Barriers and Prompts to Parent-Child Sexual Communication

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To cite this article: Katrina L. Pariera (2016): Barriers and Prompts to Parent-Child Sexual Communication, Journal of Family Communication, DOI: 10.1080/15267431.2016.1181068

To link to this article: http://dx.doi.org/10.1080/15267431.2016.1181068

Published online: 21 May 2016.

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ABSTRACT

One key resource for improving sexual health outcomes for young people is parent-child sexual communication, but researchers have yet to explore what prompts these conversations, and detailed research into the barriers of these conversations is lacking. This study aims to explicate what prompts these conversations and what prevents them from happening more often. A nationally representative, random sample of U.S. mothers and fathers was surveyed (N = 186). Participants reported that thinking their child is too young, regardless of the child’s age, was a major communication barrier, while communication self-efficacy and perceived value in sexual communication were associated with more communication. Sexual communication was often prompted by the child, or the parent deciding the child was “old enough,” and was rarely prompted by a family member or healthcare provider. Implications for improving parent-child sexual communication are discussed.

Young people are at high risk for poor sexual health outcomes. A large number of sexually transmitted infections (STIs) and unplanned pregnancies take place during the teenage and early adult years (CDC, 2013; Kost & Henshaw, 2012). One source for ameliorating these negative outcomes, is parental communication about sex. Although underutilized, parent-child sexual communication (PCSC) has been shown to have a significant and positive impact on adolescent sexual health. Despite this, an understanding of what prompts these conversations and what prevents them from happening more often is yet to be explored. This study addresses that gap by exploring parents’ reports of the barriers and prompts to talking to their child about sex.

Several studies have found an association between PCSC and sexual outcomes for those children (see DiIorio, Pluhar, & Belcher, 2003; Widman, Choukas-Bradley, Noar, Nesi, & Garrett, 2015). Young people whose parents talk to them about sex are less likely to be sexually active, but if they are, they are more likely to use condoms and birth control. Yet, conversations between parents and their children about sex tend to be infrequent, often seen as a one-time conversation. Parents often talk to their children about sex too late to reap the preventive benefits (Beckett et al., 2010). Many young people, however, say they would benefit from more parental sexual communication and wish their parents had talked to them more about sex (National Campaign to Prevent Teen and Unplanned Pregnancy, 2002). Because parents are in a position to help their children have better sexual health outcomes, understanding the barriers and prompts to these conversations is crucial to developing interventions aimed at increasing the frequency and quality of these conversations.

There are many barriers that inhibit PCSC. Some are related to age and gender roles. For example, mothers are often seen as being responsible for talking to children about sex, and fathers are much less likely to talk to their children about sex than mothers are (Heisler, 2005), although fathers can and do play a beneficial role in their child’s sexual health (Hutchinson, 2002). Parents are also much less likely to talk to sons about sex (Afifi, Afifi, & Aldeis, 2008) and are much more likely...
to talk to their children about sex when they are older, usually after signs of puberty have emerged (Byers, Sears, & Weaver, 2008; Miller et al., 2007; Pluhar, DiLorio, & McCarty, 2008).

Somewhat less is known about parents’ attitudinal barriers to talking to their children about sex, and how these might vary by the child’s age. Parents often report being unsure what and when to say it (Elliott, 2012; Jaccard, Dittus, & Gordon, 2000; Jerman & Constantine, 2010), but few of these studies have included fathers, or been generalizable to other populations. A better understanding of what mothers and fathers perceive as their biggest obstacles to talking to their children about sex is needed. To address this, the current study aims to explore parents’ perceived barriers to PCSC and whether they differ by the child’s gender and/or parent’s gender (RQ1) or by the child’s age (RQ2).

To provide a more comprehensive understanding of barriers to PCSC there are some factors in need of further exploration, such as sexual communication self-efficacy and parent’s perceptions of the value of PCSC. Self-efficacy (Bandura, 1982) is the extent to which a person feels that they are capable of performing a task. More barriers are typically associated with lower self-efficacy. Another factor with a potential relationship to barriers to PCSC is perceived value, or the extent to which a person thinks a behavior has any impact or worth. It is not known whether parents’ beliefs about the value of PCSC is related to their communicative behaviors. To address these issues, the study explores the relationship between self-efficacy and perceived value of PCSC with regard to barriers to PCSC (RQ3).

