Title

Exploring the Influence of Christianity and the Role of Feminism in Mother-Daughter Conversations About Sex and Sexuality

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Publication Date

2021

Peer reviewed|Thesis/dissertation

Exploring the Influence of Christianity and the Role of Feminism in Mother-Daughter Conversations about Sex and Sexuality

By

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DISSERTATION

Submitted in partial satisfaction of the requirements for the degree of

DOCTOR OF PHILOSOPHY

in

Nursing Science and Health Care Leadership

in the

OFFICE OF GRADUATE STUDIES

of the

UNIVERSITY OF CALIFORNIA

DAVIS

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2021

Copyright Page

This dissertation is dedicated to my daughter, Milana Rozella Todd.

My rainbow girl who shines brighter than the moon and all the stars in the sky—

I love you unconditionally, uncontrollably, and undeniably. Let's go play.

Acknowledgements

Undergoing this dissertation writing process was life-altering and could not have been successful without the contributions of many. First, I would like to thank the 12 mothers who participated in this study during a global pandemic while raising adolescents, and often while working and raising other young children. Without your involvement, this study would not have been possible. I would also like to thank the Betty Irene Moore School of Nursing faculty and staff for all their assistance and support in this endeavor. A special thank you to both the Betty Irene School of Nursing for their grant to fund this work, and for the private scholarship funding from The Brunner Family Endowed Scholarship for Nursing Leadership and the Constant M. and Tempest B. van Vlierden Scholarship in Nursing. Without your generous gifts, I would never have been able to complete this work.

To my qualifying exam committee members, Dr. Amy Nichols, Dr. Mitchell Crenin, and Dr. Janice Bell, thank you. Your feedback and support before and during my qualifying exam elevated the quality and depth of this research. To my dissertation committee members, I truly cannot find the words to clearly express the depth of my gratitude. Thank you, thank you, thank you. To Dr. Carolina Apesoa-Varano (who also served on my QE committee), whose integrity and passion for good qualitative research ignited my own passion for the same. To Dr. Mark Fedyk, whose unique and brilliant thinking broadened my mind and enhanced my research. To Dr. Daniel Maguire, whose talent for combining staunch argument with tongue in cheek humor has brightened my life. Finally, to Dr. Jessica Draughon Moret, my dissertation chair who never stopped cheering me on, your expertise, mentorship, and support have been invaluable, and without you I could not have realized my full potential. Thank you all for agreeing to work with me.

To my cohort, Tina, Elbina, Sayantani, Eve, Victoria, and Jonathan, thank you for challenging me, providing feedback, and most of all, providing support. To Jonathan Trask and Victoria Keeton, a special thank you for the unwavering support, journal club meetings, laughter, tears, and friendship. You are both brilliant and kind, and I would not have continued this work without you.

To the brave and selfless women that work alongside me in patient care: Janice, Gabriela, Khari, Kelly, Lucy, Karen, Viviana, Yessenia, Monste, and Star, thank you for inspiring me every day. How lucky I am to have coworkers that feel more like friends and sisters than like officemates. Thank you for providing me with caffeine, food, laughter, chisme, and support, and for enduring my discussion of the research that consumed my life.

To my parents Dr. Jay Joseph Beebe and Dr. Kathleen Rozella Beebe, thank you for you emotional, financial, clinical, and scholarly support over these years. When I couldn't stand writing anymore, when I was tired and wanted to give up so many times, I would often read the acknowledgements you wrote to me in your own dissertations. Now I get to write my own.

Dad, I was inspired when you wrote "Not every scientist studies only that which can be seen and measured" in your dissertation, but not as inspired as I have been witnessing some of your most admirable qualities: kindness and tenacity. In these moments of kindness, especially towards children, I have learned more than I ever could by writing a dissertation. I often think about the time that a little girl dropped her Coke in line for the Casey Jr. Circus train at Disneyland and you quietly bought her another Coke with your own money while other adults simply looked on. You have inspired me to keep going when I want to quit, as I have watched you complete numerous physical challenges (including marathon-distance races and a spartan

trifecta well into your 60's). Through these examples, you have reminded me of the things that are truly important. I love you.

Mom, as I have spent time writing this dissertation and parenting my own daughter, I can more accurately appreciate the sacrifices that mothers have to make and the strength that it takes to make them. Your determination and fortitude in all things you undertake has not gone unnoticed, nor have the moments when you have allowed yourself to soften; those are my favorite of all. Thank you for growing with me as I move into this new phase of my life-I love you.

To my only sibling, my brother Anthony. Sometimes I feel like we are two sides of the same coin. Thank you for your support and for showing me that the impossible can be accomplished. To me, we will always be the punk kids in the mosh pit together watching our favorite bands perform. I love you

To my best friend, most trusted confidant, and fiercest ally, Dr. Maggie Benedict-Montgomery. I could not have completed this process without your unconditional love, support, counsel, honesty, laughter, friendship, and everything else we have that there simply aren't words for. Thank you for always being on my side. I love you dearly.

To my husband, Kenny, thank you for all that you have taken on and all that you have sacrificed to help push me through this dissertation process. I could never and would never have gone through this if it had not been for your support. Thank you for continuing to be patient with me through my struggles and short comings, and for showing me immeasurable kindness, love, and respect in the process. I hope one day to be as kind and patient as you are. I love you so much.

To my daughter, Milana, who I have dedicated this dissertation to, being your mom is the best thing that has ever happened to me (something I could have never imagined saying before you were in my life). You are one of my greatest teachers, and I cannot wait to see what you teach me next. I love you more than you will ever know.

Finally, to my dogs, Regina and Shirley (and memories of my late Bonnie), thank you for your unconditional love regardless of my achievements and for the reminder of the simplest joys in life. I will go forth with the intention of living in the present moment, enjoying good food, the beauty of nature, and the benefits of a good sleep.

Abstract

Background: Adolescent girls experience high rates of negative outcomes from sex including unintended pregnancies and disproportionate rates of sexually transmitted infections (STIs) and intimate partner violence (IPV) compared to male counterparts. US. school-based sexual education has been shown to increase adolescent knowledge about sexual risks and harm-reduction strategies, increase safer-sex practices, and delay timing of first intercourse. However, due to Christian influence in the US, federally and state-funded abstinence-only sexual education programs (AOSEP) aimed at preventing premarital sex are increasingly abundant. AOSEP often do not address contraception or STI risk reduction and may stigmatize sexual health information. Despite formal sexual education programs, the majority of sexual education is provided informally at home by parents. Mothers are more likely than fathers to have conversations about sex with their adolescents and are also more likely to speak with their daughters about sex than with their sons.

Aims: I sought to understand how Christian teachings and religious affiliation influence the way that Christian mothers communicate to their adolescent daughters about sex and sexuality as well as to explore the role of feminism in the context of mother-daughter communication with adolescent daughters about sex and sexuality within a historically patriarchal organization.

Methods: I used purposive and snowball sampling to recruit 12 mothers from across the US who had daughters aged 13-19 and who self-identified as Christian. The sample included women from various Christian denominations. I interviewed the 12 women and analyzed data using a constructivist grounded theory methodology. I utilized a constant-comparison technique of data collection and analysis until I reached theoretical sufficiency in three theoretical concepts.

Findings: The findings from these data yielded three major theoretical concepts: 1) instilling values, 2) protecting daughters from potential harm, and 3) establishing influence and examining expectations. Participants discussed the types of values that were important to impart on daughters, the use of these values as a means to protect daughters from potential harm, and the process of communication that was used to accomplish these tasks. Christian mothers described both instilling Christian values and feminist values into daughters, although only one mother briefly discussed feminism by name. Mothers described experiencing ambivalent feelings about how to both establish influence over their daughters in a way to align with their own values, as well as protect their daughters from potential harm stemming from either having premarital sex or experiencing harmful effects of the Christian "purity culture."

Conclusion: Christianity influenced mothers in communicating with their adolescent daughters about sex and sexuality by providing a moral foundation for conversations. Christian mothers often described feminist values that were important to them to pass onto daughters during these conversations but reported ambivalent feelings at times when reconciling their Christian religiosity with traditional feminist values.

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Chapter 1: Introduction

Problem Statement

For the majority of Americans living in the United States (US), sexual debut occurs in adolescence (Finer & Philbin, 2013; Liu et al., 2015). "Adolescent" is defined by the World Health Organization (WHO) as any person between the ages of 10 and 19 (World Health Organization, 2010), with the stages of adolescence are further broken down into "Early Adolescence" (ages 10-15), "Middle adolescence" (14-17), and "Late adolescence" (16-19). There is some overlap in the age ranges of each of these stages due to the nuanced social and cognitive development at the individual level. Although many different labels are used to describe persons in this age range, these specific terminologies will be used in this dissertation in accordance with the WHO descriptions for this population, and specific age ranges will be described when appropriate. The majority of late adolescents in the US are, or have previously been, sexually active; with close to 30% of middle adolescents and 10% of early adolescents reporting sexual activity (Finer & Philbin, 2013; Liu et al., 2015). In the US, adolescents make up only 27% of the sexually active population, yet account for 50% of all new incidences of sexually transmitted infections (STIs) each year (CDC, 2018).

Adolescent girls experience disproportionally higher rates of STIs than adolescent boys (CDC, 2018). Since 2013, rates of chlamydia in girls aged 15-19 have increased 6.4%; rates of gonorrhea have increased 20.4%; and rates of syphilis have increased 68.4%; (CDC, 2018). In 2017, reported cases of both chlamydia and gonorrhea were significantly higher in girls aged 15-19 (3,265.7 cases per 100,000 and 557.4 cases per 100,000 respectively) than in boys aged 15-19 (924.5 cases per 100,000 and 323.3 cases per 100,000 respectively); which has been the historical norm (CDC, 2018). For women, STIs can lead to pelvic inflammatory disease (PID) and, in turn, cause impaired fertility, ectopic pregnancy (a life-threatening emergency), and

chronic pain (Kreisel et al., 2017). When syphilis is left untreated in pregnant women, it can cause miscarriage, preterm delivery, congenital syphilis, or neonatal death (CDC, 2018). Rates of congenital syphilis in the US have more than doubled since 2013, making them the highest seen in 20 years (CDC, 2018).

Along with high rates of STIs, adolescent girls aged 15-19 experience higher rates of unintended pregnancies than all other age groups (Finer & Zolna, 2016). Although rates of unintended pregnancies have declined since 2008, the US still sees more unintended pregnancies than most other industrialized nations (Finer & Zolna, 2016). One cohort study of 12,462 mothers found an association between unintended pregnancies and increased psychological distress at nine months postpartum, demonstrating the potential for psychological and emotional distress stemming from an unintended pregnancy (Barton et al., 2017).

Adolescent girls also experience higher rates of intimate partner violence (IPV) than women or men of other age groups (NISVS, 2018). IPV may include sexual violence, stalking, physical violence or psychological aggression aimed at a person by their current or former romantic and/or sexual partner(s) (NISVS, 2018). Nationally, 26% of all women report experiencing IPV for the first time before the age of 18 (NISVS, 2018). IPV may have harmful psychological consequences for adolescent girls, including increased sexual risk taking. This can lead to unhealthy coping behaviors such as cigarette smoking, alcohol, or drug use (Foshee et al., 2013).

In an attempt to mitigate the negative sexual health outcomes for adolescent girls, school-based sexual education programs have been implemented across the US. School-based sexual education has been shown to increase adolescent knowledge about sexual risks and harm-reduction strategies, increase safer-sex practices, and delay timing of first intercourse (Ancheta et al., 2005; Capuano et al., 2009; Kirby et al., 2007; Kirby, 2011). The US federal government

provides substantial funding for school-based sexual education programs; and state governments decide how to implement this funding and disseminate sexual education to students (Hall et al., 2016). Sexual education is mandatory in public schools in 24 states and Washington D.C. (Guttmacher, 2016). Only 13 of these states require that the information provided be medically accurate (Guttmacher, 2016). The content and language that is used in public school-based sexual education programs varies greatly from state to state and has yet to be standardized (Guttmacher, 2016). Even with these required mandates issued by state governments, many schools still lack both the appropriate content to provide to students and the resources and protocols to provide to educators to maintain successful sexual education curricula (Brener et al., 2017).

Formal school-based sexual education programs are most effective when aimed at providing information on reproductive health and sexual risk reduction. This includes information on how to reduce the risk of STIs and unintended pregnancies with the use of condoms and contraception (Hall et al., 2016). An increasing number of programs focus on an "abstinence-only" model aimed to enhance the idea of virginity, or remaining sex-free until marriage (Hall et al., 2016). In 2016, federal funding for abstinence-only programs increased by 85 million dollars per year (Hall et al., 2016). These federally and state-funded abstinence-only programs often do not address contraception or STI risk reduction (as it is assumed that sex will not occur until after marriage), and often times stigmatizes this sexual health information (Hall et al., 2016; Santelli et al., 2017). In the US, abstinence-only sexual education programs (AOSEP) are supported by Christian-based religious values and ideologies, majorly highlighting the importance of understanding the role of Christianity within sexual education programs (Rosenbaum & Weathersbee, 2013).

In addition to formal school-based sexual education, adolescent girls often receive

information about sex from other sources. In the US, the majority of sexual education is provided informally at home by parents (Bleakley et al., 2018; Edwards et al., 2018; Hadley et al., 2009; Widman et al., 2014). Mothers are more likely than fathers to have conversations about sex with their adolescents (Padilla-Walker, 2018). Mothers are more likely to speak with their daughters about sex than with their sons (Guilamo-Ramos et al., 2008). Studies have also shown the protective effects of parent-adolescent sexual health communication to be more significant for girls than for boys (Amialchuk & Gerhardinger, 2015; Sneed et al., 2015; Widman et al., 2016). Also, more positive mother-daughter relationships are associated with fewer sexual risk behaviors (McRee et al., 2011; Samari & Seltzer, 2016).

The evidence that mothers are the primary source of sexual education for most adolescent daughters combined with the protective nature of mother-daughter conversations about sex implies a unique phenomenon surrounding the mother daughter relationship. The large presence of "abstinence-only" Christian values within the US raises the question of the role of Christianity within mother-daughter sexual health conversations, as well as the role of feminism within a historically patriarchal organization. Traditional Christian teachings may impact the ways in which mothers discuss the morals and values surrounding sex and sexuality with their adolescent daughters. However, feminist values may also play a role in the way in which mothers speak to and educate their daughters about sex and sexuality. Christian mothers today are faced with unique choices about how closely to follow the church's traditional teachings regarding women's rights (including reproductive rights and health care), and how to disseminate this information to developing adolescent daughters amid increasing rates of STIs and other potential negative outcomes of sexual risk taking.

In this regard, being both a woman and a parent to an adolescent daughter in the context of the Christian faith poses multidimensional challenges and questions surrounding mother-

daughter relationships and the perceived appropriateness of conversations about sex and sexuality. With the increasing entanglement of Christian teachings within American politics, it is important to understand how Christian morals and values influence sexual and reproductive health education. Based on what we know of formal sexual education programs in the US, access to standardized evidence-based sexual education is lacking for many adolescent girls across the country. Accordingly, a deeper understanding of mother-daughter conversations about sex in the context of a Christian household is warranted to inform interventions to mitigate negative outcomes of sexual risk taking in adolescent girls.

Research Question and Specific Aims

The overarching research question for the study is as follows:

"How do Christian teachings, influences, personal experiences, and perceptions about cultural norms influence the way Christian mothers communicate with their adolescent daughters about sex and sexuality within a historically patriarchal organization?"

In-depth interviews were used to address the following specific aims:

Aim 1: To understand how Christian teachings and religious affiliation influence the way that Christian mothers communicate to their adolescent daughters about sex and sexuality.

Aim 2: To explore the role of feminism in the context of mother-daughter communication with adolescent daughters about sex and sexuality within a historically patriarchal organization.

Purpose Statement

The purpose of this descriptive qualitative study was to explore the influence of Christian values and teachings on conversations about sex, sexual health, and sexuality between mothers and their adolescent daughters within the context of a historically patriarchal Christian culture. Drawing from a constructivist grounded theory approach, I aimed to understand the content, process, and delivery of this informal sexual education, and to examine how the personal

experiences of the Christian mothers affected this process. Furthermore, I aimed to understand the role of feminism surrounding mother-daughter conversations about sexual topics in the context of a historically patriarchal organization. Ultimately, this dissertation identified areas that have not been previously researched in an attempt to inform future nursing and public health interventions for sexual risk reduction and effective parent-adolescent communication in this population.

Chapter 2: Literature Review

Adolescent Intentions to engage in sex

Adolescents may engage in or consider engaging in sexual activity at an earlier age than their parents expect. If this is the case, adolescent girls may not receive information about how to protect themselves from risks related to sexual activities; especially if their mothers are unaware of their feelings and sexual intentions. In the US, the average age for first intercourse is 17.3 (Wellings et al., 2006). Several studies found that adolescents are engaging in sexual activity much earlier than age 17. One study found that 11% (n=74) of the sample of 6th, 7th, and 8th graders (average age 13, n=668) had already engaged in intercourse, while another 25% were considering having sex within the next year (Guilamo-Ramos et al., 2007). Another study found that 10% of the sample of 1472 middle schoolers had already had sex, despite 10% of the sample having never discussed any of the sexual survey topics with a parent; these included things like how to handle pressure to have sex and condom use (Edwards et al., 2018). In a convenience sample of 530 African American and Hispanic adolescents ages 14 – 16 at recruitment who had reported not yet engaging in sex, 40% of the sample intended to engage in sexual activity within the year (Fasula & Miller, 2006). Although data from this study may be limited in generalizability due to the sample characteristics and self-report of adolescent participants, the results are consistent with national estimates regarding age at first intercourse (Finer & Philbin, 2013; Liu et al., 2015). These findings highlight the potential for mothers to be unaware of the sexual activity and intentions of their adolescent daughters. Because of this, mothers may not be initiating conversations with daughters about sexual topics early enough to help mitigate negative outcomes from sexual risk taking.

Condom Use in Adolescents

Consistent and correct condom use is one of the most effective ways to prevent STIs

(FDA, 2018). Among studies that examined condom use in adolescents (Gillmore et al., 2011; Harris et al., 2013; Huebner & Howell, 2003; McIntosh et al., 2009; Wills et al., 2003), inconsistent condom use ranged from 11% (Wills et al., 2003) to 40% (Harris et al., 2013; Huebner & Howell, 2003), 50% (McIntosh et al., 2009), and as high as 60% (Gillmore et al., 2011). This means that in some cases, fewer than half of the adolescents sampled were practicing consistent condom use. One study reported that number of sexual partners in the past 30 days ranged from zero to 50; highlighting the broad range of adolescent sexual experiences and risk for STIs (Harris et al., 2013). Most of the studies focused on African American and Hispanic populations, with only two studies examining a sample of primarily white teens (Guilamo-Ramos et al., 2007; Huebner & Howell, 2003). Black adolescents are at a disproportionately higher risk of contracting STIs than white adolescents, and all adolescent females are at higher risk of contracting STIs compared with adolescent males (CDC, 2018). Two of these studies may be particularly limited due to the relatively small sample sizes of 134 (Harris et al., 2013) and 297 adolescents (Wills et al., 2003). However, the wide range in estimates of reported consistent condom use among participants in these studies displays clear discrepancies among varying populations and the possible need for more inquiry in this area.

The aforementioned studies all produced findings that are consistent with current reports on adolescent sexual risk-taking behaviors. All used cross-sectional surveys and most relied on secondary data analysis. Of the studies that examined condom use, none questioned participants about how they used condoms (i.e., if they used condoms correctly), or if they used condoms during the entire sex act from start to finish, which has important implications for STI risk. Some of the survey questions designed to analyze sexual risk status were based on simplified measures. For example, one study examined consistent condom use only (Gillmore et al., 2011), and one categorized participants as “high risk” if they had more than one sexual partner in their lifetime,

regardless of condom use (Huebner & Howell, 2003). While consistent condom use is a good indicator of sexual risk status in adolescent participants, categorizing an adolescent as "high risk" based on number of lifetime partners without accounting for safer sex behaviors may elicit inaccurate results. Condoms may have been used consistently and correctly with each sexual partner in these cases, although this wasn't reported in the survey.

Finally, of the aforementioned studies, none addressed any sexual activity other than vaginal intercourse. Two did not define sex at all, leaving the reader to (perhaps wrongly) assume that vaginal intercourse was the sex act being studied (Harris et al., 2013; Huebner & Howell, 2003). This omission creates the need for further research surrounding other sexual activities that put adolescents at risk for STIs, including oral and anal sex. Without information about other sexual activities that adolescents might engage in, sufficient education surrounding risk reduction strategies cannot be disseminated effectively by school programs or by parents in the home.

Sexual Risk-Taking in Christian-Identifying Adolescents

Examining sexual behaviors in Christian adolescents is important to our understanding of how these adolescents are receiving sexual education both in schools and in the home; and how effective that education is at mitigating sexual risk taking within this population. Studies of Christian adolescent participants who reported more religious involvement (based on church-attendance and/or self-reported religiosity or religious salience) found that these youth were more likely to remain virgins or delay sexual debut compared to Christian adolescents who reported less religious involvement (Adamczyk, 2012; Burdette & Hill, 2009; Haglund & Fehring, 2010). Of these three studies, all were secondary analyses; one examined data surrounding personal feelings on sex, peer religiosity (i.e., religious feelings or beliefs) by how many friends attended religious youth groups, and time spent in religion-supported secular

activities (Adamczyk, 2012); while the other studies relied on variables that examined personal feelings on the importance of religion and time spent praying in church or alone (Burdette & Hill, 2009; Haglund & Fehring, 2010). Also, only the study by Burdette and Hill (2009) described adolescent behaviors other than vaginal intercourse, including oral sex and sexual touching. However, this study did not examine anal sex behaviors, and eliminated participants who had engaged in any sexual behaviors prior to the beginning of the study.

Two studies found that higher reports of family religiosity were associated with less adolescent sexual activity (Manlove et al., 2008; Wills et al., 2003). In their longitudinal mixed-methods study of 8,984 adolescents aged 12-16, Manlove and colleagues (2008) also found that family religiosity was associated with fewer sexual partners as well as more consistent use of contraception for girls, but with less consistent contraceptive use for boys (Manlove et al., 2008). This study demonstrated strong associations with longitudinal data; however, data on adolescent religiosity were limited, participants who had previously engaged in sex were excluded, and sexual activity was defined only as heterosexual vaginal intercourse. In their cross-sectional survey of 297 African American adolescents, Wills and colleagues (2003) were limited in their small, homogenous sample and simplified survey measures, but were able to add credibility to this understudied area of research (Wills et al., 2003). These limitations demonstrate important gaps in our understanding of sexual education for Christian adolescents. Without proper knowledge about how religiosity impacts sexual risk behaviors, educators and parents may not have the tools needed to provide relevant education related to the sexual risk-taking behaviors that adolescents are likely engaging in.

Christianity in America

Within the context of investigating the role of Christianity on sexual education in the US, it is important to appreciate the historical enmeshment of Christianity in American economy and

politics. Christianity is the most commonly practiced organized religion in the US, with 75% of Americans identifying as Christian (Gallup US Daily Survey, 2015). Signs of Christianity are commonplace across America, including billboard and bumper sticker advertisements for churches and Christian radio, or for anti-choice movements such as “40 days for life”; which is backed by Christian churches. Popular fast-food chains such as Chick-Fil-A and In-N-Out burger openly display their Christian affiliation by closing on Sunday (a Christian day of rest) and printing bible verses on their food wrappers, respectively. Hotels across the US famously contain Bibles in their drawers in each guest room, and American currency is emblazoned with the phrase, “In God We Trust”. Most of the Presidents of the United States of America have openly identified as being Christian, and even a section of states is nicknamed “the Bible Belt” due to the highly conservative Christian identity of its constituents.

Three main branches of Christianity are practiced in the US: Roman Catholicism, Eastern Orthodoxy, and Protestantism (Schenker, 2000). Several other smaller branches developed from these main three, with other Christians identifying as Evangelicals, Mormons, Baptists, and born-again Christians. Individuals may also identify themselves as broadly Christian. The common thread of belief shared by all branches of Christianity is centered around Jesus Christ, whom Christians believe is the son of God. There is also an emphasis on the Holy Trinity (God, Jesus Christ, and the Holy Spirit as both one and separate entities), and spreading the word of God through the teachings of the Bible (Schenker, 2000). Christianity is extremely compelling and influential in its teachings. (Smith, 2007). Examples of the undeniable comforts that Christianity offers to its followers are the unconditional love of God, hope and purpose in life, a supportive and nourishing community of like-minded people, the ritual of confession of sin and forgiveness **of that sin, the promise of an afterlife, and a feeling of belonging (Smith, 2007).**

The Patriarchal History of Christianity

In order to discuss sexuality, the dissemination of sexual education to adolescents, and the patriarchal history of Christianity, it is important to review the broad teachings of the Bible and the role of women within these teachings. Commentary about the role of women, feminism, and patriarchy within the Bible is widely studied and most of the literature is beyond the scope of this dissertation. However, I will discuss some of the broad teachings of the Bible and how women fit in to this historical patriarchal organization. The Bible, including both the Old and New Testaments has served as the most important guide for Christians for hundreds of years, offering both instruction and teachings. As the primary text of a historically patriarchal religion, the teachings and stories in the Bible have traditionally described women as the original perpetrators of sin and have encouraged their obedience and submissiveness to men (Jacobs, 2001). Patriarchy refers to a structure in which men have privilege and power over women; men are the heads of households, the leaders of organizations, and the figures of authority within the society (Napikoski, 2019). Today, some branches of Christianity continue their traditional patriarchal structure; for example, in Catholicism, women are still forbidden by the Vatican from becoming priests (Schenker, 2000). The concept of patriarchy is woven throughout the Bible; as in the letters of Paul in Timothy 2:12, "I do not permit a woman to teach or to assume authority over a man; she must be quiet." (New International Version).

The patriarchal overtones of the Bible may be traced back to Genesis, the first book of the Bible. Described here is the concept of "original sin", or the idea that all humans are born into sin as babies. This started with interpretations of Chapters 2 and 3 of Genesis in which Adam and Eve lived in the Garden of Eden, a paradise. It was in Genesis 3 that Eve was beguiled by the serpent (both a depiction of the devil as well as sexual phallic symbol), disobeyed God and ate the forbidden fruit; also giving it to her husband, Adam. "And Adam was not the one deceived; it was the woman who was deceived and became a sinner" (Genesis 3:14, New

International Version). Adam and Eve were punished for this sin and were driven from Eden. Eve was further punished for her actions: "I will make your pains in childbearing very severe; with painful labor you will give birth to children. Your desire will be for your husband, and he will rule over you." (Genesis 3:16, New International Version). This story lays the foundation for patriarchal rule over women in general, and specifically highlights the implications encompassing female sexuality and sexual health. As aptly noted by Jacobs (2001), though, Eve was not only the first to sin in the Bible; she was also a secondary creation, made to be man's companion (Jacobs, 2001). Traditional Bible teachings such as these that display the rule of men over women and their sexuality may inform the way that Christian mothers speak to their adolescent daughters about sexuality and sexual health, especially in a more traditional Christian household.

Feminism and Christianity

With what we know about the traditional patriarchal history of Christianity, finding a place for feminism within the religion may be challenging. However, the roles of feminism and how those roles have changed the cultural landscape in America may inform how Christian mothers converse with their daughters about sex and sexuality. "Feminism" is broad and has many different definitions. For the sake of this dissertation, I will be using the definition provided in bell hooks' "Feminism is for Everyone" to describe feminism in general; "feminism is a movement to end sexism, sexist exploitation, and oppression." (hooks, 2000, p. 140).

In the briefest description of the history of feminism in America, the first wave of feminism was focused on legal equality in the late 19th and early 20th centuries when women fought for equal suffrage (Munro, 2013). In 1920, the implementation of the 19th amendment to the constitution granted women in the US the right to vote in political elections (Munro, 2013). The second wave of feminism reached its peak in the 1960's and 1970's with the publication of

The Feminine Mystique by Betty Freidan, the women's liberation movement, and the focus on issues of discrimination, sexism, and women's identities outside of marriage and motherhood (Braude, 2004). Third wave of feminism began in the 1990s and began to bring issues of intersectionality to light in the argument that first and second-wave feminists were focused primarily on themselves; upper-middle class white women (Munro, 2013).

During the rise of second-wave feminism in America, the Roman Catholic church was also going through a major shift with the implementation of Vatican II, a reformation of the Catholic church (Braude, 2004). During this time, there were major shifts in the cultural landscape in America for Christian women. However, articles examining the thoughts and perceptions of Christians on feminism generally revealed a distaste for the feminist label. One study of 1500 US adults found a statistically significant number of both Christians who regularly attended church services and conservative Protestants flatly rejected the feminist label (Barrett et al., 2014). Another study of 2663 members of the Christian Left (politically liberal-identifying Christians) and 2139 members of the Christian Right (politically conservative-identifying Christians) found that just more than half of self-identified members of the Christian Left supported equal rights for women, while only 11% of Christian Right members supported equal rights for women (Hall, 1997). In an essay on historical perspectives of feminism and Christianity in America, Christian authors were cited as describing feminism as a "threat to authentic faith" (Braude, 2004, p.557), with these authors portraying Christianity and feminism as simply incompatible (Braude, 2004).

Studies of Christian adolescents found similar tensions. A study comparing a group of 13-15 year old participants and 16-18 year old participants found that in both age groups, girls had more favorable attitudes toward Christianity than boys; suggesting that a traditionally patriarchal organization may not necessarily be viewed negatively by all female adolescents

(Francis & Wilcox, 1998). Francis and Wilcox also found correlations between more "feminine" personal qualities (e.g., gentle, affectionate, yielding) and favorable attitudes toward Christianity regardless of the participant's gender identity. The researchers in this study used the Bem Sex Role Inventory. This validated tool, highly-criticized for its stereotypical assessment of "feminine" and "masculine" qualities of the participants (such as "childlike" for feminine and "analytical" for masculine) was listed as a limitation by the authors (Francis & Wilcox, 1998). The findings from this study should be interpreted with caution and not as definitive. More research is needed, ideally in US populations (this study was conducted in England) with alternative tools that measure gender identity beyond the simple categorization of participant personality characteristics.

There is also limited evidence that traditional patriarchal Christian teachings may have a negative impact on the well-being of adolescent girls. In a study of a nationwide sample of 13,943 adolescents, researchers found an association between schools with higher levels of religiosity and lower rates of reported feelings of well-being in same-sex attracted youth, with a greater effect for girls than for boys (Wilkinson & Pearson, 2009). The authors suggest that this is due to the powerful effect of patriarchal Christianity and teachings on traditional (namely heterosexual) family values in secular institutions, as well as the tendency for greater patrolling of female sexual desires and behavior within Christianity (Wilkinson & Pearson, 2009). Since patriarchal Christianity may have a negative impact on adolescent girls' well-being, possibly through teachings at home, further research is needed to understand the information and messaging that adolescent girls receive from their Christian mothers.

Sexuality, Reproductive Health, and Christianity

Given its historically patriarchal influence, strong ideals surrounding female 'purity' are widely and publicly enforced within the Christian church. These principals are an important facet

of Christian views surrounding reproductive health and how those views could affect mother-daughter conversations. Across the US, the popularity of a "purity movement" has gained momentum over the past few decades. In her book, "Pure: Inside the Evangelical Movement that Shamed a Generation of Young Women and How I Broke Free", author Linda Kay Klein describes a climate of 'female purity' within the Evangelical Christian church, and how it was enforced by leaders and members of the church, parents, and peers. This notion of "purity", or remaining chaste until marriage, coupled with federal dollars being poured into abstinence-only education in the US, appears to be specifically aimed at unmarried adolescent women (Klein, 2018). These beliefs and practices within the "purity culture" are under-researched in scholarly articles; however, author Klein shares in-depth interview accounts of the negative impacts of this culture on the physical, emotional, and mental well-being of adolescent and adult women who were raised in this climate (Klein, 2018).

In addition to the "purity culture" and AOSEP (which will be described in more depth in a subsequent section of this chapter), there are other aspects of Christian teachings likely to influence Christian mothers' attitudes and communication with their adolescent daughters about sex and sexuality. First, many of the Christian denominations, and the Roman Catholic Church in particular, traditionally teach that sexual intercourse is reserved solely for procreation and must only occur between husband and wife for this purpose (Pinter et al., 2016; Schenker, 2000). Second, any sexual relationships that are not heterosexual in nature, as well as premarital or extramarital sexual intercourse, are traditionally condemned by the Christian faith (Avishai & Burke, 2016; Barnhill, 2013; Maguire, 2004; Schenker, 2000). Although the three main branches of Christianity vary slightly in their views on different reproductive health services, they all offer explicit instruction to congregation members about which of these services are acceptable in the eyes of the church.

Views on contraceptive methods, in-vitro fertilization or surrogacy for couples struggling with fertility, emergency contraception, abortion, and permanent sterilization differ among the branches, with Roman Catholic mandates being the strictest (Pinter et al., 2016). According to Roman Catholicism, none of those are acceptable, including every form of contraception other than the rhythm method or natural family planning for certain circumstances in which abstinence cannot occur but the couple does not wish to have more children (Barnhill, 2013; Pinter et al., 2016). Some Catholics believe that having sex while utilizing contraception is maliciously deceptive since sex is intended to be free from barriers, including physical barriers (condoms) or chemical barriers (oral contraceptives) (Barnhill, 2013).

Catholics publicly came out against hormonal contraception with the advent of the birth control pill in the 1960's calling it "criminal abuse", "shameful", and "against nature" (McCartin, 2018). Other Christian groups cited public concerns that the pill would lead to sexual anarchy, leading more people to have premarital sex and changing sexual morality for the worse (Mehta, 2018). Branches of Eastern Orthodoxy and Protestantism are more lenient to varying degrees, at times allowing certain methods of contraception for married women, or for emergency contraception or sterilization if a pregnancy would put the woman's health at great risk (Pinter et al., 2016). Protestants took a different stance than Roman Catholics when the birth control pill was made available, allowing married couples to use it in the practice of "responsible parenthood" (Mehta, 2018). Protestants took on the support for oral contraceptive use by married couples as political activists, giving women within the church relief that they could psychologically separate sex with their husbands from procreation (Mehta, 2018).

A survey study of 1500 US adults collected in 1998 by Barrett et. al. (2014), examined religion and attitudes of US reproductive health services, and found increased religious attendance was associated with decreased approval of contraception as well as decreased support

for insurance coverage and government funding these services (Barrett et al., 2014). The same study found that born-again Christians and Evangelical Christians (who are traditionally more conservative groups) had more negative views about reproductive health services and availability, while Protestants and Catholics had mixed views (Barrett et al., 2014). These results suggest that individual opinions on the acceptability of reproductive health services are variable, even with messaging from the respective branches of Christianity. Additional information is needed to fully understand Christian mothers' perceptions of reproductive health services and how these perception impact the information they impart in turn to their adolescent daughters.

In addition to individual perceptions among Christian women who may be accessing reproductive health services, there are limits on what services Christian-affiliated healthcare institutions may offer. Although in the US, reproductive health services—such as contraception, abortion, and sterilization—provided by trained healthcare professionals are safe and legal, Catholic-affiliated hospitals are required to follow the mandates set out by the Roman Catholic church. These mandates include instruction on reproductive health services and what services may and may not be provided and under which circumstances (United States Conference of Catholic Bishops, 2009). One study used mystery callers acting as patients to call 144 Catholic outpatient OB-GYN clinics asking for appointments for reproductive health services (Guiahi et al., 2017). This study found that 95.1% of the clinics agreed to make them a birth control appointment, with fewer appointments being made for long-acting reversible contraceptives (LARCs) (68.1%); 58.3% offered appointments for a tubal ligation, and only 2.1% offered appointments for abortion (Guiahi et al., 2017). No other studies were found examining these differences between Catholic reproductive health mandates and actual reproductive health services provided by Catholic health centers. These results suggest that although Catholic clinics do not consistently follow the health care directives mandated by the church, women who seek

services at these establishments may need to rely on less effective methods of birth control and may still not be able to access many reproductive health services. These findings have implications on direct and indirect messaging and importance about the role of the Christian religion in reproductive health care for women. This incongruence in what services are "allowed" and what services are actually offered may affect the perceptions of Christian women in the way that they think and talk about reproductive healthcare with other women, especially their daughters. These women may also receive different messaging from their healthcare providers at Christian-affiliated reproductive health clinics than at non-Christian-affiliated clinics, which may later be passed onto daughters during sexual health conversations.

