To talk or not to talk: An analysis of parents' intentions to talk with children about different sexual topics using the theory of planned behavior

by

Shelby Astle

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College of Health and Human Sciences

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Major Professor
Michelle Toews

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Abstract

Although parent-child sexual communication (PCSC) positively affects the sexual outcomes of children, parents face many barriers to engaging in PCSC. Based on the Theory of Planned Behavior (TPB), this study aims to explore what factors are associated with parental intentions to talk with their children about different sexual topics. A sample of 561 parents of an oldest child between the ages of 6-11 were recruited through Prolific.com to complete a survey on this topic. Results showed that the majority of parents intend to discuss a variety of sexual topics with their children but are less likely to have intentions of discussing more sensitive topics. All components of TPB (attitudes, subjective norms, self-efficacy) were significantly associated with at least three of the five categories of sexual topics ("the basics," "pleasure," "sex in relationships," "gender identity/sexual orientation," and the "religious meaning of sex"). Of the TPB components, self-efficacy was most consistently and strongly associated with increased PCSC intentions of all topics, followed by the attitude of believing sex education was the parents' responsibility. These findings support the assumptions of TPB as applied to PCSC. Parent education should incorporate promoting positive attitudes, subjective norms, and self-efficacy regarding PCSC in order to help parents overcome barriers to PCSC. These findings suggest that building self-efficacy and helping parents feel responsible for educating their children about sex would be most important in attempting to increase parental intentions to engage in PCSC on a wide variety of topics.

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Chapter 1 - Introduction

In the United States, the majority of diagnoses of sexually transmitted diseases (STDs) and unplanned pregnancies occur among adolescents and young adults (Centers for Disease Control and Prevention, 2019a; Kost, et al., 2017). In order to address these health concerns among this age group, it is increasingly important to research protective factors in adolescent sexual health that could serve as useful points for intervention and outreach. One system that has been shown to have an influence on adolescent sexual behavior is the family of origin, which includes the significant people with whom an individual grew up or by whom an individual was raised (Caruthers et al., 2014; de Graaf et al., 2011). Specifically, previous researchers have found that parent-child sexual communication (PCSC) is related to a variety of positive outcomes in adolescent sexual health (e.g., delayed sexual debut, increased use of protection against pregnancy and STDs, greater contraceptive self-efficacy, improved dyadic sexual communication with romantic partners, ability to negotiate for safe sex with a sexual partner; Hutchinson & Cooney, 1998; Hutchinson et al., 2003; Parkes et al., 2011; Troth & Peterson, 2000; Widman et al., 2016).

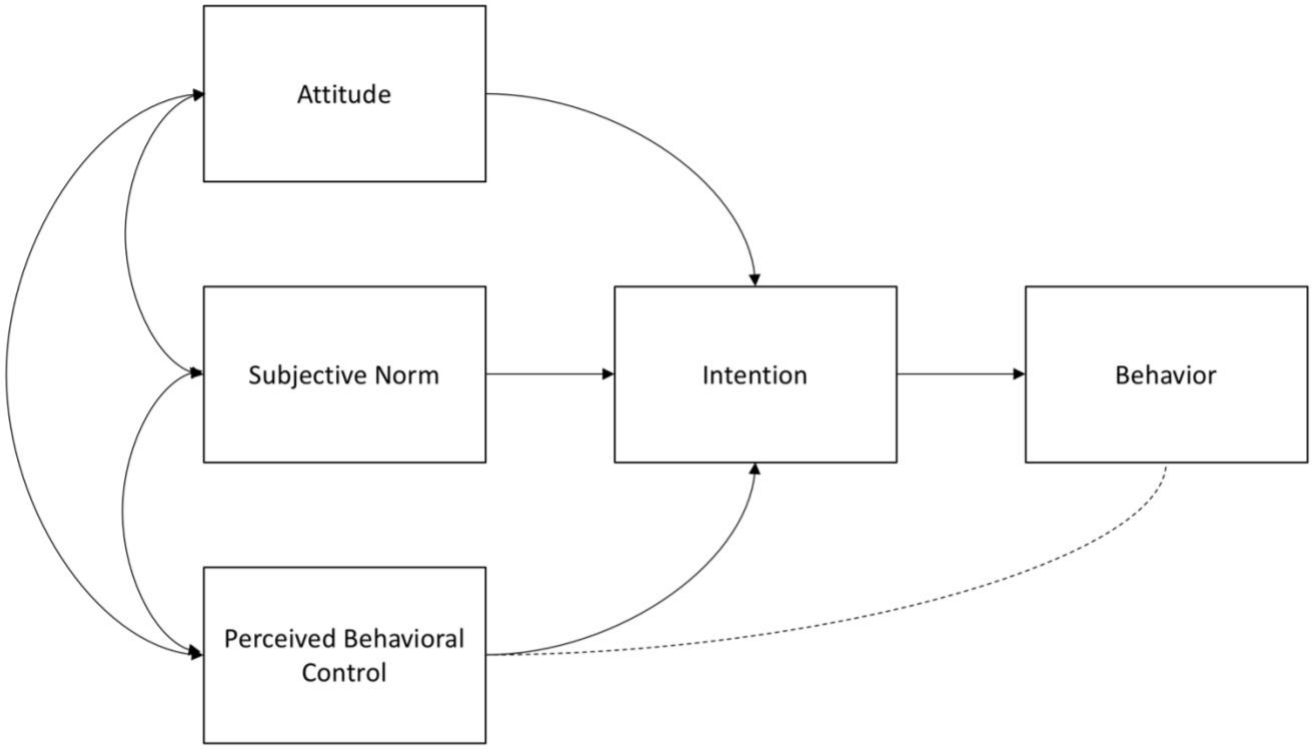
Despite these protective effects of PCSC against negative sexual health outcomes (e.g. unwanted pregnancy, STDs, etc.), multiple barriers prevent parents from engaging in successful PCSC (Pariera, 2016; Ritchwood et al., 2018). Some of these barriers include believing the child is too young, believing the child does not want to hear what the parent has to say, closed parent-child communication style, low perceived self-efficacy of delivering PCSC, and negative attitudes towards PCSC (Pariera, 2016; Ritchwood et al., 2018). Although some of the barriers listed might be an aspect of family context that is correlated with PCSC (e.g. closed communication style), other barriers come from parents' internal processes such attitudes,

subjective norms, and perception of self-efficacy, all components of the Theory of Planned Behavior (Madden et al., 1992). Thus, the purpose of this study is to determine what barriers affect parents' intentions to talk with their children about different sexual topics. Uncovering these parent-specific barriers can aid in understanding why some parents choose to engage in PCSC while others do not, providing parent education program developers and educators with clarity on areas of needed education and intervention in an attempt to increase PCSC and subsequently improve adolescent sexual health.

Theoretical Framework

The Theory of Planned Behavior serves as the main framework guiding this research exploring parents' intentions to talk with their children about sexuality (Pariera, 2016). This theory (illustrated in Figure 1) attempts to predict an individual's volitional behavior and posits that attitudes about a behavior, subjective norms about said behavior, and perceived behavioral control all influence an individual's intention to perform a certain behavior, which then influences whether that behavior is ultimately carried out (Madden et al., 1992). The Theory of Planned Behavior defines attitudes as individuals' "positive or negative evaluation of performing the behavior" (Ajzen, 1985, p. 12); subjective norms as their "perception of the social pressures put on [them] to perform or not perform the behavior in question" (Ajzen, 1985, p. 12); and perceived behavioral control as their beliefs that they possess the necessary resources, skills, and opportunities to perform a behavior (Madden et al., 1992). The theory posits that the more resources and opportunities individuals believe they have, the higher the perceived behavioral control and the higher the likelihood of having stronger intentions of performing the behavior in question (Madden et al., 1992).

Figure 1. *Theory of Planned Behavior (Madden et al., 1992)*



In applying this theory to the behavior of PCSC, attitudes measure parents' perceptions of engaging in PCSC, including PCSC outcome expectancy (e.g., "My child would not want to hear what I have to say") and feelings of responsibility for PCSC (e.g., "As a parent/guardian, it is my job to teach my child the facts about sex"). Subjective norms measure the social pressures put on the parents to either engage or disengage in PCSC (e.g., "Other parents/guardians I am close to would approve of me talking to my child about the facts about sex"). Perceived behavioral control is measured via constructs of self-efficacy (e.g. "I feel confident in my ability to educate my child about sexuality"). Due to methodological restraints of cross-sectional design, the behavior component of the Theory of Planned Behavior was not included in this study. In support of this design, Ajzen (1985) stated that it was unnecessary to include all pieces of the theory in every work. In instances where the theory's ability to predict intentions is the main

focus, it is “unnecessary to secure a measure of actual behavior” (Ajzen, 1985, p. 15). Intentions have repeatedly been shown to be a significant predictor of behavior in this content area and remain an important dimension of the Theory of Planned Behavior to be studied (Gaioso et al., 2015; Malcolm et al., 2013).

Particularly in its application to PCSC, studying the intention component of the Theory of Planned Behavior can provide important insight beyond measuring the behavior of engaging in PCSC alone. For example, when studying younger children, parents might not have engaged in PCSC about a certain topic due to the age of their child, but intend to talk with them about sexual topics when they are older (Flores & Barroso, 2017; Pariera, 2016) or parents might not have engaged in PCSC about a certain topic and never plan to regardless of child’s age. This highlights an important difference between the two groups that would not be captured if measuring behavior alone. Understanding parents’ intentions when their children are young can help interventionists educate parents on what they can be doing to prepare for engaging in PCSC and what opportunities they could be watching for to bring up this subject with their children. For example, parents who intend to talk with their child about masturbation might be seeking educational resources to learn how to best broach the subject with their child, might be pondering in advance what values or messages they would like to communicate, and might be working through their own anxiety about discussing the topic. Parent who intend to discuss this subject would likely be more prepared if the topic arose at an unplanned time (e.g., unexpectedly walking in on their child touching their genitals) compared to parents who never planned to discuss masturbation with their child in the first place. Intending to engage in PCSC with a child can give parents additional time to prepare for these conversations and hopefully this preparation would allow them to have higher quality PCSC, resulting in better outcomes (Diiorio et al., 2003;

Rogers et al., 2015). Additionally, understanding parents' intentions to discuss different topics of PCSC provides parent educators with information on what topics they should be encouraging parents to think about when preparing for PCSC. Parent might have a great plan for discussing STDs, birth control, and anatomy with their child, but might not have considered that discussing pleasure and navigating sex in relationships would also benefit their child. By encouraging parents to think about these topics in advance, they can be better prepared to engage in effective PCSC when the time comes. In sum, understanding parents' PCSC intentions beyond behavior can provide insight on how parent education can help parents intend to discuss a breadth of topics and prepare themselves for these conversations in advance.

