

SOCIETY'S INFLUENCES ON DECISION-MAKING FOR ADOLESCENTS REGARDING
ROMANTIC RELATIONSHIPS

By

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ABSTRACT

Adolescence is an important time in the formation and exploration of romantic relationships (Furman, 2002). Due to this, some may consider this to be an important time period to promote healthy sexual and relationship attitudes, beliefs and behaviors. Additionally, romantic relationships among adolescents are found to lack research compared to those of adults, showing the need for more studies to be conducted among this population (Whittaker, Alder-Baeder & Garneau, 2014). The purpose of this study is to understand how society influences entering healthy, romantic relationships and to understand how adolescents conceptualize a healthy, romantic relationship. Using both a survey and focus groups, data were collected from five adolescents who were members of a local Boys and Girls Club surrounding the implementation of the Love Notes curriculum. This study served to answer a) how society influences entering healthy, romantic relationships, b) what adolescents conceptualize to be a healthy, romantic relationship and c) discover if this conceptualization of healthy relationships changes from pre-focus group to post-focus group. Through the theory of Bronfenbrenner's Ecological Model, results found that adolescents are influenced regarding healthy, romantic relationships on a

multitude of systemic, societal levels. These include peers, family, schools and social media. Furthermore, these results suggested that societal levels are influential both individually and by interacting together.

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ROMANTIC RELATIONSHIPS

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By

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TABLE OF CONTENTS

TITLE PAGE.....	i
COPYRIGHT.....	ii
SIGNATURE PAGE.....	iii
ACKNOWLEDGMENTS	iv
CHAPTER ONE: INTRODUCTION.....	1
NEED FOR STUDY.....	1
ADOLESCENT RELATIONSHIPS.....	1
SOURCES INFLUENCING THE DEVELOPMENT AND EDUCATION OF ADOLESCENT RELATIONSHIPS	2
IMPORTANCE OF ADOLESCENT RELATIONSHIP EDUCATION.....	4
BENEFITS OF ADOLESCENT RELATIONSHIP EDUCATION.....	5
PURPOSE OF STUDY.....	5
CHAPTER TWO: LITERATURE REVIEW.....	7
BRONFENBRENNER'S ECOLOGICAL MODEL OF HUMAN DEVELOPMENT.....	7
PEERS.....	8
FAMILY.....	9
SCHOOLS	10
CULTURE.....	11
RELATIONSHIP EDUCATION PROGRAMS.....	12
RELATIONSHIP SMARTS PLUS.....	12
PARE.....	12
LOVE NOTES.....	13

HEALTHY DEFINITION	14
IDENTIFYING HEALTHY RELATIONSHIPS.....	15
COMMUNICATION	15
CHALLENGING FLAWED BELIEFS.....	16
FACTORS INFLUENCING THE EFFECTIVENESS OF RELATIONSHIP EDUCATION	17
CHAPTER THREE: METHODOLOGY.....	19
SAMPLE.....	19
SETTING.....	20
PROCEDURES.....	21
RECRUITMENT.....	21
STUDY	21
MEASURES.....	23
SURVEY.....	23
FOCUS GROUPS.....	23
ANAYLISIS.....	24
FOCUS GROUP.....	24
SURVEY.....	26
CONCLUSION	26
CHAPTER 4: PUBLICATION MANUSCRIPT.....	27
INTRODUCTION.....	27
IMPORTANCE OF ADOLESCENT RELATIONSHIP EDUCATION.....	28
PURPOSE OF STUDY.....	29

HEALTHY DEFINITION.....	30
BACKGROUND	30
BRONFENBRENNER'S ECOLOGICAL MODEL OF HUMAN DEVELOPMENT.....	30
RELATIONSHIP EDUCATION PROGRAMS.....	33
FACTORS INFLUENCING THE EFFECTIVENESS OF RELATIONSHIP EDUCATION.....	35
METHODS.....	36
PARTICIPANTS/RECRUITMENT	36
DESIGN.....	38
DATA COLLECTION.....	38
DATA ANALYSIS.....	39
RESULTS.....	42
HEALTHY RELATIONSHIP VALUES.....	42
PEER INFLUENCE.....	43
FAMILY INFLUENCE.....	45
SCHOOL INFLUENCE	47
SAYING NO AND CONSENT	48
DISCUSSION.....	48
MICROSYSTEM.....	49
PEERS.....	49
FAMILY.....	50
SCHOOLS.....	51
MESOSYSTEM.....	53

FAMILY AND SCHOOLS.....	53
EXOSYSTEM.....	54
SOCIAL MEDIA AND GENDER ROLES.....	54
LIMITATIONS.....	55
IMPLICATIONS.....	56
CONCLUSION.....	58
REFERENCES.....	60
APPENDIX A.....	68
APPENDIX B.....	69
APPENDIX C.....	73
APPENDIX D.....	76
APPENDIX E.....	78
APPENDIX F.....	79
APPENDIX G.....	87
APPENDIX H.....	90

CHAPTER ONE: INTRODUCTION

Adolescence is an important time in the formation and exploration of romantic relationships (Furman, 2002). Due to this, some may consider this to be an important time period to promote healthy sexual and relationship attitudes, beliefs and behaviors. Commonly, sexual education is offered beginning in middle school and continued throughout high school, often supplementing many health classes. However, relationship education courses have become an emerging trend both in school environments and in the development of sexual education programs (Schramm & Gomez-Scott, 2012). Within this thesis, current research was explored regarding the importance of adolescent relationship education, its influential elements, the common benefits it has on the development of the romantic relationship and the shortcomings of this education. The purpose of this study is to understand how society influences forming healthy, romantic relationships and to understand how adolescents conceptualize what a healthy, romantic relationship should look like based on their own experience.

Need for Study

Adolescent Relationships. Romantic relationships among adolescents are found to lack research compared to those of adults, showing the need for more studies to be conducted among this population (Whittaker, Alder-Baeder & Garneau, 2014). Additionally, research that has been conducted lies heavily on topics such as sexual activity within romantic relationships and is less dense on information regarding the romantic relationships themselves (Furman, 2002; Christopher, Poulsen & McKenney, 2016; Kansky and Allen, 2018). Mapalad (2014) suggested that adolescents progression into romantic relationships is a pivotal time period in their growth.

Another important reason for studying adolescent romantic relationships is due to the impact of individual development on relationships. As adolescents develop, they tend to focus their social networks more on romantic relationships (Furman, 2002). Christopher, Poulsen and McKenny (2016) stated that research has confirmed that adolescents develop an identity based on being romantically involved. Some may wonder if this is problematic in nature as adolescents are going through many changes. However, it appears that the progression of adolescents into romantic relationships encompasses both negative and positives (Kansky & Allen, 2018; Mapalad, 2014; Suleiman and Deardorff, 2015). Christopher, Poulsen and McKenny (2016) found through research that adolescents begin to identify romantic roles in this time. Additionally, skills such as the ability to cope with conflict and learn how to communicate effectively are learned through adolescent romantic relationships (Christopher, Poulsen & McKenny, 2016). On the other hand, some negative aspects of engagement in adolescent romantic relationships include that they can be harmful to mental health and can lead to unhealthy sexual behavior (Mapalad, 2014; Furman, 2002, Kim, Weinstein and Selman, 2017). The under-development of adolescent romantic relationships and the challenges they may foster speak to the need of studying this topic.

Sources Influencing the Development and Education of Adolescent Relationships.

Romantic relationships and the sexuality that encompasses them appear to be belittled and left with negative perceptions from society (Giordano, Manning & Longmore, 2010). However, as stated by Mapalad (2014) “romantic relationships are a prevalent component of human experience” (p. 58). While perceptions of adolescent relationships go beyond the nature of this paper, understanding the essence of how adolescent relationships develop is an imperative part of developing education that is most beneficial.

While there is less research on romantic relationships specific to adolescents, there is research suggesting how these romantic relationships develop. The most common influences on the development of adolescent romantic relationships include perception of parental romantic interactions and school education. Additionally, peers are also identified as having an impact on the behavior, attitudes and interactions regarding romantic relationships (Giordano, Manning & Longmore, 2010). This is further supported by findings from Sprecher, Harris, and Meyers (2008) that suggest peer socialization begins to increase and deepen during adolescence, thus influencing their conceptualization around romantic relationship development. However, living in a society that encompasses so many different levels, from family, peers, community, religion, and culture, the education adolescents receive regarding romantic relationships must target an extremely vast and diverse population (Kerpelman et al., 2010).

Without understanding the influences or circumstances which impact the information adolescents receive or may want to receive from their relationship education, one may have difficulty providing this education. A study performed by Turnbull, van Schaik, and van Wersch (2010) identified that the preferred sources of adolescents for sexual relationship education greatly impacted the success of these programs. Specifically, results showed that adolescents felt capable of effectively communicating with parents, peers and health providers regarding sex and relationships (Turnbull, van Schaik & van Wersch, 2010). With this understanding, one may suggest that capitalizing on these identified relationship education sources may be the most effective way of providing this information. However, regardless of the source, the impact it has on adolescents should be the main focal point. Current research provides valuable knowledge regarding the effect relationship education for adolescents has on their conceptualization of healthy relationships.

Importance of Adolescent Relationship Education. While relationship education may be less focused on compared to other sexual education courses, there are a multitude of reasons regarding how it can be beneficial to those for whom it is offered. Whittaker, Adler-Baeder and Garneau (2014) stated that there is less research regarding the dating atmosphere of adolescents versus those of adults. This is important information to understand as it speaks to the lack of focus on the developmental stage adolescents experience. Adolescents are at a point in their life where they are trying to understand the biological and mental changes they are experiencing while entering emotionally energized relationships and developing their self-identity (Mapalad, 2014). Additionally, knowing that there is a widespread amount of violence and undesirable effects occurring in adolescent relationships, it is imperative we understand their navigation of romantic connections (Whittaker, Adler-Baeder & Garneau, 2014). In order for adolescents to develop successful relationships, they need appropriate means of education and support.

Relationship education courses are valuable to adolescents as they provide techniques that foster competence in developing insight for positive, healthy relationship decision making (Halpern-Meekin, 2012). Specifically, Kerpelman et al. (2010) found that healthy relationship education for adolescents is imperative for the purpose of changing flawed and possibly unfounded beliefs while strengthening their skills to relate to others in a healthy manner. To do so, many lessons and dynamics of relationship education appear to be taught in these courses such as communication, attitudes, beliefs, conflict resolution, parental education, etc. (Halpern-Meekin, 2012; Toews & Yazedjian, 2010; Schramm & Gomez-Scott, 2012). Additionally, adolescents' perceptions and preferences of these education courses as well as their experiences in receiving them are taken into consideration in determining the effectiveness of the material offered (Whittaker, Baeder & Garneau, 2014; Toews & Yazedjian, 2010; Turnbull, van Schaik &

van Wersch, 2010). All of these factors play a role in the development of these programs. However, it is important to understand adolescents' conceptualization of romantic relationships in order to provide them with the appropriate education. Considering the emergence of sexual activity among adolescents makes these findings especially important.

Benefits of Adolescent Relationship Education. As with any other form of education, the purpose behind it is to be effective and enhance knowledge to the receiving population. Toews and Yazedjian (2010) confirmed that relationship education programs are advantageous to adolescents that engage in them. This only further supports the significance of needed relationship education during time of adolescent development which will reap benefits and have positive impacts when navigating healthy relationships. Inasmuch, it would also offer clear and concise definitions of what healthy relationships entail, offering more relational benefits. The question then remains, how do adolescents benefit and what effects does it have on their development of healthy, romantic relationships?

Purpose of the Study

As previously noted, there is a great need in helping adolescents develop and understand what a healthy, romantic relationship entails. In order to administer that education, we first need to understand where and why their current conceptualization develops. The purpose of this study is to understand the sources of adolescents' ideas and offer them a course relevant to developing healthy, romantic relationships. More specifically, the purpose of this study is to a) understand how society influences entering healthy, romantic relationships, b) understand how adolescents conceptualize what a healthy, romantic relationship should look like based on their own experience and c) understand the effects that Love Notes has on adolescent perception of

healthy, romantic relationships after receiving this course. The hope is to understand if the course has been beneficial to helping them develop a healthier image.

CHAPTER TWO: LITERATURE REVIEW

Bronfenbrenner's Ecological Model of Human Development

Urie Bronfenbrenner (1979) developed the ecology of human development which he defined as “the scientific study of the progressive, mutual accommodation between an active, growing human being and the changing properties of the immediate settings in which the developing person lives, as this process is affected by relations between these settings, and by the larger contexts in which the settings are embedded” (p. 21). In other words, his model attends to the idea that a person’s development is shaped by the context of multiple systems within their life as well as the connection between each of the systems. Within Bronfenbrenner’s theory, he developed five systems that impact the development and characteristics of a human which include the microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Bronfenbrenner, 1979; Paquette & Ryan, 2001).

The microsystem is the system in which a person is directly impacted by characteristics, actions or social relationships (Bronfenbrenner, 1979). This commonly includes one’s physical make-up and their development of self, featuring their cognitive and emotional being (Paquette & Ryan, 2001). Additionally, the microsystem includes the relationships that one has with the environments that are directly part of their life, such as family, peers, and school (Onwuegbuzie, Collins & Frels, 2013). The mesosystem is the system that includes the connection between multiple microsystems (Bronfenbrenner, 1979). For example, this may include the relationship between one’s family and school (Paquette & Ryan, 2001). The exosystem includes the system that is not directly connected to an individual and does not directly impact an individual but that is in some way effected by circumstances that occur within one’s direct environment

(Bronfenbrenner, & 1979). The macrosystem includes the patterns that may occur within the larger environment one lives in such as their culture, that may be present in smaller dimensions within one's micro, macro, and exosystems (Bronfenbrenner, 1979). This system involves characteristics of one's community and society (Onwuegbuzie, Collins & Frels, 2013). Lastly, the chronosystem is the system that encompasses the impactful situations that occur among generations or among one's lifetime (Onwuegbuzie, Collins & Frels, 2013).

Bronfenbrenner's systems will be used as a means to further understand the influences that help adolescents conceptualize relationships. For instance, Bronfenbrenner's model breaks down one's influences. For example, what they receive from their peers and family, the relationships among school, and larger systems such as their community and culture. In doing so, this helps one develop a greater understanding of what each system is supplying to adolescents and whether there is a certain system that impacts one more than others or if a more generalized influence needs to be targeted in order to provide adolescents the help they need in creating healthier romantic relationships.

Peers. Romantic relationships often begin to occur during the stages of adolescence and having a solidified group of friends can be beneficial to the framework of these ripening romantic relationships (Dhariwal, Connolly, Paciello & Caprara, 2009). Peer relationships play both an advantageous and disadvantageous influence on the development of adolescent romantic relationships (Suleiman & Deardorff, 2014). Peer groups often co-exist with peer pressure which also can be favorable or harmful. On one hand, peer pressure among peer groups can help adolescents develop behavior that is acceptable and escape bad situations (Suleiman & Deardorff, 2014) On another hand, it can encourage adolescents to engage in risky behavior and become involved in relationships before they actually want to (Suleiman & Deardorff, 2014).

In addition to peer pressure, there are additional influences that friends offer in relation to romantic relationship development. Friends are able to offer support and encouragement to their peers as well as promote openness which in turn may end up to be factors that are highlighted in later romantic relationships (Feiring, 1999; Suleiman & Deardorff, 2014). Peers may also be a means to learn important health information and be a safe place to discuss difficulties regarding their romantic relationships (Suleiman & Deardorff, 2014).

However, peers may also be detrimental to the development of romantic relationships. Kim, Weinstein and Selman (2017) suggested that challenges experienced by adolescents in their romantic relationships can affect them in damaging ways. This may especially occur when an adolescent is already dating that peer. For example, peers may be fearful of losing or emotionally hurting their partner which in turn may reinforce their decisions to make choices they may normally not want to make (Suleiman & Deardorff, 2014). These decisions may unfortunately include their decision to engage in risky sexual behavior before they are ready to do so. Since relationships among friends begin a foundation for social networking, it is important that we understand how to positively tend to the needs in one's system (Dhariwal, Connolly, Paciello & Caprara, 2009). By being able to assist adolescents in how they can react to the peer influence they are receiving, one may be able to help adolescents have more positive encounters when beginning romantic relationships (Suleiman & Deardorff, 2014).