The Role of Christianity in Abstinence Only Sexual Education Programs

Examining the role of Christianity within sexual education in the US is beneficial for understanding what interventions may be effective for sexual risk reduction in the Christian adolescent population. As mentioned previously, AOSEP are prevalent across the country. Christian involvement in sexual education programs began in 1929 when a Catholic priest suggested that education about sex should occur both at home and within schools. Not one year later in 1930, Pope Pius XI warned parents to educate children on the sin of sex and how it is a "poisonous vice" (McCartin, 2018). Leaders of the Christian Right and the Catholic church have been outspoken against contraception, sexual education in schools, and non-heterosexual content within sexual education (Bederman, 2003; Hall, 1997; Irvine, 1994, 2000; McCartin, 2018).

Since the emergence of public sexual education, Christians have been vocal about their opposition for teaching adolescents anything beyond abstinence (Bederman, 2003; Irvine, 1994, 2000; Scales, 1981). The Christian Right has historically argued that sexual education leads to adolescents having premarital sex (Bederman, 2003; Irvine, 2000). In the 1980's, the Christian Right promulgated the message for America that sexual education itself was sexual abuse, and

that the teachers of sexual education were pedophiles and sexual abusers (Irvine, 2000). A resurgence of Christian Right scare-tactics occurred in the 1990's during the same time the "purity movement" was gaining popularity. In 1993, a teacher was fired from an Orange County school in California for suggesting during a meeting that masturbation be included in the sexual education curriculum (Irvine, 2000). In 1995, the Merrimack school district in New Hampshire enforced the "Inhibition of Alternative Lifestyle Instruction"; a policy which prevented any speech or material that could possibly promote a 'non-heterosexual' lifestyle. This Christian Right gag-order was the most restrictive anti-gay speech law in the nation. It was so restrictive that Shakespeare plays, HIV prevention instruction, and even assignments in which students had to bring in magazine clippings were scrubbed from the curriculum for fear of gay content. Removing the "sodomy curriculum" (as it was named by the Christian Right), resulted in protests in the school parking lot and eventual removal of the policy due to backlash (Irvine, 2000). Only nine percent of self-identifying members of the Christian Right during this time supported any gay rights, and only 16% supported having condoms available in schools, demonstrating distain for both premarital sex and 'non-heterosexual' practices (Hall, 1997).

While the Christian Right has been vocal about their stance on premarital sex, one article described an account of mixed messaging from an Evangelical Christian community about premarital sex (Mollborn, 2015). This article described the treatment of pregnant teens in one Evangelical community, and how they were praised for not having abortions (Mollborn, 2015). Even with the presence of strong abstinence-only messaging, the adolescent interviewee stated that most of the students at their high school were having sex anyway and hiding it from parents; often not using contraception. There were many pregnant girls at the school (including the senior class president) who, instead of being shunned or hidden away, were lifted up and praised for their choices; with adults in the community stating their pregnancies were "a gift from God". It is

not known to what extent this discordance in community messaging about sexual activity and the consequence of that activity plays out in homes during private conversations with parents. If mother-daughter conversations include mixed messages about sex, that messaging could have an effect on the sexual risk behaviors that their adolescent daughters engage in.

AOSEP have been the church's answer to sexual education in the US. A clinical report from the American Academy of Pediatrics describes AOSEP as ineffective based on empirical evidence (Breuner & Mattson, 2016). Three of the reviewed articles demonstrated AOSEP was ineffective at reducing STIs, as well as preventing engagement in premarital sex regardless of intentions to abstain (Borawski et al., 2005; Bruckner & Bearman, 2005; Santelli et al., 2017). A nonrandomized controlled trial of 2069 middle school students found that in addition to not having any effect on sexual initiation, the intervention group who attended AOSEP reported lower intentions of using condoms with partners than students who received evidence-based sexual education (Borawski et al., 2005). Similarly, two other studies found that participants in AOSEP were less likely to use condoms when they did initiate intercourse, thus increasing their likelihood of being exposed to STIs (Bruckner & Bearman, 2005; Santelli et al., 2017). One large study analyzed data from the National Longitudinal Data of Adolescent health coupled with urine specimen samples from participants which screened for STIs (Bruckner & Bearman, 2005). Researchers found that STI rates were not significantly different in students who had participated in AOSEP and had made a pledge to stay abstinent until marriage (a 'purity' or 'virginity' pledge) and students who did not pledge abstinence (Bruckner & Bearman, 2005). In addition, students who had made a virginity pledge were less aware of STI status, regardless of similar rates of infection as the non-pledgers (Bruckner & Bearman, 2005). Furthermore, this study called to light the irony of adolescents foregoing vaginal intercourse (regardless of sexual orientation or gender identity) in an effort to maintain "purity" or "virginity"; and substituting

instead with unprotected oral and/or anal intercourse, which increases the risk of STI transmission (Bruckner & Bearman, 2005). This is especially important considering the lack of both education programs and data accounting for sexual activities beyond vaginal intercourse in adolescents.

Finally, in a recent review of current US policies and AOSEP and their impact on adolescents, the authors describe the following conclusions and implications: "U.S. abstinence-only-until-marriage policies and programs are not effective, violate adolescent rights, stigmatize or exclude many youth, and reinforce harmful gender stereotypes. Adolescent sexual and reproductive health promotion should be based on scientific evidence and understanding, public health principles, and human rights" (Santelli et al., 2017, p. 273).

Church-Based Abstinence-Only Sexual Education Programs

In addition to school based AOSEP, many Christian churches have moved to provide their own AOSEP run by church officials and youth group leaders. Three studies examined church based AOSEP. One of these studies was a cross-sectional survey of 151 newly-married young adults within a Baptist church community (Rosenbaum & Weathersbee, 2013); one was a focus group study of 13 adolescents and 9 adults who attended an African American church together in Flint, Michigan (Williams et al., 2014); and one study utilized in-depth interviews to gain insight from 65 youth ministers and church leaders from different congregations about sexual education within the church (Freedman-Doan et al., 2013).

The programs discussed within these studies were AOSEP based on values, morals, and relationships, and had very limited, if any, information about STIs (Freedman-Doan et al., 2013; Rosenbaum & Weathersbee, 2013; Williams et al., 2014). Ministers and youth group leaders that were interviewed by researchers stated that church-based sex education programs were initiated due to the growing concern of promiscuity among adolescents as well as the increase in oral sex

as a substitution for vaginal intercourse (Freedman-Doan et al., 2013). These programs praise heterosexual married intercourse; however, adolescents reported wanting more guidance about sex and safety from the church (Williams et al., 2014). This is in corroboration with the other health science studies regarding tone of sexual education conversations in which adolescents reported wanting less discussion about the negative consequences about sex in which 'scare-tactics' are used as deterrents (Williams et al., 2014).

In the study of Southern Baptists that examined the outcomes of "True Love Waits", an AOSEP curriculum, 70% of participants had engaged in oral or vaginal sex, and of the participants who had engaged, 80% of them regretted it (Rosenbaum & Weathersbee, 2013). The study also found that more than half of the sample did not learn core sexual education topics, only learning about STIs from school, and one quarter reported not having any formal sexual education at all (Rosenbaum & Weathersbee, 2013). The feelings of regret following the engagement in sexual activity have strong implications for the harm caused by stigma surrounding premarital sex in these church-based curricula, as well as the lack of sufficient information about the risks of these activities.

These studies are all limited in that they may not be generalizable to a larger population. However, they shed light topics that are infrequently studied, such as the perceptions of both church leaders and Christian adolescents about sexual education dissemination within churches. While it seems that religiosity and Christian affiliation can have positive impacts on the sex behaviors of adolescents, AOSEP are not associated with risk reduction for adolescents. More research is needed to determine what effect AOSEP, religiosity, and Christian values and ideals have on sexual education within the home between mothers and their adolescent daughters.

Other Sources of Sexual Education

Sexual education occurs both in schools and at home across the US. However, due to lack

of standardization in schools, informal sources such as media, peers, and parents, often make up a large portion, if not the entirety, of an adolescent's sexual education. Media, specifically television and movies, were cited as the most frequent sources of sexual information by adolescents (Bleakley et al., 2009; Bleakley et al., 2018). With the increased availability of the internet, pornography is also more available to adolescents than ever before. As entertainment, pornography is not generally intended to be educational but may influence the perceptions of sex for adolescents who are exposed to it. Although not solely viewed by men, pornography has been cited in studies as an important source of sexual education among men specifically (Hussen et al., 2012; Peter & Valkenburg, 2016; Rothman et al., 2015). Pornography viewing may be associated with increased sexual risk behavior (Peter & Valkenburg, 2016). Pornography may also be associated with increased feelings of guilt in men who are religiously affiliated (Perry et al., 2017). Since men are not the only viewers of sexually explicit material such as pornography, more studies are needed to examine if and how pornography affects the sexual behaviors of adolescent girls; and further, if and how mothers speak to their adolescent daughters about pornography.

Peers, including friends, siblings, and sexual partners, are also an important source of information about sexual health and practices for adolescents (Bleakley et al., 2009; Bleakley et al., 2018; Kubicek et al., 2010; Widman et al., 2014). Some studies report that adolescents learn most of their sexual information from peers (friends) (Bleakley et al., 2009; Rosenbaum & Weathersbee, 2013). However, a more recent study found that adolescents are now learning most sexual health information from parents, with peers as a close secondary source of information (Bleakley et al., 2018).

Unfortunately, the US has recently seen a decline in both formal school-based sexual education and informal sexual education given by parents in the home (Lindberg et al., 2016).

Some school-based programs have attempted to bridge the gap between parents and adolescents who are participating in sexual education classes in school by adding an additional component to the curriculum to help jumpstart parent-adolescent conversations in the home. These 'homework assignments' were shown to be associated with delay in sexual initiation; however, the activity was dependent upon participation from both parents and adolescents which was not always possible (Grossman et al., 2013; Grossman et al., 2014). These studies on extended school-based sexual education curricula within the home in the form of homework assignments could potentially aid in the conversations between mothers and their adolescent daughters.

Christian Parents' Views on Sexual Education

A cross-sectional survey of 217 parents of adolescents from two different middle-class suburban schools (one in the eastern US and one in the western US) found that the overwhelming majority (89%) of Christian parents generally approved of sexual education in schools, and 61% of parents reported feeling that sexual education curricula within junior high schools should be expanded (Alexander, 1984). A more recent study of Evangelical Christian parents found that 82.1% of the sample somewhat support or strongly support expanded sexual education in schools, including content such as STI information and prevention and contraception (Dent & Maloney, 2017). This sample was gathered using snowball sampling starting with a participant that was personally known by the primary investigator of the study. The participants were primarily white, married, and upper middle-class adults. The parents explained to researchers via in-depth interviews that although they preferred abstinence for their adolescent children, they also wanted their adolescents to have enough factual information to protect themselves from harm if they should choose to not be abstinent (Dent & Maloney, 2017). The parents in this sample discussed what they believed should be discussed at home between parents and adolescents versus what should be taught in schools. The authors recommend more qualitative

research to assess the quality and content of these talks at home, and to assess parental attitudes regarding topics that may arise during these discussions (Dent & Maloney, 2017). In both studies, parents felt that they should be the main source of sexual education for their children, especially when it came to values and morality (Alexander, 1984; Dent & Maloney, 2017).

Another study drawing from two nationally representative cross-sectional data sets examined religion and patterns of parent-adolescent communication about sex. The researchers found that increased parental religiosity was associated with decreased frequency of sexual health conversations (Regnerus, 2005). The majority of these sexual health conversations for all Christian parents and adolescents were based on morals and values surrounding sex. Catholics, Protestants, and Evangelical Christians were found to be among the least likely groups to discuss birth control with their adolescents (Regnerus, 2005). Finally, higher rates of church attendance across all groups was associated with more frequent reports of discomfort in having these conversations, regardless of the frequency of the conversations about sex (Regnerus, 2005). One of the major limitations of this study was the absence of data to measure parental rationale for limiting conversations about sex with their adolescents or eliminating certain content from their discussions. This study gathered data primarily on mother-daughter conversations about sex, and the author suggests that more inquisition into the content, barriers, and types of communication (e.g., nonverbal messaging) is warranted in this population.

Parental Influence on Adolescent Sexual Risk Behaviors

Across several of the reviewed studies, parent-adolescent communication was associated with protective findings including adolescents reports of more favorable attitudes towards safer-sex practices (Harris et al., 2013; Thoma & Huebner, 2018a, 2018b), decreased sexual risk taking behaviors, and increased use of safer sex practices (Alexopoulos & Cho, 2018; Amialchuk & Gerhardinger, 2015; Guilamo-Ramos, Soletti, et al., 2012; Harris et al., 2013; Padilla-Walker,

2018; Thoma & Huebner, 2018b; Widman et al., 2016). Three of the cross-sectional survey studies that discussed parent-adolescent sexual health communication and its associations with adolescent reports of more favorable attitudes toward safer sex practices focused solely on males aged 14-22 (Harris et al., 2013; Thoma & Huebner, 2018a, 2018b); thus, lacking important data from adolescent girls. Two of the studies also only included men who have sex with men (MSM) in their samples (Thoma & Huebner, 2018a, 2018b), while the other only included African-American men, but did not address their sexual orientation or the gender of their sexual partners (Harris et al., 2013) further limiting generalizability to other populations.

Of the studies that addressed parental communication and its associations with sexual risk taking behaviors in adolescents, one cross-sectional study only addressed broad parent-adolescent communication and its mediating effects on sexual risk taking through alcohol use; not specific parent-adolescent communication about sexual health (Alexopoulos & Cho, 2018). The same study also only measured "sexual experience" via number of reported partners, and "risk taking" using a single Likert-scale item asking the participant how much they "like to take risks". These simplified variables could severely limit the quality of the findings in the context of parent-adolescent communication and its influence on adolescent sexual risk behaviors. For example, an adolescent might perceive "liking to take risks" as anything from riding fast roller coasters to injecting heroin. The wide range of "risk-taking" behaviors in this group leaves room for a wide range of interpretations of this question and how it could possibly relate to sexuality. Furthermore, this study found that mother-adolescent communication did not have a moderating effect on sexual risk taking through alcohol use in both boys and girls; but higher amounts of father-adolescent communication did have an effect on lowering sexual risk taking behavior through alcohol use (Alexopoulos & Cho, 2018). This finding was described by the authors as being surprising due to other research findings that suggest that mother-adolescent sexual health

communication is protective against sexual risk behaviors in adolescents. This could be due to the broad assessment of parental communication that was analyzed in this study (the variables included “frequency”, “satisfaction”, and “closeness”), and the lack of focus on specific sexual health communication.

Another study of 3717 adolescents in a national survey found that parental communication about sex was associated with higher odds of more frequent and consistent contraception use in adolescent girls (1.383) (Amialchuk & Gerhardinger, 2015). The results may be limited due to the cross-sectional nature of the study as well as possible self-reporting bias from adolescent participants, lack of parental data, and inconsistent variables used to assess communication due to the available data.

Two other strong articles found significant protective qualities of parent-adolescent sexual health communication on adolescent risk behavior such as increased reports of adolescent condom or contraception use and fewer number of sexual partners; a literature review and a metanalysis (Guilamo-Ramos, Bouris, et al., 2012; Widman et al., 2016). Unfortunately, both of these articles found several methodological problems across the studies that were reviewed and analyzed, including lack of power analyses to determine significance of findings, limited measures assessing sexual risk behaviors and parent-adolescent communication, and difficulty determining causality due to lack of longitudinal studies (Guilamo-Ramos, Bouris, et al., 2012; Widman et al., 2016). The metanalysis was rigorous in that it followed a structured methodology for its study selection and analysis, which lent to its credibility. However, only studies that sampled adolescents were included in the review and analysis, which excluded potentially significant evidence from parental samples (Widman et al., 2016). The literature review was limited in that it focused solely on paternal influence on adolescent sexual risk taking behaviors, leaving out data on maternal influences on adolescent sexual risk taking (Guilamo-Ramos,

Bouris, et al., 2012). Additionally, most of the studies within the review had samples of adolescents that were either entirely or primarily male, again leaving out important data on adolescent girls (Guilamo-Ramos, Bouris, et al., 2012).

A longitudinal study of 468 adolescents and their parents examined how parent-adolescent sexual health conversations changed over a 10-year period and how that influenced adolescent sexual behaviors (Padilla-Walker, 2018). The study found that reports of parent-adolescent sexual health communication were relatively low and stable over a period of 10 years. When parents reported continuing or increased levels of communication about sex with their developing adolescent over time, adolescents reported safer sex practices at age 21 (the final data collection point in the study) (Padilla-Walker, 2018). This study provided higher-level data in that the longitudinal design and lengthy study period allowed researchers to observe changes in the frequency of parent-adolescent sexual health communication and its correlation with adolescent sexual behavior. However, this study is not without limitations. First, the income levels and ethnicities of the participants were not consistent with the national average (most participants were white and had a higher-than-average income level) which may impact the generalizability of this study. Also, the measure used to analyze communication was not validated, which further limits findings. Lastly, quality, depth, and breadth of the conversations were not assessed, as researchers only analyzed frequency and timing of conversations (Padilla-Walker, 2018). The final limitation is particularly important, as quality of the conversation could potentially be as or more important than frequency or quantity.

In direct contrast with the majority of the literature, one cross-sectional survey study (n=1160 adolescents) found that parent-adolescent communication about sex was associated with *more* adolescent sexual risk taking activities such as higher numbers of sexual partners and reports of using condoms less often and/or inconsistently (Huebner & Howell, 2003). This study

was limited in its analysis in that the researchers utilized a one-time measure of sexual risk status based on number of lifetime partners and if condoms were used the last time the participant had intercourse with their partner (Huebner & Howell, 2003). In addition to limitations in methodology, these conflicting findings may be attributed to an unknown direction of association. In other words, parents may have initiated conversations when they felt that their adolescent was nearing or had approached sexual initiation; therefore, intervention on behalf of the parent may not have preceded the adolescent's sexual debut. The authors of this study suggest more in-depth analysis of the quality, content, and timing of parent-adolescent sexual health conversations to better understand these seemingly paradoxical findings.

Frequency and Timing of Parent-Adolescent Sexual Health Communication

Of the studies assessing reports of frequency of parent-adolescent communication about sex, a survey-based mixed-methods study of 907 parents of adolescents found that 15% of parents reported having no conversations with their adolescent about sex (Jerman & Constantine, 2010). Another cross-sectional study of 1472 adolescents reported that 10% of participants had never discussed sex with their parents (Edwards et al., 2018). Both of these studies were limited in that one only analyzed parent report, while the other only analyzed adolescent report. Another limitation to these studies is that neither assessed the content and quality of parent-adolescent conversations. These findings are crucial in understanding the reported range in frequency of parent-adolescent sexual health communication. If these findings are to be generalized and 10-15% of parents *never* talk about sex with their children, more research is needed on the frequency, timing, and quality of the other 85-90% of nuanced parental communication about sexual health with their adolescents.

Adolescent participants in the study by Edwards and colleagues (2018) felt that

communication about sex with their parents was infrequent and a somewhat isolated event; a report that was echoed in another focus group study of 52 adolescent males who identified as gay or bisexual (Feinstein et al., 2018). Although these findings may not be generalizable to broader populations, and there were no reports from adolescent girls, these data imply that conversations between parents and adolescents about sex are nuanced and may be influenced by the cultures, lifestyles, or sexual orientations within families (Feinstein et al., 2018). For example, if parents are unaware of or disagree with their adolescents' lifestyle or sexuality, conversation may be strained, punitive, and/or limited. We need more understanding about how parents speak to their children during adolescence; a turbulent developmental time when parent-child relationships are changing.

One focus group study about intergenerational sexual health communication among 24 adult Latina mothers who immigrated to the US described a culture of "sexual silence" in which sex was not to be discussed under any circumstance within the family (Alcalde & Quelopana, 2013). Several of the women in this study described not knowing anything about sex and becoming pregnant without understanding how it had happened (Alcalde & Quelopana, 2013). Although the participants in this study did not specifically speculate that religious affiliation could be a reason for this imposed "sexual silence", the authors posited that Catholic influences could play a large part in the lack of dissemination of sexual health information to the women. The results of this qualitative study may not be generalizable to a larger population due to the specific cultural backgrounds and education levels of the participants. Nevertheless, they lend insight into how mothers may speak (or not speak) to their adolescent daughters in the context of a conservative Christian household with strong patriarchal cultural influence.

Despite reports in the literature of the absence of parent-adolescent communication about sex, two papers have specifically addressed the desires of adolescents to learn about and discuss

sex with their parents (Akers et al., 2010; Guilamo-Ramos et al., 2019). In one study of father-son communication about condoms, in-depth interviews were used to assess the perceptions of 25 father-son dyads. Sons reported wanting their fathers to open up with them about past experiences and to give them specific instructions on how to properly use condoms (Guilamo-Ramos et al., 2019). Conversely, one focus group study of 85 Filipino-American adolescents and their parent or grandparent described the adolescents seeking to avoid sexual health conversations with their parents altogether due to embarrassment or lack of comfort (Chung et al., 2005). This dynamic may be driven by cultural factors, as the participants were Filipino-American families and cultural values were a central theme of the study. Although the Filipino American parents in this study were found to also avoid sexual health conversations with their children, another study by the same author found that the parents agreed that their children should receive more guidance from their family surrounding sexual values and morals, since they felt that only "sexual facts" are taught in school (Chung et al., 2007). Both of these qualitative studies are limited in their generalizability but offer rich data on the ideals and perceptions of specific populations.

Among other studies that have attempted to measure the frequency of communication about sex between parents and their adolescent children, two cross-sectional surveys of parents of adolescents (n= 1804, n=1142) found that parents who had reported more exposure to and higher gross rating scores of a local or national media campaign to encourage conversations about sex between parents and adolescents had increased frequency of sexual health conversations with their adolescent (Davis et al., 2013; DuRant et al., 2006); although in one of these studies, the finding was only significant among mothers but not with fathers (Davis et al., 2013). Due to the methodology of the studies, the researchers could not measure baseline data before the exposure of the media campaigns. Because participants were grouped into those who

had been exposed to a media campaign and those who had not been exposed, confounders that may have had an effect on frequency of parent-adolescent conversations about sex cannot be ruled out. The findings of these studies indicate that public service announcements via radio, television, or billboards may act as cues for parents and are a promising way to initiate these conversations with their adolescent children, especially in the case of mothers.

Some studies have attempted to determine the influence of structure or format of parent-adolescent sexual health communication. One longitudinal study of 312 parent-adolescent dyads who had been in the intervention group of a randomized-control trial (RCT) studying the effects of a sexual education intervention for parents and adolescents found that repetition of conversations was associated with adolescent reports of the ability to communicate with their parents openly about sexual topics more so than the breadth of the conversations (Martino et al., 2008). This finding was somewhat in conflict with the findings of the study by Huebner & Howell (2003) that showed no association between frequency of parent-adolescent conversations about sex and lower reported adolescent sexual risk taking (Huebner & Howell, 2003). Although Martino and colleagues (2008) did not assess sexual risk-taking behaviors of the adolescents, other studies have shown these conversations to be protective as noted previously. One possible explanation for this contradiction may be that in Huebner and Howell's study (2003), quality and content of the sexual health discussions was not assessed, therefore leaving room for a broad range of conversation types and topics to be included. Also, although it was a longitudinal study, the findings in the study by Martino and colleagues (2008) were correlational which made the direction of association unclear (Martino et al., 2008). The meta-analysis done by Widman et al. (2016) found that parent-adolescent conversations about sex were positively associated with safer-sex behaviors regardless of content or structure of the communication. These findings suggest that *any* communication about sex between parents and their adolescents could be more

helpful in reducing adolescent sexual risk taking than no communication (Widman et al., 2016).

Five studies theorized that parent-adolescent conversations about sex were occurring too late and stressed the importance of earlier initiation of these conversations for maximum effectiveness of risk reduction (Beckett et al., 2010; Edwards et al., 2018; Grossman et al., 2018; Padilla-Walker, 2018; Widman et al., 2016). Two of these longitudinal studies specifically examined timing and frequency of parent-adolescent sexual health communication (Beckett et al., 2010; Grossman et al., 2018). Both the survey-based study of 141 parents and their adolescent children (Beckett et al., 2010) and the qualitative interview-based study of 23 parents of adolescents (Grossman et al., 2018) found that conversations about sex, including information about safety and risk reduction, changed as adolescents entered different stages of development. However, nearly half of the adolescent participants in the study by Beckett and colleagues (2010) reported engaging in intercourse before having any conversations with parents about how to use condoms, how or why to use contraception, STIs, and how to talk to a partner who refuses to wear a condom. In addition to these results, the study by Grossman and colleagues (2018) found that conversations about sex maintained similar frequency and content from early adolescence to middle adolescence, and the authors suggested that parents may be waiting too long to discuss evolving age-appropriate sexual topics with their adolescents.

Both of these longitudinal studies had strong designs and demonstrated the need for earlier and more frequent parent-adolescent sexual health communication that evolves over the different stages of adolescence into early adulthood to adequately address adolescent questions and concerns and provide information to mitigate the negative outcomes of sexual risk taking. However, due to the small sample size and the voluntary recruitment of parent participants, the study by Beckett and colleagues (2010) may not be generalizable to larger populations. The study by Grossman and colleagues (2018) provides rich descriptive data about parental

perspectives of sexual health conversations over time but does not include the reports and perspectives of the adolescents. Due to the small sample size, this study is also not generalizable to a larger population. The use of this methodology in other samples may help researchers gain valuable data regarding parent adolescent communication about sex across different socioeconomic, ethnic, and religious groups (Grossman et al., 2018).

The frequency and quality of the communication about sex between parents and adolescents can be an important influence on both the parent-adolescent relationships and reduction in sexual risk taking. Although studies generally recommended early, frequent, and ongoing communication about sex between parents and their adolescent, three placed emphasis on the need for the content and quality of the conversations to change as the adolescent grows; which may be key in reaching adolescents at various levels of social and cognitive development (Akers et al., 2011; Grossman et al., 2018; Padilla-Walker, 2018). One problematic finding in this area was incongruent reports of these conversations occurring, with parents generally reporting higher numbers and frequencies of sexual health conversation than the adolescents (Chung et al., 2007; Flores & Barroso, 2017; Guilamo-Ramos et al., 2008; Padilla-Walker, 2018). This could be due to social desirability bias on the part of the parents, recall bias of the adolescent or the parent, or misunderstanding about what "counts" as sexual health communication by either party.

Additionally, there may be discrepancies in the reporting of adolescent sexual activity from both adolescents and parents of adolescents. A CDC report on adolescent sexual activity in the US lists over or under reporting of sex by adolescents as a possible limitation of the data. The report cites a study of adolescent self-report of height and weight which demonstrated highly reliable self-reports, although there were still discrepancies from the measured height and weight (Brener et al., 2003). Reports about sexual activity may be more emotionally charged or

surrounded by stigma for adolescents. Therefore, over or under reporting sexual activity across studies may occur. Similarly, parents may under report the perceived sexual activity of their adolescent children, as cited in the study by Grossman and colleagues (2018) (Malacane & Beckmeyer, 2016).

Quality of Parent-Adolescent Sexual Health Communication

The quality of parent-adolescent sexual health communication can influence how education is both disseminated and accepted; although it may be a difficult concept to analyze due to the subjective nature of the term "quality". Six of the reviewed studies have cited problematic findings in the quality of parent-adolescent communication about sex, including both parent and adolescent reports of vague messaging. This messaging may include euphemisms and warnings about consequences of sex without specific information about the what the consequences are (Akers et al., 2010; Alcalde & Quelopana, 2013; Coakley et al., 2017; Flores & Barroso, 2017; Guilamo-Ramos et al., 2019; Ramchandani et al., 2018). One of these studies described 21 mother-adolescent dyads participating in a qualitative study about abstinence messaging. In the study, only one out of the 21 mothers described what sex was to her daughter when discussing abstinence. Another mother discussed abstinence at length with her daughter before the confused daughter asked her if "abstinence" was a pill that she could take to avoid the negative outcomes from sex (Ramchandani et al., 2018). Although the study was limited in its small and homogenous sample size of volunteer participants, findings from this study demonstrated that mothers had difficulties tailoring their language to developing adolescents in a way that was understandable and relatable (Ramchandani et al., 2018). The methodology of the study which utilized prompted, recorded conversations may also not have allowed for a 'natural' flow of sexual health conversations between mothers and their adolescents; instead facilitating a sort of 'lab-created' conversation in which mothers may have

been concerned with the social desirability of their responses and communication (Ramchandani et al., 2018).

In four studies, participants specifically reported the high value placed on abstinence by the parents, as well as the importance of focusing on life goals such as higher education and careers with warnings about how the consequences of sex could get in the way or cause the adolescent to deviate from their path to success in these areas (Akers et al., 2010; Coakley et al., 2017; Flores & Barroso, 2017; Ramchandani et al., 2018). Two of the focus group studies that included these findings had small sample sizes and included African American participants only (Akers et al., 2010; Coakley et al., 2017). On top of this, one of these studies only included the perceptions of fathers regarding their adolescent sons, leaving out mothers and daughters all together (Coakley et al., 2017).

A study of 80 African American parents and grandparents who were the primary caregivers of adolescents found that while parents most valued abstinence, grandparents were actually better at discussing risk reduction strategies such as condom use and contraception with the adolescents (Cornelius & Xiong, 2015). While this study provided interesting insight from multi-generational caregivers of adolescents, it was limited in its small, homogenous, convenience sample of participants which may not have been large enough to show significant results (Cornelius & Xiong, 2015).

The tone of conversations about sex may also impact the behaviors or intentions of adolescents (Fasula & Miller, 2006; Moore et al., 2015; Rogers et al., 2015). Two studies including one focus group of 54 African American adolescents (Moore et al., 2015), and one cross-sectional observational study of 54 adolescents and their parents (Rogers et al., 2015), described adolescents reporting that they disliked “harsh” “lecturing” or “preaching” types of communications about sex. The study by Rogers and colleagues (2015) showed an association

between “lecturing” types of sexual health conversations and adolescent engagement in sex. Due to the methodology, the direction of the association is unclear so it is difficult to determine if the lecturing caused the adolescents to rebel and engage in sex, simply was not protective of this behavior, or if the parents had found out that their adolescent was having sex and the “lecture” was a result of this new knowledge (Rogers et al., 2015). The design of this study also needed clarification within the article to add more credibility to the results. The small sample size and ‘lab-created’ conversations between the parents and adolescents may have also led to biased results (Rogers et al., 2015).

A study that included a convenience sample of 530 adolescents who had not yet engaged in sex found that mothers who were more open and responsive during sex talks acted as a buffer for adolescents who had not engaged in sex yet, but who had sexually active peers (Fasula & Miller, 2006). Although the sample limited generalizability of these data, this study lends credibility to the protective nature of open mother-adolescent communication about sex. In contrast, a longitudinal study with a convenience sample of 817 African American adolescents found that open conversations about sex with parents were not associated with a decrease in sexual risk-taking behaviors in adolescents (Yang et al., 2007). The study reported that “problem communication” between adolescent girls and their parents was associated with an increased probability of the adolescent girls engaging in sex (Yang et al., 2007). Based on these findings, more exploration is needed to determine what “open” communication means; as it could be misinterpreted as passiveness or permissiveness, or passive/permissive communication may be mistakenly labeled as “open”. Similarly, “problem communication” needs to be further investigated. What constitutes “problems” within parent-adolescent communication may be incredibly subjective and vary according to parent versus adolescent perception. Results of this study may be limited by the characteristics of the sample, the self-report of the adolescents, and

the lack of data collection from parents. The context and quality of parent-adolescent communication about sex is an important avenue for further researchers because identifying which types of communication styles adolescents respond to may increase and facilitate the dissemination of risk reduction information, therefore reducing risk-taking behaviors by adolescents.

The Influence of Gender Role Beliefs on Parent-Adolescent Sexual Health Communication

The influence of gender role beliefs on parent-adolescent sexual health communication may drive the tone, quality, and content of the conversation. This may be particularly true for mothers and daughters within a Christian household. Some studies revealed a higher value placed on abstinence for daughters than for sons, with parents speaking more about abstinence to their daughters (Alcalde & Quelopana, 2013; Deutsch & Crockett, 2016; Ja & Tiffany, 2018; Jerman & Constantine, 2010; Sneed et al., 2015). For example, in a telephone survey of 1284 parents of adolescents residing in California, 100% of mothers spoke to their late-adolescent daughters about abstinence compared to 79% who spoke to their sons about it. Additionally, fathers were more likely to discuss abstinence with their early-adolescent daughters than with sons (Jerman & Constantine, 2010). These data coincide with traditional patriarchal Christian values of purity for unmarried adolescent girls. However, when researchers rely on telephone surveys, they narrow their sample to households that have telephone access, and also to participants that agree to the telephone survey, which could indicate selection bias in this study. The authors suggest more in-depth probing interviews in smaller sample populations to gather rich data surrounding sexual health communication between parents and adolescents (Jerman & Constantine, 2010).

Traditional gender role beliefs may influence the way in which parents talk to their adolescents, and also may affect the content and tone of the discussions surrounding sex. For

instance, parents generally have greater acceptance of their sons having sex compared to daughters (Akers et al., 2010; Gale McKee et al., 2007; Grossman et al., 2018). Similarly, grandparent caregivers of adolescents shared the beliefs that young women have lost respect for themselves sexually, and expressed strong feelings that young women should be in committed relationships before having sex (Cornelius & Xiong, 2015).

Stereotypical gender-role viewpoints were also found to be expressed by adolescent participants. In the focus group study by Moore and colleagues (2015), adolescents talked about perceiving girls as the "gatekeepers" to sex and posited that it was easier for girls to refuse sexual advances than for boys. These perceptions are concerning, as adolescent girls are among the highest risk for negative sexual outcomes. Interestingly, this particular study was focused on parent-adolescent sexual health communication and how the church could more effectively facilitate sexual health education among adolescents. These adolescents and their parents discussed several traditional gender role stereotypes in direct congruence with the teachings of the Christian faith; showing again that Christian affiliation has an influence on the traditional gender role beliefs and values within families (Moore et al., 2015).

Gender inconsistencies were also shown to be present within parental actions in terms of aiding their adolescent children to access resources for safer sex such as condoms and contraception. For example, in focus group studies of both African American parents and adolescents, both groups indicated that mothers provided limited support to their daughters in accessing birth control (Akers et al., 2010; Caal et al., 2013). At the same time, parents displayed more readiness in giving condoms to their sons (Akers et al., 2010). These findings are of concern given evidence from national surveys that female adolescents were less likely to use condoms in general with sex partners compared to the male adolescents (Gillmore et al., 2011). This is consistent with the descriptions from Caal and colleagues (2013) in which participants

described men as being responsible for contraception use (or lack thereof), and seemingly not responsible for any consequences stemming from the sexual encounter (Caal et al., 2013).