Chapter 2 - Literature Review

Attitudes

Although the relationship between general parental attitudes about sex (e.g. conservative vs. permissive sexual attitudes) and PCSC has been examined (DiIorio et al., 2003; Ritchwood et al., 2018), little work has been done examining parents' specific attitudes about the behavior of PCSC itself (i.e., behavioral beliefs, how parents think about PCSC). In order to better understand the interplay of distinct attitudes regarding PCSC, two important attitudinal dimensions are examined in this study and subsequent review: perceived outcomes of PCSC and the perceived responsibility of educating children about sexuality.

One common attitudinal barrier to PCSC is parents' beliefs that conversations with their child will result in negative outcomes. In general, parents who expected more positive and less negative outcomes of PCSC were more likely to talk with children about sex (DiIorio et al., 2000; Guilamo-Ramos et al., 2008; Jaccard et al., 2000). Specifically, previous work has shown that parents were more likely to engage in PCSC if they believed it would help the child have more mature thinking, would not cause embarrassment, would protect the child, and would be beneficial overall (Askelson et al., 2011; Guilamo-Ramos et al., 2008). In these studies, the perceived positive effects of PCSC on children (e.g., mature thinking, protection) were shown to have a stronger influence on parents engaging in PCSC compared to the perceived negative effects of PCSC (e.g., embarrassment). However, no research to date has examined PCSC outcome expectancies and intentions to engage in specific PCSC topics.

Attitudes regarding who should take responsibility for sex education of children in society could also potentially impact PCSC intentions. Many parents reported a belief that they were responsible for educating their children about sexual topics (e.g., abstinence, STDs,

pregnancy, child sexual abuse; Elliott, 2010; Flores & Barroso, 2017; Rudolph & Zimmer-Gembeck, 2018; Wilson et al., 2010) or that it should be a joint effort with the school system (Weaver et al., 2002). Despite this overall support for parental responsibility, parents also cited other sources as being responsible for children's sex education. In qualitative interviews, parents mentioned sex education in school as a reason why they felt less pressure to teach their children about HIV/AIDS (Heller & Johnson, 2010). Additionally, even when parents acknowledged that parents were the ones generally responsible for teaching children about sex, they might not feel that PCSC was their personal responsibility, but, instead, their spouse or partner's job (Collins et al., 2008). This is especially common for fathers, as mothers are often de facto sex educators for their children (Flores & Barroso, 2017). Despite these findings, little to no research has been done specifically measuring the link between perceived responsibility of sexual education and parents' intentions to engage in PCSC about different sexual topics. Understanding this relationship can provide a possible early target for intervention in helping parents process and communicate their beliefs regarding their role in their child's sexual education.

Subjective Norms

Subjective norms have been shown to significantly predict the presence and frequency of PCSC (Askelson et al., 2011; Byers & Sears, 2012; Guilamo-Ramos et al., 2008). Specifically, parents were more likely to intend to engage in PCSC with their children when they reported greater perceived approval of PCSC from important people in their life, people whose opinions they valued, and close same-sex friends (Askelson et al., 2011; Byers & Sears, 2012; Guilamo-Ramos et al., 2008). In addition to approval, Guilamo-Ramos and colleagues (2008) found that the more frequently parents thought their peers were engaging in PCSC, the greater their own PCSC intentions. In the few studies that measured subjective norms of PCSC, most highlighted

only bivariate relationships between PCSC and subjective norms without accounting for the influence of other predictor variables (e.g., attitudes, self-efficacy). In one of the only studies conducted on this topic using the Theory of Planned Behavior, Gaioso and colleagues (2015) found that norms were the only significant predictor of parental PCSC intentions and that attitudes and self-efficacy had no significant effect on intentions in the overall model. Additionally, the work that examined subjective norms either only measured parents' intentions to talk about sex in general, rather than examining different sexual topics (e.g., Askelson et al., 2011), or asked about PCSC on a variety of topics, but then lumped these together for the analyses (Byers & Sears, 2012; Gaioso et al., 2015; Guilamo-Ramos, 2008). Therefore, little is known about how subjective norms relate to parental intentions to engage in PCSC on specific topics. Further work also needs to be done comparing the influence of subjective norms on PCSC topics with other components of the Theory of Planned Behavior.

Perceived Behavioral Control (Self-Efficacy)

Multiple studies have found higher perceived self-efficacy regarding PCSC, knowledge about sexual topics, and comfort during PCSC to be significant predictors of PCSC in adolescence, even among diverse samples (e.g., Byers et al., 2008; Cederbaum & Hutchinson, 2016; Guilamo-Ramos et al., 2006; Pluhar et al., 2008; Ritchwood et al., 2018; Wilson et al., 2010). Parents who believed they have the knowledge and ability to answer questions clearly and correctly, and who felt comfortable talking about sex, reported greater levels of PCSC self-efficacy and were more likely to engage in PCSC with their children (Guilamo-Ramos et al., 2008; Pariera, 2016). However, few studies have examined the influence of self-efficacy and intentions to engage in PCSC and the findings have been mixed. Specifically, one study found that self-efficacy was not related to parents' intentions to talk with their adolescents about sexual

behavior (Gaioso et al., 2015), while another showed that self-efficacy was related to parents' intentions to talk about a greater number of sexual topics with their child (Byers & Sears, 2012).

When measuring self-efficacy, few studies to date have examined a variety of sexual topics during PCSC. When looking at PCSC of specific topics among adolescents, self-efficacy and communication style were associated with more frequent parent-child discussion of sensitive topics (e.g., nocturnal emissions, masturbation, anal sex, oral sex, vaginal sex, sexual satisfaction/desire, etc.), but not less sensitive topics (e.g., pregnancy, physical development, conception; Ritchwood et al., 2018). On the other hand, attitudes toward PCSC were associated with discussions of less sensitive topics but not more sensitive topics (Ritchwood et al., 2018), suggesting that self-efficacy might be more important than attitudes in determining whether parents discuss sensitive topics with their children. Additionally, Jerman and Constantine (2010) found that parents' levels of comfort and knowledge, as well as difficulties with sexual communication, significantly predicted the number of sexual topics parents discussed with their children beyond the effect of other demographic variables (e.g., ethnicity, religious attendance, parent and child gender). Although these studies provide important information on PCSC that has already occurred, no research was found that examined the association between self-efficacy and intentions to engage in specific PCSC topics.

Intentions to Engage in PCSC on a Variety of Sexual Topics

Understanding parents' intentions for PCSC at a younger age can inform program developers and educators in helping parents plan for discussing specific topics at earlier ages, especially because PCSC oftentimes occurs too late in a child's life to have protective effects (Beckett et al., 2010). However, limited research has been conducted on this topic. A previous study found that parents of school-aged children (6-10 years old) planned to engage in PCSC

with their child, but many of these parents also planned to either wait until the child asked them a question or a sex-related problem arose (Pluhar et al., 2006). Past research has also found that parents intended to start engaging in discussions about less sensitive topics (e.g., genital differences, reproduction) around age five and intended to discuss more sensitive topics (e.g. abortion, nocturnal emissions, AIDS) around ages 10-12 (El-Shaieb & Wurtele, 2009; Kenny & Wurtele, 2013). Little to no research has explored how specific attitudes, subjective norms, and self-efficacy relate to the intentions of parents of younger preadolescent children regarding PCSC on different sexual topics. One study did find that all three components of the Theory of Planned Behavior were associated with parents' reports of actively engaging in PCSC or intending to do so within the next six months (Byers & Sears, 2012), but did not analyze these intentions by PCSC topic. Further research is needed to fill this gap.

Control Variables

Additional parent variables have been shown to predict PCSC as well. Given the prevalence and significance of each of these variables as predictors of PCSC in the current literature, as discussed below, they were added as controls in the analyses. Using national longitudinal data, Regnerus (2005) found that parental public religiosity and religious salience both were associated with less PCSC about sex and birth control. This relationship between religion and PCSC is generally supported by other literature, but mixed findings have emerged (Cederbaum & Hutchinson, 2016; DiIorio et al., 2003; Farringdon et al., 2014; Pluhar et al., 2008; Robinson, 2017). For example, religious parents were more likely to report speaking to children about moral issues surrounding sex (e.g. abstinence), rather than providing information regarding medical facts (e.g. birth control; Regnerus, 2005). Relatedly, general parental attitudes about sex, whether influenced by religious beliefs or not, have been shown to influence PCSC

(DiIorio et al., 2003; Ritchwood et al., 2018). Permissive parental attitudes toward adolescent sexual initiation have been associated with more PCSC about sensitive topics (e.g., nocturnal emissions, masturbation, anal sex, oral sex, vaginal sex, sexual satisfaction/desire, etc; Ritchwood et al., 2018), making this an important variable to include in this study.

Aspects of parent-child relationship quality have also been shown to impact PCSC intentions. Authoritative parenting styles (i.e., parents are both demanding and responsive to their children, showing both warmth and control) have been related to earlier PCSC, an increased number of sexual topics discussed, more parental solicitation of PCSC, and more child disclosure (Askelson et al., 2012; Tagliabue et al., 2015). Other relational components, such as overall relationship quality, family functioning, parent-child communication style, as well as parent and child reports of relationship satisfaction, were associated with increased PCSC among both preadolescent and adolescent children (Jaccard et al., 2000; Malcolm et al., 2013; Ritchwood et al., 2018; Wilson et al., 2010). Even though various relational aspects have been examined, a general measure of parent-child relationship quality was used in this study because the focus was on assessing the components of TPB and PCSC.

Last, parent gender and education level were included in the analysis because previous research has found both variables to be related to PCSC. Specifically, mothers have been found to be more likely than fathers to engage in PCSC in general with both daughters and sons (Flores & Barroso, 2017). Mothers have also been found to discuss specific PCSC topics such as sexual risk, puberty, menstruation, reproduction, what sex is, and abstinence with children more frequently than fathers (Evans et al., 2019; Wyckoff et al., 2008). Parent education level has also been shown to be associated with PCSC. Specifically, parents who reported higher levels of formal education were more likely to report higher quality PCSC with their children and more

frequent encouragement that their children ask questions about sexuality (Byers et al., 2008). Therefore, parent education level was included in the analyses as well.

The Present Study

Although the studies reviewed have shown components of the Theory of Planned Behavior and other parent variables to be important predictors of both general PCSC as well as some specific topics of PCSC, most of these samples included parents of adolescents or parent-adolescent dyads (Lehr et al., 2005; Ritchwood et al., 2018). Although studying PCSC in adolescence is crucial, as adolescents are more likely to have engaged in sexual behavior (Centers for Disease Control and Prevention, 2019b), studying PCSC intentions of parents of younger children is also important for promoting positive outcomes. For example, parents have reported that PCSC with adolescents is easier when PCSC started young, before the age of 9 (Wilson et al., 2010), suggesting that PCSC at younger ages could increase PCSC in adolescence, which could then influence adolescent sexual behavior (Hutchinson & Cooney, 1998; Hutchinson et al., 2003; Parkes et al., 2011; Troth & Peterson, 2000). The few studies that have measured components of the TPB related to PCSC in younger age groups (kindergarten to age 12) only examined the occurrence of PCSC, not parental intentions of PCSC (Byers et al., 2008; Miller et al., 2009; Pluhar et al., 2008; Wilson et al., 2010). Although important to understand whether parents have actually engaged in PCSC or not, previous research has found that young age is a major barrier to PCSC (Flores & Barroso, 2017; Pariera, 2016); thus, actual conversations about sex might not have occurred yet. This study aims to determine whether the Theory of Planned Behavior can be used to explain parents' intentions to engage in PCSC with their preadolescent children in order to distinguish between parents who plan to engage in PCSC about specific topics with their child but have not yet done so because of the age of their child

and parents who have not yet engaged in PCSC about those topics and never plan to do so regardless of the child's age.

