waite, 2016; Salami et al., 2020). When compared to collectivist cultures such as those commonly found in Africa and the Caribbean where parental decision-making is more readily accepted by adolescents, those in individualist cultures such as the United States prioritize personal autonomy (Marbell-Pierre et al., 2019). White American parents with European ancestry typically adopt independence orientations where children are encouraged to make decisions that prioritize their own perspectives and autonomy over familial harmony and relatedness (Benito-Gomez et al., 2020). African American, Mexican American, Korean American, and Armenian American families are more likely to endorse interdependence values where adolescents, when making decisions, are encouraged not to resist being influenced by close family members and to maintain harmony (Benito-Gomez et al., 2020). The impact of acculturation on communication, however, is nuanced. Among Mexican immigrants,

acculturation has been shown to lower or have no effect on sexual health communication between partners (for women and men, respectively), but it has also been shown to increase communication between partners focused on sexual pleasure irrespective of one's gender (Alvarez & Villarruel, 2015). Taken together, these studies suggested that African American adolescents living in the United States with parents who are first-and second-generation immigrants may experience sexual health communication with their parents differently when compared to those with U.S.-born parents.

Topics Covered During Parent-Child Sexual-Health Communication

When communicating about sexual health with their children, African American parents are purposeful in their framing of the conversation to ensure that they do not encourage sexual curiosity and sexual activity (Akers et al., 2010). Parents discuss general topics such as the importance of planning for one's future and family planning (Harper et al., 2019) more readily than specific contraception strategies (Akers et al., 2010) or more personal topics such as sexual identity (Sneed et al., 2013; Wyckoff et al., 2008). When discussing contraception, condoms are the most common method presented and both parents and youth express a cultural expectation that should the youth become pregnant, they will raise the child with the support of their family (Akers et al., 2010).

Previous research has indicated that in addition to mother-child sexual health communication, in general, being more common than father-child sexual health communication, African American mothers were also more likely to discuss almost every sexual health topic with their children (irrespective of the child's gender) when compared to African American fathers (Harper et al., 2019; Kapungu et al., 2010; Teitelman et al., 2008). In addition, mothers and fathers discuss different sexual health topics with their children based on their children's gender, with mothers discussing more topics with daughters and fathers discussing more topics with sons (Kapungu et al., 2010; Sneed et al., 2013).

The topics for which mother-daughter communication is more likely than mother-son communication include what one's social network thinks about teenagers having sex, what sexual intercourse is, how to prevent pregnancy, life changes associated with pregnancy, when to have sex, number of sexual partners, condom use, STIs, waiting to have sex until marriage, and the benefits of waiting until marriage (Kapungu et al., 2010; Sneed et al., 2013). Condom use is the only topic for which mother-son communication has been found to be more likely than mother-daughter communication (Sneed et al., 2013).

Among fathers, Sneed and colleagues (2013) found father-son communication to be more likely than father-daughter communication for all sexual health topics except not engaging in sexual behavior and abstinence until marriage. Kapungu and colleagues (2010), however, found no statistical difference between father-son and father-daughter communication for all sexual health topics. Fathers and sons also admitted to having limited knowledge of the many female contraceptive methods available (Akers et al., 2010), impacting their ability to discuss this topic.

When compared to fathers, mothers' propensity to discuss more sexual health topics with their children generally, especially their daughters, was not unique to African American families but could also be expected among non-Hispanic White families (Wilson & Koo, 2010). Among a sample of predominantly White parents, Wilson and Koo (2010) found mother-daughter communication to be more common for five out of seven topics when compared to father-daughter communication, with dating and relationships being the only topic for which father-daughter communication was more likely than father-son communication (Wilson & Koo, 2010).

Despite fathers' reluctance to discuss sexual health with their daughters, most daughters express interest in discussing at least one sexual health topic with their fathers. Among a racially and ethnically diverse sample, the topics daughters expressed having the greatest interest in discussing with their fathers include their fathers' insight and understanding as it relates to men, their fathers' own lived experiences in adolescence around sex and dating and their fathers' values and expectations (Hutchinson & Cederbam, 2011). In addition to gender, the topics discussed during parent-child sexual health communication have also been shown to differ by race and ethnicity. When compared to non-Hispanic White fathers, Spanish-speaking Hispanic fathers and non-Hispanic Black fathers more often emphasized discipline and the need to penalize their children for misbehaving (Wilson et al., 2010). Though all fathers stressed the importance of protecting their daughters, Hispanic fathers, when compared to non-Hispanic White and Black fathers, more frequently highlighted the need to protect their daughters relative to their sons. Non-Hispanic Black fathers were the only group shown to discuss their daughters' early pubertal development and restriction of their daughters' provocative dancing and attire (Wilson et al., 2010). All fathers irrespective of race or ethnicity stressed the importance of warning daughters about sexual predators or men interested solely in sex (Wilson et al., 2010).