Barriers to Parent-Adolescent Sexual Health Communication

Understanding common barriers to parent-adolescent sexual health communication is critical in the examination of these conversations. Barriers to mother-daughter communication about sex may fluctuate by the influence of different cultural beliefs, including by religious affiliation. The most common obstacle to parent-adolescent sexual health conversations cited by parents is discomfort or embarrassment with the topics of the conversations (Alcalde & Quelopana, 2013; Coakley et al., 2017; Cornelius & Xiong, 2015; Deutsch & Crockett, 2016; Guilamo-Ramos et al., 2008; Jerman & Constantine, 2010). Parents reported both hoping and assuming that their adolescents would approach them when they needed or wanted to talk about sex. This assumption placed responsibility onto the adolescent who may not be aware that they needed council from their parents in this area (Flores & Barroso, 2017; Guilamo-Ramos et al., 2019; Ramchandani et al., 2018). In one study, mothers clearly demonstrated favor towards abstinence during conversations with their adolescents, but then told their adolescent to approach them if they are considering becoming sexually active (Ramchandani et al., 2018). Another study described fathers condemning same-sex relationships during conversations with their sons about sex (Coakley et al., 2017). These mixed messages may lead adolescents to feel as if they cannot safely approach their parents for fear of judgement about their ideas or decisions about becoming sexually active. In congruence with the other reviewed literature about mixed messaging during sexual health communication between parents and adolescents, there is need for further investigation in the area of tone, content, and process of these discussions.

Another common finding among parents was their perceived lack of knowledge about sex and belief that they did not have correct answers about certain topics to be a valuable resource of

information for their adolescents (Akers et al., 2010; Flores & Barroso, 2017; Guilamo-Ramos et al., 2019; Ja & Tiffany, 2018). In qualitative studies, parents discussed feeling pushback from their adolescent children, and described the adolescents as responding negatively to sex discussions (Chung et al., 2005; Grossman et al., 2018). In a focus group study by Chung and colleagues (2005), parents stated that adolescents did not want to talk with them because they had learned about sex in school. Part of this dynamic may be due to cultural practices as this was a study of Filipino-American adolescents and their first-generation parents (Chung et al., 2005). The longitudinal in-depth interview study by Grossman and colleagues (2018) reported some negative responses to sex talks from adolescents. These negative responses increased as adolescents moved into middle and late adolescence compared with early adolescence (Grossman et al., 2018). Although these findings may not be generalizable to larger and more diverse populations, they demonstrate the need mentioned previously for tailored (even individualized) and age-appropriate continued dialogue between parents and adolescents about sex and sexuality.

Three of the studies named parents' perceptions of their adolescent not being mature enough or "ready" for talks about sex as being a barrier to conversations (Grossman et al., 2018; Guilamo-Ramos et al., 2008; Ja & Tiffany, 2018). Some parents from qualitative studies described apprehension in speaking with their adolescents about sex. In some cases, parents explained that they were worried that talking about risks and safety could be misinterpreted as giving permission to engage in these activities when that was not the impact they desired (Akers et al., 2010; Jerman & Constantine, 2010).

Adolescents also reported several perceived barriers to sexual health communication with their parents. Overwhelmingly, adolescents were concerned about facing judgment from their parents if they were to approach them to talk about sex (Alcalde & Quelopana, 2013; Caal et al.,

2013; Chung et al., 2005; Feinstein et al., 2018; Flores & Barroso, 2017; Moore et al., 2015; Rogers et al., 2015; Yang et al., 2006). Participants in focus group studies who reflected on their own situations in talking (or not talking) to their parents about sex cited perceived or feared judgment specifically due to their culture (Alcalde & Quelopana, 2013; Caal et al., 2013; Chung et al., 2005), and their sexual orientation (Feinstein et al., 2018). In other studies, adolescents described perceived feelings of judgment coming through based on the style or tone of the conversation; which felt more punitive than open and reciprocal (Flores & Barroso, 2017; Moore et al., 2015; Rogers et al., 2015; Yang et al., 2006). Adolescents also reported not feeling confident in their parents' knowledge on the subject of sex; although adolescents reported this less frequently across the literature than parents did (Chung et al., 2007; Moore et al., 2015). Surprisingly, no studies found reports of adolescent embarrassment to be a barrier to sexual health communication with their parents. Instead of reporting their own embarrassment about the content of the sexual health communication with parents, adolescents from the reviewed studies cited the fear-based discomfort surrounding possible judgement from their parents as a barrier.

Another surprising finding was that none of the studies named religious affiliation or religiosity as being direct barriers to parent-adolescent communication about sex. Although some studies discussed traditional cultural values in which religious beliefs and practices may be nested, or even mentioned religious affiliation, none cited religion as a specific barrier to conversations about sex. Chung and colleagues (2005) mentioned this in their discussion as a surprising finding, as traditional Filipino values and beliefs were discussed at length within their study, but religion was not brought up during focus group sessions. Moore and colleagues (2015) discussed church-going adolescents' desire for church leaders to communicate more openly and directly about sexual topics. This was the only reviewed study to mention adolescents using prayer as a means to reflect on sexual concerns and intentions (Moore et al., 2015). The

lack of report of religious affiliation as a barrier to sexual health communication between parents and adolescents is fascinating due to the specific directives provided by many Christian denominations to not engage in premarital sex or use contraception (including barrier methods that can protect against STIs). If Christian teachings regarding reproductive health are so explicit, the reasons for them not being cited as a barrier to sexual health communication and education need to be further examined; especially in the context of mother-daughter communication.

The Mother-Daughter Relationship in the Context of Sexual Education

Mothers influence their daughters' attitudes, thoughts, and behaviors in unique ways (Boyd, 1989). A review of mother-daughter relationship theories suggests the following overarching themes within the mother-daughter dyad: intimacy, attachment, care, assistance, and conflict. The review goes on to describe the various mother-daughter relationship theories, including the changes in a woman that occur when she has a daughter. According to the theories presented in the article, when a woman has a child, it is then that she realizes that she is like her own mother. Furthermore, by identifying with her daughter, the mother moves into the unique position of becoming both her own mother and her own daughter (Boyd, 1989). Mother-daughter relationships are incredibly nuanced and may be influenced by many different personal, cultural, and environmental factors. These relationships can be special; and facilitate valuable teaching and learning throughout the lifetime.

Four of the reviewed articles; two cross-sectional studies analyzing survey data (Fox & Inazu, 1980; Hutchinson, 2002), one prospective survey study (Hutchinson et al., 2003), and one research review (Fox, 1980), showed that mothers had distinctive influences on their daughters' sexual attitudes and behaviors (Fox, 1980; Fox & Inazu, 1980; Hutchinson, 2002; Hutchinson et al., 2003). Consistent with the previously mentioned findings regarding the influence of parent-

adolescent communication on adolescent sexual outcomes, these articles demonstrate specific maternal influence on daughters.

Fox and Inazu (1980) and Hutchinson (2002) showed that earlier mother-daughter communication about sex was associated with later sexual debut and more consistent contraception use via cross-sectional survey data. Unfortunately, Fox & Inazu (1980) found that discussions about sex between mothers and daughters did not precede sexual debut for close to half of the participants. This is consistent with previously discussed studies on parent-adolescent sexual health communication and could be attributed to a lack of clarity regarding the direction of association between variables being examined. For example, mothers may be talking more about sex to their daughters when they learn or suspect that their daughters are sexually active, and not causing their daughters to have sex by talking about sex with them. In Hutchinson and colleagues' (2003) prospective study of 219 sexually experienced adolescent girls aged 12-19, increased levels of mother-daughter sexual health communication was associated with fewer episodes of sexual intercourse and fewer episodes of unprotected sexual intercourse in the three month follow up period. This strong prospective design informs the hypotheses surrounding the protective nature of mother-daughter sexual health communication. However, adolescent participants were only asked about vaginal intercourse, leaving room for a multitude of other risky sexual activity that may have gone unstudied. A longer study period and the addition of data gathered from the mothers of the participants would strengthen the findings of this study.

Interventional Studies of Parent-Adolescent Sexual Health Communication

Drawing from data on the effectiveness of parent-adolescent sexual health communication, some studies have evaluated the effects of specific interventions aimed at promoting these conversations within the home. Three of the reviewed RCTs found a significant increase in the frequency of the communication, as well as the number of topics that parents

discussed post-intervention (O'Donnell et al., 2010; O'Donnell et al., 2005; Schuster et al., 2008).

Three different curricula were studied among the three RCTs of interventions aimed at parents. The interventions evaluated were: “Talking Parents, Healthy Teens”, a worksite intervention for parents of adolescents that occurred weekly for eight sessions (Schuster et al., 2008); “Especially For Daughters”, a CD-based at home program for Black and Latinx parents of daughters aimed at reducing initiation of sex and alcohol use (O'Donnell et al., 2010); and “Saving Sex For Later”, a CD-based at home program for parents of 5th and 6th grade students aimed at promoting adolescent sexual abstinence (O'Donnell et al., 2005).

In addition to reporting improved facilitation of conversations between parents and adolescents, two of the RCTs demonstrated a positive effect in decreasing sexual risk-taking behaviors in the adolescents post-intervention (O'Donnell et al., 2010; O'Donnell et al., 2005). After participating in the intervention, adolescents reported significantly fewer sexual risk-taking behaviors than the control group (OR=0.39 CI 0.17-0.88) (O'Donnell et al., 2005), and (OR= –0.20 CI –0.37 to –0.02) (O'Donnell et al., 2010). Despite these findings, both RCTs had limitations. The study by O’Donnell and colleagues (2005) would have benefitted from additional longitudinal data from the intervention group. Since the “Saving Sex for Later” intervention was aimed at parents of 5th and 6th graders, further longitudinal data surrounding sexual debut, contraception use, and STI status would further demonstrate whether or not this abstinence-based curriculum was effective in mitigating risk-related outcomes. Additionally, sex-related behavioral risk in this group was measured using variables such as watching movies or TV shows disapproved of by a parent, ‘hanging out’ with opposite-sex peers disapproved of by a parent, having a girlfriend or boyfriend, and engaging in kissing or hugging for ‘a long time’. These variables may not accurately measure sexual risk status, especially in non-heterosexual adolescents (O'Donnell et al., 2005). The study by O’Donnell and colleagues (2010)

was also limited in that it provided the "Especially for Daughters" materials specifically aimed at Latinx parents but failed to provide materials in Spanish which may have had an effect on effective parent education.

The other RCT found a significant increase in direct condom use instruction provided by the parents at one week post-intervention with 18% of adolescents reporting instruction compared with 3% of control group adolescents ($p<0.001$) (Schuster et al., 2008). These findings increased at nine months post-intervention with 29% of adolescents reporting condom use teaching compared with 5% of control group adolescents ($p<0.001$) (Schuster et al., 2008). This study also had limitations including possible reporting bias by parents who attended the worksite intervention program. Also, results may not be generalizable to other populations in that all of the participants were employed and worked at a large company within a metropolitan city. The effect of this same intervention on unemployed parents or parents with fewer years of formal education may have yielded different results (Schuster et al., 2008).

Taken together, intervention studies designed to facilitate discussions about sexual health between parents and their adolescents demonstrated positive results including strengthening parents' confidence, knowledge, and ability to have open discussions with their adolescent. However, a systematic review by Akers and colleagues (2011) that critiqued many interventional studies aimed at improving parent-adolescent sex communication (including O'Donnell et al., 2005; and Schuster et al., 2008) found several limitations across the studies; with most limitations surrounding inconsistent statistical measures and analyses (Akers et al., 2011). Within the Methodological Quality Scores report, both O'Donnell et al. (2005) and Schuster et al. (2008) scored moderately among the studies that were reviewed (13 and 14 total points, respectively). Although most studies reviewed by Akers and colleagues (2011) noted positive effects of the interventions, many did not report on effect size, sufficient power of their sample,

and reliability of their measures, making it difficult to determine if results were truly significant. Finally, the review concluded by claiming limitations of the interventional studies in that there is a lack of a standardized tool to assess parental communication, especially about sex (Akers et al., 2011).

Summary and Critique of the Reviewed Literature

The reviewed literature revealed important data about parent-adolescent sexual health communication as well as the role of Christianity, feminism, and patriarchy within the context of sexual and reproductive health and education. The articles about parent-adolescent communication were relatively evenly split among parental perspective and adolescent perspective. Many studies also focused on African American adolescents, including some of the studies that assessed Christianity or religiosity within families. This is an important population for studies focused on sexual education due to the disproportionately high rates of STIs in Black adolescents in the US (CDC, 2018). Additionally, 79% of Black Americans identify as Christian which is higher than the national average of total Christians (Pew Research Center, 2014). These studies could potentially lend important insight into Christian values within parent-adolescent sexual health communication, even if Christianity was not a focus of the study.

There were several limitations across studies that could affect the applicability of the findings. A main limitation across the reviewed publications was the retrospective design that made it difficult to determine directionality of significant associations in cross-sectional studies. Further, the use of self-report may have introduced bias from the participants such as response bias or recall bias. Since the majority of qualitative studies relied on a focus group methodology, participants may have modified responses in order conform to the majority of the group, especially when discussing perceived sensitive topics surrounding adolescent sex beliefs and practices. Also, as mentioned by Akers and colleagues (2011), there is no standardized tool to

assess parent-adolescent sexual health communication, which resulted in heterogeneity of the measures used to assess the communication across the body of scientific literature.

Another limitation amongst the articles was the low number of fathers who participated in the studies. A majority of studies included a sample that was either predominantly or completely made up of mothers or other female caregivers such as aunts or grandmothers. Just two studies included a parent sample made up completely of fathers (Coakley et al., 2017; Guilamo-Ramos et al., 2019). In an attempt to address this gap, Guilamo-Ramos and colleagues (2012) conducted a literature review to examine paternal influences on adolescent sexual risk-taking behaviors (Guilamo-Ramos, Bouris, et al., 2012). The review found that fathers can have important influences on adolescent sexual risk behaviors regardless of maternal influences, and more research is needed to investigate these findings. However, for the purpose of this dissertation, reviewing studies of predominately maternal populations supports the inquiry of mother-daughter communication about sex and sexuality in a Christian household. The majority of the evidence reviewed supports the importance of the mother-daughter relationship and conversations between mothers and their adolescent daughters about sexual health.

Another major limitation of the reviewed literature is that nearly all of the articles either focused directly on a heterosexual adolescent sample, defined "sex" as vaginal intercourse, or omitted a definition of sex altogether, never clarifying which type of sex parents and adolescents were discussing. Researchers as well as study participants may have been making assumptions that the discussion was about vaginal intercourse. Only three studies included samples of gay or bisexual-identifying males, and no studies addressed the sexual orientation of adolescent girls (Feinstein et al., 2018; Thoma & Huebner, 2018a, 2018b). Among the remaining studies that either did not define sexual orientation of the adolescent participants or were focused on adolescents that identified as heterosexual, only one study asked the adolescents to report sex

acts other than vaginal intercourse; which included oral sex and anal sex (Moore et al., 2015). Conducting these studies of this nature through a heteronormative lens can be risky, as participants may be engaging in other forms of sexual behavior that are left unassessed by researchers and could potentially yield informative data.

The current literature supports parent-adolescent sexual health communication as a tool to reduce adolescent sexual risk taking, improve parent-adolescent relationship, and facilitate the learning and growth of both parties. Common barriers reported by both adolescents and parents may be effectively mitigated or eliminated with tailored interventions that address these concerns. The challenge here is continuing to examine the needs of specific groups and sub-cultures to successfully design interventions that will address the needs of both parents and adolescents. Since many of the reviewed studies are not generalizable to a larger population due to specific sample and methodology characteristics, more research needs to be done to assess the nuances and needs of specific groups. In other words, effective interventions for sexual risk reduction in adolescents may not take on a "one size fits all" approach.

Although religion was mentioned in a small number of studies focusing on parent-adolescent sexual health communication and was actually a primary focus in two of the studies (Moore et al., 2015; Wills et al., 2003), discussion about religious values, teachings, and the role of religiosity within these conversations was mostly lacking. It remains unclear the extent to which Christian parents are choosing to not speak to their adolescents about sex because of religious reasons or because they do not perceive religion to play an appropriate role in these conversations.

Remaining Gaps in the Literature

The relationship that Christian parents, specifically mothers, have with their daughters in the context of reproductive health and education remains an area that is under researched. In

existing studies, mothers have reported ambivalent feelings about providing their daughters with information and education about sex. In contrast, however, at times, mothers reported aiding their daughters in accessing contraception, although the context of these actions is unknown. In the majority of the reviewed literature, religious affiliation of the mother was not discussed. Since the majority of Americans identify as Christian, this leaves a major gap in the literature about the influence of Christianity on mother-daughter conversations about sex and sexuality.

From a historical feminist perspective, the voices of women have been long been silenced or overlooked within the context of research; especially when that research is focused on a historically patriarchal organization. The thoughts, feelings, and values surrounding intimate mother-daughter conversations about sex and sexuality, especially with the strong patriarchal implications of the Christian faith, are not well understood. There is no research on how Christian teachings, expectations, and societal norms influence the communication about sex and sexuality between mothers and their adolescent daughters. Additionally, the extent of the role of feminism within these conversations is unknown. Previous studies have called for increased and improved qualitative inquiry into these areas. This dissertation study aimed to address these gaps in the current literature.

Chapter 3: Methodology

Study Design

I conducted this descriptive, cross-sectional, qualitative study utilizing components of a constructivist grounded theory approach. As a feminist researcher, I utilized a postmodern perspective with a clinical feminism analytical framework as I aimed to explore the following research question: how do Christian teachings, influences, personal experiences, and perceptions about cultural norms influence the way Christian mothers communicate with their adolescent daughters about sex and sexuality within a historically patriarchal organization?

Rationale

When choosing a design capable of answering this research question, I sought to determine which methodological paradigm would best fit. Based on the gaps in the literature and the need for more rich data to help understand social processes which may impact nursing care, a qualitative design was the correct choice for this study. To a good first approximation, nurse scientists divide all research paradigms into two mutually exclusive categories: quantitative and qualitative research. Quantitative research studies processes that can be categorized using ordinal, interval, or ratio measures, while qualitative research largely restricts itself to categorical measures only. For many years, quantitative research was seen as a "real" methodology for scientists to support or disprove hypotheses (Glaser & Strauss, 1967). Without the ability to leverage general theory – such as Weber's analysis of bureaucracy – or employ standardized tests of significance – such as ANOVA – the results of qualitative studies were seen as, as best, a beginning point awaiting the work of the true scientists, who would take over with a superior quantitative design (Glaser & Strauss, 1967).

The introduction of grounded theory in 1967 by Barney Glaser and Anselm Strauss provided a comprehensive qualitative method which used a constant-comparative process of data

collection and analysis to "discover" new theories as they emerged from the data. Their method both provides a framework for conducting a specialized type of qualitative inquiry, while also directing research towards ways to demonstrate and assess the credibility and trustworthiness of their work, ensuring rigorous qualitative methodology.

Additional iterations of grounded theory methods would subsequently be expanded upon by other researchers. Grounded theory would continue to evolve with aspects applied to a variety of study designs, even outside the traditional realm of sociology. For example, Kathy Charmaz took a less positivist approach than the traditional use of grounded theory as it was first introduced by Glaser & Strauss by offering a slightly less rigid and more interpretive method of data collection and analysis (Charmaz, 2014). Charmaz offered a guide that suggests a way of "constructing" grounded theory. This differs from the original idea of it being "discovered"; although theoretical sampling, theoretical saturation, and a constant-comparative method of data collection and analysis are still utilized in this approach (Charmaz, 2014).

Against this backdrop, I made the decision to conduct a descriptive qualitative study in that I suspected that time and available resources would not allow for the development of a formal theory grounded in the data. However, I used a rigorous constructivist grounded theory methodology in the process of collecting and analyzing these data. A constructivist grounded theory methodology was best suited for the research question in that it "…gives guidelines for using data to learn how people make sense of their situations and act on them." (Charmaz, 2014, p. 11). In the simplest description, this was the aim of my study: to learn how Christian mothers make sense of and act on discussing sex and sexuality with their adolescent daughters.

Employing grounded theory techniques—namely, following a "systematic set of procedures to develop an inductively derived grounded theory about a phenomenon" (Strauss & Corbin, 1990, p.24) —during the interviews allowed me to construct meaningful codes from the

data. I utilized a constant comparative method of data collection and analysis (in which both practices occur simultaneously) to understand these codes and surrounding context, and to continue sampling and gathering data until new codes and/or contexts failed to emerge. Although I did not anticipate the emergence of a formal theory within these data, I was able to use constructivist grounded theory methodology to elicit the emergence of theoretical concepts (Charmaz, 2014).

With a new appreciation for the rigor of the grounded theory process, I ultimately opted to closely follow Charmaz's constructivist approach to gathering and analyzing data, as well as my own clinical experience and background to establish rapport with participants. Establishing rapport and gathering "rich data" supported me in both recognizing emerging themes and constructing theoretical concepts from those data (Charmaz, 2014). Throughout the research process, I was careful to be cognizant of the possibility of multiple truths or realties as experienced by the participants, especially ones that I may not personally agree with. During the interviews, I drew from constructivist grounded theory methods by striving to examine the world through the lens of the Christian mothers that I was interviewing; understanding that although they may share common values and beliefs, they may also diverge from one another's individual perspectives. In doing this, I was able to utilize the methodology in a way described by Charmaz: to "offer our participants respect and, to our best ability, understanding, although we may not agree with them" (Charmaz, 2014, p.19). This was especially important given the intimate nature and possible stigma related to the topics being discussed, as well as the religious affiliation of the sample being studied.

Analytical Framework

Understanding the complete methodology for this study requires both the understanding of the methodological components that were utilized to collect and analyze the data, as well as

the analytical framework that I used to drive my thinking during the analysis process. For this study, I aimed to understand the role of feminism within a historically patriarchal organization. In order to do this, I had to clarify and define my own views of feminism, and how those views drove my research.

Feminist research aims to uphold the unique thoughts, ideas, and perceptions of women as it values reflexivity and emotion as important components of the research process (Allen, 2011). Although it can be argued that qualitative research is inherently feminist, there have been several accounts and debates over the idea of what constitutes a 'feminist methodology' (Olsen, 2007; Hammersley, 1992; Webb, 1993; Allen, 2011). Martin Hammersley presents a poignant argument that many of the components of a feminist methodology are present in other non-feminist-labeled qualitative methodologies; and therefore, the argument for using a 'feminist' methodology is lacking (Hammersley, 1992). Hammersley goes on to argue that if feminist ideals were truly specific to feminist methodologies only, then non-feminists could ignore them as such. However, if they are feminist ideals presented by feminist researchers and not specific to a structured feminist methodology, then they must not be overlooked (Hammersley, 1992).

As described by Virginia Olesen, "The way in which research is conducted suggests whether it is feminist work" (Olesen, 2007, p. 421). I conducted this study as a clinical feminist nursing science researcher. "Clinical feminism" is the term I will use to explain the analytical framework that this study was based upon. Clinical feminism is the utilization of three feminist components that come together to provide a moral framework that drives both my clinical practice and my research process for this study: a) reproductive justice, b) active listening, and c) honest communication.

The first component of clinical feminism is the overarching value of reproductive justice. Reproductive justice is a term that was coined by Black women in 1994, and just three years later

in 1997 was taken on by a group of multiethnic women called SisterSong. SisterSong defines reproductive justice as "the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities" (SisterSong, nd.). The definition of reproductive justice in the clinical setting also includes the choice to become pregnant when desired with the use of medical intervention if necessary, prevent a pregnancy with effective contraceptive methods, or end a pregnancy with competent and compassionate abortion care. Furthermore, reproductive justice upholds the idea that comprehensive and medically accurate sexual education should be readily available. Lastly, a final component of reproductive justice that I speak about clinically is the concept of sex being liberated from its ties with reproduction (as defined above by SisterSong) and the importance of sex being a pleasurable experience regardless of intention to parent.

Active listening is a core concept of fundamental nursing practice and combines several strategies (including refraining from interrupting, paraphrasing or asking follow-up questions to ensure understanding, and reading non-verbal cues to understand the context of what is being said) to facilitate the understanding between a patient and care provider (Jarvis, 2016). Clinically, active listening is utilized in many different settings and aspects of patient care, from assessment to counseling. Utilizing active listening was imperative to this research (just as it is in my clinical practice) so that I could truly understand and honor what participants were saying without perceived judgement or interruption. Giving participants the time, space, and encouragement needed to answer questions and also repeating information back to them to verify if I understood correctly provided a "safe space" foundation that was necessary to gather data for this study.

The final component of my clinical feminism analytical framework is honest communication. In the clinical setting, this includes informed consent (making sure the patient

has received and understood all the risks and benefits of a medical procedure before choosing whether or not to go through with it). Honest communication also includes understanding and addressing of the social and societal differences that may be present between me and the patient, or in the case of research, me and the participant. Addressing both intersectionality (or the understanding that we, as individuals, have multiple experiences and struggles, and cannot be placed into one category alone) and the power differential that comes with the provider-patient or the researcher-participant relationship can provide for a foundation of trust-building and honesty within that relationship. Honest communication also allows for the clinician or researcher to meet the patient or participant where they are currently at with their thinking. This allows for the flow of ideas and conversation that is uninhibited by judgement, disagreement, or contradiction.

Utilizing my clinical feminism analytical framework as I conducted this research helped me to establish rapport with participants during interviews, recognize and analyze feminist concepts during data collection, and synthesize the data in order to construct theoretical concepts grounded in those data. Throughout the remainder of the methodology chapter, I will describe critical touchpoints in which the clinical feminism analytical framework influenced my analysis including the way I viewed and interpreted the data.

Ethical Considerations

This study was classified as "exempt" by the UC Davis Institutional Review Board (IRB) (IRBnet ID#1567766-2). And, although Christian mothers of adolescent daughters are not considered a vulnerable population by the IRB, there were unique and important ethical considerations that needed to be addressed concerning the content and context of the interviews. The topics that were to be discussed had the potential to be stigmatizing, concerning, and potentially troubling for mothers; especially if those topics were in direct conflict with mothers' religious values. Also, these topics had the potential to bring up memories of distressing personal

events, such as possible sexual abuse situations. Participants were provided with a comprehensive consent form including description of the study, rights of the participant, mandated reporting laws for reports of child abuse or elder abuse, possible risks or benefits to the study participant, and compensation for the study. Consent for participating in the study was an ongoing conversation throughout the course of the time spent working with each study participant, and it was made clear that participants could opt out of questions or stop the interview at any time. In the event that participants experienced any emotional distress from participation in the study, I planned to offer resources for mental health services or counseling. No participants in this study indicated the need for these resources. At the conclusion of the interview, each participant was sent a visa gift card for $20 via email for their time and participation.

A major consideration for research of this nature is the protection of participants' confidentiality. All fieldnotes, memos, audio and video files, transcripts, and consent forms were kept in a locked filing cabinet or safely under encrypted and password-protected folders and drives on my personal computer. Transcripts were modified to replace the names of participants with numbers and interview dates, and any identifying information within the transcript was also removed.

Recruitment & Sampling

Recruitment was first attempted via email messages, telephone calls and fliers sent to 27 different Christian churches across Sonoma, Marin, and Napa counties. Of these, I received replies from three offering a polite declination to participate in the recruitment for this study. I continued recruitment efforts by networking with faculty, coworkers, friends, and family members who are Christian and active within the church. I also utilized UC Davis's study pages website to manage recruitment of interested participants. I further attempted to recruit

participants by posting recruitment information on social media, including the UC Davis and Betty Irene School of Nursing Facebook and Instagram pages. All postings included information about potential eligibility: e.g., "must identify as Christian (any denomination)" (see Appendix A). Participants contacted me via email in response to these various postings. When I began to recruit participants into the study, I utilized network sampling to enhance my participant pool. Although I originally intended to sample only from northern Bay Area counties in California, I expanded recruitment to allow for participants residing anywhere in the US.

The participants for this study were Christian mothers of adolescent daughters aged 13-19 years. "Mother" was defined as the biological or adoptive primary female-identifying legal caregiver to the adolescent. "Christian" was based on self-identification by the participant. Participants in this study were required to meet the following inclusion criteria: (a) be a mother (as defined above) to a 13-19-year-old girl; (b) consent to an online video-recorded interview; (c) self-identify as Christian; and (d) be able to speak English fluently. For this study, mothers of all races, ethnicities, sexual orientations, gender identities, education levels, and socioeconomic backgrounds were considered eligible as long as they met the above inclusion criteria.

For the purpose of this study, I aimed to examine the influence of Christianity rather than the concept of religiosity; therefore, mothers who self-identified as Christian were included, without having to meet a requirement for "how Christian" they were. I gathered additional data on church attendance and religious practices and perceptions for informational purposes, but mothers were not excluded based on these measures. I aimed to gather a heterogenous sample of Christian mothers in which to collect the initial data to help drive subsequent sampling of participants consistent with theoretic sampling. I feared I would lose important nuances in rich data if I were to use an interpreter for non-English speaking participants. For this reason, I asked that participants speak and understand fluent English for this study.

Theoretical sampling was employed during the data collection process to include or exclude participants as I deemed appropriate based on emerging themes and with input from faculty mentors. Theoretical sampling is a process of data collection that is controlled by the emerging theory as the researcher "… jointly collects, codes, and analyzes his data and decides what data to collect next and where to find them" (Glaser & Strauss, 1967, p.45).

For example, after interviewing two participants that were members of the Church of Jesus Christ of Latter-Day Saints (LDS) in which they both talked at length about the importance of female sexual pleasure, I strategized with my dissertation chair about continuing to strategically sample LDS women. Gathering more data on values like female sexual pleasure, that align with reproductive justice, was important to the emerging theoretical concepts. We ultimately decided to not purposefully sample additional LDS women to determine if data continued to emerge from participants of other denominations. We also chose not to exclude subsequent LDS women from the study from both a theoretical and a pragmatic perspective.

Subsequent participants were sought out as data was collected by utilizing emerging themes in the data to drive the sampling process (Charmaz, 2014). By using emerging themes and analytical categories to drive the sampling process, I was able to further refine those data by seeking out further pertinent data from new participants (Charmaz, 2014). Due to the unpredictability of scheduling participants (potentially attributed to surges in the COVID-19 pandemic), there were several times during recruitment and data collection that I was able to spend longer periods of time analyzing data before I scheduled additional participant interviews. This provided necessary space and time to regroup and consider my next recruitment strategy in accordance with theoretical sampling.

Data Collection Procedures

Instruments

After each participant had been determined eligible for the study and gave consent to participate, a demographic questionnaire was provided to the participant immediately preceding the interview (See Appendix B). Some participants filled this out ahead of time and emailed it to me before the start of the interview, but most participants answered the questions verbally after the informed consent process and before the start of the qualitative data collection. This demographic questionnaire provided additional contextual information about each participant.

An original semi-structured interview guide was developed with the intention of eliciting rich data surrounding the research question and aims. The questions within the interview guide were based on the gaps found in the reviewed literature and focused on the following domains: a) gathering information about religiosity; b) characterizing the mother-daughter relationship; c) mother-daughter conversations about sex; and d) examining the influence of Christianity on mother-daughter conversations about sex (see Appendix C). The structure of the interview guide allowed me to use probes when appropriate or modify questions if needed to elicit additional data once concepts began to emerge. By utilizing a semi-structured interview guide that was adaptable, I was able to tailor my questions in a way that allowed for natural flow of the interviews and additional questioning in areas that were drawing out rich data during interviews (Weiss, 1994).

Interviews

In-depth interviews were conducted via the video conferencing application, Zoom, and were video recorded. Participants were asked to find a comfortable and private place to conduct the interview without their daughter or other children/spouse or partner (if applicable) present. Interviews ranged in length from 45-90 minutes which allowed for a generous amount of rich data from each interview. The semi-structured interview guide was used to collect data, and the participants were also closely observed during the interviews to examine important non-verbal

communication and cues (such as eye rolls, smirks, head shakes or nods, smiles, blushing, etc.) and any potential interactions with other members of the family. Although the participants were asked to conduct the interview in a private space, some participants experienced interruptions from partners, pets, and children due to entire families being at home during the COVID-19 pandemic lockdown.

Field Notes and Memos

Fieldnotes were made during each interview. These short notes jotted down during interviews represent small "packages" of data to aid in the analysis process (Schatzman & Strauss, 1973). My fieldnotes included observational findings during the interviews, notes about important data, and anything else that I felt was important to remember and think about later during further analysis. Using my clinical feminism analytical framework, I felt that I had an advantage in both the active listening and honest communication needed to gather data both from the content of the interviews as well as the context in which the participant was discussing certain topics. Combined with reading nonverbal cues, this provided an additional layer to my data analysis.

I also recorded memos immediately after each interview, as well as during the coding process of analysis and any time I had additional ideas about data or emerging concepts. The memos were categorized into "reflective memos" and "analytic memos". According to Charmaz, "memo writing expedites your analytic work and accelerates productivity" (Charmaz, 2014 p. 72). Fieldnotes and memos recorded during and after each interview also supported the rigor and transparency of the study by providing an audit trail (Charmaz, 2014).

For this study, memos were particularly helpful in allowing me to understand what was going on during interviews from several different angles. For example, immediately after conducting the interview, again during initial coding, and subsequently as needed when data or

concepts emerged, corroborated, or conflicted with previously gathered data as I continued the constant comparison of those data. In this way, memos helped me organize the data and begin to compare and contrast the data from this study with the clinical feminism component of reproductive justice to see where it aligned and where it diverged and how.

Memos and fieldnotes were directly uploaded into Dedoose, a qualitative analytic software application (version 8.3.41, Los Angeles, CA: Sociocultural Research Consultants, LLC). To further enhance the data analysis process, I also kept a handwritten reflective journal of my analysis process and ideas. This journal was kept with me as I analyzed data from the interviews, as well as when I was not doing formal analysis to remind me of thoughts, ideas, or concerns I had about the data when I was away from my work station.

Data Analysis

Data collected from the demographic questionnaire was reviewed and analyzed using descriptive statistics. Qualitative data was analyzed by utilizing a constructivist grounded theory approach. Qualitative data analysis began concurrently with data collection processes in concordance with the constant-comparative method. This method was used to determine emerging themes and patterns during participant interviews (Charmaz, 2014). Field notes, memos, and transcripts were all analyzed with this same method during the coding process following the interviews. Comparative analysis is a process that begins during data collection and continues throughout data collection and analyses. Comparative analyses was used to compare line by line of the interview transcript and also was used to compare incident to incident (Charmaz, 2014). The process of comparing words to words, lines to lines, incidents to incidents, and observations to observations within the interview and then ultimately across the interviews was used in the development of codes and emerging concepts within the data (Charmaz, 2014).

According to Charmaz, “coding is the pivotal link between collecting data and

developing and emergent theory to explain these data" (Charmaz, 2014, p. 46). First, during the initial coding process, I analyzed the transcript line by line and made notes on any emerging themes or patterns. This helped me begin to recognize the nuances in what the participant was thinking, saying, and feeling during the interview. In other words, I was able to begin to understand what was going on (Charmaz, 2014). Then, I conducted a more focused coding process in which line-by-line codes were synthesized by comparing data to data, and then comparing these data to codes to refine them (Charmaz, 2014). It was at this point that I provided clear definitions to each code so that I could clearly demonstrate why I was coding the data the way that I was.

At this level of the coding process, I consciously began to compare data gathered from interviews and memos to the reproductive justice component of the clinical feminism analytical framework. From a non-clinical perspective, it could be possible to view reproductive justice as being directly opposed to the views that may be held by participants who self-identify as Christian. However, as the data continued to emerge, the participants described values that clearly aligned with reproductive justice, such as having bodily autonomy, and experiencing sexual pleasure. Seeing these data emerge compelled me to continue to consider each code as it related to reproductive justice; ultimately aiding me in assessing how feminism played a role in mother-daughter conversations about sex and sexuality (aim 2 of the study).

