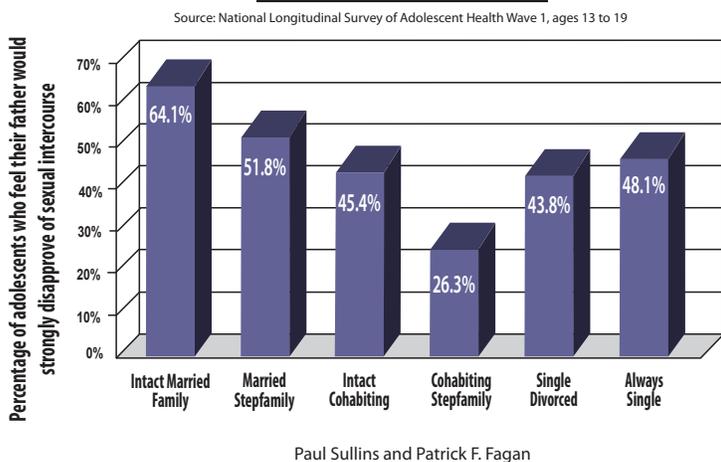
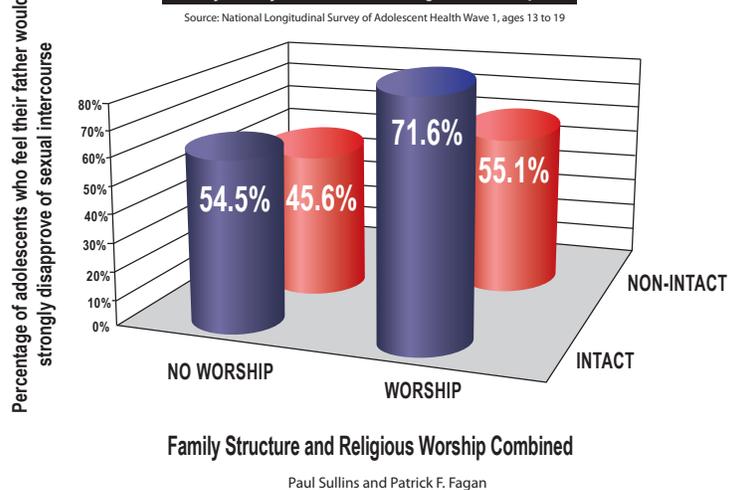


Father Disapproves of Adolescent Sexual Intercourse by Family Structure and Religious Worship

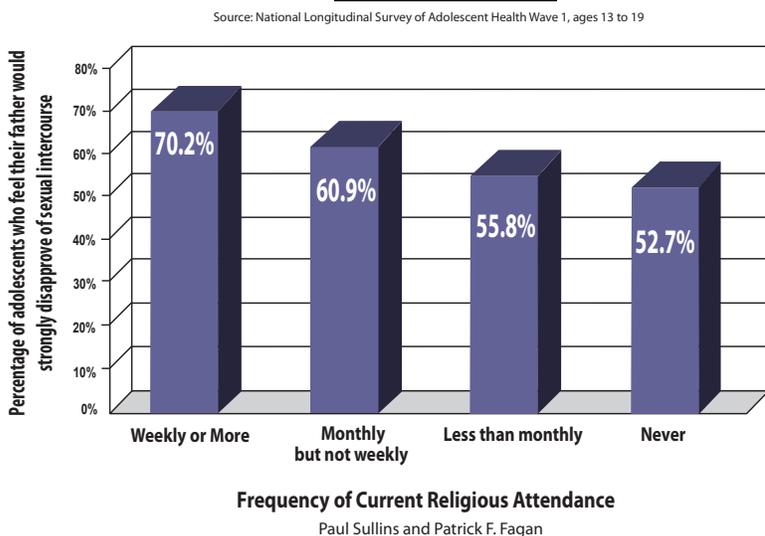
Father Would Disapprove of Adolescent Sexual Intercourse by Family Structure



Father Would Disapprove of Adolescent Sexual Intercourse by Family Structure and Religious Worship



Father Would Disapprove of Adolescent Sexual Intercourse by Religious Worship



This chart looks at the number of children who feel that their father would strongly disapprove if they engaged in sexual intercourse, at the extremes of four demographic quadrants.

