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Religious Parents' Awareness of and Attitudes Toward Their Adolescent Children's Utilization of Sexual Health Services

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Walden University

College of Health Sciences and Public Policy

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Ashley Thompson

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Walden University
2023

Abstract

Religious Parents' Awareness of and Attitudes Toward Their Adolescent Children's Utilization of Sexual Health Services

by

Ashley Thompson

MHA, University of Phoenix, 2008

BS, Dillard University, 2006

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Health Services

Walden University

February 2023

Abstract

Parents are a key influence on their adolescent children's sexual health care decisions. Few researchers have considered the impact of religious environments and parental expectations on adolescents' use of sexual health services, and research on religious parents' awareness of adolescents' use of sexual health services in Christian environments is scarce. The purpose of this basic qualitative study was to explore religious parents' awareness of and attitudes toward their adolescents' use of sexual health services. The social ecological theory provided the conceptual lens for this study. Eight Christian parents participated in in-depth virtual interviews to discuss their encouragement or discouragement of their adolescent's utilization of sexual health services as well as how their home environment may have influenced their awareness of their children's use of such services. Analysis of the recorded and transcribed interviews yielded emergent themes related to parent perspectives and home environments. Participants spoke to the importance of teaching their adolescents to abide by Christian beliefs in the home as a deterrent to accessing sexual health services but did not address their knowledge of whether their children had already needed or used these health care services. Access to pertinent educational materials may provide parents in Christian homes with useful tools for fostering parental engagement in the sexual health service needs of their adolescents. The study may contribute to positive social change by clarifying the need for services and resources to prevent harm that adolescents may experience in obtaining sexual health services without parental aid.

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Dedication

I would like to dedicate this dissertation to my heavenly Father, who sustained me and guided me throughout this journey. I also dedicate this dissertation to my mother, who always encouraged me and prayed for my perseverance. Lastly, I dedicate this dissertation to my family and closest friends, who fueled me with support and encouragement.

Acknowledgments

I would like to thank my doctoral committee for providing insight, support, and feedback throughout my doctoral experience. I am grateful for the tireless edits and consistent communications. This has been a challenging experience that I could not have endured without Dr. Tubman, Dr. Richards, and Dr. Aagard. I greatly appreciate the team of leaders who provided professional insight that contributed to my academic success.

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Chapter 1: Introduction to the Study

Parents play a key role in shaping their children's lives. Research indicates, for instance, that parents significantly contribute to the choices that their adolescents make regarding sexual health care (Widman et al., 2019). Yet, some parents may be reluctant to become involved. McCullough Cosgrove et al. (2018) argued that parents with strong cultural and religious beliefs are resistant to being involved in their adolescents' reproductive health care for sexually transmitted infections (STIs) and pregnancies out of concern that they might provide their children with information that is too complex to interpret. Religious parents' awareness of adolescents' utilization of sexual health services represents a worthy topic of study as parents can influence adolescents' sexual health choices (Jemmott et al., 2020).

In this research, I explored the awareness and attitudes of parents in religious homes related to their adolescent's use of sexual reproductive health services for teen pregnancy and disease intervention. Aventin et al. (2020) noted that parental engagement in adolescents' sexual health choices such as contraceptive use has a major impact on sexual initialization and poverty in teen parenting. Medical providers have also confirmed that adolescents have received reproductive health care without parental inclusion, which questions the extent of parents' awareness and involvement in these issues (Iriane et al., 2019). The information gleaned from this research on religious parents' involvement in their children's sexual health care utilization may contribute to positive social change by informing efforts for youth ministry parents aimed at reducing unplanned teen pregnancies and risky abortions. The study also may inform efforts targeted at hormone

enhancement and other contraceptive services for disease and pregnancy care among adolescents. In this chapter, I provide an overview of the study, which includes the background, problem, and purpose of the study; research questions (RQs); conceptual framework; methodology; key definitions; and assumptions, scope and delimitations, limitations, and significance of the research.

Background

Parental consent for adolescent sexual health care is a fraught matter and one that has an impact on adolescents' health behaviors and outcomes. Iriane et al. (2019) found risks associated with frontline physicians' reluctance to make medical decisions related to adolescents' sexual health care without parental consent. Physicians' lack of respect for adolescent patients' preferences could contribute to future unsafe sex, teen pregnancy, or the spreading of sexually transmitted diseases (STDs; Iriane et al., 2019). Bortoletto et al. (2018) examined adolescent girls' utilization of sexual reproductive services that permit them to choose contraceptive methods with the option to waive parental consent. If adolescents do not want their parents to know of their use of prenatal, intrapartum, or postpartum services, there may be able to waive parental consent to ensure confidentiality and safety (Bortoletto et al., 2018).

This study expands knowledge of religious parents' awareness of adolescent utilization of sexual health care services, specifically without parental consent. Powell et al. (2017) emphasized the importance of adolescents having access to sexual health education in a faith-based environment despite the resistance from senior members of the religious community who believed that talking about sex with teens can encourage them

to engage in sexual behavior. Manski & Kottke (2015) discussed adolescents' efforts to obtain sexual reproductive services by elaborating on their interest in obtaining more convenient access to sexual health services in utilizing oral contraceptives, if over-the-counter purchasing options with self-screening and reading instructions were available. Manski & Kottke (2015) found that adolescents prefer to purchase condoms over the counter without the need for adult interaction or instructions.

Upadhya et al. (2017) determined that adolescents' access to condoms and progestin pills with instruction of correct usages over the counter reduces risky sexual behavior. Abajobir and Seme (2014) found that adolescents who utilize sexual reproductive services are more comfortable not involving their parents in their sexual health out of concern for how their parents' perception of them might change if the parents become them aware of their interest in sexual activity and sexual reproductive services. This research suggests that adolescents are more likely to use contraceptive services on their own terms. Parental awareness was unclear and unaddressed. This study was needed to identify the awareness level of parents in religious environments regarding their adolescents' use of sexual health services. There is limited knowledge of religious parents' awareness of, and beliefs related to, their adolescent's utilization of sexual health services. The knowledge from the study may support efforts targeted at increasing parents' awareness of, and involved in, adolescent decision-making regarding sexual health service matters. Parental involvement through online resources and educational sessions for youth ministries may support positive social change initiatives related to teen pregnancy and disease preventive services.

Problem Statement

Adolescents continuously seek professional sexual health services without the acknowledgement or consent of their parents (Reddy, 2002). According to Onukwugha (2019), many adolescents seek nonjudgmental sexual health services while rejecting and despising any form of parental involvement and awareness of services rendered. These attitudes and behaviors are concerning because parents have an essential role in the long-term effectiveness and benefits of adolescents' use of sexual health services (Deptulat, 2010). Avoidance and delays in exercising a parental presence in the sexual health process and curiosities of children will not stop them from engaging in sexual activities (Suleiman et al., 2017). Robinson et al. (2017) emphasized that parents of younger adolescents should be aware of their adolescent's sexual knowledge and experimental behaviors to aid in the utilization of sexual health services at a young age. There is a need to improve the parental awareness of adolescents' utilization of sexual health services, including those accessed at clinics for reproductive health care and/or Planned Parenthood centers (Ashcraft & Murray, 2017).

Greater awareness among religious parents of their children's use of sexual health services is especially needed. Many religious parents struggle with discussing sexual health with their children because of their religious principles (Cockroft, 2013). Parental ignorance in discussing sexual education services and clinics may contribute to premature sexual intercourse and the rise of STDs among their adolescent children (Ritchwood et al., 2017). Sexual reproductive health doctors struggle with treating adolescents' sexual demands without parental awareness (Onukwugha, 2019; Reddy, 2002). Parental

awareness may serve as a barrier, however, to access for some adolescents. Reddy (2002) argued that some adolescents may discontinue the utilization of sexual health services to obtain prescribed contraceptives and STD treatments if their parents are informed.

Although previous research has been conducted on parental support in the communication of sexual issues in the homes of adolescent teens (Lyons et al., 2011), gaps in research exist on the best ways of providing religious parents with recommended services to heighten their awareness of their preadolescent's sexual interest and involvement. The existing research excluded religious parents' awareness of their adolescent's utilization of sexual health services, leaving a gap in the literature that I explored in this study. A lack of parental awareness of their adolescent's use of sexual health services is a problem because parents' beliefs may negatively affect their ability to guide their adolescent's sexual health choices (Grossman et al., 2018). In one study, parents provided inaccurate accounts of their adolescents' sexual health service needs that were contradicted by evidence of the adolescents' sexual activity (Grossman et al, 2018). With greater awareness of their children's sexual activity, parents may be able to play a positive role in helping their children to access appropriate health care information and services.

Purpose of the Study

The purpose of this study was to explore religious parents' awareness of adolescents' utilization of sexual health services and parental responses to this awareness. I sought to identify whether religious parents are aware of their adolescent's utilization of

sexual health services as well as the factors contributing to their awareness or lack of awareness.

Research Questions

RQ1. How have religious parents' environments influenced their awareness of their adolescent's utilization of sexual health services?

RQ2. What is the response of religious parents to encourage or discourage their adolescents' use of sexual and reproductive health services upon becoming aware?

