

Hispanic Parent-Child Relationships and Communication on Substance Use and Sex in 4th-6th Graders

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Abstract:

Background and Purpose: Parent-child communication is vital in preventing pre-adolescent health risk behaviors such as substance use and sex, yet little is known about these dynamics in Hispanic families. This study explored how Hispanic parents and their pre-adolescent children communicate about such risks.

Methods: Using a qualitative descriptive design, researchers conducted focus groups and interviews with 24 Hispanic parents and 23 children (grades 4–6) from an afterschool program in the Southeastern U.S. Data were analyzed using conventional and directed content analysis.

Results: Children expressed love and respect for their parents but were hesitant to discuss sensitive topics. Parents wanted to guide their children but struggled with timing conversations about sex, managing media use, and general parenting challenges. Mothers noted that fathers were often less involved in these discussions.

Conclusions: Culturally and developmentally tailored interventions are needed to support Hispanic parents in addressing risk behaviors with their children.

Keywords: Hispanic, Parent-Child Communication, Pre-adolescents, Sex, Substance use.

Hispanic children and adolescents are disproportionately affected by health risk behaviors including substance abuse and sexual risk behaviors (Estrada *et al.*, 2019). Hispanic youth have the highest prevalence of drug use (synthetic marijuana, cocaine, and crack; Miech *et al.*, 2020) and a significantly higher prevalence of vaping compared to adolescents of other races/ethnicities (Miech *et al.*, 2017). In addition, Hispanic youth have a higher rate of marijuana use by 8th grade than non-Hispanic Black or White youth (14.3% vs. 11.6% and 8%; Miech *et al.*, 2020). In terms of youth sexual risk behaviors, Hispanic youth have lower rates of contraceptive use and higher rates of pregnancy than other groups (Lantos *et al.*, 2019). Hispanics are the largest and youngest minority population in the United States (U.S.; Noe-Bustamante *et al.*, 2020) and account for nearly 19% of the population (62.1 million people) according to the last census (U.S. Census Bureau, 2020). Thus, it is of paramount importance to support and nurture healthy growth of Hispanic children and families.

Research has shown that family-based interventions can decrease health risk behaviors among Hispanic adolescents and empower parents to communicate with their adolescents about such behaviors. Such

interventions have shown high acceptability, and randomized controlled trials demonstrate the positive effects of family-based interventions on family functioning and youth risk behaviors, specifically in reducing drug use and unprotected sexual behaviors (Estrada *et al.*, 2019). The intervention was designed to inform and equip parents to talk with their adolescents about health risk behaviors and allow the parents to practice what they learned during individual family sessions. Furthermore, research aimed at identifying protective factors against health risk behaviors among Hispanic youth highlight the potential role of parent-child communication (Ruiz *et al.*, 2021). Existing research suggests, for example, that the frequency of parent-child communication regarding topics such as sexual health and parents' knowledge and preparation to give appropriate information to the youth are important factors to consider (Coakley *et al.*, 2017). In addition, when examining factors that promote parent-child discussions about sex topics, a mother's sexual communication responsiveness (i.e., knowledge, comfort, skills, and confidence) was the most consistent predictor of discussions between parents and children. On parent-child communication about drugs, children of parents who were least likely to promote open substance-specific prevention communication had the highest rate of substance use compared to those who had more open and active communication within their families (Choi *et al.*, 2017).

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However, the role of parent-child communication in health risk behaviors *prior to adolescence* has been less extensively studied. Research has shown that the pre-adolescent years have significant impact in children's lives and may contribute to lifelong development of health-related habits, influencing their present and future health and reducing their involvement in health compromising behaviors (Forti-Buratti et al., 2016). During pre-adolescence, emerging issues of children's electronic and social media use has also been a concern. A recent survey indicated that half of the parents of children under age 11 found age-inappropriate content in the YouTube videos they were watching (Auxier et al., 2020). Moreover, although children under age 13 cannot create their own social media accounts, one in five children had access to social media from their own electronic devices (Auxier et al., 2020). This evidence is concerning as literature shows that by adolescence, many are already exposed to media content that promote, encourage, or normalize high-risk health behaviors (Vente et al., 2020). Within this context, it is imperative that researchers examine how Hispanic parents and their pre-adolescent children are communicating about health risk behaviors to inform future interventions in this unique and understudied group of children and families during a crucial developmental period. Therefore, the purpose of this study was to explore the perception of parent-child relationships and communication about health risk behaviors (i.e., sexuality, substance use) among Hispanic parents and their pre-adolescent children.

METHODS

This study used a qualitative descriptive design (Sandelowski, 2000; Sandelowski, 2010) to uncover Hispanic parents' and children's perceptions of parent-child relationships and communication about health risk behaviors through focus groups. Details are described below.