Current Study

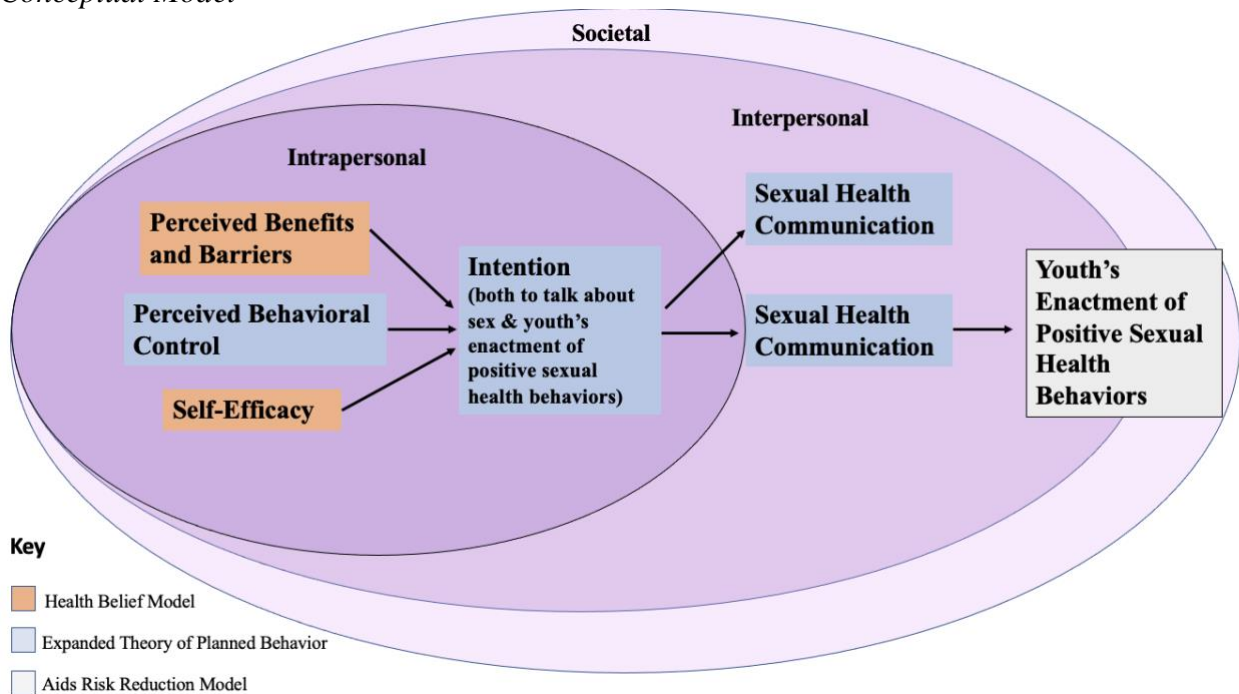
Although African American parent-child sexual health communication has been shown to reduce sexual risk-taking behaviors among African American youth, far less is known about the impact of father-daughter sexual health communication than mother-child or father-son communication. However, the few studies that have explored father-child sexual health communication provided reassuring results (DiIorio et al., 2007; Harris, Fantasia, & Castle, 2019). Of the sexual health topics discussed, it was unclear which topics African American daughters have an interest in discussing with their fathers, and which topics in particular when discussed resonate most with youth and impact their sexual risk behaviors. Further, few studies that have explored the different sexual health topics discussed among African American fathers and their daughters were conducted among father-daughter dyads. Among African American families, parents were significantly more likely to report frequent sexual health communication than their children (Bonafide et al., 2020), thus it is important to capture both fathers' and daughters' perspectives. Given the disproportionately high rate of HIV/STI infection and HIV mortality faced by African American youth and young adults when compared to the national average, understanding what sexual health topics African American fathers discuss with their daughters and the subsequent impact of these conversations is paramount. Thus, the current study is guided by the following two research questions: (1) What sexual health topics do African American fathers and their daughters perceive to be the easiest and most challenging to discuss with one another? (2) Which sexual health topics do fathers and their daughters perceive to have the greatest impact on daughters' sexual behavior?

Conceptual Framework

This study is informed by the health belief model (HBM), the theory of planned behavior (TPB), and the AIDS risk reduction model (ARRM). The HBM and TPB suggest that key components of behavior change include self-efficacy, perceived behavioral control, intention towards enactment, and one's perceived benefits and barriers to carrying out a behavior (which can be modified by individual level characteristics such as gender) (Ajzen, 1991; Rosenstock, 1974).

By exploring which sexual health topics are the easiest and most challenging to discuss, the current study elucidates the perceived benefits, barriers, behavior control, self-efficacy and intention related to father-daughter communication. The ARRM is distinguished from the TPB by its inclusion of the enactment stage, which by extending beyond intent conceptualizes an individual not in isolation but rather as part of a larger ecosystem (i.e., a shift from intrapersonal factors to interpersonal and contextual factors) (Sheeran et al., 1999). The current study also moves beyond intent to the enactment stage by exploring the perceived impact of father-daughter sexual health communication on daughters' sexual behavior, with sexual health communication both mediating and moderating the relationship between intention and behavior change. The relationship between sexual health communication and daughters' enactment of positive sexual health behaviors is considered within the context of daughters' larger ecosystem which may influence how messages are perceived and ultimately their impact on behavior change.

Figure 1
Conceptual Model



Note. This is a visual representation created for the conceptual model informing this study.

Method

Sample and Setting

In-depth semi-structured interviews were conducted in the mid-Atlantic region of the United States. Seven father-daughter dyads were interviewed ($N=7$), and an additional five daughters were interviewed ($n=5$) whose fathers did not participate in the study. Two fathers were not successfully recruited by their daughters, two fathers became unresponsive during study enrollment, and one father did not meet the study eligibility criteria. Fathers were aged 52-60 ($M=56.7$) years and daughters were aged 19-21 ($M=20.3$) years. All participating fathers were biological fathers who were assigned male sex at birth and self-identified as straight or

heterosexual. All participating daughters were assigned female sex at birth, and most self-identified as straight or heterosexual ($n=10$). One daughter self-identified as bisexual, and one as queer asexual. The majority of the fathers ($n=6$) were born in Africa or the Caribbean, and the majority of the daughters ($n=10$) were born in the United States. Approximately half of the daughters in the study ($n=7$) were sexually active, and the majority ($n=10$) agreed that their fathers were aware of their sexual orientation. See Table 1 for additional characteristics of the study sample.

Recruitment

Participants were recruited through the distribution of electronic flyers and a one-minute recruitment video to five types of recruitment sites in Maryland and Washington D.C. including: (1) academic courses, (2) course-specific GroupMees and Facebook groups, (3) student-led organizations, (4) GED programs, and (5) community-based organizations. In addition, the PI gave five synchronous presentations to four academic courses and one student-led organization. The academic courses were identified by reviewing institutional course catalogs and selecting those focused on research methods, health, or African American/Black studies. All recruitment materials included a QR code and URL to an electronic interest form. Once an interest form was submitted, the PI set up a time to call the potential participant to verbally explain the study's procedures, answer any questions, obtain verbal consent and assess study eligibility. Following this call, eligible participants received a written consent form via email and set up a time to be interviewed following consent. To meet study eligibility, daughters had to self-identify as a non-Hispanic African American cisgender woman 18-22 years of age, residing in Maryland or Washington D.C. Fathers had to self-identify as a non-Hispanic African American cisgender man, residing in America. Both fathers and daughters also had to acknowledge that they were United States citizens, and that they were in touch with one another for the majority of the daughter's life.