Finally, a more nuanced view of PCSC requires an understanding not just of barriers, but of prompts to these conversations. Recent research has called for an investigation into what leads to sexual communication between parents and their children (Askelson, Campo, & Smith, 2011). Knowing what prompts these conversations is valuable to researchers designing effective communication interventions and to parents who want to be prepared to handle these conversations (Edwards, Reis, & Weber, 2013). Research about sexual communication prompts is lacking, but what has been done has focused on the child’s age. For example, onset of puberty has generally been found to prompt parent-child conversations about sex (Byers et al., 2008; Miller et al., 2007). Elliott’s qualitative study (2012) of parents and children hints at some potential prompts to PCSC. Some parents remark that sex comes up when their child starts dating, but others indicate that while this concerns them, it does not necessarily lead to a conversation about sex. Almost no existing research looks at whether prompts of PCSC vary by the child’s gender. A better understanding of what prompts these conversations is long overdue. This research explores events that prompt PCSC, and how these vary by gender of the child and parent (RQ4).

Methods

Participants and procedures

Participants were parents (47% male) living in the United States. The average age of participants was 41.24 (SD = 9.77). Education levels, religious affiliation, and political affiliation were close to national averages (U.S. Census Bureau, n.d.). The questionnaire for this study comes from a larger ongoing survey, the Annenberg Health Communication Survey. Each month a group of nationally representative participants, reached by random digit dialing, are selected from an established panel. Participants had to be parents living with at least one of their children under 21 years old. All eligible panel members who were contacted to participate completed the survey. The resulting sample consists of 186 parents reporting on 95 sons and 91 daughters.

Measures

Barriers

To understand barriers to communicating with children about sex, parents were given a list of barriers and asked to indicate the extent to which each had kept them from talking with their child.
about sex. The list of barriers came from a 16-item scale developed by Jaccard et al. (2000), but to keep the survey brief, six of the barriers were selected for this study.

**Self-efficacy**

Sexual communication self-efficacy was measured on a three-item scale developed for this study based on a literature review of other communication-related scales (Miller et al., 2007; Pluhar et al., 2008). Parents were asked how much they agreed with each item, including for example, “If I want to have a talk with my child(ren) about sex, it’s easy for me to do so” (Cronbach’s alpha = .85).

**Value of PCSC**

To measure the value parents place on PCSC participants were asked how much they agreed with two items: “I think it’s important for parents to talk to their children about sex” and “I think parent-child communication about sex has a positive effect on young people.” These two highly correlated ($r(186) = -.82, p < .001$) items were developed based on a review of the literature and reviewed with a panel of experts familiar with health communication research. Higher scores on these three measures indicate higher barriers, higher self-efficacy, and higher value of PCSC, respectively.

**Prompts**

Finally, parents were given a list of seven possible prompts for PCSC and asked: “Think back to the last time you and your [son or daughter] talked about sex. What prompted the talk? Please check all that apply.” The items were developed based on a review of the literature and on pilot testing, which included administering an open-ended questionnaire to six mothers and four fathers of adolescents, and asking them to list all the potential or actual prompts of past PCSC that they could remember. The list was then reviewed with a panel of experts familiar with parent-child communication research.

**Results**

Descriptive statistics for all key variables of interest are reported in Table 1. For all analyses in this study there were no major violations of linearity, multicollinearity, homogeneity of variance, and no outliers. To explore the first research question about how perceived barriers to talking to children about sex differ by gender of the child and of the parent a factorial MANOVA was run with the child’s and parent’s gender as the fixed factors. The analysis determined that there was no interaction between parent’s and child’s gender ($F(6, 177) = 1.745, p = .11$), nor did barriers differ by child’s gender ($F(6, 177) = .835, p = .325; Wilk’s Λ = .972$) nor by parent’s gender ($F(6, 177) = .964, p = .451; Wilk’s Λ = .968$).

<table>
<thead>
<tr>
<th>Variable</th>
<th>$M$</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of Participant</td>
<td>41.24</td>
<td>9.77</td>
</tr>
<tr>
<td>Age of Son</td>
<td>11.27</td>
<td>5.78</td>
</tr>
<tr>
<td>Age of Daughter</td>
<td>10.56</td>
<td>5.49</td>
</tr>
<tr>
<td>Communication Self-efficacy*</td>
<td>5.38</td>
<td>1.32</td>
</tr>
<tr>
<td>Perceived value of Parent-Child Sexual Communication*</td>
<td>6.14</td>
<td>0.98</td>
</tr>
<tr>
<td>Barriers to Parent-Child Sexual Communication†</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being uncomfortable talking about sex</td>
<td>2.78</td>
<td>1.36</td>
</tr>
<tr>
<td>Not being sure you have the right answers</td>
<td>2.41</td>
<td>1.33</td>
</tr>
<tr>
<td>Thinking your child doesn’t want to hear what you have to say</td>
<td>2.36</td>
<td>1.31</td>
</tr>
<tr>
<td>Thinking talking to your child will make them think it’s okay to have sex</td>
<td>2.42</td>
<td>1.39</td>
</tr>
<tr>
<td>Thinking he/she is too young to talk about sex</td>
<td>2.99</td>
<td>1.47</td>
</tr>
<tr>
<td>Thinking talking about sex won’t affect your child’s behavior</td>
<td>2.16</td>
<td>1.20</td>
</tr>
</tbody>
</table>