Participants

The participants were recruited through a partnership with a community-based afterschool program in an area that Hispanic immigrants reside. To be included, each parent/primary caregiver/legal guardian (referred to hereafter as parents) had to meet the following inclusion criteria: raising a child in the 4th to 6th grade; of Hispanic descent who speaks and understands Spanish or English; and is willing to consent to participate in the study. Separately, each child had to meet the following inclusion criteria: In the 4th to 6th

grade and of Hispanic descent; speaks and understands English; has a parent who was willing to consent the child to participate in the study. A research team member met with potential parent participants ($n=28$) when they came to pick up their children at the afterschool program. Study details were explained in a private location, and all questions and concerns regarding the study were addressed prior to parents signing consent forms. Parents consented for their own and their child's participation in focus groups. Of the 28 parents in the afterschool program, 24 consented and attended a focus group meeting (86%), including 23 females and 1 male. Two parents declined (irregular work schedule, $n=1$; not feeling comfortable, $n=1$), and 2 parents consented but did not attend (reasons unknown). While 85% were parent-child pair, the rest were not. Parent focus groups were conducted both in the mornings and in the evenings, and parents had an option to choose the timeframe for their participation in the study. The assent form was explained to the children, and questions were answered prior to starting their focus groups. The children's focus groups were conducted during the children's afterschool program time. A total of 23 children participated in the study (see Table 1 and 2 for participants' demographic information).

Procedures

The study received the university's IRB approval. Each research team member completed the CITI training and study specific trainings. Focus group facilitators received additional training, although all facilitators had previous experience moderating focus groups. Four focus groups were conducted with children, with each group including 4-7 participants. Five focus groups were conducted with parents, all in Spanish, with groups ranging from 2 to 9 participants (Focus group 1-4,6), and one English speaking parent was interviewed individually (Interview 5). All data were collected in March 2021.

Each focus group lasted approximately one hour, and all sessions were audio-recorded. Parents received \$40 cash for their participation and \$20 gift cards for their children's participation. Example questions from the focus group are as follows: "Tell me about your opinion/experience in talking to your child about (alcohol/smoking cigarettes/vaping/drug use/sex and contraception/use of electronics and/or what to and what not to look at on the Internet)," and "What makes it (uncomfortable/comfortable) to talk about

Table 1: Parent Demographics (n=24)

| Characteristics | M | SD |
|--------------------------------|----------|------|
| Age | 38.9 | 6.51 |
| | <i>n</i> | % |
| <i>Gender</i> | | |
| Male | 1 | 4.2 |
| Female | 22 | 91.7 |
| Prefer not to answer | 1 | 4.2 |
| <i>Place of birth</i> | | |
| US-born | 3 | 12.5 |
| Puerto Rico | 2 | 8.3 |
| Continental US | 1 | 4.2 |
| Non-US born | 21 | 87.5 |
| Mexico | 10 | 41.7 |
| El Salvador | 6 | 25 |
| Cuba | 2 | 8.3 |
| Honduras | 2 | 8.3 |
| Nicaragua | 1 | 4.2 |
| <i>Education completed</i> | | |
| None | 1 | 4.2 |
| Primary school | 9 | 37.5 |
| Middle school | 5 | 20.8 |
| High school | 6 | 25 |
| Technical/Vocational | 1 | 4.2 |
| University/Post-graduate | 2 | 8.4 |
| <i>Annual Household Income</i> | | |
| Less than \$10,000 | 5 | 20.8 |
| \$10,000 - \$29,999 | 8 | 33.3 |
| \$30,000 - \$49,999 | 3 | 12.5 |
| \$50,000 - \$74,999 | 2 | 8.3 |
| \$75,000 - \$99,999 | 2 | 8.3 |
| Prefer not to answer | 4 | 16.7 |

Table 2: Child Demographics (n=23)

| Characteristics | M | SD |
|--------------------------------|----------|------|
| Age | 10.8 | 1.01 |
| | <i>n</i> | % |
| <i>Gender</i> | | |
| Male | 7 | 30.4 |
| Female | 15 | 65.2 |
| Prefer not to answer | 1 | 4.3 |
| <i>Puberty-related changes</i> | | |
| Axillary hair | 4 | 21.7 |
| Started menstruation | 3 | 20 |
| <i>Place of birth</i> | | |
| US-born | 21 | 91.3 |
| Non-US born | 2 | 8.7 |

(alcohol/smoking cigarettes/vaping/drug use/sex and contraception/use of electronic and social media, and/or what to and what not to look at on the Internet?)” The parent and child focus groups used similarly structured outlines based on the same types of questions. All focus groups had one facilitator (doctorally-prepared nurse or study staff) and a co-facilitator and/or notetaker. The co-facilitators and notetakers were undergraduate research assistants (RAs) or the study staff members. The interview was conducted by a single facilitator (doctorally-prepared nurse) so that the number of study staff members did not exceed the number of participants.

Data Analysis

For children’s data, conventional content analysis was utilized (Hsieh & Shannon, 2005). Conventional content analysis is data-derived, which means codes are generated from the data themselves in the course of the study (Sandelowski, 2000). Then, for parents’ data, a combination of directed and conventional content analysis was used to explore major themes emerging from the parents’ data. The directed content analysis uses preset codes (Hsieh & Shannon, 2005). In this study, these preset codes came from themes merged from children’s focus group data. Conventional content analysis was then applied to create additional themes as any additional themes emerged.