Family. Sprecher, Harris and Meyers (2008) suggested that family dynamics (e.g., roles, rules, socioeconomic status, etc.) and relationships play a role in the development of sexuality. For example, Benson, Larson, Wilson, and Demo (1993) examined the effect of anxiety within the family on adolescent romantic relationships. They described that there is a connection between an individual's anxiety and communication in following relationships (Benson, Larson,

Wilson & Demo, 1993). Specifically, they illustrated the relationship between high anxiety and unpleasant communication patterns and vice versa (Benson, Larson, Wilson & Demo, 1993).

Conflict within the family was also found to be a relevant factor in adolescent romantic relationship development. Heifetz, Connolly, Pepler and Craig (2010) stated that familial friction can reinforce negativity among youth's views of human connection. When children develop this way of thinking at a young age, it is possible that it will be even harder to rectify as they get older, especially when their ideas are acquired from those they assume to be safe and secure. For example, Heifetz, Connolly, Pepler and Craig (2010) found that a quicker progression into romantic relationships occurred among adolescents whose parents were divorced. This in itself was previously discussed have the ability to cause a negative impact on adolescent's relationships. Overall, family dynamics and conflict within families appear to affect adolescent relationship development (Heigetz, Connolly, Pepler & Craig, 2010; Cavanagh, Crissey & Raley, 2008)

This previous research goes to show how family engagement and parental involvement is valuable to adolescents' emergence in romantic relationships (Heigetz, Connolly, Pepler & Craig, 2010). For example, Kohler, Manhart and Lafferty (2008) found that there is positive connection between families who stay together and the sexual education their adolescents receive. Due to this, it is imperative that these relationships are assessed in relationship education and this study to further determine the specifics among its significance. Lastly, the study by Heigetz, Connolly, Pepler & Craig (2010) developed a greater awareness of the emphasis on conflict resolution in relationship education.

Schools. Information adolescents receive from school regarding sexuality and romantic relationships is one of great controversy due to the methods used and content provided. This

common debate regards the use of abstinence-only education in schools versus that of comprehensive education. The general ideas include that abstinence-only education focuses on refraining from sex all together until marriage while comprehensive education includes abstinence as the best option but also informs students about methods of contraception (Kohler, Manhart & Lafferty, 2008). While the essence of the debate is beyond the nature of this study, the foundation of these two types of sexuality education in schools is relevant.

Some studies have found that abstinence-only programs do not influence risky sexual behavior while comprehensive education was found to do so (Kohler, Manhart & Lafferty, 2008; Kirby, 2008). Other sources describe the concern that abstinence-only education hides the consequences one may experience by engaging in sexual activity while comprehensive education opens opportunity to engage in sexual activity (Stover, 2007). Regardless of the type of education provided, understanding the needs of adolescents during this important time in their development is most crucial. The most effective education will close the gap between the needs of adolescents and what educational programs are not offering.

Culture. Cameron, Luft, Dmytro, Kubiliene and Chou (2017) found that family and friends played a role on adolescents' management of cultural expectations. Within this study, adolescents exemplified concern for the cultural expectations of their family and friends when engaging in romantic relationships despite later admitting to the high probability of disregarding these expectations (Cameron et al., 2017). Additionally, cultural expectations regarding gender appeared to be assessed by adolescents as well. The topic of gender stereotypes became a discussion in which it was found that society's traditional views were challenged (Cameron et al., 2017). These views are important to consider as the sources of these messages seem to be

playing a more prominent role in adolescent romantic relationships. These sources include the messages they receive from media and society.

Relationship Education Programs

Relationship Smarts Plus. Relationship Smarts Plus is a current, evidence-based curriculum developed by Marline Pearson that offers relationship education to those between eighth and twelfth grade (Pearson, 2017). This education program helps adolescents develop the knowledge and skills to develop healthy, romantic relationships by providing lessons that promote strengthening one's individuality, understanding what a healthy relationship entails and learning skills that help with decision-making and conflict resolution (Pearson, 2017). Futris, Sutton and Richardson (2013) found when implementing the program that those engaging in the program developed a greater understanding of the central points of focus. Within this study, no conclusions were made regarding how this study impacted adolescents longitudinally. However, the results show that adolescents are positively responsive to the information provided (Futris, Sutton & Richardson, 2013).

PARE. Parent-Adolescent Relationship Education (PARE) is another education program provided to adolescents with the unique quality of including parents in the education process (Lederman, Chan & Roberts-Gray, 2008). Turnbull, van Wersch and van Schaik (2008) stated that parents are not only integral educators to their children but also significant roles to sustain their familial attitudes and beliefs. The inclusion of parents in this sexual education program hoped to work beyond simply informing parents on their adolescent's status but to encourage them to collaborate, interact and gain knowledge from each other in order to prevent risky sexual behavior and its consequences (Lederman, Chan & Roberts-Gray, 2008). This curriculum included information such as communication regarding sexual behavior, attitudes and beliefs

about others opinions, parental regulation and one's own competency (Lederman, Chan & Roberts-Gray, 2008). In Lederman, Chan and Roberts-Gray (2008) implementation of this program, they found that while providing the information in an interactive model was more productive, there was no increase in the comfort levels for adolescents to discuss sexuality with their parents but there was an increase in their discussions about sex with their peers. However, they suggested that targeting interactional processes among one's family outside of discussions of sex may be beneficial to sexual and relationship education curriculums (Lederman, Chan & Roberts-Gray, 2008).

Love Notes. Love Notes, the curriculum used within this study, is another relationship education program for adolescents and young adults developed by Marline Pearson. It is a modification of the earlier discussed Relationship Smarts Plus program (Pearson, 2017). This program specifically attends to “integrating relationship skills with pregnancy prevention and workforce readiness with practical strategies for motivating change” (“Love Notes v2.1”, 2017). An important principle behind the Love Notes relationship education program is that decisions people make within romantic relationships impact multiple dimensions of a person’s life (Pearson, 2009). For this reason, Love Notes aims toward a population of adolescents and young adults who are currently raising children, currently pregnant or who are at risk of becoming pregnant before one has the intention to do so (Pearson, 2009).

In addition, Love Notes focuses on supplementary concepts important to healthy romantic relationships such as communication, conflict resolution and safe sex (“Love Notes v2.1”, 2017; Pearson, 2009). Conceptualizing healthy relationships and learning to avoid or withdraw from unhealthy relationships is also a substantial factor with the program (Pearson,

2009). However, Love Notes is unique in its attention to helping adolescents gather insight about themselves currently as well as develop a plan for their future (Pearson, 2009).

Pearson (2017) stated that there is an inadequate number of exemplary healthy relationships for which adolescents have to look up toward (“Love Notes v2.1”). Without guidance from parents or guardians on what “healthy” looks like, adolescents and young adults are exposed to accepting unhealthy treatment by means of either misconception or naivety. This represents just how imperative it is that outside influences such as relationship education programs offer adolescents the education they need to understand the dimensions of what a healthy romantic relationship looks like.

Healthy Definition

In accordance with the above concepts among healthy relationships and the study to be examined, it is imperative a definition is determined. Davila et al. (2009) determined “romantic competence” to incorporate the three elements of a) “the ability to think about relationships with the consideration of mutuality, in a thoughtful, insightful way, that shows learning from experience and consequential thinking,” b) “the ability to make decisions and engage in behaviors that maintain care and respect of self and others and can be successfully dealt with emotionally” and c) “the ability to regulate emotions and the self in response to relationship experiences” (p. 163). Not only does this conceptualization portray a detailed explanation that is easy to follow, it also aligns with the focus of Love Notes as it incorporates aspects such as respect for both self and one’s partner and positive decision-making (“Love Notes v2.1”, 2017). For the purpose of this study, “healthy” will be defined with a basis of romantic competence by Davila et al. (2009). A “healthy” romantic relationship will be defined to be a relationship that allows for positive decision-making and emanates both self-respect and respect for one another.

Identifying Healthy Relationships

One of the major objectives that relationship education courses hold is to increase adolescents' ability to decipher the composition of healthy relationships from unhealthy ones (Kerpelman et al., 2010). In being able to help them make this identification, relationship education courses can provide adolescents with the competence to make positive decisions concerning relationships and create a foundation for which they can build upon (Halpern-Meekin, 2012). Furthermore, there is hope that education courses will help adolescents develop tools and strategies to facilitate healthy relationship criteria (Kerpelman et al., 2010). One study by Soller, Haynie and Kuhlemeier (2016) received findings which added to the identification of the connection between sexual activity and adolescent depression for those engaged in a romantic relationship. This gave recognition to the effects of mental health and how that can be affected by interactions between adolescents in relationships in both a positive and negative light (Soller et al., 2016). This study also identified other means of enhancing the idea of healthy romantic relationships for adolescents by helping them to intrinsically look at their current and preferred views of what they want in a relationship.

Communication. Another aspect regarding the promotion of healthy relationships to adolescents in education programs is to increase healthy communication. Teaching healthy communication can decrease conflict as noted in a study by Toews and Yazedjian (2010) who found that providing information on communication in their program, especially regarding conflicts, proved to be beneficial to adolescent mothers. In being able to identify conflict resolution strategies, these adolescent mothers found a reduction in disagreements with their partner and an increase in relationship satisfaction (Toews & Yazedjian, 2010). Another aspect supporting why providing instruction on communication in relationship education is beneficial is

helping adolescents identify healthy relationships, foster intimacy and connect in their relationships. Giordano, Manning and Longmore (2010) stated that adolescents provided that open communication was major in nurturing closeness between them and their partner. Lastly, Soller, Haynie and Kuhlemeier (2016) promoted open communication between committed individuals about what they optimally want in a romantic relationship in order to determine like-mindedness and suitability. Adolescent relationship education courses are believed to help increase their ability to be capable in recognizing connections such as these and in facilitating conversations that need to follow.

Challenging Flawed Beliefs. Part of helping adolescents identify healthy ideas of romantic relationships in relationship education is dispelling the inaccurate beliefs about relationships and how they should work. Previous research has identified that relationship education courses have shown the capability of addressing and remedying incorrect beliefs regarding romantic relationships (Kerpelman et al., 2010). Kerpelman et al. (2010) targeted improper relationship ideas such as “Love is enough to sustain a healthy relationship” (p. 97). Similar to previous research, this same study found that those who engaged in the relationship education course developed a reduction in previously held faulty beliefs more than those who did not. In another study by Whittaker, Adler-Baeder and Garneau (2014), incongruent adolescent relationship beliefs were targeted regarding long-standing popular societal attitudes for the gender roles from both males and females. These beliefs focused on the fact that they are correlated with violent or hostile behavior in adolescent romantic relationship and by including factual information about healthy relationships in relationship education, these behaviors can be reduced. After receiving relationship education, Whittaker, Adler-Baeder and Garneau (2014) found that although adolescent beliefs on the acceptance of violent or hostile behavior in

relationships did not change; their beliefs on gender role opinions became more unconventional and balanced among both males and females. However, in another study by Schramm and Gomez-Scott (2012) it was found that following the implementation of a relationship education course to adolescents, verbal aggression declined among those that engaged in the course. Overall, their study identified that adolescent relationship education does affect their beliefs on gender roles which possibly play a part on unhealthy relationship behavior. Regardless of the belief the benefit of relationship education working to amend flawed beliefs is to provide information that improves adolescent relationship functionality (Whittaker, Adler-Baeder & Garneau, 2014).

Factors Influencing the Effectiveness of Relationship Education

Adolescent relationship education serves a diverse population. Due to this, it can be difficult to implement courses that may be standardized and still believe that change will occur. Consistent with previous research, there are still some factors that aid in the varying differences surrounding what adolescents take-away from relationship education such as one's family dynamic and school environment (Kerpelman et al., 2010). Halpern-Meekin (2012) facilitated a study among multiple diverse schools which included assessing the differences in experiences that adolescents had after taking relationship and marriage education courses. It was determined that the environments differed greatly due to many factors such as the population's character traits, demographics and classroom administration, and that these differences were potentially influential in the amount of success of the relationship education courses. Additionally, Ma et al. (2014) identified how general perceptions of most classes within schools regarding relationship standards impacted their relationship education. Ultimately, it was determined that to some extent, there was a notable impact on the social perceptions of relationship standards within a

classroom environment, that may be substantial in the effectiveness of a relationship education course.

Additionally, family dynamics have been found to impact the benefits that adolescent's may receive from relationship education. Kerpelman et al. (2010) found that for adolescents who came from single-parent families, their beliefs regarding love's independent ability to nourish a healthy relationship remained the same even after receiving the relationship education course. While there are assumptions to why this resulted in the way it did such as these adolescents requiring more relationship education specifically in these areas, further research is needed to determine the direct cause. However, regardless of the reason why, it is evident that adolescents' family dynamics can impact what they receive from relationship education courses (Kerpelman et al., 2010). Thus, it is important that in order for these courses to be the most beneficial, it is necessary to consider outlying diversity factors and identify ways to amend the material for goodness of fit for the receiving population (Kerpelman et al., 2010).

Relationship education is not only beneficial as a means of improving current couple relationships, but it is also extremely important in helping adolescents make sense of what a healthy relationship entails. As stated by Giordano, Manning and Longmore (2010), adolescents hold a deficiency in their ability to navigate romantic relationships simply based on their absence of experience. One way for our society to provide them with the best support possible is through offering them not only sexuality education but relationship education as well. Not only does it help them identify and conceptualize what a healthy relationship should look like, but it also provides them with the skills and knowledge to stimulate positive romantic relationships in their own life. While this trend has emerged, its implementation is relatively new and there is a great deal of further research that needs to occur.

CHAPTER THREE: METHODOLOGY

This qualitative study intends to examine adolescent decision making regarding romantic relationships. An objective for this study is to provide a resource that helps adolescents identify and conceptualize healthy, romantic relationships so that they are able to make better decisions regarding whether or not furthering these relationships is appropriate. Additionally, the hope for this study is to be able to help adolescents further identify who they are as an individual and how that relates to their decisions on engaging in romantic relationships. Finally, the study aims to help adolescents be able to identify healthy relationships during a time in which they begin looking to engage in romantic relationships. There were several questions this study intends to address. These questions include:

- a) How does society influence the progression toward healthy, romantic relationships?
- b) What is adolescents' conceptualization about how healthy, romantic relationships are supposed to be based on personal experience?
- c) Does this conceptualization change from pre-test to post-test?

Each of these questions is composed of a set of more specific questions in order to help gather a more detailed understanding of the participant's thoughts. See appendix E for a detailed documentation of these questions.

Sample

Participants were comprised of six, diverse, active Jack Minges Boys and Girls Club members. However, one female participant only attended one lesson so her information was not included in the study data. Additionally, another male participant did not participate in the pre-focus group but did participate in the majority of the lessons as well as the post focus group. For

these reasons, his information and responses were included in the study data. Three of these participants were male and the other three were female. Further demographics were reported for five of the six participants. These included three males that identified as African American, one female participant that identified as African American and one female participant that identified as Hispanic. Two participants identified being single and not dating, two participants identified being single and casually dating and one participant identified dating an exclusive partner. Two participants identified as Christian, one identified as Protestant, one identified as American and one participant did not answer the question regarding religion. All five participants recorded never having sex. Participants were between the ages of 13 and 18 and were enrolled in a local middle or high school. One participant was in the seventh grade, one was in the eighth grade, two participants were in the ninth grade and one was in the tenth grade. This population was chosen due to their ability to understand the material, yet being at an intense stage of maturation

Main inclusion criteria for participants of the study consisted of being actively enrolled in middle and high school, currently of or between the ages of 14 and 18 and who completed and returned parental consent and participant assent. Exclusion criteria for participants included not being actively enrolled in a middle or high school education, being outside the age range, being under the influence of illegal substances or being illegal substance dependent, not having parental consent or providing personal assent and non-English speaking adolescents as appropriate translation personnel was not able to be made available.