Conceptual Framework

For the conceptual framework of this study, I drew from Urie Bronfenbrenner's social ecological model framework. The model explains the relationships between people and environment that molds the pathways of their choices (Bronfenbrenner, 1986). It established the understanding that people influence others and can be influenced by the nature of their environmental interactions (Bronfenbrenner, 1992). The social ecological model outlines social factors as a means of affecting emotions, thoughts, and preferences (Bronfenbrenner, 1999). The model suggests that parents' religious environments influence their awareness of their adolescent's actions and decisions. Parental awareness, school, and peer relationships also have an impact on adolescent decision-making. Bronfenbrenner's model is most recognized for conceptualizing immediate home, church, and community environmental influences; the model later evolved into a social ecological theory (Bronfenbrenner, 1999; Kilanowski, 2017). I used Bronfenbrenner's theory to explore the parental perceptions and attitudes that can account for the relationship between religious upbringings and parental awareness in adolescents' use of sexual health care.

There is a need for an ecological understanding of parents' knowledge and perceptions about their adolescents' use of sexual health services. Adolescents often gain information about sexual behaviors from their peers who are more sexually knowledgeable than they are (Suleiman et al., 2007), which influences their utilization of sexual reproductive services. The influence of peers on adolescents' sexual health access and use illustrates the need for research on parents' awareness of their children's use of reproductive health services, a topic that has not been previous explored in scholarly research (Fisher, 2018; Guttmacher Institute, 2020; Reedy, 2002). The application of the social ecological model may aid in the expansion of research on factors that contribute to parents' knowledge of and reaction to their children's utilization of sexual health services.

Nature of the Study

This was a basic qualitative study. Qualitative researchers often rely on interviews, specifically the personal responses shared by participants, in their investigations (Oltmann, 2016). I used a qualitative approach to provide a descriptive report of the overall approach that adolescents use in accessing sexual health services as well as whether their parents are aware of their use of these reproductive health services. Ashcraft and Murray (2017) noted that parents are the most important influence on adolescents' sexual health behaviors and use of STD preventive services and contraceptives. Qualitative analysis also assisted in achieving a developmental understanding of religious parents' awareness of the type of sexual health services adolescents are seeking within their religious communities and social environments.

Definitions

Parental awareness: Parental knowledge of their child's actions; with such knowledge, parents can develop rules to educate their child (Newberger, 1980).

Parental monitoring: The evaluation and collecting of information to gain knowledge about a child's behavior and development process (Hardie, 2021).

Sexual reproductive health: Medical care and services that relate to sexual activity, unintended pregnancy, contraception methods, STIs, abortions, family planning, infertility care, maternal health, and sexuality, and gender identity services (Starrs et al., 2018; Wingo et al., 1998).

Assumptions

I had several assumptions in conducting this study. I assumed that the study participants would volunteer information with accuracy and honesty. I also assumed that reproductive health care providers were authorized to inform parents of their adolescents' sexual use of sexual health services. Health departments must adhere to laws that support parental authority to reduce teen pregnancies, abortions, and STIs. It was further assumed that religious parents would acknowledge being in denial about their adolescent's sexual health. These assumptions were based upon past literature regarding religious family's rules and views on upholding biblical principles and adolescents' reactions to parental participation in health care services. The final assumption was that this study would encourage awareness that influences religious families and addresses parents' expectations.

Scope and Delimitations

In this qualitative study, I focused on religious parents' awareness of the risk factors associated with their adolescent children's use of reproductive health services. This included their grasp of the environmental factors and family expectations that influence their adolescent minors' reproductive health behaviors, as well preventive strategies to manage their children's access to contraceptive use and abortion services. The delimitations of this study included that it was limited to participants who were religious parents and who resided in the Memphis metropolitan area.

Bronfenbrenner's (1986, 1992) ecological system theory provided the support and foundation for this study because it illustrates the comprehensive process of interactions between a person and different environments. With an understanding of this ecological structure, I was able to explore parents' awareness of their adolescent's use of reproductive services within a religious living environment and the ramifications for family relationship outcomes. The nature of relationship exchanges in the ecological system are organized based on the essence of personable and honest interactions.

Limitations

Because of the sample size ($N = 8$), the results of this study are not generalizable to all religious parents. I limited my exploration of parental awareness to data collected from health care providers and parents of adolescent children, which excluded other parents with preadolescents. STIs and teen pregnancy occur without regard to class, religious orientation, ethnicity, or race (Wingo et al., 1998). However, the target population may not have represented the larger group of religious parents with similar

experiences and environmental factors. The population from which the participants were sampled consisted of local church members as opposed to general members of the public. Due to the limited access to a larger pool of religious families, local churches were the most attainable method of reaching a sufficient participant number. Another potential limitation stemmed from my experience as a former youth leader of adolescents in a religious environment. I also had bias due to my personal exchanges with non-participating parents in relation to utilizing sexual health services. These concerns were mitigated through publicly displaying flyers which attracted unknown parent who were interested in sharing their experiences and perspectives.

Significance

I undertook this study to address the gap in literature on religious parents' awareness of and reactions to their adolescents' use of sexual health services. I explored religious parents' awareness of their adolescent's use of sexual health services in clinics, hospitals, and Planned Parenthood clinics and other means of accessing and using contraceptives. I also examined the influence of sociocultural factors, including media pornography, on children's use of such services. This study could help increase understanding of whether religious parents can be involved in their adolescents' sexual health access and use of various reproductive health services in an effective manner. Religious parents' awareness of their adolescent's utilization of sexual health services, such as abortion services and birth control drugs, can potentially effect positive social change. This study could contribute to social change in the prevention of the psychological harm that adolescent girls, ages 10-14, experience because of unsafe

abortion services without parental involvement (Espinoza et al., 2020). With greater awareness, parents may be able to influence the sexual decisions of their minors to promote safe sex, fewer teen pregnancies, and reductions in the transmission of STIs.

Summary

In Chapter 1, I outlined the research problem and addressed the overarching RQs for the study. I explored the awareness of parents regarding their adolescent's utilization of sexual health services. I provided background information, stated the purpose of the study, and discussed its significance, in addition to defining key terms. The chapter also includes the assumptions, scope and delimitations, and limitations of this study. In addition, I discussed the study's social change implications, which include the improvement of parental awareness of adolescents' use of unsafe sexual health services to address teen pregnancy and fatal reproductive health needs.

In Chapter 2, I review literature on parents' awareness of their adolescent's use of sexual health care services, such as contraceptive services, abortion services, and STI services. The fundamental literature is reviewed to understand parental awareness based on religious beliefs and the foundation that parents provide to their adolescents within the home environment. I further discuss Bronfenbrenner's ecological systems theory to outline the conceptual foundation for this study.

Chapter 2: Literature Review

Introduction

In this chapter, I review literature on adolescents' use of sexual health services. There are factors that blind parents' awareness of their adolescent's utilization of sexual services (Marshall et al., 2020); cultural and religious environment are instrumental factors. Using Bronfenbrenner's social ecological model of relationships as a conceptual framework, I examined the parental and spiritual lenses that inform religious parents' awareness of their adolescent's use of sexual health services. This awareness of religious parents of their children's use of such services is a central part of the literature review. To manage the variety of literature reviewed, I organized the discussion into two categories: (a) parental constructs and (b) religious environments.

It is critical to examine parental awareness as a means of mitigating preventable sexual health outcomes. It was especially essential to explore the factors that moderate the misinformed and misguided use of sexual reproductive health services. This research gives attention to the parents of adolescents who access sexual health services. Although it seems apparent that a mother or father would know if their adolescent used sexual services, existing research does not validate what parents are informed of before, during, and after their adolescents seek out confidential sexual health services. It may seem obvious that parents who raise their children in religious environments would be aware of their children's desire for, and access to, such services, but faith-based communities have recently emphasized the need for parents to be more aware and involved in their adolescent sexual health (McCullough Cosgrove et al., 2018; Ritchwood et al., 2017;

Williamses et al., 2015). I review relevant literature on this topic in this chapter. In the chapter, I also describe the literature search strategy and discuss the conceptual framework for the study.

Literature Search Strategy

To identify relevant literature, I reviewed a variety of studies and other materials on adolescents' use of sexual reproductive health services such as contraceptives, treatments for STIs, prenatal care, HIV screenings, pregnancy testing, and abortion services. I searched a variety of websites, including that of the National Institutes of Health, and the online databases provided by the Walden University Library, which included ProQuest Health & Medical Collection. I examined existing literature on adolescents' use of sexual health services and parents' awareness of this usage. I especially focused on parents in religious environments.

Due to the limited research on this topic, I searched for literature on religious parents' collaborations with churches and schools to ensure that adolescents are equipped with contraceptive and sexual reproductive health services tools. I searched an array of sources such as the websites of the National Center for Biotechnology Information, the National Library of Medicine, and the Guttmacher Institute. Key academic sources include the *Journal of Adolescent Health*, *Journal of Family Issues*, *Journal of Child and Family Studies*, *Journal of Pediatric and Adolescent Gynecology*, *Journal of Christian Nursing*, and *The Sage Handbook of Family Communication*. These resources were sources of research publications on health initiatives, and clinical investigations targeting the prevalence of adolescents' utilization of sexual health services without parental

permission as well as the benefits of parental awareness and involvement in adolescents' sexual reproductive health care.

Search terms and phrases that I used in conducting this study included *parent child reproductive health service, parental consent of adolescent sexual health services, parent knowledge, treatment without parental knowledge, parental intervention of adolescent use, condom use in religious homes, religiosity in sexual health, church-based planned parenthood, parent notification of adolescent sexual health, parental beliefs of adolescents sexual health*, and *parental awareness in religious environments.* Literature on these topics provided insight on the sexual services that are available to adolescents that do not require the presence or permission of a parental guardians. The availability of these services raises further questions about whether parents are aware that these services are being utilized.