Additionally, previous work has explored parental attitudes of PCSC and perceived self-efficacy in isolation (DiIorio et al., 2000; Pariera, 2016), but few studies have analyzed the combined relationship between these variables and their influence on parental intentions to engage in PCSC (Gaioso et al., 2015). This study aims to fill these research gaps in order to more fully understand what motivates parents to engage in PCSC. Additionally, much of the previous work on the specific topics of PCSC has asked participants about only a minimal list of basic topics (e.g., birth control, STDs; Gaioso et al., 2015; Jaccard et al., 2000; Jerman & Constantine, 2010) without measuring broader or more relational/emotional topics parents could be discussing with their children. This study measures a broad array of topics that parents might intend to discuss with their children (e.g., sexual pleasure, consent, navigating sex in relationships, religious meaning of sex, etc.) as well as the association between these intentions and components of the Theory of Planned Behavior. Specifically, the aim of this study is to answer the following research question: How do PCSC attitudes, subjective norms, and self-efficacy relate to parental intentions to engage in PCSC about different sexual topics?

Chapter 3 - Method

Sample

Respondents were eligible to participate in this study if they are the parent or primary caregiver of a child between 6-11 years of age, speak English, and reside in the United States. Only one parent per family completed the survey. Parents of this specific age group (middle childhood; Centers for Disease Control and Prevention, 2019c) were chosen in an attempt to reach parents of children who were old enough to start asking questions about sex (e.g. "Where do babies come from?"), but young enough where the majority of them had not reached puberty, a common prompt for parents to speak with their children about more in-depth topics of sexuality (Byers et al., 2008; Miller et al., 2009). Moreover, because the goal of this study was to measure intentions of PCSC, sampling parents of younger children (6-11 years old) who were less likely to have discussed multiple sexual topics with parents was ideal as parental intentions to engage in PCSC might be influenced by past PCSC experiences with that child. Additionally, parents who had a child older than 11 were excluded from the study because parents' past PCSC experiences with older children would likely affect their PCSC intentions with younger children. In sum, this study measured parental intentions of PCSC with oldest children between the ages of 6-11 in order to better control previous PCSC experiences.

The final sample consisted of 561 parents. The majority of parents identified their race as White (n = 479; 85.4%) followed by Black/African American (n = 46; 8.2%), Asian American/Pacific Islander (n = 23; 4.1%), other (n = 9; 1.6%), and Native American/American Indian (n = 4; 0.7%). Forty-five participants reported Hispanic ethnicity (8.0%). Average parent age was 38.06. Most parents identified their biological sex to be female (n = 328; 58.5%), followed by male (n = 232; 41.4%) and intersex (n = 1; 0.2%) and reported their gender identity

as woman (*n* = 330; 58.8%), man (*n* = 226; 40.3%), gender non-conforming (*n* = 3; 0.6%), questioning (*n* = 1; 0.2%), and transgender woman (*n* = 1; 0.2%). The majority of parents identified as heterosexual (*n* = 484; 86.3%), followed by bisexual (*n* = 52; 9.3%), pansexual (*n* = 12; 2.1%), queer (*n* = 5; 0.9%), lesbian (*n* = 4; 0.7%), asexual (*n* = 2; 0.4%), gay (*n* = 1; 0.2%), and questioning (*n* = 1; 0.2%). Most parents had completed a four-year college degree (*n* = 202; 36.0%) followed by some college (*n* = 126; 22.5%), completion of a graduate degree (*n* = 113; 20.1%), two-year associate's degree (*n* = 55; 9.8%), high school equivalent or less (*n* = 53; 0.1%), and attendance at a trade school or apprenticeship (*n* = 12; 2.1%). The median household annual income fell between $50,000 and $99,000.

Most parents categorized their relationship with the child in question as biological parent (*n* = 527; 93.9%) followed by stepparent (*n* = 22; 3.9%) and adoptive parent (*n* = 12; 2.2%). Most parents were in custody of the child in question 7 days per week (*n* = 498; 88.8%). Average child age was 7.56. Most parents reported their child's gender identity as male (*n* = 287; 51.2%) or female (*n* = 274; 48.8%) and one parent reported their child's gender identity as gender non-conforming (*n* = 1; 0.2%).

Procedure

The principal investigator created a survey based on previous literature and five exploratory qualitative interviews she conducted with parents on this topic. This survey was then pilot tested with 11 parents who had a child between the ages of 6-11 in order to screen for survey problems that might arise within the target demographic. A research team of undergraduate and graduate students also pilot tested the final survey in Qualtrics to ensure quality and functionality.

Participants for this study were sampled using the Prolific website (https://prolific.ac), an online labor site that compensates participants around the world for completing surveys. Samples recruited using Prolific have been shown to have acceptable reliability and produce high quality data in comparison to other online research platforms and university subject pools (Palan & Schitter, 2018). One specific advantage of Prolific is its diversity in geographic location and ethnicity compared to Amazon's Mechanical Turk and CrowdFlower (Palan & Schitter, 2018; Peer et al., 2017). These findings suggest that Prolific is an appropriate and advantageous method for data collection for this study. This sampling method was used to meet the minimum sample size requirements for running the analyses and to collect data from a national pool of participants not restricted to one geographical location.

In order to recruit participants, a job was posted inviting Prolific employees to complete a 30-45 minute survey regarding parent-child communication about relationships and sex. Those who elected to participate were directed to a Qualtrics survey linked to the Prolific service. Individuals were first asked to complete an informed consent form stating they acknowledged their participation was voluntary and they had the right to withdraw at any time. They then completed initial items to determine whether they met the inclusion criteria. Those who gave consent and were eligible to participate then completed the survey regarding demographic factors, attitudes, subjective norms, self-efficacy, intentions of PCSC, and additional individual and relational factors (e.g., parent attitudes about sex, parent-child relationship quality; see full survey in Appendix I). Participants were compensated $10 per hour and were paid according to how long it took them to complete the full survey. Attention checks were integrated throughout the survey to ensure quality data. Participants' responses were rejected if they met three of the four criteria: did not accurately answer a majority of attention checks, responded in a noticeable

pattern, provided contradictory responses, or took the survey too quickly. The principal investigator monitored responses throughout data collection to address these issues and ultimately rejected six participants' responses for these reasons. Although participants were not required to answer every question, all participants answered every question, resulting in no missing data in this dataset.

Measures

Demographics. Participants were asked to report on their race/ethnicity, age, age of oldest child, religiosity, country of residence, primary language, biological sex, child's biological sex, gender identity, child's gender identity, sexual orientation, relationship status, family structure, education level, and household income. Full items are listed in Appendix I.

Attitudes. Parental perceptions of the responsibility of PCSC were assessed using two author-constructed items ("As a parent/guardian, it is my job to teach [name of oldest child] the facts about sex [e.g., STDs, reproduction, menstruation, masturbation, wet dreams, using contraceptives, etc.]" and "As a parent/guardian, it is my job to teach [name of oldest child] values about sex [e.g., when is it appropriate to have sex, what things in sex are okay and not okay, etc.]") due to a lack of previous measures of perceived responsibility of PCSC in the literature. This measure and other measures throughout this study assessed facts and values separately in order to allow for additional analyses on differences between PCSC about facts and values because differences have been found between the two types of PCSC (Regnerus, 2005). Responses were assessed using a 4-point Likert scale ranging from 1 (s*trongly disagree*) to 4 (s*trongly agree*). The items were combined to create a mean score of perceived responsibility of PCSC. Higher scores reflected more perceived parental responsibility of PCSC. Reliability of this scale was good ($\alpha = .82$).

Parental perceptions of outcomes of PCSC were measured using a modified version of the 13-item scale developed by Byers and Sears (2012). Items were modified for this study from the original scale to remove binary gender pronouns when referring to children and to include two general topics of PCSC (i.e., facts and values). This was done so that the pronouns would make sense regardless of the child's gender and so PCSC about facts and values could be distinguished. The possible outcomes were introduced with "If I talk to [name of oldest child] about the facts about sex (e.g., STDs, reproduction, menstruation, masturbation, wet dreams, using contraceptives, etc.)…" and "If I talk to [name of oldest child] about the values about sex (e.g., when it is appropriate to have sex, what things in sex are okay and not okay, etc.)…" A list of possible outcomes was then provided to which participants answered to what extent they agreed that that outcome would occur (e.g., "[Name of oldest child] would think that I do not trust them" and "I would feel that I did the right thing"). Items were assessed on a 4-point Likert scale from 1 (*strongly disagree*) to 4 (*strongly agree*). Scores were summed with a higher score reflecting the belief that PCSC would lead to more positive outcomes. Reliability of this scale was excellent ($\alpha = .90$).

Subjective norms. Six items were used to measure subjective norms of PCSC. These items were modified from the items used by Askelson and colleagues (2011) in order to distinguish between discussing the facts and values of sex during PCSC. There were also two items specific to Askelson and colleagues' (2011) study regarding HPV vaccination that were not included in this study as they did not apply. Sample items that were included in this study were: "Most people who are important to me think that I should talk with [name of oldest child] about the values about sex (e.g. when is it appropriate to have sex, what things in sex are okay and not okay, etc.)" and "The people in my life whose opinions I value would approve of me

talking to child about the facts about sex (e.g. STDs, reproduction, menstruation, masturbation, wet dreams, using contraceptives, etc.)". These items were assessed on a 4-point Likert scale ranging from 1 (*strongly disagree*) to 4 (*strongly agree*). A mean score of the six items was created with higher scores reflecting greater perceived social approval of PCSC. Reliability of this scale was excellent ($\alpha = .91$). An exploratory factor analysis also showed that these items fit together well as a single factor.

Perceived behavioral control. Self-efficacy as a dimension of perceived behavioral control was measured using a 5-item scale created by Miller and colleagues (2009). Items were modified for this study from the original scale to remove gender binary pronouns when referring to children. Sample items were "I know how to talk to [name of oldest child] about sex topics" and "I feel prepared to talk to [name of oldest child] about sex topics as they grow up." Although the original scale was assessed using three options (1= not true, 3= true), for the purposes of this study, the response range was expanded to a 5-point Likert scale ranging from 1 (*not at all true*) to 5 (*very true*) to increase variability (Lane, n.d.). As recommended by the original authors, the sum of scores was totaled with higher scores reflecting greater perceived PCSC self-efficacy. Reliability of this scale was good ($\alpha = .87$).

