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ABSTRACT

Purpose: To more fully understand the associations between family variables and sexual behavior of young women.

Study Design and Methods: Forty-two female clients of an urban youth agency (16 to 25 years of age) were interviewed about intergenerational stories and contact with extended families. Individuation was measured by self-report using the intergenerational individuation subscale of the Personal Authority in the Family System Questionnaire. Self-report questions

The study described in this article was undertaken to more fully understand the association between family variables and sexual behavior of young women. Young urban-dwelling women are at particular risk for human immunodeficiency virus (HIV) by means of sexual contact with infected partners (Grinstead, Faigles, Binson, & Eversley, 1993; O'Leary & Jemmott, 1996). Preventive efforts targeting the reduction of risky sexual practices through behavioral change counseling appear promising (Kelly, 1995; Kelly, Murphy, Sikkema, & Kalichman, 1993). Greater understanding of the multiple and complex variables, including family factors, which influence sexual behavior, is needed to enhance the efficacy of preventive and treatment intervention. For example,

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were used to gain information about the young women's sexual and risk behavior. Data were analyzed using Pearson correlation, independent *t*-tests, and multiple regression. Family stories were analyzed by for themes of resilience or vulnerability.

Results: This study suggests that young women who perceive their connection with previous generations in a resilient light tend to be more individuated and report less risky sexual behaviors.

Clinical implications: These results may give direction in the design of family interventions for reducing sexual risk taking and enhancing positive health behavior. Interventions would include promoting a healthy degree of attachment between adolescents and their families, exploration of family of origin issues, and referral for more intensive services when needed.

Key Words: Adolescents; Families; Resilience; Risk-taking.

Klockars and Sirola (2001) reviewed psychoanalytic studies and build a case for the critical importance of the mother-daughter relationship over time to psychosexual development.

Theories of health behavior generally assume individual motivation for health promotion (Igra & Irwin, 1996). This motivation depends upon a sense of self-efficacy to engage in health-promoting behavior. For example, Jemmott and Jemmott (1992) demonstrated the ability of a social cognitive intervention to increase self-efficacy to use condoms in Black, adolescent women.

Family factors that may influence self-efficacy for health-promoting behavior include connectedness (Resnick, Bearman, & Blum, 1997) and the existence of an intergenerational theme (Landau, Cole, Tuttle, Clements, & Stanton, 2000). An intergenerational theme involves the client and at least two preceding generations, and reflects a distinctive family identity. Family themes that portray the family as resilient or capable of overcoming adversity may support individual family members' health-promoting behavior. Conversely, when the family theme represents vulnerability, or a lack of capacity to overcome negative demands, individual members may be less inclined to engage in healthy behaviors (Landau-Stanton & Clements, 1993; Resnick et al., 1993).



Relations in Young Women

Individuation and Health Behavior

Successful individuation can be defined as an emerging sense of the self as separate and distinct while still being connected with significant others, such as the family of origin. If connectedness is perceived as caring, the adolescent internalizes the experience of being cared about and may then be better able to engage in self-care and make decisions that are in his or her own best interest (Hirschberg, & Lipsitt, 1993; Main, 1995; Zeanah, Benoit, Barton, Regan).

A contemporary perspective on adolescence suggests that psychosocial development occurs within a context of balancing separateness and connectedness, which results in individuation rather than the classic notion of autonomy (Lamborn & Steinberg, 1993). Achieving an adequate degree of separation from the family promotes identity exploration while remaining connected within a relational context (Grotevant & Cooper, 1998).

Illustrative of the concept of family support leading to better self-care decisions, two separate large-scale studies found that subjects scoring high in both autonomy and family support had *less* involvement with drugs and alcohol than their equally autonomous but less connected counterparts (Lamborn & Steinberg, 1993; Tuttle, 1995). Additionally, Landau, Cole, Tuttle, and colleagues (2000) found that among adult women seeking care at two urban sites, a sexually transmitted disease (STD) clinic and a

Latino community organization (CO), connectedness to family was protective against risky sexual behavior. Connectedness was measured by whether the women knew stories about grandparents or great-grandparents and by the frequency of contact with family members.