These four quadrants are derived from combining two sets of marital statuses (intact versus non-intact)* and two sets of religious attendance (worship vs. no worship).**

The individuals occupying the four corners (or four extremes) of these quadrants are:

The children from intact families that worship.

The children from intact families that do not worship.

The children from non-intact families that worship.

The children from non-intact families that do not worship.

*The intact married family consists of children who live with their two biological parents who are married. Non-intact includes all other family types.

**Those who worship report attending religious services once a week or more often in the past year. Those who do not worship never attended religious services in the past year.

Father Disapproves of Adolescent Sexual Intercourse by Family Structure and Religious Worship

Wave 1 of the *National Longitudinal Survey of Adolescent Health (Add Health)*¹ found that adolescents aged 13 to 19 in intact families that worshipped weekly or more were most likely to feel that their father would strongly disapprove² if they engaged in sexual intercourse at this time in their life.

Family Structure: Adolescents in intact married families were most likely to feel that their father would strongly disapprove of their engaging in sexual intercourse (64.1%). They were followed by teens raised in a married stepfamily (51.8%), an always-single-parent family (48.1%), an intact cohabiting family (45.4%), a single-divorce-parent family (43.8%), and a cohabiting stepfamily (26.3%). Notably, adolescents raised in an intact married family were more than twice as likely as adolescents raised in a cohabiting stepfamily to think their father would disapprove of sexual intercourse (64.1% versus 26.3%, respectively).

Religious Worship: Teens who attended religious services were more likely to feel that their father would strongly disapprove of their engaging in sexual intercourse. Thirteen- to nineteen-year-olds who worshipped weekly or more often within the past year were more likely to believe that their father would disapprove of their having sexual intercourse (70.2%) than those who attended monthly but not weekly (60.9%), less than monthly (55.8%), or never (52.7%).

Family Structure and Religious Worship Combined: Thirteen- to nineteen-year-olds in intact worshipping families were most likely to feel that their father would strongly disapprove if they engaged in sexual intercourse (71.6%). Teens in non-intact worshipping families (55.1%) and intact non-worshipping families (54.5%) were less likely to believe their father would strongly disapprove of sexual intercourse. Teens in non-intact families that did not worship were least likely to think their father would disapprove (45.6%).

Related Insights from Other Studies: Parents play a significant role in shaping adolescent sexual behavior. Vincent Guilamo-Ramos et al. found that paternal disapproval of teen sexual activity was associated with later sexual debut,³ while Carl A. Ford et al. showed that an adolescent's perceived parental disapproval of sexual intercourse has a protective influence on the teen's risk for acquiring STIs.⁴ Married parents are most likely to exhibit traits, such as these, that foster an environment that prevents early sexual activity and/or risky sexual conduct.⁵ Improving adolescent sexual behavior begins in the home with the parents.

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- 1 The National Longitudinal Survey of Adolescent Health (Add Health) is a congressionally-mandated longitudinal survey of American adolescents. Add Health drew a random sample of adolescents aged 13-19 in 1995 from junior high and high schools (Wave I) and has followed them in successive waves in 2001 (Wave III) and 2009 (Wave IV).
 - 2 Respondents were asked to react to the statement "How would [your father] feel about your having sex at this time in your life?" Their options included: "strongly disapprove," "disapprove," "neither disapprove nor approve," "approve," "strongly approve," "refused," "don't know," or "not applicable."
 - 3 Vincent Guilamo-Ramos, Alida Bouris, Jane Lee, Katharine McCarthy, Shannon L. Micahel, Seraphine Pitt-Barnes, and Patricia Dittus, "Paternal Influences on Adolescent Sexual Risk Behaviors: A Structured Literature Review," *Pediatrics* 130 (2012): e1314-e1325.
 - 4 Carol A. Ford, Brian Wells Pence, William C. Miller, Michael D. Resnick, Linda H. Bearinger, Sandy Pettingell, and Myron Cohen, "Predicting adolescents' longitudinal risk for sexually transmitted infection: results from the National Longitudinal Study of Adolescent Health," *Archives of Pediatric and Adolescent Medicine* 159 (2005): 657-64.
 - 5 Patrick F. Fagan and Aaron Churchill, "The Effects of Divorce on Children" (January 2012), available at <http://marri.us/effects-divorce-children>

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