PCSC Intentions. Parental intentions to engage in PCSC were measured using 30 items created by the author because of the lack of previously used measures that encompassed the full range of PCSC topics explored in this study. Parents were presented with the question stem: "Below is a list of sexual topics. Please indicate how likely you are to talk to child about each of these topics in the future" and a list of 30 sexual topics (e.g., orgasm, menstruation, pornography, ejaculation, same-sex sexual behaviors, where to obtain birth control/contraceptives, etc.; see Appendix I for full list). This list of topics was created by reviewing other studies that examined

PCSC topics (Byers & Sears, 2012; El-Shaieb & Wurtele, 2009; Kenny & Wurtele, 2009; Ritchwood et al. 2018), reviewing publicly available websites discussing topics of PCSC, and pulling information from the individual parent interviews on PCSC previously conducted. For each topic, parents were asked to mark one of the following responses: 1 (*I have already talked to my child about this topic*), 2 (*very unlikely*), 3 (*unlikely*), 4 (*likely*), and 5 (*very likely*). Because this study focused on measuring the likelihood of PCSC on these topics, responses of 1 (*I have already talked to my child about this topic*) were recoded to be equivalent with 5 (*very likely*). An exploratory factor analysis was then conducted to condense the 30 topics into related categories of intended PCSC topics. Results of the exploratory factor analysis showed five clear factors: "the basics," "pleasure," "sex in relationships," "gender identity/sexual orientation," and the "religious meaning of sex." Each factor was included in the path analysis as a single outcome variable. For the seven items which loaded above .40 onto more than one factor, items were placed in the category with the strongest factor loading above .40 and were reviewed to ensure they theoretically fit into the category. One item ("what sexual behaviors are okay and not okay") was removed because it loaded above .40 on multiple factors and did not theoretically fit cleanly into any of the five categories. See Table 1 for a breakdown of the topics included in each factor.

Table 1. *Summary of Exploratory Factor Analysis Results for Intentions to Talk about Different Sexual Topics (N = 561)*

	Factor Loadings				
Item	The Basics	Pleasure	Sex in Relationships	Gender Identity/ Sexual Orientation	Religious Meaning of Sex
Birth control/contraception	**.76**	.16	.27		
What to do if you experience sexual violence/coercion/abuse	**.75**	.15	.15	.18	
Sexually transmitted diseases (STDs)	**.73**	.27	.24		
Consent	**.73**	.26		.24	
What to do if you get an STD or get pregnant/get someone pregnant	**.70**	.17	.37	.15	
Reproduction/pregnancy	**.69**	.20		.25	
Sexual violence/coercion/abuse	**.68**	.21		.22	
When it is appropriate to have sex	**.67**		.32		**.42**
Anatomy (i.e., body parts, genital differences between sexes)	**.65**	.16		.29	

Where to obtain birth control/contraceptives (e.g., birth control pill, condoms)	**.64**	.17	.36	.13	-.26
How to know when you're ready to have sex	**.59**	.13	**.51**		.32
Emotional aspects of sex	**.58**	.22	**.45**		.28
How sex works (i.e., the mechanics)	**.50**	.42	.21	.15	.19
Menstruation (i.e. periods)	**.48**	.24	.12	.36	
Orgasm	.21	**.84**	.28	.14	
Sexual pleasure	.20	**.82**	.33		
Masturbation	.26	**.78**	.19	.12	
Ejaculation (i.e. when semen is ejected from the penis)	.29	**.77**	.23	.12	
Pornography	.23	**.66**	.17	.14	.19
Sexual behaviors other than penile-vaginal intercourse (e.g., oral sex, anal sex)	.27	**.53**	**.46**	.18	
How to manage different sexual expectations in a relationship	.20	.28	**.83**	.10	

How to communicate about sexual topics with a partner	.14	.37	**.79**	.17	
How to build a healthy sexual relationship with a partner	.27	.24	**.76**		.11
How to advocate for your sexual wants and needs in a sexual relationship		**.45**	**.72**	.20	
Gender identity (e.g., transgender)	.32	.11	.15	**.82**	
Sexual orientation (e.g., gay, straight, bisexual)	**.43**	.17	.10	**.75**	
Same-sex sexual behaviors	.18	.29	.39	**.66**	
Religious meaning of sex		.16			**.83**
What sexual behaviors are okay and not okay[a]	.30	.12	**.47**	.30	**.40**
Eigenvalues	13.07	2.74	1.52	1.31	1.22
% of variance	45.06	9.45	5.25	4.50	4.20

Note. Factor loadings greater than .40 appear in bold.

[a]Item dropped because it loaded strongly onto multiple factors

Control variables. Multiple parent variables served as controls in the final model. First, parental attitudes about sex were measured using the 13-item Attitudes Towards Sexuality Scale (ATSS) developed by Fisher and Hall (1988). Sample items include "Sexual intercourse should only occur between two people who are married to each other" (reverse coded) and "Abortion should be made available whenever a woman feels it would be the best decision." Possible responses ranged from 1 (strongly disagree) to 5 (strongly agree) with higher scores reflecting more permissive sexual attitudes. The reliability of this scale for this sample was excellent (α = .92) with test-retest reliability of r = .90 and good evidence of construct validity in other samples (Fisher & Hall, 1988). Based on this measure, permissive attitudes included endorsing premarital sex and premarital petting, abortion, nudist camps, information and advice on contraception for anyone who is sexually active, lack of informed consent for minors who visit a clinic to receive contraception, legalization of prostitution, pornography, an individual's right to make sexual choices, and disagreed with the idea that a person who is diagnosed with an STD deserved it. Those endorsing the opposite of these ideas were defined as holding more conservative sexual attitudes.

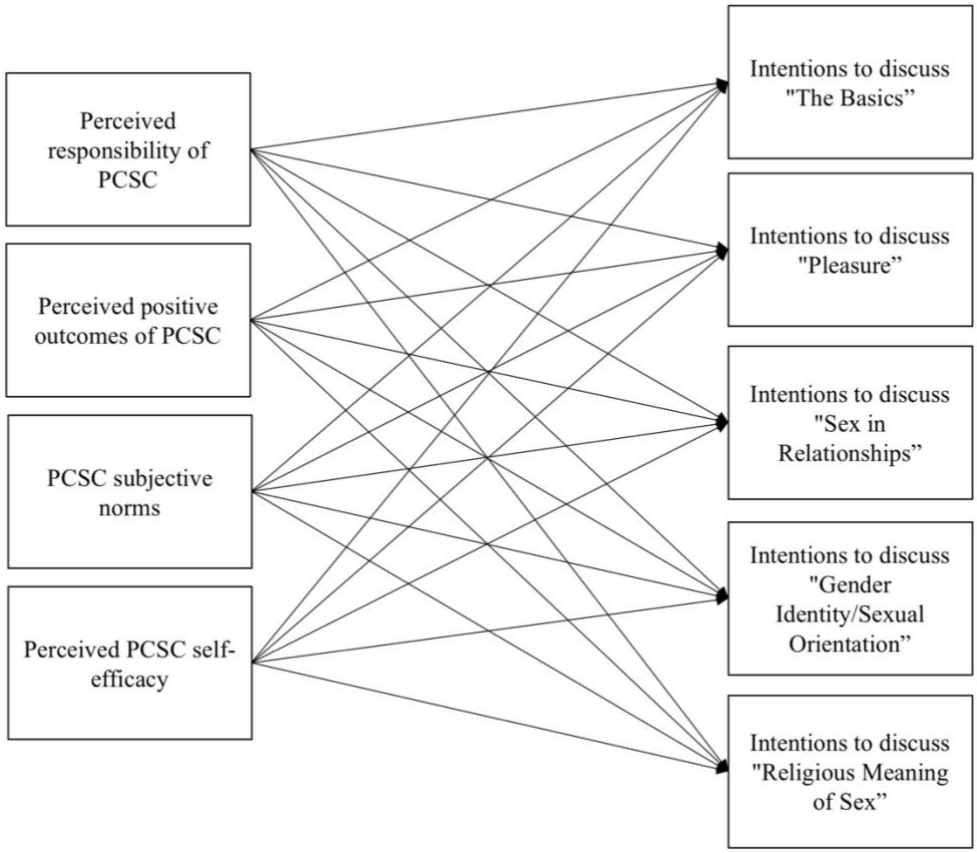
Second, parent-child relationship quality was measured using the 5-item nurturance-responsiveness subscale from the Comprehensive General Parenting Questionnaire (Sleddens et al., 2014). Sample items included "I feel good about the relationship I have with my child" and "My child and I have warm affectionate moments together" with possible responses ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Reliability for this scale was acceptable (α = .76) with higher scores reflecting higher quality parent-child relationships. Next, religious beliefs were measured using an author-constructed item ("Please indicate the strength of your religious or spiritual beliefs") assessed on a sliding scale ranging from 1 to 10. Higher scores reflected

greater strength of religious or spiritual beliefs. Parent biological sex was also included as a control variable. This was measured using one item which read "What is your biological sex? (sex you were assigned at birth)." Possible responses included *male, female, intersex,* and *not listed (please specify).* Due to small group sizes of those who responded *intersex* and *not listed*, a dichotomous variable of male and female was created. Last, education level was added as a control for one of the outcome variables (intentions to discuss "religious meaning of sex"). This was measured using one item which asked participants to report their highest level of education attainment with 11 possible responses ranging from *primary/elementary school* to *doctorate of philosophy (PhD) or equivalent.* This was coded as a continuous variable with a higher score representative of a higher level of completed education.

Data Analysis

First, assumptions of bivariate and multivariate normality, linearity, and homoscedasticity were tested using Statistical Package for the Social Sciences (SPSS; IBM Corp, 2017). All variables met these assumptions. There were no missing data in the dataset. Next, correlation tests were conducted to identify significant bivariate relationships (see Table 3). Relationships that were significantly associated at a bivariate level were then included in the path analysis that was run in Mplus (Muthén & Muthén, 1998-2011). The final path analysis is depicted in Figure 2.

Figure 2. *Final Path Analysis Ran*



Note: For simplicity, control variables are not included in the figure. For all outcome variables, permissive sexual attitudes, religious beliefs, parent gender, and parent-child relationship quality were included as controls. For intentions to discuss "religious meaning of sex," education level was added as an additional control.

Chapter 4 - Results

Descriptive statistics showed that most parents reported being likely or very likely to discuss multiple sexual topics (See Table 2). On average, parents reported being most likely to discuss anatomy (i.e., body parts, genital differences between sexes), reproduction/pregnancy, and consent and least likely to discuss the religious meaning of sex and orgasm. Correlation tests showed the majority of variables included in the final model were significantly associated at a bivariate level. Perceived responsibility of PCSC, perceived positive outcomes of PCSC, PCSC subjective norms, and perceived PCSC self-efficacy were all positively correlated with parents' intentions to discuss each of the different sexual topics with the exception of perceived responsibility of PCSC and intentions to discuss the "religious meaning of sex" (r = .06, p > .05). See correlations and descriptive information of variables used in Table 3.