The audio-recorded data were transcribed verbatim by trained RAs, with the transcriptions subsequently reviewed by another RA. Bilingual RAs completed Spanish transcriptions. The data were analyzed with their original language. To begin the data analysis, the RAs read the transcriptions to identify themes, which they then discussed with the rest of the research team through regular team meetings (Creswell & Poth, 2016). A code book was created to facilitate the coding process. NVivo software was used to aid in the data analysis process. For each dataset, the coders reached consensus before finalizing the analysis. All coders were bilingual and bicultural (Spanish and English). Coders either had prior qualitative data analysis experience or were trained and closely supervised by an experienced qualitative researcher during the data analysis.

Data saturation is reached when no new information emerges from participants during data collection and sufficient information has been gathered to allow replication of the study (Bradshaw *et al.*, 2017). The study team determined data saturation using the

aforementioned criteria. Rigor was maintained through the various strategies described below. To ensure dependability, an audit trail was established that included participant quotations, drafts of the subcategories identified, and the creation of a codebook and a code sheet. To ensure credibility, member checking was conducted in which the study results were presented to the community partners for accuracy and feedback. Finally, to ensure confirmability, an external audit to examine codes and quotes was done by a person who was not involved in the data analysis process. Data triangulation was ensured by providing corroborating data in field notes and coding results. In addition, multiple coders were used for the data analysis, and a researcher experienced in qualitative analysis supervised the research process. Finally, two RAs independently coded the transcripts, which was followed by a research team discussion to reach consensus.

RESULTS

The following focus group themes are described below. Children’s themes about themselves are loving their parents, being willing to hear what their parents wanted to talk about, and communicating openly with them. Children’s themes about their parents are parents’ assumptions regarding children’s potential risk behaviors and use of electronics. Parents’ themes about their children are that children don’t listen, try to be independent, say they already know, and are in their own world. Parents’ themes about themselves are how they restrict the use of electronic devices, engage fathers, desire to support and protect their children, face parenting challenges, and communicate with them.

Children’s Themes: About Themselves

Loving Their Parents

Children spoke about how much they love their parents. A participant stated, “I have good parents and I love them” (FG 1). Participants spoke about what they love about their parents in various manners. One participant stated, “They take good care of me” (FG 2). In addition, participants spoke about mutually loving relationships. A participant stated, “They show love to me and I show love to them.”(FG3).

Willingness to Hear What Parents Want to Talk about

Some participants did not feel comfortable talking with their parents about sex. A participant stated, “It would be embarrassing.” Another participant said,

"...it's not comfortable if they talk about it." However, other participants commented that they would be willing to speak about sex and other topics (e.g., liking boys/girls, substance use), and they said they would listen to "what they [parents] have to say" (FG 1). A participant further explained, "Well yeah, because my parents are trying to tell me something that they believe I need to know, so when they wanna tell me something like, I, I, I, like I have to hear it" (FG 3).

Talking to Parents

Some participants said they feel comfortable talking with parents or asking questions about health risk behaviors. A participant commented, "They do, like, they are calm when I tell them because they understand what I am going through because they've probably experienced it, too" (FG 4). However, others were hesitant to speak with their parents or ask them questions about substance use, sex, or other topics related to growing up. A participant stated, "My mom says that I can tell my mom anything but I mostly like to keep it in a secret between myself" (FG 2). This participant has previously explained that "Sometimes they tell me to tell them when I do something they won't get mad but they end up getting mad..." (FG 2). A different participant explained why she did not feel comfortable asking questions about drugs: "Like they will question like why I am bringing it up" (FG 4).

Another participant said, "I was at the [cell phone store] at one time, my friend was there like smoking some kush. And then I just said I didn't wanna do it" (FG 4). When the facilitator asked if he talked with his parents about this incident, he continued, "Nah. Well I just don't tell them. I just don't feel comfortable enough to talk" (FG 4). Other participants also explained why they would be hesitant about talking with their parents. A participant stated, "The way they are gonna act up with what you say or something" (FG 4). Another participant said, "Um, I feel like they're kind of ground me or something" (FG 4).

Children's Themes: About Their Parents

Parents' Assumptions about Children's Potential Risk Behaviors

Child participants spoke about how parents made assumptions about them. A participant stated, "Because she thinks that like every boy I talk to... I'm dating... I'm like no, no, they are just friends only. That's kind of weird....Yeah. She thinks like, um, I'm kinda close and she is like 'ohhhhh yeah'" (FG 1). Similarly, some children commented that parents

believed that they had used substances. A participant said, "... they think...the friends that I have say do it so like, so they think I do it so like. I don't really do it...they don't really trust me" (FG 1).

Use of Electronics

Participants spoke about what their parents said or did not say about the use of electronic media (watching television; playing video games; and using a computer, tablet, or cell phone, which included accessing to social media platforms). When asked about the amount of time they are allowed to spend on electronics, some gave specific numbers and others did not. A participant stated, "No, but they always tell me to be like off" (FG 3). Another participant talked about how her parents diversified her activities. She said,

Yeah, so, I would say that my parents have give me like a little bit of time to play on my electronics. And usually... It's 'cause I have like a lot of pets outside so they usually give me about like two, three hours to play and then I also have to go back and play with my pets and my siblings, ... my sister, or draw and read a book (FG 1).

Moreover, another participant said, "They just let me" (FG 1). They also mentioned how their parents check on their electronic use. A participant stated, "Yeah they just look at the screen" (FG 1). Another said, "Well, sometimes they check on me. And, then they leave..." (FG 1).