The present exploratory study was designed to extend the work of Landau et al. (2000) by examining the relations among two new variables in younger women—intergenerational individuation and family themes along with three previously studied: sexual risk behavior, intergenerational family contact, and knowledge of family stories.

Specifically, this study asked:

1. What is the relation between intergenerational connectedness and individuation?
2. What is the relation between intergenerational individuation and sexual risk behavior?
3. Are resilience versus vulnerability family themes differentially associated with intergenerational individuation, sexual risk behavior, and family knowledge?

Method

Setting and Subjects

The research was conducted at a nonprofit youth agency located in a medium-sized city in the Northeast United States. The agency offers general equivalency degree



Greater understanding of the multiple and complex variables (including family factors) that influence sexual risk behavior in adolescent women is needed to enhance the efficacy of preventive and treatment intervention.

(GED) classes, primary healthcare, counseling, and case management for low socioeconomic status (SES) urban youth. Many have children, and some have a history of involvement with drugs or alcohol and/or the criminal justice system. Institutional Review Board approval was obtained for this study. All of the female clients utilizing the agency's services on four separate afternoons were invited by the first author or a staff member to participate in the research resulting in a convenience sample. There were no exclusion criteria. Confidentiality was assured and participants were paid \$15 each for their participation. Forty-two women aged 16 to 25 agreed to participate. The participants who were not yet 18 years of age were legally able to consent without a parent or guardian, based on their own status as parents, which renders them "emancipated minors."

Fifty-three percent of the sample described themselves as Black, 33% as White, and the remaining 14% as Latina. This matched the racial distribution of women receiving services from the agency. Twenty-two percent of the sample had completed high school and the others were either in school or were preparing to take the GED examination.

Procedure

The first author met individually with each consenting participant in a private room adjacent to the clinic for an average of 30 minutes. Demographic and family contact data were collected by interview. Subjects completed a questionnaire about their sexual behavior and the Intergenerational Individuation sub-scale from Version C of the Personal Authority in the Family System questionnaire (PAFS-Q) (Bray, Williamson, & Malone, 1984). The women were then asked about their knowledge of stories that involved their grandparents and great-grandparents. Those who gave an affirmative response to this question were immediately asked to tell the story. The stories shared by the women were recorded on audiotape and transcribed. Tapes and their transcripts are kept in a locked cabinet. Subjects were identified with subject number only.

Instruments

Family Contact

The number of past or present family members with whom the women were in regular contact was calculated (Landau et al., 2000; Stanton & Heath, 1997). Contact was weighted as follows: 1, some contact, but less than yearly; 2, yearly contact; 3, monthly contact; 4, weekly contact; 5, daily contact. The sum of all family members, weighted by the frequency of contact, served as an indicator of the total amount of contact the women had with

family members. The reader is referred to Landau et al. (2000) for more detail.

Knowledge of Family Stories was coded on a scale of 1 to 4: 1, no purported knowledge beyond the parental generation; 2, knowledge of stories about a grandparent; 3, if stories were known about only a great grandparent; 4, if the women reported knowing stories about both the grandparent and great-grandparent generations. Those who knew stories were asked to relate the first story that came to mind about either of these generations (Landau et al., 2000).

Individuation

The Intergenerational Individuation subscale of the PAFS-Q has eight items and assesses the degree to which a person has resolved, "the conflicts generated by transgenerational mandates and loyalties" (Bray, personal communication, 1991).^{AQ} This five-point Likert scale measures the degree to which the individual is fused, or individuated, relative to her or his parents, with higher scores indicating greater individuation. Reverse scoring was accomplished so that a higher score was associated with a greater degree of individuation.