Next, I synthesized the data that had already been collected with the subsequent new data being collected in collaboration with my memos to examine how concepts were similar or different among those data. When similar concepts begin to emerge, they were categorized and utilized again in this same constant comparative process. At this point, I opted to do an additional axial coding process. I followed Charmaz's constructivist grounded theory methodology very closely, but also desired to understand my data from an additional perspective that axial coding

allowed me to accomplish. To put it simply, initial coding is breaking down data into simplified pieces in order to understand it, and axial coding is building those fractured pieces together to make sense of them in a different context (Strauss & Corbin, 1998). I opted to engage in the axial coding step for two reasons: first, as a novice researcher I felt it would help me to better understand and explore my data in a different context. Second, I felt that it was a logical next step in assessing the areas in which I was nearing data saturation for my theoretical concepts.

The final step in the coding process for this study was examining and reanalyzing the most significant and recurrent codes and raising three major categories within the data to theoretical concepts. After reaching theoretical saturation in these categories, it was evident that they were able to stand alone as well as relate to one another as theoretical concepts. In constructivist grounded theory, Charmaz describes theoretical concepts as "interpretive frames that offer an abstract understanding of relationships. Theoretical concepts subsume lesser categories and by comparison hold more significance, account for more data, and are often more evident" (Charmaz, 2014, p. 140). The theoretical concepts that were constructed within these data offered a comprehensive demonstration of relationships and processes specific to the research question and specific aims

Theoretical Saturation vs. Theoretical Sufficiency

During the course of this study, I continued data collection until theoretical sufficiency was reached. I reached theoretical sufficiency within three categories that were then raised to theoretical concepts, but due to the constraints of time and resources, a formal theory was not generated from these data. However, this study provided rich data surrounding the processes of communication about sex and sexuality between Christian mothers and their adolescent daughters and will inform further research in this area.

So, what is the difference between theoretical saturation and theoretical sufficiency?

Theoretical saturation is when the thematic categories that have emerged from the data are no longer able to be developed by the researcher with further data collection attempts. In other words, “categories are 'saturated' when gathering fresh data no longer sparks new theoretical insights, nor reveals new properties of your core theoretical categories” (Charmaz, 2014, p.113). In qualitative methodology, there seems to be a fine line between repetition of ideas and themes and true saturation. According to Charmaz, theoretical saturation is not simply the presence of repetition within the data (repetition of events, descriptions, or the presence of patterns), but it is the true absence of new data (Charmaz, 2014). Because of this, great care must be taken here to not confuse the excitement of finding patterns within the data (especially for a green researcher) for theoretical saturation. In this way, the iterative process of coding is imperative to determine when categories have truly been saturated (Charmaz, 2014).

Theoretical sufficiency, on the other hand, is a potential answer to the slippery slope of obsessing about reaching theoretical saturation and by doing such, potentially losing credibility within qualitative research. By understanding that claims of “theoretical saturation” may stop a researcher from continuing to code and analyze all the data, theoretical sufficiency provides the understanding that theoretical concepts have been *suggested* by the data, and not necessarily *saturated* by the data (Charmaz, 2014). Furthermore, theoretical saturation is quite ill-defined in many qualitative research articles and makes assessment of the analytical rigor of the study difficult (Morse, 1995; Nelson, 2016; Saunders et al., 2018). Grounded theorists traditionally aim for saturation, and yet fall short when it comes to describing the rigorous process of how they reached saturation (Charmaz, 2014).

Part of the reason I opted to claim theoretical sufficiency rather than theoretical saturation in this study is to demonstrate that I understand the seemingly unending analytical rigor that must go into the process of theorizing within a grounded theory study. During the coding

process, as coding turned to theorizing, I was able to appreciate the iterative nature of the constant comparative methods of grounded theory. Also, with the small sample size of this study, there is the potential for critics to question my claims of theoretical saturation if I were to make such claims. Although I did not expect to reach a level of theoretic sufficiency with 12 participants, I did so. Concerned that I was mistaken or confused, I reread grounded theory methodology texts and articles, and spoke with other grounded theory researchers and mentors. What I found was that although sample size of a grounded theory study is not to be determined a priori, sample sizes may be quite small due to a variety of reasons that may not necessarily have any impact on the depth and quality of the data (Charmaz, 2014; Sim et al., 2018; Vasileiou et al., 2018).With the theoretical concepts that emerged from this study, and the rigorous grounded theory methodology that was implemented throughout, I am confident that theoretical sufficiency was reached in these categories.

Furthermore, using the clinical feminism analytical framework during this research process allowed me to probe my depth of knowledge vis-à-vis gathering important and useful information from interviews. Drawing from the clinical feminism analytical framework, I was able to understand which categories held sufficient theoretical data as supported by my engagement in active listening and honest communication with participants during the interviews. I was able to check in and make sure that I understood what the participant was talking about, the context in which it was meaningful, and the degree to which the participant felt it was important as evidenced by their language and nonverbal cues. Analyzing data using the clinical feminism analytical framework also provided an advantage to me as I was able to compare and contrast data points to the component of reproductive justice throughout the analysis process. With reproductive justice as a comparative touchstone, I was able to determine the extent to which feminism played a role in mother-daughter conversations about sex and

sexuality.

Verifying Rigor

Qualitative researchers can ensure and demonstrate credibility (validity and reliability) of a study by demonstrating rigor during the process of verification within that study (Morse, 2002). The idea of demonstrating rigor, as argued by Janice Morse, is vital to qualitative research in that verification of the study focuses on process and must be the responsibility of the researcher and not external critics (Morse, 2002). The first step in demonstrating rigor in a qualitative study is by gathering and displaying rich data within the text of the study. The reader can better trust and understand the theoretical concepts that are being presented when they are able to read and identify with what is being written (Charmaz, 2014). I accomplished this by conducting interviews that were sufficient (both in length and in number) in providing rich data made presentable in this study. Those data were presented and articulated in a clear manner in subsequent chapters along with exemplars from interview transcripts.

To further demonstrate rigor, the researcher must be transparent with their writing, indicating and clearly documenting the methodological processes and procedures. In the case of grounded theory, this includes using a structured, codified process for analyzing data (Glaser & Strauss, 1967; Strauss & Corbin, 1990). Utilization of the constant-comparative method as part of these processes (as detailed above) supports the reader in identifying the value and significance of the emerging concepts and theories (Glaser & Strauss, 1967, Strauss & Corbin, 1990). I accomplished this by documenting memos and fieldnotes as part of both the analysis process and to keep an audit of the work I had accomplished. Utilization of a codebook also kept my codes organized throughout the constant comparison process of analysis. Also, using Dedoose enabled me to easily share my analysis process in real time with my dissertation chair. Working closely with a research mentor allowed me to verify my codes and emerging theoretical

concepts.

Ultimately, demonstrating rigor within a qualitative study is the responsibility of the researcher and author via the thorough descriptions of the rich data and the transparent writing style which facilitates the comprehension of those data by the reader. This presentation of data along with the systematic processes for conducting grounded theory analysis both exhibit rigor. It must also be noted that as a feminist researcher, my goal is to provide my participants and fellow researchers with important data from women who are members of a traditionally patriarchal organization who may have never been given an opportunity to share this information in such a context previously. It is important to me to demonstrate my rigorous process of conducting a thorough and meaningful study that will contribute to the gaps in this area of research.

Chapter 4: Analytical Findings

In this first of three results chapters, the analytical findings from the data are presented. First, the demographic information of the participants is presented, and the sample characteristics are discussed. Then, a brief description of the participants' reflections on their religious identity from the opening questions of the interview are presented. Next, a description of the qualitative observational notes I made during the interview are presented along with a brief explanation of the social context of using Zoom for virtual face-to-face interviews for this study. Lastly the main categories that emerged during data collection and analysis are presented. Here, it is demonstrated how they are grounded in the data as theoretical concepts by offering examples and interpretations from my analyses.

Participant Demographics

Twenty-four potential participants inquired about participating in this study. Of these 24, three did not meet eligibility requirements, two did not schedule an interview, and seven no showed to interview appointments and did not respond to inquiries to reschedule. Ultimately, 12 mothers participated in this study.

The 12 participating mothers self-identified as "Christian" based on eligibility requirements (as described in Chapter 3). All participants identified as female and were between the ages of 36 and 54, with a mean age of 43.8. Most participants were white (n=9), one participant was Black, and two participants identified as "multiracial". Nine participants lived in various cities across California, while three participants resided in other states. Ten participants reported being married, with one participant identifying as single, and one as divorced. All participants had completed some higher education ranging from "some college" to "doctorate degree". All participants had at least two children total, and the highest number of children per participant was six, with an average number of children per household at 3.3. Ten participants

reported being employed either full time (n=5) or part time (n=5), with only two reporting unemployment. Average monthly income for the household for all participants varied greatly and was reported as between $4,200 and $30,000 with an average of $13,100. Age of daughters that were eligible to be discussed by participants in the study ranged from 13-18 with average age of daughters being 14.9.

Christian Religiosity

At the start of the interview, all participants were asked their Christian denomination: Of the 12 participants in the study, one participant identified as Presbyterian, one Protestant, two Catholic, three identified as members of the Church of Jesus Christ of Latter-Day Saints (LDS), and five identified as non-denominational. I then asked three questions to better understand their thoughts, feelings, and experiences with their religious identity. The questions were, "How often do you attend church services?", "How important is your religion to you?", and "How much time do you usually spend praying and/or studying the Bible outside of church?". These questions were not intended to draw comparisons between denominations or to examine religiosity with quantitative analysis. Providing a snapshot of the religious experiences of the participants in this study was meant to provide a more complete picture to further understand the data that emerged during the qualitative interviews. In other words, although I did not "measure" religiosity, I was able to garner a more comprehensive understanding of the participants' experiences with Christianity (see table 4.1).

When asked the first question, "How often do you attend church services?", I clarified that "church" services may look different during the pandemic and may include alternative types of services such as streamed services, online services, or radio services. Two participants responded with "never", or "a few times per year at most", two participants responded, "once per month", and the remaining eight participants reported attending church services once a week.

For the second question, “How important is your religion to you?”, two participants described religion not being very important to them, but their spirituality (which they distinguished as being separate from their religion) was a little bit more important. The other 10 participants responded that their religion was very important to them. Some participants elaborated by giving additional quantifiers such as “most important” and “10/10 importance”.

Lastly, when asked “How much time do you usually spend praying or studying the Bible outside of church?”, two participants clarified that they do not read or study the Bible but pray “sometimes” throughout the day or when they feel it is “called for”. Three participants reported praying and studying the Bible for one to two hours per week. The other seven participants described daily prayer and Bible study ranging anywhere from 20 minutes per day to two hours per day on average.

These data, combined with data gathered during participant interviews, provided a deeper understanding of the Christian religiosity of the participants. “Christian religiosity” is a fused term defined post-hoc as the individual’s personal experience with Christian tenets and how those experiences have influenced the participant’s understanding of “their” religiosity in the context of Christianity. In other words, how the participants make sense of their own “brand” of Christianity. This is important because of the immeasurable variants that could affect each participant’s understanding of Christianity and how it has affected their own religiosity (as described below in “A Note on Christianity”).

Table 4.1 Christian Identity

Participant Age	Number of Eligible Daughters	Age(s) of Daughters	Denomination	Importance of Religion	Time Spent Praying/on Bible Study	Church Attendance	Relative Age during height of Purity Culture (1990-2000)
39	1	17	Presbyterian	"Important, but spirituality > religion"	"Prayer occasionally, never Bible study"	"Never or rarely"	9-19
54	1	18	Catholic	"Spirituality is important, religion is not as important"	"No Bible study, prayer sporadically when needed"	"A few times per year"	24-34
38	1	13	Non-Denominational	"Very important"	"One to two hours per day"	"Once per week"	8-18
36	1	13	LDS	"Very important"	"20 minutes per day"	"Once per week"	6-16
44	3	13,13,17	LDS	"Very important; most important"	"One to two hours per day"	"Once per week"	14-24
43	1	14	Non-Denominational	"Most Important"	"One to two hours per week"	"Once per week"	13-23
41	3	14,16,18	LDS	"Very important; 10/10"	"Two hours per week"	"Once per week"	11-21
44	1	14	Non-Denominational	"Very important"	"15-20 minutes per day"	"Once every one to two months"	14-24
48	1	13	Catholic	"Very important"	"No Bible study, but about 40 minutes per day of total prayer"	"Once per week"	18-28
50	1	15	Non-Denominational	"Very important"	"One to two hours per week"	"One or two times per month"	20-30
37	1	13	Non-Denominational	"Extremely important"	"Two hours per day"	"Once per week"	7-17

A Note on "Christianity"

It is of the utmost importance to this study to note that while I attempted to obtain a heterogenous sample of Christian women from different denominations, "Christianity" cannot be assumed a monolith. In fact, the variation of personal experiences, religiosity, important Christian values and teachings amongst different denominations of Christianity and even different congregations or subcultures within the same denomination may be wildly different and unpredictable. Some Christian denominations are so different (LDS and Catholicism, for example) that members of those denominations may not have an accurate idea of what the other believes or holds valuable from a Christian standpoint. The common thread amongst women in this study is that they all self-identify as Christian because of their beliefs, practices, and cultural/familial surroundings. Beyond that, their experiences and beliefs within Christianity cannot be assumed to be identical, even amongst members of the same denominations.

Observations of Mothers During Interviews

Due to the global COVID-19 pandemic declared on March 11th, 2020, the social implications of video-based chat platforms have changed. Once used an easy way to facilitate remote participation for a meeting or class, or to see a loved one who was away from home, video communication platforms became the main approach for people to converse during stay-at-home orders, quarantine, and isolation due to the rapid spread of COVID-19. Online platforms such as Zoom were utilized for work meetings, lectures, classrooms (from pre-K through doctoral level courses), therapy sessions, telehealth visits, social gatherings, and more. Due to this special circumstance, participants were in more of a natural environment with video communication than they may have otherwise been outside of the context of the COVID-19

pandemic. This way, participants were on more equal footing as far as being able to navigate an interview virtually.

Most of the mothers participated from a private location within their home, such as a home office or bedroom. Two of the mothers began their interviews in the car while driving home from work. One of the mothers that was driving, as well as three other mothers who were doing the interview from home, had interruptions from their children. The mother who was driving picked her child up and continued the interview while the child placed headphones on and sat in the back seat of the car. The mother was also wearing headphones. The mothers who were at home and had children interrupting generally answered their children's questions or comments and then went back to the interview. One of the mothers put in headphones for additional privacy, while the others asked their children to leave the room. None of the mothers who had interruptions from children seemed embarrassed or angry; they even answered children's' questions about what they were doing ("I'm doing an interview that's for Christian mothers!").

The participants acted in a professional manner at first, almost as if in a formal interview or job interview and answered questions respectfully and appropriately. After the mothers realized that the interview was about sex and about how they talk to their daughters about sex, mothers tended to open up a bit more and give longer and more in-depth answers. Some mothers asked me if I had children, and I responded that I have a daughter. This seemed to increase rapport with several of the participants. Two of the participants also asked me if I am Christian. I responded to one of them by stating, "I was raised Catholic", and she started telling me about a popular TV show called Jane the Virgin which she thought I might enjoy. The other participant never let me answer after she asked, quickly saying, "Well of course you are! Why else would you be doing this study?!".

Only one mother became tearful when recounting the death of her teenage son; other mothers had a lighthearted demeanor during most of the interview, at times even laughing and joking throughout. One mother began to raise her voice and gesticulate when talking about her dislike of the notion that masturbation is a sin and "the devils work". Luckily, there were no technical difficulties with the video communication platform, Zoom, and all interviews were audio and video recorded.

A Note on "Purity Culture"

Prior to the introduction of the theoretical concepts below, it is important to note that "purity culture" was a prominent theme throughout this study. Discussion of aspects of "purity culture" may be found peppered throughout all three of the theoretical concepts described in this and subsequent chapters. "Purity culture", as first discussed in Chapter 2, is specific to Christianity, and based on the idea of "purity". Far from simply including the act of abstaining from premarital sex, "purity culture" is as the name implies; an entire culture built upon the foundation of "being pure". Aspects of this "purity culture" seem to span across various denominations of Christianity, and adherence to these guidelines is an expectation that falls heavily onto girls and women, less so on boys and men.

Participants in this study described "purity culture" or "being Chaste/Pure" as not only remaining a virgin until marriage, but also not engaging in any sexual thoughts or activities that could be considered "impure"; including abstaining from masturbation or viewing pornography, dressing modestly and wearing no or limited makeup, and refraining from dating or having a boyfriend in lieu of participating in a ritualized courting process when deciding to prepare for marriage. As mentioned in Chapter 2, this renewed movement of "purity culture" includes rituals such as making public "purity pledges" (a promise to remain a virgin until marriage) (Bruckner & Bearman, 2005). Other rituals may include wearing a "purity ring" as a reminder and symbol

of purity (Klein, 2018), as well as attending a "purity ball"; a father-daughter dance in which daughters make purity pledges with their fathers there to witness this testimony and to pledge their commitment to upholding their daughters' purity (Frank, 2017). Ten of the participants in this study entered their adolescent years during the height of the "purity movement" between 1990 and 2000. The other two participants were in their early 20's when the purity movement took off. Since "purity culture" was so ingrained in church communications during this time, participants may have been heavily influenced this during their adolescent development (See table 4:1: Christian Identity).

Both the inclusion of the father in "protecting" or upholding daughters' purity, and the fact that sons are absent from this parent-child ritual demonstrates an increased layer of patriarchal influence over Christian women and their sexualities. Understanding these gender role -expectations as well as the weaving of "purity culture" teachings and values into Christian families provides an important context for this study. Growing up in a Christian-based household in the 1990's and attending Catholic school for my entire childhood and teen years lent to my understanding of "purity culture". In my personal experience, "purity culture" was primarily centered upon on gender stereotypes and focused heavily on appearance. For example, at my Catholic high school the dress code had far more rules for girls than for boys and was almost exclusively enforced for the girls. I felt very uncomfortable having my clothing choices and my body regularly analyzed by adults (and sometimes deemed "inappropriate" without further explanation) at a time when I was so focused upon body changes that were occurring.

Although I was never required to make a public purity pledge, sexual education was focused upon abstinence until marriage. The main topics covered were puberty and the mechanics of conception; with no mention of consent, sexuality, STIs, sexual pleasure, correct condom use, masturbation, abortion, or other important sex-related topics (although in my senior

year of high school, I attended a “Christian Lifestyles” class in which the male teacher passed around a pack of oral contraceptives and vaguely explained Natural Family Planning as an option for birth control once married).

If “purity culture” influence was a spectrum, I would estimate that my experience fell right in the middle; not to the extreme of wearing purity rings and making public pledges to my father (although I was aware of such rituals), and not something that had zero influence in my life either. This understanding of “purity culture” assumptions, practices, and expectations for women shaped the way that I understood the data from this study since “purity culture”, as I understand it, is in direct conflict with my analytical framework centered upon clinical feminism.

Theoretical Concepts

Three overarching categories within the data were raised to theoretical concepts. These three theoretical concepts are (1) instilling values; (2) protecting daughters from potential harm; and (3) establishing influence and examining expectations. The first two theoretical concepts, instilling values and protecting from harm, emerged quite early within data collection and analysis, and theoretical sufficiency for these was recognized during the axial coding process at interview nine. The third theoretical concept, establishing influence and examining expectations, emerged later within data collection and analysis, and theoretical sufficiency was realized at interview 12. The first theoretical concept is presented below, with the remaining two presented in the subsequent two results chapters.

Instilling Values

All participants in this study described values that were important to them to instill in their daughters. The mothers in this study described broad but important concepts within the realm of conversations about sex and sexuality with their daughters such as “knowing right from wrong”, “making good decisions”, and “having a good foundation”, which I categorized as

values. Most often, these concepts were backed by Christian teachings such as church sermons or Bible passages. Mothers also discussed more specific Christian values related to sex and sexual relationships such as views on marriage, virginity, and homosexuality. There were also feminist values that were discussed such as "owning one's body", "the importance of sexuality", and "the importance of female sexual pleasure". Regardless of the historically patriarchal nature of Christianity, Christian values and feminist values were not mutually exclusive and, often, were concurrent within the data. Instilling these values in daughters through conversations, actions, setting examples, and planning for the future was overwhelmingly important to the mothers in this study. I will describe the findings below based on the types of values mothers aimed to instill in daughters: overarching Christian values, Christian values surrounding sex and sexuality, feminist values, and the concurrence of Christian and feminist values.

Overarching Christian Values

Christian values were directly defined by the participants as the foundational teachings of the Christian faith found in Bible passages, church sermons, and messaging from the congregation. Although values such as "making good choices" or "knowing right from wrong", are not inherently Christian, mothers overwhelmingly described Christianity as a basis for their own morals and values, and a means to pass on those morals and values to their children. Almost all of the participants had reported growing up in Christian households, and the one participant who mentioned not growing up in a Christian household converted to Christianity as a young teen when she became good friends with a Christian girl. With decades, and oftentimes generations worth, of Christian religiosity surrounding these women as they grew and developed, Christian morals and values became a major context for how women interacted within their own families.

Although participants varied slightly in their perception of how important Christianity was to them, they all had a profound respect for the foundations of their Christian religiosity, including refraining from judgement, loving thy neighbor, and having a personal loving relationship with God. Mothers described how their Christian religion (regardless of spiritual practices, church attendance, or "importance" of the religion to them) was the commonality that provided a basis for their family. Mothers saw Christianity as a foundation, a beacon, and an unchanging constant that they could turn to in times of need or for moral support. One participant (who described her religion as "very important") summed up how she talks to her daughter about the importance of Christianity and what it means to be close to God:

> *So, how I communicate with [my daughter] in regard to religion is when she's scared I tell her fear is a normal emotion, obviously, but even when you're all by yourself, God is still with you. God is always with you; even if you make the biggest mistake and you think oh, my gosh, I wish I could just disappear right now- God is with you when you're thinking that. And God is with you when you made that mistake. And God knows everything. Even if you don't do it, He knows that you're thinking about it, and He still loves you. He will always love you. (Mother of 1 daughter (13), aged 48).*

Participant descriptions of their own Christian provided an important context to this study. Even the mothers who described their religion as less important to them than their spirituality sang the praises of the fundamental Christian teachings described above. These values seemed so deeply ingrained in the women, that they acted as somewhat of a safety net or a touchstone for guidance and peace. In the excerpt above, the participant demonstrated a message of comfort and safety to her daughter. One of the hallmarks of Christianity is the perpetual love from God even in the event of sin. Along with the concept of loving 'thy neighbor' and refraining from judgement of others, these important foundational values within Christianity are

incredibly compelling for teaching family values to children. Having a moral basis of this magnitude provided mothers with a strong foundational standpoint to draw from when discussing issues of sex and sexuality with their daughters.

Christian Values Surrounding Sex and Sexuality

Christianity as a moral foundation for these participants served as both a catalyst and as a context to instill values about sex and sexuality onto their daughters. Mothers spoke openly and specifically about these Christian values and the importance of discussing them with their daughters. At times, mothers described how they prioritized Christian values that they felt were most important and the driving factors for those decisions. Two main topics surrounding sex and sexuality were discussed with ambivalence by mothers: diversity in sexual orientation and gender identity, and the "purity culture" expectations for Christian girls and women.

'Loving thy Neighbor' vs. Condemning Homosexuality. Traditionally, Christianity teaches the importance of marriage between a man and a woman and does not recognize other unions as marriages within the church. Christianity also does not traditionally recognize transgender or non-binary people outside of their sex assigned at birth. Most mothers brought up sexuality and some brought up gender identity as topics that they discussed with their daughters when having dialogue or answering questions about sex. The terms "homosexuality" and/or "homosexual" were used by all mothers in the study to describe members of the LGBTQ community, with some mothers also occasionally using the words "pansexual", "transgender", "gay", and "lesbian".

Participants described the various contexts in which discussion about sexuality or gender identity came up in conversations, and about how Christian ideologies influenced these conversations. In an attempt to explain the reasoning behind why a heterosexual relationship is of the utmost importance within Christian households, one participant described the foundation

of her own Christian values surrounding the "natural family" and how those have driven conversations with her daughter about topics related to sex:

> *In our faith, families are paramount. The family is everything. We really advocate for the natural family. We advocate for the ideal. Now, we're not living in a society where that's even happening anymore, but our religion still holds onto it a lot. We believe that there's a couple of reasons for that. We believe that it can create actual, real happiness in this life and the next, but also that it creates the perfect environment for our development and growth to have a father and a mother. That's the ideal family. That would drive conversations about sex within marriage, children, birth control, and homosexuality. Those conversations would center around this idea that this is the ideal environment for your growth and progression according to our faith. (Mother of 3 daughters (13, 13, 17), aged 44).*

In the above example, the participant mentions the importance of a "natural family" (a term which she used to describe marriage, and thus marital sex, as being expected to occur only between a cisgender man and a cisgender woman; implying all other unions are "unnatural"). The cultural implications surrounding the idea of the "natural family" are based in protection and development of children within that family. With the intent in place of raising happy, healthy children within this type of household, the impact on the child who does not conform to these standards could be quite harmful. Raising a non-heterosexual or transgender child in a household in which that is deemed "unnatural" may lead to feelings of shame and stigma within the child that the parents may be aware of or unaware of. From a reproductive justice standpoint, the "natural family", as I am interpreting the statement made by this participant, does not allow for the ability to raise children outside of this heteronormative framework, and thus can create

turbulence within the family and also amongst families that do not ascribe to "natural family" values.

Another participant discussed this very problem in which Christian families promote judgmental messaging about being gay, and how that could be harmful to children. She described how she is attempting to counteract that messaging:

> *And so, with my kids--I have friends who are concerned conservative Christians, who are like, 'Oh, no, I can't have them over. We just can't have that in our house'. And so, I have a really difficult time with that, and so I don't believe that loving people is condoning what they do that may be right or wrong, and I also don't believe in judging. So, I have tried to raise [my daughter] in a way that is like, 'Look, I love you; I love you no matter what. If that's something you struggle with, I'm going to love you anyway.' I don't think it is something she struggles with, but there's such a high degree of suicide, and depression, and all of those things, it's important for her for to know that I love her and I'm not judging, 'I'm not going to judge you, I'm not going to judge your friends.'. (Mother of 1 daughter (15), aged 50).*

This account was one of the prime examples of how ambivalent Christian mothers felt about this topic. This participant started off describing a behavior she disagreed with (Christians shunning gay people), then quickly supplemented this with her explanation that loving people doesn't mean that you are condoning their "wrong" behavior and continued to describe unconditional love for her daughter and fear of negative outcomes like depression or suicide stemming from judgement. This ambivalence was common amongst participants in the study and made way for mothers to theorize about hypothetical situations in which their children were gay. Among these participants, most mothers described how they would unconditionally love their child even though they didn't "agree" with them being gay, while only one mother verbalized

that they would see no shame in it at all. With the hypothetical outpouring of love as described by the mothers, also came concurrent messaging of "inappropriate lifestyles" and fears of what family, friends, and the congregation would think. Together, these conflicting messages pave the way for daughters to feel shame and stigma despite unconditional maternal love. In this way, communication about homosexuality with daughters may diverge from the clinical feminism component of honest communication. If mothers are coming into these conversations with judgmental language but stating their lack of judgment, that may add to discomfort and confusion for daughters.

The same participant aptly described how her brother coming out as gay was a major factor in her understanding of Christian values and ideology, her own personal beliefs, and how she shares those beliefs with her family:

> *So, I was in my 20s--probably--my brother came out as gay, and so I think that falls under sexuality. And so that--it didn't change my view on... how do I say this? It didn't change my view on what I think about homosexuality; it changed my view on how you treat people who don't have the same beliefs that you have. So, it took a really long time for me to reckon with growing up in such a conservative Christian environment-- all the judgment that goes along with that is so wrong, but there was so much judgment that went along with it. And so, I had to reconcile with myself and with God, how do you love this person, and accept this person, and not judge this person? And so, that brought me a long way towards just accepting everyone even now in my own life personally and professionally. (Mother of 1 daughter (15), aged 50)*

This account was incredibly poignant because I could feel the struggle of this mother who had believed and been immersed in messaging for her entire life that went against the way that she ultimately felt about her brother, who she was very close to. These moments of empathy and

reckoning with her own beliefs were described as being incredibly difficult and confusing for her. Other participants who had gay family members mentioned similar moments of balancing the beliefs that homosexuality was a sin, and the love that they had for the family member that they were very close with. Mothers who had already gone through these experiences with family members or friends described more open dialogue with their daughters about these conflicting Christian values, and how they themselves reconciled their feelings and beliefs. Although still ambivalent to a degree, they were more equipped to counsel daughters about the church's stance on homosexuality and what it meant for their family.

A few of the participants also mentioned gender identity and the beliefs and values important to instill in their daughter surrounding the concept of gender. One mother described how her daughter feels about transgender people in the following way:

> *But I do also want to always reiterate the foundation that God made us perfect in how we are to be. We are to love ourselves and be comfortable in the skin that we're in. So therefore, in her mind, vagina equals female, girl. Male equals penis, there's no – And she knows that God made us how we are designed to be". (Mother of 1 daughter (13), aged 48).*

This declaration that God 'doesn't make mistakes' when he creates people, can be used as a transphobic argument supported by traditional Christian gender values and stereotypes. Alternatively, if it is true that "God doesn't make mistakes" then it could be just as easily reasoned that the transgender person that "He" created was not a mistake after all and was purposefully created to be just how they are regardless of their biology. In the above statement, the mother describes what is going on in her daughter's mind which is in the context of the discussions that they have had about gender identity and expression. This mother is able to describe what her daughter thinks about these topics because of the values that she, the mother,

has instilled using God as the creator as a means of conveying these values. So, it is clear that within this Christian household, values about the importance of traditional gender roles and identities are prioritized.

"Homosexuality" was used as an umbrella term for any non-cisgender or non-heterosexual relationships or practices; and was a particularly hot topic with mothers in this study. This was interesting since I never specifically asked about "sexuality", sexual orientation, or gender identity directly during any of the interviews. Occasionally, this was the first thing mothers would bring up when answering the initial question regarding sex in the interview ("Can you tell me about a time you have had a conversation about sex with your daughter?"). Some mothers described holding tight to traditionally Christian values surrounding sex and sexuality, while others were highly ambivalent, at times even contradicting themselves mid-statement. Some mothers demonstrated support for their children should they "choose" to be "homosexual", but still talked about this in stigmatizing ways, such as describing how their friends and the church would not "accept that kind of lifestyle", but that they would love their child no matter what.

The ambivalence surrounding this topic was deeply rooted in the notion of "loving thy neighbor" and refraining from judgement of others, which are fundamental Christian teachings. However, condemning homosexuality is another tradition within Christianity, and is in direct opposition with these. The Vatican recently released a statement to this effect in which it clarified that Catholic priests would not be giving blessings to gay marriages because "God does not and cannot bless sin". The statement then goes on to encourage Catholics to "welcome with respect and sensitivity persons with homosexual inclinations" (Chappell, 2021). Although only two participants in this study were Catholic, the mainstream messaging from the Vatican may affect a wider Christian population. Along these lines, it is no wonder that Christian mothers feel

ambivalent with messaging like this from prominent Christian authorities. With vague or mixed messaging from various sources (within the church and outside of the church) personal perceptions and experiences came into play as mothers decided for themselves how to grapple with these inconsistencies in traditional Christian teachings. Ultimately, mothers who described their religion as less important than their spirituality, and mothers who had friends and family members who were gay or transgender were the ones that were most accepting of the potential for their children to be gay, even if they verbalized hesitation or ambivalence at this notion.

Even in the case of the participants who were the most open and loving towards gay friends and family members, the concept of "homosexuality" was seen as a barrier or a struggle; something that the participants themselves had to explain to people, and/or "come to terms" with. The way that these participants spoke with their daughters and other children about these family members displayed a continued ambivalence. On one hand, they felt very strongly that they wanted to love and support their gay family member. On the other hand, there was a fear about how they would appear to other Christian family members and friends if they demonstrated behaviors of acceptance toward this "unacceptable lifestyle". This dual messaging may be confusing to daughters; or it may be loud and clear to them in that it is not ok to be gay, even if that is not the intent of the mother.

Sex for Daughters: Married, Monogamous, and with Men. One Christian value that was unanimously discussed amongst all participants was the importance of preparing their daughters for marriage. Marriage is an important rite of passage in the Christian faith in general and, in some denominations such as Catholicism, is one of the seven holy sacraments. Overwhelmingly, mothers used preparation for marriage as an entrée into discussions about sex and sexuality with daughters. This helped to create a context for talking about sex in a way that was directly related to Christian values.

Most mothers specifically described talking about sex with their daughters in the context of what to expect and how a relationship should look when they enter into marriage. Saving sex for marriage was an important value for all mothers who participated in the study to discuss with their daughters—but mothers did this in different ways and to varying degrees of priority. "Sex" was not defined by any of the mothers specifically in the context of "waiting until marriage". The tone of the interviews and discussions about abstinence and virginity or "purity" implied that the "sex" that was being discussed was vaginal intercourse, and "virginity" meant daughters foregoing sex in any circumstance which did not include the three M's: Married, Monogamous, and with Men. During these moments, mothers spoke mostly about husbands, men, and marriage and reflected on their own experiences with these things. None of the mothers spoke candidly about any other type of partnered sexual activity (e.g., oral sex or anal sex) during the interviews, and the context of "sex" was almost always in the context of marriage with a husband (except in the case of discussing hypothetical situations). None of the mothers that were interviewed spoke about the possibility of their daughters having a same-sex sexual encounter.

Abstaining Until Marriage vs. "Being Pure". The way that Christian mothers prioritized talking to their daughters about virginity fell into two categories: 'Abstaining until Marriage' as an act, and 'Being Pure' as a Christian lifestyle. The majority of the participants had communication with their daughters that fell into the first category: 'Abstaining until Marriage'. These mothers talked about virginity in a way that, in some cases, allowed for open dialogue and encouraged a healthy development of the daughter's sexuality with the goal of having a happy and healthy marriage in the future. In other cases, discussion about the daughters' sexuality was more reserved, but mothers advised daughters on why waiting for marriage was the better and smarter option.

Sometimes, the ways in which these Christian mothers spoke to their daughters about virginity blurred the lines between abstaining until marriage and "being pure", such as the way virginity was described by some of the mothers. Several participants brought up the common Christian rhetoric of virginity being a "gift" for husbands. One mother described her stance this way:

> *Just because, like, I didn't wait until marriage. But when you do wait for marriage, and it is a guy that shares the same faith as you, that's when you put into perspective, "Gosh, this would have been a really beautiful, sacred gift to give". And so, I think it's--these are hard conversations to have. I had a girlfriend that, she was a virgin until marriage. And so thankfully, I can share those situations with my girls to say like, "You don't realize what a beautiful gift that is to a husband until you cannot give that to him". (Mother of 1 daughter (13) aged 38).*

The "virginity as a gift" trope is one that is so popular, it is referenced widely throughout churches, Christian schools, and even pop culture. This story traditionally comes along with a demonstration in which an object represents "virginity". The object can be anything from a beautiful white flower to a piece of gum, to an actual giftwrapped box. The adolescent (usually an adolescent girl) is then instructed to chew the gum, rip open the gift, or tear petals off the flower. Then, she is instructed to make the object new again to give to her partner (a symbolic husband). This is a futile attempt, of course, and is meant to demonstrate that once virginity is gone, it can never be restored. In actuality, this demonstration shows girls that their worth is ruined (crumpled, chewed, ripped, soiled) if they choose to have sex before marriage, and are unable to give the "gift" of virginity to their husband. Trojan condoms even made a public statement in response to abstinence-only sexual education and this type of shaming in 2019 with

their part-art instillation part-protest piece, a large wall of gum stating, “You are not chewed gum” (Chang et. al, 2020).