Setting

The Love Notes curriculum took place at the local Jack Minges Boys and Girls Club in Winterville, North Carolina. The Boys and Girls Club is a nation-wide institution that provides children and adolescents a community that serves them and provides them with the necessary

tools and benefit to help them succeed (BGCA, n.d.). Love Notes was offered to the participants in an education room at the Jack Minges Boys and Girls Club by the study investigator, Emily Trapp and the study coordinator, Dr. Erin Roberts.

Procedures

Recruitment. The process of recruiting for Love Notes included the distribution of an informational letter as well as two meet and greet opportunities. First, the researcher and study coordinator met with the teenagers of the Jack Minges Boys and Girls club. During this meeting, an overview of Love Notes and the study was given. Additionally, the informational letter and parental consent were distributed to the adolescents. Those that were interested in taking part in the study returned the documents to the Boys and Girls Club Teen Coordinator. Secondly, two meet and greets were scheduled to give the parents a chance to speak with both the researcher and study coordinator. These meet and greets consisted of a table being set up at the front of the Jack Minges Boys and Girls Club which offered information on Love Notes, the study and the parental consent. The researcher and study coordinator were also available to answer any questions the parent's had. Despite all efforts, there was only minimal interest during the meet and greets.

Study. Love Notes was provided to the adolescent students that met all previous requirements. Prior to beginning the Love Notes curriculum, a survey and focus groups were conducted. Each participant was then provided with a free Love Notes workbook which follows the curriculum and offered hands-on activities to adolescents. The Love Notes curriculum was facilitated by the study researcher and the study coordinator. Participating adolescents engaged in the curriculum presentations, worked through their workbook, and participated in activities that were affiliated with the program. Both survey and focus groups were then completed again

following the completion of the Love Notes curriculum. While surveys were completed by participants individually, focus groups were completed among small groups and were audio-recorded.

This program was comprised of 15 hours of instruction broken down into 15 lesson plans. These lesson plans included: Relationships Today Are Like, Knowing Yourself, My Future & My Expectations, AtTRACTIONS & Starting Relationships, What is Love, Principles of Smart Love, How Healthy is the Relationship, Dangerous Love, Decide Don't Slide, Let's Talk About Sex, Foundations of Good Communication, Communication Challenges and More Skills, Through the Eyes of a Child I, Through the Eyes of a Child II, Relationship Issues and Smart Moves for Future. The curriculum was provided to the adolescents three days a week, for an hour and a half each day. This program was given over an eight-week period. However, the process for the implementation of this program was chosen by the facilitators and was only one of the many ways it can be provided.

The consent that was provided to the parents or guardians was to ensure that they were made aware of information regarding the nature of the program and the additional research component. It also was provided that the program and study was completely voluntary and any participant was entitled to discontinue their attendance at any time, the costs and benefits of participating, the expectations of participating and the means of confidentiality regarding their involvement. The participant assent that was provided to the adolescents that are part-taking in the study consisted of similar information that was provided in the parental consent. It also explained the purpose of providing the program, the means of confidentiality and the costs and benefits that one may encounter from participating. The parental consent and participant assent were completed and returned prior to the commencement of the Love Notes curriculum.

The study investigator and study coordinator ensured that data confidentiality was maintained in all appropriate situations. Data was coded during analysis to guarantee that all information was de-identified although no protected health information was collected. Additionally, all focus groups were audio-recorded and participants were instructed to use their client code when speaking to maintain their confidentiality. Means in which confidentiality could have been broken included if any adolescent participant was found to be a harm to themselves or others or if relationship violence is disclosed.

Measures

Survey. A qualitative survey addressed as the ““Love Notes” Healthy Relationship Survey” consisted of two parts. It was used to collect demographic information of the participants (See appendix F). The survey also included questions regarding adolescents’ sexual experience history. Among these they were asked to rate the amount of certain feelings they experienced following their previous sexual encounters (if applicable) on a five-item, Likert-type scale (i.e. not at all, a little bit, neutral, somewhat, very much). The survey concluded with questions regarding beliefs and attitudes about relationships and partners. The responses to these questions were also on a five-item, Likert-type scale (i.e. strongly agree, agree, neither agree nor disagree, disagree, strongly disagree).

Focus groups. In addition to the survey, two focus groups were conducted among the participants in order to gather personal experiences regarding who influences adolescents’ conceptualizations of healthy relationships and where their ideas came from. These focus groups were complementary to Bronfenbrenner’s Ecological Model through helping gather more personalized information regarding how each level of his model affected their views of healthy relationships. Furthermore, these focus groups aimed to identify how affective Love Notes was

to the participants' conceptualization. All participants participated in a focus group together. These were conducted prior to the first and following the last Love Notes lesson. Both focus groups were audio recorded.

Analysis

Focus group. Asbury (1995) stated that “focus groups are data collection technique that capitalizes on the interaction within a group to elicit rich experiential data” (p. 414). Their use is unique in that they entail a small group of people who have a conversation among themselves with a third party serving as the one who poses the questions to begin the conversations (Cyr, 2017). Focus groups are beneficial to certain research designs such as this one because they promote a space in which participants can share their ideas and opinions which helps researchers identify the conceptualizations that people have (Krueger & Casey, 2000). Furthermore, they operate in a social environment, allowing for data collection to occur on multiple levels including individual responses, through reactions by peers, and through perceptions as a whole (Cyr, 2017). Specifically, the themes that emerge within these focus groups are a main point of data collection to determine answers to a study’s research collection. For these reasons, a focus group was deemed most appropriate for this study in order to best address the purpose of this study.

Focus group analysis is different from other types of analyses for several reasons. First, focus group analysis includes being perceptive of the dynamic of the conversation rather than just focusing on the content itself (Krueger, 2006; Asbury, 1995; Hesse-Biber & Leavy, 2011). Additionally, participants have a great amount of effect on each other so analysis occurs by examining all messages, both direct and indirect (Krueger, 1998). Krueger and Casey (2000) state that “focus group analysis is systematic, sequential, verifiable, and continuous” (p. 128).

This suggests that the analysis of a focus group is well-prepared, comprehensible by all involved in the study, traceable and progressive (Krueger and Casey, 2000).

Both pre- and post- intervention focus groups were facilitated in this study. The purpose of doing so was to understand participants' influences and conceptualizations prior to Love Notes as well as how (or if) it impacted these following the study. During the analysis, emergent themes were sought out and highlighted to bring awareness to any commonalities among the participants within certain domains. Transcription and coding of these themes took place in order to further analyze the information provided.

The constant comparative method by Glaser and Strauss was used to analyze the data within this study. This constant comparative method is beneficial for analyzing this study as it helps with the creation and implication of a possible proposal to the situation being addressed (Glaser & Strauss, 1967). According to this method, transcription of the audio-recorded focus groups was completed first by the researcher. The process of this was done through Microsoft Word. Then the researcher read thoroughly through the transcript and coded the statements into as many meaningful classifications as is possible, ridding of those that are unfit (Glaser & Strauss, 1967). This was done through creating tables on Microsoft Word. These statements were compared to those in both their own classification as well as those in additional classifications (Glaser & Strauss, 1967). From these tables, themes within the classifications were grouped based on the conclusions determined (Glaser & Strauss, 1967). The researcher discussed the themes she coded with the research coordinator to help further understand the meanings of the statements and whether they fit into the identified themes. This also helped determine if there were any misrepresented or misunderstood messages. Through constant comparison, emergent

themes were detected to help portray the influences by society and the conceptualizations made by adolescents.

Among the analysis of the focus groups, trustworthiness of the data was determined. This included researcher note taking and triangulation. Note taking consisted of the study coordinator taking notes during the focus groups in addition to the audio-recordings. The researcher and study coordinator debriefed following the focus group. Triangulation includes incorporating a third party in the confirmation of data outcomes (Creswell, 1998). This may include outside documents or persons to affirm the outcomes identified (Shenton, 2004).

Survey. The data that was collected included the demographic information as well as information regarding participants' ideas about romantic relationships. Despite originally wanting to perform an analysis on the quantitative data collected using SPSS, the researcher decided against this due to the number of participants. Instead, the researcher used only the demographic data from the surveys.

Conclusion

The methods provided above were to ensure that this study not only included all appropriate information, but also validated that the study was as effective as possible. While a larger generalization may not be able to be made due to participant quantity, the researcher was able to further understand today's adolescents. Furthermore, the development of the methodology was done to establish a clear understanding of adolescent's influences of relationship education, especially regarding healthy relationships and how Love Notes impacted their understanding.

CHAPTER 4: PUBLICATION MANUSCRIPT

Introduction

As adolescence is an important time in the formation and exploration of romantic relationships (Furman, 2002), it may be that this is an important time period to promote healthy sexual and relationship attitudes, beliefs and behaviors. Results of a study conducted by the Pew Research Center that surveyed 1,060 adolescents within the age range of 13 and 17 found that “35 % of teens have some type of experience in a romantic relationship” (Lenhart, Anderson & Smith, 2015, p. 16). Commonly, sexual education is offered beginning in middle school and continued throughout high school, often supplementing many health classes. However, relationship education courses have increased in both program development and facilitation within schools (Schramm & Gomez-Scott, 2012). Within this study, current research is explored regarding the importance of adolescent relationship education, its influential elements, the common benefits it has on the development of healthy, romantic relationships and the shortcomings of this education. The purpose of this study is to understand how society influences the formation of healthy, romantic relationships and to understand how adolescents conceptualize what a healthy, romantic relationship should look like based on their own experience.

Romantic relationships among adolescents have a lack of research compared to those of adults, showing the need for more studies to be conducted among this population (Whittaker, Alder-Baeder & Garneau, 2014). Mapalad (2014) suggested that adolescents’ progression into romantic relationships is a pivotal time period in their growth. This progression of adolescents into romantic relationships encompasses both negative and positive consequences (Kansky &

Allen, 2018; Mapalad, 2014). These consequences include identifying romantic roles, coping with conflict, effective communication, unhealthy sexual behavior and concerns for mental health (Christopher, Poulsen & McKenny, 2016; Mapalad, 2014; Furman, 2002). Wildsmith, Barry, Manlove and Vaughn (2013) stated that dating violence is encountered by around one-tenth of overall high school students. The under-development of adolescent romantic relationships and the challenges they may foster speak to the need of studying this topic.

While there is less research on romantic relationships specific to adolescents, there is literature suggesting how they develop. The most common influences include perception of parental romantic interactions and school education. Additionally, peers are also identified as having an impact on the behavior, attitudes and interactions regarding romantic relationships (Giordano, Manning & Longmore, 2010). However, living in a society that encompasses so many different levels of influence, from family, peers, community, religion, and culture, the education adolescents receive regarding romantic relationships must target an extremely vast and diverse population (Kerpelman et al., 2010).

When providing relationship education to adolescents, understanding the immense circumstances and influences which impact the information they receive or may want to receive, makes supplying it difficult. With this understanding, one may suggest that capitalizing on these means of relationship education sources may be the most effective way of providing this information. Turnbull, van Schaik and van Wersch (2010) suggested that to increase the chances of sex and relationship education to be successful, one should adhere the education influences to the those that are favored by adolescents.

Importance of Adolescent Relationship Education

There are a multitude of reasons regarding how relationship education can be beneficial to those for whom it is offered. Adolescents are at a point in their life where they are trying to understand the biological and mental changes they are experiencing while entering emotionally energized relationships and developing their self-identity (Mapalad, 2014). In order for adolescents to develop successful relationships, they need appropriate means of education and support.

Relationship education courses are valuable to adolescents as they provide techniques that foster competence in developing insight for positive, healthy, relationship decision-making (Halpern-Meekin, 2012). Many lessons and dynamics of relationship education appear to be taught in these courses such as communication, attitudes and beliefs, conflict resolution, parental education, etc. (Halpern-Meekin, 2012; Toews & Yazedjian, 2010; Schramm & Gomez-Scott, 2012). For example, Heigtez, Connolly, Pepler and Craig (2010) developed a greater awareness of the emphasis on conflict resolution in relationship education. Adolescents' perceptions and preferences of these education courses as well as their experiences in receiving them are taken into consideration in determining the effectiveness of the material offered (Whittaker, Baeder & Garneau, 2014; Toews & Yazedjian, 2010; Turnbull, van Schaik & van Wersch, 2010). All of these factors play a role in the development of these programs. However, it is important to understand adolescents' conceptualization of romantic relationships in order to provide them with the appropriate education.

Purpose of the Study

The purpose of this study is to understand where adolescents' ideas come from and offer them a course relevant to developing healthy, romantic relationships. More specifically, the purpose of this study is to a) understand how society influences the formation of healthy,

romantic relationships, b) understand how adolescents conceptualize characteristics of what a healthy, romantic relationship should look like based on their own experience and c) understand the effects that an evidence-based relationship education program called Love Notes has on adolescents' perceptions of healthy, romantic relationships after receiving this course.

Healthy Definition

In accordance with the above concepts among healthy relationships and the study to be examined, it is imperative a definition is determined. "Healthy" within this study will be determined to be one that fits what Davila et al. (2009) stated to be "romantic competence" which incorporates the three elements of "the ability to think about relationships with the consideration of mutuality, in a thoughtful, insightful way, that shows learning from experience and consequential thinking", "the ability to make decisions and engage in behaviors that maintain care and respect of self and others and can be successfully dealt with emotionally" and "the ability to regulate emotions and the self in response to relationship experiences" (p. 163). Not only does this conceptualization portray a detailed explanation that is easy to follow, it also aligns with the focus of Love Notes as it incorporates aspects such as respect for both self and one's partner and positive decision-making ("Love Notes v2.1", 2017).

Background

Bronfenbrenner's Ecological Model of Human Development

Urie Bronfenbrenner (1979) developed a theory, the Ecology of Human Development, which attends to the idea that a person's development is shaped by the context of multiple systems within their life as well as the connection between each of the systems. Within Bronfenbrenner's theory, he developed five systems that impact the development and characteristics of a human (Bronfenbrenner, 1979; Paquette & Ryan, 2001). The microsystem is

the system that a person experiences in which they are directly impacted by characteristics, actions or social relationships such as one's physical make-up and their development of self (Bronfenbrenner, 1979; Paquette & Ryan, 2001). The mesosystem is the system that includes the connection between multiple microsystems (Bronfenbrenner, 1979). The exosystem includes the system that is not directly connected to an individual and does not directly impact an individual but that is in some way effected by circumstances that occur within one's direct environment (Bronfenbrenner, 1979). The macrosystem includes the patterns that may occur within the larger environment one lives in such as their culture, that may be present in smaller dimensions within one's micro, macro, and exosystems (Bronfenbrenner, 1979). Lastly, the chronosystem is the system that encompasses the impactful situations that occur among generations or among one's lifetime (Onwuegbuzie, Collins & Frels, 2013).

Bronfenbrenner's systems was used to further understand the influences that adolescents receive which help them conceptualize relationships. In doing so, this helps one develop a greater understanding of what each system is supplying to adolescents. Within one's microsystem, peer pressure can help adolescents develop acceptable behavior, offer support and promote openness (Feiring, 1999; Suleiman & Deardorff, 2014) but may also encourage adolescents to engage in risky behavior (Suleiman & Deardorff, 2014). Additionally, peers may be a means to learn important health information and be a safe place to discuss their difficulties regarding their romantic relationships (Suleiman & Deardorff, 2014).