*Note. *1 = Strongly Disagree, 7 = Strongly Agree, †1 = Never, 6 = Very Frequently.*
For the second research question, a multivariate linear regression was conducted with each of the barrier items as dependent variables and the child’s age as the independent variable. The child’s age was associated overall with barriers to PCSC, $F(21, 176) = 1.33, p = .013$. The only barriers significantly correlated with child’s age were “Thinking he/she doesn’t want to hear what you have to say,” and “Thinking he/she is too young”. None of the other barriers approached significance (see Table 2).

To address the third research question about the extent to which self-efficacy and perceived value predict barriers to PCSC a multivariate linear regression was conducted with each of the barrier items as dependent variables and self-efficacy as the independent variable. Self-efficacy was overall associated with barriers to PCSC, $F(6, 176) = 6.60, p < .001$, and significantly associated with five out of the six barrier items. The only item not associated with self-efficacy was feeling the child was too young. A similar analysis was conducted with perceived value of PCSC as the independent variable. The results were similar in that perceived value was associated with barriers to PCSC, $F(6, 176) = 10.74, p < .001$, and five out of the six barrier items were significantly associated with perceived value of PCSC, with the feeling the child was too young as the only barrier not significantly associated with perceived value (see Table 2).

The fourth and final research question explores events that prompt PCSC, and how these vary by gender of the child and parent. To do this, descriptive statistics were examined first (see Table 3). Parents could select more than one prompt, and the most common prompts parents reported were feeling that their child had become old enough, and being prompted by the child. Almost no participants reported being prompted by a family member, friend, or health care provider. Most parents selected only one prompt, but 14 selected two or three. Only three participants filled in their own prompts, noting, for example, that having their dog neutered prompted a conversation with their child. To test for differences between sons and daughters, chi-square analyses were run for each item, none of which were significant, suggesting that barriers to PCSC do not vary between sons and daughters ($p$ ranged from .41 to .68). A chi-square was also run to test for differences based on parent’s gender and again there were no significant differences ($p$ ranged from .44 to .60).

**Discussion**

The purpose of this study was to shed light on what prevents and prompts parents to talk to their child about sex. One of the most surprising findings is that gender was not significantly related to the barriers or prompts of these conversations. This is surprising in that past research has consistently

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Child’s Age</th>
<th>Self-Efficacy</th>
<th>Value of PCSC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being uncomfortable talking about sex</td>
<td>1.02</td>
<td>5.75**</td>
<td>5.12**</td>
</tr>
<tr>
<td>Not being sure you have the right answers</td>
<td>.88</td>
<td>2.68*</td>
<td>8.83**</td>
</tr>
<tr>
<td>Thinking your child doesn’t want to hear what you have to say</td>
<td>2.08*</td>
<td>4.09**</td>
<td>4.71**</td>
</tr>
<tr>
<td>Thinking talking to your child will make them think it’s okay to have sex</td>
<td>1.15</td>
<td>3.02**</td>
<td>5.04**</td>
</tr>
<tr>
<td>Thinking he/she is too young to talk about sex</td>
<td>2.06*</td>
<td>1.42</td>
<td>1.45</td>
</tr>
<tr>
<td>Thinking talking about sex won’t affect your child’s behavior</td>
<td>1.15</td>
<td>4.25**</td>
<td>9.93**</td>
</tr>
</tbody>
</table>

Note. *$p < .01$, **$p < .001$. Degrees of freedom for each barrier: 1, 176.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Percentage of Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>My child was in a sex education program at school.</td>
<td>18% (n = 31)</td>
</tr>
<tr>
<td>I was prompted by a friend or family member.</td>
<td>1% (n = 2)</td>
</tr>
<tr>
<td>I was prompted by a health care provider.</td>
<td>5% (n = 8)</td>
</tr>
<tr>
<td>I was prompted by my child asking questions.</td>
<td>30% (n = 53)</td>
</tr>
<tr>
<td>I thought my child might be sexually active.</td>
<td>13% (n = 16)</td>
</tr>
<tr>
<td>I felt that my child had become old enough to talk about sex.</td>
<td>33% (n = 58)</td>
</tr>
<tr>
<td>Other</td>
<td>8% (n = 14)</td>
</tr>
</tbody>
</table>

Note. Percentages exclude 11 parents who have not talked to their child about sex.
found gender differences in PCSC, although some recent research has found weaker gender-based differences than expected (Jerman & Constantine, 2010). More research is needed to understand the cause of these findings. It could reflect more egalitarian views of gender or it could be that parents’ perception of PCSC differ from the child’s perception of PCSC in a way that masks some gender differences. The direct cause of the lack of gender differences in this study are unknown; nevertheless, this finding suggests that interventions designed at promoting PCSC may not necessarily have to be tailored separately for mothers and fathers or sons and daughters.