Other participants discussed with their daughters why they felt virginity was important but attempted to remove shaming language from these talks. One mother, who felt she had a very successful approach with this both with counseling women at church and talking to her daughter, highlighted the good aspects about waiting for marriage:

> *I mean, she may decide she wants to have premarital sex. I don’t make a big deal about that, but I do say that there’s a reason why we do it[wait until marriage] and it isn’t just because God’s going to - you know, that He’s a bad guy and He says that’s not good. I really believe that married sex is better sex. (Mother of 1 daughter (17), aged 52).*

This participant made two important statements here that I asked her to elaborate on. First, she said she doesn’t make a big deal of the fact that her daughter might choose to have sex before marriage. When asked more about this she (echoed by a couple other participants) felt it was important for her daughter to hear that waiting until marriage is an important value, but also did not want her to think that if she didn’t do it that she would be ruined forever. This sentiment was in alignment with the reproductive justice component of clinical feminism because although this mother had specific wishes for her daughter to remain a virgin, she made clear that the choice belonged only to her daughter; further stating that not remaining a virgin until marriage would not decrease her worth. Moving to the second important statement of “married sex is better sex”, the participant instead described how she focuses her energy on centering the positive aspects of married sex to her daughter. These included safety and trust, pleasure, knowing someone completely, and experiencing sex as an expression of love and marriage. These aspects of a sexual relationship divorce sex from being solely about procreation; another view that agrees with the tenets of reproductive justice.

Some of the participants discussed experiences with the notion of virginity bubbling over into other areas of a Christian woman or girl's life in a way that wasn't just about abstaining from sex until marriage. Mothers described growing up with "purity culture" and what that meant for them in the context of talking to their daughters about sex. For most mothers who discussed this, there was a frustration with the components of this lifestyle that they felt were extreme. This included things like not showing their shoulders off in tank tops or wearing skirts that were too short for fear that they would control boys' thoughts and make them sin. Also, having their own sexual thoughts and feelings was off-limits; one participant even admitted she felt guilty when she had "impure" thoughts about her husband, even after marriage. One participant acknowledged the expectations and pressures that this kind of culture placed on women in her church:

> *There's this kind of weird bifurcating of the system where once you're married then now you can be a sexual being. Not that we expect any kind of exploitative women. There's big conversations about modesty in our church but the idea that like, 'no, no, no, no, no, yes'. In that sense, there's a lot of it for the young women. Once we're married, the real idea in the culture is that it's just really personal to your marriage. That's what permeates in the culture, and the big conversations are more around modesty and fidelity. (Mother of 3 daughters (13,13,17), aged 44).*

This, and other accounts of the sequalae from "purity culture", was one of the things that mothers found difficult about having conversations about sex with their daughters. Amongst the majority of participants, there was an urgent desire to discontinue the culture of shame surrounding sex. This was difficult for mothers because they also felt it was so important for their daughters to remain virgins until marriage. In these circumstances, it was difficult to ascertain whether mothers were divorcing the concept of experiencing sexual pleasure from the

risks associated with premarital sex (e.g., unintended pregnancy). So, once again, mothers had to choose how they communicated these values to their daughters and to what degree they were willing to go to do so.

While several mothers spoke about 'being pure' in the context of adhering to a set of social guidelines that Christian women are encouraged or expected to follow, only two mothers endorsed actively encouraging or requiring their daughters to participate in these standards. One mother, who described herself as a "born again Christian", but did not elaborate on how recently she had become "born again", spoke in favor of all aspects of the 'purity culture' and supported it with the following:

> *Girls are becoming even more promiscuous at early ages and they're being more open with their sexuality. And that's not just verbally, but visually. Girls are becoming more open with their sexuality and just, continuing to talk to her about being more chaste and modest, and how she should focus on herself and not get wrapped up in doing anything that could potentially, like, hurt her. So, that way she can get a man of God because I don't want her to marry anybody. That is unsafe. That is not in the Word. That cannot cover her. (Mother of 1 daughter (13), aged 37).*

The same participant, who disclosed that she was currently in her first trimester of pregnancy and unmarried, felt that it was important for her to set an example for her adolescent daughter:

> *So, yeah, and especially as mothers just being careful of how we're sexualizing ourselves in the world-- even for me. I've had to change my entire wardrobe to be more chaste, and to try and cover up a little bit more. I'm still working on that. Sometimes I still have moments. But I have changed, and I think just --Christian mothers really being serious about following God, and being a woman of God, and really truly putting The Word to use, and praying over their children. And they're really doing that, and really making*

sure that they are covered, and not just saying, "I am a Christian". (Mother of 1 daughter (13), aged 37).

For this mother, embracing the "purity culture" at home with her daughter was of the utmost importance. She mentioned her fears of her daughter not marrying a "man of God", and "not being covered", in reference to her daughter not "being saved" or getting into heaven. She described changing her wardrobe, using different language at home, elevating her fiancé (who she was courting through church) as the man and head of the household, and praying for forgiveness for her sins (having premarital sex with her fiancé and becoming pregnant) as things that were important for her to model to her daughter. This mother was somewhat of an outlier as her sole focus was on her daughter's eternal salvation rather than the logistics of her safety or happiness in this lifetime. However, she engaged in the same iterative style of communication with her daughter about sex (as will be discussed in chapter 6) and had the same goal of attempting to protect her daughter from harm (as she saw it and discussed in chapter 5) as the other mothers in the study.

Feminist Values

Almost all mothers in the study described examples of feminist values that were important to them to instill in their daughters during communication about sex and sexuality. Although only one mother described concepts that were "feminist" by name during interviews, participants broadly described traditional second-wave feminist values such as gender equality, the importance of female sexual pleasure, and having agency over one's body and sexuality. These three feminist values directly support the concept of reproductive justice as described in Chapter 3. Regardless of Christian identity, these feminist ideals were discussed as both topics of conversation with daughters and the context for which mothers wanted to continue conversations with daughters as they grew and developed into young adult women. Ultimately, in discussing

feminist values that were important for their daughters, mothers wanted to convey the importance of their daughters' unmeasurable worth as women. One mother summarized it this way, *"[I want them to know] that their worth doesn't ever change. It doesn't matter how many degrees they get, what the number on the scale says. Their worth is exponential and priceless, and it is always constant" (Mother of 3 daughters (14,16,18), aged 41).* This example of immeasurable worth regardless of external factors dismisses the patriarchal "purity culture" agenda in which women lose their worth if they become "impure".

Gender Equality. Of the mothers who spoke about gender equality, most still talked about it in the context of being married to a man; but with the important caveat that in a healthy marriage the husband is not "in charge". This was a clear departure from traditional patriarchal Christian teachings that encourage submissiveness and obedience to one's husband. It was vital for mothers to express to their daughters that their daughters' voices, happiness, and pleasure are just as important as their future husbands'. This was a concept that was widely portrayed throughout the data as being part of the building blocks for a healthy marriage. While mothers generally counseled their daughters on what it means to be in an equal partnership with their husbands, they also encouraged their daughters to be cognizant in choosing potential partners who shared these same values of equality. Mothers felt that they wanted to maintain a healthy balance between letting their daughters enter into future marriages as independent women while also partnering with their own husbands to speak openly with their daughters about these values. These women generally related aspects of a healthy marriage back to their own marriages. One participant described this conversation with her daughter:

> *[She asked] how I got to dad, and we realized that dad was the person I wanted to be with and start a family; I feel like she kind of has a trajectory of 'with every person you learn something about yourself'. You can sever relationships and you got to this point*

because you learned from all the others. Dad was somebody who not only made [me] feel all these ways and respected [me] in all these ways, but also [I] could see growing with him all these ways. (Mother of 1 daughter (18), aged 54).

This participant described to her daughter the ways in which she felt that her husband ("dad" to the daughter) respected her, made her feel loved and honored, and also was someone she felt she could grow and learn within the marriage.

Other participants also utilized examples from their own marriages to demonstrate the value of gender equality to daughters. These examples included disagreements within the marriage, or arguments that would occur in front of the children in the household. Several mothers mentioned arguing with their husbands in front of their daughters. These mothers felt that healthy arguments or debates with husbands were an important example in standing up for their own positions and beliefs, while also remaining cognizant of not entering into "unhealthy" fighting (e.g., name-calling or loud yelling). Mothers who described these arguments also mentioned that it was important for them to apologize or to receive an apology from their husbands at the end of the argument if one was necessary, and then to go back to displaying loving gestures (e.g., hugging, kissing, and complimenting partners). These displays of healthy marital conflict were described by one mother as a normal occurrence in any marriage, and an important way for her to make sure her daughters knew that a husband and a wife should be equal partners: *"I like telling my girls that their opinion matters. Like, you don't get one vote and your husband gets two. You both get two votes". (Mother to 3 daughters (14,16,18), aged 41).*

By upholding the importance of gender equality within a marital relationship, participants in this study were demonstrating their disregard for the traditional patriarchal Bible teachings that encourage submission to husbands. Far from being expected to obey husbands, most

participants in this study (save one devout "born-again" Christian participant) described expectations of equality within their marriages and within the future marriages of their daughters. Furthermore, this unapologetic expectation of gender equality within marriage seemed to have no effect on the importance of Christianity to the participants. Christian religiosity, as described by the participants throughout their interviews, was not diminished by the expectation of gender equality within marriage; rather, if anything, it seemed to enhance the positive feelings of the marriage as a sacred institution under God.

The Importance of Female Sexual Pleasure. Somewhat surprisingly, several participants initiated conversation during the interviews on the importance of sexual pleasure for women and how they planned to impart this value to their daughters. One aspect of "purity culture" for Christian women is the suppression of sexual thoughts, feelings, and actions that could be seen as "impure". Participants overwhelmingly disagreed with this notion and discussed the importance of sexual pleasure and orgasm as a feature of a healthy sexual relationship within marriage. Women reported discussing this openly with their daughters to varying degrees; some mentioning it in more vague terms to younger daughters, while others being very frank about the pleasure that can be experienced during sex. A participant described how she planned on talking to her daughter about sexual pleasure and why it was important:

> *So, I will probably make sure that she knows that sex can be amazing and wonderful, and it's such an important part of our lives, and I want her to know that sex just isn't for the man and it's not just for his pleasure, and it can be wonderful and enjoyable for her too. (Mother of 1 daughter (13), aged 36).*

Some of the women who discussed the importance of female sexual pleasure also openly discussed masturbation as a healthy and normal activity for girls and women to develop their sexuality and connect in a healthy way to their own body. Mothers generally discussed

masturbation with more ambivalence than pleasure within marital sex. On one hand, the participants agreed on the positive aspects of masturbation; that it is safe, healthy, pleasurable, and an important way to learn about and understand one's own body. On the other hand, mothers admitted to having leftover shame from growing up within the "purity culture" where this was considered inappropriate and shameful at best, and a serious sin at worst. Participants who brought up masturbation contended with how or if to talk to their daughters about masturbation, while still wanting daughters to feel secure enough to be engaging in that behavior if they wanted to.

One participant in particular struggled with the idea of talking to her daughter about masturbation during the interview. Although she originally brought it up as something she felt was important for her daughter to know about and stated that she thought it was healthy and normal, she still struggled with the idea of masturbation being "okay". The participant contradicted herself several times, and went back and forth enough that I finally asked her to clarify her feelings:

> *Interviewer: It sounds like it's more your own discomfort with talking about this subject [masturbation] than it is that it's not okay to do? Is that right?*
>
> *Participant: Yeah. I think a little bit —A little both. I feel a little of both.*
>
> *Interviewer: Little of both, yeah. Mixed feelings?*
>
> *Interviewee: Yeah. It's like the — I don't know, I just I don't quite know how to navigate that [masturbation], yeah. (Mother of 1 daughter (14), aged 44).*

This participant struggled the most out of the mothers who brought up masturbation as being a healthy way for daughters to develop their sexuality and experience sexual pleasure. She directly attributed this to her upbringing and the Christian "purity culture" that was so deeply ingrained in her, but also stated she was still working on this and learning how to change this thinking to

allow for a healthier development of her own sexual identity in order to be a good example for her daughter.

The concept of female sexual pleasure as being "important" is in direct alignment with aspects of reproductive justice. Although female sexual pleasure is hardly discussed in the Bible (perhaps only indirectly in Song of Songs, New International Version), discussion of female sexual pleasure is condemned within "purity culture". With this feminist concept of sexual pleasure there was more ambivalence demonstrated as a result of "purity culture" immersion. However, there was still a feeling of unabashed certainty that female sexual pleasure was an important concept for daughters to understand. The pleasure of the woman, especially within the context of the three M's (married, monogamous, and with a man), was described as if it could add an additional layer to the gender equality within the marriage; that it would enhance the sacred marital bond.

Having Agency Over One's Body and Sexuality. In accordance with clinical feminism as described in Chapter 3, participants in this study also spoke about the importance of their daughters having authority over their bodies as well as their sexualities. Consent came up as an important issue surrounding sexual safety, with some mothers describing teaching their daughters at an early age about the anatomically correct names for their genitals and when and why it would be appropriate for others to see or touch their private parts (e.g., during a medical exam with consent). Consent was also widely discussed with adolescent daughters. It was imperative to mothers that their daughters were the ones making the choices when it came to sexual contact. As one mother put it, "For me, it's important that they own their own sexuality and that they don't give it away to someone else emotionally, mentally, physically unless that's a choice: unless that's their choice" (Mother of 3 daughters (13,13,17), aged 44).

This was another area in which some ambivalence was presented. The participants were all very much in favor of their daughters' right to consent and the importance of having sexual activity be their choice. However, mothers also very much wanted their daughters to remain virgins until marriage. Because of these two values occurring simultaneously, mothers often described supporting their daughters in their choices *not* to engage in sexual contact and how and when to say no but struggled with being supportive of their daughters' potential choice to have premarital sex. Some participants admitted that they would be disappointed if their daughters engaged in premarital sex while others didn't discuss it at all.

The Convergence of Christian and Feminist Values

Data from this study revealed that mothers often discussed values surrounding sex and sexuality with their daughters that were both feminist and Christian. Mothers who discussed the desire to impart feminist values onto their daughters mentioned the ways they have weaved Christian teachings into these values and vice versa. Often times, Christian values and teachings were cited by the mothers as evidence for supporting feminist values. Some women talked about utilizing prayer as a means to teach their daughters to seek guidance from God surrounding their dating choices and learning how to be in a relationship. One mother described in detail how she helped her daughter use prayer to navigate the process of deciding to have a boyfriend and what her personal boundaries are for a first relationship:

> *So, she's like, "Really? I can have a boyfriend?" And I'm like, "Well, if you think that you're mature enough and you decide what that means to you." And she's like, "Okay, I think I want to have a boyfriend." I'm like, "Okay, do you want to pray about it first?" And she's like, "I guess so." And she's like, "Yeah, I think I'll have a boyfriend." I'm like, "Okay." And then I say, "Well, you need to decide what that means to you. Does that mean that you're...?" So, we just --we're talking, I'm like, "Does that mean you can*

do whatever you want, or he can do whatever he wants? Or does that mean that you're only going to talk to him and no one else or does that mean this...?" just a bunch of things for her to give her thoughts to think about. And she's like, "No, no, no. I don't know. I never thought of that." I'm like, "Well, let's think about it." And so, we incorporate a lot of prayer, and self-reflection, and trying to understand what is best for [her]. (Mother of 1 daughter (13), aged 36).

The above account demonstrated a strategic way in which the participant attempted to incorporate prayer into her daughter's decision-making process about whether or not to "have a boyfriend" (this participant's daughter reported to her that she had a 'crush' on a boy who then asked her to be his girlfriend, but she thought that she was not allowed to have a boyfriend because of their Christian faith). This calculated move on the part of the mother exhibited both the importance of instilling Christian values (teaching her daughter to pray to God for guidance on life decisions) and the importance of instilling feminist values by allowing the daughter the autonomy to use prayer and reflection to make her own decisions about dating, while still guiding her in thinking about important boundaries and safety.

Another participant similarly described her relationship to God, and the way that she prays to her "heavenly parents" for guidance. It was important for her to share with her daughter that God (described by her as a mother *and* a father) loves her no matter what and is always there for her to talk to, gain comfort from, and seek counsel from. This mother explained how she is still attempting to instill the important value of remaining abstinent until marriage, but at the same time is supporting her daughter's autonomy by leaving the decision to have premarital sex between her daughter and God:

Well, our faith--and my faith--I feel that we can receive personal inspiration, and guidance, and revelation from our heavenly parents. And so, I believe we have a

heavenly father and a heavenly mother that is our God, and both are important in our lives, and they care about us no matter what we do, and who we are, and what choices we make. And so, I try to make sure she always knows that, ultimately, those kinds of decisions are between her and her heavenly parents". (Mother of 1 daughter (15), aged 50).

In addition to utilizing prayer, asking God for guidance, and exploring these actions with their daughters to help them develop these practices, mothers also reported talking to their daughters in greater depth about how sexual pleasure can be a spiritual experience. In addition to discussing sexual pleasure within a marriage as equally important for both parties, mothers further incorporated Christian beliefs to support the value of female sexual pleasure. Participants who discussed this framed sexuality and sexual pleasure as something that they desired for their daughters as well as something that they felt God desired for their daughters. For these women, sex (again, in the context of the three M's: married, monogamous, with a man) was described as a beautiful, spiritual practice between husband and wife, and was something they were excited for their daughters to experience. As previous discussions of the "purity culture" revealed elements of shame surrounding sexuality, this was a new and different celebration of sex and sexual pleasure. One participant recalled a specific prayer that she would say to God when her daughter was an infant:

So, when she was a baby and I would change her diaper, I told her - I would say three prayers. These are my three prayers. I would say, "Okay, God, I pray that she would love you - she would love Jesus." And then, the second one was, "I hope she likes her mother. I hope she likes me." And then, the third one was, "I hope she has a great sex life." So, she knows I would pray those prayers. So, I really believe that, like, particularly in a Christian world where chastity and purity – "purity culture" and things like that can

really hinder a woman's sexuality and I wanted her to feel still sexual. (Mother of 1 daughter (17), aged 52).

This mother who explained a routine prayer for her daughter to love God, to love her mother, and to have a great sex life is a prime example of how female sexuality was celebrated among Christian mothers in this study. This mother clearly thought about how she was going to present the concept of sex and sexuality to her daughter in infancy and beyond, as she clarified that her daughter knows that she used to pray those prayers over her, and it was not a secretive or private prayer.

Another participant also described the conversations she was currently having with her daughter that supported these notions of the importance of developing her sexuality and at the same time preparing for enjoying greater fulfillment of sexual pleasure within the context of a future marriage:

I tell her that it is important that you know your body and feel good in your body and God wants you to receive pleasure! I do want to frame it more, like, the whole thing is that God created this. And so, we can talk about it. And from that lens or that framework, this is designed and created by God and, so, he wants you to have this pleasure. There's a time and place for it where it will be more pleasurable. You can still experience it another time." (Mother of 3 daughters (14,16,18), aged 41).

This mother was explaining how she made sure her daughter knew it was important to develop her own sexuality and learn how to enjoy sexual pleasure, a God-given gift. At the same time, she attempted to frame this in a way that presented "married sex as better sex" and that is when sexual pleasure can truly be a spiritual experience.

A few mothers in the study who were members of the Church of Jesus Christ of Latter-Day Saints (LDS) independently described their experiences with the teachings of Dr. Jennifer

Finlayson-Fife. Dr. Finlayson Fife, who wrote her dissertation on LDS women and sexuality, describes herself on her website as "a relationship and sexuality educator and coach, as well as a Licensed Clinical Professional Counselor in Illinois with a Ph.D. in Counseling Psychology from Boston College" (Finlayson-Fife, 2021). The mothers in the study who mentioned Dr. Finlayson-Fife had an extremely favorable view of her work with LDS women who they felt had been harmed by the "Purity Culture". These accounts of Dr. Finlayson-Fife's work with LDS women and their sexuality are interesting because the mothers in the study described how they felt empowered to be sexual and to take control of their sexuality again; but also, how they felt they could still remain in the church while being open about expressing these feminist values. One mother stated she was going to sign her daughters up for one of Dr. Finlayson-Fife's classes when they were 'old enough'. The other mothers had both listened to Dr. Finlayson-Fife's podcasts and had enrolled previously in one or more of her classes. This was the one time during the interviews that a participant who was LDS and had experience with the teachings of Dr. Finlayson-Fife labeled both herself (albeit indirectly), and Dr. Finlayson-Fife as "a feminist":

> *Her whole thing is that we are taught that we're giving our sexuality to our husbands, and we need to take it back. It's not theirs. It's ours! She's a bit of a feminist for being LDS, which my kids always said to me, 'mom, you're a closet feminist!'. She is! And she's just like, 'Take it back. Take back your genitals'. Those are her tag lines, like you don't belong to him. You can share with him, and you can offer to him, and you can partner with him, but you don't belong to him is her big message. It's been really empowering for a lot of women. The platforms-- she does an online course. She does several, but the one that would be interesting to you is called 'The Art of Desire', and that's where she blows this open for women who are trapped in this religious mindset that they've been raised with. She just blows it open for them. You don't have to be here. Not that you don't have*

to be in the church; actually, what's great about what she does is you can stay in the church and be free from this. That's how she presents it. It's fascinating. (Mother of 3 daughters (13,13,17), aged 44).

While the participant who described Dr. Finlayson-Fife in the above account was extremely excited while speaking about her ideals (as evidenced by smiling with raised eyebrows and wide eyes, gesticulating, and raising her voice), she also described the concept of feminism in a striking way. Her statements that Dr. Finlayson-Fife is "a bit feminist for being LDS", as well as the participant's own children calling her "a closet feminist" implied that being labeled "a feminist" was something that was seen as potentially taboo, shameful, or extreme within the church as if it has to be hidden away or "closeted". When she described being called a "closet feminist", the participant appeared to feel somewhat sheepish (mock whispering when she said, "closet feminist", with raised eyebrows and a cheeky-appearing smile), as if she was admitting to something inappropriate.

Chapter Summary

This chapter described the sample of Christian Women, their descriptions of their own religious affiliation and identities, observations from virtual interviews, and introduced the theoretical concepts that were grounded in the data that was collected and analyzed. The first theoretical concept of *instilling values* was presented along with analysis and exemplars from the data. Along with overarching Christian values, mothers also desired to impart specific Christian values surrounding sex and sexuality to their daughters. Regardless of using the label of "feminist" when describing values that were important to them, participants largely described traditional feminist ideals that were important to pass on to their daughters. During the interviews, several participants revealed an overlap or merging of both feminist and Christian values during conversations with their daughters about sex and sexuality. These types of

convergences among Christian and feminist values represent a fascinating way in which these Christian women communicate with their daughters about sex and sexuality. The primary motivation to instill these collective values in daughters was to protect them from potential harm. The next chapter will present the findings from the second theoretical concept *protecting from potential harm.*

Chapter 5: Protecting Daughters from Potential Harm

The second theoretical concept–protecting daughters from potential harm–is presented below, with the final theoretical concept presented in the final result chapter. All participants in this study described various types of communication with their daughters about sex and sexuality that were strategically intended to protect their daughters from harm. Mothers' desire to instill values in daughters during conversations about sex and sexuality was both a motivational factor and viewed as a means for protecting their daughters from harm.

"Protecting from harm" could mean any number of actions outside of the context of communicating with daughters about sex and sexuality. In this study "protecting" was attempted and/or achieved via open direct and indirect communication with daughters about the potential sexual harm they faced, and practical ways to avoid that harm. The concept of "harm" varied from mother to mother but was always based in the mother's own experiences and perceptions of what "harm" was or could be; not necessarily "harm" as others would see it. For example, most mothers spoke about potential negative physical or emotional outcomes from having a sexual encounter, such as an unintended pregnancy. Fewer mothers spoke about other harm; like harmful social and cultural expectations, including the "purity culture" expectations within the Christian church. Just one participant from the study (mother of 1 daughter (13), aged 37) spoke almost solely about her daughter's salvation, and felt that it was most important to help her daughter follow Christian teachings and cultural expectations of the church as they pertained to sex and sexuality so that she would be granted access into heaven.

Although the idea of what constituted "harm" was not always agreed upon by participants, all mothers felt compelled to do what they thought was necessary to protect their daughters from any type of potential harm that they saw as being related to sex and sexuality. Mothers also disclosed having a lot of worry over potential harm that could come to their

daughters if they decided to engage in premarital sexual relationships. Worries that were expressed by the mothers were sometimes communicated to daughters and sometimes not communicated to them.

A participant described vague worries about people who could potentially cause harm to her daughter. She ultimately felt that the most important thing was knowing which people have contact with her daughter and what those relationships look like:

> *Like it doesn't matter people's class, or the position, or whatever-- there's still evil people in the world, you know what I mean? And that's why you always have to be keeping an eye on your kids and be aware of what's going on as much as possible. So, just have your... be aware of the people around your kids. (Mother of 1 daughter (17), aged 39).*

This participant described that it was important for her to monitor her daughter's activities and whereabouts, and to meet and get to know the families of her daughters' friends.

Other participants also verbalized this same basic, vague fear of other people causing harm to their daughters. One mother who is a licensed marriage and family therapist stated, *"So, I'm the kind of mom that…I don't really trust the world. I've worked in mental health for 20 years, so I'm unfortunately aware of how sick people are, so I'm that helicopter mom". (Mother of 1 daughter (13), aged 48).* This mother described herself somewhat jokingly (rolling her eyes a little and emphasizing the word "that") as a "helicopter mom". This is an informal term for a mom who "hovers" (like a helicopter) close to their children at all times, doing things for them or micromanaging tasks. In this context, the participant was describing her fears stemming from working with people who have addiction and mental illness, and how a "sick person" could hurt her daughter. The "helicoptering" was actually an appropriate level of monitoring for a 13-year-old girl similarly described by other parents (e.g., knowing who she is with, where she is, the families of her friends, making sure parents are home when she has friends over or is away from

the home).

The above reports of mothers worrying about their daughters and implementing increased monitoring to assure their safety are normal parental concerns and behaviors that could be found in any sample of parents. As a parent myself, I can completely empathize with the overwhelming urge to protect my daughter from perceived harm. In this sample of Christian mothers, after some initial discussion of vague fears of harm coming to daughters, participants focused in on the potential harms attributed to sex that they wanted to protect daughters from. One mother started the discussion by describing a metaphor that her husband used to talk to their daughters about safety when having sex in the context of being married vs. an unmarried sexual encounter:

> *I mean, again, it feels pretty dated in a way, but at the same time totally relevant. And he would talk about, if there's a fire burning in your backyard, that's not safe. But, if there's a fire in your fireplace, it's awesome. And it's totally protected and it's a wonderful thing. And so, I think that visual is really helpful.(Mother of 1 daughter (14), aged 44).*

The mother who described the above metaphor of the fire burning in the backyard (unmarried sex) vs. the fire burning safely in the fireplace (married sex) implies a chaotic loss of control that is demonstrated by the image of the fire burning in one's backyard. If someone truly had a fire burning in their backyard, there may be several types of impending harm including potential of physical injury or death, physical injury or death of a family member or pet, destruction of property resulting in emotional and financial distress, legal concerns based on how the fire started, and, perhaps, psychological sequela from the event that occurred (e.g., PTSD symptoms, anxiety, new onset of phobia).

Living in an area in which devastating wildfires have burned uncontrollably every year for the past several years, this example felt particularly disturbing to me. In 2017, when I was unable to get to work or to school due to the wildfires burning across Sonoma and Napa counties,

I instead volunteered as a nurse at several locations during the days and nights caring for, and ultimately evacuating, patients while the fire raged dangerously close. I also witnessed beloved landmarks from my childhood that had been burned to the ground and grieving friends and coworkers who lost homes in the fire. My perception of "a fire burning in your backyard" might be very different than someone who grew up in a place where they routinely did controlled burns in their backyard or farmland.

The participant who gave this example resides in California and is certainly aware of the devastation that wildfires have caused here. This makes for an extremely powerful metaphor for the concerns that mothers described when thinking about their daughters engaging in sex (especially premarital sex). This severe metaphor comparing unmarried sex to an uncontrolled and uncontained fire shows the potential for the fear that mothers have about daughters being harmed by having sex before marriage.

While participants talked about several concerns of potential sex-related harm that could fit into more than one category, the most common concerns for potential harm that arose from the data were categorized into the following categories: (a) physical harm; (b) mental, emotional, and psychological harm (c) media-related harm; and (d) harm related to Christian teachings. These categories are described below.

Physical Harm

STIs and Unintended Pregnancies

Across the board, participants cited physical harm coming to their daughters as one of their primary concerns in the context of daughters engaging in sex. Mothers mentioned both vague examples *("I just don't want her to get hurt", "what if something happened and she got hurt or something")* and more specific examples of possible physical harm resulting from sexual encounters. When talking to daughters about reasons to wait for marriage to engage in sex,

mothers often mentioned the physical risks associated with sex such as STIs or unintended pregnancies. One mother described talking to her daughter about the potential negative outcomes of sex including STIs and pregnancy with the warning that having more sex would put her at a greater risk of having these bad outcomes:

> *But then, also, I think that that comes from a scientific background as well, as knowing like, "Hey, the more times that you engage in these activities, the more likely you are to have a negative experience or a negative effect such as like an STD or whatever else might come about that kind of lifestyle. It doesn't mean that you're going to have a pregnancy or STDs. But guess what? It could happen". (Mother of 1 daughter (17), aged 39).*

Interestingly enough, this participant spoke about premarital sex as a "lifestyle" which, when thinking back to the fireplace metaphor, echoes the concerns of premarital sex becoming 'out of control' and the daughter not being able to stop the harm (in this case pregnancy and STIs) from coming. These specific concerns about STIs and unintended pregnancies were repeated by almost all mothers as they considered the possibility of physical harm from sex befalling their daughters.

Another participant described talking to her daughter about the dangers of being in an "open relationship" if she were to have sex before marriage. "Open relationship" was described as having multiple sexual partners during one time or having a partner with other sexual partners. The participant seemed visibly concerned (indicated by a furrowed brow, serious expression, and tone of voice) when she thought about the possibility of her daughter engaging in this type of relationship. Mothers generally agreed that the more "opportunities" daughters had to engage in sexual activity (either due to dating more than one person or being unmonitored when in the presence of a boy) could put them at a higher risk of these physical dangers. This led to increased

discussions with daughters about safety, boundaries, and the importance of understanding what their mothers considered an "appropriate" dating relationship for them at their age (if dating was allowed at all).

Birth Control Pills

Besides STIs and unintended pregnancies being a major concern for mothers, three participants specifically discussed concerns about taking birth control. These mothers were focused on the potentially serious side effects of the birth control pill and associated being on the pill with daughters having sex before marriage. One of the mothers described her specific concerns related to the dangers of having migraines and being on the pill:

> *I would tell her of my experience with taking... for example, with taking the pill for birth control. Like, my body has an adverse reaction to it. So, since she's my daughter, I've told her that. And also, she has--she used to get really bad migraines and when she was at [the hospital] being seen for those migraines, they told me specifically, "You have to make sure that she does not get this type of birth control because you can really mess with the migraines". So, just passing that information on to her, so that she's aware of, like, "Hey, this happened to me; because we have the same blood, you might have the same adverse reaction". If she was asking me which birth control I've used or that I prefer, I would definitely share that information with her. (Mother of 1 daughter (17), aged 39).*

This mother's very real concern about the potential serious side effect from birth control pills was a motivating factor in talking to her daughter about birth control options. Combined hormonal contraceptives (CHCs-the most commonly used type of birth control pills) are contraindicated in people who have certain types of migraines, as this could increase the risk for a life-threatening blood clot (ACOG, 2021). Feeling compelled to provide her daughter with

factual and medically accurate sexual education surrounding the risks of CHCs supports the clinical feminism components of reproductive justice and honest communication. The other mothers who shared concerns about their daughters taking birth control pills cited vague worries; mostly having to do with the perceived fact that if their daughters were taking birth control pills, they must be having sex. These mothers also were worried about their daughters putting "chemicals" into their bodies, and the potential, albeit vaguely described, harm that could result.

Sexual Abuse and Rape

Several mothers talked about the fear of sexual abuse or rape and wanting to make their daughters aware of what that is and what it could look like. Some mothers talked specifically about human trafficking, especially to younger adolescent daughters. These mothers warned daughters specifically about human traffickers who target young girls online or in public places and described informing their daughters about these dangers to make them more aware of their surroundings and who they might potentially be interacting with. One participant with early adolescent daughters as well as younger children in the household shared that she had had several conversations about sexual abuse (including trafficking) with her children:

> *We have to take care of these people who become victims. We've talked about that. We've talked about it in the sense that protecting themselves or if something was to happen what they can do, those kinds of things. Their body is their own and what happens if you get victimized. We've had those conversations. We've had the heavy conversations. We haven't had the light conversations. We've had the heavy conversations about sexual victimhood and trafficking". (Mother of 3 daughters (13,13,17), aged 44.*

This mother disclosed that she had experienced sexual abuse within her own life and was in school studying to become a social worker to help victims of human trafficking and sexual abuse. Because of her own personal experiences and knowledge from school, she was able to

effectively counsel her daughters about the statistics and data surrounding these topics. She also admitted that because this subject was so relevant to her own life, she was ultra-vigilant about making sure her children knew how to protect themselves.

The participants who had late adolescent daughters also talked about safety and sexual abuse in a different context. These mothers were primarily concerned with the importance of their daughters consenting to sexual encounters, and worried about their daughters going to parties or being at college in an unsafe sexual situation. A mother of an 18-year-old shared specific information with her daughter about being aware of surroundings and to be careful at parties where someone could sexually assault her:

> *So, now that my daughter's thinking about going to college, I talk about that all the time. Like you know, 'You can go to a party but if - you know, you could turn your head for a second, someone can put something in your drink and then, you feel kind of out of it and you could be raped.' So, that's my greatest fear for her is being raped. So, she knows that-- we talk about it." (Mother of 1 daughter (18), aged 54).*

Other participants who had late-adolescent daughters also echoed this fear of daughters being assaulted when at college parties or unattended in their dorm rooms at college (two mothers with 17-year-old daughters). This fear of not being there to protect their daughters drove these mothers to have strategic informative conversations with their daughters about safety at college or outside of the house at parties. Mothers strongly advised their daughters to go to parties with friends, making sure they had a "buddy system" and were watching out for one another, cautioned them to not leave drinks unattended, cautioned them on drug and alcohol use that could impair their judgement, and instructed daughters to call them or another trusted adult if they felt unsafe. Increased monitoring as well as counseling daughters to help prepare them for these potentially dangerous situations was the main approach mothers took to protect their

daughters from physical harm.

From a reproductive justice standpoint, I have strong feelings on the subjects of consent and sexual assault and believe that anyone should be able to attend a party without fear of being sexually assaulted. Also, as a mother, I feel the overwhelming urge to protect my daughter from sexual assault knowing that she is at a higher risk of experiencing sexual assault than her male counterparts. In the US there are a reported 300,000 sexual assaults per year (RAINN, 2021). Because of my feelings of wanting to protect my own daughter from sexual assault and the frustration I feel that she is at a higher risk than a male, I empathized the most with the participants while discussing fears of their daughters being sexually assaulted.

Mental, Emotional, and Psychological Harm

In addition to concerns about protecting daughters from potential sex-related physical harms, mothers had also had serious concerns about the negative mental, emotional, and psychological impact that sex could have on their daughters. While mothers of early and middle adolescent daughters focused on daughters not being old enough or emotionally "ready" for all that sex has to offer, mothers of late adolescent daughters described the perceived perils of choosing to have sex and then being hurt emotionally if the relationship didn't "work out" (in other words, if their daughter broke up with this boyfriend and did not get married to him). Mothers collectively described their worries about the emotional ties or bonds formed during a sexual relationship that could hold power over their daughters in a way that could be harmful to their development. Participants mentioned specifically that daughters could experience harmful depression or anxiety that could impact their lives and happiness. Mothers also described they ways that a sexual relationship could distract their daughters from their life goals, such as succeeding in school or extra-curricular activities.