Data Collection

The current study is part of a larger multi-method qualitative examination of African American father-daughter sexual health communication. All interviews were virtually administered via Zoom, were conducted individually, and were both audio and video recorded. The daughters' interviews lasted 66 minutes on average (ranging from 32 to 137 minutes) and the fathers' interviews lasted 101 minutes on average (ranging from 73 to 149 minutes). Both members of the dyad were first asked to describe their experience communicating about sexual health with their daughter/father. Participants were then shown a comprehensive list of 63 sexual health topics and were asked four questions central to the current study: 1) In the context of father-daughter sexual health communication, are there topics missing from this list? If so, what?, 2) Which sexual health topics (either on this list, or not) did you discuss with your dad/daughter while growing up?, 3) Which sexual health topics (either on this list, or not) were the most challenging for you to discuss with your dad/daughter?, and 4) How do you think discussing _____ [insert topics mentioned above] with your dad/daughter impacted your/her behavior?" Following the interview, participants completed a short demographics survey and received a \$30 electronic gift card.

Table 1
Sample Characteristics

Variable	Daughters		Fathers	
	Mean	Range	Mean	Range
Age	20.33	19-21 years	56.71	52-60 years
	<i>N</i>	% of sample	<i>N</i>	% of sample
Sexual orientation				
Straight or heterosexual	10	83.33%	7	100%
Bisexual	1	8.33%	0	0
Other: Queer asexual	1	8.33%	0	0
Does co-study participant know				
Yes	10	83.33%	7	100%
No	1	8.33%	0	0
Don't know	1	8.33%	0	0
Has your sexual orientation changed				
Yes	1	8.33%	1	14.29%
No	9	75%	6	85.71%
Don't know	2	16.67%	0	0
Closeness of relationship with co-study				
Very close	3	25%	5	71.43%
Somewhat close	7	58.33%	2	28.57%
Neither close nor distant	1	8.33%	0	0
Somewhat distant	1	8.33%	0	0
Very distant	0	0	0	0
Length of father & daughter's presence				
20+ years but not their whole	0	0	1	14.29%
Since they were born	12	100%	6	85.71%
Father-daughter relationship				
Biological & residential	11	91.67%	7	100%
Biological & non-residential	1	8.33%	0	0
Place of birth (country of origin)				
United States of America	10	83.33%	1	14.29%
West & Central Africa	1	8.33%	4	57.41%
Caribbean	0	0	2	28.57%
United Kingdom	1	8.33%	0	0
Sexually active				
Yes	7	58.33%	n/a	n/a
No	5	41.67%	n/a	n/a
Age of sexual initiation				
Less than 15 years old*	1	14.29%	n/a	n/a
15	0	0	n/a	n/a
16	0	0	n/a	n/a
17	4	57.14%	n/a	n/a
18	2	28.57%	n/a	n/a

Note. *Child sexual abuse

Ethical Considerations

All procedures were approved by the [blinded] Institutional Review Board (IRB) prior to participant recruitment and data collection. During the recruitment process, the IRB application and approval letter were sent to academic institutions and participants when requested. All recruitment efforts were targeted towards African American women aged 18-22 years living in Maryland or Washington D.C. who subsequently recruited their fathers/father figures. This process ensured that daughters were first comfortable with the study procedures prior to their fathers' involvement since ultimately this research is focused on the daughters' health and wellbeing. All participants were assigned a pseudonym at random and only members of the research team had access to an excel sheet linking study participants to their pseudonym. Interviews were transcribed by four trained university undergraduate research assistants and any identifiable information, such as the name of one's sibling, was redacted from the transcript. All study materials were kept in a password protected electronic folder, and members of the research team were required to use their university email address and follow a dual authentication process to gain access.

Data Analysis

Data analysis followed Braun and Clarke's (2006) five-step process of thematic analysis. Step one included familiarization with the data through repeated reading of the transcripts while also listening to the audio recording of each interview. During step two, initial semantic codes were generated using participants' words whenever possible to ground codes in participants' experiences. Step three involved searching for themes and sub-themes. At this stage, some initial codes were collapsed or discarded, whereas others were lifted up as sub-themes. Step four included reviewing each theme and sub-theme. This involved rereading the coded data extracts within each theme to assess whether a clear pattern was formed, and holistically considering how well each theme accurately represented the entire data set. During step five, themes and sub-themes were named and defined.

To ensure the quality and trustworthiness of findings, four research team members familiarized themselves with the data and individually produced themes and sub-themes. Findings were compared at each stage of the analytic process during weekly team meetings, and discrepancies were discussed until a consensus was reached. Of note, because communication involves more than one person (both a sender and a receiver, which in this case are not mutually exclusive), the unit of analysis is father-daughter dyads. At each stage of analysis, the codes, themes, and sub-themes generated within and across each dyad were compared and contrasted. Data transcription and review was completed by the research team members, and analysis was completed using NVivo 12 (QSR International, 2021).

Positionality of the Research Team

Research team members varied in race, ethnicity, and cultural backgrounds, self-identifying as non-Hispanic Black or non-Hispanic White. Team members also varied in age and had diverse personal experiences with their own fathers. While some discussed sexual health with their fathers broadly from an educational standpoint, others did not at all. Diversity in lived experiences and cultural identity allowed for a rich discussion of findings at each stage of analysis. Research team members discussed how their varied perspectives might influence data interpretation and this was carefully considered when developing the final set of themes and subthemes. All team members

were advocates for women’s health and have a long-term research agenda that strives to assist in mitigating health inequities.