Previous research illustrates how family engagement and parental involvement is valuable to adolescent's own formation of romantic relationships (Heigetz, Connolly, Pepler & Craig, 2010). Benson, Larson, Wilson, and Demo (1993) examined the effect of anxiety within the family on adolescent romantic relationships finding a relationship between high anxiety and

unpleasant communication patterns and vice versa (Benson, Larson, Wilson & Demo, 1993). Additionally, conflict within the family was also found to be a relevant factor in adolescent romantic relationship development. Heifetz, Connolly, Pepler and Craig (2010) stated that stated that familial friction can reinforce negativity among youth's views of human connection. Kohler, Manhart and Lafferty (2008) found that there is positive connection between families who stay together and the sexual education their adolescents receive. Overall, family dynamics and conflict within families appear to affect adolescent romantic relationship development (Heigetz, Connolly, Pepler & Craig, 2010; Cavanagh, Crissey & Raley, 2008)

Information adolescents receive from school regarding sexuality and romantic relationships is one of great controversy due to the methods used (Kirby, 2008; Stover, 2007) This common debate regards the use of abstinence-only education in schools versus that of comprehensive education. Abstinence-only education can be defined as education that pushes postponing sexual intercourse until marriage and offers little information on contraceptive methods (Kohler Manhart & Lafferty, 2008). Comprehensive education can be defined as education that promotes abstinence as the most effective way to avoid pregnancy and disease but also educates thoroughly on contraception methods, exploring personal attitudes and beliefs, and relationship skills (Kirby, 2001). Some studies have found that abstinence-only programs do not decrease risky sexual behavior while comprehensive education was found to do so (Kohler, Manhart & Lafferty, 2008; Kirby, 2008). Other sources describe the concern that abstinence-only education hides the consequences one may experience by engaging in sexual activity while comprehensive education opens opportunity to engage in sexual activity (Stover, 2007). Regardless of the type of education provided, understanding the needs of adolescents during this

important time in their development is most crucial, as the most effective education will close the gap between the needs of adolescents and what educational programs are not offering.

On another systemic level, Cameron, Luft, Dmytro, Kubiliene and Chou (2017) found that family and friends played a role on adolescents' management of cultural expectations. Within this study, adolescents exemplified concern for the cultural expectations of their family and friends when engaging in romantic relationships despite later admitting to the high probability of disregarding these expectations (Cameron et al., 2017). Additionally, cultural expectations regarding gender appeared to be assessed by adolescents as well. Specifically, gender stereotypes became a discussion in which it was found that traditional views were challenged (Cameron et al., 2017). These views are important to consider as their sources of information appear to be playing a more prominent role in adolescent romantic relationships.

Relationship Education Programs

Several relationship education programs have already been implemented to assist adolescents with romantic relationship development. As stated by Giordano, Manning and Longmore (2010), adolescents hold a deficiency in their ability to navigate romantic relationships simply based on their absence of experience. One of the major objectives that relationship education courses hold is to increase adolescents' ability to decipher the composition of healthy relationships from unhealthy ones (Kerpelman et al., 2010). In being able to help them make this identification, relationship education courses can then provide adolescents with the competence to make positive decisions concerning relationships and create a foundation for which they can build upon (Halpern-Meekin, 2012). Research shows that relationship education courses are capable of helping adolescents develop strategies to determine healthy relationship qualities (Kerpelman et al., 2010; Toews and Yazedjian, 2010). Part of helping adolescents

identify healthy ideas of romantic relationships in relationship education is dispelling the inaccurate beliefs about relationships and how they should work. Previous research has identified that relationship education courses have shown the capability of addressing and remedying incorrect beliefs regarding romantic relationships (Kerpelman et al., 2010). Additionally, Kerpelman et al. (2010) found that those who engaged in the relationship education course developed a reduction in previously held faulty beliefs more than those who did not. After receiving relationship education, research has shown changes in flawed beliefs such as adolescents accepting a more balanced perspective of gender roles (Whittaker, Adler-Baeder and Garneau, 2014) and adolescent's declination of verbal aggression (Schramm and Gomez-Scott, 2012). The benefit of relationship education working to amend flawed beliefs is to impact adolescent relationship functionality (Whittaker, Adler-Baeder & Garneau, 2014).

Relationship Smarts Plus is a current, evidence-based curriculum developed by Marline Pearson serves to help adolescents develop the knowledge and skills to develop healthy romantic relationships. The lessons in this program promote strengthening one's individuality, understanding what a healthy relationship entails and learning skills that help with decision-making and conflict resolution (Pearson, 2017). Parent-Adolescent Relationship Education (PARE) is another education program provided to adolescents that encompasses the unique quality of including parents in the education process (Lederman, Chan & Roberts-Gray, 2008). The inclusion of parents in this sexual education program hoped to work beyond simply informing parents on their adolescent's status but to encourage them to collaborate, interact and gain knowledge from each other in order to prevent risky sexual behavior and its consequences (Lederman, Chan & Roberts-Gray, 2008). Love Notes, the curriculum used within this study is a modification of the Relationship Smarts Plus program (Pearson, 2017). This program specifically

attends to “integrating relationship skills with pregnancy prevention and workforce readiness with practical strategies for motivating change” (“Love Notes v2.1”, 2017). An important principle behind the Love Notes relationship education program is that decisions people make within romantic relationships impact multiple dimensions of a person’s life (Pearson, 2009). Furthermore, Love Notes focuses on supplementary concepts important to healthy romantic relationships. Many of these widely known concepts include communication, conflict resolution and safe sex (“Love Notes v2.1”, 2017; Pearson, 2009). Conceptualizing healthy relationships and learning to avoid or withdraw from unhealthy relationships is also a substantial factor with the program (Pearson, 2009). However, Love Notes is unique in its attention to helping adolescents gather insight about themselves co-currently with developing a plan for their future (Pearson, 2009).

Factors Influencing the Effectiveness of Relationship Education

Adolescent relationship education serves a diverse population making it difficult to implement standardized courses that still affect change across diverse audiences. Consistent with previous research, there are factors that aid in the varying differences surrounding what adolescents take away from relationship education such as one’s family dynamic and school environment (Kerpelman et al., 2010). Halpern-Meekin (2012) facilitated a study among multiple diverse schools which included assessing the differences in experiences that adolescents had after taking relationship and marriage education courses. It was determined that the environments differed greatly due to many factors such as the population’s character traits, demographics and classroom administration, and that these differences were potentially influential in the amount of success of the relationship education courses. Additionally, Ma et al. (2014) identified how general perceptions of most classes within schools regarding relationship

standards impacted their relationship education. Ultimately, it was determined that to some extent, there was a notable impact on the social perceptions of relationship standards within a classroom environment that may be substantial in the effectiveness of a relationship education course. An adolescent's family dynamics can impact what they receive from relationship education courses as well (Kerpelman et al., 2010). Thus, it is important that in order for these courses to be the most beneficial, it is necessary to consider outlying diversity factors and identify ways to amend the material for goodness of fit for the receiving population (Kerpelman et al., 2010).

Methods

Participants/Recruitment

The process of recruiting for Love Notes included the distribution of an informational letter as well as two meet and greet opportunities. First, the researcher and study coordinator met with the teenagers of the Jack Minges Boys and Girls club. During this meeting, an overview of Love Notes and the study was given. Additionally, the informational letter and parental consent were distributed to the adolescents. Those that were interested in take part in the study returned the documents to the Boys and Girls Club Teen Coordinator. Secondly, two meet and greets were scheduled to give the parents a chance to speak with both the researcher and study coordinator. These meet and greets consisted of a table being set up at the front of the Jack Minges Boys and Girls Club which offered information on the Love Notes, the study and the parental consent. The researcher and study coordinator were also available to answer any questions the parent's had. Despite all efforts, there was only minimal interest during the meet and greets.

Main inclusion criteria for participants of the study consisted of actively enrolled middle and high school students who were currently of or between the ages of 14 and 18 and who completed and returned parental consent and participant assent. Exclusion criteria for participants constituted not being actively enrolled in a middle or high school education, being outside the age range, being under the influence of illegal substances or being illegal substance dependent, not having parental consent or providing personal assent and non-English speaking adolescents as appropriate translation personnel was not able to be made available.

Participants were comprised of six, diverse, active Jack Minges Boys and Girls Club members. However, one female participant only attended one lesson so her information was not included in the study data. Additionally, another male participant did not participate in the pre-focus group but did participate in the majority of the lessons as well as the post focus group. For these reasons, his information and responses were included in the study data. Three of these participants were male and the other three were female. Further demographics were reported for five of the six participants. These included three males that identified as African American, one female participant that identified as African American and one female participant that identified as Hispanic. Two participants identified being single and not dating, two participants identified being single and casually dating and one participant identified dating an exclusive partner. Two participants identified as Christian, one identified as Protestant, one identified as American and one participant did not answer the question regarding religion. All five participants recorded never having sex. Participants were between the ages of 13 and 18 and were enrolled in a local middle or high school. One participant was in the seventh grade, one was in the eighth grade, two participants were in the ninth grade and one was in the tenth grade.

Prior to beginning the study, IRB approval was obtained. Then, each participant completed a parental consent and assent prior to the commencement of the Love Notes curriculum. The Love Notes curriculum was provided at the local Jack Minges Boys and Girls Club in Winterville, North Carolina. The program was conducted in an education room at the Jack Minges Boys and Girls Club by the study investigator, Emily Trapp and the study coordinator, Dr. Erin Roberts.

Design

A qualitative research design was used to examine participant's perspectives on and decision-making regarding healthy romantic relationships. To address the purpose of this study, several probes were addressed. These probes include: a) how does society influence entering healthy, romantic relationships, b) how do adolescents conceptualize healthy, romantic relationships based on personal experience and c) does this conceptualization change from pre-test to post-test? Each of these probes was composed of a set of more specific questions in order to help gather a more detailed understanding of the participant's thoughts.

A pre- and post- focus group was facilitated to gather data. This data surrounded participants' influences that contribute to their conceptualization and decision-making regarding healthy romantic relationships. A survey was used to gather quantitative data regarding participants' demographics and sexual experience history. The survey also included questions regarding beliefs and attitudes about relationships and partners. However, due to the number of participants, only the demographic information from the survey was used for the analysis.

Data Collection

Prior to beginning the Love Notes curriculum, a survey was distributed to the participants individually. Additionally, a pre-focus group was conducted with the four study participants.

Each participant was provided with a free Love Notes workbook which followed the curriculum and offered hands-on engagement to adolescents. The curriculum was provided by the study investigator and study coordinator to the adolescents two to three days a week, for an hour to an hour and a half each day. This program was given over an eight-week period. The lesson plans included: Relationships Today Are Like, Knowing Yourself, My Future & My Expectations, Attractions & Starting Relationships, What is Love, Principles of Smart Love, How Healthy is the Relationship, Dangerous Love, Decide Don't Slide, Let's Talk About Sex, Foundations of Good Communication, Communication Challenges and More Skills, Through the Eyes of a Child I, Through the Eyes of a Child II, Relationship Issues and Smart Moves for Future. Following the completion of the curriculum, another individual survey was given to the participants. This survey was identical to the one provided prior to the curriculum minus the demographic information. A post-focus group was conducted again with the five participants. Both the pre-focus group and the post-focus group were audio-recorded and notes were taken during the focus group by the study coordinator for analysis and transcription purposes.

The study investigator and study coordinator ensured that data confidentiality was maintained in all appropriate situations. Data were coded during analysis to guarantee that all information was de-identified although no protected health information was collected. Participants individually chose a code ranging from 1-6, none of which were repeated, to use when speaking during the audio-recording instead of their name. They were also instructed to de-identify their surveys by writing this code on their surveys instead of their name.

Data Analysis

In working to further understand adolescent's conceptualizations, the researcher wanted an analysis approach that helped present results that capitalize on the direct input from

adolescents themselves. Specifically, the researcher wanted input regarding their opinions on the information and sources that helped them develop their views on healthy, romantic relationships. Asbury (1995) stated that “focus groups are data collection technique that capitalizes on the interaction within a group to elicit rich experiential data” (p. 414). Focus group analysis includes being perceptive of the dynamic of the conversation rather than just focusing on the content itself (Krueger, 2006; Asbury, 1995; Hesse-Biber & Leavy, 2011). Focus groups are beneficial to certain research designs such as this one because they promote a space in which participants can share their ideas and opinions which helps researchers identify the conceptualizations that people have (Krueger & Casey, 2000). Furthermore, they operate in a social environment, allowing for data collection to occur on multiple levels including individual responses, through reactions by peers, and through perceptions as a whole (Cyr, 2017). Since participants have a great amount of effect on each other, analysis occurs by examining all messages, both direct and indirect (Krueger, 1998). Specifically, the themes that emerge within these focus groups are a main point of data collection to determine answers to a study’s research collection. For these reasons, a focus group was deemed most appropriate for this study in order to best address the purpose of this study.

The constant comparative method by Glaser and Strauss was used to analyze the data within this study. This constant comparative method is beneficial for analyzing this study as it helps with the creation and implication of a possible proposal to the situation being addressed (Glaser & Strauss, 1967). According to this method, transcription of the audio-recorded pre- and post- focus groups was completed first by the researcher and another East Carolina University master’s student. The process of this was done through Microsoft Word. Then the researcher read thoroughly through the transcript and coded the statements into as many meaningful

classifications as is possible, ridding of those that are unfit (Glaser & Strauss, 1967). This was done through creating tables on Microsoft Word. These statements were compared to those in both their own classification as well as those in additional classifications (Glaser & Strauss, 1967). From these tables, themes within the classifications were grouped based on the conclusions determined (Glaser & Strauss, 1967).

Following this, emergent themes were sought out and highlighted to bring awareness to any commonalities among the participants within certain domains. The process of identifying emergent themes was done via color-coding on Microsoft Word. The researcher assigned each theme a certain color and created a key that consisted of each theme and its color. Comments of the same color were then placed into a table. The table allowed the researcher to identify and analyze the relevant themes to the study's purpose. The researcher then discussed the themes she coded with the research coordinator to help further understand the meanings of the statements and whether they fit into the identified themes. This also helped determine if there are any misrepresented or misunderstood messages. Through the constant comparison, emergent themes were detected to help with the portrayal of influences by society and the conceptualizations made by adolescents.

Among the analysis of the focus groups, trustworthiness of the data was determined. This included researcher journaling and triangulation. The study investigator's journaling included a personal impression of what was observed during the focus groups and the developing conclusions. Triangulation was also used to determine study trustworthiness. Triangulation can be conducted several different ways to ensure validity of the data (Hesse-Biber & Leavy, 2011; Carter, Bryant-Lukosious, DiCenso, Blythe & Neville, 2014). Using multiple methods of analysis that present the same results helps confirm the effectiveness of study results. Carter et

al. (2014) suggested that investigator triangulation is a method which involves several researchers providing their own verdict on the results of a study. For this study, both the study coordinator and the researcher discussed resulting themes and conclusions from the research. Additionally, a person who was not affiliated with the study conducted their own analysis of the transcripts. Like the researcher, this person color coded emergent themes. The researcher then collaborated with this outside person about how she came to her conclusions. No themes were disagreed upon although the unaffiliated person identified themes through a different perspective. For example, the person not affiliated with the study coded negative and positive sexual education information. She suggested that abstinence was categorized as negative information. The researcher and the master's student discussed this and a consensus was established that the coded information was good but that determining abstinence as negative information could result from personal bias.

Results

Findings from this study may not be significant enough to be generalizable. However, there are a variety of results that emerged. Results found that adolescents are capable of understanding what constitutes a healthy relationship. Additionally, peers, family and school provide influential messages to adolescents. Lastly, consent and the ability to say no appear to hold conflicting messages for some adolescents. These results are provided below through the emergent themes identified. Healthy relationship values are discussed followed by each system's influence. The influence from the integration of several societal systems are then considered. Lastly, some data regarding consent and the ability to say no are reviewed.

Healthy Relationships Values

Understanding how adolescents define “healthy” romantic relationships was one of the initial purposes of this study. Throughout the pre- and post- focus groups, many values were identified by the participants that categorized a healthy romantic relationship. Through collaboration with each other, several relationship values were emphasized which included “communication”, “respect”, “intimacy”, “loyalty” and “being true to one’s self”. In the post-focus group participants indicated the following regarding relationship values:

*Caring, loyalty, communication, trust and support (FG2, female participant).
Everything she just said except that knowing that you can trust your partner, and knowing that you guys can do thick and thin together (FG2, male participant)*

Communication, being open, having commitment, intimacy, verbally and like...being truthful (FG2, male participant)

The majority of the participants appeared to comment on the occurrence of communication within healthy romantic relationships. For the adolescent participants in this study, communication was identified in both the pre-focus group and post-focus group. However, the nature of communication appeared to transform from the pre-focus group to the post-focus group. Initially, communication was presented as physically speaking to one’s partner often.