There was no specific comment on any child safety mechanisms or password protection that parents used to restrict the use of their children's electronic devices. A participant commented, "No. Probably depends on storage, but other than that, um, there's no limit" (FG 3). Some participants mentioned whether parents did or did not talk about interacting with people online. One said her mother stepped in when the participant talked with someone through an online game platform:

I met I met someone on a... on a...and... on a game... and then we started being friends and for somehow my mom saw that she was acting weird and she was like be careful and then it was a boy so my mom told me to only hang out with friends that I know... (FG 2)

However, other participants offered different perspectives. A participant said, "My parents have no

problem with that. They just... I don't tell them like who I'm playing or stuff like that" (FG 3). The facilitator inquired further about what parents tell the participant; he responded, "Oh. Nothing. Nothing really...Yeah, they know" (FG 3).

Parents' Themes: About Their Children

Children Don't Listen

Parents expressed that children did not listen to what parents said and failed to do what parents ask them to do. A parent stated, "She doesn't listen to us." (FG4). Some parents identified their children's cell phone use as the reason they do not listen. A parent commented, "...I ask her to do something, she hears me but sometimes she takes her time to do it because she wants to be close to the phone" (FG4).

Children Trying to Be Independent

Representing a common theme, one parent spoke about occasions when she and her child did not agree on certain things: "Sometimes I want her to decide the same as me, that's it... and she wants to decide something and I say that I am the one in charge, then we crash..." (FG2). Another parent stated, "So she is like just starting to be the rebel in doing things that she is not supposed to do" (FG6).

Children Say They Know

Parents expressed that when they try to have a conversation about health risk behaviors with their children, the children respond that they already know what parents are talking about. A parent who started a sex talk with her son said, "they already know, he tells me, 'no, I already know.' That's what he tells me, 'I already know mom about what you are talking about. Like I cannot touch a girl, or I have to... I know what I have to, I'm gonna buy at the store'" (FG4). Another parent mentioned one time she spoke with her daughter: "my daughter is 11 years old and yes I speak about, for example, about the period, she tells me, 'No, I know mami, I know that'" (FG6).

Children Are in Their Own World

Parents also commented that their children would stay in their room all day playing video games or doing other things they like to do. A parent said, "she is closed in her room and doesn't leave" (FG6). Another parent said, "there are days in which ... they (children) lock themselves in their rooms and don't want to talk with me...I don't know how to get closer..." (FG1). Parents explained that children are always close to

their phones, engaged in group chats, playing video games, and/or watching YouTube or "the Tik."

Parents' Themes: About Themselves

How Parents Restrict the Use of Electronic Devices

Parents stated that they desired to restrict what children can view or download by using a child protection feature, applying YouTube kids, and/or not sharing the account password. Parents tended to take phones/electronic devices away from children if they did not do what parents asked them to do. A parent commented, "...sometimes he's on the phone, I go in and he hides it. So, I'm the one who grab the phone. The phone doesn't have a password because like I tell him, as long as I pay for it, I look at everything you look at" (FG4). Others would take their children outside so that they are not continuously engaged in electronic device use. A parent stated, "...I started to take him to the park for a walk so that he wouldn't be so involved in the computer and watching games" (FG2).

Father's Engagement

As participants were primarily females (23 of 24), comments about fathers' engagement emerged. Some mothers were separated from their partners, which presented challenges. As a mother stated, "It's difficult because I'm mom and dad"(FG6). Others spoke about lack of engagement or lack of consistency from the father. Another mother stated,

I adore him [the participant's son] but as much as I try to explain to him, he is, he locks himself in his world ... I have my husband, but it's like I don't have him. He's a zero. No, no. He isn't there, he doesn't take care of how [name of the son] is doing. What does [name of the son] do... (FG2)

Desire to Support Children

Some parents spoke about having conversations with their children as a way to build trust with them and wanting to support and guide their children to think for themselves. A parent stated,

...as a mother, I can express to him how I feel about the subject and how together we should handle that communication and that it should always be open and gain that trust. So that when he has a question we can talk without him being afraid of how I am going to react, or tell him "no, this is the way it is here and here." No,

because I think it is very important that he comprehends, that he has that comprehension of the subject so that he can take it with him in any situation he is in (FG4).

Also, a different parent commented, "I think that conversations should be intentional..." (FG4). Another parent stated, "We have to have... a very open mind and a lot of preparation so that we don't say 'no, that's bad' but to know how to guide them" (FG1).

Messages to Protect Children

Parents spoke about protecting children by emphasizing "not to let anyone touch your private parts" (FG3). Parents also spoke about contraceptives as a way to protect their children from potential sexual risks. Although a few parents said they have spoken with their children about sex, others have not, as one parent stated, "I haven't yet...I've had that talk of...you have to protect yourself, (but) I'm not there yet" (FG3). Another stated, "She (child of the mother) has to protect herself" (FG4) without specifying about how the child could protect herself.

The other message was to be careful about how to engage with social media on the Internet. A parent stated, "I tell em nothin' wrong with social media...you wanna have friends. But I tell them, you also wanna be careful with who writes you, cuz you never know who's on the other side of that screen" (FG5). Another parent stated, "Someone uploaded a video of a 13 year old girl...so we go and watch it...and I'm always talking to her about security. And everything about, what happens on the internet, the applications that are out there" (FG3).

