Parents’ Perspectives on Talking to Preteenage Children About Sex

By Ellen K. Wilson, Barbara T. Dalberth, Helen P. Koo and Jennifer C. Gard

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CONTEXT: Although parent-child communication about sex can significantly affect children’s sexual behavior, many parents do not talk to their children about sex. Qualitative research can elucidate parents’ attitudes toward and experiences with communicating with their children about sex.

METHODS: In 2007, 16 focus groups were conducted with 131 mothers and fathers of children aged 10–12 in three cities in different regions of the United States. Separate groups were conducted for mothers and fathers, and for black, white and Hispanic parents. Content analysis was used to identify core themes and patterns.

RESULTS: Parents believed it is important to talk to their children about sex and believed that doing so can be effective, but many had not done so. Primary barriers were parents’ perception that their children are too young and not knowing how to talk to their children about the subject. Parents found it easiest to talk to their children about sex if they had a good parent-child relationship, took advantage of opportunities to talk and began having the discussions when their children were very young. Some differences were noted by parents’ race, ethnicity, gender and location.

CONCLUSIONS: Interventions aimed at encouraging parents to talk to their children about sex should enhance parents’ understanding of the stages of children’s sexual development and focus on the parents of young children. In addition, interventions should support parents in a range of strategies that complement discussions about sex.


Parents can have a significant effect on their children’s sexual risk-taking, and numerous interventions have been developed to support and encourage parents to talk to their children about sex. Many parents and children, however, have only limited or no communication on the topic. Quantitative studies have found that parents are less likely to talk to their children about sex if they perceive that their children are not ready to hear about it, if they have negative expectations of the outcomes of talking or if they have low self-efficacy. In contrast, parents are more likely to talk to their children about sex if they have a close relationship and good general communication with them.

Qualitative research has helped to provide a deeper understanding of the barriers to effective parent-child communication, as perceived by parents themselves. Barriers to communication identified by parents have included children’s resistance to communication because they feel it invades their privacy, parents’ difficulty in acknowledging that their children might be sexually active and parents’ lack of role models because their own parents did not talk to them about sex. Parents have also described strategies they have used to overcome the barriers to communication, such as reading to enhance their own knowledge of the topic, asking their children about the material covered in sex education classes and using events from real life or TV shows as conversation starters.

The number of qualitative studies on factors influencing parent-child communication is quite small, however, and most have not explored the topic in great depth. In addition, the majority of both quantitative and qualitative studies have been based on narrow populations, often representing only one racial or ethnic group, one geographic location or parents of one gender; thus, results may not be applicable to broader groups, and comparisons across groups are limited. The level of parent-child communication about sex varies significantly between mothers and fathers and across racial and ethnic groups, which suggests that different factors may be at play in different populations.

In this article, we present qualitative perspectives of parents on the factors that influence their communication with their preteenage children about sex. We draw on the framework of the Health Belief Model, and include both mothers and fathers from a variety of racial and ethnic groups and regions of the United States to provide a broad view of these issues.

METHODS

This study was conducted as part of an evaluation of the Parents Speak Up National Campaign, funded by the U.S. Department of Health and Human Services. The objective of the campaign is to encourage parents to talk to their children early and often about delaying sexual activity. The campaign includes media advertisements, a Web site and activities organized by outreach centers targeting different racial and ethnic groups.
We conducted focus groups with parents or guardians of children aged 10–12. We chose parents of children in this age-group because these children are not likely to have initiated sexual activity. Eight focus groups were conducted with fathers or male guardians, and eight with mothers or female guardians. To facilitate open discussion and the investigation of potential differences across demographic groups, separate groups were held for blacks, whites, English-speaking Hispanics and Spanish-speaking Hispanics. The groups were conducted in New York, Denver and Raleigh, North Carolina, between October 17 and November 15, 2007.* Sites were selected to reflect diversity in city size and region. Group sizes ranged from six to 11 participants, 67 mothers and 64 fathers participated, for a total of 131 parents. An institutional review board at Research Triangle Institute approved the study procedures.