Conceptual Framework

To understand parental awareness, it is important to grasp the ecological systems in which this awareness is embedded. Bronfenbrenner's social ecological model provided a framework for understanding religion as a contextual environmental factor of parents' awareness of their adolescents' behaviors. According to Bronfenbrenner (1986), the environment that a person is raised in impinges on and prevails in every facet of life. Bronfenbrenner's ecological systems theory includes interrelated environmental influences on culture and relationships and five life-explaining systems.

Microsystem

According to Bronfenbrenner (1994), microsystem points out the most intimate environmental influences of close family and friends to yield development. Interpersonal exchanges such as the relationship between an adolescent's mother and father or the relationship between the parents and the youth leader at church establish an environment of reinforced support. Specifically, ecological factors related to parents' peers, adolescent children, and home environments influence and interconnect the exchange between parents and their adolescents. Bronfenbrenner (1979) explained that microsystem pertains to the relationship between parents and their children that affects developmental decisions. As their relationship between their adolescent children evolves, parents should be aware of their adolescent's activities such as sexual behaviors and use of contraceptive services (Grossman et al., 2018). Bronfenbrenner (1987) indicated that the microsystem can also extend to the relations that adolescents have with their peers, who often have more influence over their sexual health choices than their parents.

Parents can be influenced by their peers who have a shared interest in knowing about the sexual health care of, and services used by, their adolescents. The peers of parents in religious environments could be close family friends who worship together as families during weekly church events. The peers of parents have other means of networking through online services. Access to these sexual health resources can prepare parents for interventions (Scull, 2019). Online resources can facilitate continued parental support (Scull, 2019). Parents' peers can also affect their awareness by suggesting behaviors that are heedful. For example, parents may be interested in their peers'

perception of their adolescents. Some peers refrain from informing parents of potential means of awareness of their adolescent sexual health choices to avoid unfavorable implications by close peers within the microsystem.

Mesosystem

Mesosystem is a large ecological system that identifies the combination of two or more different environments that contribute to a person's development (Bronfenbrenner, 1994; Kilanowski, 2017). This social system's combination connects parents to an adolescent child, siblings, church members, and other family members, such as grandparents. To generate the mesosystem, it is imperative to maintain a parent and adolescent relationship that targets awareness. The relationship between siblings is instrumental to adolescents' position on sexual health (Killoren et al., 2019). Parents with more than one child may expect or understand that elder siblings inform the younger siblings about sex that affects whether younger siblings have the relationship with parents to inform them of their sexual health needs (Crocetti et al., 2019). Younger siblings can confide in older siblings for sexual health services such as STI or pregnancy test without notifying a parent, which is a barrier in the parents and adolescents' relationships.

Exosystem

Bronfenbrenner (1979) detailed a social system that comprises a community partnership as an exosystem. This system highlighted a cultural and/or community organization, depositing values into parents through working relationships that spills over to the child. Bronfenbrenner (1979) suggested that a sense of community provides parents and adolescents with support. In the religious community, parents are provided

the opportunity to obtain support from the church to understand the sexual health needs and contraceptive use of their adolescents (Powell et al., 2017; Ritchwood et al., 2017). Religious communities have provided parents with resources such as contraceptive, pregnancy test, and STI prevention education and services (Powell et al., 2017; Ritchwood et al., 2017). This influences parent's relationship with adolescent children and affects their religious beliefs and availability to pay attention to their adolescents.

Macrosystem

The system that Bronfenbrenner discussed that corresponds to religious parents' awareness of what their adolescents are doing based on their religious beliefs is the Macrosystem (Kilanowski, 2017). Macrosystem referred directly to a relationship based on beliefs and culture (Bronfenbrenner, 1994; Kilanowski, 2017). Cultural influence is a vital layer of influence that's often faith based and concrete on expectations to adhere to the cultural elements of principles and values. Cultural belief can influence parent's knowledge with the macrosystem as a since of groomed identity (Kilanowski, 2017; Beach et al., 2018). The Macrosystem implies heritage, identity, cultural, religious ethnicity and/or societal interactions (Beach et al., 2018). Parents from religious environments are assumed as the primary attributors to adolescents' reproductive health care (Powell et al., 2017). There is no literary evidence that states that an adolescent refrain from utilizing services for STIs and pregnancy screenings, testing, and prevention on the bases of being raised in a culturally strict and religious environment. There is a need for proactive parental awareness in the execution of obtaining the risky health services that their adolescents are seeking (Guttmacher Institute, 2020; Reddy, 2002).

Chronosystem

According to Bronfenbrenner (1994) a person's actions are directly associated with what they know and their life's experiences which influences their behaviors. Not only are parental beliefs influencers of parent's knowledge but the future expectations of adolescents and other members of the family. The Chronosystem is the ecological system that was constructed by life's transitions, environmental changes, historical events, and family structure (Bronfenbrenner, 1994; Kilanowski, 2017). Environmental changes and transitions in life that are beyond our control can significantly have influence on our awareness and responsiveness to what is going in the lives of the people that are close. Examples of this system are the results of parents losing their jobs or losing a loved (Kilanowski, 2017) one which affects their ability to remain aware of their adolescents' risky behaviors. It is expected that parents that are distracted by life altering events, can neglect to notice important things occurring with their children (Bronfenbrenner, 1994). A parent's actions are directly associated with their knowledge which influences their behaviors with their families.

Parental beliefs influence the future goals of adolescents and other members of the family. Informing parents of the risky services that adolescent use allows an entry for affirming adolescents' reproductive service outcomes (Guttmacher Institute, 2020; Reddy, 2002). A conceptual framework was developed in this research to concentrate on exploring the meaning of parental awareness. Structure of parenthood commands the understanding of how parents develop awareness, the process of environmental influences, subjectivity, and trust between parents and their adolescent children

(Newberger, 1980). The completion of this study may establish the support for engineering a solid foundation in religious families and broadening parent's awareness.

Researchers support the theory of Bronfenbrenner (1979) highlighting that parents are critically instrumental in the children's growth and cultivation. Research suggest that fathers are more likely to be aware of their sons' use of sexual reproductive health services because of father son conversations on the importance of condom use (Jemmott et al., 2020). Parental awareness can be defined as a system of formulated knowledge to the extent of parents becoming clear on their child's actions that develops rules to educate and govern parental responses (Newberger, 1980). Adolescent's use of sexual health services is not as simple as pregnancy prevention and STIs through heterosexual intercourse. According to Fisher (2018), adolescents access sexual health services for any form of sexual health risk with and without parental knowledge. Fisher (2018) specified parent's awareness of adolescent males' sexual activity is vastly different from the knowledge of their adolescents' use of sexual health services like HIV testing, screening, and prevention treatment. Fisher (2018) explored adolescents' use of sexual health services that is available with parental awareness and the perspective of adolescent desiring waivers of parental permission due to the fears of parental involvement and judgment. A web-based survey was provided to 198 adolescents to examine the benefits, risk, and confidentiality of HIV/STI testing, counseling, and prevention health services (Fisher, 2018). The data was analyzed based on elements, such as sexual history, use of contraceptives, past HIV/STI testing services, use of PrEP/Truvada for HIV and their parent or guardians' awareness (Fisher, 2018). The conclusion documented parental

awareness as a deterrence for adolescent boys to utilize HIV and STI related sexual health services (Fisher, 2018).

Other studies were conducted to determine the frequency of adolescent girl's use of sexual health services. Reddy (2002) examined the effects of parent's notification for adolescent girls to obtain sexual health services for pregnancy control and prevention. Reddy (2002) explored adolescents' use of sexual health services that is available through Planned Parenthood clinics with parental permission by surveying 950 adolescent girls throughout thirty-three clinics to examine whether they will continue to access these services upon parental notification (Reddy, 2002). The data was analyzed based on adolescents obtaining prescribed contraceptives only if parents were informed and involved (Reddy, 2002). The results indicated that 59% of the of the girls surveyed would no longer continue to use the sexual health services available and would either avoid or delay treatments for STDs and HIV if they are parents were made aware (Reddy, 2002). The conclusions of these investigations highlighted an extreme need for parental awareness from a provider's perspective. Concurrently, the health care of the adolescent was the extreme priority. Therefore, parental involvement may place the adolescent in emanate danger of permanent reproductive health outcome if their preferences to not inform their parents were ignored (Guttmacher Institute, 2020; Fisher, 2018; Reedy, 2002).

Literature Review Related to Key Constructs and/or Concepts

Parental Constructs and Adolescents' Use of Sexual Health Services

Previous research identified a significant interchange between religiosity and religious parent's awareness of their adolescents' use of sexual health services (Ritchwood et al., 2017). Parental knowledge and awareness were described and defined in ways that were often defined in correlation with acceptance and belief. In religious environments and faith-based cultures, belief provided a since of reality. In understanding the awareness of parents, it was important to understand their beliefs about their adolescents and acceptances of their adolescent's sexual health choices. Strong religious belief creates an environment of heightened prejudices (Goplen & Plant, 2015). Researchers have identified that parents' environments influence what they believe about their adolescents (Dielman et al., 1982).

Adolescents' family environment and social connections play a significant role in their sexual health decisions. In fact, several studies have exposed that adolescents' environments at home are vital contributors to their sexual behaviors and knowledge of sexual health services (Powell et al., 2017; Suleiman et al., 2017). In addition, research suggested that there is a lack of parental monitoring, oversight, and attention to adolescents that allows them to spend more time with their peers in sexual persuasive environments that is independent of their families (Apriani & Anjarwati, 2020). Particularly, initiating opportunities to be informed and a made aware of adolescent sexual health service needs and utilization as an avenue for change within the home can impact change in adolescents unguided use of sexual (Ashcraft & Murray, 2017).