I think what kind of relationship is like at least speak to them throughout the day...well I said, walk...like...don’t walk past me and don’t speak... (FG 1, female participant)

Following receiving the Love Notes curriculum, participants accounts of healthy communication depicted more attentive listening and working through arguments.

Umm...a healthy relationship should look like two partners respecting each other and listening to each other and listening to what each other has to say, and no violence, no verbal violence. Some disagreements here and there but small ones, but they can sit down and work through and through it it... (FG 2, female participant)

Peer Influence

Participants noted how peers were influential of romantic relationships. Several participants within the study touched on the behavior within or toward romantic relationships of those around them, specifically aggressive behavior. When specifically asked about the messages received from peers, one female participant noted that “they aggressive” and that they engage in “aggressive play”. This aggressive behavior was depicted through several means such as social media, language or physical violence.

Okay, so I've seen couples grab on each other too much in a very inappropriate way sometimes, and sometimes when they talk to their friends separately they talk about their partner if, whether it's good or not, so (FG2, female participant)

Uhhh...I centered on social media particularly on Instagram where it got girls are posting like uhhh...a girl a guy and a girl naked and there the guy has her bent over and he's choking like the back of her head something like that so... yeah (FG2, male participant)

All participants appeared to agree that this aggressive behavior was negative. This negative attitude was apparent to the researcher through participants' follow-up comments and body language. Additionally, they stated that this behavior by peers did not influence the way they engage in or perceive a healthy, romantic relationship. Or, vice versa, it encouraged them to act opposite of the behavior. The researcher was able to make this conceptualization by the interaction of the participants when this domestic violence topic was mentioned. Following the participant noting his peers acknowledging control and physical aggression as healthy in a relationship, the researcher asked the group whether this had an influence on how they interact in a relationship. All participants noted that this did not influence how they interact. However, one participant reported that this behavior is preferred by peers in a romantic relationship.

My peers, my female peers say that the way to a healthier romantic relationship is when the man is in control and is very demanding and like more of my peers say like the way to a healthy romantic relationship is like when the guy is putting their hands on the female letting them know like they're in control, like domestic violence in a relationship. But

other more of my peers say that when their partner is very open and they talk a lot and they don't like, they get everything off their chest and don't keep things buried in or anything (FG 2, male participant)

Yeah so they can, they want guys to like, they want a guy to put me in my place, like let me know that I'm not in control. They actually like that (FG 2, male participant)

This peer influence of aggression in romantic relationships being healthy was important in understanding the findings. Specifically, the researcher identified this through asking about peer influence in the pre-focus group. No participants gave any information regarding peer influence except for one participant noting aggressive play. Although small, these findings of participants not identifying any other influence by peers indicated that this message may be substantial to the participants.

Family Influence

Several of the participants within the study identified sexuality information received from their parents. Information shared by one participant suggested that the messages received from his parents regarding sexuality were abstinence-plus based. The researcher came to this conclusion due to participants acknowledging that their parents did not want them to date or engage in sex. One participant noted that his father provided him with access to contraception. However, it was not determined if other participants received this same access or if he was given education regarding the proper use of condoms. This male participant shared the views of his father regarding sexual activity:

Uh...there's a lot of things I could say because, my dad, he I mean he wants me not to have sex right now...but he knows that sometimes, well not sometimes, never but he knows that one days it's going to happen and he wants me to protect myself so he already brought me condoms and stuff so (FG 1, male participant)

Several participants reported that their parents do not want them to currently date. In conjunction with this, several of the participants also reported feeling as though their parents do not give them enough privacy. One female participant reported supervision by terms of “going through my text messages” and “going through my Snapchat”. Another male participant stated that his mother “ended up going through my Instagram” and is “trying to follow me”.

Relationship quality between parents or family members and the participants appeared to be somewhat influential on romantic relationship engagement. Participants were asked about if their ideas regarding relationships would be different if the quality of their relationship with their parents was different. Many participants identified being close with at least one family member. A female participant identified not being close with her mother and wanting more privacy from her. During this conversation, the interaction between participants indicated frustration concerning their parent’s overbearing behavior toward their exploration of engaging in romantic relationships.

I...I... I actually think think that if she give me privacy it will be better because she like likes to see who I'm on the phone with and who I'm texting (FG 1, female participant)

Lastly, a few participants identified positive or negative examples of healthy relationships among their family members. Interestingly, one male participant from a divorced family noted how one biological parent and their new spouse represented a healthy relationship while both biological parents represented an unhealthy relationship. He stated that communication contributed to the healthy relationship. Additionally, he agreed with the study coordinator’s question that “being opposite personality of your partner...can make it unhealthy”. This participant stated that his parents have different communication patterns determining them to

have opposite personalities. This evidence was his determining factor for opposite personalities being unhealthy.

School Influence

Participants reported on both abstinence-based and comprehensive sexuality and relationship information that they received from their schools. The topics that several participants reported learning from their school's included "not to rush into anything fast", STI's, safety precautions, reproduction and abstinence. Participants identified that this information was gained from the sexual education and health classes. One participant reported learning about the possible risks associated with relationships. Following her statement, the participant confirmed the study coordinator's comment that "the precaution to take is don't have sex".

That you don't know who been there before you...like they been kissing on somebody else and then they start kissing you and they got something cause the person they had before you and stuff like that...or who they've been with or who been with them... (FG 1, female participant)

...I when I was in my sex-ed class when they were teaching this sex stuff I've learned about diseases and like umm just precautions because there's like a lot of viruses and stuff going on in the world and to live in a healthy life like to like just have sex when you're married or after you're married basically to be safe basically what 6 said (FG 2, female participant)

Several participants mentioned the abstinence-based education they received from their schools. Participants reported that the messages received were "not to have sex" and "...basically, that's what they're telling me too not to have sex". Additionally, another participant reported on his experience:

Umm my sex-ed classes tell me like make sure I trust my partner and make sure like I like know who like I'm communicating with cause make sure like the person that I'm with wants the same thing that I want mentally or physically and ummm... at this day and age in time you stay abstinent and if you don't plan to stay abstinent make sure you use protection such as condoms or plan b and uhh... (FG 2, male participant)

...ummm...well my sex-ed classes uhh... they both, they basically talked about how to like, be like how to have like sex based off of commitment, make sure you doing it with like one person, but they also talk, talks about having like a good relationship so like like so like if you want to have sex or something it won't be like a turn off you like want to be like truthful and everything to your partner so that everything will be good and nobody will be getting hurt or anything like sick or anything based off like lies you told to your partner...(FG 2, male participant)

Saying No and Consent

A final finding that the study investigator found surrounds participants' ability to say no to others and their thoughts on consent. The importance of consent was noted by some participants however, two participants also provided their difficulty in saying no. The researcher postulated that this appears to be somewhat contradictory. In answering the researcher's question regarding the definition of intimacy, one participant stated:

You both say yes and you mean it (FG 1, male participant)

Another participant noted consent when discussing the commencement of romantic relationships.

And they verbally say "I'm ready" or "yes" (FG 2, male participant)

However, a participant engaged in a conversation regarding not being able to say no. An additional participant confirmed that he does the same thing.

I don't break up with people. I don't like hurting other people's feelings (FG 1, female participant)

...unless they do something...like... I don't... I'll be like mmmm... I'ma have to get back on you with that and then don't say nothing just don't say... (FG 1, female participant)

I said I can't say no. I don't know why it's just something about myself I can't say no (FG 1, male participant)

Since consent was only minimally mentioned, the findings do not appear to have a great deal of support. The results surrounding saying no do not always indicate the nature of why or what participants are having trouble denying. Additionally, there is not any evidence that

specifies what has influenced these ideas. While the researcher is unsure about the meaning behind these messages, she felt that it was important to report the findings due to the participants speaking on consent's importance yet finding that they have difficulty declining others.

Discussion

Although findings within this study were limited due to population size, several results suggest that adolescent's perceptions of healthy, romantic relationships are influenced on a multitude of societal levels. Prior research has brought attention to the usefulness of viewing these influences systematically. Kotchick, Shaffer, Miller and Forehand (2001) presented that by viewing these influences systemically, one may conceptualize that behavior results from several societal levels interacting in meaningful ways. Results from this study appear to show congruency with this idea. This discussion will provide insight on the influences of peers, family and schools based on the results gathered by this study. It will then depict insight on the integration of these societal influences. Lastly, this discussion will address the impact the results have on the purpose of this study.

Microsystem

Peers. Participants highlighted the aggressive nature they witnessed in relationships. Interestingly, when asked about being influenced by peers, this was the only concept mentioned. This may suggest that this single perception has left a lasting impact on these adolescents. Enough so, that one may further consider the possibility of an aggressive peer culture among adolescents in this specific society.

Prior research has shown effects of peer pressure on adolescent development in romantic relationships (Suleiman & Deardorff, 2015). With this knowledge of peer pressure's potential effects on adolescents and the possible suggestion of an aggressive peer culture, consideration

over the integration of the two may be worrisome. The results of this study suggest that this aggressive behavior, whether behaviorally or verbally, is processed by adolescents. While participants did not verbally specify whether they believe this behavior is positive or negative, they unanimously announced that it did not influence their own behavior within romantic relationships. This may suggest that while they were not peer pressured to engage in this same behavior, they were indirectly influenced to refrain from it. Instead, they were able to simply identify this behavior witnessed by their peers without being compelled to engage in it as well. This may propose that ultimately these adolescents are influenced by peers in a way that they can use perceived behavior from their peers toward romantic relationships to make decisions regarding their own romantic relationships.

Family. Results from this study appeared to confirm results from prior research that parents are influential in the growth and maturity of adolescents (Furman & Shaffer, 2003; Hair et al., 2008; Rice, McGill & Adler-Baeder, 2016). Furthermore, results appeared to contribute to the statement by Kotchick, Shaffer, Miller and Forehand (2001) that the nature of parenting has been noted as having an impact on adolescent sexual activity.

One influence noted within the findings from this study regards the quality of sexual education received by adolescents from their parents. Many participants noted their parents advocated for them to wait to engage in sexual activity. Demographics of the population studied indicated that none of the participants had previously engaged in sex prior to the study. While a correlation between parent's wanting their adolescents to wait and adolescents not having engaged in sex cannot be determined with these results, parental influence on this behavior could at least be considered. Furthermore, identifying the simple act that parents communicated wanting their adolescents to wait to engage in sex could propose that parents do have an impact

on adolescent's progression toward romantic relationships. By recognizing their parent's feelings toward sexual activity, adolescents are portraying that this communication is processed. Again, one cannot determine that this parental communication provides a direct correlation to influencing adolescent's behavior toward romantic relationships from this study. However, it may suggest that adolescents are at least responsive to receiving this type of communication. Kotchick, Shaffer, Miller and Forehand (2001) state that the type of parent-adolescent relationship is correlated to the communication between parent and adolescent. One may then assume that this communication is somewhat influential toward adolescents' progression into romantic relationships due to it coming from a resource that is high in value to them confirming results from prior research. Previous research has provided a positive correlation between parental supervision and healthier sexual behaviors (Zimlich, 2016; Kotchick, Shaffer, Miller & Forehand, 2001).

Lastly, although only presented by one participant, parental modeling appeared to be identified within this study. One participant noted how his parent's relationships modeled both a healthy and unhealthy relationship. This provides insight to the idea that adolescents are attentive to the types of relationships that their parental figures display. Additionally, they may use their parent's relationships as a model for the conceptualization of what a healthy and non-healthy relationship should look like. Kotchick, et al. (2001) stated that adolescents tend to develop their outlook regarding sexual activity based on ambiguous messages received from parents. Furthermore, these findings may highlight an indirect influence that parents have on their adolescents regarding romantic relationships.

Schools. Similar to sexual education from parents, school-based sexual education appeared to be a concept identified through the findings of this study. Participants of this study

recognized their health and sexual education courses to be the influential source from their schools. They also brought attention to these courses promoting abstinence. However, through the reports by the participants in this study, one may question the nature of this influence. It appeared as though the message of abstinence was portrayed in a way that promoted fearing the risks of sexual activity. While the purpose of this study is not intended to be a critique of the method of sexual education, the messages portrayed appear to contribute to school's influence on adolescent relationships.

Several messages from school-based sexual education or health class courses were mentioned. These included being abstinent or having a back-up method of contraception, knowing the sexual history of potential partners and sexually transmitted diseases. Due to the nature of comprehensive education promoting both the delay of sexual activity and contraception, some agree it is more beneficial in preventing negative consequences of sex (Kirby, 2001). Kohler, Manhart and Lafferty (2008) found a decline in the possibility of pregnancy among adolescent's who received comprehensive sex education which may have further suggested that contraceptive use was an influence of these results. Additionally, in a study that evaluated evidence-based sexuality education programs, education regarding STDs was supported and implemented (Schmidt, Wandersman & Hills, 2015). The participant's notion of messages regarding sexually transmitted disease information coming from their schools may help contribute to the apparent widespread perspectives of the importance of this information in sexual education. While these topics may be informational in nature, the transmission of the messages from school to adolescent could pose the potential need for further research. However, the results appeared to suggest that adolescents did attain information from their school-based sources regarding relationships. Like previously mentioned, none of these participants have

engaged in sex prior to this study. While adolescents' justification behind this is not mentioned, it may be possible that schools are influential in this decision as well.

Mesosystem

Individual systems of Bronfenbrenner's theory proved to be present as influences on adolescent romantic relationships. However, it also appeared evident that interactions between multiple systems were influential as well. These results contribute to a suggestion by Kotchick et al. (2001) stating that education measures should take into consideration the impacts from various levels of one's environment. Specifically within this study, interactions within family and schools appeared impactful as well as interactions between media and society's apparent gender roles in romantic relationships.

Family and Schools. Kotchick et al (2001) mentioned the special effect that parents may have on being influential to their children due to the relationship dynamic. They further suggestion the power that this could bring when they contribute to sexual education methods. Participant's accounted for the sexual education they received coming from both their school and their parents or family members. Within this study, sources appeared to account for the attitude of waiting to engage in sex. Due to participant's noting this education from both systems, this information may suggest that adolescents are influenced by both systems. Moreover, this may provide more understanding and confirmation that systems within an adolescent's society interact to provide influential messages related to romantic relationships. Results from this study provided that the messages received from both school and family were similar. However, Ballard and Senn* (accepted for publication) suggest that the uniformity of messages from multiple sources has less of an importance compared to providing an equilibrium of multiple messages for decision-making. This further supports that a variety of messages help provide a more holistic

view. Further research may provide a greater awareness of the possible effects of information that is contradictory versus comparable.

Exosystem

Social Media and Gender Roles. Ward (2003) stated that media plays a prominent role in providing adolescents with models regarding different components of romantic relationships. With the rise of interest in different types of media such as social media, some suggest more research to help distinguish the best ways to provide up-to-date sexual health information via social media (Moreno, Standiford & Cody, 2018). Findings of the study provided insight regarding how social media sources provide influential messages on how one should act in romantic relationships. Specifically, one participant noted aggressive behavior between romantic partners shown through social media. One may consider that this aggressive behavior idealized gender roles within romantic relationships.

Society appears to pursue a certain ideology regarding gender roles in romantic relationships. The findings of this study appear to offer that there may be a possible interaction between social media and gender roles. When social media is displaying aggressive videos and pictures, it could be proposed that social media is promoting this behavior. Furthermore, when adolescents view this possible promotion, they could potentially be influenced that this is the norm for gendered behavior. Such as the potential for peer pressure to be harmful to adolescent's development within romantic relationships (Suleiman and Deardorff, 2015), adolescents could internalize pressure from social media to do the same. Participants' acknowledgement of the messages shown through social media regarding romantic relationships provides some insight that adolescents may be internalizing messages about romantic relationships from social media sources. While the participants in this study confirmed not being influenced by this behavior,

further research may be helpful in identifying this interaction and the influence that it has on adolescents' romantic relationship development.