Parents or guardians were eligible if they had regular contact with their 10–12-year-old (i.e., they saw the child at least four times a month). In Raleigh and Denver, the majority of participants were recruited by telephone using a listed sample of numbers for households known to include a child between the ages of 10 and 12. For the Spanish-speaking focus groups in Raleigh, telephone-based recruitment did not yield adequate numbers of participants, so this approach was supplemented by flyers, advertisements and contacts with community organizations and social workers. In New York, participants were recruited from existing databases maintained by the focus group facilities where the groups were held.

Group discussions lasted approximately an hour and a half. Participants provided written informed consent and were compensated $75 in Raleigh and Denver, and $100 in New York. Each group was led by one of four moderators with extensive experience in both focus group moderation and sexual and reproductive health research. To the extent possible, moderators were matched with participans by gender and race or ethnicity.† Moderator training included a review of relevant literature and background information on the scope and purpose of the study, a review and discussion of the question guide, practice using the question guide, and discussion and feedback with study team members after each focus group. Questions in the guide explored parents’ perceptions of the sexual risks confronting their children and of the motivations for, barriers to and facilitators of communicating with their children about sex. After discussing these issues, participants were shown a 60-second version of one of the campaign’s TV advertisements and were asked for their reactions. Finally, parents filled out a brief, anonymous questionnaire that included questions about their social and demographic characteristics, attitudes toward teenage sex, communication with their 10–12-year-old about sex and reactions to the advertisement.

All discussions were audiotaped and transcribed by professional transcribers. The discussions conducted in Spanish were translated into English by two professional translators. A team of three researchers developed a preliminary codebook that was based on the topic domains and themes that emerged in the discussions. The team coded all transcripts using NVivo 8 software. To refine the codebook and ensure consistency, each researcher coded a transcript of the same focus group; the three then met to discuss how they had coded each segment of text. On the basis of these discussions, the team revised the codebook and developed a common understanding of the interpretation of the codes. This process was repeated with a second transcript. The team members next divided the remaining 14 transcripts among themselves to be coded individually, and consulted each other when uncertainties about how to code specific items or new topics emerged. The team used content analysis20 to identify core themes and patterns.

**Sample Description**

Participants ranged in age from 27 to 54; their average age was 42.4 (Table 1). Their level of education was higher than the U.S. average: Forty-two percent of participants had at least a college degree, a substantially higher proportion than the national figure of 25% for adults aged 25 or older.21 However, the proportion with a college degree varied substantially across groups, from 0% among black fathers in New York to 86% among white mothers in Denver (not shown).

A few participants were guardians of a child aged 10–12, but the vast majority were parents. Participants’ mean number of children was 2.8, and 46% had at least one child at least four times a month.21 However, the proportion with a college degree varied substantially across groups, from 0% among black fathers in New York to 86% among white mothers in Denver (not shown).

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<th>TABLE 1. Selected characteristics of participants in focus groups on parents’ perspectives on talking to preteenage children about sex, 2007</th>
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child older than their preteenager (not shown). During the focus group discussions, parents frequently referred to their experiences with their older children as well as with their preteenagers.

The majority of participants (70%) came from intact nuclear families (i.e., both parents and their 10–12-year-old lived in the same household). However, this proportion varied widely across groups. In a few groups, all or nearly all participants were in intact nuclear families, while in others (particularly mothers’ groups in New York), very few were (not shown).

RESULTS
Four themes emerged in the focus group discussions: parents’ perceptions of the threat to their children from sex-related issues, benefits of talking to their children about sex, barriers to such communication and facilitators of such communication (see box).