Strategies to Enhance Study Rigor

Several strategies were used throughout the current study to ensure the quality and trustworthiness of the findings. The strategies include member-checking activities, reflexivity, triangulation of findings, and peer debriefing. Prior to data collection, two members of the target population reviewed each semi-structured interview guide (i.e., two African American women aged 18-22 years reviewed the daughters’ interview guide, and two fathers with African American daughters aged 18-22 years reviewed the fathers’ interview guide). Following data analysis, study participants reviewed the final themes and sub-themes during four member-checking meetings conducted via Zoom. The strategies were used to validate findings through the researcher’s lens, participants’ lens, and readers’ lens (Creswell & Poth, 2018). In addition, the current study’s validation process follows Guba’s model of trustworthiness, focused on establishing credibility, transferability and dependability of findings (Krefting, 1991).

Results

Analysis revealed five themes regarding which sexual health topics were the easiest and the most challenging for African American father-daughter dyads to discuss and which topics they perceived to have the biggest impact on daughters’ subsequent sexual health behavior. The five themes were: (1) challenging topics to discuss, (2) easy topics to discuss, (3) topics on the continuum, (4) desired topics of communication, and (5) topics with the greatest impact on behavior. The themes and sub-themes are outlined in Table 2.

Table 2
Summary of Themes and Sub-Themes

Theme 1: Challenging Topics to Discuss	Theme 2: Easy Topics to Discuss	Theme 3: Topics on the Continuum	Theme 4: Desired Topics of Communication	Theme 5: Topics with the Greatest Impact on Behavior
Overall Opposition	Relationships and Dating	Sex, Pornography, HIV and STIs	Healthy Relationships and Dating	Pregnancy Prevention
Conversations Vulnerable to Criticism	Prevention of Motherhood	of Mental Health	Sexual Encounters and STIs	Healthy Relationships, Marriage and Dating
	Abstinence and Waiting Until Marriage	and Gender Sexual Orientation	Fathers’ Perspective and Guidance	Messages Rooted in Fathers’ Lived Experiences
	How to Carry Oneself and Influence of Social Networks	Topics Discussed on Impulse		
		Female Development and Menstruation		

Theme One: Challenging Topics to Discuss

Many fathers and daughters very clearly expressed which sexual health topics they found to be the most challenging to discuss with one another and why.

Sub-theme 1: Overall Opposition

For many dyads, all aspects of sexual health were challenging to discuss irrespective of the particular sexual health topic or context in which the conversation occurred. This discomfort often stemmed from sexual health communication being perceived as culturally “taboo.” As one daughter who grew up in a similar community as her father shared:

I feel like the roles and the structures are just different with African American families and that could make it harder for me, or African American girls in general, to feel comfortable talking with their dads. [It could also make it hard to feel] like their dad should talk to them about [it] and feel[ing] strongly enough to approach them, even if they don't approach you. (Allison)

This hesitancy to discuss sexual health was experienced not only by daughters who referenced a largely American cultural upbringing and familial environment, but also among dyads whose fathers immigrated to the United States from Africa or the Caribbean. Although having immigrated to the United States several decades ago, these fathers’ cultural upbringing and their own father-son relationships as children influenced their parenting style and expected family dynamics. As one daughter Emily shared, “my Togolese culture it's like so instilled into us because our parents are from there so the Togolese culture really shows in my life how [my parents] kind of like stray away from sexual talk and anything that's awkward.” Emily’s explanation illustrated how despite having lived in the United States for decades and raising children in the United States, fathers were heavily influenced by their own cultural upbringing.

Sub-theme 2: Conversations Vulnerable to Criticism

Participants also identified several topics that were challenging to discuss because they feared being criticized by their father or daughter. Daughters expressed avoiding their fathers’ input specifically as it pertained to challenges within their relationships. One daughter in a serious, long-term relationship expressed not “want[ing] anyone to know that I crumble at times” (Opal). Daughters also avoided their fathers’ input when discussing birth control if they had a difference in opinion regarding its use or if they felt as though they were being controlled and told what to do as opposed to being presented with options. As one daughter who enjoyed having sex under the influence of alcohol expressed:

It was very annoying to think that he would try to control my choice to use birth control or not. Like, that's not up to you. So that conversation for me was just very angry and I did not like having it. (Diamond)

Fathers also expressed withholding their opinions when discussing their daughters' partners or crushes if they perceived that their daughter would not appreciate their input and when discussing topics related to the LGBTQ community in general out of fear of being "berated" for unintentionally using insensitive language.

Theme Two: Easy Topics to Discuss

Several topics both fathers and daughters discussed with one another freely and openly.

Sub-theme 1: Relationships and Dating

Father-daughter dyads discussed relationships specific to whom one should date, healthy relationships, free will when with partners and friends, bullying, name-calling, and daughters' past experiences with particular partners. One daughter shared that she brought up "respect" when talking to her parents and asked them both, "who would they want, what type of person would they want to see me marry" and found it interesting when "they both, literally both of them, said someone who was respectful and God-fearing. Both of them" (Diamond). Other participants discussed specific individuals and incidents, such as when one daughter decided to break up with her boyfriend whom both of her parents knew, she explained: "I had a conversation with both my parents about it because I really, that was really hard for me cause I'm super indecisive" (Sophia). When fathers and their wives (the mother of the female participant) had a healthy relationship, both members of the dyad also expressed the importance of this marital relationship. Parents' marriages served as a model and allowed fathers to communicate non-verbally about healthy relationships with their daughters.

Sub-theme 2: Prevention of Motherhood

Several dyads also discussed the importance of preventing motherhood. While some focused-on pregnancy prevention by discussing condoms and birth control, others discussed abortion. These topics were easy to discuss when presented as a general warning or opinion and when fathers and daughters were not in opposition. Participants often referenced a particular incident or experience that gave urgency to these conversations and the importance of preventing motherhood or teenage pregnancy. For example, one father who was born in Africa but moved to the United States for college reflected:

In coming up here, coming to the U.S. where...there was a lot of teenage pregnancies at that time...that basically also in a way informed [my] approach in discussing these issues. To say that 'look, this is ultimately going to impact your future if you're not careful.' (Jack)

When discussing abortion, daughters expressed how fathers broached this the topic as part of a larger conversation focused on expressing one's political views. As one daughter Emily shared, "the whole abortion topic and politics, we would just clump all those together." Similarly, another daughter, Diamond, shared how despite living in a pro-life household, during the most recent election, "we all voted on an abortion law and pretty much all of us voted no...and I was actually surprised to hear my dad talking about how like he didn't think it was a good idea," illustrating her "appreciation" that her father was willing to openly discuss what he voted for with her.