Limitations

A significant limitation of this study is the population size. Only having a single group of five participants to engage in a pre- and post- focus group limits the generalizability of the results. Although typical studies involving focus groups advocate ten to twelve participants, aiming for a smaller group size of six to eight may be more practical (Krueger & Casey, 2018; Chadwick, Gill, Stewart & Treasure, 2008). While this study is just under this suggested limit, the concern for transferability surrounds the concept that there was only one pre- and post- focus group. There is great variation on the recommended number of focus groups for research purposes (Kitzinger, 1995). However, Morgan (1996) poses that general criteria is to have four to six focus groups. Only using a single group pre- and post- focus group may not represent an adequate amount of voices. Due to this, the themes identified may not represent valid enough information meaning that if one was to try to repeat this study, results could be significantly different.

Additionally, the study intended to use a survey in addition to the focus groups to gather information regarding participants' perceptions of healthy, romantic relationships. Due to the low population size, the data regarding these perceptions was not used. This does not jeopardize the information collected from the focus groups. However, if used, these surveys could have contributed to the information gathered.

The potential for expectancy bias is a limitation to address within this study. The researcher who facilitated this study additionally analyzed the data. This may suggest that the researcher could have bias related to taking part in both parts of the study. If this study were to

be done again, the researcher suggests having an additional assistant facilitate the focus group while the researcher analyzes the data to eliminate this potential bias.

Another limitation of the study consisted of the fact that one participant was outside the age range indicated for the inclusion criteria. This participant's information was used in this study because she had parental consent and provided participant assent. She did contribute a great deal to the pre- and post- focus group and since permission was granted to participant in the study, the researcher and the study coordinator agreed to use her data.

Lastly, some of the Love Notes curriculum lessons were omitted or shortened. Specifically, the lesson *Through the Eyes of the Child* was omitted due to this lesson being more geared toward teen parents of which none were present. Additionally, due to time constraints and the attentiveness of the participants, some lessons were consolidated. This could propose that there was information from the curriculum that participants did not receive impacting the effectiveness of the curriculum. However, the majority of this study surrounds identifying and understanding society's impact on adolescents' conceptualizations of healthy, romantic relationships rather than examining the effectiveness of Love Notes. For this reason, this limitation does not carry too much concern.

Implications

Minimal research has been done that provides insight to the process of adolescents' conceptualization of healthy, romantic relationships (Cameron, Luft, Dmytro, Kubiliene, & Chou, 2017). This study set out to further understand this process and its connection to society. Although the population size was minimal, this study provided awareness to the multiple systems and their interactions that influence adolescent, romantic relationships. It became clear that adolescents learn to conceptualize what makes a healthy, romantic relationship through a

multitude of societal influences. This suggests the importance of systemic thinking and promoting the integration of these systems when working with adolescents and romantic relationships. While this study did provide more awareness of these influences additional research is suggested to examine these influences further.

The findings from this study may be further applied to the profession of marriage and family therapy. Among the results focusing on the importance of systemic thinking, helping adolescents become aware of their system may encourage their individuality regarding their own decision-making. In increasing their knowledge of their own system, this may help them to make their own holistic decisions rather than make decisions based on only one system. Lastly, the findings of this study may support professional implications of promoting safety throughout an adolescent's system rather than just among the adolescent themselves. With the knowledge that multiple systems are influential, it may be more beneficial to address safety among multiple levels.

The results from this study could also speak to implications regarding the education of adolescents and romantic relationships. Specifically, promoting the integration of systems in education programs may help adolescents develop a healthier, safer idea of romantic relationships. This could further be done by addressing several different systems as well as influences from multiple systems within an adolescent's environment in sexuality and romantic relationship education programs (Kotchick et al., 2001). Ballard and Morris (1998) additionally discussed the integration of systems within sexuality education to provide a more holistic, correct view of this information for college-age students. This study contributes to their provided information that incorporating systemic thinking to adolescent's romantic relationship education may offer greater benefit to adolescents.

My personal experience as the researcher contributes its own role to the study. Having an interest in working with adolescents provided me with an early perceived confidence in the population studied. However, as a researcher with limited experience in conducting personal research, I quickly found I was not as comfortable as I expected. Upon the first focus group, I found myself nervous to work with the participants due to a lack of experience and a lack of a relationship with them. My questioning appeared to show this as it was more verbatim rather than exploratory. The post-focus group appeared to be much more inquiring as my comfort and confidence increased. This has the potential to play an effect on the information gathered. The relationship built with the participants also seemed to deepen as they appeared much more comfortable and willing to discuss information during the post-focus group compared to the pre-focus group. If I were to conduct this research study again, I would spend more time building a relationship with the participants prior to engaging in the pre-focus group to diminish this effect.

Conclusion

The purpose of this study was to a) better understand how society influences engagement in healthy, romantic relationships, b) better understand how adolescents conceptualize what a healthy, romantic relationship entails and c) identify the effects that Love Notes has on their perception of healthy, romantic relationships following receiving the course. In conjunction with each of these intended purposes, results of the study appeared to provide relevant information in order to gather greater knowledge.

Overall, it appears that society impacts adolescents' engagement in healthy, romantic relationships through several systemic levels. Furthermore, it appears that this study provided some evidence to suggest that adolescents are influenced in engaging in healthy, romantic relationships through personal experiences or perceptions from each system or multiple system

interactions. These provide messages that help them conceptualize what an ideal, healthy relationship should look like. Specifically, this study provided that peers, social media, schools and family are influential in providing adolescents with messages regarding healthy, romantic relationships. Adolescents then appear to create meaning of these influences in a way that helps them make decisions regarding their own healthy, romantic relationships.

Lastly, due to not having an adequate number of participants, a generalization regarding Love Note's impact on adolescent's perceptions of healthy, romantic relationships could not be determined. However, participants were able to list additional healthy relationship values in the post-focus group than the pre-focus group. The quality of the responses during the post-focus group appeared to be much more detailed and expanded. This may suggest that the adolescents who participated in this curriculum did increase their conceptualization of healthy, romantic relationships through this course.

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Appendix A: IRB Approval



EAST CAROLINA UNIVERSITY
University & Medical Center Institutional Review
Board
4N-64 Brody Medical Sciences Building · Mail Stop
682
600 Moye Boulevard · Greenville, NC 27834
Office 252-744-2914 · Fax 252-744-2284
· www.ecu.edu/ORIC/irb

Notification of Amendment Approval

From: Social/Behavioral IRB
To: Emily Trapp
CC: Damon Rappleyea

Date: 3/22/2018
Re: Ame1 UMCIRB 17-000988
UMCIRB 17-000988
Society's Influences on Decision Making Regarding Romantic Relationships

Your Amendment has been reviewed and approved using expedited review for the period of 3/22/2018 to 1/1/2019. It was the determination of the UMCIRB Chairperson (or designee) that this revision does not impact the overall risk/benefit ratio of the study and is appropriate for the population and procedures proposed.

Please note that any further changes to this approved research may not be initiated without UMCIRB review except when necessary to eliminate an apparent immediate hazard to the participant. All unanticipated problems involving risks to participants and others must be promptly reported to the UMCIRB. A continuing or final review must be submitted to the UMCIRB prior to the date of study expiration. The investigator must adhere to all reporting requirements for this study.

Approved consent documents with the IRB approval date stamped on the document should be used to consent participants (consent documents with the IRB approval date stamp are found under the Documents tab in the study workspace).

The approval includes the following items:

Document	Description
Parental Permission Form -Final.docx(0.07)	Consent Forms

The Chairperson (or designee) does not have a potential for conflict of interest on this study.

Appendix B: Parental Permission Form

East Carolina University



Parental [Legal Guardian, Legally Authorized Representative] Permission to Allow Your Child to Take Part in Research

Information to consider before allowing your child to take part in research that has no more than minimal risk.

Title of Research Study: Society's Influence on Decision Making Regarding Romantic Relationships

Principal Investigator: Emily Trapp

Institution, Department or Division: ECU College of Health and Human Performance, Department of Human Development and Family Science

Address: Reddit Research Academy 612 E. Tenth Street, Mailstop 505, Greenville NC 27858

Telephone #: 252-737-1415

Study Coordinator: Erin Roberts

Telephone #: 252-328-4206

Participant Full Name: _____ Date of Birth: _____
Please PRINT clearly

Researchers at East Carolina University (ECU) and ECU's Family Therapy Clinic study issues related to society, health problems, environmental problems, behavior problems and the human condition. To do this, we need the help of volunteers who are willing to take part in research.

Why is my child being invited to take part in this research?

Your child is being invited to take part in this research because they are an adolescent currently in the eighth grade. The decision for your child to take part in this research will also depend upon whether your child wants to participate. By doing this research, we hope to learn: 1.) How society influences entering healthy, romantic relationships, 2.) What your child's conceptualization about how healthy, romantic relationships are supposed to be based on their experience with past events and 3.) Does this conceptualization change from before this intervention to after receiving it? If you and your child agree for him/her to volunteer for this research, your child will be one of about 30 people to do so.

Are there reasons my child should not take part in this research?

This study is completely voluntary and one may choose to opt out of it at any point or not take part in it from the beginning. Reasons your child should not take part in this research could include not being in the eighth grade, not having parental consent or assent, if your child is under the age of 14 or over the age of 18, if your child is under the influence of substances of considered substance dependent and/or if your child primarily speaks a second language other than English as their primary language.

What other choices do I have if my child does not take part in this research?

Your child can choose not to participate. Alternative activities may be available.

Where is the research going to take place and how long will it last?

The research will be conducted at the Jack Minges Boys & Girls Club located at 621 W Fire Tower Rd, Winterville, NC 28590. The total amount of time your child will be asked to volunteer for this study is 15 hours over the next month and will be conducted during their normal afterschool hours. There will be space available for you to wait for your child during the research.

What will my child be asked to do?

Your child will be asked to do the following:

Participate in a 15-hour Love Notes curriculum that helps your child identify and properly engage in healthy romantic relationships. This study will take place on 3 week days from 4:30pm-6:00pm. They will be asked to complete 2 survey/interviews both before completing the study and after. Within this study, your child will:

- Participate in an interview before and after the study in which they are asked about how their past experiences, education and society has influenced engaging in romantic relationships
- Interviews will be audio recorded however they will not be identifiable as your child will not be referred to by their name on the audio. The research team will be the only people who will have access to the information collected. This team includes Emily Trapp, the principle investigator; Damon Rappleyea, the faculty supervisor; Sharon Ballard and Erin Roberts, the study contact. Information received will be kept confidential unless it is found that your child is in danger to themselves or others.
- Complete a workbook to help them identify their thoughts about healthy romantic relationship
- Complete confidentiality forms to secure any information does not leave the classroom

What might I experience if I take part in the research?

We don't know of any risks (the chance of harm) associated with this research. Any risks that may occur with this research are no more than what you would experience in everyday life. Potential risks may include, but not be limited to recalling or disclosing information such as harmful relationships, embarrassing information intimate information which could cause discomfort or one to become emotionally distressed. Disclosing information in a group of other adolescents could potentially cause distress especially concern for their confidentiality. Socially, participants may potentially fear not being accepted by their peers. Additionally, we don't know if your child will benefit from taking part in this study. There may not be any personal benefit to your child but the information gained by doing this research may help others in the future. In the instance that your child does experience any distress while taking part in the study, they have been provided contact information for appropriate individuals to contact to communicate their distress with.

Will my child be paid for taking part in this research?

At this time, we will not be able to pay you or your child for the time you volunteer while being in this study. However, each child has a choice of being entered in a drawing for a \$25 gift card. If your child would like to engage in this opportunity, for each class they attend, their name will be entered in a drawing. On the last day of class, a child's name will be drawn and given the gift card.

Will it cost me anything for my child to take part in this research?

It will not cost you any money to be part of the research. Additionally, your child will be provided with a workbook for the course.

Who will know that I took part in this research and learn personal information about me?
ECU and the people and organizations listed below may know that your child took part in this research and may see information about your child that is normally kept private. With your permission, these people may use your child's private information to do this research:

- The University & Medical Center Institutional Review Board (UMCIRB) and its staff have responsibility for overseeing your child's welfare during this research and may need to see research records that identify your child.

How will you keep the information you collect about my child secure? How long will you keep it?

The information obtained will be stored in a secured location behind 3 locks. Additionally, the electronic data will be kept on an encrypted flash drive that will be stored in the same location. Data will be kept for 5 years following the study in which it will then be destroyed in a secure document shredding facility. As previously mentioned, all participants will be unidentifiable through the use of client codes.

What if my child decides he/she doesn't want to continue in this research?

Your child can stop at any time after it has already started. There will be no consequences if he/she stops and he/she will not be criticized. Your child will not lose any benefits that he/she would normally receive.

Who should I contact if I have questions?

The people conducting this study will be able to answer any questions concerning this research, now or in the future. You may contact the Principal Investigator, Erin Roberts, at 252-328-4206, Monday-Friday from 9am-5pm.

If you have questions about your child's rights as someone taking part in research, you may call the Office of Research Integrity & Compliance (ORIC) at phone number 252-744-2914 (days, 8:00 am-5:00 pm). If you would like to report a complaint or concern about this research study, you may call the Director of the ORIC, at 252-744-1971

I have decided my child can take part in this research. What should I do now?

The person obtaining informed consent will ask you to read the following and if you agree, you should sign this form:

- I have read (or had read to me) all of the above information.
- I have had an opportunity to ask questions about things in this research I did not understand and have received satisfactory answers.
- I know that my child can stop taking part in this study at any time.
- By signing this informed consent form, my child is not giving up any of his/her rights.
- I have been given a copy of this consent document, and it is mine to keep.

Parent's Name (PRINT)	Signature	Date
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Person Obtaining Informed Consent: I have conducted the initial informed consent process. I have orally reviewed the contents of the consent document with the person who has signed above, and answered all of the person's questions about the research.

Person Obtaining Consent (PRINT)	Signature	Date
----------------------------------	-----------	------

<i>Principal Investigator (PRINT)</i>	<i>Signature</i>	<i>Date</i>
---------------------------------------	------------------	-------------

Appendix C: Participant Assent Form

East Carolina University



Assent Form

Things You Should Know Before You Agree to Take Part in this Research

IRB Study # _____

Title of Study: Society's Influences on Decision Making Regarding Romantic Relationships

Person in charge of study: Emily Trapp, B.S.

Where they work: ECU Marriage and Family Therapy Master's Student

Other people who work on the study: Damon Rappleyea, Ph.D., LMFT (NC), Erin Roberts, Ph.D., LMFT (KY), Sharon Ballard, Ph.D.

Study contact phone number: Damon Rappleyea (252-737-2416)

Study contact E-mail Address: rappleyea@ecu.edu

Faculty, staff and students at ECU and the ECU Family Therapy Clinic work diligently to improve the lives of those they interact with through clinical services and research. Our attempt to "study" something is referred to as research. This project is an attempt by ECU researchers to understand how society influences adolescents' ("teenagers") decision-making about romantic relationships.

Your parent(s) needs to give permission for you to be in this research. You do not have to be in this research if you don't want to, even if your parent(s) has already given permission.

You may stop being in the study at any time. If you decide to stop, no one will be angry or upset with you.

Why are you doing this research study?

The reason for doing this research is to understand how adolescents make sense of what a healthy romantic relationship is and what one is not. We plan to offer those who participate in our research project a course on the importance of relationships called, "Love Notes".

Why am I being asked to be in this research study?

We are asking you to take part in this research because we feel that you can provide us with valuable information regarding how you make sense of healthy relationships. We also believe that the Love Notes course will provide you with information and skills to make healthy decisions.

How many people will take part in this study?