Perceived Threat of Sex-Related Issues
Participants generally perceived that compared with the world of their childhood, today’s world exposes children to more negative influences and forces them to deal with more risks at younger ages, from sex to violence to drugs. With regard to sex, participants felt that the main factors placing children at risk are the media and peer pressure. They expressed concern about the ready accessibility of pornography on the Internet and cable TV, the explicit sexual content of music and video games, and the sexual overtones of advertising. Some commented that the influence of the media is especially pernicious because it is so pervasive. One woman remarked:

“Every time you turn around, everything, everywhere you go it’s around you. They’re selling sex.... Every song you hear on the radio, everything is sex.”—White mother, Raleigh

Many participants said that peer pressure is also a major influence and that the pressure is worse than it used to be because more children are engaging in sexual behavior at younger ages. One father explained:

“When I was in junior high school, the kids that were sexually active were few and far between, and now it seems that the ones who aren’t sexually active are the ones who are few and far between. So there’s a lot more pressure.”—White father, Raleigh

Some participants noted that the potential consequences of sexual activity have become much more serious because of the risk of AIDS. As a white father in Denver said, “Unlike when all of us were growing up, it can be a life-or-death issue now.”

Participants were also concerned about the risks posed by new technologies, such as text messaging, the Internet and social networking sites. For example, many worried about the potential for children using the Internet to be exposed to sexually explicit content or to be reached by sexual predators. Some were concerned about sexually provocative photographs or comments that they had seen on their children’s or their children’s friends’ MySpace pages. Many participants felt that these new technologies make it more difficult for parents to monitor what is going on in their children’s lives.

Parents’ perception of preteenagers’ sexual risk varied somewhat across groups. In general, New York parents perceived the highest risk because of their own experiences, as well as their observations of their own and other children. For example, several parents in New York had been teenage parents themselves, and four of them indicated in the questionnaires that they thought their preteenager had already had sex. (In contrast, none of the parents in Raleigh or Denver thought their preteenager had had sex.) A risk mentioned only by black parents was that their daughters had reached puberty at a young age. Black parents said that as a result, their preteenage daughters already look like grown women and attract inappropriate attention from older boys and men.

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Perceived Benefits of Talking About Sex
Motivations. Given their concerns about the threat of sex-related issues, it is unsurprising that participants were nearly unanimous that parents should talk to their children about sex. One of the main reasons cited was to protect children from potential negative consequences of sex, including STDs and pregnancy. Some participants were especially motivated to protect their children because they had experienced negative consequences of unsafe sex in

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**Topics emerging in focus group discussions on parents’ perspectives on talking to preteenage children about sex, by main theme**

**Perceived threat of sex-related issues**
- Sexual messages in the media and other sources
- Increasing teenage sexual behavior, peer pressure to have sex
- HIV and AIDS
- New technologies (e.g., text messaging, the Internet)

**Perceived benefits of talking about sex**
- To protect children from potential harmful consequences of sex
- To counteract misinformation from other sources
- To communicate parents’ values regarding sex

**Perceived efficacy of talking**
- Talking to children about delaying sex can make a difference
- The quality of the parent-child relationship affects the efficacy of any communication
- Forbidding children to have sex will only make them more curious
- Other strategies, such as monitoring children, may be more effective than talking

**Perceived barriers to talking about sex**
- Perception that children are not ready to hear about sex
- Not knowing how to talk about sex
- Parents’ lack of time or energy
- Children’s lack of receptivity
- Parents’ embarrassment or discomfort
- Not having thought about the need to talk about sex
- Dysfunction in some families
- Language and cultural barriers between parents and children

**Factors facilitating talking about sex**
- Having a good relationship and open communication with children
- Creating opportunities to talk about sex
- Talking to children about sex when they are young
- Using books
- Talking about what is happening in children’s sex education classes
- Using religious teachings and the church community as supports
their teenage years. This was particularly common among New York participants. One mother commented:

“What motivates me to talk to my kids about it is my past, what I experienced. I was having sex as a preteen. I had three kids at 18. So I had no life…. I use myself as an example why they shouldn’t make mistakes.” —English-speaking Hispanic mother, New York

Helping children avoid negative consequences of sex was closely related to parents’ desire for their children to be successful in life and happy in general—to enjoy their youth, finish their education, get a good job and have a family with a loving and committed partner.