Parents in this study reported that the most frequent barrier to talking to their child about sex was feeling that their child was too young, which was negatively correlated with the child’s age. This is a serious obstacle to PCSC in that parents perceive their children as not being ready to talk about sex, even when they are at an age that they may be sexually active—by ninth grade about one third of teens have had sex (CDC, 2013). Another frequent barrier was thinking the child does not want to hear what the parent has to say, which was positively correlated with the child’s age. Combined, these findings point to a circular problem in that parents think their children are too young to talk about sex, but as the child gets older that barrier is replaced by a perception that their child does not want to hear what they have to say.

This indicates that there is a narrow window, if any, in which parents are not faced with a major barrier in talking to their child about sex. Future interventions must focus on efforts that address both of these barriers. One important place to start is helping parents of younger children understand how and why they should talk to their children about sex. Parents tend to wait too long to talk to their children about sex (Beckett et al., 2010), and are uncomfortable accepting that their young children might have any need for it, so informing parents of the importance of starting these conversations young could be an effective way to ameliorate this barrier. Most public health agencies suggest that early sexual communication is essential both because early communication may prevent early sexual behavior (Hutchinson, 2002), and because early sexual communication also can set the stage for future open communication between parents and children.

In terms of predicting barriers to PCSC, communication self-efficacy and perceived value of PCSC were both negatively associated with barriers to PCSC. This confirms past research about the importance of parental self-efficacy in PCSC. The finding from this research question also draws attention to a factor that has not received much attention: the extent to which parents place value in PCSC. Researchers may be aware of the well-documented positive outcomes associated with PCSC, but many parents might not be aware of the specific and extensive positive effect they can have on their children by talking to them about sex. Continuing to help parents see the value in PCSC and its lasting impact is also crucial to increasing the frequency and quality of PCSC.

Finally, this study attempted to look at what prompts PCSC, a topic that has received very little attention in the literature. Parents reported that the most common prompt was feeling that one’s child had become old enough. This suggests that parents may see PCSC not as an ongoing conversation, but as “the talk” which should take place at a certain milestone. This is problematic in that past research has shown that repetition of sexual communication is more beneficial (Martino, Elliott, Corona, Kanouse, & Schuster, 2008) than a single conversation. Perhaps even more interesting is the fact that the second biggest prompt of PCSC was having the child ask questions. Much of the research on PCSC assumes parents are the instigators of sexual communication and that children are the listeners. In fact, it seems children often start these conversations. This may be in part because parents wait until children are older before they themselves initiate conversations. This suggests that interventions may need to focus on providing parents with ways to respond to unexpected questions from their children early on, and help parents feel prepared for these conversations in general. Another major prompt was having a child in sex education at school. Because of this, a good time to provide parents with resources on talking to their children about sex would be in the weeks before the child starts sex education.
Limitations

The findings of this study must be interpreted within the context of certain limitations. First, the perspectives of the children are absent from analysis. Some research has shown that parents perceive higher levels of sexual communication than their children do, so it may be that the somewhat low reports of barriers from parents would be different from the perspective of the child. Because of the brevity of the questionnaire some potentially related variables were not included, such as parenting style and family communication style. Future studies may be able to shed more light on PCSC barriers and prompts by exploring their relationship to parenting style and communication style. Also, parents were asked to think back to the last time they talked with their child about sex when indicating what had prompted the conversation.

Although this “snapshot” allowed for more accurate recall than if participants had been asked to remember every prompt of parent-child sexual communication, it does not provide a full picture of the frequency of these prompts over the span of the child’s upbringing. Nevertheless, this study highlighted the barriers and prompts mothers and fathers experience when communicating with their children about sex, providing valuable insights and new directions for finding ways to encourage these ongoing conversations.

Acknowledgments

The author would like to acknowledge the Annenberg Schools for Communication at the University of Southern California and the University of Pennsylvania and the Annenberg Foundation Trust at Sunnylands for their contributions to the Annenberg National Health Communication Survey.

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References