Bray and colleagues (1984) reported an internal consistency reliability of $\alpha = .90$ and test-retest reliability over a 2-week period of $.55$ for the Intergenerational Individuation subscale. With the present sample, the α was $.73$. Bray et al. (1984) found that the original PAFS-Q Intergenerational Individuation subscale correlated $-.29$ ($p < .05$) with the Symptom Index and $.38$ ($p < .05$) with the Cohesion subscale of the Family Adaptability and Cohesion Evaluation Scales II (FACES II) (Olson, Portner, & Bell, 1982). These findings were in the expected direction. Evidence of the unique factor loadings of the items comprising the Intergenerational Individuation subscale, nearly all of which are acceptably high, is provided in the manual (Bray et al., 1984).

Sexual Risk Taking

The index of risk behavior used by Landau and colleagues (2000) was administered by self-report with one change. Given the age and limited sexual history of the subjects, rather than asking about the number of partners in the past month, the present study asked about lifetime history of sexually transmitted disease. The other items indexed were: history of ever having had sex for money or drugs; history of having sex with a new partner without a condom; and history of sex without a condom with a partner who has sex with other people. One point was awarded for each affirmative response, resulting in a score ranging from 0 to 4 (Landau-Stanton, Clements, Cole, Valenti, & Zettilmeyer, 1991).

Data Analysis

Quantitative data were analyzed using Pearson correlations, independent *t*-tests, and multiple regression. Power analysis suggested that a sample size of 42 was needed to find a small to moderate effect size (.46) in the outcome variable of sexual risk taking. Qualitative data were analyzed using narrative analysis of the stories for themes.

Themes of Resiliency and Vulnerability

The interview transcripts of family stories were analyzed for themes reflective of perceived resilience or vulnerability using an approach suggested by Glaser and Strauss (1967). Further, a mapping strategy suggested by Sandelowski (1995) was used in order to identify the challenges faced by each family as well as the various adaptive and maladaptive strategies utilized by the family. The researcher-analyst then rendered rationale-based characterizations regarding the resiliency vs. vulnerability status of the family based upon the exposure to challenges and the strategies to adapt (either positively or negatively) to identified challenges. The first author also rated the stories with complete agreement.^{AQ}

Family resilience, as defined by Walsh (1998), refers to coping and adaptation in the family system. "How a family confronts and manages a disruptive experience, buffers stress, effectively reorganizes itself, and moves forward with life will influence immediate and long-term adaptation for every family member and for the very survival and well-being of the family unit" (Walsh, 1998, p. 14). Using this paradigm, vulnerability and resilience are terms that describe the extremes of a continuum. A family described as "vulnerable" would be on the lower end of such an adaptation scale, while a "resilient" family would be at the upper end. Consequently, a score of -1 was given to those participants with stories indicating vulnerability. Cases with no indication either way were scored 0, and those whose stories reflected resilience were rated +1.

Results

Table 1 presents characteristics of the sample. Twenty participants (47.6%) knew stories about either their grandparents or great-grandparents, while an additional 17 (4.5%) knew stories about both. Five women (11.9%) were unable to relate a story about either. [The mean intergenerational individuation score was 28.88 (30.45 for Black women, and 28.50 for Latinas—both significantly higher than the 26.57 for White women; $F = 4.15, p < .05$). Post hoc multiple comparison using the conservative Scheffe test revealed that Black women had significantly higher individuation scores than White women ($p > .05$). While Black females also scored higher on the individuation scale than their Latina counterparts, that difference was not statistically significant.

Self-reported sexual risk scores ranged from 0 to 4 with a mean of 1.26 ($sd = 1.0$, 95% confidence intervals: .93 to 1.59). The mean sex risk scores of 1.0 for Black women and 0.33 for Latina women were significantly lower than the mean of 2.1 for White women in the study ($F = 10.22, p = .0003$). Post hoc multiple comparison using the Scheffe test revealed that Black women had a mean score 1.07 lower than White women ($p = .004$) and .67 higher than Latina women (not significant). The number of lifetime sexual partners ranged from 0 to >100 ($m = 7, sd = 16$).