Many participants said that parents should talk to their children about sex so that they can be their children’s voice of authority on the subject. Because children get information about sex from a wide range of sources, parents felt that it is important to provide their own input, to correct any inaccurate information their children might hear and to communicate their own values about sex. These sentiments were expressed by both females and males. For example:

“If you don’t talk to them about sex, the streets will. They’re going to learn all the wrong information.” —Black mother, New York

“I think it should come from the parents…. You don’t want to have the teacher or the priest or the rabbi speak to your kid about [sex]…. In my mind, it’s part of the personal responsibility of the parents to educate your kids about these things.” —White father, Denver

Some parents mentioned that they were compelled to have conversations about sex with their children when their children had a sex education class in school. (Parents from all three sites reported that their children’s school provides sex education in the fifth grade.) A few parents were prompted to talk to their children because they wanted to express their views before the class started; other parents said that the class simply raised the issue and stimulated conversation on the topic. Although a few parents were not happy that the school forced them to address these issues before they felt their children were ready, most seemed to accept or even appreciate that their children received sex education in the fifth grade.

**Perceived efficacy of talking.** In their responses to the questionnaires, 89% of parents said that they believe that talking to their child will make a difference in whether he or she has sex at a young age. In the focus group discussions, however, parents’ perspectives were more nuanced. Many participants said that talking to their children about waiting to have sex could make at least some difference. They noted, however, that the effectiveness of the communication would depend on a variety of factors, such as the quality of the parent-child relationship. One woman reflected:

“I think if you have a good relationship with your kids, they do care about what you think about them, and they do care about the values they’ve been brought up in.” —White mother, Denver

Some parents were less optimistic about the effectiveness of talking to children about waiting. Some (particularly fathers) felt that parents can provide their children with guidance that can help them make good decisions, but that forbidding children to have sex will only encourage them to try it. Others (particularly in New York) thought that the forces of hormones and external influences encouraging sex were so strong that anything parents say is unlikely to make a difference. A black father in New York said, “You can drill it into your kids head all day, but if they don’t want to [wait], they’re not going to.”

Many participants also pointed out that talking to their children is just one way to influence their behavior, including sexual behavior. They felt that other things parents do, like setting a good example for their children, monitoring them, instilling values, establishing rules and enforcing discipline, and keeping them busy, may be more effective than talking to them about sex. They noted:

“Kids watch what you’re doing; they don’t listen to what you say.” —Black mother, New York

“I say it doesn’t stop with the talk. It goes to ‘You’re not having sleepovers. I know where you are, you know. It is you being on them 100% or 99% of the time.” —White mother, Denver

**Perceived Barriers to Talking About Sex**

In the questionnaires, the main factors that parents identified as either a “big problem” or “somewhat of a problem” in talking about sex were feeling uncomfortable (39%), thinking that someone else could do it better (37%) and thinking that it might encourage their children to have sex (32%). Less frequently identified barriers were parents’ not knowing enough about sex (18%), having poor communication with their children in general (15%), being too busy (14%) and considering their children too young to talk about sex (11%).

In the focus groups, the main barriers that parents mentioned were the perception that their children are not ready to discuss sex and uncertainty about how to talk about sex.

**Perception that children are not ready.** Many parents thought that although age 10–12 might be an appropriate time to talk about sex-related topics, such as puberty and the biology of reproduction, it is too young to start talking to children—or at least to their children—about issues related to sexual intercourse. These participants cited several reasons why they want to delay: They do not want to confuse their children by talking about sex too soon, they do not want to plant ideas in their children’s heads if the youngsters are not thinking about sex and they do not want to destroy their children’s innocence. One man explained:

“I have no desire to talk to my son about [sex]…. All he cares about is video games and sports. Until he shows any interest in it, why am I going to bring it up?” —English-speaking Hispanic father, New York

Trying to assess what children are ready to hear was a challenge described by many participants. Some said they...
look for signs that their children are ready to hear about sex (e.g., expressions of interest in the opposite sex or the beginnings of puberty) or wait for their children to ask questions about it. A few parents recounted times they had tried to talk to their child about sex, but then realized that their child was not ready for the information they had tried to discuss.