Additionally, parental awareness and intervention yields favorable use of sexual health services in adolescents that have a relationship with their parents and communicate their sexual risk taking (Holman & Kellas, 2015). An important connection of parental awareness of the services that adolescent's access warrants attention to the relationship between adolescents and caregivers and other members of the family (siblings, close family friends, aunts, and uncles within the home). Therefore, it is important to understand the role of families in religious homes. Research explains the relevance of family dynamics in religious home environments and the religious influencers in the family (Powell et al., 2017). In considering supervision, parental oversight, and attention to adolescents' behaviors factors into the understanding of parent's awareness of the services that their adolescents utilize (Powell et al., 2017). The strict parental structure in religious homes is significantly influenced by the traditional responsibility of training up a child in the way that they should in accordance with biblical context.

Accepted the substantiated support of parental involvement, it would be remiss to overlook parenting constructs, as a direct connection to adolescent's use of sexual services. The next categories will formalize and detail some parenting constructs, particularly parental perception through beliefs and monitoring experiences about their adolescent's use of sexual health services. These constructs will further be addressed in relation to parental involvement in adolescents' health service utilization.

Parental Perceptions of Adolescents' Use of Sexual Health Services

Parental awareness was determined in unique ways. One parenting construct in determining the awareness of their adolescent sexual services use was parent's

perspectives on the age that sexual health services become available with or without parental permissions (Reedy, 2002). It cannot be assumed that all parents from religious environments are familiar with and/ informed of the laws that govern adolescents' ability to obtain sensitive health services without notifying their parents. Another comprised construct was parent's observation and evidence that adolescents have used contraceptive, prenatal care, Planned Parenthood, or STI health services. Parent's awareness of this service use can be directly connected to the expectations of their adolescents' actions to obtain reproductive health care without parental inclusion. Religious parents engage in the health services of their adolescents based on their expectations (Ritchwood et al., 2017). Proactive parental inclusion and awareness could provide adolescents with infectious disease information about HIV and STIs, abstinence, and contraception. When adolescents' utilization of sexual health services is disclosed to parents ineffectively, it leaves parents unequipped and unprepared to influentially respond. Parental awareness in a timely manner can avoid unforeseen consequences such as abortion or teen pregnancy (Grossman et al., 2018). The awareness of parents with adolescents that seek sexual health services is a product of their understanding of their adolescent's use of contraception, STIs, irregular menstruation, and reproduction (Hasstedt, 2018; Marshall et al., 2020). Expectations are a result of connections, individual character and prior experience that can aid parents in gaining perspective about engaging in their adolescent reproductive service needs.

The beliefs, expectations, and awareness of the activities of adolescents in the home can fragment parent's perceptions (Shahid et al., 2017). Awareness, beliefs, and

knowledge are often used interchangeably. It is thought provoking to uncover that parental knowledge is only an aspect of what they believe (Dielman et al., 1982). Beliefs are reasoning that is perceived as truth (Usó-Doménech & Nescolarde-Selva, 2016). When discussing the depth of parent's awareness, it is fair to define parental belief as their cognitions about their adolescents (Dielman et al., 1982; Shahid et al., 2017). Experience is also instrumental in establishing a belief system (Dielman et al., 1982; Usó-Doménech & Nescolarde-Selva, 2016) with adolescents. Research has expressed that parental belief is molded by their daily experiences in parenting their adolescents through different situations in life (Bronfenbrenner, 1999). Literature has also proven that a person's belief is altered by their thoughts about them (Usó-Doménech & Nescolarde-Selva, 2016). This explained that parents interpret their adolescents' behaviors based on what they believe about them which may present bias.

Conforming to the belief of what is evident in adolescents' pubic developments is a part of parent's awareness of adolescents' sexual interest, behaviors, and reproductive health choices (Suleiman et al., 2017). Naturally, adolescents' sexual explorations are initiated during the awakening of puberty and sexual health changes (Suleiman et al., 2017). Nevertheless, parents do not engage in their adolescent reproductive health needs or sexual health service options until they believe their youth has reach the culturally acceptable age of maturity (Ashcraft & Murray, 2017). Parents with strong religious backgrounds especially avoid confronting the sexual health needs of their adolescents because of social discomfort and religious conflicts (McCullough Cosgrove et al., 2018; Ritchwood et al., 2017).

Environment is a vital contributor to the beliefs and decisions of religious families (Bronfenbrenner, 1986; Shahid et al., 2017). Parents that teach their adolescents to cultivate and accept the religious beliefs assume that their children's choices are parallel to their religious beliefs (Shahid et al., 2017). Religious parents deposit the biblical significant of abortion being a means of terminating life and intercourse being an action that is sacred to the institution of marriage (Wright et al., 2019). Adolescents' informing their parents of their utilization of sexual health services could intensify the opposition of religious belief versus reproductive health services choices. Research suggests that parent's knowledge and beliefs of their adolescent access to sexual health services are initiated through church based sexual health educational programs that require both adolescents and parents to be refreshed on the necessary sexual health tools and services for adolescents under proper adult guidance. (Powell et al., 2017; Weeks et al., 2017; Wright et al., 2019). Parent's belief is only one aspect of their overall awareness of the sexual health care that adolescents utilize.

Another factor of parents' awareness and knowledge of their adolescent sexual health service use is parental monitoring (Powell et al., 2017). Parental monitoring is the process of parenting behaviors to focus on tracking the actions and whereabouts of their children, gaining parental access through the solicitation of their children's activities and adaptations (Keijsers, 2016; Shahid et al., 2017). Parental monitoring in previous research has underlined the multi-faceted relationship between parents and adolescents (Guilamo-Ramos et al., 2016; Powell et al., 2017). Adolescent and parents tend to connectedly influence each other in many ways (Margherita et al., 2017). However, this

multi-faceted relationship is argued to be impelled by the adolescent instead of the parent. Adolescents are the driving force in seeking sexual health services and controlling how much of their reproductive health needs to share with parents.

Parents are less likely to ask their adolescents if they are accessing reproductive health care services when they are attentive to their developments and daily behaviors. Researcher are examining the effectiveness of parental monitoring as a means of parental awareness adolescents' sexual health activities, HIV prevention, and whereabouts (Mustanski, 2017). Parental awareness of adolescent use of sexual health services is also a reflection of how parenting is put into practice. It was argued that proactively providing adolescents with condoms with or without confirmed knowledge of sexual health service use or needs is a positive parent practice. In an analysis of parental monitoring, parent's awareness and involvement attributed to less risky sexual behaviors and increased condom use (Mustanski, 2017; Robinson et al., 2017).

It is important to note the prevalence of literature on the need for parental monitoring, sexual health service involvement, sexual health care intervention, and sexual health education for adolescents to obtain from their parents (Fisher et al., 2018). No event outcomes have been produced to provide validation of the path of parental awareness of adolescents' sexual service needs. The overarching observation is that parents with a heightened awareness about the sexual reproductive service usage and needs of their adolescents can have confirmed evidence of the needs within their homes. This creates opportunities for a parent-child relationship exchange of the proper health services to use under safe parental guidance.

An overflow of resources has been produced to acknowledge the efficacy of parent child communication about sexual health care that minimized risky sexual health and teen pregnancy that can result in abortion sexual health services. Researchers demonstrated that parents with prospective knowledge about their adolescents' sexual behavior and needs have prudent interferences and expectations. Parents are likely to react calmly when learning that of their adolescent sexual health interest and sexual service needs. Parents that have address the introduction of sexual reproductive health care services with older siblings or more likely to respond to adolescent sexual health service use in a more delicate manner. Adolescent-child environment is influenced by the awareness of their parents as induced measures of grounding and gentility. Research has determined that conversation is a direct association with awareness and knowledge. Additional research has noted that religious parents reject addressing any sexual health related conversation with their adolescents (Jemmott et al., 2020, Ashcraft and Murray, 2017; Powell et al. 2017; Cockroft, 2013). Therefore, the opportunity to uncover adolescents' utilization of sexual health service from parental communication exchanges has not been identified (Jemmott et al., 2020, Ashcraft and Murray, 2017; Powell et al. 2017; Cockroft, 2013).

The direct connection between parental awareness and parenting practices (Bornstein et al., 2018) detailing the significance of parental knowledge of adolescents' actions and parental influence. Existing studies have outlined parent-child communication as a means of becoming aware of adolescents' sexual reproductive health actions (Jemmott et al., 2020; Ashcraft and Murray, 2017). Other studies suggest that

consent should be mandatory for adolescents to obtain sexual health services. In comparison of physician views on parental awareness of adolescents' utilization of sexual health services, adolescents are less likely to maximize on the sexual health services available if their parents were aware (Ashcraft & Murray, 2017; Iriane et. al., 2019; Onukwugha et al., 2019; Reddy, 2002).

Parental Awareness of Adolescents' Use of Sexual Health Services

To understand parental awareness, it was practical to uncover how parents learn about their adolescent's utilization of sexual health service. Is there an effective process of discovering this information? Existing literature had not been identified that provided information on the extent of parental awareness or the conveying of adolescents' utilization of sexual health services to their parents. Due to the limited research available on whether parents are informed of their adolescent use of sexual health contraceptive, Planned Parenthood, and STI services, it was useful to identify how parents received any knowledge about their adolescents' sexual health. We could not assume that parents discovered their adolescent's sexual health service practices from friends, directly from their children, or from stumbling upon messages in mobile devices. Research noted that parents of adolescents explore multiple sources such as school education, the internet, and friends for details that their adolescent have not yet conveyed. I unraveled the literature to explore if and how sexual health services of adolescents were conveyed to their parents as well as how these service options were introduced to the adolescents without parental awareness.