Model fit of the path analysis was acceptable ($\chi_2[4] = 6.47$, $p > .05$; CFI = .99; RMSEA = .03; SRMR = .01). Full model results are summarized in Table 3. Perceived responsibility of PCSC (b = .34, β = .30, $p < .001$), perceived positive outcomes of PCSC (b = .01, β = .14, $p <$ .01), PCSC subjective norms (b = .08, β = .09, $p < .05$), and perceived PCSC self-efficacy (b = .02, β = .12, $p < .01$) were positively associated with intentions to discuss "the basics." Perceived positive outcomes of PCSC (b = .01, β = .15, $p < .01$), PCSC subjective norms (b = .19, β = .13, $p < .01$), and perceived PCSC self-efficacy (b = .06, β = .30, $p < .001$) were positively associated with intentions to discuss "pleasure." Perceived responsibility of PCSC (b = .18, β = .10, $p < .05$), perceived positive outcomes of PCSC (b = .01, β = .14, $p < .01$), and perceived PCSC self-efficacy (b = .05, β = .24, $p < .001$) were positively associated with intentions to discuss "sex in relationships." Perceived responsibility of PCSC (b = .27, β = .17, $p < .001$), perceived positive outcomes of PCSC (b = .01, β = .13, $p < .01$), and perceived PCSC self-

efficacy (b = .03, β = .17, p < .001) were positively associated with intentions to discuss "gender identity/sexual orientation." PCSC subjective norms (b = .16, β = .07, p < .05) and perceived PCSC self-efficacy (b = .03, β = .10, p < .05) were positively associated with intentions to discuss the "religious meaning of sex."

As for control variables, having a permissive sexual attitude was positively associated with intentions to discuss "the basics" (b = .01, β = .19, p < .01), "pleasure" (b = .01, β = .12, p < .01), "sex in relationships" (b = .01, β = .14, p < .01) and "gender identity/sexual orientation" (b = .01, β = .20, p < .001) and negatively associated with intentions to discuss the "religious meaning of sex" (b = -.03, β = -.25, p < .001). Religious beliefs were only positively associated with intentions to discuss the "religious meaning of sex" (b = .13, β = .41, p < .001). Being female was associated with intentions to discuss "the basics" (b = .18, β = .17, p < .001), "pleasure" (b = .20, β = .12, p < .01), "sex in relationships" (b = .18, β = .10, p < .01), and "gender identity/sexual orientation" (b = .17, β = .11, p < .01). Parent-child relationship quality was only significantly associated with intentions to discuss "the basics" (b = .09, β = .09, p < .05). Although education level was significantly associated with intentions to discuss the "religious meaning of sex" at the bivariate level, this relationship did not hold after controlling for other variables in the model (b = .04, β = .06, p > .05).

Table 2. *Parent Reports of Intentions to Discuss Sexual Topics with Children: Descriptive Statistics (N = 561)*

Sexual Topic	Very Unlikely *n* (%)	Unlikely *n* (%)	Likely *n* (%)	Very Likely *n* (%)	Have already talked with child about this topic *n* (%)	*M*	*SD*
Birth control/contraception[a]	15 (2.7%)	20 (3.6%)	138 (24.6%)	356 (63.5%)	31 (5.5%)	3.60	.69
What to do if you experience sexual violence/coercion/abuse[a]	12 (2.1%)	21 (3.7%)	115 (20.5%)	296 (52.8%)	116 (20.7%)	3.66	.66
Sexually transmitted diseases (STDs)[a]	13 (2.3%)	16 (2.9%)	159 (28.3%)	344 (61.3%)	29 (5.2%)	3.59	.66
Consent[a]	12 (2.1%)	15 (2.7%)	92 (16.4%)	308 (54.9%)	132 (23.5%)	3.72	.62
What to do if you get an STD or get pregnant/get someone pregnant[a]	19 (3.4%)	24 (4.3%)	147 (26.2%)	349 (62.2%)	20 (3.6%)	3.55	.73
Reproduction/pregnancy[a]	10 (1.8%)	6 (1.1%)	102 (18.2%)	278 (49.6%)	164 (29.2%)	3.74	.57
Sexual violence/coercion/abuse[a]	13 (2.3%)	23 (4.1%)	125 (22.3%)	286 (51.0%)	113 (20.1%)	3.63	.68
When it is appropriate to have sex[a]	13 (2.3%)	25 (4.5%)	148 (26.4%)	332 (59.2%)	42 (7.5%)	3.58	.69
Anatomy (i.e., body parts, genital differences between sexes)[a]	9 (1.6%)	13 (2.3%)	94 (16.8%)	166 (29.6%)	279 (49.7%)	3.74	.58

Where to obtain birth control/contraceptives (e.g., birth control pill, condoms)[a]	22 (3.9%)	28 (5.0%)	145 (25.8%)	349 (62.2%)	16 (2.9%)	3.52	.77
How to know when you're ready to have sex[a]	21 (3.7%)	23 (4.1%)	186 (33.2%)	303 (54.0%)	27 (4.8%)	3.47	.75
Emotional aspects of sex[a]	16 (2.9%)	30 (5.3%)	194 (34.6%)	287 (51.2%)	32 (5.7%)	3.46	.73
How sex works (i.e., the mechanics)[a]	16 (2.9%)	35 (6.2%)	197 (35.1%)	248 (44.2%)	65 (11.6%)	3.44	.74
Menstruation (i.e. periods)[a]	22 (3.9%)	63 (11.2%)	152 (27.1%)	211 (37.6%)	113 (20.1%)	3.39	.84
Orgasm[b]	68 (12.1%)	165 (29.4%)	175 (31.2%)	129 (23.0%)	21 (3.7%)	2.73	.99
Sexual pleasure[b]	60 (10.7%)	137 (24.4%)	204 (36.4%)	139 (24.8%)	21 (3.7%)	2.83	.96
Masturbation[b]	44 (7.8%)	110 (19.6%)	214 (38.1%)	151 (26.9%)	42 (7.5%)	2.99	.93
Ejaculation (i.e. when semen is ejected from the penis)[b]	60 (10.7%)	112 (20.0%)	216 (38.5%)	141 (25.1%)	31 (5.5%)	2.89	.96
Pornography[b]	47 (8.4%)	104 (18.5%)	204 (36.4%)	177 (31.6%)	29 (5.2%)	3.01	.94
Sexual behaviors other than penile-vaginal intercourse (e.g., oral sex, anal sex)[b]	47 (8.4%)	111 (19.8%)	216 (38.5%)	174 (31.0%)	13 (2.3%)	2.97	.93
How to manage different sexual expectations in a relationship[c]	38 (6.8%)	101 (18.0%)	208 (37.1%)	206 (36.7%)	7 (1.2%)	3.06	.91

How to communicate about sexual topics with a partner[c]	46 (8.2%)	93 (16.6%)	207 (36.9%)	206 (36.7%)	7 (1.2%)	3.05	.94
How to build a healthy sexual relationship with a partner[c]	28 (5.0%)	71 (12.7%)	189 (33.7%)	257 (45.8%)	14 (2.5%)	3.26	.86
How to advocate for your sexual wants and needs in a sexual relationship[c]	62 (11.2%)	144 (25.7%)	189 (33.7%)	156 (27.8%)	6 (1.1%)	2.81	.98
Gender identity (e.g., transgender)[d]	27 (4.8%)	40 (7.1%)	165 (29.4%)	173 (30.8%)	155 (27.6%)	3.42	.82
Sexual orientation (e.g., gay, straight, bisexual)[d]	20 (3.6%)	27 (4.8%)	160 (28.5%)	167 (29.8%)	186 (33.2%)	3.51	.75
Same-sex sexual behaviors[d]	45 (8.0%)	84 (15.0%)	199 (35.5%)	168 (29.9%)	62 (11.1%)	3.10	.94
Religious meaning of sex[e]	183 (32.6%)	102 (18.2%)	126 (22.5%)	111 (19.8%)	38 (6.8%)	2.43	1.20
What sexual behaviors are okay and not okay	27 (4.8%)	71 (12.7%)	197 (35.1%)	229 (40.8%)	35 (6.2%)	3.25	.86

Note. Intentions to discuss each topic was scaled from 1-4: 1 = *very unlikely*, 2 = *unlikely*, 3 = *likely*, 4 = *very likely*. Superscripts indicate the category under which the topic falls: a = "*The Basics*", b = "*Pleasure*", c = "*Sex in Relationships*", d = "*Gender Identity/Sexual Orientation*", e = "*Religious Meaning of Sex*"

Table 3. *Parent Reports of Components of the Theory of Planned Behavior, Demographic Variables, and Intentions to Engage in PCSC on Different Topics: Correlations and Descriptive Statistics (N = 561)*

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Perceived responsibility of PCSC	–													
2. Perceived positive outcomes of PCSC	.50***	–												
3. PCSC subjective norms	.40***	.31***	–											
4. Perceived PCSC self-efficacy	.30***	.52***	.23***	–										
5. Intentions to discuss "The Basics"	.54***	.45***	.32***	.36***	–									
6. Intentions to discuss "Pleasure"	.31***	.39***	.28***	.44***	.62***	–								
7. Intentions to discuss "Sex in Relationships"	.31***	.36***	.22***	.28***	.59***	.68***	–							
8. Intentions to discuss "Gender Identity/Sexual Orientation"	.35***	.34***	.21***	.32***	.60***	.53***	.51***	–						
9. Intentions to discuss "Religious Meaning of Sex"	.06	.12**	.09*	.14***	.08*	.19***	.14**	.08	–					

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14
10. Permissive sexual attitudes	.12**	.06	.08	.07	.29***	.20***	.20***	.25***	-.49***	–				
11. Religious beliefs	.04	.06	.06	.06	-.13**	.09*	-.08	-.10*	.57***	-.63***	–			
12. Female[a]	.25***	.14**	.08	.08	.31***	.19***	.18***	.21***	-.03	.10*	-.04	–		
13. Parent-child relationship quality	.39***	.44***	.24***	.28***	.35***	.22***	.21***	.20***	.09*	.05	.07	.11**	–	
14. Education level	-.11*	.13**	-.01*	-.05	-.08	-.03	-.08	-.01	.09*	-.07	.04	-.19***	-.02	–
M or %	3.71	79.97	3.28	19.13	3.58	2.90	3.05	3.34	2.43	50.47	4.40	58.5%	4.37	7.17
SD	.46	9.63	.56	4.17	.52	.81	.83	.74	1.20	11.09	3.69	Na	.48	1.73
Range	1 – 4	50 – 104	1 – 4	5 – 25	1 – 4	1 – 4	1 – 4	1 – 4	1 – 4	15 – 65	0 – 10	Na	1 – 5	1 – 11
α	.82	.90	.91	.87	.94	.92	.92	.85	Na	.92	Na	Na	.82	Na

[a]Gender: 0 = *male*, 1 = *female*. PCSC = parent-child sexual communication.