Parenting Challenges

Parents expressed being worried, with one parent stating, "To be honest I don't know what would be my biggest worry. Cuz with the way things are, I worry about everything" (FG5). Another parent expressed, "Stressed!...you don't know how to approach, or... I don't know, sometimes you spend the whole day thinking about how to approach" (FG1). Feeling frustrated, another parent said, "Sometimes it's like hitting a sponge...." (FG4), referring to the difficulty in getting through to her daughter.

Communication

Some parents expressed feeling good about being able to speak with their children and gaining understanding from them. A parent stated, "I've spoken

openly with my children, I explain about things, and I believe they understand me" (FG6). Sometimes parents did not know how to respond because the topic was unfamiliar to them. Related to the topic of same sex relationships and related matters, a parent stated, "So, you don't even know what is good to say or not to say because now they are teaching you all that" (FG1). Other times, parents did not speak about certain topics as they are waiting for their children to ask questions. A parent stated,

I have talked about sexuality in general, but personally, I have not talked to her about sex because I think she is eleven years old, she is not ready yet. When the first question comes, we'll sit down and talk about it (FG6).

DISCUSSION

Parent-focused programs to prevent youth health risk behaviors tend to target families with adolescents, but much less is known about parent-child communication about health risk behaviors in *pre*-adolescence, a period that may be important for the prevention of youth health risk behaviors (Forti-Buratti *et al.*, 2016). To begin to fill this gap, we conducted focus groups with *both* parents *and* children and identified emerging themes around parent-child communication. Findings reflect potential resources and challenges in parent-child communication about sensitive topics such as youth sexuality and health risk behavior engagement and the role of electronic and social media in children's lives.

Several themes emerged that reflect potential strengths in the relationships among parents (primarily mothers) and their pre-adolescent children. First, children expressed positive affection for their parents and their willingness to listen to what parents say. In addition, some comments reflected children's recognition that parents are able to listen (remain calm) and may understand some of their challenges. These insights by children highlight potential strengths in some children's willingness to have open lines of communication with parents. Similarly, parents expressed a desire to support and guide their children and have open conversations with them about difficult topics. They wanted to protect their children from potential dangers associated with health risk behaviors. Some parents indicated feeling positive about their efforts to speak with their children about sexuality and health risk behaviors or their plans to do so when appropriate.

At the same time, both parents and children identified potential challenges around effective communication about health risk behaviors. From children's perspectives, some suggested that parents made assumptions about their engagement in health risk behaviors, such as dating or using substances, if they brought up these topics. Some children felt unsure about discussing some taboo subjects with parents because they were worried about parents' reactions and inconsistency in parenting practices. Parents described challenges around children listening to them (more generally) and expressing their independence from parents. Others noted that children often indicate they already know about these sensitive topics and do not need parents to explain.

These findings indicate that parents need various skills to communicate effectively with their children and must be prepared to discuss topics that can be difficult and emotional. In our study, parents want to protect their children but tended to use vague warnings without any direction on how to manage or avoid potentially dangerous situations. This reflects the findings from Miller *et al.* (2009) stating that parents need knowledge and skills to communicate with their children. Interventions that support parents' development of knowledge and skills to communicate can help parents feel more efficacious and become more comfortable communicating with their children.

Turning to electronic and social media usage, parents and children had different perspectives on this topic. Some children expressed that their electronic and social media usage was limited by their parents to a set amount of time daily, while others did not have that boundary; instead, some parents of children without set boundaries required their children to participate in other activities as a way of diversifying their entertainment. Further, children did not state that their parents were actively involved in safety mechanisms for their electronic and social media usage, such as monitoring of online activity or sharing passwords with their parents. On the other hand, parents perceived themselves as closely involved with child safety mechanisms including taking their devices away if the children disobeyed the rules set for electronic and social media use. However, they did not know how to restrict their children's electronic and social media use by managing the settings.

The stark differences in perspectives between children and parents regarding electronic and social media use has been highlighted in adolescence, but

not in pre-adolescence. According to Biernesser *et al.* (2020), adolescents view social media as a platform for honest expression, whereas parents view it as an interference in their children's lives. The literature highlights the potential negative outcomes associated with use of electronic and social media. Douglas *et al.* (2021) and Gabreilli *et al.* (2018) emphasize the importance of parent mediation of technology/social media use for adolescents to prevent potential risks associated with misuse of social media, such as depression, anxiety, and health risk behaviors. In reality, parent-child communication about social media included indirect solicitation about the child's online presence. Parents would ask their children to see the social media profiles of their other children, or try to discretely get their passwords, therefore undermining open and effective communication between the parent-child dyad (Biernesser *et al.*, 2020). Yardi & Bruckman (2011) has also noted the absence of clear communication between parents and children regarding boundaries and social media use, and that parents' lack of familiarity with the technology contributes to the lack of communication. Further, parents' attempts to discretely monitor their children's social media left their children feeling resentful (Biernesser *et al.*, 2020). Thus, these results illustrate the importance of honest and open communication between parent and child regarding social media use (Biernesser *et al.*, 2020). When parents were successful in their communication, their children had positive responses such as understanding and respecting the established boundaries, including sharing passwords and transparency of their social media profiles (Biernesser *et al.*, 2020).