Sub-theme 3: Abstinence and Waiting Until Marriage

Abstinence and waiting until marriage came up as a topic of conversation between dyads often coupled with education and the importance of focusing on other priorities. One father who relied on his wife to discuss sexual health with his daughter shared that if he were to talk to his daughter about abstinence, he would encourage her to:

Focus more on [her] books, you know because that pressure is always there. I mean the sexual pressure is always, it's natural. It's a part of us. So, but if you're able to take your mind away from uh you know, it and focus on other things, even if you get a partner, you should choose somebody who would help you in your, your endeavors. (Charles)

Others shared how conversations about waiting until marriage were grounded in religion. As one daughter, Molly, who did not have many open discussions with her father reflected, being Catholic meant that waiting until marriage was brought up “maybe not like explicitly but like [her father] just like you obviously you know like you're not supposed to do this until like you're married,” allowing for her father to provide more subtle, non-verbal forms of communication.

Sub-theme 4: How to Carry Oneself and Influence of Social Networks

Lastly, during father-daughter sexual health communication fathers freely gave advice to their daughters regarding how to carry oneself. Several fathers without reservation discussed their daughters' attire and the importance of being modest. As one daughter with a very authoritative father recalled, “if my chest was exposed, he would always urge me to cover it up. That's something I think I experienced a lot” (Nicole). Another participant shared that he would only sparingly comment on his daughters' attire if it was warranted given the outing, indicating that the degree to which fathers discussed attire varied. One father, as with discussing abstinence, grounded this conversation in education and career choice by telling his daughter “you have said that you want to be a medical doctor, you can't dress anyhow. You have to dress so that your patients will feel comfortable with you, you know. So, you have to learn how to dress” (Charles). Another father used television as an avenue through which to indirectly communicate with his daughter. While watching *Dancing with the Stars*, he noted that:

My daughter used to stand up and dance and everything like that. So, I [would] ask her, well, Dancing in the Stars, they look pretty but they still like, you know, kind of half-naked. So, I ask her well, what do you think? She says, oh Daddy it's just dancing, I say yes to the dancing, but you don't picture yourself growing up to, like that, because it's not, it's not healthy for you. (Chris)

Other fathers talked more indirectly to their daughters by providing general guidance around moral beliefs and emphasizing the importance of cultivating a trustworthy like-minded social network, without solely focusing on attire. For example, one father encouraged his daughter to not be cavalier when trusting her peers, and another father openly discussed with his daughter her peers' use of alcohol and drugs at parties that she attended.

Theme Three: Topics on the Continuum

For several sexual health topics communication was neither uniformly challenging nor easy. The ease of communication depended on the father-daughter relationship, fathers' and daughters' personalities, and other challenges faced by daughters impacting the context of these conversations.

Sub-theme 1: Sex, Pornography, HIV and STIs

When discussing sexual behaviors (including intercourse and solo sexual acts such as masturbation and fondling), pornography, HIV and STIs, several fathers expressed a clear disinterest, discomfort or fear in discussing these topics and thus they chose not to or did so only briefly and with challenges. In addition to just generally being disinterested, fathers expected this topic to be thoroughly covered in school and expressed fear of finding out too much about their daughters' behaviors. Fathers also expressed concern that discussing this topic would promote interest in sex or the transmission of HIV and STIs. As one father explained, discussing HIV and STIs "it's like Beetlejuice that if you say it three times, it becomes true. So, you don't spend a lot of energy; just you warn about it. You leave it there" (Maurice). One female participant who was not sexually active shared that she "would never [emphasis on this word] talk about it [intercourse], like, even if I was married and like I was having a child. Still no" (Ella). In most cases father and daughters were in agreement that discussing these topics would be challenging. One daughter also accurately assumed that in addition to her own discomfort, discussing her virginity is a conversation that her father likely did not expect to engage in.

Other dyads, however had a very different experience and were able to discuss some of these topics, though to varying degrees. For example, some daughters recalled discussing STIs with their fathers generally, focused particularly on protecting oneself. Among one dyad that did not discuss sexual intercourse, the daughter shared that "touching and kissing I think are just things that he asked me like, oh do you do that? You know, stuff like that" (Sophia) indicating a willingness to discuss some forms of intimacy, but not sexual intercourse. Conversely, another dyad discussed intercourse and sexual attraction directly and the father was sure to indicate both verbally and nonverbally through displayed affection towards his current partner that intimacy can be a healthy part of relationships.

Sub-theme 2: Mental Health

Among father-daughter dyads, mental health was discussed in most cases because daughters were dealing with either anxiety, depression, stress and anger, or low self-esteem and processed their experiences with their dad in an effort to seek support. For some daughters the conversations went well, however others felt as though their dad did not understand the extent of what they were facing, and the conversations felt like "kind of like, well, I feel like I would be talking to a brick wall tryna explain it" (Mia). Participants also expressed how discussing mental health with one's father is particularly challenging for Black women, because "in the Black community, it's kind of like shunned or like shied away from, or especially in our faith like oh just pray about it" (Emily). One participant also expressed an expectation that "as a Black woman, you kind of have to take on the weight for yourself" and this "understanding just made me not talk about it at all and kind of just realize that like, you know, it's normal to deal, you know, to have lots of stresses" (Abigail). Although poor mental health can impact one's relationships and overall

sexual wellbeing and vice versa, participants only rarely made this connection. One father, Maurice, directly connected mental health to sexual health by sharing that after witnessing a rise in high school students committing suicide, he made sure to tell his daughter even if she were to get pregnant or “even if it [the relationship] doesn't work out-you know, you move on and you know, life goes on, it's not the end of world,” expressing his fear that depression caused by failed relationships or unintended pregnancy could lead to self-harm. Another participant, Mia, made this connection when discussing intrafamilial child sexual abuse and how it could lead to many mental health issues such as post-traumatic stress disorder (PTSD).