At times, it was difficult for participants to distinguish their priorities when attempting to

protect their daughters from potential harm. Mothers usually described protecting their daughters from physical harm as a number one priority, and spoke about protecting them from mental, emotional, and psychological harm next. However, these priorities seemed to be concurrent for mothers who saw premarital sex as generally harmful for their adolescent daughters. One participant spoke about her priorities in protecting her daughter this way:

> *[If she was physically safe] …my second concern would be, how is this going to affect her mental health? If she gets attached to this boy in an unhealthy way, what's he going to do next? Maybe that would be my first. I think my first gut reaction would be the first one [being disappointed that she had premarital sex], but my actual first concern would be the second one. Does that make sense? (Mother of 3 daughters (13,13,17), aged 44).*

This participant clarified when answering the question ("How would you feel if you found out that [your 17-year-old daughter] had had sex?") that first and foremost her daughter was physically safe. Then she proceeded to vacillate between imagining being disappointed that her daughter chose to have premarital sex (going against the strict Christian values within their home) and being very concerned for her daughter's mental wellbeing. Having multiple competing worries for their daughters' safety, as this participant did, highlighted the complex negative feelings surrounding premarital sex for this sample of Christian mothers. The mother in the above account admitted that although her disappointment would be her first "gut reaction", her "real" first concern (after making sure her daughter was physically ok) would be that her daughter is ok mentally.

Participants generally did not think that their daughters were aware of these potential sex-related mental, emotional, or psychological harms. While mothers felt more successful in speaking to their daughters about the potential sex-related physical harm, participants felt that their daughters didn't fully understand the magnitude of more abstract types of harm such as

these. Participants felt that while daughters listened more intently at information and suggestions of how to protect themselves from physical sex-related harm, they tended to "blow off" their mothers' concerns about mental, emotional, and psychological sex-related harms. Mothers described how they felt it was their duty to attempt to protect their daughters, since formal sexual education in schools fell short on this information.

Sometimes mothers used their own personal experiences with this type of harm as a way to augment the information that they wanted their daughters to understand as a means to protect them from similar harm. One mother described her conversations with her daughter about this aspect of sex:

> *I know that I wish that I would've waited longer, but I didn't realize the impact it would have on me emotionally until after it was done, you know? So, there wasn't really like a specific time. But I have mentioned it several times to her and that's typically the way our conversations go is me explaining why you should not [have premarital sex. (Mother of 1 daughter (13), aged 37).*

This mother was particularly worried about her daughter having an "emotional reaction" to premarital sex that would cause her to engage in the activity again; even if she felt she had "made a mistake" the first time. This mother was ultimately most concerned about her daughter being "damaged" by engaging in "sinful behavior", but also echoed the worries of other mothers about her daughter's mental wellbeing and emotional health.

One mother of a late adolescent daughter discussed in more detail the science behind emotional attachment that can happen during and after sex, and how it could take hold of her daughter in and unsafe way:

> *And I talked to her a little bit about, like, even if you do have sex with someone, like premarital sex or even college sex or whatever, just like, you know, I'm talking about*

> *oxytocin, hormones--there is a little bit of a bonding thing that happens. And then, you think, "Oh, I'm above that. I don't have to think about him anymore". But your brain is still going to be thinking about the dude, you know? And then, that's distracting. Do you really want that guy in your head? So, I talk about these things". (Mother of 1 daughter (17), aged 52).*

This mother, akin to other mothers in the study, was troubled by the fact that since there was science behind the "emotional" aspects of having sex, that her daughter would be unable to control her feelings which would then be a "distraction" from her goals and ambitions. Furthermore, this mother corroborated the general feeling that having sex before marriage would lead to feelings of depression, anxiety, and sadness.

Mothers ultimately felt that conversations about these important concerns, sharing personal experiences from their own lives, and increased monitoring would help protect daughters. One mother concluded her thoughts about the emotional, mental, and psychological harm that could be a result of sex, and also added her thoughts about gender playing a role by intensifying these harms for girls and women. Several mothers agreed that boys and men may not be as susceptible to the emotional hurt from sex as girls and women are. One mother put it this way: *"For girls, it can be a little bit more emotionally traumatizing and I don't want her to ever feel the ways that I have felt growing up" (Mother of 1 daughter (13), aged 37).*

The belief that girls suffer more emotional trauma related to sex as opposed to boys is a potentially harmful gender stereotype; but for these mothers it had an impact on the way that they attempted to protect their daughters. Communication was tailored for daughters to increase protection from harm, while mothers mentioned talking to their sons about sex in a completely different context. Since this was a study about mother-daughter conversations, I did not talk to mothers in great detail about how they communicated to their sons about sex, but of the mothers

who had sons, most described a marked difference in the tone and content of that communication; and no mothers mentioned that they felt the need to protect sons from mental, emotional, or psychological harm related to sex.

Ultimately, when mothers described the idea of mental, emotional, and psychological harm befalling their daughters if they chose to have premarital sex, they were referring to their daughters losing control of their self-agency, and potentially even being controlled, or at least heavily influenced, by this new sexual partner. Drawing from the final theoretical concept which is presented in Chapter 6 (establishing influence and examining expectations), mothers may fear that their influence could be overshadowed by the influence of this potential new sexual partner that their daughter has, for lack of a better term, become addicted to through the act of falling in love or lust.

Harm Related to Media

Another type of harm that mothers in this study attempted to protect daughters from was harm related to media. Mentions of "media" included movies and/or television shows, explicit material such as nude photos or pornography, and social media websites and apps such as Tik Tok and Instagram. Most often, mothers were concerned about sexual content in movies and TV shows not being "age-appropriate" for daughters. Other concerns about daughters seeing pornography or taking/sending nude photos were also mentioned by mothers. Social media platforms posed a new problem for mothers that previous generations have not faced: this was a way that their daughters could be exposed to sexually inappropriate content, while also having the potential to interact with strangers online.

Various mothers described "setting limits" or watching out for what their daughters were watching on TV or at the movies. Mothers had different comfort levels with the content that was acceptable for daughters to view (also varying with the age of the daughter), but generally

described monitoring TV watching for early and middle adolescent daughters. One mother described a website that she uses to "preview" the content in movies for her children that she has found to be helpful in describing depictions of everything from commercial advertisement to language and sexual scenes/nudity. Another mother mentioned that she often views the activity on the family's shared Netflix account to make sure her children are not watching anything "inappropriate". Participants shared that they had clear rules about what was acceptable to watch, and these rules were communicated directly to their children.

Pornography

Some mothers acknowledged that while technically pornography is only to be legally viewed by adults 18 and over, they were not naïve to the fact that access to pornography is a simple click away for children and adolescents who are too young to view it. Easy access to the internet via smartphones and computers allows adolescents to purposefully or accidently view sexually explicit content without a context for what they are seeing. Several mothers stated that they used parental controls on devices to mitigate this concern. The main worry that mothers shared about their daughters both seeing "inappropriate" movies or TV shows, or viewing pornography was the idea that they would not understand the context of what they were seeing and would try to apply it to "real life" situations. In other words, their adolescent daughter might think that sexually explicit entertainment content is how sex "should be" for them in real life. One mother described conversations she has had with her children about this topic:

> *Obviously, I would talk a lot about how sex has been exploited. There's pornography and there's this idea of dirty sex, but sex is a really good thing if we don't exploit it. That would be a really important conversation I think that I would have, to not get sucked into the wrong idea of what sex is about…What you're seeing is not reality. I keep on saying that. This is where I feel like I even want to write my book a little bit, too, because there*

is not very much discussion around sex education. And so, now, people's education is porn. So, it's like that's not - it's not reality. No, she doesn't like it like that. I'm sorry, she doesn't. (Mother of 1 daughter (17), aged 52).

This mother had a unique perspective of pornography and other sexually explicit content in the media and shared her desires to write a book about sex for Christian women. One of her jobs was to help counsel women at her church who were preparing for marriage, and she explained that she talks to them a lot about sex within the marital relationship. She uses this experience and knowledge to also talk to her daughter about sex in this context. In the above example, the participant described clearly communicating to both of her children (she also has a 19-year-old son), that porn is not indicative of what is pleasurable or favorable for women in real sexual encounters. Differentiating between "real life" and "performance" (for lack of a better term) was important for most mothers in this study.

One mother in the study recalled talking to her daughter not only about the inappropriateness of viewing sexually explicit content, but also about the legal ramifications of taking or sending nude photos. This mother was mostly concerned about her daughter's privacy and safety, but also cautioned her daughter that if she had nude photos of another minor or another minor had nude photos of her, that would be considered child pornography possession, which is illegal and could result in a felony charge under California state law. After having conversations with her daughter about peers who may be engaging in "sexting" (sending sexually explicit text messages), this participant became fearful that her daughter might engage in the same behavior in the future; and also consider sending nude pictures of herself. She stated, *"I know for a fact that these kids at these junior highs have no clue that you're risking child pornography and registered sex offender[charges]. Like, you've got to be careful!". (Mother of 1 daughter (13), aged 38).* Discussing the severe consequences of distributing child pornography

was deemed successful by this mother, as she described her daughter appearing to "take it more seriously" when she talked about the legal aspects that her daughter was not aware of.

Social Media

Adding to the concern over potential harm from sexual content in the media, mothers in this study discussed the measures that they take when allowing their daughters to look at and post on social media. More than half the mothers in this study discussed aspects of social media as a concern when attempting to protect their daughters from harm related to sex. Two participants discussed concerns about their daughters acting vaguely "sexual" on social media (e.g., wearing "sexy" clothing or posing with pouted lips in a sexual-appearing manner). These mothers posited that their daughters were copying "influencers" that they have seen in similar poses and chalked this up to a "fad", but still worried that it was sexual in nature. These concerns are valid, as social media "influencers" (or paid online celebrities that promote various products and lifestyles to followers) influence the motivations of others via their platform; just as the name implies. Social media and its influencers have been found to have an impact on highly impressionable adolescent girls who may get caught in a cycle of comparing themselves to touched-up, filtered pictures and descriptions of lifestyles that are not based in reality (Casares & Binkley, 2021). These actions can have a harmful effect on adolescent girls' mental and physical health, self-esteem, and overall feelings of wellbeing (Casares & Binkley, 2021).

Mothers also shared concerns about their daughters seeing sexually explicit material on social media. One mother mentioned that her daughter looked up someone who had the same name as her former teacher on Instagram, only to find it was an account that included sexually explicit photos and videos of a woman who was not her former teacher. The participant used this as an opportunity to talk to her daughter about what had occurred and answered questions about the content she saw. She also talked to her daughter in more depth about online safety.

The final worry mothers shared about their daughters being on social media was the potential for them to engage with strangers online. The mothers who were concerned about child sexual trafficking cited social media as a way that traffickers might lure their daughters into meeting them. Participants also worried about their daughters meeting boys or men online who could then sexually assault them in real life. The mothers who shared these concerns saw social media as a potential tool for sexual predators who intended to harm teenage girls, and further worried about the mental and emotional harm that their daughters could face if they learned they had been "tricked" into thinking someone was a friend or boyfriend online. The potential for girls to "have a crush on" someone they had never met in real life was scary to mothers who feared for their daughters' emotional and psychological wellbeing.

Just like with other types of media, mothers attempted to mitigate the potentially harmful effects of social media (especially in the context of sexual content or situations) by setting strict rules and boundaries surrounding social media use. One mother disclosed that the minimum age to create a social media account on both Instagram and Tik Tok is 13, so waiting until then was non-negotiable for their family. Another mother firmly stated that none of her children were allowed to have social media accounts until they turned 18. The mothers who allowed social media described methods for monitoring their daughters such as only allowing social media use in public areas of the house, only allowing daughters to use family social media accounts, only allowing social media account usage through the parents' phones so that they could monitor activity, and being transparent about checking daughters' phones, social media apps, and text messages for inappropriate content.

Harm Related to Christian Teachings

"Purity Culture" Harm

Although all mothers who participated in this study self-identified as Christian, and many

of them described their religion as “most important” or “10/10 importance”, several mothers described Christian teachings that they thought were not only problematic—but potentially harmful to their daughters. Almost all of the mothers who described potential sex-related harm stemming from Christian teachings discussed the “purity culture” as a harmful facet of Christianity that they wanted to protect their daughters from. Women discussed several aspects of these teachings and expectations that either had caused them harm first-hand, or that they have seen cause other women harm.

The harm that women described as emerging from this strict “purity culture” was mostly emotional and psychological harm due to women experiencing shame for not “being pure” or not “being a good wife”, or for engaging in sexual acts before marriage. These participants also described some physical harm from the shame and confusion that they or other women experienced because of those teachings; including discomfort with sex or low or absent libido when they did marry and enter into sexual relationships. One of the mothers who grew up in this culture relayed the following:

> *I grew up under a really strict rubric where my sexuality was something that was to be stuffed down, controlled, and almost buried. My sexuality was impure, and being a pure woman meant no sexuality. So, that’s probably the culture. (Mother of 3 daughters (13,13,17), aged 44).*

This participant expressed the shame that she felt when she had sexual feelings or engaged in any thoughts or feelings that a “pure” woman should avoid. When this began to control her life and cause mental health issues and physical problems for her, she sought therapy. It was very important for this mother to attempt to not perpetuate the same shame that she felt growing up in this culture.

Another participant discussed premarital sex as a sin in accordance with the “purity

culture" that she grew up in but was adamant that she wanted to remove the shame that her daughters might feel if they did decide to engage in premarital sex: *"I don't ever want [my children] to feel so ashamed when something happened because they didn't [wait until marriage to have sex]. We all sin every day and we have a sinful nature." (Mother of 1 daughter (13), aged 38).* Like almost all of the mothers in the study that discussed "purity culture", this mother displayed strong ambivalence in describing conflicting values. She both felt very strongly that her daughter should remain a virgin until marriage (and described premarital sex as a sin several times during the interview), and also had a strong desire to remove the shame that came along with committing this sin. This particular account was an instance in which the participant was describing her thoughts and feelings to me in a clear way, but it remained unknown whether or not she relayed these feelings to her daughter. Her daughter may only be getting the messaging about maintaining virginity which would limit her understanding of her mother's wishes to reduce or remove the shame associated with having premarital sex.

Other participants talked in more detail about the specific features of the purity culture that they found harmful and how they were planning on discussing these with their daughters. These participants generally felt that girls and women bore the burden of "being pure" and noted the particular requirements that they felt were harmful messages to send to daughters. One participant described the double standard of the "purity culture" in this way,

> *It's okay for a guy to be sexually promiscuous, and-- or experienced, but girls' worth decreases if they have been sexually active before marriage. And – like, part of being a good wife is having sex with your husband. Like, I don't like that one. Like. I get really sad by the fact that the conversation around purity is heavier on the girls than it is on the boys. (Mother of 3 daughters (14,16,18), aged 41).*

Along the same lines, these participants went on to describe a phenomenon that was

described as , “flipping the light switch”. Within “purity culture”, mothers described the suppression of female sexuality that was enforced within their churches, schools, and families until marriage. Then, as if flipping a light switch, Christian women were expected to automatically be sexual with their husbands once married. This was reported as causing a great deal of stress, confusion, and shame for these women. The participant who counsels women preparing for marriage at her church described spending time talking to them about this phenomenon:

> *People do the whole, “Sex is bad-bad-bad-bad!” and then the minute you get married, it's good! It's a really hard messaging to switch. So, that’s part of my two-hour spiel that I tell all these women. Like you’re supposed to be “pure”, and all the sudden, tomorrow in 24 hours, you’re supposed to be a completely different person. So, how are you going to do that? (Mother of 1 daughter (17), aged 52).*

This participant along with the others who discussed “flipping the light switch”, were adamant in the fact that they did not want their daughters to have the same stress, confusion, and shame as they did when they were married and had sex with their husbands. However, it remained unclear how successful mothers were at achieving this. It was obvious through speaking with the mothers that their intentions were to remove shame and that they were making clear attempts to open dialogue surrounding sex and sexuality to normalize it with their daughters; but these mothers also admitted that messaging from their churches and some members of their families remained the same. This idea of “flipping the light switch” from sex being “bad” to sex being “good” (or perhaps from “I am bad if I have sex” to “I am good if I have sex”) contradicts reproductive justice as a whole. The attempt to remove the shame associated with sex from their daughters’ lives is aligned with reproductive justice ideals. These mothers admitted to having an ongoing challenge in this area

One mother who did not grow up in a strict "purity culture" also discussed talking to her early adolescent daughter about the church teachings on sex and sexuality that her daughter was learning specifically from her Catechism classes, and how she was concerned about counteracting harmful messaging that could potentially cause her daughter to feel shame:

> *She asked me if I had sex with [my husband] before we got married, and I said yes. She's says – and this is back in the Catechism days – I mean, that was a couple years ago. She says, "You know, that's a sin". "Yeah, I know. And I say fuck a lot, too; that's a sin". I try to keep it very practical with her. I don't want to set her up for disappointment or some sort of internal conflict or failure like masturbating. I don't know what the church says about that. I would imagine that they don't actively, outwardly encourage it. (Mother of 1 daughter (13), aged 48).*

This mother attempted to find a somewhat humorous way to put into perspective the things that are considered "sins" by the Catholic church. By attempting to normalize what the church considers sin, she was attempting to remove some of the shame surrounding sin in general, but also sin specifically related to sexual practices. She admitted to being worried that her daughter would feel like a "failure" if she felt sexual during her adolescence and engaged in masturbation.

One of the aspects of "purity culture" that mothers kept going back to within interviews was the subject of masturbation. As mentioned in Chapter 4, while most mothers agreed that masturbation was a safe and healthy exploration of sexuality, this was not something that was acceptable for "pure" women. Growing up within the Christian church and within their families, participants widely described masturbation as an off-limits topic and a shameful act. These mothers ultimately felt that this message of shame surrounding masturbation was harmful to their daughters. After being enmeshed in the "purity culture" for most of her life, one mother (with a raised voice and wide eyes, sounding very passionate) stated:

> *And I know it's not acceptable in our culture! And in our--even in the greater Christian culture, I know it's not acceptable. But I feel like it is! I feel like it is a way to learn to love yourself. And for goodness' sake! I don't think it is a-- that you're walking with Satan because you've learned how to masturbate! But we one hundred percent have put that on men and women in the Christian culture. (Mother of 3 daughters (14,16,18), aged 41).*

This participant's obvious frustration with the harm caused by "purity culture" was evident in the interviews, and she was one of the most outspoken opponents to this way of life for Christian girls and women. At the same time, she was highly religious and involved in her church, which demonstrated a unique individualized approach to Christianity for women.

The other participant who was quite passionate about the harm caused by the "purity culture" was the mother who counseled women in her church preparing for marriage and who discussed her aspiration of writing a book about sex and sexuality for Christian women. She felt it was important for me to know that some of her friends who also were also raised in the "purity culture" found it to be so harmful that they no longer held abstinence until marriage as a value for their children. She described their thoughts that having premarital sex would be the lesser of the two harms for their daughters; but she was not ready to move onto this step yet and had a lot of difficulty navigating this ambivalence:

> *It's kind of why I feel so, like, I want to write my book. Because I feel for--I don't even know if I can really answer it correctly. It feels like there's something off; like that-- and that's where I think-- I'm not saying--I'm still--I've had lots of debates with friends recently because some of my friends, because of "purity culture" and that kind of background, some people now are saying, like, my close friends are saying, "And I'm now going to tell my teenagers that they* should *have safe sex, you know, consented sex,*

whatever, before they're married." I'm not sure if I'm in that camp yet because I'm… still holding out hope". (Mother of 1 daughter (17), aged 52).

Harm Stemming from Not "Being Pure"

In complete opposition to the idea that certain Christian teachings could be potentially harmful to daughters, one mother in the study (the same participant who actively endorsed all aspects of "purity culture") was exclusively focused on the potential harm that may come to her daughter if she did not follow her church's teachings and the teachings of the Bible. This mother expressed talking to her daughter (and son) often about "sexual sin and how it can ruin your life". She described having bookmarked her Bible to verses that supported the values she wanted to instill in her daughter such as being pure and chaste, maintaining virginity, marrying a Christian man, and condemning homosexuality. She described how she tells her daughter that Satan can attempt to distract people with vices such as sex and uses specific examples from the Bible to support this. This mother's ultimate goal and transparent message to her children was that the only way to be protected from harm (damnation to hell) was to constantly and consistently follow God's will, which she saw as being carried out through her church's teachings and the literal interpretation of the Bible. She concluded with what she tells her children:

What I expect and what God expects--because it's like, at the end of the day, they don't need to impress me. They need to understand that. "You will stand before God and have to answer for yourself. I cannot be there to explain to Him why you chose to do what you did. And you knew not to do these things. (Mother of 1 daughter (13), aged 37).

Chapter Summary

In this chapter, the theoretical concept of *protecting daughters from potential harm* was described. The analysis of this concept was enhanced using examples from the data and quotes

from interview participants. The main goals of *protecting from harm* varied amongst participants but fell into four distinct categories: (a) physical harm; (b) mental, emotional, and psychological harm (c) media-related harm; and (d) harm related to Christian teachings. These categories of potential harm drove mothers to tailor both their actions and communication style with daughters in the attempt to achieve their goals. The next chapter will present the theoretical concept of *establishing influence and examining expectations* and the process of communication surrounding this concept will be described.

Chapter 6: Establishing Influence and Examining Expectations

Along with the desires to instill values surrounding sex and sexuality and the motivation to protect daughters from potential harm, all participants in this study described a process they engaged in to achieve these goals – the third and final theoretical concept. The specific ways that mothers attempted to achieve these objectives varied, but they all engaged in a strategic process during communication about sex and sexuality with daughters that included both establishing influence over their daughters and examining their own expectations about both the conversations with their daughters and their daughters' choices and behaviors. The concept of both attempting to establish influence while simultaneously examining expectations is remarkable in that mothers demonstrated through their descriptions the realization of blossoming autonomy in their adolescent daughters. As daughters pulled away, had their own opinions, or reacted unfavorably to mothers attempting to establish influence, mothers reacted by examining their expectations and either readjusting their methods, or determining to "double down" on their original plans.

Mothers used a variety of means to both establish influence over daughters and simultaneously examine and reexamine their own expectations. These included things such as planning and preparing to communicate with their daughters about sex and sexuality, setting good examples, providing their daughters with resources to support sexual education and conversations, reacting to conversations in ways that kept the doors open for future discussion, and choosing to support daughters regardless of agreement with their choices. The process for having these conversations can be broken down into three distinct steps: a) planning and preparing for conversations about sex and sexuality; b) maintaining influence vs. backing off; and c) planning for the future. The ways in which mothers detailed these processes is presented below.

Planning and Preparing for Conversations

Every mother in the study described the ways that she planned and prepared for having conversations with her daughter/s about sex and sexuality. The participants explained the processes for having these conversations and what they were attempting to achieve with the conversations. Ultimately, conversations were aimed at establishing influence over daughters to both instill important values about sex and sexuality in alignment with Christian ideals, and to protect them from potential harm related to sex. Mothers also speculated about their expectations regarding these conversations; how they should go, what should or shouldn't be discussed, and what was the "right thing" to say and do during and after the conversations.

Motivation to Establish Influence

Many participants described the thoughts and expectations they had when they began planning to talk to their daughters about sex, and why it was important for them to begin to establish influence in this area. As mentioned in the previous two chapters , the mothers had a strong desire to instill values in their daughters (Chapter 4) as a way to protect them from potential harm related to sex (Chapter 5). This motivation often became stronger when mothers were reminded of the potential harms that could transpire. One participant described attending a presentation for parents about sexual education at her daughter's school:

> *So, my daughter does go to a Catholic private school here in [our hometown] and gosh, [the speaker] was so good. She's a sex educator that came in and it was just for the parents. And she basically talked--basically said this whole thing about it, "If you don't start talking to your kids about this, then, porn's going to do it". That was the main thing. (Mother of 1 daughter (17), aged 52).*

This participant admitted that having another adult who was a professional educator remind her about the potential for her daughter to obtain sexual information from less than accurate sources

was a wakeup call for her. Other participants agreed, citing social media and the internet as influential factors in their daughters' lives. Mothers disclosed that they felt a major push to step in and be an influential factor in their daughters' lives to counteract incorrect or "inappropriate" messaging from other sources:

> *I think it's pretty easy for our kids to be educated by social media and get all these snippets and images and ideas; but I don't know how they get the whole thread. I imagine it's a struggle within every family to figure out how to share that, transmit that; educate. It is every joke, every song, every television show, every movie is so full of not only sexual content and influence, but so much sexual shaming, and double standard. (Mother of 3 daughters (14,16,18), aged 41).*

Overall, participants agreed that the major motivating factors to establish influence over their daughters in the context of sexual education and information was to both give them the "real information" and to counteract any false or harmful information that they may be coming across online, in popular culture, or from peers at school. These wishes corroborate the foundations of reproductive justice that call for medically accurate sexual education to be readily available (as described in Chapter 3). One mother summed up why she needed to be an influence in her daughter's sexual education by stating simply, *"I don't want my kids to get the misinformation on the playground, so I'm gonna give it to her real". (Mother of 1 daughter (13), aged 38).*

Ways to Influence Daughters

After feeling an initial desire or urgency to have more detailed conversations about sex and sexuality with their daughters, mothers in the study described their thoughts and plans about how to establish influence over their daughters by setting examples for healthy relationships and boundaries for safety. As mentioned in chapter five, some participants remarked about how

important it was for them to have their children witness a healthy marital relationship instead of just talking about the importance of healthy relationships. Some mothers demonstrated healthy relationship behaviors in front of their daughters as strategic non-verbal communication about how conflict within marital relationships should be handled. One mother described her attempt to demonstrate this after growing up in a home with an unhealthy martial dynamic:

> *There's a lot of the [sexual education] conversations we're talking about, but I think what is important is all the non-verbal that they pick up. My parents', from what I remember, was a pretty contentious relationship with fighting. I think that my husband and I certainly have had arguments, but we also think it's important for our kids to see and hear us apologizing or having more challenging conversations. If [my children] overhear and have overheard yelling to explain it [to them]. (Mother of 1 daughter (18), aged 54).*

Teaming up with their husbands to set examples for daughters was described by other participants as well. Mothers felt it was important to directly talk with their daughters about sex, and to also help them to develop their own good judgment, common sense, and self-esteem as a foundation for decisions about sex. One of the mothers spoke more in depth about partnering with her husband to achieve an effective strategy to help establish influence over her children. She described her overall parenting philosophy and how she was planning on tailoring it to set expectations, rules, and boundaries in the context of sex, romantic, and dating relationships for her children:

> *I mean, I feel the sex before marriage is going to be a pretty hot topic for both my girls in different ways, and then my son in a different aspect. It's interesting because we parent with grace and discipline in the same hand. We don't try to be overbearing, but we don't try to be too lax. We try ride right in the middle. So, I feel that's something that really has*

to come within. I feel giving the girls the confidence to be in a relationship [is important]. They're not allowed to date until they're older anyhow. Which, they know that. But to be in a healthy relationship where they don't feel they need to give [their virginity] to someone" (Mother of 1 daughter (14), aged 44).

This participant, like others, described the importance of striking a balance between simultaneously being a disciplinarian and a source of support and confidence for her daughters.

Other participants described ways in which it was important to establish influence over their daughters' sexual education in more drastic ways. When considering formal sexual education that was provided for their daughters in schools, mothers had mixed feelings. All mothers who discussed formal sexual education in schools felt it was important that they and their husbands supplement the information with more tailored information that they thought was relevant, such as Christian teachings and values surrounding sex, or the emotional consequences of having premarital sex. One participant in the study explained that it was so important for her to be the one to provide guidance for her daughter without the disruption from outside influence, that she chose to remove her from the school's sexual education curriculum:

I am really careful about what they talk about at school. They have sex ed with someone that comes from Planned Parenthood. It's fine. I have never really seriously had any huge disagreement with what they're teaching, but I want to reserve that platform for my home. I actually usually pull them out of the sexual education presentation at school. Now, as far as what should come from me, like I said I would rather teach the sex education course than have the schools teach it. (Mother of 3 daughters (13,13,17), aged 44).

The mother who provided the above account reiterated that she didn't think sexual education in schools was bad or wrong. However, she felt that it was important for her as a

mother to take an active role in ensuring she was the main influence in her daughters' sexual education and knowledge development. Although she generally felt as if she agreed with what the schools would be teaching, it seemed difficult for her to "let go" of the wish to be the main influence for her daughters in regard to sexual education. This is somewhat in disagreement with the clinical feminism component of honest communication (as described in Chapter 3), since this mother may be tailoring her sexual education (knowingly or unknowingly) in a way that leaves out important information that her daughters may have learned at school.

Several other participants described the steps they took to plan and provide effective sexual education for their daughters. Mothers were fairly evenly distributed into two camps: those who planned larger formal sex talks with their daughters, and those who had smaller, more frequent talks that they felt had "lower stakes". The mothers who had smaller, more frequent talks about sex and sexuality felt that they could provide a steady and consistent influence in their daughters' lives while seeking feedback and managing their next moves based on the situation. One mother described her method for establishing influence with her children while teaching them about sex:

> *Definitely for me, I always just kind of give them as much information as I think is developmentally appropriate for that age, and that they can handle and then possibly understand, and that's what I've always done, just kind of like a little bit and a little bit. (Mother of 1 daughter (17), aged 39)*

The mothers in the study who discussed planning and preparing for a formal family meeting or 'big talk' to discuss aspects of sex and sexuality described a somewhat different approach. These mothers (including the mother who removed her daughters from school-based sexual education) wanted to provide a formal presentation with videos on topics including puberty, menstruation, and sexual intercourse/pregnancy. These participants discussed that

ongoing conversations still occurred, but were smaller than this larger, more formal talk. The participant who removed her daughters from school-based sexual education has multiple daughters in the same age group, as well as other children. She described how her "big talk" went:

> *We did have a family discussion one time where my husband was also involved. We're like, "we're just going to talk about the hard stuff right now guys. Let's just all get on board right now." My husband found some cheesy videos from YouTube about menstruation. "We're going to put it all out on the table, guys, because we want to make sure that you know what you need to know." They were good about that. They were curious and I think they felt safe. (Mother of 3 daughters (13,13,17), aged 44).*

Consistent with the above account, participants who utilized either method of conversing with their daughters about sex (smaller frequent conversations vs. a larger formal talk) described reflecting back on how the discussion went. Mothers generally thought about aspects of the conversation, what occurred, what questions were asked, and the overall response/tone of their daughters during and after the conversations. The mothers then used this feedback to examine their expectations for further conversations. For example, the mother in the above account stated that after the initial "big sex talk", she felt like her daughters were curious and felt safe to come to her with additional questions in subsequent weeks. She felt this was something that helped set the stage for future conversations to feel more open and comfortable; event if they are about challenging topics

Utilizing Resources

All participants in this study described using resources to start or facilitate conversations about sex and sexuality with their daughters. These resources varied among participants but included educational books, videos, articles, and virtual classes, as well as entertainment media

like TV shows, movies, songs, and fictional books. Two mothers discussed using the Bible as a resource for talking about sex and sexuality with their daughters. For one of these mothers, the Bible was the only resource that was used.

The participants who described using resources such as educational videos, books, and articles did so with the intention of using evidence-based information to reinforce their daughters' knowledge about sex and sexuality. Oftentimes, these resources were used to start a dialogue about things like body changes, menstruation, consent, and birth control. The mothers who used these methods would watch/read them along with their daughters or give them to daughters to watch/read and have a follow up conversation about the material later. This was widely described as a successful implementation of resources to facilitate a conversation with daughters, and some mothers felt that it stimulated conversations that may not have otherwise happened.

Other participants described using popular culture media such as news articles about current events, podcasts, movies, tv, internet, and songs on the radio to start sex conversations with their daughters. While the participants who used more formal education-based resources were the same mothers who had more formal sex conversations with their daughters, the mothers who used popular culture to start conversations reported having shorter, more frequent conversations with their daughters about sex and sexuality. Mothers who used pop culture resources to facilitate conversations about sex and sexuality with their daughters explained that they felt it made it easier to talk about difficult topics since sex is so prevalently displayed in the media. One mother discussed reading a Jane Austen book with her daughter and talking to her about relationship, consent, and how women were seen as "property" in that culture: upholding the important aspects of clinical feminism, albeit in a roundabout way. Another mother discussed pointing out when characters seemed uncomfortable with sexual situations in movies and made it

clear to her daughters what the sexual innuendos meant in TV shows. One mother described the way she uses songs on the radio to open conversation with her daughter about sex and to gauge her knowledge before providing information:

> *So, we also... usually, we'll just talk, like if there's a song on the radio and I'll be like, "Oh my gosh, she's not coming home tonight. You know what that means in this song, right?" She's like, "Yes, it means she's staying at her boyfriend's house and they're probably having sex." "Yeah, you're right. That's probably what she's referring to, even though it doesn't say it.". (Mother of 1 daughter (13), aged 36).*

In the above examples, mothers described using situations from popular media to open the dialogue about sex with their daughters. They also used these situations as a barometer to assess their daughters' knowledge, current thoughts, and comfort level with these discussions and then sometimes followed up with their own input to influence the perceptions of the daughters. Based on these conversations, mothers were also able to examine their expectations about their daughters' willingness to talk with them and their daughters' thoughts and feelings about sexual situations. Mothers who had conversations following this format reported feeling comfortable with having conversations with their daughters about sex and felt that they could often provide daughters with information and feedback, while also gauging how conversations were going and where their daughters were at with their thinking about sex and sexuality. One of the mothers described it like this: *"Well, we have [conversations about sex] so frequently that I don't feel like they're weird anymore. So, I don't--I'm not like, 'Oh my gosh, did I say that right?', I'm not worried about those things because I know in a couple days, I'll talk and open up the conversation again". (Mother of 1 daughter (13), aged 36).*

Maintaining Influence and/or Backing Off

In the process of establishing influence over daughters' thoughts, choices, and actions

surrounding sex and sexuality, mothers in the study described taking in feedback to reexamine expectations for how interactions would be going forward. Upon these "reexamining" events, mothers made strategic choices about which areas they needed to maintain influence and set rules and boundaries for daughters, and in which areas they felt they needed to back off a bit. This is not to say that 'backing off' and 'maintaining influence' were mutually exclusive; on the contrary, mothers described adjusting to the specific circumstances at hand and fine tuning each of their actions and reactions as they felt necessary.

Almost all participants in the study described their changing relationships with their adolescent daughters, expressly ruminating on their daughters' emerging and developing independence. As daughters began to demonstrate their independence from mothers in a typically adolescent fashion, mothers reevaluated how they would continue to influence their daughters when they felt it was necessary. One participant pondered this balancing act, and relayed it to me by describing how her faith has guided her in the process of examining and reexamining expectations, maintaining influence, and backing off when she feels it's appropriate:

> *The faith for me comes in a knowing that I have guardianship over them, but my will for their life is not the same as God's will for their life. So, when I think about it from a Biblical perspective, I think about all the people who Christ used and they were so imperfect. David was a rogue; Noah apparently built this fabulous ark, and when he got off the ark the first thing he did was plant grapes and get trashed. So, the people in the Bible who God was able to use were not perfect people; and I was raised in an environment where there were so many expectations for me to be perfect and it's so much pressure as a kid, I think it interfered with my development. And so, I recognize that my kids are going to make mistakes. I trust God to protect them and keep them safe. It's my*

job, I always tell them, to teach them what I believe; it's their job to figure out what they believe within a certain set of guidelines, or boundaries, or rules. (Mother of 1 daughter (15), aged 50)

This mother eloquently described her process of continuing to attempt to influence her children while also relying on her faith to support her in backing off and letting them make their own choices. The examples she gave from the Bible were clear demonstrations of how she perceived important figures from Bible passages; imperfect, but still valuable and loved by God. She described using this thinking when examining her expectations about her daughter making mistakes as she grows and learns. She also relayed general expectations for her children's behavior and how she guides them to practice their individuality in a structured way.