Conveying of sexual service use is defined as communicating to parents about what sexual needs are being address, as well as where, and how did they learn about the sexual services being utilized (Holman & Kellas, 2018; McCullough, 2018; Ritchwood et al., 2017). Sources of where and how to access sexual reproductive health services vary from church, peers, family, television, and the internet. Suleiman et al. (2017) found that adolescents will naturally discover the needs of their sexuality both intentionally, and unintentionally through peers, media, pornography or exploring their sexual developments, but they are less likely to engage in premature sexual activity when there is a trusting, and open communications with their parents. A healthy parent-child relationship, and open sexual communication shapes adolescents' perspectives on sexual rebellion, sexual maturity in understanding natural hormonal development, and delays in early activation of beginning sexual behaviors (Suleiman et al., 2017). Not only are adolescent's sexual behaviors initiated because of puberty, but socio-cultural factors influence such actions as well (Suleiman et al., 2017).

A review of literature exposed the research documented concerning unofficial sources of sexual health service utilization, and the source of parent's awareness (Suleiman& Brindis, 2014). This review highlighted adolescent's preferences of discussing their reproductive service needs, and access to sexual health services from social, or professional sources, rather than having this dialogue directly with their parents. It was important to identify who introduced sexual health care to adolescent, and when parents are included in the utilization of these services. These social sources

included people with daily interaction with adolescents, peers, relatives, and media streams.

The first social source to be examined is the influence of peers and friends. Friends have been proven to provide adolescents with the most information on how and where to obtain sexual health services (Suleiman et al., 2017). Research suggested that adolescents are more likely to employ the help of friends rather than parents in their decision-making about sexual health services (Suleiman et al., 2017). Adolescents engage with friends and peers that have also accessed the reproductive health services that they seek to utilize. A considerable amount of research exists about the influence of peers on adolescents' sexual health service choices but extent of services that their parents are informed of remains uncertain (Suleiman et al., 2017). Over the past few years, conversations have emerged to suggest that peers are the primary means of educating other adolescent on available reproductive health services (Suleiman et al., 2017) and adolescent are not comfortable asking their parents about sexual health care (Abajobir & Seme, 2014; Guttmacher Institute, 2020).

A formal source of awareness of sexual health services is health care providers in a reproductive health environment. Adolescents are given options to receive sexual health care from medical providers that offer reproductive health services (Iriane et al., 2019; Onukwugha (2019). Adolescents can obtain contraceptives and sexual disease intervention with the option of whether they chose to contact their parents (Onukwugha, 2019). Adolescent patients are expected to receive the same confidential care that is available to adults without informing anyone of the services being accessed, including

their parents. Health care providers are challenged with withholding vital reproductive health services from the parents of minors (Onukwugha, 2019; Reddy, 2002). Unfortunately, there is limited research on whether parents can gain the details of the adolescents' sexual health service use from the reproductive health providers. Despite the limited literature available regarding the source of parental awareness, research exist that explains health providers being a safe sex outlet for adolescent to obtain sex contraceptive, and treatments for STIs.

Importance of Parental Awareness of Sexual Health Services for Adolescents

Parent's awareness of the sexual health services that their adolescents utilize is paramount to adolescents' development and parental influence (Marshall et al., 2020) for a few reasons. The first reason is the critical opportunities to educate them on STIs and reproductive health services that are safe (Hasstedt, 2018; Marshall et al., 2020). Secondly, parental intervention is paramount for the sexual health services that adolescent use to address teen pregnancies (Hasstedt, 2018). Research reports that adolescents aged 10-14 have birthed 0.2 babies per 1,000 adolescent mothers and terminated 25% of their pregnancies (Querin & Migliaccio, 2018). The weight of parents being informed of the sexual health services of this magnitude is demanding (Marshall et al., 2020).

Research has demonstrated that health care providers disagree with adolescent being able to access services of sensitive reproductive health care without parental consent (Onukwugha, 2019; Reddy, 2002). Parental awareness of their adolescent's choices is gravitational to their overall decision making that can affect their future

reproductive health (Marshall et al., 2020). Adolescents are more likely to avoid making decisions that their parents will be informed of or decisions that requires parental consent (Guttmacher Institute, 2016). It is evident that proper use of sexual reproductive health services can be fatal to the lives of sexually active adolescent (Underwood, 2020). Adolescent ages 10-14 represent a substantial portion of harmful and improper abortion services that has resulted in extensive health consequences (Espinoza et al., 2020). In some states parents must be aware to provide parental permission for adolescents to obtain pregnancy termination services (Coleman-Minahan K et al., 2020; Ott et al., 2020). In states that do not have parental involvement laws requiring that parents be informed of their adolescent's use of sexual health services for abortions, researchers believe that requiring parents to be made aware can pose harm to adolescents (Coleman-Minahan K et al., 2020).

The final paramount of importance of sexual awareness was guided by the opportunity for parents to instruct adolescents through the developmental phases of their lives and in all aspects, their managing their sexual interest and relationships of sexual esteem that leads to consideration of contraceptives. Parents should be the first to introduce sexual knowledge to their adolescents to guide their sexual health decisions (Ritchwood et al., 2017). They should also be equipped with the proper education and methods to understand how to approach sexual conversations and the health risks associated with different forms of sexual behavior (Ashcraft & Murray, 2017). The fear and recklessness of adolescent's use of unsafe and risky sexual services depends on their parent's awareness and receptiveness (Espinoza et al., 2020).

Summary and Conclusions

In Chapter 2, I examined relevant literature on parental beliefs, awareness, and involvement in their adolescents' sexual health care service use. I discussed in detail the circumstances that contributes to adolescents' decisions to refrain from informing parents of their use of sexual health services. Reasons given the lack of parental awareness in religious home environments varied. I presented a detailed explanation of the ecological system as the framework used to study parent's awareness of their adolescents' utilization of sexual health services.

Several health providers view parental awareness in adolescents' sexual health as beneficial, the weight of adolescent's autonomy needs to be considered and the literature is situational. Previous researchers concentrated on parental communication, religious expectations, church-based interventions, and parental discussions of sexual development amongst religious families. Previous research did not provide an account of parents raising adolescents in religious environments where adolescents utilize reproductive health services.

Chapter 3: Research Method

Introduction

The purpose of this qualitative study was to explore religious parents' awareness of their adolescent's sexual health service utilization. U.S. federal law protect the autonomy of adolescents and their reproductive health rights to utilize sexual health services without parental acknowledgement, which is a factor in parental awareness (Starss et al., 2018). The lack of parental inclusion may compromise safer health outcomes. In this chapter, I will discuss the purpose of the study, address the methodological approach, the conceptual framework, RQs, and rationale for the design. The overall data analysis plan is addressed. This chapter includes the rationale for the use of a basic qualitative approach to explore the effects of parents' religious environments on their knowledge of the health services being utilized by the adolescents who live in their homes.

Research Design and Rationale

RQ1: How have religious parents' environments influenced their awareness of their adolescent's utilization of sexual health services?

RQ2: What is the response of religious parents to encourage or discourage their adolescents' use of sexual and reproductive health services upon becoming aware?

Based on the RQs, I selected a qualitative research design because it allowed for the exploration of religious parents' experiences and environments that influence their beliefs and awareness of the services used by their adolescents. A basic qualitative research design was identified as the most applicable approach to explore the awareness

of religious parents. By using this design, I was able to investigate parental accounts of their adolescent's reproductive health service usage. In this study, I investigated the awareness of a selected group of religious parents to determine what they know about their adolescent's sexual health care.

Role of the Researcher

My role as a researcher was to conduct qualitative interviews to produce thorough data and record key details. According to Oltmann (2016), interviewing is an established method of conducting qualitative research. The primary objective of the interviews was to engage in dialogue with the parent participants and to carefully record the information I collected. As the researcher, it was my responsibility to remain detached to avoid producing biased study outcomes (see Clark et al., 2018). In qualitative research, the researcher functions as the primary instrument to produce factual data and avoid prejudice (Creswell, 2017; Eyisi, 2016). It was my responsibility to objectively shape the discussions of religious and cultural parenting environments that might influence the interviewees' responses. I asked in-depth interview questions as detailed in the methodology of this study, to protect the authenticity of the data and potential bias. As the primary research instrument, it was my responsibility to control bias (Creswell, 2017). To proactively address bias, I avoided assumptions and did not deviate from the approved protocol when collecting data. As the researcher, I remained cognizant of bias through systematic neutrality in the collection and interpretation of data obtained (see Holmes, 2020).

Methodology

In this section, I describe the methodology for this research. The discussion consists of the study population, sampling procedures, and data collection method. I also detail how I analyzed the collected data. The study participants were identified through the posting of an invitational flyer and the parent referrals of other youth ministry leaders.

Participant Selection Logic

The target population for this study was married adult men and women, over the age of 30, who were the parents of children between the ages of 10 and 19 living in religious home environments. The targeted religious families were Christians who were active members of faith-based ministries in the Memphis metropolitan area. The exclusion criteria included single parents, parents under 30 years of age, non-Memphis metropolitan area parents, and non-Christian families. Research participants were required to meet the inclusion criteria to participate in the study to explore the target population.

The goal of this study was to explore religious parents' awareness of their adolescent's utilization of contraceptives, STI treatments, and abortion services. I used purposeful sampling to recruit participants who could provide insight on parental awareness and parents' roles in their adolescent's health service utilization. Purposeful sampling is a technique used to allow in-depth interpretation of information in qualitative research (Ghaljaie et al., 2017). The use of purposeful sampling allowed me to conceptualize the roles of religious parents and influences on parental awareness of adolescents' sexual service use. The use of purposeful sampling provided accurate and

information-rich data for analysis (see Barrett & Twycross, 2018; Luciani et al., 2019). I used snowball sampling to access a specific group of parents from religious environments (see Ghaljaie et al., 2017). Snowball sampling is a recruitment approach in which participants recommend other potential participants to take part in a study (see Ghaljaie et al., 2017). By using snowball sampling, I was able to obtain participant referrals from other youth ministry leaders who are parents of adolescents with access to sexual health services.

