

## **Risky Sexual Behavior of Foreign-born and Native-born Emerging Adults: Influence of Mother-Daughter Relationships during Adolescence**

Emerging adulthood, including the late teens and early twenties, comprises a period of heightened risk behavior and increased risk of contracting sexually transmitted infections. As the age and timing of first marriage has increased, there is a longer period of time in which emerging adults engage in risky behaviors including unprotected sexual activity with multiple partners. In fact, both native-born and foreign-born women who are 20 to 24 years old have the highest unintended pregnancy rate, and the second highest STI rates (only slightly lower than those 15 to 19 years). As researchers work to increase healthy sexuality over the life course, it is important to consider how early life development, migration, behavior, and context contributes to emerging adult sexual health.

A largely unexplored area of research is how nativity status influences early life context and the subsequent influences on young adult engagement in risky behaviors. Studies have shown that aspects of the parent-adolescent relationship like quality and communication protect against sexual risk during adolescence for native-born and immigrant populations. Relatively few studies have considered the influence of the parent-adolescent relationship on emerging adulthood and whether the relationship quality established in adolescence continues to exert an influence on behavior as youth of differing nativity statuses transition to adulthood. This study uses the National Longitudinal Study of Adolescent Health (Add Health) Wave I (1994-95) and Wave III (2001-02) to examine the parent-adolescent relationship, specifically mother-daughter relationships, for immigrant and native-born groups during adolescence and risky sexual behaviors during young adulthood.

The focus is on the following research questions: (1) Are higher quality mother-daughter relationships and increased mother-daughter communication associated with decreased

likelihood of sexual initiation among daughters by young adulthood? (2) Are higher quality mother-daughter relationships and increased communication associated with decreased risky sexual behaviors during young adulthood? (3) As generational status increases, are higher quality mother-daughter relationships and increased mother-daughter communication less protective against sexual risk?

This study utilizes reports only from adolescents who were interviewed about their parent at Wave I, and who completed the sexual health questionnaire as young adults in Wave III. Given the research purposes, the analysis is limited to those who are female, have reports of their sexual activity at Wave III, were living with a mother-figure, and had complete data on mother-daughter relationship characteristics and nativity status (N=6,149) from Wave I. The analysis uses weighted data.

I conducted bivariate analyses of each independent variable and the dependent variable to determine if communication, quality, and nativity status are related to sexual risk behaviors. Next, I used several multivariate models to examine the association between quality, communication, and nativity status with number of sexual partners in the last 12 months, STI diagnosis in the last 12 months, and condom use at last intercourse, while controlling for individual and family background characteristics. Negative binomial regression models estimated the effects of mother-daughter relationship quality and communication and nativity status on number of sexual partners, and logistic regression models estimated the effects on condom use at last sexual intercourse and STI diagnosis in the last 12 months outcomes.

Results indicate that the influence of mother-daughter relationships is complicated as increases in quality are associated with lower risk while increases in communication, when associated, are associated with higher risk. Mother-daughter relationship quality during

adolescence is associated with a decreased likelihood of being sexually active by young adulthood. It is also associated with lower rate of sexual partners in young adulthood as well as lower risk of an STI diagnosis in the last 12 months. Mother-daughter relationship quality was not associated with condom use at last intercourse in young adulthood. Mother-daughter relationships may not be associated with risk-protective behaviors like condom use, but the effects of mother-daughter quality remained consistently significant for number of sexual partners and STI diagnoses even with the addition of age of intercourse. This highlights the importance of the quality of the mother-daughter relationship even when considering previous sexual behaviors.

Contrary to my hypothesis that increased communication would be associated with lower likelihood of being sexually active by young adulthood; mother-daughter communication is associated with increased odds of being sexually active by young adulthood. Additionally, unlike the studies focused on adolescence that found associations between communication and risky sexual behavior outcomes, results from multivariate analysis suggest very few associations between mother-daughter communication and risky sexual behavior outcomes. When it is associated, communication is associated with increased young adult risky sexual behavior. More mother-daughter communication in adolescence is associated with higher odds of STI diagnoses in the last 12 months. The findings from this study align with the literature, which reports inconsistent findings for communication and sexual health outcomes.

The third research question looked at the association between nativity status and young adulthood risky sexual behaviors. When just looking at sexual activity, children of immigrant parents are less likely to be sexually active by young adulthood, which aligns with other studies about sexual initiation in adolescence. Contrary to other studies, I find that being of first

generation is not associated with being sexually active by young adulthood. I find that being of first generation is associated with increased likelihood to use a condom and decreased likelihood for an STI diagnosis in the last year. However, being of second generation as compared to first is associated with a decrease in sexual partners. First generation immigrants might have more sexual partners, but they engage in safe sexual practices.

Being of second generation was also associated with a decreased likelihood of an STI diagnosis in the last 12 months, but otherwise, second generation did not differ from third generation/native born for risky sexual behavior outcomes. These results are somewhat consistent with those that find foreign-born adolescents engage in less risk behavior than native-born adolescents and that by the second generation, youth behavior is largely indistinguishable from native populations. More importantly, the addition of nativity to the models did not affect the association between mother-daughter quality and communication on risky behaviors. Mother-daughter relationship quality is associated with risky sexual behaviors in young adulthood regardless of nativity status. Given the significance of relationship quality, this suggests that relationship quality should be included in future models of parent-child relationships and risky sexual behavior over time.

These findings contribute to an understanding of mother-daughter influences on young adult risky sexual behaviors, taking into account nativity status. Additionally, a variety of sexual risk behaviors were considered. Importantly, this study demonstrates that the quality of mother-daughter relationship in adolescence continue to be important as the adolescent transitions to young adulthood. Using a longitudinal design with a nationally representative probability sample, the study demonstrates the importance of parenting factors even into young adulthood.