*$p < .05$. **$p < .01$. ***$p < .001$ (two-tailed).

Table 4. *Summary of Path Analysis for Variables Predicting Intentions to Discuss Different Sexual Topics (N = 561)*

	Intentions to Discuss "The Basics"			Intentions to Discuss "Pleasure"			Intentions to Discuss "Sex in Relationships"		
Variable	*B*	*SE B*	*β*	*B*	*SE B*	*β*	*B*	*SE B*	*β*
Perceived Responsibility of PCSC	.34***	.05	.30	.08	.08	.05	.18*	.09	.10
Perceived Positive Outcomes of PCSC	.01**	.00	.14	.01**	.00	.15	.01**	.00	.14
PCSC Subjective Norms	.08*	.03	.09	.19**	.06	.13	.11	.06	.07
Perceived PCSC Self-Efficacy	.02**	.01	.12	.06***	.01	.30	.05***	.01	.24
Permissive Sexual Attitudes	.01***	.00	.19	.01**	.00	.12	.01**	.00	.14
Religious Beliefs	-.01	.01	-.03	-.01	.01	-.03	-.00	.01	-.02
Female	.18***	.04	.17	.20**	.06	.12	.18**	.07	.10
Parent-child Relationship Quality	.09*	.04	.09	.01	.07	.01	.02	.07	.01
Education Level	–	–	–	–	–	–	–	–	–
R_2		.39			.44			.29	

Note. $\chi_2(4) = 6.47$, $p > .05$; CFI = .99; TLI = .98; RMSEA = .03; SRMR = .01

[a]Gender: 0 = *male*, 1 = *female*. PCSC = parent-child sexual communication.

*$p < .05$. **$p < .01$. ***$p < .001$ (two-tailed).

Table 4. *Continued*

	Intentions to Discuss "Gender Identity/Sexual Orientation"			Intentions to Discuss "Religious Meaning of Sex"		
Variable	*B*	*SE B*	*β*	*B*	*SE B*	*β*
Perceived Responsibility of PCSC	.27***	.08	.17	-.03	.11	-.01
Perceived Positive Outcomes of PCSC	.01**	.00	.13	.01	.01	.05
PCSC Subjective Norms	.06	.05	.05	.16*	.08	.07
Perceived PCSC Self-Efficacy	.03***	.01	.17	.03*	.11	.10
Permissive Sexual Attitudes	.01***	.00	.20	-.03***	.01	-.25
Religious Beliefs	.00	.01	.01	.13***	.01	.41
Female	.17**	.06	.11	.02	.09	.01
Parent-child Relationship Quality	-.00	.07	.00	.03	.09	.01
Education Level	–	–	–	.04	.02	.06
R_2		.24			.24	

Note. $\chi_2(4) = 6.47$, $p > .05$; CFI = .99; TLI = .98; RMSEA = .03; SRMR = .01

[a]Gender: 0 = *male*, 1 = *female*. PCSC = parent-child sexual communication.

*$p < .05$. **$p < .01$. ***$p < .001$ (two-tailed).

Chapter 5 - Discussion

One important finding from this work is that the majority of parents in this sample did intend to discuss many sexual topics with their children. Consistent with previous work, parents are less likely to discuss more sensitive topics (e.g., pleasure, masturbation) and most likely to discuss topics like birth control, anatomy, and consent (Ritchwood et al., 2018). This suggests that parents do intend to discuss many sexual topics with their children and are thinking about these topics in early to middle childhood. This is encouraging, but also highlights the need for parents to have access to resources in order to turn these intentions into actual PCSC with their children on these topics. This is also one of the only studies which presents descriptive data on parental intentions to discuss a wide variety of sexual topics, filling an important gap in the literature (See the work of El-Shaieb & Wurtele (2009) and Kenny & Wurtele (2013) for descriptive data on intended ages of different sexual topics).

The findings of this study largely support the Theory of Planned Behavior as attitudes, subjective norms, and self-efficacy were significantly associated with intentions to discuss sexual topics (Azjen, 1985). Although each component of the Theory of Planned Behavior was not significantly associated with intentions to discuss each category of sexual topics, each component was influential in the final model. If the final path of the Theory of Planned Behavior holds true (intentions predicting behavior), parental intentions will lead to actual PCSC and hopefully provide the aforementioned protective effects for the children of the parents in this sample (Hutchinson et al., 2003; Parkes et al., 2011; Troth & Peterson, 2000; Widman et al., 2016). However, only future longitudinal work examining the relationship between intentions and behaviors can confirm this hypothesis.

The attitude component of the Theory of Planned Behavior included perceived responsibility of PCSC and perceived outcomes of PCSC. Perceived responsibility of PCSC was significantly and positively associated with intentions to discuss "the basics," "sex in relationships," and "gender identity/sexual orientation." In fact, perceived responsibility of PCSC accounted for the most variation in intentions to discuss "the basics" compared to the other predictors in the model. This pattern did not continue when examining variations in intentions to discuss the other topics. This suggests that intentions to discuss more basic topics that are considered less sensitive (e.g., menstruation, how sex works, STDs, reproduction, etc.) could be determined more by parents' core belief of being responsible for providing their child with sexual information, while intentions to discuss more sensitive topics (e.g., ejaculation, masturbation, same-sex sexual behaviors, etc.) are better explained by other beliefs (e.g., sexual attitudes) and skills (e.g., PCSC self-efficacy) pertinent to topics that go beyond "the basics." Parents might also feel differing levels of responsibility for educating their children about different sexual topics. For example, parents might believe they have a responsibility to teach their children how to avoid STDs while believing they have no obligation to teach their children about orgasms or gender identity. There is little to no research measuring the association between perceived responsibility of PCSC and intentions to discuss different sexual topics; thus, future work is needed to further examine this relationship and explore potential moderating and mediating factors.

Perceived positive outcomes of PCSC were significantly and positively associated with intentions to discuss all topics except for the "religious meaning of sex." These effect sizes were small yet significant, suggesting that perceived positive outcomes of PCSC hold a consistent association with intentions to engage in PCSC across multiple categories of topics, although it is

not the strongest predictor of these intentions. This finding fills an important gap in the literature as little to no research has examined the association between perceived outcomes of PCSC and intentions to discuss different sexual topics. It is interesting to note that perceived positive outcomes of PCSC was not associated with intentions to discuss the "religious meaning of sex." Of the few studies found which measured perceived outcomes of PCSC, none of them explored the relationship between these perceptions and religiosity, making it difficult to understand the lack of a significant relationship between these variables. Future work should further examine this relationship.

Of the three components of the Theory of Planned Behavior, subjective norms had the weakest and least significant associations across many of the outcome variables. This is interesting given that Gaioso and colleagues (2015) found subjective norms was the only significant predictor of PCSC intentions. This might be highlighting a cultural difference as Gaioso and colleagues' (2015) used a solely Latinx sample while this sample was largely White. In support of this assumption, previous research has highlighted differences in PCSC based on culture (Epstein & Ward, 2008; Kenny & Wurtele, 2013; Lindberg et al., 2016; Meneses et al., 2006). As for specific topic categories, PCSC subjective norms were significantly but weakly associated with intentions to discuss "the basics," "pleasure," and the "religious meaning of sex." These associations might be weak due to measuring subjective norms regarding PCSC as a whole rather than breaking down norms by specific topics. Future work should examine subjective norms regarding specific sexual topics rather than on PCSC as a whole in order to further explore this relationship (e.g., "Most people who are important to me think that I should talk with my child about masturbation").

PCSC self-efficacy is the only variable that is significantly and positively associated with intentions to discuss all topics. PCSC self-efficacy had the largest effect size in relation to intentions to discuss "pleasure" and "sex in relationships" and the second largest effect size in relation to intentions to discuss "gender identity/sexual orientation." This suggests that parents' own feelings of self-efficacy in their ability to discuss sexual topics with their children is a consistent barrier to even intending to engage in these conversations with children, regardless of the topic. This is consistent with previous literature linking perceived self-efficacy to PCSC (Guilamo-Ramos et al., 2008; Pariera, 2016). This finding also supports the work of Byers and Sears (2012) which found that self-efficacy was related to intentions to discuss more sexual topics with children and is in contrast with Gaisoso and colleague's (2015) findings that self-efficacy was not associated with PCSC intentions. However, as mentioned previously, this might be due to the different cultural backgrounds across samples.

Intentions to discuss the "religious meaning of sex" were uniquely associated with parents' religiosity in addition to parents' sexual attitudes, PCSC self-efficacy, and PCSC subjective norms. Parents' religiosity accounted for the most variation in these intentions compared to the other predictor variables. This supports previous literature which found that religious parents are more likely to talk with children about religious aspects of sexuality (Regnerus, 2005). It is interesting that parent religiosity was not associated with fewer intentions to discuss the other categories of sexual topics, particularly "pleasure" and "gender identity/sexual orientation," as religious individuals are typically more sexually conservative (Lefkowitz et al., 2004) and therefore might avoid these topics, deem them as unimportant, or be uncomfortable discussing them. Previous work has found that religious parents are more likely to be uncomfortable discussing topics such as condoms and masturbation (Farringdon et al., 2014),

which would suggest that religiosity might be negatively related to intentions to discuss "pleasure." The lack of an association with intentions to discuss "the basics" is supported by other previous research which found that religiosity has no influence on overall PCSC and PCSC about more basic topics (e.g., STDs, HIV, contraceptives, peer pressure, abstinence; Cederbaum & Hutchinson, 2016; Pluhar et al., 2008). Future work should continue to examine the relationship between religiosity and the discussion of various sexual topics.

Other demographic variables were significantly associated with intentions to discuss sexual topics. Being female was associated with greater intentions to discuss all topics except the "religious meaning of sex." This is consistent with previous work which finds that mothers are more likely to discuss sexual topics with children compared to fathers (Evans et al., 2019; Flores & Barroso, 2017; Wyckoff et al., 2008). Parent-child relationship quality was only significantly associated with intentions to discuss "the basics." This might suggest that parent-relationship quality is a better predictor of actual PCSC than solely PCSC intentions as this relationship has been significant in previous work on actual PCSC (Jaccard et al., 2000; Malcolm et al., 2013; Ritchwood et al., 2018). Although education level was significantly associated with intentions to discuss the "religious meaning of sex" on a bivariate level, this association did not hold once other variables were added as controls. This suggests that other factors are more important than education level when determining associations with intentions to discuss sexual topics.