Sub-theme 3: Gender and Sexual Orientation

Dyads that discussed gender and sexual orientation openly, did so in most cases because either the daughter was a strong advocate for the LGBTQ community or fathers expressed wanting to learn more about gender pronouns and strived to be more intentional about their language use around their daughters' peers. Among dyads that discussed this topic, fathers viewed their daughters as being more knowledgeable and, in some cases even sought out their daughters' expertise. Although conversations in which fathers were learning from daughters were had easily, dyads found gender and sexual orientation challenging to discuss when fathers and daughters expressed differing opinions. As one daughter shared:

I usually have really strong opinions about things um usually very progressive liberal opinions, and [my dad] usually leans on a more moderate side, and I'm not hesitant to argue with my father so um that can create a very interesting dynamic between us. Um it's all out of love, but it does get heated. (Sophia)

In some instances, knowledge also proved to be a barrier. One female participant expressed challenges discussing gender and sexual orientation with her father due to his limited knowledge and expressed frustration that generally:

It's a lot of stigmatization, especially in the African American community. Because it's like, they think that certain things are associated, like, 'Oh, that's a White person's thing.' Like oh maybe being gay, that's a White person's thing, because it is seen as taboo and weird. (Mia)

Similarly, fathers also expressed having limited knowledge and cultural norms precluding gender and sexual orientation from being a topic of conversation. As one father who immigrated to the United States shared, discussing gender and sexual orientation is challenging “because of the, touchiness of it, and because I may be unconsciously insensitive even when discussing it from time to time” (Charles) which is similarly connected to one's perceived knowledge and communication self-efficacy.

Sub-theme 4: Topics Discussed on Impulse

Father-daughter dyads also communicated about several topics on “impulse” in response to a specific incident. Fathers found themselves in this position often after accidentally and unexpectedly discovering that their daughters were engaging in certain behaviors such as drug and

alcohol use, or birth control use. Similarly, other father-daughter dyads discussed daughter's menstrual cycle due to circumstantial events, making the conversation unavoidable. One father who is no longer married to his daughter's mother shared for example, that when his daughter first had her period, it was an unexpected situation that made her uncomfortable:

She was with me, and I think maybe we were in Mexico on vacation. And I guess she felt something [the bleeding]. And she ran [to another room], you know, I don't know exactly what I feel she was feeling, but she was more like, 'oh, this shouldn't have happened in front of me.' (Benjamin)

Sub-theme 5: Female Development and Menstruation

Female development and menstruation for some dyads was both easy and challenging to talk about. The topic was freely discussed often following the daughter's first menstruation or when daughters expressed pain or discomfort. Fathers expressed wanting to support their daughter by asking questions such as "are you having cramps? Do you need pads? You need to take a bath?... Are you taking the proper vitamins so that your mood isn't affected as much" (Joshua)? Several daughters also expressed openly asking their fathers to buy them tampons or menstrual pads. Although this conversation was not stressful, daughters did express needing to show their dad what to buy by either going with them to the store or one participant "sent him a picture and he sent me back the picture of like what he saw" (Amy). Beyond providing comfort and purchasing tampons/menstrual pads, fathers found it challenging to discuss female development with their daughters due to their own perception of having limited knowledge, or assuming that they are not the right person with whom their daughter should be talking to given their sex. Although one daughter who otherwise had very open sexual health communication with her father was confused by her father's discomfort discussing menstruation and female development, another daughter focused on describing the pain in hopes of helping her father better understand what she was feeling.

Theme Four: Desired Topics of Communication

Among participants where father-daughter sexual health communication did not happen or happened only minimally, daughters identified several topics that they would have liked to discuss with their father or would have liked to discuss more frequently.

Sub-theme 1: Healthy Relationships and Dating

Several daughters expressed wanting to discuss in general healthy and unhealthy relationships with their fathers and that they would have liked advice around how to act on a date, power, control, choice of independence, and broadly any advice dads have to offer about relationships. Daughters felt as though "recommendations on who to date and how to act on a date - all that basically like [I had] to learn on my own" (Abigail). For example, one daughter who was not sexually active and who felt she had to conceal hanging out with boys from her father expressed "feel[ing] like I've been naive. I am very naive still, so I feel like if he gave me advice on that. Maybe I would have been less naive" (Anna). Not only did Anna's reflection indicate an openness to discussing sexual health with her father, but also an acknowledgement of how these

conversations would have made her better prepared to build relationships and less likely to be viewed as “naive to guys.”

Sub-theme 2: Sexual Encounters and STIs

Sexual encounters and STIs was another topic female participants expressed having interest in discussing with their fathers, understanding that “it only takes one person to really like change your whole life. So, it's like, what if like, on your first you know encounter, and then you end up contracting an STD” (Mia). Participants also had interest in discussing how sexual encounters and STIs relate to other topics such as protection, birth control, mental health, and future relationships. In addition to consensual sexual encounters, daughters also highlighted the importance of discussing non-consensual sex, particularly “incest”. Several shared that although intrafamilial child sexual abuse occurs among African American families, families do not discuss it because it is a “taboo” and “controversial” topic. Discussing both consensual and non-consensual sexual encounters and STIs would allow daughters to not only understand their fathers’ perspectives, but to also potentially learn something new and better protect themselves.

Sub-theme 3: Fathers’ Perspective and Guidance

Daughters also shared wanting their fathers’ perspectives both generally, and in relation to topics they had personally struggled with but so far felt that they could not discuss with their fathers. Daughters expressed seeing value in “talk[ing] about how men view sex and how, you know, how the communication between man and woman if you're interested in sex can go” in order to avoid “miscommunication between genders” (Sophia). Such miscommunication participants feared, could lead to being taken advantage of. One participant who did have very open communication with her father shared:

It would be nice for him to offer like a different perspective and just, like you know like, make sure you don't like if a guy is trying to pressure you into sex or pressure you into anything, don't, like stand your ground don't like, I wish I would have gotten that type of advice so I can kind of see it from a male's perspective. (Mia)

The specific topics daughters expressed struggling with and wanting to discuss with their fathers include mental health, abstinence, gender and sexual orientation, religion, and family. As one participant shared, who knew her father had content expertise due to his profession, mental health “was something I struggled with so I would have loved for him to be more involved in like my journey through that” (Nicole). Others shared wishing that they could discuss with their fathers “the importance of like why waiting until marriage” (Abigail), or to disclose their sexual orientation illustrating a desire to just generally open up to and learn from their fathers.