According to Guest et al. (2020), there is no guarantee that data saturation will be met in qualitative research. I was constrained in my ability to identifying the specific number of participants who would enroll in this study. However, transparency, rather than the identification of a specific number of participants to interview, determined the quality of qualitative research (Vasileiou et al., 2018). I strove to conduct 10 quality interviews. Eight interviews were ultimately conducted.

Instrumentation

Qualitative interviewing was appropriate for my research because I wanted to understand the perspectives of religious parents. I focused the direction of this research on exploring parents' accounts of their adolescent's sexual health care service usage. To understand parents' awareness of the sexual health services being utilized by adolescents, I highlighted interpersonal factors that influence the religious beliefs of parents and their attitudes toward their adolescents' actions. The interview questions were as follows:

1. How do you engage in interpersonal interactions with your adolescent to identify if contraceptives are used or needed?

2. Explain if your adolescent has already been introduced to sexual health services. If so, have you discussed how these services were introduced to your adolescent?
3. Have you discussed adolescent sexual health service use with a medical provider?
4. Do you have any concerns regarding religious expectations and your teen's sexual activity? If so, what are your concerns?
5. Have you encountered conflict between the religious and cultural expectations of the home and your teen's sexual activity? If so, please explain how the situation was resolved.
6. What are your beliefs and attitudes regarding abortion?

Procedures for Recruitment, Participation, and Data Collection

I used Zoom interviews in a basic qualitative design as a tool to identify the participants' internal feelings and experiences (Ghaljaie et al., 2017). Eligible participants had a scheduled time for an in-depth interview to establish focused parental interpretations (Barrett & Twycross, 2018). Interviews were used to allow participants to participate in the study from the comforts of their home environments. Qualitative interviews procedures, interpersonal data, and insight on participants' experiences (Barrett & Twycross, 2018). According to Barrett and Twycross (2018), the data collected in qualitative interviews includes detailed experiences, direct conversations, and expressions of perspective (Barrett & Twycross, 2018). Basic qualitative interviews involve the target of understanding, discovery, and perspectives (Merriam & Grenier,

2019). The study interactions did not exceed 20 minutes. Participants were informed that the interviews were recorded and encouraged to provide detailed responses. The data collected was confidentially recorded in 10-20 minutes Zoom sessions to allow time for response elaboration and processing each question thoroughly.

Data Analysis Plan

The collected data was exported to a secure One Drive server through Microsoft Office 365 for a detailed analysis and reporting. This analysis occurred through the transcription of each interview recordings. Data collected was de-identified and stored in a locked cabinet on a password-protected computer. The One Drive database was used to manage information collected from the in-dept interviews. The data management and storage functionalities that were used for this study is user authentication, data logging, and file repository. Study enrollment was concluded upon completion of data collection and analysis of the interview responses. A follow up or exit interview will not be utilized in this study. There were not discrepant cases categorized in One Drive accordingly based on participants that declined responding to the interview questions and/or screen failures of participants that withdraw their participation before, during, or after the study data was collected.

Issues of Trustworthiness

Trustworthiness is necessary in conducting qualitative research and establishing validity. To ensure that research can be trusted, credibility, transferability, dependability, confirmability, and authenticity are outlined (Kyngäs et al., 2020; Lemon & Hayes, 2020). Credibility is essential to confirming the truth of the researcher's findings (Kyngäs

et al., 2020). To establish credibility, strategies were applied such as the acknowledgment of saturation and documentation of systematic responses. The validity and reliability of collected data was directly connected to the researcher's credibility (Creswell, 2013).

Transferability in this research refers to the close association of the study results to future information obtained in another context (Kyngäs et al., 2020; Lemon & Hayes, 2020; Ravitch & Carl, 2016). To ensure transferability in this basic qualitative study, a detailed descriptions of the data collected was important and the application of the conceptual framework. As the researcher, presented a detailed account of the participants' perspectives.

According to Kyngäs et al. (2020), dependability suggests that collected data is consistent and dependable. The use of recorded interviews protected the authenticity, and integrity of the content collected. For example, having a detailed recording allows the researcher to consistently follow the study intervention and avoid deviating from the protocol established. The researcher uncovered significant findings about parent's awareness of their adolescent's use of sexual health services in religious homes.

Confirmability was the researcher's ability to certify that data is collected and recorded accurately reflects the subjects' viewpoints. Korstjens, & Moser, (2018) described confirmability as the process of neutrality to protect the data from experienced opinions as opposed to the data collected. As a researcher, it was important to recognize potential bias before the study's initiation. The researcher's knowledge of the participants' religious backgrounds, beliefs, and shared experiences could influence the process will be considered

Authenticity was necessary to validate qualitative research interviews. Authenticity is the ability to remain true and natural to oneself (Sapiro, 2020). I built on establishment of trust with the interviewees. I remained non-judgmental and allowed interviewers to take their time to process each response.

Ethical Procedures

The ethical procedures for this study included the obtainment of approval from Walden University's Institutional Review Board (IRB). After having the study reviewed and approved by the IRB (approval no. 05-31-22-0547115), I obtained verbal informed consent from individuals interested in participating in the study. Prospective participants were read an IRB-approved consent disclosure of the study. During the process of obtaining informed consent, study participants were informed of the nature of the study with a description of the risk and benefits of participating. Each participant was informed that participation was voluntary and that they could withdraw at any time. The data collected were deidentified and stored in a locked cabinet on a password-protected computer.

Summary

In Chapter 3, I provided an outline of the researcher's role in the data collection process. This chapter provided a description of the target population, sampling procedures, and interview questions that were used for data collection within the religious environmental of the research participants. Trustworthiness in qualitative research was explained to establish the dependability and authenticity of this research study.

Chapter 4: Results

Introduction

The purpose of this basic qualitative study was to explore religious parents' awareness of adolescents' utilization of sexual health services and parental responses to this awareness. Study participants shared their perspectives with reference to their awareness of, and reactions to, their adolescent's use of sexual reproductive health services for teen pregnancy and disease intervention. I sought to answer the following RQs:

RQ1: How have religious parents' environments influenced their awareness of their adolescent's utilization of sexual health services?

RQ2: What is the response of religious parents to encourage or discourage their adolescents' use of sexual and reproductive health services upon becoming aware?

This chapter highlights key findings from the in-depth interviews I conducted with the eight participants. I provide details on participating parents' perspectives and knowledge of their adolescent's reproductive service usage. I also describe the data collection and analysis process and the relevant steps that I applied to establish trustworthiness. I manually transcribed the data collected from each recording, using Microsoft Word to organize interview question and response. I listened to each recording three times to verify the validity and accuracy of the data transcribed. The recordings were paused at the conclusion of each sentence to transcribe with precision and strategic accuracy. The chapter concludes with a summary of key points and a transition to Chapter 5.

Setting

Upon obtaining approval from the IRB to proceed with the data collection for this study, I offered the participants the option to be interviewed via Skype or Zoom. The use of virtual interviews allowed participants to maintain privacy and comfort in their home settings. Invitation flyers were displayed in public locations. Individuals who expressed an interest in the study were screened at that time to ensure that they met the eligibility criteria for the study. I interviewed eight parents who met the inclusion criteria and acknowledged a willingness to participate by stating "I consent." All consented participants agreed to the recording features via Zoom with their video settings disabled. Each volunteer participant represented a family in the Memphis metropolitan area.

Demographics

The descriptive data summarizes participating parents' awareness and reactions to their adolescent's use of sexual health services for pregnancy and disease control. Each parent was married, 35 years of age or older, and living in a religious home in the Memphis metropolitan area. The Memphis metropolitan area also consists of regions that touch its border, which include West Tennessee, North Mississippi, and Northeast Arkansas (Grant et al., 2022; Harmon et al., 2022). All participants are referred to as "parents" or "participant volunteers" in this study because identifiable information was not collected. All participants confirmed that their children's ages were between 10 and 19 years of age. All participants also confirmed that their adolescents were being raised in religious environments and grounded in faith-based ministries. Table 1 shows each participant's location.

Table 1

Participants' Location

Participant	Memphis/Mid-South location
1	North Mississippi/Southaven
2	West Tennessee/Bartlett
3	West Tennessee/East Memphis
4	North Mississippi/Southaven
5	West Tennessee/Arlington
6	North Mississippi/Olive Branch
7	North Mississippi/Olive Branch
8	West Tennessee/Atoka

Data Collection

Eight parents participated in this study. The initial participant expressed an interest in response to the invitation flyer I posted outside of a park to recruit parents volunteers for this study. I provided each participant with the Zoom information and established a mutually agreeable time for the participant and myself to connect to this virtual platform. During the initial interaction, I disclosed the study requirements and emphasized that participation was voluntary. During the Zoom recording, participants provided informed consent and responded to six interview questions.

I received approval from the IRB on May 31, 2022, to proceed with the proposed data collection. Study recruitment and interviews occurred in July 2022. Although each participant was provided the option to interview via Skype or Zoom, all recordings took place via Zoom. The time of the interview included the process of reading and obtaining informed consent. To ensure the integrity of this research, I asked participants to refrain from providing any identifiable information during their responses and detailed descriptions of their perspectives.