More permissive sexual attitudes were significantly associated with intentions to discuss all topics. This relationship was positive for all topics except for "religious meaning of sex" where this association was negative. This finding is interesting to compare with another study which found that more permissive parental sexual attitudes are associated with PCSC about sensitive topics (e.g., sexual desire, satisfaction, masturbation, etc.), but not reproductive and

sexual health topics (e.g., menstruation, STDs, contraception, etc.; Ritchwood et al., 2018). In contrast, these findings suggest that permissive sexual attitudes are associated with PCSC intentions to discuss all categories of topics rather than just the more sensitive ones. This difference might be due to the measurement of intentions in this study and actual PCSC in the study from Ritchwood and colleagues (2018). Additionally, permissive sexual attitudes had the largest effect size when explaining variations in intentions to discuss "gender identity/sexual orientation." This finding is reasonable seeing as parents who agreed with items such as "Homosexual behavior is an acceptable variation in sexual preference" on the Attitudes Toward Sexuality Scale (Fisher and Hall, 1988) would also be more likely to intend to talk with children about various sexual identities.

In examining the variance in PCSC intentions, the predictor variables explained intentions to discuss "the basics" and "pleasure" better than the other topics. This might be because these topics apply to everyone while topics such as religiosity or gender identity and sexual orientation might be more applicable to certain groups (e.g., member of religious organization, individual passionate about social justice, non-heterosexual or non-cisgender individuals). This might also be because other variables that were not included could have better explained intentions to discuss "sex in relationships," "gender identity & sexual orientation," and the "religious meaning of sex," including presence of non-heterosexual and non-cisgender individuals in one's social group, religious beliefs specifically about sexuality, an individual's knowledge of healthy relationships, and more. Further work would need to be done in order to narrow down what additional predictor variables would uniquely explain PCSC about different topics.

Implications

These findings have many important implications for practice, particularly for parent education. First, these results suggest that attempts to remove barriers to parents' plans to engage in PCSC should focus on increasing parental PCSC self-efficacy, as well as helping them develop positive attitudes and norms toward PCSC as these remain important intervention points. Self-efficacy had the largest combined effect size across all outcome variables, suggesting that efforts to encourage PCSC across the board on all sexual topics should focus on helping parents develop self-efficacy. This could be done by providing parents with information about various sexual topics so they feel confident in their knowledge and then providing examples of effective PCSC enacted in person or shown on video, training them on how to respond to child's questions, having them practice via PCSC role plays, and so forth (Wight & Fullerton, 2013). Programs that have been effective in increasing parental PCSC self-efficacy should be used as models (Akers et al., 2011).

In encouraging the discussion of specific topics, these results suggest that trainings to increase parents' PCSC self-efficacy might be most effective in increasing intentions to discuss "pleasure," "sex in relationships," and the "religious meaning of sex." When ignoring the variation explained by control variables, self-efficacy and perceived responsibility of PCSC tied for the largest effect size in association with intentions to discuss "gender identity/sexual orientation." Therefore, campaigns or programming targeted at increasing perceived responsibility of PCSC might be most effective in helping parents plan on discussing "the basics" and "gender identity/sexual orientation." Educators should encourage all parents to take responsibility for PCSC regardless of gender and educate parents on the unique positive effects of PCSC (e.g., parent child relationship quality, one-on-one education opportunities, tailoring

content to child's desires/needs, etc.; Rogers et al., 2015) compared to other sources of sex education (e.g., school-based sex education). New approaches to do this successfully are needed as evidenced by a systematic review of PCSC programs which found that of the three programs that attempted to change parental attitudes towards PCSC, one showed no change in attitudes toward PCSC, one showed no change in perceived outcomes of PCSC, and one study did not collect outcome data (Akers et al., 2011). This suggests that future evaluation and programming work is still needed to determine best practices for encouraging parents to take responsibility for educating their children about sexual topics. These findings suggest that this would be an important priority in an attempt to increase parental intentions to discuss these important sexual topics.

Although the third component of the Theory of Planned Behavior did not have as strong of an association with intentions to discuss any topic, increasing subjective norms should still be considered as a possible piece of PCSC program development and implementation due to its small, but significant, association with PCSC intentions. This might include developing support groups for parents who share their own PCSC experiences with one another (Wight & Fullerton, 2013); encouraging participants to share their PCSC intentions, success stories, or program experience on social media; sharing true stories of other parents' experiences in the curriculum; etc. However, the effect sizes in this model suggest that focusing on attitudes and self-efficacy might be a more effective use of program time for primarily White participants. As previously discussed, cultural differences should be taken into consideration during program development as norms likely have different effects on PCSC intentions across different cultural groups (Epstein & Ward, 2008; Gaioso et al., 2015; Lindberg et al., 2016) and as distinct aspects of race, ethnicity, and culture (e.g., religiosity, traditional gender roles, acculturation, etc.) affect a

variety of components related to PCSC (Adams & Williams, 2011; Deutsch & Crockett, 2016; Friedman & Bloodgood, 2010; Kenny & Wurtele, 2013; Meneses et al., 2006; Regnerus, 2005; Reyes, 2016; Velazquez et al., 2017).

Although it is encouraging that many parents in this sample expressed they were likely to discuss many sexual topics, parents were less likely to discuss important topics such as orgasm, sexual pleasure, masturbation, ejaculation, sexual behaviors other than vaginal-penile intercourse (e.g., oral sex, anal sex), and how to advocate for wants and sexual needs in a relationship. Education on these topics is crucial to helping young people have sexual experiences based in pleasure, empowerment, and self-advocacy rather than experiencing sexuality in the context of unhealthy self-sacrifice, coercion, or ignorance. Parents can play an important role in educating children on these topics. Parent educators should encourage parents to discuss these topics with their children and help parents' overcome barriers to doing so. In particular, as many of these topics fall into the category of "pleasure," it would be important for parent educators to help parents understand the positive outcomes of PCSC on these specific topics, increase self-efficacy in navigating discussions on pleasure, and share experiences from other parents who discuss these sensitive topics in order to increase positive social norms.

Limitations & Future Directions

Although this study did have many important implications and strengths, including a large sample size and measures largely absent from the literature, limitations should be taken into consideration when interpreting these findings. First, the majority of the sample identified as non-Hispanic White, limiting the generalizability of the findings to more diverse racial and ethnic groups. Future work should recruit more diverse samples and compare multiple cultural groups using the same measures in order to clarify these differences. Second, although

measuring intentions of PCSC provides important insight on what parents are planning, this study did not measure actual PCSC; thus, the findings should only be interpreted as applied to parental intentions, not actual PCSC. Future work should utilize longitudinal data to study the association between intentions to discuss different sexual topics and actual PCSC behavior discussing these topics at a later time point. Relatedly, it is important to note that the responses of intentions to engage in PCSC topics were coded so that being "very likely" to discuss PCSC topics in the future was equivalent with having already discussed PCSC topics. It is unclear as to whether parents who had already discussed PCSC topics had previously intended to engage in PCSC with their child on these topics or whether these discussions were the result of a spontaneous question or experience from the child. Although coding the variable this way does give insight into parents who most likely will or have had discussions about sexual topics with their child, it does not allow for nuanced comparisons between the two.

Next, due to limited available power, the analyses did not include age of child as a control variable. This is important to note as parents likely gain more awareness of PCSC topics as their child ages and might not have intentions to discuss sexual topics until later stages of their child's development (El-Shaieb & Wurtele, 2009; Kenny & Wurtele, 2013). Additionally, although a wide variety of sexual topics were measured, the messages that parents planned to communicate about these topics were not. For example, a parent who plans to educate their child about how masturbation is a sin and a parent who plans to educate their child about how masturbation is a healthy option for sexual expression would have answered these items in the same way. Future work should dive deeper into the sex positive and sex negative messages (Harden, 2014; Williams et al., 2013) parents are planning on communicating to their children and examine the predictors and outcomes of these messages. Last, due to fear of survey fatigue

for participants, attitudes, norms, and self-efficacy for each topic were not individually assessed, instead these variables were measured in relation to general PCSC. Future research should examine these components related to specific categories of topics in order to distinguish these relationships further.

Another interesting avenue for future work would be to examine PCSC intentions within the framework of the stages of change (Miller & Rollnick 2002; Prochaska & Norcross, 2001). These stages each represent a phase that an individual goes through when making a change and include precontemplation, contemplation, preparation, action, maintenance, and termination (Miller & Rollnick 2002). When applying this framework to PCSC intentions, a parent in the precontemplation stage might not know that they need to change the status quo of how topics of sexuality are discussed, or not discussed, in their family. Another parent in the contemplation stage might recognize that there is a problem or a gap in how their family handles sexual topics but are undecided as to whether they will do the work to change PCSC with their child. In the preparation stage, a parent might have made the commitment to change the status quo and is seeking education on better ways to educate their child about sexuality. The stages of action, maintenance, and termination would include making actual changes in how they talk to their child about sex, navigating barriers throughout the change, making systemic changes to support the new status quo of regular PCSC, and eventually transforming the change into the new status quo. Measuring PCSC intentions as was done in this study is likely capturing parents closer to the preparation or action stages. Future work should be done to examine the earlier stages of precontemplation and contemplation and how educators can help parents at each of these stages. Research should also examine how each of these stages can progress to lead to the eventual outcome of having regular healthy and positive PCSC experiences.

Last, future research should examine the link between intentions and behavior in relation to PCSC specifically. This work could examine the process in which intentions lead to behavior. For example, what stops a parent with high intentions to engage in PCSC on a certain topic not ultimately follow through with their plan? What would influence a parent with no intentions to engage in PCSC on a certain topic to talk with their child about this topic? This work would further inform the efforts of parent educators as they seek to increase high quality PCSC.

Conclusion

In conclusion, parents of 6-11-year-olds intend to talk with their children about a variety of sexual topics, particularly the less sensitive topics such as "the basics." These intentions are associated most strongly with perceived responsibility of PCSC and PCSC self-efficacy, although perceived positive outcomes, subjective norms, self-efficacy, and other demographic factors are also significantly associated with intentions. Parent educators should work to help parents increase positive attitudes, norms, and self-efficacy in regard to PCSC in order to increase PCSC and its positive effects on children (e.g., Widman et al., 2016). Researchers and program developers should expand this work by evaluating and delivering PCSC programming that will help parents be the best sex educators they can be for their children.