Theme Five: Topics with the Greatest Impact on Behavior

Father-daughter sexual health communication for many daughters was perceived as impacting their behavior positively, however in some instances it had a neutral effect or reinforced certain biases. Although fathers hoped the messages conveyed during communication with their daughters had a positive impact on their daughters’ sexual health behavior and decision making,

fathers in many cases were unsure of the actual impact due to a general unawareness of their daughters' sexual health behaviors.

Sub-theme 1: Pregnancy Prevention

For many daughters, discussing pregnancy with their fathers instilled a great desire to avoid it, which in turn promoted waiting until marriage, the use of pregnancy prevention efforts, or limiting one's frequency of sex. Though daughters had been encouraged to avoid unintended pregnancy from other people in their lives, receiving this message from their fathers during adolescence was most impactful due to fear of getting in trouble. However, now as a young adult, one participant shared how abstinence has become "a personal choice that I've made" (Emily). For one daughter, the social environment surrounding these conversations also proved important and made conversations with her dad about pregnancy prevention more impactful. After seeing a peer in high school her freshman year who was pregnant, she expressed "I kept that with myself. For four years I was like that cannot be me, you have goals in life you want nice things in life. And right now, kids, is just not in [the plan]" (Opal).

Sub-theme 2: Healthy Relationships, Marriage and Dating

Healthy relationships, marriage and dating are not only topics that were easily discussed and desired topics of communication, but they were also topics that when discussed impacted daughters' behavior. Among dyads with relatively open father-daughter communication, discussing these topics promoted being more adventurous when encouraged by one's father to do so, and it also encouraged freedom of choice and independent decision making. As one participant shared in relation to adopting a new dating strategy, "his encouragement to figure out things in that manner influenced my decision to go along with it even if it didn't initially seem like something I would like, [but] for the most part, there wasn't any harm" (Allison) illustrating her willingness to alter her behavior based on her father's input, even when skeptical.

Fathers' communication about sexual health, however, was not always perceived as having a positive impact. One participant shared how discussing sexual health with her father impacted her outlook on men, resulting in a "hard time believing that guys are interested in me even, like, when they seem to be interested. Because, possibly of the whole view of like guys only wanting one thing" (Allison). For this participant, it was clear in reflection that:

Some of my dad's judgments became mine...he's very judgmental and as far as like being provocative. And what that means [is] thinking that people are like, less than or not as good as me because they're doing things that I'm not. I definitely would say that I've had moments of that where I've let his bigotry become mine. Um, and, you know, there are times where I think I've looked down on some things because of you know how, specifically how girls behave in like parties or clubs or settings like that in a sexual or romantic way. (Allison)

One participant shared a similar sentiment but from a father's perspective, worrying that in hindsight telling his daughter jokingly:

‘Hey you’re not gonna have any boyfriend until you’re out of college or you’re in college’ ...might have been almost too effective because at the age she is now, she has not introduced anybody as her boyfriend or any kind of significant other to me.’ [As a result, he thought] sometimes think about hey, ‘I don’t know whether that was a good thing or a bad thing.’
 (Benjamin)

Another participant acknowledged that although she did not discuss relationships and dating with her father, “I feel like if I had a conversation with my dad, it would kind of just be like, shaming me and—I’d just have the idea that it [sex] is not supposed to be enjoyable,” which would promote unhealthy relationships because “I would have a warped perception of what a healthy relationship looks like—‘cause I was shamed into not, you know, to not enjoy it or to not have boundaries as long as it pleases the other partner” (Mia). For Mia, her father’s sexist view of relationships was perceived as having negative implications and reduced her interest in initiating father-daughter sexual health communication.

Sub-theme 3: Messages Rooted in Fathers’ Lived Experiences

In addition to identifying specific topics with great impact on behavior, daughters also expressed more generally valuing messages rooted in their fathers’ lived experiences or demonstrated through his actions. As one participant who admires her parents’ marriage shared, the advice her father gives her about relationships is more impactful because “it’s one thing to say something but it’s another thing to actually see it—because I see their relationship and he talks about it, it just solidifies what I aspire to have” (Emily). When participants perceived their parents’ relationship with one another as poor, this too left a powerful impact on daughters, but instead communicated what characteristics to avoid when deciding whom to date. As one participant reflected “there was a time when I literally didn’t like Black boys, Black men, anything ‘cause I was just so upset at the person that my father was and what he represented” (Nicole). For another participant, being able to openly discuss her fathers’ youthful mistakes and learn from how these mistakes impacted his life proved very powerful and added weight to the importance of pregnancy prevention.

Discussion

Father-daughter dyads indicated which sexual health topics they discuss freely and easily, and which sexual health topics are more challenging to discuss.

Challenging Topics to Discuss

The literature suggests that African American parents are cautious when discussing sexual health with their children out of fear that they might promote sexual activity or curiosity (Akers et al., 2010). The current study found this to be of concern only among one father-daughter dyad and in the context of LGBTQ relationships and sexual intercourse. The current literature also suggests that personal topics are challenging for African American parents to discuss with their children such as STIs or gender and sexual orientation (Sneed et al., 2013; Wyckoff et al., 2008), resulting in a higher likelihood of discussions centered on informational topics (Sneed et al., 2013). Findings from the current study indicate that though discussing personal topics is challenging among father-

daughter dyads, the father-daughter relationship and daughter's personality must be considered. For dyads that preferred not to discuss personal topics, this decision was largely driven by the daughters' fear of criticism. Further, when looking at topics on the continuum of being both easy and challenging to discuss, some personal topics (i.e. sex, pornography, solo sexual activity, gender and sexual orientation) are discussed among some father daughter dyads, but not all due to fathers' fears of inciting behavior or learning that their daughter is engaging in certain behaviors. Despite fear of criticism and disclosure, many daughters still expressed a desire to discuss their personal sexual health challenges with their fathers. As posited by the HBM, when choosing what topics to discuss and how in depth to discuss them, participants weighed the perceived benefits and barriers to communication and carried out a clear cost-benefit analysis.