The interview questions were in depth and open-ended to encourage participants to elaborate on their perspectives of their adolescent's use of sexual health services. Occasionally, participant defaulted to "yes" and "no" responses, and they were asked to elaborate if they were comfortable. I also reminded the participants that at any time if the interview questions became uncomfortable, we could end the interview session at their request. Each participant was informed during the informed consent process that their interviews would not exceed 20 minutes. Each recording was timed to monitor whether the elaboration of responses would lead to a different time estimation. Six of the eight interviews lasted 16-18 minutes; the remaining interviews lasted 11-12 minutes.

Upon completion of each interview, I saved and stored the interview data in a secure One Drive on my password-protected computer that is housed in a locked office. This device, drive, and data will not be available or accessible to any outside parties. In accordance with Walden University's IRB criteria, all data will be destroyed after 5 years. Upon completion of each interview, I transcribed the interview content into the Microsoft Office 365 document on One Drive. To ensure confidentiality, I did not engage in any follow-up interviews or interactions for this study. The data collection procedures were executed as planned without any deviations from the IRB-approved process and documents.

Data Analysis

To facilitate the analysis of the data collected for this basic qualitative study, I kept an electronic journal that contained the interview responses that were simultaneously recorded by Zoom and the notes that I took during the interview. To ensure accuracy and

clarity, I replayed the recorded audio to confirm the content in the electronic notes. I highlighted mentions of religious expectations and environment by the participants mentioned. After each interview, I obtained from Zoom the audio recording, transcription, and time duration of the virtual interactions. I organized this information into a folder labeled as Interview Participant 1, Interview Participant 2, and so forth. Although each participant interview was different, themes were identified in responses to the utilization of abortion services. The religious parents interviewed believe that it is a situation question, and their beliefs depend on the circumstances leading to the desire or need for an abortion. Another interviewee stated that although she does not believe in abortions based on her faith, she believes that it is a case-by-case decision, and she hopes that she never has to guide her adolescent through that type of decision.

In recording each interviewee, participant's responses to the interview questions fluctuated significantly. An interviewee believed that their adolescent was aware of sexual health services but has not yet accessed these services physically. It was expressed that they discovered the utilization of online sexual tutorial, and pornography then Google-searched questions of curiosity and interest. However, this family believed that their eleven-year-old adolescent has accessed these electronic services solely out of curiosity and had not engage in any physical acts that warranted the use of sexual services at that time.

Another interviewee Participant believed that their thirteen-year-old adolescent only knows about sexual health services because of peers that have exposed their child to reproductive health services before this information is believed to be needed. This family

emphasized that their practices of keeping their children grounded in biblical teaching as a means of preventing their adolescent from utilizing sexual health services. This interviewee believed their adolescent was not utilizing any sexual health services because she had not reached that stage of life. The participant monitors the adolescent's behavior to confirm their feelings of parental intuition.

An interviewee with two adolescents provided completely different perspectives of her knowledge of each teenager's experiences. During this interview, the parent participants indicated that they have expectations of their children in reference to what they believe concerning their sexual health service usage is mostly a result of both parents being preachers. They believed that the fourteen-year-old adolescent had accompanied peers as support for them to utilize sexual health services, but they hoped their teachings in the home created a safe environment for their child to inform them of a need to address any sexual health care needs. They elaborated on how they believed the oldest teenage learned about sexual health services. They believed his encounters as an athlete in high school may have attributed to his awareness. Despite what they believed their fourteen-year-old knew about sexual services, they were confident that he has never accessed services for his person needs. The same parent interviewees were extremely confident that their thirteen-year adolescent had never used reproductive health services and did not need to have discussions to determine what she currently knows or may not know at this time.

Evidence of Trustworthiness

For this basic qualitative study, reliability and validity were established through the application of credibility, transferability, dependability, confirmability. The researcher constructed the credibility by assuring the information being explored were identifiable and consistent throughout the study. It was also certified that zoom interviews with parent interviewees were not abruptly disrupted or rushed to end rapidly to avoid rushed responses and miscommunications. Transferability was provided in this study through a descriptive account the interviewees perspectives. As the researcher, I referred to the parent's perspectives to complete the data analysis process to document every response to the questions directly inquiring about parental knowledge of the utilizations begin researched. The interview data was then secured on a password protected computer and will remain protected for the length of time required by Walden University's IRB. The dependability relied heavy on the Zoom recordings which ensured that the researcher and the interviewee followed the interview and consenting process without deviations from the questions and requirements by the IRB to remain consistent and not deviate from the content of this study. The confirmability was certified by asking each interviewed parent to acknowledge and agree to accurately provide their perspectives and responses to their adolescent's utilization of sexual health services. The application of confirmability ensured that the participants' viewpoints were accurate to address the possibility of data alterations or bias.

Results

RQ1 was, How have religious parents' environments influenced their awareness of their adolescent's utilization of sexual health services? The participants stated that they have no knowledge of their adolescent's utilization of sexual health services. Participants indicated that they were aware of the services available to their children. They expressed that they raised their children in religious environments and believed that their children would abide by the biblical teachings they provided in the home. Table 2 includes participant responses related to RQ1.

Table 2

Participant Responses Related to Research Question 1

Participant	Responses	
	Response 1	Response 2
1	"No, he has not experienced sexual services at this time, but I have caught him watching pornography and found online tutorials in the search engine of shared computers."	"I teach him the importance of abstinence using biblical scriptures. The environment that children are introduced to exposes them very prematurely to sexual intercourse"
2	"No, my daughter has never used services like that, but she has been introduced to it in conversations with her friends"	"We keep her grounded in the church and involved in church activities, so she is surrounded by biblical teachings."
3	"We have two teens, and they haven't used any services like that. With one of our teens—that's the male and the oldest — his friends have shown him things on social media. My daughter doesn't know anything about sexual services yet."	"We're both in ministry, and my husband is the head pastor, so, of course, we teach our children to avoid sex and using any sexual services until marriage, but we know the way the world is moving right, that might not happen, so we hope they come to us, so they're prepared."
4	"No, they have not been introduced. I am realistic that teens will be teens, and I don't know what they've seen or know from social media"	"I feel confident that they are both knowledgeable about what is expected of [*sic*] us; not saying that they are perfect, but they know that we teach them the values of abstinence."
5	"My baby hasn't used or needed anything [related to] protections from having sex"	"Even though I am a Christian, I have concerns about planned parenthood laws overall."
6	"No, I don't think so; I hope not.	"I'm a leader in my church, and I have expectations in my house. I'm realistic that she may get information from her friends, but she knows the rules in this house."
7	"I don't talk about that sort of thing, but her mom and peers talk about it"	They believed that children should theoretically wait until marriage but wanted to be realistic and accepting of his adolescent's needs to know the importance of contraceptives and organ damage if they have sex and contract an STD. He believed that his child was going to engage in sexual behavior but was not comfortable being the one to talk to them about it.
8	"My child has never used sexual services."	They stated that they taught their child how to lead a Christian life by example and that the child knows what is expected of him.

The theme of parent perspective emerged for RQ1. Participants expressed that their children did not use sexual health services and that their children were raised in a religious environment and believed in abstinence.

RQ2 was, What is the response of religious parents to encourage or discourage their adolescents' use of sexual and reproductive health services upon becoming aware? Each of the participant stated they taught their adolescents to follow their religious teachings and refrain from sexual health activities. Table 3 incudes illustrative participant responses related to RQ2.

Table 3

Participant Responses Related to Research Question 2

Participant	Response
1	"Being Christian, my main goal is to educate my adolescent on the need to wait until marriage."
2	"We try to live our lives according to the bible as much as possible. We believe the bible is true, so I don't think we have to set expectation right now."
5	"I don't think we need to talk to her about contraceptives or anything right now because she's not sexually active, and she's waiting until marriage. The HPV vaccination is the extent of the sexual health care that she's received, and the doctor talked to her about why it's needed."
6	"We discussed potentially talking with a provider for our oldest (19-year-old) daughter when she was about 14 years old because she reads a lot of romance novels, and we questioned what she was being introduced to, but we never followed through with it."
7	"My wife talks with the kids about sex-related services because she grew up in a COGIC church, and they made you feel outcasted for premarital sex and she didn't like that at all. I grew up in a way that we didn't like it, but we accepted. I know it's important, but I don't want to be the one to address it."

Note. COGIC = Church of God in Christ.

The theme of home environment emerged for RQ2. Participants indicated that they embraced teachings in the home and that they did not need to talk to their children about about sexual health concerns at this time.

Summary

In Chapter 4, an analysis, and detailed discussions of the results of parent interviews, the consenting process, research protocols of data collection and information safety was provided. This qualitative study was based on two research questions and data obtained during interviews with parents of adolescents in the Memphis metropolitan area from structured religious home environments. Participant responses were used to answer the RQs, the interpretation of which was strengthened by the literature presented throughout this study. The results of each interview were detailed in this chapter to highlight the awareness, knowledge, and perspectives of parents in faith-based communities. These responses noted parents' viewpoints on their acceptance in their adolescent's utilization of sexual health services. In Chapter 5, the purpose and results are organized within the conceptual framework. This chapter highlights future recommendations for continuous research and initiatives for social change.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

There is limited scholarly literature on parents' experiences and beliefs that influence their awareness of the adolescent children's use of sexual health services. This chapter includes discussion about the findings identified in this study. The purpose of this study was to explore religious parents' awareness of their adolescent's utilization of sexual health services and parental responses to this awareness. Brofenbrenner's social ecological model provided the conceptual framework for the investigation. I relied on eight recorded interviews. Those interviews targeted participants' understanding, and perspectives related to the study topic. The two RQs for this basic qualitative study were as follows:

RQ1: How have religious parents' environments influenced their awareness of their adolescent's utilization of sexual health services?