Table 1. Characteristics of the Sample

| | Mean | Range | SD |
|--|-------------|-------------|------|
| Age | 20.21 years | 16-25 years | 2.23 |
| Sex risk | 1.26 | 0-4 | 1.06 |
| No. of family members in Monthly contact | 4.48 | 1-8 | 1.74 |
| Weekly contact | 3.67 | 0-7 | 1.66 |
| Index of total contact | 21.88 | 4-43 | 7.89 |
| Knowledge of family stories ^a | 2.76 | 1-4 | 1.08 |
| Intergenerational individuation | 28.88 | 20-36 | 4.24 |

^a1 = none, 2 = grandparent only, 3 = great-grandparent only, 4 = both.

There were no significant differences between Black, White, and Latina participants in any other variable tested: age, number of lifetime sexual partners, history of sexually transmitted disease, family contact, knowledge of stories about grandparents or great-grandparents, or story theme.

Forty-four percent ($n = 18$) of the total sample admitted to having had an STD in the past. This figure is consistent with the 40% to 50% rate in the population served by the agency where the study was conducted. Pearson product moment correlations between the key variables appear in Table 2. Age did not correlate significantly with any of the key variables. There was a significant positive correlation between total family contact and intergenerational individuation, but not knowledge of family stories. Higher scores on the Individuation subscale were significantly and negatively correlated with sexual risk taking. A significant positive correlation was found between knowledge of family stories and the index of risk behavior, suggesting that those who were more likely to recall stories about their grandparents and great-grandparents were actually engaging in more sexual risk taking.

Twenty-four women (57% of the total sample) related stories that contained themes of resilience, while 13 (31% of the total) told stories reflecting themes of vulnerability. The remaining five subjects (12%) indicated that they knew no stories. One vivid example of resilience was related by an 18-year-old Latina woman who had experienced the substance abuse of her own mother and maternal grandmother and had spent most of her childhood in foster care. She remembered her great grandmother giving her a crucifix before she died (when the younger woman was 9). She stated, "You know, I still have that cross...and I don't let nobody touch it, you know, its mine. And when I feel like I ain't gonna get nowhere in life...I hold that cross and it makes me feel like I can be somebody, because my great-grandmother told me, 'you gotta become a strong person, just work hard and never give up.'"

Young women who related a story with a theme of resilience had significantly higher scores on the intergenerational individuation scale (30.5 vs. 26.4, $t = -3.2, p < .01$),

Table 2. Correlations Among Major Variables

| | Individual ^a | Family Knowledge ^b | Contact ^c | Theme ^d | Age | Sex Risk ^e |
|------------------|-------------------------|-------------------------------|----------------------|--------------------|------|-----------------------|
| Individuation | 1.00 | -.09 | .35* | .45** | -.20 | -.45** |
| Family Knowledge | | 1.00 | .05 | -.03 | .09 | .31* |
| Contact | | | 1.00 | .36* | .14 | -.16 |
| Theme | | | | 1.00 | -.04 | -.33* |
| Age | | | | | 1.00 | .21 |
| Sexual risk | | | | | | 1.00 |

* p , .05. Pearson's product moment correlation, two-tailed test of significance.
 ** p , .01. Pearson's product moment correlation, two-tailed test of significance.
^aIntergenerational Individuation (PAFS-Q version C).
^bNumber of generations about which stories are known.
^cScore on measure of sexual risk-taking.
^dIndex of total contact with family members.
^eTheme in family story (vulnerable = -1, none = 0, resilient = +1).