If you decide to be in this research, you will be one of about 30 people taking part in it.

What will happen during this study?

During this study you will receive education from the Love Notes curriculum which will inform you about and how to identify healthy, romantic relationships. It will help you make better decisions about

engaging in appropriate romantic relationships. Additionally, you may even learn more about yourself and how that applies to your decisions about romantic relationships. This study will last 15 hours total. There will be a set of questions that you will be asked before the study begins and then we will follow up after you receive the course and ask you a second set of questions.

This study will involve audio recording. This audio recording will take place during the interviews however your identification will be kept confidential and you will not be referred to on the audio by your name. At any time, audio recordings may be requested to be turned off.

Check the line that best matches your choice:

- OK to record me during the study
 Not OK to record me during the study

This study will take place at Jack Minges Boys & Girls Club and will last 15 hours total.

Who will be told the things we learn about you in this study?

The research team will be the only people who will have access to the information collected. This team includes Emily Trapp, the principle investigator; Damon Rappleyea, the faculty supervisor; Sharon Ballard and Erin Roberts, the study contact. Information received will be kept confidential unless it is found that you are a danger to yourself or others.

What are the good things that might happen?

Sometimes good things happen to people who take part in research. These are called “benefits.” The benefits to you of being in this study may be that you may learn more about yourself, what you like and what you prefer out of a romantic relationship. Additionally, you may learn how to identify healthy, romantic relationships and skills to help you better decide about engaging in such relationships or how to further strengthen them. There is a chance you will benefit from being in this research.

What are the bad things that might happen?

Sometimes things we may not like happen to people in research studies. These things may even make them feel bad. These are called “risks.” The risks of this study include that you could become distressed about recalling or disclosing information such as harmful relationships or embarrassing information. Personal information could cause discomfort or becoming emotionally upset. Additionally, disclosing information in a group of other adolescents could cause concern especially for your confidentiality. Socially, you could fear not being accepted by their peers. You may or may not have these things happen to you. Things may also happen that the researchers do not know about right now. You should report any problems to your parents and to the researcher

What if you or your parents don’t want you to be in this study?

If you or your parents do not want you to be in this study, alternative activities may be available if it is part of the school curriculum.

Will you get any money or gifts for being in this research study?

You will not receive any money or gifts for being in this research study.

Who should you ask if you have any questions?

If you have questions about the research, you should ask the people listed on the first page of this form. If you have other questions about your rights while you are in this research study you may call the Institutional Review Board at 252-744-2914.

If you decide to take part in this research, you should sign your name below. It means that you agree to take part in this research study.

Sign your name here if you want to be in the study

Date

Print your name here if you want to be in the study

Signature of Person Obtaining Assent

Date

Printed Name of Person Obtaining Assent

Appendix D: Parent's Letter

LOVE NOTES CURRICULUM

October 16, 2017

Dear Jack Minges Boys & Girls Club parents,

I would like to introduce you to a new curriculum being held at the Jack Minges Boys & Girls Club. The program is called Love Notes, a 15 unit (hr) program designed to help adolescents make good, well-informed decisions about romantic relationships. It is an evidenced-based program based on the premise that our “love lives are not neutral,” meaning that the decisions that we make about our relationships affect our health, work & school, our financial situations, our social lives, and our children or future children. Additionally, it helps adolescents consider what kind of relationship they would like to be in, how healthy it might be, what to look out for in dangerous relationships, and how to make well-informed decisions regarding when they want to begin physical intimacy with a partner. This curriculum helps participants make choices based on their own beliefs & family of origin’s value system through reflection and activities rather than conveying any particular values or beliefs, making this a curriculum that could be used for teens from a variety of backgrounds.

Dr. Erin Roberts, the main facilitator of this program has worked with both Love Notes from 2011-2014 and its preceding program “Love U2” since 2009. It was placed on the CDC-SAMHSA National Registry of Evidence Based Programs & Practices list and showed that it *“increases in relationship knowledge, decreases in destructive verbal and physical conflict strategies, increases in reasoning strategies, and positive changes in relationship beliefs regarding healthy relationships”* (Kerpelman et al., 2007). One of the pieces about this curriculum that is unique is that it is not just preventative in the short term (current dating violence, unplanned pregnancy, STIs, etc.) but that it is preventative in the long-run for some of these outcomes (throughout high school). Some evidence shows that the impact extends further, setting pre-teens, teens & young adults up for relationship & marital satisfaction. In a research study on “Love U2”, over a four-year period of time, teens & young adults were able to grow closer overall to their families of origin when appropriate (Connections, 2010). In a teen pregnancy prevention program that Dr. Roberts worked on in Louisville, participants also reported they were able to communicate more effectively (with less verbal & physical conflict) with peers, parents & teachers. This group, which were at highest risk for teen pregnancy were, at one year, significantly less likely to become pregnant after taking Love Notes, with 6.4% of the control group having a pregnancy vs. 3.5% in the Love Notes group (Barbee, 2016).

Love Notes includes 15 units, which are approximately an hour long lesson each. These units include:

- Relationships Today Are Like
- Knowing Yourself
- My Future & My Expectations
- Attraction & Starting Relationships
- What is Love?

- Principles of Smart Love
- How Healthy is the Relationship?
- Dangerous Love
- Decide, Don't Slide
- Let's Talk About Sex
- Foundations of Good Communication
- Communication Challenges and More Skills
- Through the Eyes of a Child Part I
- Through the Eyes of a Child Part II
- Relationship Issues and Smart Moves for Future

Each lesson includes interactive activities, games and art to help facilitate and engage each pre-teen or adolescent in the topic of the day. Additionally, **there is no cost of the program** and each participant will be provided with a workbook for **no charge**. The overall goal in implementing this program at the Boys and Girls Club is to help adolescents identify further develop their conceptualization of a healthy romantic relationship.

As part of running the curriculum at the Boys and Girls Club, we would like to gather some additional information. We would further like to understand society's influence on adolescents' decision-making regarding romantic relationships. To do so, we will be asking each participant to engage in both a pre and post survey/informational gathering conversation. We simply want to know how much more beneficial this program can be!

As current parents, future parents and those who have worked with children and adolescents, our team wants to respect each of your questions and concerns. In order to do so, we would like to offer an optional parents night for you to meet and greet with the program facilitators. Additionally, we hope this will give you a chance to ask any questions or address any concerns you may have. Below we have scheduled two dates for you to join us. Also, we have attached a parental consent for you to sign and send back with your child. We believe this program has so much potential in helping adolescents learn about relationships and we hope to have you as a part of this year's program!

Thank you,

Emily Trapp, ECU Marriage and Family Master's program student
 Dr. Damon Rappleyea, PhD, LMFT
 Dr. Erin Roberts, PhD, LMFT

Yes! I'd love to attend a parent's night on Wednesday, October 25th from 6pm-7pm.

Yes! I'd love to attend a parent's night on Wednesday, November 1st from 6pm-7pm.
 No Thank You, I don't need to attend a parent's night

Appendix E: Focus Group Interview Questions

Grand Tour Question: How have you been influenced to make a decision on what a healthy romantic relationship is or should look like?

Probes:

- **How Society Influences Getting into a Healthy Romantic Relationship**
 - What messages do you receive from your peers that influence your ideas on healthy romantic relationships?
 - What messages do you receive from social media that influence your ideas on healthy romantic relationships?
 - What messages do you receive from your parents that influence your ideas on healthy romantic relationships?
 - What messages do you receive from your school that influences your ideas on healthy romantic relationships?
 - What messages do you receive from your sexual education courses, if any, about healthy romantic relationships?
- **How Has Your Own Personal Experiences Influenced Your Ideas on Healthy Romantic Relationships?**
 - What have you seen as far as healthy/non-healthy relationships in your personal experiences?
 - What do you believe about when romantic relationships should begin based on your personal experiences?
 - What personal experiences have influenced your decisions to begin your progression toward a romantic relationship, if any?
 - How does your parent(s)/caregiver being involved in your personal life influence your ideas on healthy romantic relationships?
 - Do you believe your ideas about healthy romantic relationships would change if your relationship with your parent/parents/caregiver was different?
- **Does this Conceptualization Change Pre to Post Test?**
 - What is a healthy relationship supposed to look like?
 - What makes you give those reasons?
 - When do you believe romantic relationships should begin?
 - What influences your progression toward making a relationship romantic?

Appendix F: Pre-Intervention “Love Notes” Healthy Relationship Survey

1. What is your gender?

- A. Male
- B. Female
- C. Transgender
- D. Other

2. What is your current age? _____ years

3. What is your race/ ethnicity?

- A. African American/Black
- B. White
- C. Hispanic
- D. Asian American/Pacific Islander
- E. Native American
- F. Biracial/Multiracial
- G. Other _____

4. What is your religion?

- A. Protestant (Methodist, Presbyterian, Baptist, etc.)
- B. Catholic
- C. Jewish
- D. Mormon
- E. Buddhist
- F. Hindu
- G. Muslim
- D. No religious affiliation
- E. Other, please specify _____

5. What grade are you currently in?

- A. 8th
- B. 9th
- C. 10th
- D. 11th
- E. 12th
- G. Not currently in school

6. What is your current relationship status?

- A. Talking
- B. Hooking up
- C. Single and not dating
- D. Single but casually dating
- E. Dating an exclusive partner

F. Other (please specify) _____

7. How long have you been in your current relationship?

- A. Less than 1 week
- B. 1-2 weeks
- C. 2-4 weeks
- D. 1-2 months
- E. 3-6 months
- F. 6-12 months
- G. 1-2 years
- H. Greater than 2 years

8. Have you ever had sexual intercourse?

- A. Yes
- B. No

9. Have you ever had sexual intercourse without a condom?

- A. Yes
- B. No
- C. I have never had sexual intercourse

10. If you have not had sexual intercourse, why not? (Please check all that apply)

- A. I have already had sexual intercourse
- B. Religious or personal beliefs
- C. I do not have a desire to have sex right now
- D. I do not want to risk catching an STD or HIV/AIDS
- E. I do not want to risk getting pregnant
- F. I do not want to hurt my parents/my parents would be upset
- G. I want to get to know my boyfriend/girlfriend better
- H. I don't give into peer pressure
- I. School and other extracurricular activities take up most of my time
- J. I have not had the opportunity
- K. I have other goals and aspirations
- L. Other (please specify) _____

11. If you have already had sexual intercourse at least one time, what would stop you, if anything, from having sexual intercourse again?

- A. I have never had sexual intercourse
- B. A pregnancy or pregnancy scare
- C. An STD/HIV infection or an STD/HIV scare
- D. Fear of getting caught having sex
- E. Not knowing my partner well
- F. Not the right time
- G. Knowing the risk of pregnancy or STD/HIV infection
- H. Not being prepared with a condom and/or birth control
- I. Not being in a current relationship

- J. My relationship with my boyfriend/girlfriend is unhealthy
- K. No desire to have sex
- L. Nothing would stop me from having sex again

12. How old were you when you had sexual intercourse for the first time?

- A. I have never had sexual intercourse
- B. 11 years old or younger
- C. 12 years old
- D. 13 years old
- E. 14 years old
- F. 15 years old
- G. 16 years old
- H. 17 years old
- I. 18 years old

13. After you had sex for the first time, to what extent do the following items describe how you felt about having sex with this person?

	Not at all	A little bit	Neutral	Somewhat	Very Much
A. Happy					
Not at all					
B. Desirable					
Not at all					
C. Awkward					
Not at all					
D. Disappointed					
Not at all					
E. Adventuresome					
Not at all					
F. Empty					
Not at all					
G. Confused					
Not at all					
H. Used					
Not at all					
I. Pleased					
Not at all					
J. Excited					
Not at all					
K. Sad					
Not at all					
L. Guilty					
Not at all					
M. Worried					
Not at all					

14. Understanding my past personal experiences that occurred while growing up in my family help me make good decisions about my romantic relationships.

- A. Strongly agree
- B. Agree
- C. Neither agree nor disagree
- D. Disagree
- E. Strongly disagree
- F.

15. Knowing my personality is important in being able to make decisions about romantic relationships.

- A. Strongly agree
- B. Agree
- C. Neither agree nor disagree
- D. Disagree
- E. Strongly disagree

16. I need to have grounded expectations for a romantic relationship before it develops.

- A. Strongly agree
- B. Agree
- C. Neither agree nor disagree
- D. Disagree
- E. Strongly disagree

17. I could have a safer and happier romantic relationship with someone if I take my time in getting to know someone first.

- A. Strongly agree
- B. Agree
- C. Neither agree nor disagree
- D. Disagree
- E. Strongly disagree

18. Having similar values is important in developing a positive romantic relationship.

- A. Strongly agree
- B. Agree
- C. Neither agree nor disagree
- D. Disagree
- E. Strongly disagree

19. Its okay to change who I am in order to get someone to love me.

- A. Strongly agree
- B. Agree
- C. Neither agree nor disagree
- D. Disagree
- E. Strongly disagree

20. I should have respect for myself and my partner as well as receive respect from my partner.

- A. Strongly agree
- B. Agree
- C. Neither agree nor disagree
- D. Disagree
- E. Strongly disagree

21. I have specific qualities that I want my partner to have.

- A. Strongly agree
- B. Agree
- C. Neither agree nor disagree
- D. Disagree
- E. Strongly disagree

22. I should constantly be working to become a better me and my partner should always be working on improving themselves.

- A. Strongly agree
- B. Agree
- C. Neither agree nor disagree
- D. Disagree
- E. Strongly disagree

23. I have conscious decisions I need to make about beginning a romantic relationship.

- A. Strongly agree
- B. Agree
- C. Neither agree nor disagree
- D. Disagree
- E. Strongly disagree

24. Intimacy means being close with someone sexually.

- A. Strongly agree
- B. Agree
- C. Neither agree nor disagree
- D. Disagree
- E. Strongly disagree

25. I need to have boundaries about how far I will sexually engage with my partner.

- A. Strongly agree
- B. Agree
- C. Neither agree nor disagree
- D. Disagree
- E. Strongly disagree

26. Engaging in sexual intercourse with my partner should be an important decision both my partner and I make about our relationship.

- A. Strongly agree

- B. Agree
- C. Neither agree nor disagree
- D. Disagree
- E. Strongly disagree

27. Being able to openly communicate with my partner is very important to having a successful romantic relationship.

- A. Strongly agree
- B. Agree
- C. Neither agree nor disagree
- D. Disagree
- E. Strongly disagree

28. The way my family communicated could play a role in how I communicate with my partner.

- A. Strongly agree
- B. Agree
- C. Neither agree nor disagree
- D. Disagree
- E. Strongly disagree

29. It is important to discuss my hidden issues with my partner.

- A. Strongly agree
- B. Agree
- C. Neither agree nor disagree
- D. Disagree
- E. Strongly disagree

30. I need to develop a life plan for myself before engaging in a romantic relationship.

- A. Strongly agree
- B. Agree
- C. Neither agree nor disagree
- D. Disagree
- E. Strongly disagree

31. Developing this above plan will help me be most successful in my relationship and future family.

- A. Strongly agree
- B. Agree
- C. Neither agree nor disagree
- D. Disagree
- E. Strongly disagree

32. Before your 18th birthday, did a parent or other adult in the household often or very often... swear at you, insult you, put you down, or humiliate you?

or

act in a way that made you afraid that you might be physically hurt?

- A. Yes
- B. No

33. Before your 18th birthday, did a parent or other adult in the household often or very often... push, grab, slap, or throw something at you?

or

ever hit you so hard that you had marks or were injured?

- A. Yes
- B. No

34. Before your 18th birthday, did an adult or person at least five years older than you ever... touch or fondle you or have you touch their body in a sexual way?

or

attempt or actually have oral, anal, or vaginal intercourse with you?

- A. Yes
- B. No

35. Before your eighteenth birthday, did you often or very often feel that... no one in your family loved you or thought you were important or special?

or

your family didn't look out for each other, feel close to each other, or support each other?