RQ2: What is the response of religious parents to encourage or discourage their adolescents' use of sexual and reproductive health services upon becoming aware?

The primary findings in this study are embodied in two themes: (a) parent perspectives and (b) home environment. RQ1's emerging theme of parent perspectives illustrates that participating parents did not believe that their adolescent used sexual health service because the children were being raised in religious environments and believed in abstinence. The theme that emerged from RQ2 was the home environment, which described participants' focus on the teachings in the home and decision to not discuss sexual health service needs in the home at this time. Participants shared their

knowledge and perspectives regarding their adolescents. In this chapter, I interpret the data collected, consider the study's limitations, offer recommendations for future research, and discuss the study's implications for positive social change.

Interpretation of the Findings

Based on the findings of this study, it is clear that parental perspectives play an instrumental role in religious parents' awareness of their adolescent's utilization of sexual health services. Overall, the study findings indicate that religious parents have an interest in their adolescent's family foundation as it relates to their reproductive health and use of reproductive services. My findings align with the conceptual framework of Bronfenbrenner's social ecological model. This framework evolved into a social ecological theory that conceptualizes the immediate home and church environments as influencers of awareness (Bronfenbrenner, 1999; Kilanowski, 2017).

Research shows that parents' awareness references their understanding of their adolescent's sexual health service needs (Hasstedt, 2018; Marshall et al., 2020) and religious beliefs (McCullough Cosgrove et al., 2018). Parental awareness is a perceptive engagement in religious homes as indicated in research that suggests that a parent's awareness is directly connected to their expectations (Ritchwood et al., 2017). Grossman et al. (2018) expressed that parents' perspectives of their adolescents' use of sexual health services are distorted by their beliefs and inaccurately contradict reproductive health evidence. Iriane et al. (2019) found that medical providers extend sexual health services to adolescents without parental consent and that adolescent patients often request that providers not involve the patients' parents. The literature highlights factors that influence

parents' perception and lack of awareness of their adolescent's utilizing of these health-related services.

The data obtained from the study participants correspond with the research presented in Chapter 2 provided by Jemmott et al. (2020) regarding religious parents' resistance to sexual health service use as it conflicts with their teachings of biblical abstinence. Themes emerged from interview findings suggesting that not all participants perceived that adolescents were utilizing sexual health services because they are being raised in religious environments. These participants also did not believe there was a need to discuss the use of those services because their adolescents had been taught in the home to abstain from premarital sex. Existing research indicates religious parents' avoidance in addressing their adolescent's sexual health exigencies (Ashcraft & Murray, 2017; Cockroft, 2013; Jemmott et al., 2020; Powell et al. 2017).

Theme 1: Parent Perspectives (Research Question 1)

Each study participant who consented to engage in the interview process understood what sexual health service usage meant. They also had an understanding that adolescents can and have used reproductive services for pregnancy and disease prevention. Each participant gave a clear response indicating that these services are not needed or used by their adolescents. The religious parents in this study provided perspective accounts, emphasizing their adolescents have not utilized any form of sexual health services. Some participants spoke of situations in which they identified that their children may be familiar with contraceptives and web-based services from peers or

online. They had the same confidence and certainty that sexual services were not being used by adolescents in their home.

RQ1 addresses how religious parents' environments influence adolescents' utilization of sexual health services. Interview participants frequently referenced Christian beliefs and their religious environments. Bronfenbrenner's social ecological theory conceptualizes the home, church, and environment as influencers of the perceptions and beliefs of parents and their children (Bronfenbrenner, 1999; Kilanowski, 2017). Other research studies have pointed out that sexual health services are available in religious environment through churches and faith-based communities (Powell et al., 2017; Weeks et al., 2017; Wright et al., 2019). The interview responses in this study detail parent responses that do not address these services as being used by their adolescent, rather the emphasis of Christian expectations. Interviewees in this research study focused their emphasis on home expectations and awareness of environmental influences that may inform their knowledge and sexual awareness.

The information collected in this study provides evidence of parents' values concerning abstinence. There appeared to be a clear identification of parental awareness of expectation regarding adolescents abstaining from sex until marriage. The participating parents did not provide explanation of evidence to support their perception outside of their religious beliefs and teachings of the bible on premarital sex. Once participant stated that she teaches her son the importance of abstinence. Although the interviewed parent had caught her son viewing pornography and searching for sex-related

information online, she believed that he continued to honor her teachings of abstinence through biblical scriptures.

Theme 2: Home Environment (Research Question 2)

The second theme addresses religious parents' encouragement or discouragement of their adolescent's use of sexual and reproductive health services upon becoming aware of this use. Ashcraft and Murray (2017) highlighted that parents are adolescents' most important influencers in guiding their use of sexual health services for disease and pregnancy prevention. Shahid et al. (2017) revealed in a separate research study that parents who teach their adolescents to cultivate and accept religious beliefs assume that their children's choices are parallel to their religious beliefs. Based on interview responses in this study, parental teachings in the home aligned with biblical expectation in previous research findings. One participant's comment emphasized that the participant followed what the bible teaches, which suggested that parental responses to adolescents' sexual health service needs are not encouraged nor discouraged. Parents did not address these needs at all. Interview data collected in this research demonstrated that religious parents defer to bible teachings in response to addressing their adolescents' reproductive health service usage. The participants' viewpoints on the stance in the home remain the focus of parents' responses.

Powell et al. (2017) and Ritchwood et al. (2017) both indicated in separate research studies that churches in religious communities provide sexual health service tools for adolescents that parents can access to aid in proper use of these services. Interview responses confirmed that parents in religious environments do not believe these

services are applicable to their children. The disciplines in the home environment were mentioned as the reasoning of not needed to address sexual services at this time. Parental awareness is needed to aid adolescents use of sexual health services (Guttmacher Institute, 2020; Reddy, 2002) as religious parents do not know if their adolescents are accessing reproductive care or not. If past studies suggest that adolescents are using sexual services and current evidence reveals that parents are unaware of this use, then the application of awareness is critical in establishing social change in Christian homes.

Limitations of the Study

There are notable limitations of this basic qualitative study that merit acknowledgement. The first limitation of the study is the geographical location of the participants enrolled. As the study took place in a limited geographic area, I focused on recruiting a small sample of parent volunteers over the age of 30 with children between the ages of 10-19. The criteria for participant selection may have served to limit parents to those in Christians' homes, as enrolling a different population of parents may have yielded different findings. Also, some participants had older adolescents, over the age of eighteen, yet remained consistent in responding that religious home teaching are instilled in the home and the expectation is that sexual health services are not needed or being used because of biblical teaching of abstinence. Another potential limitation in the data obtained were the viewpoints of a group of individuals with shared awareness based on biblical expectations. I did not collect the opinions of adolescents, siblings, and stepparents to seek their perspectives of adolescents' use of sexual health services.

Recommendations

The main objective of this study was to acquire insight and a deeper understanding of sexual health service use through the perceptive lens of religious parents' awareness of the reproductive health choices of adolescents within Christian home environments. Based on the results of this research, religious parents perceive their adolescents do not utilize sexual health services because of their teachings in the home. Existing research has confirmed that parents do not engage in their adolescent reproductive health needs or sexual health service options until they believe their youth has reach the culturally acceptable age of maturity (Ashcraft & Murray, 2017). Medical providers suggested making parents aware of the services being accessed by their children without their knowledge (Bortoletto et al., 2018; Iriane et al., 2019).

Implications

This research contributes to social change in identifying service needs to prevent psychological and physical harm that adolescent experience in obtaining sexual health services without parental aid. The results of this study have heightened my awareness to the levels of assertion in religious parents' confidence in their adolescents to follow the teachings in the home regarding their sexual health care.

The underpinning of the ecological system is that perception is an internal choice enhanced through external interaction (Bronfenbrenner, 1992). Social change occurs at the microsystem's level in the immediate home setting where interpersonal exchanges can be cultivated. More parents in Christian home can become involved in the sexual health service needs of their adolescent as materials are developed to heighten their

awareness and provide useful tools for parental engagement. Positive social change may occur by addressing the need for parental acknowledgement of the lack of awareness and extension of services to initiate the steps become more aware. As reputable and scholarly research results are made increasingly accessible, parents can support adolescents' sexual health and autonomy to openly seek parental inclusion. I strongly recommend parental sexual health awareness services through informational resources and interactive learning modules.

Conclusion

Parental awareness is beneficial to the reproductive health of adolescents (Deptulat, 2010; Fisher, 2018). While existing scholarly literature is committed to sexual education amongst youth groups and parents' perspectives on premarital sex, (Powell et al., 2017; Ritchwood et al., 2017) reproductive health providers perspectives' past research has failed to provide a direct account of parent's awareness as it relates to adolescent sexual health choices. As a result of this study, eight Christian parents were given an opportunity to share their knowledge and offer a better understanding of their lived experiences with their adolescents in the home.

Every parent's story revealed their perspective aligning with their expectations. It is common to have expectations between a parent and a child concerning decision that directly align with religious beliefs and cultures in the home. The parents who participated shared stories of having conversations with their children about sex as they deemed suitable. Some spoke of the emphasis made to their children on what is expected of them. There was no account of an opportunity being provided for the adolescent to

share their actual experiences or openly express if sexual health services were every utilized. This study provides evidence of the urgency for religious parents being made aware of their adolescents' sexual health choices. The study result may inform religious parent to get involve in their adolescents' sexual health care without assuming their adhering to religious rules in the home and abstinence.

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