Some parents said that they had discussed some aspects of sex with their children (e.g., body parts, where babies come from and bodily changes that occur with puberty), but they did not think their children are ready to hear about sexual relations. A mother stated:

“I just basically said what the man has, what the woman has and how they come together. But I didn’t want to bring up stuff like what you’re saying [about sexual relations]. I didn’t want to bring up anything he’s not ready to handle. I’m waiting for him to ask me stuff.”—White mother, Denver

In contrast, a few participants thought that it was important to talk to their children about sexual relations by the time they were 10–12 years old. Some participants said that children are already exposed to a lot of sexual information and likely know more than parents think. A few commented that children need to know about sex before they confront any sexual feelings or situations, so that they are prepared to handle them when they arise.

• Uncertainty. Another major barrier participants mentioned was uncertainty about how to talk to their children about sex. This barrier was mentioned more often by mothers than by fathers. Some participants found it difficult to start the conversation. Others were concerned about whether they would be able to handle questions that their children might ask, either because they lack the knowledge to answer technical questions about things like STDs or because they are unsure how to respond to questions related to values about sex, as this comment illustrates:

“How do you explain to the child what’s right and what’s wrong? I mean, they go and feel all these things, and they see it’s right because everybody is doing it. How do you go about it and say to them, ‘That’s wrong. You don’t do that?’”—English-speaking Hispanic mother, New York

Many participants said that their parents had never talked to them about sex, and this made it difficult to know how to do it with their own children. This barrier was mentioned in nearly all groups, but it was most strongly emphasized in some of the Hispanic groups.

• Other barriers. A few participants mentioned other barriers. Some said that lack of time and energy is an obstacle, particularly when both parents work, when parents work evenings or in single-parent households. Others commented that both parents and children are so busy with activities that families have little time together to talk.

Some participants commented that sometimes children are not very receptive. Although a few said that their children are quite open and curious, others said that their children put up major barriers to talking about sex because they are too embarrassed or they think they already know it all and their parents are out of touch:

“With my son, I’ll start to say something, and then he’ll turn red, red . . . and he’ll just change the subject and walk off.”—English-speaking Hispanic mother, Denver

“When I talk to them, I know they’re saying, ‘What’s this old man talking about? He don’t know what he talkin’ about.’ . . . I’m in another lifetime to them.”—Black father, New York

Parents’ own embarrassment and discomfort with the topic was mentioned as another barrier. Some linked their discomfort to the way they were raised or to society’s approach to sex. One participant commented:

“I think that basically, because nobody talked to us openly, we carry that embarrassment, and we cannot be open with our children.”—Spanish-speaking Hispanic mother, Raleigh

A few mothers expressed a concern that their children might go further with their questions than the mothers feel comfortable with—including asking questions about the mothers’ own experiences—and that sometimes the mother and father disagree about what to say. A few fathers said that the topic simply had not been on their minds as something they should discuss. One remarked:

“I don’t know if I ever brought it up with my son. I never thought about it until you guys called and [invited me to join this focus group].”—English-speaking Hispanic father, Denver

In New York, a number of participants said that another barrier is that some parents are “wild themselves,” are on drugs or simply do not care what their children do. Participants in New York also mentioned that a lot of parents are not around, in some cases because they are in jail, and children are being raised in foster homes or by grandparents.

A few Hispanic participants said that language and cultural barriers between parents and their children could make communication difficult, particularly if the parents do not speak English well and the children speak little Spanish. Some Spanish-speaking parents also commented that American culture’s emphasis on children’s independence and individuality undermines their influence and authority over their children.

Factors Facilitating Talking About Sex

Participants discussed a variety of factors that could facilitate communication with children about sex.

• Developing a good relationship. Many participants felt that developing a good relationship and open communication with children facilitates communication about sex. One mother noted:

“I think if you just establish a good relationship with your child and they respect you and you respect them, I think that gives you the good backbone to go on to these other levels.”—White mother, Denver

Some participants talked about being friends with their children, so that their children feel comfortable talking to
them. Other participants noted, however, that although you can be your children's friend, you also need to be the authority.