- A. Yes
- B. No

36. Before your 18th birthday, did you often or very often feel that... you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

or

your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

- A. Yes
- B. No

37. Before your 18th birthday, was a biological parent ever lost to you through divorce, abandonment, or other reason?

- A. Yes
- B. No

38. Before your 18th birthday, was your mother or stepmother: often or very often pushed, grabbed, slapped, or had something thrown at her?

or

sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?

or

ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

- A. Yes
- B. No

39. Before your 18th birthday, did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

- A. Yes
- B. No

40. Before your 18th birthday, was a household member depressed or mentally ill, or did a household member attempt suicide?

- A. Yes
- B. No

41. Before your 18th birthday, did a household member go to prison?

- A. Yes
- B. No

Appendix G: Post Intervention “Love Notes” Healthy Relationship Survey

1. Understanding my past personal experiences that occurred while growing up in my family help me make good decisions about my romantic relationships.
 - A. Strongly agree
 - B. Agree
 - C. Neither agree nor disagree
 - D. Disagree
 - E. Strongly disagree

2. Knowing my personality is important in being able to make decisions about romantic relationships.
 - A. Strongly agree
 - B. Agree
 - C. Neither agree nor disagree
 - D. Disagree
 - E. Strongly disagree

3. I need to have grounded expectations for a romantic relationship before it develops.
 - A. Strongly agree
 - B. Agree
 - C. Neither agree nor disagree
 - D. Disagree
 - E. Strongly disagree

4. I could have a safer and happier romantic relationship with someone if I take my time in getting to know someone first.
 - A. Strongly agree
 - B. Agree
 - C. Neither agree nor disagree
 - D. Disagree
 - E. Strongly disagree

5. Having similar values is important in developing a positive romantic relationship.
 - A. Strongly agree
 - B. Agree
 - C. Neither agree nor disagree
 - D. Disagree
 - E. Strongly disagree

6. Its okay to change who I am in order to get someone to love me.
 - A. Strongly agree
 - B. Agree
 - C. Neither agree nor disagree
 - D. Disagree

E. Strongly disagree

7. I should have respect for myself and my partner as well as receive respect from my partner.

- A. Strongly agree
- B. Agree
- C. Neither agree nor disagree
- D. Disagree
- E. Strongly disagree

8. I have specific qualities that I want my partner to have.

- A. Strongly agree
- B. Agree
- C. Neither agree nor disagree
- D. Disagree
- E. Strongly disagree

9. I should constantly be working to become a better me and my partner should always be working on improving themselves.

- A. Strongly agree
- B. Agree
- C. Neither agree nor disagree
- D. Disagree
- E. Strongly disagree

10. I have conscious decisions I need to make about beginning a romantic relationship.

- A. Strongly agree
- B. Agree
- C. Neither agree nor disagree
- D. Disagree
- E. Strongly disagree

11. Intimacy means being close with someone sexually.

- A. Strongly agree
- B. Agree
- C. Neither agree nor disagree
- D. Disagree
- E. Strongly disagree

12. I need to have boundaries about how far I will sexually engage with my partner.

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- B. Agree
- C. Neither agree nor disagree
- D. Disagree
- E. Strongly disagree

13. Engaging in sexual intercourse with my partner should be an important decision both my partner and I make about our relationship.

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- B. Agree
- C. Neither agree nor disagree
- D. Disagree
- E. Strongly disagree

14. Being able to openly communicate with my partner is very important to having a successful romantic relationship.

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- B. Agree
- C. Neither agree nor disagree
- D. Disagree
- E. Strongly disagree

15. The way my family communicated could play a role in how I communicate with my partner.

- A. Strongly agree
- B. Agree
- C. Neither agree nor disagree
- D. Disagree
- E. Strongly disagree

16. It is important to discuss my hidden issues with my partner.

- A. Strongly agree
- B. Agree
- C. Neither agree nor disagree
- D. Disagree
- E. Strongly disagree

17. I need to develop a life plan for myself before engaging in a romantic relationship.

- A. Strongly agree
- B. Agree
- C. Neither agree nor disagree
- D. Disagree
- E. Strongly disagree

18. Developing this above plan will help me be most successful in my relationship and future family.

- A. Strongly agree
- B. Agree
- C. Neither agree nor disagree
- D. Disagree
- E. Strongly disagree

Appendix H: Emergent Themes

Healthy Relationships Values	
Communication	<p>“Communicate, communicate” (FG 1)</p> <p>“They communicate” (FG 1)</p> <p>“I think what kind of relationship is like at least speak to them like throughout the day.” (FG 1)</p> <p>“Oh, Well I said, walk...like... don't walk past me and don't speak. go speak to somebody else like “oh hey” (unrecognizable rest of the sentence)” (FG 1)</p> <p>“By talking” (FG 1)</p> <p>“Caring, loyalty, communication, trust, and support” (FG 2)</p> <p>“Did I say communication” (FG 2)</p> <p>“Communication, being open. Having commitment, intimacy verbally and like... being truthful” (FG 2)</p> <p>“Umm... A healthy relationship should look like two partners respecting each other and listening to each other and listen to what each other has to say, and no violence, no verbal violence. Some disagreements here and there but small ones, but they can sit down and work through and talk through it... and yeah” (FG 2)</p>
Intimacy	<p>“Intimacy” (FG 1)</p> <p>“Both of you say yes and you mean it” (FG 1)</p> <p>“Communication, being open. Having commitment, intimacy verbally and like... being truthful” (FG 2)</p>
Respect	<p>“Respect” (FG 1)</p> <p>“Umm... A healthy relationship should look like two partners respecting each other and listening to each other and listen to what each other has to say, and no violence, no verbal violence. Some disagreements here and there but small ones, but they can sit down and work through and talk through it... and yeah” (FG 2)</p>
Loyalty	<p>“Loyalty” (FG 1)</p>

	<p>“Basically, basically not just not Like messing with other people” (FG 1)</p> <p>“Everything she just said except that knowing that you can trust your partner, and knowing that you guys can do thick and thin together.” (FG 2)</p> <p>“Communication, being open. Having commitment, intimacy verbally and like... being truthful” (FG 2)</p>
Being true to one's self	<p>“Participant: Show up. Researcher: Show up? What does that mean? (FG1)</p> <p>Participant: show your real self” (FG 1)</p> <p>“Oh, don't lie. Don't, don't lie” (FG 1)</p> <p>“Don't be fake” (FG 1)</p> <p>“And not fake and stuff like go to somebody, say something, then say different thing to somebody else. They going to find out and drama going to start (unrecognizable rest of the sentence” (FG 1)</p>
Influence from Peers suggesting aggressive behavior in relationships is wanted	<p>“Mmmmm...they aggressive” (FG 1)</p> <p>“Like, its like (pause) play, but then it aggressive play” (FG 1)</p> <p>Participant: “My peers, my female peers say that the way to a healthier romantic relationship is when the man is in control and is very demanding and like more of my peers say like the way to a healthy romantic relationship is like when the guy is putting their hands on the female letting them know like they're in control, like domestic violence in a relationship. But other more of my peers say that when their partner is very open and they talk a lot and they don't like, they get everything off their chest and don't keep things buried in or anything.” (FG 2)</p> <p>Researcher: “Okay. And just to ask you about that first part that you talked about with domestic violence, where you said that some female peers, were you saying that they think that is a positive thing? Where the guys are putting hands on...” (FG 2)</p> <p>Participant: “Yeah so they can, they want guys to like, they want a guy to put me in my place, like let me know that I'm not in control. They actually like that.” (FG 2)</p> <p>Researcher: “Yeah, does that influence at all, and anyone can answer this, does that influence at all the way you all are, or, in a relationship?” (FG 2)</p> <p>Participant: “No” (FG 2)</p>

	<p>Participant: "No" (FG 2)</p> <p>Participant: "No" (FG 2)</p> <p>Researcher: "No? Okay, just curious." (FG 2)</p> <p>"Okay, so I've seen couples grab on each other too much in a very inappropriate way sometimes, and sometimes when they talk to their friends separately they talk about their partner if, whether it's good or not, so." (FG 2)</p> <p>Researcher: "So when you said your point about seeing the girls that want a guy to put them in their place and things like that and you said that "no that doesn't influence the way I see healthy relationships," would you say it influences you to be the opposite?" (FG 2)</p> <p>Multiple participants: "Mhmm... yes." (FG 2)</p> <p>"Yeah." (FG 2)</p>
Influence from family: education is abstinence-plus based	<p>"The only thing is bees and traps or something like that." (FG 1)</p> <p>"Uh, there's a lot of things I could say because, my dad, he...I mean he wants me not to have sex right now. But he knows that sometimes, well not sometimes, never but he knows that one day its going to happen and he wants me to protect myself so he already bought me condoms and stuff so" (FG 1)</p> <p>"Ummm...when the times right" (FG 1)</p> <p>"Yeah my grandma just told me not to do that to like the wrong man" (FG 1)</p> <p>"I live with my my stepmother and my dad so and my mother she doesn't want me to date at all" (FG 1)</p> <p>"I tried to do it 3 times... Anyway my dad he was like, no my mom she was like ummm that I shouldn't date and that like one time she... I gave her my phone 'cause she had to look at something 'cause it's her old phone..." (FG 1)</p>
Influence from parents: Parent-child relationship quality and not giving them enough privacy	<p>"... go through my text messages like, she just go through my phone like I feel like I got to delete stuff but I don't like delete messages that make me look like ummm..." (FG 1)</p> <p>"I just delete everything" (FG 1)</p> <p>".... she don't do Instagram and stuff she'll be going through my Snapchat like...." (FG 1)</p>

	<p>“That’s why I delete...” (FG 1)</p> <p>“I...I... I actually think, think that if she give me privacy it will be better because she like likes to see who I’m on the phone with and who I’m texting” (FG 1)</p> <p>“She go through my messages and Snapchat” (FG 1)</p> <p>“I’m as close as I can be with my parents” (FG 1)</p> <p>“Like just give me privacy. Some moms they don’t even go through their children’s phones they don’t even care. They just take, if they get their phone tooken they don’t go through it. My mama go through my phone” (FG 1)</p> <p>“That shows that she though at least” (FG 1)</p> <p>“But I don’t want her to care” (FG 1)</p> <p>“I’m close with my dad he like does everything for me” (FG 1)</p> <p>“I don’t even talk to my mom unless I want something” (FG 1)</p>
Influence from parents: Modeling healthy or unhealthy relations	<p>Participant: “Uhh...My step mother and dad.” (FG 1)</p> <p>Researcher: “Your step, and then would you say that that’s healthy or non-healthy?” (FG 1)</p> <p>Participant: “Healthy” (FG 1)</p> <p>Researcher: “Healthy, and what makes them healthy?” (FG 1)</p> <p>Participant: “They communicate” (FG 1)</p> <p>Participant: “And I have a negative one is my mother and dad” (FG 1)</p> <p>Participant: “That was very negative” (FG 1)</p> <p>Researcher: “So, why was that negative?” (FG 1)</p> <p>Participant: “Well...hmmm...how do I put this? My mother she’s like really antisocial and my dad’s, he has a bachelor’s degree in communication so” (unrecognizable rest of the sentence) (FG 1)</p>

	<p>Researcher: "They're too opposite? So you think opposite, being opposite personality of your partner makes, can make it unhealthy?" (FG 1)</p> <p>Participant: "Yeah" (FG 1)</p> <p>Researcher: "Okay, so you feel like you need to find somebody who is similar to you?" (FG 1)</p> <p>Participant: "Yeah" (FG 1)</p>
Influence from school: Health and sexual education courses promoting Abstinence-based and Comprehensive sexuality education	<p>"Don't rush into anything fast" (FG 1)</p> <p>"That you can get diseases" (FG 1)</p> <p>"You could get hepatitis from that" (FG 1)</p> <p>"My teacher...he was like....if...(unrecognizable)...he was like if it got bumps on it, male or female don't touch it" (FG 1)</p> <p>"Oh I was talking about herpes" (FG 1)</p> <p>"That you don't know who been there before you" (FG 1)</p> <p>"Like, they been kissing on somebody else and then they start kissing you and they got something cause the person they had before you and stuff like that (unrecognizable rest of the sentence)" (FG 1)</p> <p>"Or who they've been with...or who been with them" (FG 1)</p> <p>"(Interrupting) That, lot of sperm, like, if you, if you are (Unrecognizable) a course a lot of sperm cells travel up and bust into you and stuff, (unrecognizable)" (FG 1)</p> <p>"I don't like being, like, in sexual relationships because you know like all the sperm cells go up, pop your cherry and stuff you gunna, you gunna have (laughing) like..." (FG 1)</p> <p>"Its going to hurt" (FG 1)</p> <p>"Not to have sex" (FG 2)</p> <p>"Basically, (numbered participant), that's what they're telling me too not to have sex" (FG 2)</p> <p>Researcher: "Just don't have sex is that what its saying?" (FG 2)</p>

Participant: "Yeah" (FG 2)

"Well, (numbered participant), because it's telling me what sound me a lot it's telling me basically not to have sex unless you know it's going to be with one person or two don't kiss a lot of people 'cause nobody 'cause they could have genital herpes and nobody's going to say pull up your lip Just to see what bumps they have on them their mouth and stuff, basically telling me not to kiss people or have sex until I know it's going to be with one person." (FG 2)

"Umm my sex ed classes tell me like make sure I trust my partner and make sure like I like know who like I'm communicating with 'cause make sure like the person that I'm with Wants the same thing that I want mentally or physically and ummm at this day and age in time you stay abstinent and if you don't plan to stay abstinent make sure you use protection such as condoms or plan b and uhh..." (FG 2)

"Wait hold up, what participant (numbered participant) three said, like if you don't know...ohhh....." (FG 2)

"What (numbered participant) had said but like 'cause you don't know like 'cause you don't know who they've been with before that and who they kiss before that and do they kiss before that and they might pass it on to that person and pass it on to him if that were the (unrecognizable rest of the sentence)" (FG 2)

"I said, ummm, well my sex-ed classes uhh they both, they basically talked about how to like, be like how to have like sex based off of commitment, make sure you doing it with like one person, but they also talk, talks about having like a good relationship so like like so like if you want to have sex or something it won't be like a turn off you like want to be like truthful and everything to your partner so that everything will be good and nobody will be getting hurt or anything like sick or anything based off like lies you told to your partner..." (FG 2)

"Ummm, I when I was in my sex ed class when they were teaching this sex stuff I've learned about diseases and like umm just precautions because there's like a lot of viruses and stuff going on in the world and to live in a healthy life like to like just have sex when you're married or after you're married basically to be safe basically what (numbered participant) said" (FG 2)

Researcher: "Okay so what I'm hearing is that the precaution to take is don't have sex..." (FG 2)

Participant: (interrupting) "mhmm" (FG 2)

Inability to say no/ Consent	<p>“Both of you say yes and you mean it” (FG 1)</p> <p>“I don’t break up with people. I don’t like hurting other people’s feelings” (FG 1)</p> <p>“…unless they do something…like… I don’t… I’ll be like mmmm… Ima have to get back on you with that and then don’t say nothing just don’t say…” (FG 1)</p> <p>“I said I can’t say no. I don’t know why it’s just something about myself I can’t say no” (FG 1)</p> <p>“And they verbally say “I’m ready” or “yes” (FG 2)</p>
Social Media Influence: Promotion of aggressive behavior in relationships	<p>“Ummm…it seen, umm ah verbally it seen. And, like, but social media they post it on social media a lot nowadays…” (FG 2)</p> <p>“Uhhh, I centered on social media particularly on Instagram where it got girls are posting like uhhh a girl a guy and a girl naked and there the guy has her bent over and he’s choking like the back of her head something like that so… yeah” (FG 2)</p> <p>Researcher: “Does that put… does that put kind of like pressure on you all or is it like…” (FG 2)</p> <p>Participant: “No” (FG 2)</p> <p>Participant: “Three, no” (FG 2)</p> <p>Participant: “Four, no” (FG 2)</p> <p>Participant: “Six, no” (FG 2)</p> <p>Participant: “Two, no” (FG 2)</p>