This mother also elaborated on the changing relationship with her daughter and specific ways she has adjusted certain interactions to attempt to meet each other's needs:

"I think when your kids are younger, they kind of appreciate everything about you--you know what I mean? And they're very open, and [my daughter] is always--we've always been super-duper tight; and in the last couple of years, she pulls away, which is normal, and you have to let her do that. So, it's harder to find those things that bring us together. So, if I want to kind of get in her head, I'll go pick her up from school instead of letting her ride home with my son because, usually, when you have them in the car, they're a captive audience and they'll talk. Or I'll take her to Sephora or one of her favorite stores, and just kind of let her shop, and so she'll spend time with me because it's something she wants to do--take her to Michael's to get some crafts or something like that. And it used to be just easier; I wouldn't have to do those things to connect with her, it was just easier. She's becoming her own person and so she is more liberal in her thinking than I am. And so, while I'm okay with that, I think it's very important to her to make the point that we're

different--where as a parent, you try to talk about the commonalities, so she's trying to establish herself, she'd rather talk about the things we disagree on than the things we agree on, and that's just a different dynamic, I think".

In this exemplar, the mother described her simultaneous process of examining and reexamining her expectations about her daughter's willingness to engage and communicate with her, as well as her planning and preparation for how and when to maintain influence with her daughter when something is truly important to her. By employing strategic actions (e.g., picking her up from school to talk to her alone in the car, or bringing her to a favorite store to shop with her), this participant was able to accomplish three things: making sure she had uninterrupted time with her daughter, having a neutral environment in which to have important discussions (the car), and doing things that her daughter enjoys doing (shopping) as a way to better connect with her. These are all ways to support active listening within the conversation (as described in Chapter 3), and also facilitate honest communication between mother and daughter. Utilization of these strategies helped this mother with continuing to influence her daughter in areas she deemed important; although she admitted it was more difficult to do so than when her daughter was younger.

Feeling Unprepared

Some participants cited specific examples of times that an external factor came into play that hastened their process of examining expectations and maintaining influence. These factors included things such as daughters talking to or "hanging out" with boys or boyfriends, going through body changes such as getting pubic hair or their first menstrual period, or asking unexpected questions about sex. One participant remembered when her daughter asked her outright about a reference to sex in a movie, and her hastened decision to be honest with her even though she didn't expect the conversation:

We were watching a movie--she was pretty young, and something came up that was not directly or overtly sexual, but it made reference to sex. And she asked me what that was, and she was at an age where I felt like I would rather she hears the truthful answer from me than from her peers, so I gave her the truthful answer, and she was mortified, but she still remembers that. (Mother of 1 daughter (15), aged 50).

This mother felt unprepared for the interaction, but still made a calculated decision about being truthful with her daughter about her question, stating that she felt she wanted her daughter to remember that she can trust her to tell her the truth, even about difficult topics.

Other mothers also reported being caught off guard when daughters approached them with information or questions or were exposed to an external factor that prompted comments or questions about sex. Mothers described instances where they did not feel prepared enough to effectively communicate with their daughters about sex and were concerned that they would lose influence in this area. Two mothers specifically cited not feeling like they knew enough about different sexual preferences, gender identities, and/or gender expression to effectively converse with their daughters about it. One of these mothers explained:

There are even tough issues to deal with gender fluidity and transgender and all kinds of things that I do not feel have been part of my experience, but my kids are aware of. They're aware of different things through their peers and their sexuality in ways that is not even on my mind. It was actors and actresses from other eras that we found out later, yeah. Luckily, there's a lot of guides and information for that, but I feel like it's not an easy topic. (Mother of 1 daughter (18), aged 54).

A third mother summed up her feelings on parents having a disadvantage when it comes to trying to keep up with what their adolescent daughters know and how they communicate:

There's so much available. They are so far ahead of us as parents. Honestly, they're

coming up with terms and concepts and this whole – I mean, I wouldn't call it a movement necessarily – but I mean I'm thrown three new vocabulary words a day at dinner. And then I try to be hip, slick, and cool and use the word next month, and they're like "Mom, that's done".(Mother of 1 daughter (13), aged 48.

These feelings of being "out of touch" with adolescents was a common thread amongst the mothers in this study. This caused an uneasiness about the effectiveness of maintaining influence over daughters, and many mothers chose opportunities to back off in areas that they didn't have much information about and that they deemed "less important" to their daughters' wellbeing. Evaluating the effectiveness of backing off in areas where they had less knowledge was a way in which mothers practiced honest communication with their daughters, often readily admitting when they had a lack of information.

Navigating Changing Relationships with Adolescent Daughters

In congruence with adolescent daughters establishing their independence and testing boundaries, many mothers spoke about feeling their daughters pushing back or pushing away when attempting to talk to them about sex. Several of the mothers specified ways in which their relationships have changed as their daughters moved into adolescence. These mothers described daughters being more closed off about communication surrounding body changes and puberty, as well as noticing that they were asking fewer questions and seeking their mothers' opinions less often. One mother described feeling sad that her daughter didn't seem to need her input on bodily changes that occur during puberty:

But I had asked her the other day when we were, before bedtime, I was like, 'Do you have any questions about what's going on with your body and how you're feeling about things?' And she's kind of like, "No, I'm fine' like, 'nope, I'm good.' She, like, has no interest in it, she's just not interested at all. She has all of the information she

needs."(Mother of 1 daughter (14), aged 43).

The above excerpt paints a picture of the conversations with adolescent daughters that mothers described as being one-sided at times. Despite this, mothers described adjusting to new expectations of how their daughters were communicating at this point in their lives (especially about sex), and still making the effort to talk to them about things they felt were important to maintain influence on, regardless of daughters' reactions. One mother described a situation in which she allowed her daughter to assert her independence while still providing information on what she felt was important for her daughter to consider:

> *So, that's where I kind of play that; yes, I'll still let her wear her - she's very thin and very beautiful and so, like I'll let her wear her sexy stuff. But then, you know, there's a part of me, it's like, it's just teetering on the, like, I want her to feel sexual and feel good in her body but then I also don't want her to be, like, it's distracting every single person that goes down the street, you know? It's really hard to find that sweet spot. Because I'll say, "Oh, you know, you're wearing a really sexy thing right now. You know, just it's kind of distracting. I'm just trying to tell you it's just a little bit distracting. If you go out in the world, it'll be distracting." But I try to play it down but it's frustrating for her so, she goes, "Ugh, ugh, ugh!" like that. (Mother of 1 daughter (17), aged 52).*

This mother described the internal conflict of attempting to allow her daughter to make her own decisions on clothing choices, while still trying to voice her concern in a subdued way that the clothes might be "distracting" to others, which she later clarified was not because she believed her daughter needed to "cover up" for modesty's sake, but because she was concerned about her daughter receiving aggressive sexual attention that could be harmful to her.

Another participant described a similar situation, but one in which she felt disappointed that her daughter didn't reach out to her for more help and support when she got her first period:

I guess I sort of assumed that — well, I thought — I didn't know if it would be at school or whatever and now we're definitely at home so much. I just would have expected her to have a little bit of a freak out: "Mom, come to the bathroom," but it was like, nope, just— she was kind of pretty independent about it and, I feel like with her, she's getting at the age where your parents are not cool. And I said, "Well, do you need anything? Do you hurt anywhere?" She's like, "No, it's not that big of a deal. I'm fine." And sort of brushed it off like no big deal, which you probably remember when you — It's just sort of a monumental — And she sort of is not — I did try to touch base with her again, "Do you need —" Because I had supplies for her. We had sort of talked about it, but it just was a really interesting interaction, I thought. (Mother of 1 daughter. (14), aged 44).

Wanting to have a close enough bond with her daughter to "celebrate" her first period was important to this participant, and she admitted being caught by surprise at her daughter's nonchalant reaction to what she considered to be a major milestone. Although she felt disappointed that her daughter didn't seem to "need" her for this moment, she still felt that this was an important enough event to check back in after reexamining how the conversation might go.

Mothers consistently reported backing off when they experienced push back from daughters, but also reported doing so as a way to keep lines of communication open for further opportunities to talk about important things. All the mothers who described backing off always spoke about then returning to their daughters later to check in. This process as described by the mothers is in direct alignment with the clinical feminism components of active listening and honest communication. By listening to their daughters' verbal and non-verbal cues and respecting their wishes to discontinue the conversation, mothers were able to leave room to return for additional conversations in which they could offer advice or information. One mother

admitted to being "pushier" when this dynamic first started, but then readjusting her expectations and strategy for maintaining influence:

> *I think the most important thing is to be accepting, and open, and not push. I did push at first, just because I wanted to create that Gilmore Girls relationship with her. And it's just--it doesn't work that way. (Mother of 1 daughter (14), aged 43).*

Another participant mentioned the thoughtful way she reaches out to check in with her daughter after a difficult or uncomfortable conversation about sex or other topics:

> *With some uncomfortable conversations, I'll text her afterwards just to make sure she knows that she has another safe way to talk to me. Because she is more introverted and she doesn't like to initiate these conversations very much, but I like to give her a way that she can if she needs to. (Mother of 1 daughter (13), aged 36).*

This strategy of reaching out in a non-confrontational manner felt like a way for this participant to stay connected with her daughter. She described the importance of feeling like she had the text connection with her daughter and kept that channel of communication open even if her daughter did not feel like approaching her face-to-face. These examples of using alternative means of communication with daughters to meet them where they are at aligns perfectly with the active listening and honest communication components of clinical feminism.

Participants in this study also described having interactions with their daughters that involved explicitly stating to daughters that the choice to follow the guidance or advice was up to them. When discussing family values about sex and sexuality with her daughter, but also realizing her daughter's evolving autonomy, one mother stated the following:

> *I've told her that I believe that [sex] is designed for marriage and for a man and a woman. I'm also a realist, so I think that's really hard--my parents were of the generation where they tried to control it, definitely. And I'm more of, you've got to kind of teach them*

and teach them to be smart and make those decisions and make good decisions.

We talk about her body, we talk about the zones, like, "You have to decide what you're comfortable with before you get in that situation. Here are the boundaries I would like you to have--I'm not going to be there, so you're kind of going to have to decide what your own boundaries are". So, we've talked about that." (Mother of 1 daughter (15), aged 50).

Other mothers described similar interactions with their middle and late adolescent daughters; a sort of evolving type of communication where they still attempted to maintain influence when it came to important values about sex and sexuality, but then backed off and acknowledged that daughters were going to have to make their own choices in these situations.

One final example was found within the data of mothers choosing to back off and reexamine expectations as they simultaneously sought out means of continuing to maintain influence over some of their daughters' thoughts, actions, and choices surrounding sex and sexuality. This was the support that mothers sought from other women who they trusted to help influence and support their daughters from a different angle. Participants described relationships that their daughters had with other adult women who were either family members such as aunts or grandmothers, or other trusted adults like the mothers' friends, their friends' mothers, or church leaders. Mothers reported actively encouraging daughters to confide in these women, or to seek their advice on matters of sex and sexuality or other hard topics. One mother summed her feelings up as such:

I think ultimately, we need to have our daughters know that they need to have a safe person that they can go talk to. Whether it be [daughter's friend]'s mom or her particular mom, or a *mom, to ask questions about anything and everything, or come to when they do have issues. (Mother of 1 daughter (13), aged 38).*

Planning for the Future

Planning for the future in the context of establishing influence over daughters and examining expectations surrounding sex and sexuality and conversations about the same was discussed in every interview that was conducted. Participants generally reflected on the things that had already happened, but then most spent the bulk of the interview considering or explaining how they might proceed in many different hypothetical situations that their daughters could face; some of which were probable, and others that may be less likely. Some of the mothers in the study vacillated between knowing that they needed to talk to their daughters about certain topics to prepare them for the future and not feeling comfortable enough to engage in those discussions at the present time. Some examples of this were mothers who planned to have discussions with her daughter about birth control in the coming months but felt a lot of ambivalence surrounding the topic. A couple other participants struggled with thinking about what they would do if their daughter got pregnant out of wedlock and wanted to get an abortion; especially when it conflicted with their own Christian values. One mother described how she would handle this hypothetical situation:

> *That's a decision you've made, we're going to support you, and let's make sure that you can be as safe as you possibly can be. That's how I feel like if she said to me, I want to do an abortion. I would be like, okay let's get counseling, and then if you're still going to do it, let's go to the safest place. Do you know what I mean?. (Mother of 3 daughters. (13,13,17), aged 44).*

This mother, although admitting that she is personally opposed to abortion, still ultimately decided that if her daughter really wanted one in the event of an unintended pregnancy, that she would support her and help guide her through the process in a safe way. This example beautifully aligns with the reproductive justice component of clinical feminism and was

one of several examples that mothers gave about hypothetically supporting their daughters regardless of their agreement with daughters' choices. In these future hypothetical accounts, mothers continued to examine their expectations about daughters' thoughts, actions, and reactions as well as their own ability to establish influence for these specific scenarios. Even when considering that daughters may make choices that did not align with the mothers' Christian values, mothers expressed a desire to help guide their daughters through these choices.

Some participants never got as far as considering birth control or unintended pregnancy; but did talk about their discussions with daughters about their potential choice to have premarital sex. One mother described an interaction with her daughter about premarital sex that made her consider how she wanted to pursue ways to keep the relationship more open as her daughter grew and developed:

> *We actually had this conversation and [my daughter] said, "If I were to have sex before I got married, I wouldn't tell you." And then I was like, "Okay," and I go, "Why wouldn't you tell me?" And she's like, "Because you'd be really disappointed."... I hope [my daughter] saves herself for marriage--I don't have that expectation that she will; with her, I carry that dialogue, but we're still honest about it. I don't carry it to a point where she thinks, "I can't do this or my mom will judge me," it's just... I can't go there. So, part of the faith comes in it through prayer and just trusting God to help me as a parent and to protect her. (Mother of 1 daughter (15), aged 50).*

This mother went on to describe doing her best to let her daughter know that both having sex and telling her mother about it was her own choice while also feeling concerned about the strength of their relationship and the pressures she was placing on her daughter. She described verbatim a scenario in which her daughter felt like she would be judged if her mother found out she was having sex, and yet she still verbalized that she didn't want her message to come off in

that manner. This echoed the ambivalence of other participants when they discussed similar feelings about their daughters' virginity. This participant did also note that she still planned on attempting to influence her daughter to maintain her virginity until marriage, but that it was more important to her to protect her daughter from feeling ashamed and like her mother was judging her.

The mother in the above example added how her faith helped guide her with conversations with her daughter, as well as examining expectations for her own parenting as she navigates these challenging situations. When planning for the future, mothers examined expectations about how their daughters would act and react in certain situations; but also, about where they were at in expectations for themselves in terms of providing influence, advice, and support in future conversations and situations. Moving past insecurities and coming out of the "purity culture" to help guide her oldest daughter in a safe, healthy, and effective way was paramount to one participant:

> *It was overcoming my insecurities about what other people thought of me and being a good Christian woman; I shouldn't talk about sex. And how I realized that being a good Christian woman means I* should *talk about it. So… but it took a long time to get to that place. Even with sexual stuff, I'm like, "It will be difficult." So that's why I was more inclined to be like, "Hey, take these classes here, and here's a really good podcast. Here's a really – I like the outlook on this couple who does this podcast. Or you might find some nuggets in it." So, I think I need some more pointed material so she can, whether she wants to hear it or not, can get the next level of information. (Mother of 3 daughters (14,16,18).*

By acknowledging the difficulty of moving on from harmful messaging about sex and sexuality in her own life, this mother was taking steps to change the narrative of how she talks to

her daughter about sex. Realizing it would still be difficult for her to change the discomfort she felt about discussing sexual topics, the participant planned to utilize additional resources to help her reach her daughter as she moves into early adulthood. This mother described wanting to shift influence for her oldest daughter from authority figure to more of a peer relationship (while still offering her daughter the loving support of a mother).

The above example demonstrated a mother reflecting on her ability to communicate with her daughter about sex and sexuality and doing her best to support her daughter with information and feedback; even while sitting with her own discomfort as she attempted to move past it. Along these same lines, a final participant shared how she spoke with her daughter about realistic boundaries for "fooling around" with a boy while also maintaining safety and abstinence values. The following excerpt is an example of this mother's decision to continue to impart information about safety and values while also planning for future situations that her daughter may find herself in, and giving her age-appropriate, realistic guidance for how to proceed:

> *But I also know that lots of girls find themselves in difficult situations. So, I talk with her about sobriety and not being sober or being high makes it difficult to make a good decision about your body and your boundaries. I talked to her about her boundaries, so, "At your age, I wish that you would just hold hands; but if you want to fool around, keep it above the waist!" [These are] things that nobody would have ever told me or what might be an appropriate boundary if you're if you're 15 and going to fool around. (Mother of 1 daughter (15), aged 50).*

This mother took the time to discuss safety and boundaries with her daughter, while at the same time giving a realistic example of what might be appropriate and safe sexual behavior for a 15-year-old in a dating relationship. This clearly demonstrated the expectation that her daughter would most likely be "fooling around" with her boyfriend but was provided with a safe idea

about how to do so.

As previously mentioned, many participants learned to "test the waters" before engaging in conversations about sex and sexuality with their daughters in an effort to maintain connection and influence when parties may have potentially disagreed on choices or values. Mothers also reflected on how they would navigate this process as their adolescent daughters continued to develop. One participant described her reflections about these future conversations with her daughter and balancing the importance of establishing her influence while also examining expectations about her future role:

> *So, I don't want it to be divisive because I don't want to build a wall with her, but I do think it's very important that she knows where I stand--that doesn't mean I'm trying to change her mind, I'm not; but I think that I know that she will grow into not so quite a liberal stance and that's back where faith comes into play. And I feel like I need to love her, and pray for her, and support her, and trust god to work in her life in the way that He wants to. (Mother of 1 daughter (15), aged 50).*

This participant described using her faith and her relationship with God as a way to support her as a mother through the turbulent adolescent years. While desiring to maintain a connection with her daughter, she also realized she needed to let go of her perceived ability to control her daughter's actions.

The participant in the study who was most concerned with her daughter following the teachings of the church and the Bible to secure a place in heaven also described her same process of planning to provide influence while examining expectations for her daughter. Her thought process about future communication was consistent with other mothers, although her views and plans to achieve influence were divergent:

> *So, my plan for her as we get older, as she gets older, and the conversations will be*

geared more away from dating and doing anything sexual—any type of sex before marriage -- and just continuing to explain to her why she needs to value her body and herself especially nowadays, you know. (Mother of 1 daughter (13), aged 37).

This was the one participant who did not mention the need to back off in any way but was very optimistic about her ability to continue to influence her daughter in regard to sex and sexuality.

Ultimately, participants in this study felt that it was important to continue to keep lines of communication open with their daughters, and felt they still had a unique place to provide influence and support about considerations related to sex and sexuality. Mothers described a nuanced process of letting go in some areas while desiring to remain approachable and available when and if their daughters needed help or advice. Although some mothers expressed worries about daughters distancing themselves and their ability to continue to reach them when needed, they were generally optimistic in the end that they could still talk to their daughters about important topics and have them listen. One mother reflected on her feelings about her daughter still trusting her even as she is growing and becoming more independent. This influence, she felt, would aid her in future conversations about sex and sexuality as a strong foundation for more difficult conversations:

So, I think she still trusts my judgment. I mean, this might be getting into jumping ahead but she trusts my judgment and she hears what I'm saying. Like if I tell her - even if - but she's right there on the edge of like wanting to create her own independence, you know, her own decision. But she's still kind of still leaning in and listening, I can tell. (Mother of 1 daughter (17), aged 52).

Lastly, when I asked a participant if she had anything else that she felt was important for me to know about how she, as a Christian mother, talks to her daughter about sex and sexuality, she concluded with the following example of utilizing active listening and honest communication

with her daughter:

> *I think the only concrete plan is keeping the dialogue open, and she knows that she can talk about or ask about anything, and she knows that I'm going to talk about and ask about everything. And so, the concrete plan is to keep the dialogue open. And be accepting and be okay if they don't want to talk about it. But be there and ready when they do, or if they need to. (Mother of 1 daughter (15), aged 50).*

Conclusion of Findings

The mothers in this study described a clear process for communicating with their daughters about sex and sexuality. Although the goals of the mothers varied as far as their priorities and ideas about specific rules, boundaries, and information they wanted to impart on daughters, the process remained similar. Mothers felt it was important to instill both Christian and feminist values in their daughters surrounding sex and sexuality. The motivation for instilling these values in daughters was to provide for them a solid moral foundation that would protect them from potential harm. Mothers also attempted to protect daughters from specific harms that could arise from premarital sex; including physical harm, mental, emotional, and psychological harm, media-related harm, and harm related to Christian teachings. Finally, mothers described a personal process of establishing influence over daughters and examining expectations surrounding conversations about sex and surrounding events.

Another important note was that this communication process was not linear, and not necessarily cyclical in the same direction for every mother in the study. As adolescent daughters developed, and as mothers planned for growth and development, they often begun the process anew, or took a step back to prioritize a conversation or situation they felt required attention. Ultimately, all mothers in this study attempted to do the best they could to provide their daughters with the information, values, and messages about sex and sexuality that they thought

would most appropriately serve them as they grow and develop into young women.

Chapter 7: Discussion

Summary of Findings

The purpose of this dissertation was to examine the influence of Christianity and the role of feminism on mother-daughter conversations about sex and sexuality. This was accomplished by employing a constructivist grounded theory methodology to gather and analyze data from in-depth interviews with Christian-identifying mothers of adolescent daughters. The findings from these data yielded three major theoretical concepts: 1) instilling values, 2) protecting daughters from potential harm, and 3) establishing influence and examining expectations. Participants discussed the types of values that were important to impart on daughters, the use of these values as a means to protect daughters from potential harm, and the process of communication that was used to accomplish these tasks. Christian mothers described both instilling Christian values and feminist values onto daughters, although only one mother briefly labeled her ideas as feminist in nature (and sheepishly at that). Mothers described experiencing ambivalent feelings about how to both establish influence over their daughters in a way to align with their own values, as well as protect their daughters from potential harm stemming from either having premarital sex or experiencing harmful effects of the Christian "purity culture".

Instilling values included the importance for mothers to instill Christian values and values I characterize as feminist surrounding sex and sexuality in their daughters. Christian values included both overarching values such as "loving thy neighbor" and "refraining from judgment", as well as more specific sexual values such as living a heterosexual lifestyle and abstaining from sex until marriage or engaging in other "purity culture" expectations. Feminist values included the importance of consent and equality within a romantic or sexual relationship, the importance of developing a healthy self-worth, and the importance of female sexual pleasure. There were major overlaps in these areas as almost all mothers in the study described the convergence of

Christian and feminist values in conversations with their daughters about sex and sexuality.

The second theoretical concept was *protecting daughters from potential harm*. Mothers unequivocally described protecting their daughters from potential harm as an important parental duty. "Harm" was mostly described as physical or emotional harm that may arise from engaging in sexual situations. Some mothers also described potential harm stemming from the Christian teachings surrounding sex and sexuality (namely, the "purity culture") or, alternatively, perceived harm that could arise from not following these Christian teachings (e.g., going to hell).

The final theoretical concept was *establishing influence and examining expectations*. Participants described an iterative process of communication with daughters about sex and sexuality. Mothers attempted to establish influence over daughters' sexual values while also examining and reexamining expectations about their own feelings and perceptions about sex-related conversations, as well as their daughters' receptivity for conversations, actions, and behaviors. This process was also commonly described as being in response to external motivating factors (e.g., a sex scene in a movie viewed by their daughter), as well as their daughters' actions and responses to previous communication about sex and sexuality.

Together, these three theoretical concepts (*instilling values surrounding sex and sexuality, protecting daughters from potential harm, and establishing influence and examining expectations*) were components of a larger process that mothers used to communicate with their daughters about sex and sexuality in the context of being Christian women. The process for these participants was neither solely linear nor cyclical, but rather seemed iterative and repetitive as daughters developed and as mothers planned for the emerging growth and independence of their daughters as young women. The findings from this study are organized according to the study aims and situated within the current literature.

Aim 1: ***To understand how Christian teachings and religious affiliation influence the way that***

Christian mothers communicate to their adolescent daughters about sex and sexuality.

Unanimously, mothers in this study described Christianity as providing them with an important foundation for how they communicate with their adolescent daughters about sex and sexuality. Participants discussed their religious affiliation to varying degrees; mostly when comparing their denomination of Christianity to other denominations or when specifying something that was unique to their church or denomination. As mentioned in chapter 4, religiosity was not specifically measured. However, I got a good sense of the participants' Christian religiosity by asking them about the importance of Christianity and about the details of their religious practices. While none of the mothers specifically defined "religion", "faith", or "spirituality", two participants clearly described their spirituality as being "separate" from their religion. One of the participants who described her spirituality as being separate from religion went on to state that her religion was a way of "organizing spirituality" and felt that she was most spiritual when in nature or while doing mindfulness practice during yoga. This separation of the concept of "religion" from spirituality or faith implies that the moral foundation for some of the participants may be more deeply rooted in their spirituality and faith than in their religious affiliation.

The definitions of "religion", "spirituality", and "faith" are often muddled and misunderstood. Paul Victor and Treschuk (2020) recently published a critical review of literature about these concepts. This review found that spirituality was the most abstract and subjective; it could refer to quality of life, relationship with others, nature, or to the relationship with one's religion or faith (Paul Victor & Treschuk, 2020). Religion is defined as an organization of traditions and values belonging to a group of like-minded people, most often in service to God (Paul Victor & Treschuk, 2020). Faith was mostly referred to as deeply personal and in the context of one's relationship with God (Paul Victor & Treschuk, 2020). These

definitions of "spirituality" and "faith" especially are oftentimes personal and subjective but may play a large role in mothers' experiences with parenting their daughters and talking to them about things like sex and sexuality. Therefore, future research regarding the impact of a mother's personal religious beliefs on their parenting should include explicit understanding of the meaning mothers ascribe to "religion," "spirituality" and "faith."

According to the study inclusion criteria described in Chapter 3, Christianity was the common religion shared by all mothers in the study. As with the majority of the American population, these mothers identified with a millennia-old organization to provide their families with the groundwork for making important life decisions. One sociologist speculated that the emotional pull of Christianity was powerful enough to keep it popular even in modern day life (Smith, 2007). As previously mentioned in Chapter 2, Christianity not only provides comfort and purpose in this life, but, "at a most primordial level, Christianity gives its believers a universe that is not cold and empty" (Smith, 2007, p.167).

Although the participants in this study differed in their Christian denominations, many of them discussed similar morals, values, and teachings that were important to them personally and to their parenting styles. The Christian teachings that were most commonly addressed by participants in this study were the broad sentiments of loving God (Mark 12:30, Matthew 22:37-38, Luke 10:27, New International Version), loving one another (Mark 12:31, Leviticus 19:18, Matthew 19:19, Luke 10:27, New International Version) and refraining from judgement of others (Matthew 7:1, Luke 6:37, Romans 14:3, New International Version). More specific Christian teachings regarding sex and sexuality were also discussed by participants. These included the church's stance on homosexuality (Avishai & Burke, 2016; Barnhill, 2013; Maguire, 2004; Schenker, 2000), abortion (Guiahi et al., 2017; Mollborn, 2015; Pinter et al., 2016), and preparing for a safe and healthy marriage by abstaining from premarital sex (at times also

including “purity culture” messaging) (Klein, 2018; Santelli et. al, 2017).

Armed with these Christian teachings, participants were able to support the individualized messaging they felt was most important and productive to pass on to their daughters; or cite the lack of supporting Bible verses or church teachings for these views. As this messaging varied for participants (e.g., the importance of living a “pure lifestyle” vs. simply abstaining from premarital sex), they were able to cherry-pick specific Bible verses or teachings from Christianity to support them in their discussions with daughters. This way, Christian teachings and Bible verses could be used to the participants’ advantage as a supporting reference for the values that were most important to instill in their daughters *a la* the born-again mother who had flagged her Bible for specific verses about sex. One recently published study supported this type of confirmation bias amongst Christians based on personal ideology. Data found that interpretations of a Bible verse varied according to the participants’ own religious characteristics and views on gender roles, as well as slightly different wording of the verse itself with different translations of the Bible (Perry & McElroy 2020).

Most participants in this study displayed ambivalence when speaking to their daughters about certain Christian values. In an attempt to protect their daughters from harm, mothers felt that it was both important to encourage abstinence and simultaneously attempt to protect daughters from harmful “purity culture” messaging. Mothers described attempting to strike a balance between protecting their daughters from one type of harm (harm that may come from engaging in premarital sex) while not perpetuating another type of harm (harm that may come from “purity culture” messaging—e.g., shame). While most mothers described speaking to their daughters openly about sex and sexuality, it remained important to all of the participants to encourage their daughters to remain virgins; thus, promoting abstinence-only-until-marriage teaching.

As previously mentioned in Chapter 2, formal abstinence-only sexual education programs (AOSEP) are ineffective and unethical. AOSEP do not reduce STI rates among adolescents or prevent them from engaging in premarital sex regardless of intention to do so (Borawski et al., 2005; Bruckner & Bearman, 2005; Santelli et al., 2017). One study found that adolescents who attended AOSEP and made a "purity pledge" were less likely to use condoms when they did engage in sex, and less likely to be aware of their STI status than non-pledgers (Bruckner & Bearman, 2005). Another study found that the act of making a "purity pledge" was associated with sexual debut (Rostosky et al., 2003). Due to AOSEP messaging, these programs reinforce harm; they do not provide adolescents with important safety and risk-reduction information, they stigmatize and exclude youth who may already be sexually active or are members of the LGBTQ community, and they perpetuate harmful gender stereotypes (Santelli et al., 2017). Knowing that abstinence-only messaging (including AOSEP) perpetuates harm amongst adolescents, there is a higher potential for these adolescents to experience feelings of shame, which was discussed by participants in this study.

Within Christianity, female sex and sexual pleasure are most oftentimes taboo topics. The shame surrounding these topics is perpetuated by abstinence-only-until-marriage messaging and displayed blatantly within church communications and the media. Several participants mentioned shame specifically when talking about the harmful "purity culture" messaging that has been driven into popular culture by Christian teachings. The topic of shame, especially in the context of Christianity and/or sex and sexuality, could easily comprise an entire dissertation. For the scope of this dissertation, it is important to touch on shame as it was described by mothers as potential harm that was directly stemming from their religion. It is easy to assume that shame is the same as guilt or feeling bad about breaking rules. However, there are distinct differences between shame and guilt; and that is immensely important to the idea of shame surrounding

female sex and sexuality within Christian households. Famed shame and vulnerability researcher Brené Brown describes the difference between shame and guilt like this: “Shame is a focus on self, guilt is a focus on behavior. Shame is ‘I am bad.’ Guilt is ‘I did something bad’” (Brown, 2019). Although shame is a universal human experience, feelings of shame have been found to be higher in adolescents than in adults; and are more common in women than in men (Orth et al., 2010). Since shame is so deeply enmeshed in some of the church teachings surrounding sex and sexuality, this puts Christian women and their adolescent daughters at a high risk of experiencing chronic feelings of shame.

For many Christian women, including participants in this study, having sexual desires or experiencing sexual pleasure has been considered culturally inappropriate. Data supports that religiosity is associated with fewer sexual partners and later sexual debut (Haglund & Fehring, 2010; Moore et al., 2013; Rostosky et al., 2003). However, these studies did not measure attitudes about sex, sexuality, and feelings of shame. A recent study on religiosity and sexual shame found that feelings of shame were positively related to increased religiosity (Marcinechová & Záhorcová, 2020). Another study found that Christian women who had more fundamentalist ideals, but lower spiritual maturity had higher rates of sexual shame (Keller et al., 2015). This data reinforces the need to further define and study religiosity and spirituality explicitly when it comes to sexual attitudes and values in Christian women.

With the strict frameworks in place for how Christian women should conduct themselves according to “purity culture” (Klein, 2018), deviating from those expectations can cause serious distress and sexual dysfunction. Although a search revealed very limited scholarly literature on emotional distress and sexual dysfunction as a result of sex-related shame, author Linda Kay Klein interviewed women who grew up as members of the Evangelical church during the purity movement of the 1990’s (similar in age to the women I interviewed in this study, see table 4.1).

These women reported later having symptoms of anxiety and depression that were at times severe when engaging in sex with their husbands (Klein, 2018). Only two studies were found that have examined dyspareunia, or painful vaginal sex, in Christian women and linked this to the shame surrounding female sex and sexuality within Christian "purity culture" (A. Azim et al., 2020; Happel-Parkins et al., 2020). Anecdotally, I and other colleagues have reported seeing a pattern of vaginismus, vulvodynia, and dyspareunia in women who grew up in strict Christian households in which purity was encouraged; whether they are married or not.

Mothers in this study expressed strong desires to establish influence over their daughters by instilling Christian values as a means to protect them from harm. Participants reported the important aspects of Christianity that they wanted to pass onto daughters, while also intending to leave behind the teachings they felt were harmful. These mothers expressed ambivalence surrounding the importance of teaching abstinence to their daughters while at the same time attempting to protect their daughters from experiencing shame as a result of traditional Christian "purity culture" messaging. At times, important values for mothers were in direct contrast to each other, which may increase the difficulty Christian mothers have in communicating to their adolescent daughters about sex and sexuality. Ultimately, this study demonstrated the unique challenges that Christian mothers face when attempting to instill values, protect daughters from potential harm, and establish influence while communicating to them about sex and sexuality.

Aim 2: ***To explore the role of feminism in the context of mother-daughter communication with adolescent daughters about sex and sexuality within a historically patriarchal organization.***

Almost every participant in this study described values I labeled as feminist that were important for them to pass on to daughters during conversations about sex and sexuality. These feminist values included the importance of consent and daughters "owning their bodies and

sexualities", gender equality within a romantic or sexual relationship, and the importance of female sexual pleasure.

A large part of protecting daughters from potential harm surrounding sex and sexuality involved mothers attempting to support their daughters in developing a healthy sexuality during adolescence. In contrast with the stricter teachings from the Christian church, including "purity culture" expectations, most mothers felt it was important to counsel daughters on these feminist ideals that, as described by the participants, aligned with the reproductive justice component of clinical feminism as described in Chapter 3. Mothers also described utilizing both active listening and honest communication techniques with their daughters during conversations about sex and sexuality, again in line with components of clinical feminism.

Traditional feminist ideology supports equity and equality between genders by giving a new answer to millennia-old patriarchal institutions (hooks, 2015). In short, feminism gives women a voice and a choice. In more recent years, traditional feminism has expanded to address the intersectionality of women and their individualized experiences with oppression (hooks, 2015). Clinical feminism, as applied in the analytical framework for this study upholds the importance of reproductive justice, active listening, and honest communication. Mothers in this study described their evolving relationships with their daughters, and the role of feminist values within those relationships as they related to the development of a healthy sexuality and preparation for a fulfilling sex life. Almost every participant in the study described values that were in direct alignment with reproductive justice as it related to their relationship with their daughters and how they were communicating with daughters about sex and sexuality.