In our study, parents expressed that their children "were in their own world" in regards to electronic and social media use and expressed not being able to relate to the level of engagement their children have with their electronic and social media. Further, parents in this study used different techniques to control their children's time on electronic and social media use but in general did not have set boundaries. Importantly, there has been progress in addressing parents' need for resources related to media restriction and monitoring. The American Academy of Pediatrics (2021) has offered several recommendations regarding social media use, including recommending adequate sleep, physical activity, and time away from media. Nonetheless, literature shows that parents desire even clearer guidelines and better access to resources (Gabreilli *et al.*, 2018). In our study, parents expressed that they wanted access to more resources to make

conversations surrounding misuse of electronic and social media easier with their children. Based on the focus group themes that emerged, it is implied that children have more control over their electronic and social media use than their parents, a situation that concerned parents. More studies are needed to further examine the parent-child communication on electronic and social media use and how to set appropriate boundaries and safety mechanisms. By exploring communication between parents and children, researchers can develop appropriate tools and methods to facilitate open, honest, and effective conversations regarding electronic and social media usage that will take into account the different perspectives from both the parents and children.

Another recurrent topic was the readiness of a child in discussing health risk behaviors. Several parent participants expressed that they do not think their pre-adolescent child is ready for these discussions given his/her developmental stage. Some pre-adolescent participants also expressed a similar sentiment that they do not feel ready to talk about sex and substance use. In fact, literature shows that it is common for parents to think their children are too young for sex information and have difficulty acknowledging their children's sexuality (Flores & Barroso, 2017). However, a gap seems to exist between children's knowledge about sex and what parents think their children know. Thus, parents may need guidance regarding strategies to evaluate what their children are being exposed to and how to counter false information that children may be exposed to through social media and Internet sources.

The parents who discussed not having a partner mentioned taking on both mother's and father's roles. Even those who have partners commented on the lack of involvement of their partners in communicating with their sons and daughters about substance use and sex. Traditionally in Hispanic culture, mothers are considered responsible for raising children, including their spiritual education (Castillo *et al.*, 2010). The literature shows that mother figures across races and ethnicity are more likely than father figures to be involved in communicating about topics related to sexuality and that more topics are discussed among same-gender versus mixed-sex dyads (Evans *et al.*, 2020; Flores & Barroso, 2017). In our study, mothers want their partners' support in communicating with their children. Research on Hispanic fathers' perspectives is fairly limited, but some research has focused on other ethnic-racial groups. Randolph *et al.* (2017), for

example, conducted focus groups with African-American fathers and their pre-adolescent and adolescent sons regarding their perceived barriers to sexual health communication. The fathers noted that they had difficulty initiating sexual health discussions with their sons, that they were concerned about their sons' developmental readiness, and that their own lack of experiences in talking with their own fathers about sex served as barriers to communication. Among a sample of predominantly White parents, Kane and Morrongiello (2019) found gender differences in communications with sons versus daughters about safety: Daughters are more likely than sons to spontaneously disclose safety issues to parents, and parents are more likely to discuss safety issues and provide teaching to daughters than to sons. Further for boys, a positive parent-child relationship predicted increased parental teaching in response to safety-relevant issues. Thus, more research is clearly needed to increase our understanding of ways to involve fathers, including Hispanic fathers, in parent-child communication about substance use and sex, and to examine potential differences with sons and daughters.

Implications

Research Implications

Findings of this study suggest potential resources for Hispanic families and their pre-adolescent children related to communication about health risk behaviors. Culturally-grounded and developmentally appropriate interventions (McNulty *et al.*, 2019) are potential tools that can equip parents to have critical conversations with their pre-adolescent children. Understanding the individual and family context of non-US born Hispanic parents raising children in the US is crucial to developing programs that support the healthy development of these children. Moreover, it is essential to do so during a developmental period when prevention efforts may be optimal. This study should serve as a building block for developing strategies to promote effective communication about youth risk behaviors.

Practice Implications

Healthcare providers and school personnel who work with families are in a crucial role to make a tangible difference in the lives of parents and their pre-adolescent children. Particularly, nurses, both registered nurses and nurse practitioners, are in a position to support pre-adolescent children's health and related parent-child communication when families visit

outpatient facilities for well-child checkups or specialty care clinic visits. School nurses and community health nurses are in a similar position with opportunities to interact and educate families. Additionally, guidance counselors and mental health counselors at schools are in a critical place to closely interact and intervene with families as appropriate. To promote healthy psychological/emotional growth in their children, it is ideal for parents to take an active role in parent-child communication about substance use and sex. Nurses can guide parents to remain sensitive to their children's changes and cues in order to determine the best time to begin discussions about substance use and sex. These conversations may not be one-time events but may instead be ongoing or proceed in a gradual manner. A parent should provide factual information as needed while listening to child's concerns and answering questions, with parent and child together exploring the answers/options if appropriate. Also relevant is media literacy, as the use of electronics is linked to the diverse sources of information and/or connection to people beyond in-person circles, impacting the child's physical and mental health both positively and negatively (Wood *et al.*, 2016). Nurses along with school personnel are in the optimum position to support parents so that they can develop their children's media literacy and healthy habits in using electronics, making them a tool to enhance well-being and academic achievement of children rather than a negative influence or a source of confusion.