Table 3. Multiple Regression*

| ANOVA | | | | | |
|---------------------|----------------|---------------------------|-------------|--------------|--------------|
| | Sum of Squares | df | Mean Square | F | Significance |
| Regression | 15.20 | 4 | 3.80 | 4.55 | .004 |
| Residual | 30.92 | 37 | .84 | | |
| Total | 46.12 | 41 | | | |
| Coefficients | | | | | |
| | SE | Standardized Coefficients | t | Significance | |
| (Constant) | 1.21 | Beta | 2.33 | .025 | |
| Contact with family | .02 | -.02 | -.13 | .90 | |
| Family knowledge | .14 | .33 | 2.42 | .02 | |
| Individuation | .04 | -.33 | -2.11 | .04 | |
| Story theme | .18 | -.14 | -.92 | .37 | |

*Adjusted R² = .26 (standard error of the estimate = .91).
 Predictors: (constant), story theme, contact with family, family knowledge, individuation.
 Dependent variable: sex risk.
 NOTE: Collinearity diagnostics showed unique variance proportions on all dimensions.

Multiple regression analysis with key variables revealed that individuation and knowledge of family stories contributed significantly to the variance explained (adjusted R² = .26) in sexual risk taking (see Table 3). While the directions of the associations between knowledge of family stories and individuation with sexual risk taking were opposite, both variables contribute independently and significantly to sexual risk-taking.

Discussion

Results suggest that contact with family members and a sense of one's family history as resilient are associated with successful individuation, and further, that the young women who demonstrated higher scores on the measure of intergenerational individuation reported significantly lower rates of sexual risk taking. Of interest, Black women in the study scored higher on the individuation subscale and reported lower degrees of sexual risk taking when compared to the White and Latina participants. This is a hopeful finding in light of findings from the National AIDS Behavioral Surveys (Grinstead et al., 1993) suggesting that, among 3482 urban women aged 18 to 49 years, younger Blacks were more likely to engage in risky sexual behaviors. Our total sample was drawn from a relatively low SES population. Anderson and Armstead (1995) present several examples of the confounding effect of SES with other sociodemographic variables.

Perceived intergenerational vulnerability was related to lower scores on a measure of individuation. Perhaps women who have vulnerable attachments in their family histories experience more difficulty with individuation. Alternatively, young women who are less well individuated may view their family histories in a more vulnerable light. The content of family stories was significantly associated with sexual risk taking, but other variables (individuation and knowledge of family stories) accounted for greater and significant amounts of the variance.

Even though the number of generations that women knew stories about was approximately evenly distributed

lower scores on the index of sexual risk taking (1.0 vs. 1.8, $t = 2.1$, $p < .05$), and more frequent total contact with extended family (24.3 vs. 18.1, $t = -2.3$, $p < .05$). There were no between-group differences in the number of generations about which stories were known.

between the two groups with resilient or vulnerable story themes, a higher number of generations was positively correlated with greater sexual risk taking. We would hypothesize that at least two factors are operating here. First is the notion that sexual risk taking is positively related to psychological problems and dysfunction (Kelly et al., 1993). It may be that the more unhappy or disturbed the person is, the less likely she is to attend to or care about sexual safety precautions.

Clinical Implications

These results may indicate a possible direction in the design of family interventions for reducing sexual risk taking and enhancing positive health behavior. These might include promoting a healthy degree of attachment between adolescents and their families, exploring family of origin issues, and referring for more intensive services when needed. Moore, Moretti, and Holland (1998) offer a new intervention model based on attachment theory to help young people in overcoming vulnerable internal working models. Mick and Ackerman (2002) build a case for case management with intergenerational families. Further investigation with a larger sample is needed to explore how various intergenerational factors interact with developmental variables to influence health behavior. Longitudinal studies that consider these and related factors are needed to gain a fuller understanding of how the family environment influences the development of health behavior. In particular, racial, ethnic, and socioeconomic factors need further exploration. This knowledge is needed in order to develop interventions that increase self-efficacy for health-promoting behavior by enhancing family resilience and reducing vulnerability.

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