Participants emphasized the importance of being approachable. Many said they explicitly told their children that they could ask them anything. One father put it this way:

“You don't necessarily have to mention sex, just let them know I'm here to answer any question. I'm here for you. I'm your parent, I'll do anything for you. Don't be ashamed about anything.” —English-speaking Hispanic father, New York

Some fathers in Raleigh and Denver discussed the importance of being nonjudgmental, honest and nonevasive when children bring up the issue of sex because that is the only way to maintain children's trust and keep the lines of communication open. This was not mentioned in any of the mothers' groups.

- Creating opportunities to talk. Many parents commented that they look for opportunities to initiate conversations with their children. In many ways, this was closely related to developing a good relationship with their children, because these opportunities arose primarily by spending time with them and being approachable. One mother described it in this way:

“We lay down to watch TV, and we start talking, and I pretend that I'm not asking, and he starts opening up and telling me things.” —Spanish-speaking Hispanic mother, New York

A few participants talked about planning special events, like special one-on-one evenings out or weekends away with their children, that create opportunities to talk on a more intimate level.

- Starting the conversation early. Some participants had started talking to their children about sex when their children were very young, with issues like boys' and girls' anatomy and where babies come from. The conversations gradually evolved, addressing a broader range of topics and allowing for greater complexity. A few participants commented that starting these conversations early made it easier to talk about sex when their children got older and the topics became more sensitive. A father remarked:

“If you're waiting until they're nine or 10 to start having conversations with them about anything, let alone sex, you missed the boat! You've got to talk to your kids when they're young. Spend time with them… [Then] these things will come naturally.” —White father, Raleigh

- Using resources. Parents mentioned a few resources that helped them to talk to their children about sex. Some had gotten books on the topic to read themselves, while others had gotten books to give to their children or to read with them. A white mother in Raleigh who had read with her child from a book said that she had found that approach “the easiest, because the words were already written for me.”

Other resources that some parents mentioned were classes for parents, classes for children and TV programs (e.g., shows on the Discovery Channel). A white mother in Denver mentioned other parents as a resource, to “bounce things off of, how you handle this and that.” Some parents mentioned that materials from their children's sex education classes in school can help facilitate a discussion. In Raleigh, some parents mentioned religious teachings or their church community as supports; for example, several black fathers reported that they refer to the Bible's teachings when providing guidance to their children.

DISCUSSION

Although numerous quantitative studies have assessed the determinants of parent-child communication about sex, few have qualitatively investigated parents' perspectives on the importance of talking to their children about sex and the factors that affect the ease with which they do so. By investigating these questions in depth, this study allowed for a more nuanced and contextualized understanding of parents' communication with their children about sex.

Many of our findings are consistent with those of previous studies, however, our study reveals complexities in parents' attitudes not reported elsewhere. For example, although participants perceived substantial threats to their children from issues related to sex and were nearly unanimous that it is very important for parents to talk to their children about sex, many had not yet done so. A major barrier was parents' belief that their children are not ready to hear about it. At the same time, however, parents recognized that their children are regularly exposed to a wide range of negative sexual influences, whether they are ready for it or not.

This inconsistency may partly reflect the effect of participation in focus groups—for some parents, the focus groups were the first time they gave much thought to the subject, these participants may never before have made the connection between the sexual risks they perceived for their children and their children's need for sexual guidance and information. Interventions that similarly direct parents' attention to these issues may help parents make these connections and motivate them to talk to their children about sex.

Parents' belief that their children are not ready to hear about sex also seemed to be rooted in a narrow conception that equates any acknowledgment of sexuality with a readiness to engage in sexual activity. Providing parents with information about the stages of children's sexual development could help them understand children's need for information about sex even before they show signs of interest in intercourse. Parents' concern that an awareness of sexuality would destroy their children's innocence suggests a need to help parents frame sexuality as a positive, healthy part of human life and relationships.