LIMITATIONS AND FUTURE RESEARCH

This study is unique in highlighting both Hispanic parents' and 4th-6th children's perspectives. With regard to parents, the majority were mothers, and thus we were unable to learn about the experiences of fathers in communicating with their pre-adolescent children. Future studies should make additional efforts to recruit fathers. In addition, future studies should consider using a dyadic approach to understand potential similarities and differences in mothers' and fathers' communication about pre-adolescents' health risk behaviors. This study focused on a specific group of parents in a single community, primarily Spanish speaking immigrant parents and their English speaking (primarily U.S.-born) children, thus the readers should interpret the data and consider transferability accordingly.

CONCLUSION

This study highlighted the themes that emerged among Hispanic parents and their 4th-6th grade children

around communication related to health risk behaviors. Parents and children highlighted the positive affectual bonds that serve as a relationship strength, but parents also identified some barriers that they perceived in communicating with their children about health risk behaviors. For both parents and children, topics related to sex were difficult to discuss, and determining the timing was perceived as challenging. To best support the healthy development of pre-adolescents into their adolescent phase, culturally-grounded and age-appropriate interventions are needed for parents so that they are equipped to have meaningful conversations about health risk behaviors with their children.

CONFLICT OF INTEREST STATEMENT

All the authors declare that there is no conflict of interest that we need to disclose.

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HUMAN SUBJECT RESEARCH

The study was approved by the University of Miami Institutional Review Board (approval number: 20180464) and was in compliance with the ethical standard.

REFERENCES

- American Academy of Pediatrics. (2021). Beyond screen time: A parent's guide to media use. *Pediatric Patient Education*. https://doi.org/10.1542/peo_document099
- Auxier, B., Anderson, M., Perrin, A., & Turner, E. (2020, July 28). *Parenting children in the age of screens*. Pew Research Center. <https://www.pewresearch.org/internet/2020/07/28/parental-views-about-youtube/>
- Biernesser, C., Sewall, C. J., Brent, D., Bear, T., Mair, C., & Trauth, J. (2020). Social media use and deliberate self-harm among youth: A systematized narrative review. *Children and Youth Services Review*, 116, 105054. <https://doi.org/10.1016/j.childyouth.2020.105054>