Sample Nativity and Acculturation

Given the nativity of the study sample, daughters' fear of disclosure and criticism coupled with paternal relationships that do not facilitate open sexual health communication is expected. Current literature among African born parents and their children living in the U.S. and Britain highlights that sexual health communication is challenging not only because it is culturally taboo, but also due to generational differences in gender norms and gender equality (Cook & Waite, 2016; Kingori et al., 2018). In the current study, differences in gender norms between fathers and their daughters (i.e., first- and second-generation African immigrants) were found among participants who shared that discussing healthy relationships, marriage and dating with one another did not always have a positive impact. As suggested by the HBM, findings highlight that there are several individual level identities (e.g., gender, culture, and adolescent maturity) that impact fathers' and daughters' perceived benefits and barriers to sexual health communication, varying across topics.

Easy and Impactful Topics to Discuss

During father-daughter sexual health communication, the topics that dyads found easy to discuss include relationships and dating, prevention of motherhood, abstinence, waiting until marriage, how to carry oneself, and the influence of social networks. These findings are consistent with the current literature which indicates that when compared to African American father-son communication, the only two topics for which father-daughter communication is more likely is advice to not engage in any sexual behavior and abstinence until marriage (Sneed et al., 2013). Similarly, fathers in the current study discussed attire with their daughters and how to appropriately represent oneself which supports conclusions made by Wilson and colleagues (2010) who found that in comparison to non-Hispanic White and Hispanic fathers, African American fathers were the only fathers who placed restrictions on their daughters' attire. Daughters shared how certain conversations were particularly impactful due to their social environment and having witnessed for example their peers pregnant in high school or their fathers' successful marriages. As posited by the ARRM, this connection highlights the importance of not considering the enactment of behavior as something done in isolation, but rather considering the larger interpersonal, societal and contextual factors experienced.

These results indicate daughter's clear desire to discuss sexual health with their dad's specifically, as fathers' unique role was found in two of the themes. First, daughters expressed wanting their fathers' perspectives on several sexual health topics. Understanding how their fathers navigated their youth, knowing more about their fathers' own experiences, and receiving advice from their fathers about men are all topics daughters wished to discuss with their fathers. Second,

when fathers were open about their own experiences or communicated to their children nonverbally through their own actions, daughters found these messages particularly impactful regarding pregnancy prevention and characteristics to look for in a partner. Daughters' interest in discussing sexual health with their fathers, particularly their fathers' own experiences, has similarly been found among women of other racial and ethnic identities (Huchinson & Cederbaum, 2011). These findings add support for the usefulness of father-daughter sexual health communication, which though not studied extensively has been associated with increased abstinence and consistent condom use (Teitelman et al., 2008).

Strengths and Limitations

This is the first known study that explores not only what sexual health topics are discussed during African American father-daughter communication, but also how easily certain topics are discussed, and the perceived impact of discussing specific topics. Further, by interviewing father-daughter dyads, the study results indicate which themes and sub-themes were supported more concretely by fathers, daughters or both. In addition, study findings were reviewed for accuracy by study participants following data analysis. Despite these strengths, this study is not without limitations. First, five of the female participants in this study were enrolled without their father or father figure. These participants were either unable to recruit their fathers, or their fathers failed to complete the study enrollment process. For these participants it is unclear how their experiences are the same and/or different from their fathers. Second, most fathers were not born in the United States, all fathers were recruited to participate in this study by their daughters, and all daughters lived in Maryland or Washington D.C. Participants' general closeness to one another, fathers' birth country, and daughters' place of residence should be considered when transferring study findings to father-daughter dyads that are less close or, located elsewhere geographically, and are of different cultural and ethnic backgrounds.

Implications for Practice and Future Research

African American father-daughter sexual health communication has the potential to reduce sexual risk behaviors among African American youth, however it also has the potential to subject daughters to criticism and negatively impact their outlook on relationships and partner selection. Thus, future researchers should exercise caution when developing or adapting sexual health communication interventions intended for African American father-daughter dyads. When recommending father-daughter sexual health communication, focus should be given to topics that are known to be easy for both members of the dyad to discuss such as relationships. Added guidance should be given surrounding how best to discuss challenging topics and topics on the continuum, where communication ease varies across dyads.

Future quantitative research is needed to further explore how the topics highlighted in this study as "impactful" lead to actual (vs. perceived) behavioral change. Quantitative research should also explore whether discussing certain sexual health topics mediate or moderate the relationship between daughters' intended and enacted sexual behavior. Further, this study emphasizes several areas in which dyads struggle to communicate or would like to have communicated. To maximize the potential benefits of father-daughter sexual health communication on daughters' sexual risk behavior, future studies should explore how best to support dyads in discussing these topics while also considering cultural and religious differences that may exist and influence communication between African American immigrant parents and their children. More specifically, the intersection

between father-daughter dyad's religious and racial identity as it relates to African American father-daughter sexual health communication should be examined as findings from this study indicate that growing up in religious households impacts sexual health communication. Similarly, further exploration is needed to better understand how barriers to communication faced by first generation African American immigrant fathers differ from second or third generation African American fathers, and if experiences differ by country of origin. Identifying barriers to communication and equipping both fathers and daughters with the tools needed to have effective and positive conversations would facilitate African American father-daughter communication which in turn could greatly reduce sexual risk behaviors among African American youth and young adults.

Conclusion

African American father-daughter sexual health communication shows promise in reducing youth's sexual risk-taking behavior and likelihood of unintended pregnancy. Topics that African American father-daughter dyads discuss easily and openly include relationships, dating, prevention of motherhood, abstinence, waiting until marriage, how to carry oneself and the influence of social networks. Given the disproportionate burden of HIV and STIs faced by African American youth, coupled with the perceived positive impact and desire for father-daughter sexual health communication, future research and intervention development and evaluation should more consistently and thoughtfully involve African American fathers.

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