The development of interventions that focus on the parents of younger children may also be valuable. Some study participants who had begun talking to their children at a very young age did not encounter the dilemma of deciding when their children were ready to hear about sex or
what they were ready to hear because the conversation had evolved over time. Starting to talk about sex very early also helped parents establish a sense that such discussions are normal and natural, and helped both them and their children to overcome discomfort. Although providing children with age-appropriate information about sexuality starting in preschool corresponds to recommendations from professional organizations,5,6,27 most interventions to support parent-child communication about sex focus on the parents of preteenagers or teenagers.3,9,27 Interventions with parents of young children could help them understand the value of talking to their children about sexuality throughout childhood, as well as which topics are appropriate at different ages.

Finally, some participants commented that parents’ role in their children’s healthy sexual development extends beyond talking to them about sex. Monitoring children’s activities, setting a good example, instilling values and keeping children busy may help reduce children’s sexual risk behavior.28–32 Interventions aimed at helping parents protect their children’s sexual safety and well-being may therefore be most effective if they support not only parents’ communication with their children about sex, but also complementary parenting strategies. Given parents’ concerns about the effects of the media and new communication technologies, it may also be helpful both to teach parents effective ways to monitor their children’s use of these technologies and to teach children to be savvy consumers of media messages. Interventions that take a comprehensive approach may appeal to parents with varying needs for support and may be especially important for those who think that the barriers to talking about sex with their children are too high to overcome.

An important advantage of this study is the diversity of the sample. This diversity provides a broad range of perspectives, and allows for a sense of both commonalities and variations across demographic groups. Strikingly, although individual parents differed, opinions and experiences were generally remarkably similar across groups. The similarities across gender, racial, ethnic and geographic lines suggest that many aspects of interventions developed to support parent-child communication should be applicable to a wide range of populations. We did note some differences by group, however. For example, participants in New York expressed the greatest concern about potential negative consequences of teenage sexual activity, apparently because they saw those consequences in their communities, and even in their families. As a result, they may be more motivated than others to talk to their children about sex. At the same time, however, the New York participants expressed the most skepticism that talking to children about waiting to have sex would be effective.

Mothers and fathers differed on a few points. For example, more mothers than fathers mentioned being unsure of how to talk to their children about sex. This finding is somewhat surprising, because mothers are frequently considered better communicators than fathers.24 Perhaps mothers more often try to talk to their children about sex proactively, which is a more difficult task than simply responding to children’s questions. By contrast, fathers more often than mothers emphasized the importance of answering children’s questions about sex directly and honestly, suggesting that fathers are the more likely to wait for questions rather than to initiate discussions. If they take a more reactive approach to communication about sex, fathers may not find it as difficult to know how to talk with their children. However, some mothers described very reactive communication styles, and some fathers were very proactive, so this difference did not apply to all parents.

Despite the overall similarities across groups, some tailoring of interventions may be useful. For example, interventions in big cities, like New York, can build on the fact that concerns about sexual risk are highly salient to parents, but will also need to address parents’ skepticism about the efficacy of encouraging children to wait. Interventions with fathers may need to focus on the importance of talking to children proactively about sex.

Our study participants were a select group because they were interested enough in the topic and comfortable enough discussing it to attend a focus group. Therefore, findings may not reflect the views of parents who are less comfortable with the topic. In addition, the large majority of participants (especially fathers) belonged to intact nuclear families. Therefore, the potentially unique perspectives of parents in other situations are not fully represented.

Our findings suggest several directions for further research. Given the large numbers of children who are not living in intact nuclear families, it would be valuable to explore in more depth the unique challenges faced by single mothers and fathers. Survey research to assess the prevalence of many of the themes that emerged in this study, and differences across groups, would be helpful. It would also be useful to qualitatively explore parents’ perspectives on age-appropriate communication about sex—for example, what topics parents have discussed with their children at various ages, factors that influence their communication at different ages, and how discussions at earlier ages influence parents’ ability to communicate with (and, more generally, the quality of their relationship with) their preteenage and early teenage children.

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