- Bradshaw, C., Atkinson, S., & Doody, O. (2017). Employing a qualitative description approach in health care research. *Global Qualitative Nursing Research*, 4, 2333393617742282. <https://doi.org/10.1177/2333393617742282>
- Castillo, L. G., Perez, F. V., Castillo, R., & Ghosheh, M. R. (2010). Construction and initial validation of the Marianismo Beliefs Scale. *Counselling Psychology Quarterly*, 23, 163–175. <https://doi.org/10.1080/09515071003776036>
- Choi, H. J., Miller-Day, M., Shin, Y., Hecht, M. L., Pettigrew, J., Krieger, J. L., & Graham, J. W. (2017). Parent prevention communication profiles and adolescent substance use: A latent profile analysis and growth curve model. *Journal of Family Communication*, 17(1), 15–32. <https://doi.org/10.1080/15267431.2016.1251920>
- Coakley, T. M., Randolph, S., Shears, J., Beamon, E. R., Collins, P., & Sides, T. (2017). Parent-youth communication to reduce at-risk sexual behavior: A systematic literature review. *Journal Of Human Behavior In The Social Environment*, 27(6), 609–624. <https://doi.org/10.1080/10911359.2017.1313149>
- Creswell, J. W., & Poth, C. N. (2016). *Qualitative inquiry and research design: Choosing among five approaches*. SAGE Publications.
- Douglas, K. D., Smith, K. K., Stewart, M. W., Walker, J., Mena, L., & Zhang, L. (2021). Exploring parents' intentions to monitor and mediate adolescent social media use and implications for school nurses. *The Journal of School Nursing*, epub. <https://doi.org/10.1177/1059840520983286>
- Estrada, Y., Lee, T. K., Wagstaff, R., Rojas, L. M., Tapia, M. I., Velázquez, M. R., Sardinias, K., Pantin, H., Sutton, M. Y., & Prado, G. (2019). eHealth Familias Unidas: Efficacy trial of an evidence-based intervention adapted for use on the internet with Hispanic families. *Prevention Science*, 20(1), 68–77. <https://doi.org/10.1007/s11221-018-0905-6>
- Evans, R., Widman, L., Kamke, K., & Stewart, J. L. (2020). Gender differences in parents' communication with their adolescent children about sexual risk and sex-positive topics. *The Journal of Sex Research*, 57(2), 177–188. <https://doi.org/10.1080/00224499.2019.166134>
- Flores, D., & Barroso, J. (2017). 21st century parent-child sex communication in the United States: A process review. *Journal of Sex Research*, 54(4-5), 532–548. <https://doi.org/10.1080/00224499.2016.1267693>
- Forti-Buratti, M. A., Saikia, R., Wilkinson, E. L., & Ramchandani, P. G. (2016). Psychological treatments for depression in pre-adolescent children (12 years and younger): Systematic review and meta-analysis of randomised controlled trials. *European Child & Adolescent Psychiatry*, 25(10), 1045–1054. <https://doi.org/10.1007/s00787-016-0834-5>
- Gabrielli, J., Marsch, L., & Tanski, S. (2018). TECH parenting to promote effective media management. *Pediatrics*, 142(1), e20173718. <https://doi.org/10.1542/peds.2017-3718>
- Hsieh, H. F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, 15(9), 1277–1288. <https://doi.org/10.1177/1049732305276687>
- Kane, A., & Morrongiello, B. A. (2019). Parent-child disagreements about safety during preadolescence. *Journal of Pediatric Psychology*, 44(10), 1184–1195. <https://doi.org/10.1093/jpepsy/jsz056>
- Lantos, H., Manlove, J., Wildsmith, E., Faccio, B., Guzman, L., & Moore, K. A. (2019). Parent-teen communication about sexual and reproductive health: Cohort differences by race/ethnicity and nativity. *International Journal of Environment Research and Public Health*, 16(5), 833. <https://doi.org/10.3390/ijerph16050833>
- McNulty, M., Smith, J. D., Villamar, J., Burnett-Zeigler, I., Vermeer, W., Benbow, N., Gallo, C., Wilensky, U., Hjorth, A., Mustanski, B., Schneider, J., & Brown, C. H. (2019). Implementation research methodologies for achieving scientific equity and health equity. *Ethnicity & Disease*, 29(Suppl 1), 83–92. <https://doi.org/10.18865/ed.29.S1.83>
- Miech, R.A., Johnston, L. D., O'Malley, P. M., Bachman, J. G., Schulenberg, J. E., Patrick, M. E. (2020, June). *Monitoring the future national survey results on drug use, 1975–2019: Volume I, secondary school students*. Institute for Social Research, The University of Michigan. 2020. http://monitoringthefuture.org/pubs/monographs/mtf-vol1_2019.pdf
- Miech, R., Patrick, M.E., O'Malley, P.M., Johnston, L.D. (2017). What are kids vaping? Results from a national survey of US adolescents. *Tobacco Control*, 26(4), 386–391. <https://doi.org/10.1136/tobaccocontrol-2016-053014>
- Miller, K. S., Fasula, A. M., Dittus, P., Wiegand, R. E., Wyckoff, S. C., & McNair, L. (2009). Barriers and facilitators to maternal communication with preadolescents about age-relevant sexual topics. *AIDS and Behavior*, 13(2), 365–374. <https://doi.org/10.1007/s10461-007-9324-6>
- Noe-Bustamante, L., Lopez, M. H., & Krogstad, J. M. (2020, July). *U.S. Hispanic population surpassed 60 million in 2019, but growth has slowed*. Pew Research Center. <https://www.pewresearch.org/fact-tank/2020/07/07/u-s-hispanic-population-surpassed-60-million-in-2019-but-growth-has-slowed/>
- Randolph, S. D., Coakley, T., Shears, J., & Thorpe, R. J., Jr (2017). African-American fathers' perspectives on facilitators and barriers to father-son sexual health communication. *Research in Nursing & Health*, 40(3), 229–236. <https://doi.org/10.1002/nur.21789>
- Ruiz, Y., Taylor, Z. E., & Cavin, R. (2021). Parent-adolescent communication as a protective factor against adolescent alcohol and tobacco use: Reported narratives from youth from Hispanic farmworker families. *Journal of Adolescent Research*, 36(4), 315–341. <https://doi.org/10.1177/0743558420906084>
- Sandelowski, M. (2000). Whatever happened to qualitative description?. *Research in Nursing & Health*, 23(4), 334–340. [https://doi.org/10.1002/1098-240X\(200008\)23:4<334::AID-NUR9>3.0.CO;2-G](https://doi.org/10.1002/1098-240X(200008)23:4<334::AID-NUR9>3.0.CO;2-G)
- Sandelowski, M. (2010). What's in a name? Qualitative description revisited. *Research in Nursing & Health*, 33(1), 77–84. <https://doi.org/10.1002/nur.20362>
- U.S. Census Bureau. (2020, June 25). *65 and older population grows rapidly as baby boomers age*. <https://www.census.gov/newsroom/press-releases/2020/65-older-population-grows.html>
- Vente, T., Daley, M., Killmeyer, E., Y Grubb, L.K. (2020). Association of social media use and high-risk behaviors in adolescents: Cross-sectional study. *JMIR Pediatrics and Parenting*, 3(1), e18043. <https://doi.org/10.2196/18043>
- Wood, M. A., Bukowski, W. M., & Lis, E. (2016). The digital self: How social media serves as a setting that shapes youth's emotional experiences. *Adolescent Research Review*, 1(2), 163–173. <https://doi.org/10.1007/s40894-015-0014-8>
- Yardi, S., & Bruckman, A. (2011). Social and technical challenges in parenting teens' social media use. *Proceedings of the SIGCHI Conference on Human Factors in Computing Systems, Canada*, 3237–3246. <https://doi.org/10.1145/1978942.1979422>

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