The mother-daughter dyad is unique in that it is both a parent-child relationship and a relationship that develops and changes over time with the common experience of historical gender oppression. The mother-daughter relationship has been studied in different sociological

and psychological contexts, as well as through a nursing lens in the healthcare field. These studies describe the protective nature of mother-daughter communication and the mother-daughter relationship in various aspects of health. One study found that increased communication between mothers and daughters during the time of adolescence can be supportive to a healthy psychological profile in daughters, as well as decreased transmission of mental health symptoms from mothers to daughters in households in which mothers have depressive symptoms (Manczak et al., 2018). Mother-daughter communication and monitoring was also found to facilitate strength of relationship and bonding (Bartlett et al., 2016). The same study found that greater incidence of mother-daughter church attendance was related to greater perceived mother-daughter bonding by the daughters in the study (Bartlett et al., 2016). In one of the only studies found on the effect of feminism on the mother-daughter relationship, data from 1983 demonstrated that the majority of adolescent daughters who reported a good relationship with their mothers perceived both themselves and their mothers as feminists (Notar & McDaniel, 1986). Together, data from these studies supports the role of feminism within Christian households as a protective measure for adolescent daughters.

Despite data supporting the positive influence of feminism on mother-daughter relationships, as well as the description of feminist values that were important for mothers in this study to instill in daughters that were in direct agreement with clinical feminism, only one mother described these values as being “feminist”. The hesitancy to label feminist values may be attributed to the influence of Christian teachings and traditional gender role expectations within the church. Participants often described feminist values that were important to them that were in contrast with traditional Christian teachings but were in alignment with reproductive justice. For example, several mothers were extremely passionate about the importance of equality within their own marriages as well as the future marriages of their daughters. This was in direct contrast

with traditional Christian teachings of wives being subservient to their husbands (Ephesians. 5:22-24, Colossians 3:18, 1 Peter 3:1, New International Version). Supporting feminist tenets may be socially unacceptable within certain Christian communities but using the label "feminist" to describe values may be even more stigmatizing within the church.

Although limited formal literature was found on Christian feminists, some of the staunchest opposition of feminism comes from right-wing Christians; many of whom are women. The common arguments presented in informal blog posts are most commonly about the importance of traditional gender roles, heterosexual relationships, and the objection to abortion. Perhaps Christian women worry that the label "feminist" will mean that they fully support things that they themselves or many Christian groups are opposed to, such as abortion and LGBTQ relationships.

Ironically, most articles on feminism and Christianity were found in support for the inclusion of feminist ideals within Christian households. One of my favorites that was published in 1971 is simply titled "Jesus Was a Feminist" and gives multiple accounts from the Bible of Jesus specifically defying social and cultural norms to blatantly promote the dignity and equality of women (Swidler, 1971). This article described Jesus' many interactions with women whom he treated with dignity and respect, usually in opposition to cultural norms of the time (Swidler, 1971). Another article deconstructs the idea of what constitutes "good sex" in the context of religion, the authors describe themselves as "Catholic feminists". They quickly define feminism and "good sex" in the context of religious tradition from historically patriarchal societies. The authors posited that in order to experience "good sex" in the context of Christianity, first one must deconstruct traditional teachings regarding sex, examine sexual pleasure outside the context of religion, and then reconstruct ideals based on these experiences (Hunt & Jung, 2009). Yet a third article describes the vast enmeshments with second wave feminism and Catholicism, as

well as the tensions between the Catholic church and the feminist movement. Braude (2004) details the opposition of the Catholic church to feminist movements such as the popularity of "The Feminine Mystique" and legalization of abortion; as well as the opposition of noted radical feminist activist Mary Daly to the Catholic church. Described in the article, Mary Daly writes off the Catholic church completely, labeling it as "irredeemably patriarchal" (Braude, 2004). In a final article, Keyes (1993) provides two sides to the Christianity/feminism debate and ultimately allows the reader to decide if Christianity and feminism can be compatible. One of her most striking comments is on the fact that oftentimes lack of education on these topics is a major barrier: "Both Christians and feminists have been guilty of stereotyping one another, without reading each other's literature or even talking to each other" (Keyes, 1993).

This small collection of literature along with the data from this study support the notion that tensions continue to exist between Christianity and feminism. With the consideration of this literature, and the Bible verses and Christian teachings in opposition to feminist tenets, it is understandable that Christian mothers in this study may have had difficulty in labeling themselves as feminists. In her book Feminism is for Everybody, bell hooks writes,

> *When feminist Christians began to offer new and creation-centered critiques and interpretations of the Bible, of Christian beliefs, however, women were able to reconcile their feminist politics and sustained commitment to Christian practice. However, these activists have yet to fully organize a movement that addresses masses of Christian believers, converting them to an understanding that no conflict need exist between feminism and Christianity…Until that happens organized patriarchal religion will always undermine feminist gains (hooks, 2015, p.107-108).*

Here, bell hooks describes the struggles of feminist Christians to reach a larger platform within the historically patriarchal organization, while remarking that, actually, feminism does not have

to be, and should not be, mutually exclusive from Christianity.

This study demonstrated that there is a strong supporting role of feminist tenets, especially relating to reproductive justice, within conversations about sex and sexuality between Christian mothers and their adolescent daughters. Clinical feminist values from a reproductive justice standpoint such as having agency over one's own body and sexuality, maintaining equality within sexual and romantic relationships, and experiencing sexual pleasure without apology or shame were prevalent in the data. Additionally, the strategic use of active listening and honest communication during conversations with daughters supported the importance of clinical feminist values to the mothers. These values were not labeled as "feminist" by the participants, with only one mother using the word "feminist" to describe a small aspect of her feminist ideals. This may be due to the historical divide between traditional patriarchal Christian teachings and feminist values. Understanding the role that feminism plays within mother-daughter conversations about sex and sexuality in the context of a Christian household is a gap in the literature that was addressed by this study. However, future research may benefit from a more explicit exploration of Christian mothers' perceptions of feminists and feminism within the context of their Christian faith to garner a better understanding of what they see as "feminist". In doing this, we may attempt to begin to address misunderstandings on both sides (Christian and feminist) about important values and ideals that may be in agreement with each other after all.

What Does it Mean to "Be a Feminist"?

As discussed in Chapter 2, feminism in the US began with the fight for women's suffrage in the late 1800's and early 1900's. Second-wave feminism in the 1960's and 1970's followed with the women's liberation movement. This included the fight against sexist discrimination as well as the fight for abortion rights and the invention of oral contraceptives. In the 1990's, feminism again evolved to begin to address the intersectionality of women. Today, feminism has

many offshoots and definitions. For the sake of this dissertation, I used bell hook's broad definition of feminism as a foundation: "feminism is a movement to end sexism, sexist exploitation, and oppression" (hooks, 2015). In working with the data gathered during this study, I opted to expand upon my own use of clinical feminism as an analytical framework. This provided a more complete idea of the additional feminist values that hold special importance to me as a clinician and a researcher.

In my personal life, I would describe myself as more of a radical (and trans-inclusionary) feminist than my participants may have realized. In my personal and professional life, I am driven by a passion for reproductive justice and operate under the idea that the patriarchy is harmful for all genders. Until patriarchy can be obliterated, men, women, and people of all genders will feel persecution, discrimination, and oppression within its confines. That being said, I have participated in traditions that some may see as upholding patriarchal institutions. For example, when I was married, I took my husband's last name because it was easier to pronounce and spell, and so that my family would share a surname when we had children. I give this personal example to explain clearly that the most important distinction between upholding patriarchal institutions and supporting feminist values is the right to choose what is best for oneself and one's family without apology or shame. In this way, in accordance with the foundations of reproductive justice, women may choose to become pregnant or not, abort those pregnancies or not, and stay home to parent their children or not and should not be made to feel that their personal choice is any less feminist than the alternative.

The women who participated in this study would not (I imagine) describe themselves as feminists, radical or not. However, even if they remain members of the Christian church as a historically patriarchal organization, they are consciously exercising their right to choose what they feel is best for themselves and their daughters in regard to communication about sex and

sexuality. Furthermore, almost all participants in the study described how they carefully and critically made the decisions to speak to their daughters using both active listening and honest communication in a way that upheld the important foundations of reproductive justice; in some cases, even agreeing that they would aid their daughters in obtaining an abortion if they choose to do so regardless of their personal feelings about abortions. So, while I originally approached this study with the notion that my Christian participants may be opposed to most feminist values, I was wrong. Although I cannot say that I personally agree with everything that these participants talked about during the interviews, 11 out of the 12 women I interviewed demonstrated calculated and consistent reports of feminist values and actions that were woven together with their Christian religiosity in a way that was, to put it simply, admirable to me.

Unprecedented Times

During the course of 2020 and into 2021, historical events in the US and worldwide affected all people to varying degrees. These issues, described below, likely impacted Christian mothers' willingness and availability to participate in this study. These issues also had the potential to cause Christian mothers to reevaluate their stance on important political and sociocultural topics, some of which were discussed within this study. Below is a description of these events and their implications for this study.

COVID-19 Lockdowns and Motherhood

In March of 2020 our nation, and much of the world, shut its doors. Businesses deemed "non-essential" were closed, from restaurants and gyms to concert venues and schools. Curfews were imposed, travel bans put in place, and a short time later, masking was implemented to impede the spread of COVID-19. As mentioned in chapters 3 and 4, Zoom and other internet-based video chat platforms became the primary means of conducting meetings, interviews, classes, and socially distanced visits. The sociological and psychological impact of this

pandemic, including the deviation from normal societal activities will be examined by researchers for many years to come.

When I began interviewing mothers for this study, we were already several months into the pandemic lockdown. Mothers talked about the pandemic, or about quarantine or lockdown as if it were somewhat of a routine at this point. Mostly, they talked about the new ways in which they attended church services or social gatherings; primarily on Zoom or outside in small groups of less than 10 people, six feet apart from each other. One mother specifically mentioned that she reminds her daughter not to kiss her boyfriend because of COVID-19. Some mothers mentioned stress and anxiety due to the pandemic, affecting both themselves and their children.

As previously mentioned in chapter 3, recruitment for this study was difficult. One potential explanation for this was the unique experience of being a mother during the COVID-19 pandemic. With schools closed, mothers were now tasked with assisting children with distance learning from home, maintaining their own work schedules, and comforting their families through unprecedented times that they themselves felt unequipped to handle. The evidence has poured in over the past year about how this pandemic environment has negatively impacted mothers across the nation. For new moms, postpartum depression and anxiety rates nearly tripled in 2020 compared with previous years (Gajewski, 2020). Over the past year, mothers have taken leaves from work or abandoned the workforce altogether due to multiple demands at home including the childcare crisis. Due to the burdens placed on working mothers coming to an apex during the pandemic, women were found to be leaving the workforce at four times the rate as men in 2020 (Schneider et. al, 2020). Single mothers, Black mothers, and Latina mothers were the groups hardest hit, with 1 million total mothers leaving the workforce in the US alone (Grose, 2021). With this increased strain on the gender gaps that working mothers face, it is no wonder that women were not more readily available to participate in additional activities, like this study.

Politics and Christianity

During 2020 and moving into 2021, the US also saw a time of increased political unrest that may have had a direct impact on Christian women within this study, and those who chose to not participate in the study. With the increase of protests from the Black Lives Matter (BLM) movement following the murders of several unarmed Black Americans by police officers, political tensions in the US expanded. Most prominently in 2020, the murders of Breonna Taylor and George Floyd, among an unfortunate number of others, sparked massive outrage and demonstrations across the nation. Since 2015, more than 135 unarmed Black Americans have been shot by police officers; 75% of which were white officers (Thompson, 2021). Outspoken against the BLM movement was the sitting president, Donald Trump.

On June 1st 2020 in the midst of the Black Lives Matter protest in Washington D.C., then-president Trump authorized the use of munitions against peaceful protestors to engage in a photo opportunity holding a Bible outside of famed St. Johns Church (Rogers, 2020). Christians across the nation were forced to reckon with the implications of these actions, as well as decide whether or not to continue to support Trump's rhetoric. Despite these actions (and many other arguably immoral actions), most Christians chose to continue their support for Trump, with a staggering 78% of white Christian Protestants in support of his reelection in 2020 (Smith, 2020). This support was again tested as right-wing conservatives (many of whom self-identified as Christian) stormed the US capitol in an attempted insurrection on January 6th 2021; reportedly in response to a rally held by Trump. Many rioters carried Bibles and led groups in Christian prayer; considering what they were doing "God's work" (Manseau, 2021).

Of course, these actions were unacceptable to a large number of Christians, and many were outspoken against both Donald Trump and his Christian followers. Several prominent Christian leaders condemned the actions of the rioters at the Capitol and called out the history of

white supremacy within the Evangelical faith (Manseau, 2021). This rift between right-wing Christians and "the rest" triggered ongoing divide amongst different Christian denominations and even amongst churches within the same denominations.

During the same timeframe, many Christians grappled with the lockdown and its implications surrounding religious services. Many churches across the nation refused to close for large in-person gatherings, even at the risk of facing fines or other punitive measures (Tchekmedyian, 2020). Due to this, COVID-19 outbreaks across the nation were directly linked to large church gatherings (Becker, 2020). Some Evangelical Christians attributed this lack of guided infection prevention to the importance of "being masculine"; citing that it wasn't "manly" to do things like use hand sanitizer, wear masks, or refrain from shaking hands (Mez, 2020). This display of fragile masculinity within Evangelical Christian churches may further pressure Christians to "choose sides" when it comes to following their church or following scientific guidelines for safety. In addition, this may further impact Christian women who feel an increased pressure to conform to traditional gender roles within the church culture.

Christian resistance to the COVID-19 vaccine has also been a major obstacle in the attempt to rapidly inoculate the nation. A mistrust in science combined with participation in online conspiracy theories about the vaccine has unfortunately led to a movement within the white Evangelical church to protest the distribution of the vaccine (Dias & Graham, 2021). In fact, the Pew Research Center has found that white Evangelical Christians are among the least likely groups to receive the vaccine (Funk & Gramlich, 2021).

The blatant opposition to science in tandem with the continued support of Trump by prominent Christian groups poses a major struggle for the many Christians who do not subscribe to those beliefs. The potential for participant discomfort surrounding the idea of what it means to be a Christian during this time in the US could have been an influencing factor in recruitment for

this study. Similarly, Christian women who do feel a mistrust toward science may have been wary to participate in a scientific study during this time. These unprecedented and challenging obstacles that our nation has faced during the past year have impacted us all; but may have had compounding implications for Christian mothers.

Limitations

The purpose of this study was to understand the experiences of a specific sample of self-identified Christian women during conversations about sex and sexuality with their adolescent daughters. Like all research, this study is not without limitations. First, although this research sought to understand the experiences of a heterogenous sample of Christian women in communicating with their daughters about sex and sexuality, the small sample size could have limited further saturation of important categories. With a larger sample size of Christian women, more central categories could have been raised to theoretical concepts, and ultimately to a formal theory resulting in richer data.

Next, although I asked participants questions to gain an understanding of their religious practices and identities, I did not specifically define or parse out the difference between faith, spirituality, and religion during the interviews This could have potentially led to a difference in understanding about the meaning of each term. If I had specifically defined each term, it could have provided additional data-driven context for the study that may have led to a greater understanding of the data. For example, understanding how each mother defined spirituality, faith, and religion, and how important each was to them specifically could have facilitated a more in-depth understanding of how Christian influence motivated each participant in their attempts to instill values, protect daughters from potential harm, and establish influence over their daughters when communicating about sex and sexuality.

Another limitation was the lack of a formal definition of the term “purity culture”.

Having grown up Catholic during the renewal of the purity movement in the 1990s, I assumed a shared understanding of everything that was included in "purity culture" expectations with the study participants, many of whom grew up in the same generation or one generation ahead of me. However, having an unspoken understanding of this shared knowledge could potentially have led to a misunderstanding if participants had a different idea of "purity culture" than I did. Although we discussed the components of "purity culture" as we understood them, there may have been pieces missing from these conversations when no formal definition was provided by either party.

Lastly, although I sought to study the perceptions of mothers in this study, it would have been invaluable to have data from their daughters as well. The addition of the daughters' perspectives would provide for a multifaceted understanding of the mother-daughter dyad within a Christian household. Hearing about the daughters' experiences with talking to their mothers about sex and sexuality could add additional layers to the data by either corroborating the mothers' perspectives or challenging them. This would also provide an understanding about the way that Christianity influences daughters in their perceptions and understandings of the potential harms they may face from engaging in premarital sex. Additionally, interviewing adolescent daughters of Christian mothers could help establish an understanding of the potential harmful messaging of the "purity culture" and its legacy including how that has affected daughters' sexuality, well-being, and sexual education experiences.

Implications

Clinical Implications

This study allowed for better understanding of where Christian mothers need additional support for talking with their daughters about sex and sexuality. Christian mothers could benefit from additional support from healthcare providers in having these talks with their daughters.

Having a solid understanding of both Christian teachings, "purity culture" influences, and maternal comfort with conversations about sex and sexuality could give providers a jumping-off point in their plans to support parents. Providers may use knowledge generated from this study to assess the readiness of Christian mothers to provide evidence-based and age-appropriate sexual education to their daughters. Resources that support Christian mothers' values as well as give clear information about adolescent sex and sexuality may be utilized to aid parents in attempting to protect their daughters from harm, including unintended pregnancy, STIs, and experiencing sexual shame and stigma.

Christian mothers who grew up with "purity culture" messaging may also be lacking in their own sexual health education. Utilizing a non-judgmental and inquisitive approach, providers may need to assess the sexual knowledge of mothers before they can help support them in conversations about sex with daughters. Helping to inform and educate mothers on a variety of topics such as sexual pleasure, normal genital appearance and function, when to seek sexual or reproductive healthcare, birth control options, STIs, sexual orientation and gender identities, and abortion care can provide a greater understanding of these topics (especially when mothers may have never previously discussed topics like these with a medical professional). Helping to equip mothers with additional evidence-based information about sexual and reproductive health can provide a solid foundation for the way mothers impart that knowledge onto their daughters.

Healthcare providers may also attempt a harm-reduction method for mothers who favor "purity culture" messaging for their daughters. These harm-reduction strategies include 'meeting mothers where they are' by gaining an understanding of their parenting goals related to sexual education and expectations for their adolescent daughters. After that, providers can tailor their approach by offering normalizing statistics for mothers (e.g., "most teenagers have a sexual experience before marriage") and following up with supportive questioning to prepare mothers to

think about harm-reduction strategies to pass onto daughters (e.g., “your daughter may decide to wait until marriage, but in the event that this does not happen, how will you help her protect herself from harm?”).

Knowing about the type of sexual education that is received at home can also further aid providers in planning for the care and education of adolescent daughters from Christian households. Since it is important to provide evidence-based and medically accurate sexual health information (as discussed in chapter 2), family planning and sexual health discussions with both mothers and daughters (or even the mother-daughter dyad) could provide much needed support and education for each party. Normalizing conversations about sex and sexuality could help facilitate conversations at home as the adolescent daughter grows and develops. In the more common event that the adolescent is seeking sexual or reproductive healthcare without her mother present, understanding the culture within the household can provide a barometer for the type of services and education she may require. These adolescents may require a more robust description of the risks and benefits of different sexual activities that may not be mentioned within the home (e.g., manual sexual stimulation, masturbation, oral sex, anal sex, using sex toys). Also, a comprehensive overview of consent and options available to reduce risks of sex (STIs and unintended pregnancy) should be offered.

Unfortunately, adolescent girls from Christian households may need to conceal their attempts to engage in safer-sex practices from their parents. As with one participant in this study, Christian mothers may be opposed to adolescent daughters engaging in any type of sexual practice under any circumstances due to their religious ideals. For these adolescent girls, providers must be sensitive to potential shame and stigma that may surround their sexual choices. Facilitating education surrounding these choices, as well as ensuring a safe home environment is of the utmost importance (ruling out any suspected child abuse). These patients

should be offered birth control options that uphold confidentiality, such as long-acting reversible contraceptive (LARC) methods or injectable contraception. Additional supportive resources such as counseling and mental health services should also be provided to these patients if needed.

Research Implications

This study is a first step in informing future research surrounding sexual education for adolescent girls in the context of Christianity. This study aimed to understand both the influence of Christian teachings on conversations about sex and sexuality between mothers and adolescent daughters, as well as the role of feminism within these conversations. The findings from this study open new gaps within the literature in this area of research. First, investigating more about the role of spirituality and faith for Christian mothers could unlock further understanding about the influence of Christianity on conversations about sex and sexuality with adolescent daughters. Understanding that spirituality and faith are different than religion, and also that they may each hold slightly different meanings for each participant could lead to additional discovery of how each influences thoughts, perceptions, and motivation of Christian mothers to talk about sex and sexuality with their daughters.

Next, interviewing samples of mothers from specific denominations may yield important data about the influence of those Christian denominations on conversations about sex and sexuality with daughters. For example, interviewing a sample of Catholic women may reveal very different findings than interviewing a sample of Evangelical or LDS women. Beginning this line of inquiry with a heterogenous sample of different Christian denominations provided a starting point for further research. However, parsing out denominations may lead to a more in-depth understanding of nuanced Christian influence in sexual education and conversations within the home.

Finally, future inquiry into the understanding of Christian mothers' perceptions of

feminism and feminists is warranted based on the findings from this study. This study demonstrated the importance of feminist values for Christian mothers when discussing sex and sexuality with their daughters, but also revealed the potential reluctance to label these views as feminist. Gaining a more comprehensive understanding of feminism within Christian households, especially as it relates to sex and sexuality, would provide researchers with a better understanding of the needs of Christian mothers and their adolescent daughters.

Future Research

A potential next step for this research includes replication of this dissertation study with a larger sample size of Christian mothers in the attempt to engender a formal grounded theory. This would add to the rich data from this study, and provide additional implications for healthcare practice, policy, and research. Drawing from findings from this dissertation study, I could also make comparisons between the two sets of data or move the inquiry in another direction as appropriate with a new sample of Christian mothers.

Another potential avenue for further research would be similar inquiry with a sample of Christian-identifying adolescent girls, or Christian mother-daughter dyads. This avenue would allow for a richer understanding of mother-daughter conversations about sex and sexuality within a Christian household but gaining data about the perceptions and experiences of the daughters during these conversations. If the study included mother-daughter dyads, a thorough observation of each of these dyads could provide additional non-verbal data about the relationship dynamics and the mother-daughter relationship within the historically patriarchal structure of the Christian household.

Conclusion

The findings from this study demonstrated the unique influences of Christianity and the role of feminism within the conversations between Christian mothers and their adolescent

daughters. Christianity and feminism are not mutually exclusive, nor should they be. Understanding the importance for Christian mothers to instill values, protect daughters from potential harm, and establish influence while examining expectations can aid healthcare providers in supporting and educating both Christian mothers and their daughters by providing additional resources, tailored interventions, and/or harm-reduction techniques. Healthcare providers can further support Christian mothers and their daughters by providing age-appropriate sexual education throughout childhood and into adolescence to normalize both the development of a healthy sexuality and conversations within the home about sex and sexuality within a historically patriarchal culture. Additionally, healthcare providers can provide both mothers and daughters resources, care, and information on sex and sexuality in a fact-based and non-judgmental way, while taking into consideration that one or both members of the dyad may strongly favor the idea of abstaining from sex until marriage but may also (perhaps more privately or unknowingly) agree with basic tenets of reproductive justice. The data presented from this study can assist healthcare providers in having open and honest dialogue about sex and sexuality with mothers of adolescent daughters, assisting mothers in supporting their daughters with the development of a healthy sexuality as well as the motivation and means to support the sexual and reproductive health choices of their daughters during adolescence and beyond.

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UCDAVIS HEALTH | BETTY IRENE MOORE SCHOOL OF NURSING

Appendix A: Study Flyer

Research Study for Christian Mothers of Teen Daughters

ABOUT THE STUDY

The purpose of this study is to learn about the mother-daughter relationship within a Christian household and how Christian mothers talk to their daughters about being a teen girl in today's world.

PROCESS

You will complete an interview in which you are asked questions about your relationship with your daughter and conversations you may have with your daughter. The interview will take about an hour.

To thank you for your time, you will receive a $20 Visa™ gift card at the end of the interview.

TO PARTICIPATE YOU MUST

- Identify as Christian (any denomination)
- Be a mother of a 13-19-year-old daughter
- Speak and understand English fluently

To join the study or to learn more: please contact Angela Todd.

Artodd@ucdavis.edu

(707) 285-7064

Appendix B: Demographic Questionnaire

1. Age: ____
2. Gender: _____
3. City/State of residence: _____
4. Highest level of education completed: _____
5. Number of children: _____
6. Marital status: _____
7. Race/Ethnicity: _____
8. Are you currently employed: YES NO
9. If yes, full time or part time? Full time Part Time N/A
10. What is the average (estimated) monthly income for your household? _____

Appendix C: Interview Guide

Sample Interview Script:

Thank you so much for agreeing to participate in this interview, I appreciate your willingness to meet with me and answer some questions.

Before we begin, I want to go over a few things and give you a little more information about the interview itself, and then ask you about any questions you may have. First, I would like to let you know that you are welcome to stop the interview at any time or ask to skip any questions that you are not comfortable answering. You can also let me know if you would like to come back to a question and answer it later. I will be using audio recording this interview, and you can also ask me to stop recording at any time.

After the interview is transcribed (written down), any information that identifies you or anybody you talk about will be removed.

I also want you to know that I am a legal mandated reporter. What this means is if you do disclose to me any current or past abuse of a child or elder, I will need to report it to the police or child protective services.

Lastly, if you decide that you do not want me to use data gathered from this interview, you have the right to ask me not to use it—even after the interview is over. Do you consent to participating in this interview? Do you have any questions for me before we start the interview?

Semi-Structured Interview Guide

Interview Domain: Gathering information about religiosity
Examples of the types of questions to be asked, and potential wording:
1. What is your Christian denomination/branch?
2. How often do you attend church services?
3. How important is your religion to you?
4. How much time do you spend praying or studying the Bible outside of church?

Interview Domain: Characterizing the Mother-Daughter Relationship
Examples of the types of questions to be asked, and potential wording:
1. Would you please start by telling me a little bit about your daughter?
a) Age and grade in school?
b) Hobbies or interests?

2. How would you describe your relationship with your daughter?
a) Has it changed over time? How so?
b) If the relationship is not ideal: what do you wish your relationship was like?

Interview Domain: Mother-Daughter Conversations about Sex
Examples of the types of questions to be asked, and potential wording:
3. Can you tell me about a time that you had a conversation about sex with your daughter?

a) When did this happen/?
b) How old was your daughter?
c) What was the context of the conversation (i.e., how was this brought up? Who initiated it?)
d) How did it go? How did you feel about it?
e) OR: if a conversation hasn't happened: Can you tell me about your plans to have a conversation of this nature?

4. What are the things that are most important to you to express to your daughter during these types of conversations?
a) Thoughts or feelings about the conversation in general?
b) Content that you feel is important for them to know?
c) Values or traditions?

5. Is there any content in this area that you feel should not be discussed with your daughter?
a) Why or why not?
6. Is there anything you feel only you (as your daughter's mother) can teach her about regarding this topics that nobody else could?

Interview Domain: Examining the influence of Christianity in Conversations about sex
Examples of the types of questions to be asked, and potential wording:
7. Has your religion or faith ever guided you in these conversations with your child?
a) How has it guided you or not guided you?
b) Are there any specific teachings or practices from Christianity that you keep in mind when thinking about having these conversations with your daughter?

8. Is there anything that you would talk to your daughter about regarding these topics that you feel would not be ok in the eyes of the church?
a) How would you approach these topics?
b) How would you feel after having these conversations?

9. Can you tell me about any personal experiences as a Christian woman that you may have had that have shaped or changed your plans for how you talk/will talk to your daughter about sex?
a) Personal experiences in relationships?
b) Experiences receiving sexual education?

10. After you have/have had conversations about sex with your daughter how do you feel afterward?
a) Positive or negative feelings?
b) Worries or concerns?

Closing questions
Examples of the types of questions to be asked, and potential wording:
11. We are almost at the end of the interview-is there anything else that you can think of that you want to let me know?

General probes that may be used

1. What made you feel that way?
2. Tell me more about that
3. Can you give me an example of a time when this happened?
4. What did you mean by…?
5. How did that make you feel?

Sample closing scripts:

Thank you so much again for your time and for answering these questions. It will add a lot to what we are learning from this study. I do not have any more questions at this time. Is there anything else you want to share with me before we end the interview? This concludes the interview.

Appendix D: Study Consent

University of California at Davis
Consent to Participate in Research

Title of study: Exploring the Influence of Christianity on Mother-Daughter Conversations
Investigator: Angela Todd

Introduction and Purpose
You are being invited to join a research study.
The purpose of this study is to see how Christian mothers talk to their teen daughters about topics that teens may face and how their religion may drive those conversations.

If you agree to participate in this research, you will be asked to complete a short questionnaire and participate in an interview. You will be asked questions about your involvement in church and about your teen daughter and how you discuss important topics. It will take about 60 minutes to complete the questionnaire and interview.

The interview will be audio recorded and video recorded and transcribed, but your name will not be included on the transcription.

There is no direct benefit to you from taking part in this study. We hope that the research will give us a better understanding about how to help families navigate difficult conversations with their teenaged daughters.

The risks of this research are minimal. Some of the questions might make you feel uncomfortable or upset. You do not have to answer any of the questions you do not want to answer.

Confidentiality
As with all research, there is a chance that confidentiality could be compromised; however, we are taking precautions to minimize this risk. Your responses to the questionnaire and interview questions may include information that identifies you. Any identifiable information will be handled as confidentially as possible. However, individuals from UC Davis who oversee research may access your data during audits or other monitoring activities.

To minimize the risks of breach of confidentiality, we will keep all information under encryption and password protected. There will be limited access to these records with only the investigators on the study viewing or listening to them. After the study is completed all information will be permanently deleted or destroyed.

Compensation
To thank you for participating in this study, you will receive a $20-dollar visa gift card after you complete the interview

Rights

Participation in research is completely voluntary. You are free to decline to take part in the project. You can decline to answer any questions and you can stop taking part in the project at any time. Whether or not you choose to participate, or answer any question, or stop participating in the project, there will be no penalty to you or loss of benefits to which you are otherwise entitled.

Questions
If you have any questions about this research, please feel free to contact the investigator at *(707) 285-8064* or *artodd@ucdavis.edu.*

If you have any questions about your rights or treatment as a research participant in this study, please contact the University of California Davis, Institutional Review Board at 916 703 9158 or HS-IRBEducation@ucdavis.edu.

If you agree to take part in the research and allow the interview to be recorded, please give verbal consent at the time of the interview.

Appendix E: The Research Process

"…it is virtually impossible to understand grounded theory methodology prior to using it"

-Brené Brown, in the appendix to her book, Daring Greatly

To say that undergoing the dissertation writing process has changed the way I think would be an understatement. I knew going in that this would not be easy; but I could not fully grasp the challenges that I would face nor the lengths that I would go to overcome those challenges. The words "iterative process" meant very little to me, and I brushed them off without comprehending the extent to which this process would begin to take over my life. Similar to parenting, the challenges in completing this study and writing this dissertation were things that I thought I understood sufficiently prior to doing them. I was wrong. In fact, having completed this dissertation, I take comfort in the new curiosity that I have gained in learning things I didn't know; especially when they change my mind about preconceived ideas.

In the beginning of this study, I was most concerned with recruitment. With everything going on (See: Unprecedented Times in Chapter 7), how could any mother give their time to this study? In the midst of my own struggles with working and parenting while attempting to write a dissertation during a global pandemic, I found myself wondering why on Earth I had taken on this work. I was feeling increasingly fragile and concerned that a participant would say something inappropriate or hurtful during the interviews (I had had plenty of verbal abuse slung at me from Christian-identifying anti-choice protestors during this time). I made a huge effort to continuously check and recheck my biases and journaled about my experiences to help maintain awareness and composure on difficult days. I ended up taking an unpaid leave of absence from my job when I could no longer juggle work, dissertation writing, and distance-learning with my daughter in the midst of the uncertainty that the nation faced politically. I vividly remember the

interview that I conducted on election day, with both the participant and I distracted by the incoming news and also sharing a common hope for the election outcome. I also remember waiting, transfixed by the news, during the attempted insurrection of the US capitol while both of my scheduled participants missed their time slots; and feeling relieved that I didn't have to talk to anyone that day.

The coding process seemed easy to me at first. Open coding was almost a free for all in which I coded everything, willy-nilly, until most words in the transcript were highlighted. "There!", I thought, "I'm coding word for word-just like the texts say to do!". Although it was a good first try, and the coding process could not have continued without this step, I realized fairly quickly that I was coding mostly for content and missing out on the important context of the data. My codes included labels like "birth control", "abortion", and "Bible verse". I didn't realize how thin the data seemed while I was coding in this manner until I attempted to complete the definitions in my codebook and move on to the next level of coding. This is where I met my first real stall in analysis. I had checked all the boxes; the memos, the codes, the process-I was doing it. I was frustrated that so many of my codes seemed unimportant to my aims, so I reread Charmaz as well as sections of Glaser and Strauss and Strauss and Corbin. I also spent lots of time having conversations about my ideas with my dissertation chair. This was when the concept of using gerunds to understand social processes helped something to click into place in my brain and I went back through the data with this idea in mind.

After that, I realized that axial coding would help me to understand the data from a completely different angle and I was both annoyed and excited that I would be thinking and doing more than I had previously imagined doing with these data (how silly I was to think that I was anywhere near the end of my analysis, which did not stop until the final finishing touches were put on my results chapters). Axial coding helped me to weave together the storyline of what

was happening within the data, and I was able to memo in a different way about the data that was being constructed at this point. For example, my code "abortion" was not just mothers talking about abortion. Here they were imaging scenarios in which they may prioritize their daughters' physical and emotional well-being over their personal beliefs and values. This is a way of examining expectations and choosing to relinquish control in this area as a means to protect daughters from harm as the daughter develops her autonomy.

Seeing processes like the one described above that were reported across several of the interviews brought me back to my aims for the study. From the beginning of the study, I was able to begin to see areas of communication between mothers and daughters that were influenced by Christianity. However, it was later in the analysis process that I really begun to recognize the role of feminism within mother-daughter conversations about sex and sexuality. I also started to better understand the complexity of the ambivalence that mothers faced when sharing about conflicting views or values.

One thing I truly did not anticipate was the power of writing as an analysis tool. I understood memo writing and how that bolstered my thinking and analysis, but it wasn't until I began writing drafts of my results chapters that I understood how important the writing process was to my analysis. Writing drafts was as much as an analysis process as coding was. Writing helped me flesh out ideas and understand what was important and what was truly going on in the data. As I continued to write and revise, I was able to tell a more compelling story of what was grounded in the data. At one point while I was writing what I thought would be a nearly complete draft of a results chapter, after having talked at length with my dissertation chair, I had a realization that what I had originally coded as "maintaining control" was wrong. This caused me to swear loudly and reevaluate the entire theoretical concept that I had constructed from the

data. Ultimately, “control” and “maintaining vs. relinquishing control” became “establishing influence and examining expectations”, a true fit.

Around this same time, I started to become truly obsessed with my data; thinking about it while awake, dreaming about it while asleep, writing notes to myself to check transcripts and journaling about things that no longer made sense in the light of day. I also spent time making a mess in my office of what I jokingly referred to as my “murder board”; a collection of papers and post-it notes that I arranged on the wall like a detective obsessed with tracking down the serial killer. I learned more about how my mind works, and ultimately how I could harness my creativity to do scientific inquiry.

When I went back to revise my methods section from my study proposal, it was so weak and incomplete that I had to just completely rewrite it, having found a brand-new understanding of what it meant to conduct grounded theory-based research. I still am not sure that anything I could write could accurately describe the mental gymnastics that was grounded theory-based qualitative analysis. I do, however, leave this process with newfound respect for the mental, emotional, and psychological fortitude that it takes to theorize at a doctoral level.