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Appendix A - Survey Instrument

Start of Block: Informed Consent

Q1 **INFORMED CONSENT**

PARENT-CHILD COMMUNICATION ABOUT RELATIONSHIPS AND SEX

LENGTH OF STUDY: Approximately 30 minutes
PRINCIPLE INVESTIGATOR & CO-INVESTIGATOR: Shelby Astle, Michelle Toews, prolific.query@gmail.com
CONTACT FOR ANY PROBLEMS/ QUESTIONS: Shelby Astle, prolific.query@gmail.com
IRB CHAIR CONTACT INFORMATION: Rick Scheidt, Chair, Committee on Research Involving Human Subjects, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, 785-532-3224. Kansas State University Institutional Review Board has determined that this study is exempt from IRB oversight.
SPONSOR OF PROJECT: Robert H. Poresky Assistantship, School of Family Studies & Human Services, Kansas State University
PURPOSE OF THE RESEARCH: The goal of this project is to understand more about parent-child communication about relationships and sex using responses from parents across the U.S.
PROCEDURES OR METHODS TO BE USED: In order to learn more about parent-child communication about relationships and sex, we will invite members of an online crowd-sourcing site (Prolific) to participate in an anonymous online survey asking questions about their sexual attitudes and parent-child communication about relationships and sex. Participants who complete the survey will be compensated based on the hourly rates set forth by the online crowd-sourcing site.
RISKS ANTICIPATED: There are no major risks involved in participating in the survey. However, some people might feel uncomfortable with some of the questions and will be able to skip those questions.

BENEFITS ANTICIPATED: Participants who complete the survey will be compensated $5 upon survey approval.

EXTENT OF CONFIDENTIALITY: All information you give us will be kept confidential and anonymous. All electronic data will be encrypted and secured in a locked office on a password-protected computer.

ALTERNATIVE PROCEDURES THAT MIGHT BE ADVANTAGEOUS TO PARTICIPANTS? None

Q2 I have read the informed consent and understand this project involves research to better understand parent-child communication about relationships and sex, and that my participation is completely voluntary. I also understand that if I decide to participate in this study, I may withdraw consent at any time, and stop participating at any time without explanation, penalty, or loss of benefits or academic standing to which I may otherwise be entitled.

By clicking the "I Agree" button at the bottom of the page, I am indicating that I have read and understand the information provided above and have decided to participate in the study under the terms described.

We recommend that you print a copy of this consent form for your records.

- ○ I Agree (4)
- ○ I Disagree (5)

End of Block: Informed Consent

Start of Block: Does not consent

Q147 As you do not wish to participate in this study, please return your submission on Prolific by selecting the 'Stop without completing' button.

End of Block: Does not consent

Start of Block: Prolific ID

Q146 Please enter your Prolific ID here:

_____

End of Block: Prolific ID

Start of Block: Screening Questions

Q3 Do you have any children?

- Yes (1)
- No (2)

Q4 In what year was your first (eldest) child born (adopted or biological)?

- 1992-1999 (1)
- 2000-2008 (2)
- 2009-2014 (3)
- 2015-2019 (4)

Q6 In what country do you currently reside?

- United States (1)
- One of the U.S. territories (2)
- Outside of the United States (3)

Q7 Which of the following languages are you fluent in?

- English (1)

☐ Spanish (2)

☐ French (3)

☐ Other (4)

Q5 What is the name or nickname of the oldest child under your care between the ages of 6-11? (this information will only be used to help you remember which child you are answering questions about throughout the rest of this survey)

_____

End of Block: Screening Questions

Start of Block: Inconsistent screening responses

Q148 You are ineligible for this study, as you have provided information which is inconsistent with your Prolific prescreening responses. Please return your submission on Prolific by selecting the 'Stop without completing' button.

End of Block: Inconsistent screening responses

Start of Block: Longitudinal study interest

Q149 Would you like to be invited to participate in a follow-up study on this topic in the future?

○ Yes (1)

○ Maybe (2)

○ No (23)

End of Block: Longitudinal study interest

Start of Block: Demographics

Q8 Please indicate your race.

- White/Caucasian (1)
- Black/African American (2)
- Asian American/Pacific Islander (3)
- Native American/American Indian (4)
- Not listed (please specify) (6)

_____

Q9 Do you identify as Latino/a or Hispanic?

- Yes (1)
- No (2)

Q10 What is your age (in years)?

_____

Q11 What is the age of ${Q5/ChoiceTextEntryValue} (in years)?

_____

Q12 Does ${Q5/ChoiceTextEntryValue} have any physical or mental disabilities?

- No (1)
- Yes (please specify): (2) _____

Q13 What is your biological sex? (sex you were assigned at birth)

- ○ Male (1)
- ○ Female (2)
- ○ Intersex (3)
- ○ Not listed (please specify): (4)

_____

Q14 What is your gender identity? (gender that you identify as)

- ○ Woman (1)
- ○ Man (2)
- ○ Transgender woman (3)
- ○ Transgender man (4)
- ○ Gender non-conforming (5)
- ○ Questioning (6)
- ○ Not listed (please specify): (7)

_____

Q15 What is the biological sex of ${Q5/ChoiceTextEntryValue}?

- ○ Male (4)
- ○ Female (5)
- ○ Intersex (6)
- ○ Not listed (please specify): (7)

_____

Q16 What is the gender identity of ${Q5/ChoiceTextEntryValue}?

- ○ Girl (1)
- ○ Boy (2)
- ○ Transgender girl (3)
- ○ Transgender boy (5)
- ○ Gender non-conforming (6)
- ○ Questioning (7)
- ○ Not listed (please specify): (8)

_____

Q17 How do you identify your sexual orientation?

- ○ Heterosexual (i.e., straight) (1)
- ○ Gay (2)
- ○ Lesbian (3)
- ○ Bisexual (4)
- ○ Queer (5)
- ○ Questioning (6)
- ○ Asexual (7)
- ○ Pansexual (8)
- ○ Not listed (please specify): (9)

_____

Q18 What is your highest level of educational attainment?

- ○ Primary/elementary school (1)

- ○ Junior high/middle school (2)
- ○ Secondary/high school (3)
- ○ GED (4)
- ○ Trade school/apprenticeship (5)
- ○ Some college (6)
- ○ Two year degree (e.g., Associate's) (7)
- ○ Four year degree (e.g., Bachelor's) (8)
- ○ Master's degree or equivalent (9)
- ○ Doctorate of Philosophy (PhD) or equivalent (10)
- ○ Other (please specify): (11) _____

Q19 What is your average household annual income?

- ○ Less than $10,000 (1)
- ○ $10,000 to $14,999 (2)
- ○ $15,000 to $24,999 (13)
- ○ $25,000 to $49,999 (14)
- ○ $50,000 to $99,999 (15)
- ○ $100,000 to $149,999 (16)
- ○ $150,000 to $199,999 (17)
- ○ $200,000 or more (3)

Q20 What is your relation to ${Q5/ChoiceTextEntryValue}?

- ○ Biological parent (1)
- ○ Adoptive parent (4)
- ○ Step-parent (5)
- ○ Foster parent (6)
- ○ Grandparent (7)
- ○ Other relative (8)
- ○ Other (please specify): (9) _____

Q21 On average, how many days per week is ${Q5/ChoiceTextEntryValue} in your custody?

- ○ 1 (1)
- ○ 2 (2)
- ○ 3 (3)
- ○ 4 (4)
- ○ 5 (5)
- ○ 6 (6)
- ○ 7 (7)

Q22 Which of the following best describes your current romantic relationship status?

- ○ Married (1)
- ○ Divorced (4)
- ○ Separated (5)
- ○ Widowed (6)

- ○ Dating exclusively (7)
- ○ Dating casually (i.e., dating but lacking serious commitment or intent) (8)
- ○ Single (9)

Q23 If you have a current romantic partner, how involved are they in raising ${Q5/ChoiceTextEntryValue}?

- ○ Not at all involved (1)
- ○ Somewhat involved (2)
- ○ Very involved (3)
- ○ I do not currently have a romantic partner (4)

Q24 What is your current job, profession, or line of work?

_____

Q25 How much formal education about sexuality (e.g., during your schooling, as part of job training, etc.) have you received?

- ○ None (1)
- ○ Very little (2)
- ○ Some (3)
- ○ A decent amount (4)
- ○ A great deal (5)

Q26 How much informal education about sexuality (e.g., from church leaders, from books or online sources, from friends or family, etc.) have you received?

- ○ None (1)

- ○ Very little (2)
- ○ Some (3)
- ○ A decent amount (4)
- ○ A great deal (5)

End of Block: Demographics

Start of Block: Religious Beliefs

Q27 Please indicate the strength of your religious or spiritual beliefs (0 = not at all strong to 10 = very strong)

0 1 2 3 4 5 6 7 8 9 10

. ()	

Q28 The religious or spiritual affiliation that best identifies me is:

_____

Q29 How much do you agree or disagree with the following statements?

Q30 My religious beliefs have a strong impact on my beliefs about sexuality.

- ○ Strongly disagree (1)
- ○ Disagree (2)
- ○ Neutral (3)
- ○ Agree (4)
- ○ Strongly agree (5)

Q31 My religious beliefs have a strong impact on the sexual decisions I make.

- Strongly disagree (1)
- Disagree (2)
- Neutral (3)
- Agree (4)
- Strongly agree (5)

End of Block: Religious Beliefs

Start of Block: Parent-Child Relationship & PCSC Self-efficacy

Q32 How much do you agree or disagree with the following statements?

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (13)
I know exactly when things are not going very well for ${Q5/ChoiceTextEntryValue} (2)					
When ${Q5/ChoiceTextEntryValue} is sad, I know what is going on with them (8)					
I feel good about the relationship I have with ${Q5/ChoiceTextEntryValue} (9)					

${Q5/ChoiceTextEntryValue} and I have warm affectionate moments together (10)	○	○	○	○	○
I know exactly when ${Q5/ChoiceTextEntryValue} has difficulty with something (11)	○	○	○	○	○

Q33 Please mark how true the following statements are for you.

	Not at all true (26)	Not true (27)	Neutral (28)	True (29)	Very true (30)
If ${Q5/ChoiceTextEntryValue} asked me a question about a sex topic, I would be glad they asked (12)	○	○	○	○	○
If ${Q5/ChoiceTextEntryValue} asked me a question about sex, I would answer their question (19)	○	○	○	○	○
I feel comfortable talking to ${Q5/ChoiceTextEntryValue} about sex topics (20)	○	○	○	○	○
I know how to talk to ${Q5/ChoiceTextEntryValue} about sex topics (21)	○	○	○	○	○

I feel prepared to talk with ${Q5/ChoiceTextEntryValue} about sex as they grow up (22)	○	○	○	○	○

End of Block: Parent-Child Relationship & PCSC Self-efficacy

Start of Block: General PCSC

Q34 How much do you agree or disagree with the following statements?

Q35 I plan on personally educating my child about **facts** about sex (e.g. STDs, reproduction, menstruation, masturbation, wet dreams, using contraceptives, etc.) in the future.

- ○ Strongly disagree (1)
- ○ Disagree (2)
- ○ Agree (3)
- ○ Strongly agree (4)

Q36 I plan on personally educating my child about **values** about sex (e.g. when is it appropriate to have sex, what things in sex are okay and not okay, etc.) in the future.

- ○ Strongly disagree (1)
- ○ Disagree (5)
- ○ Agree (6)
- ○ Strongly agree (7)

Q37 The sex education provided to me by my parents was satisfactory.

- Strongly disagree (1)
- Disagree (2)
- Agree (3)
- Strongly agree (4)

Q38 Past conversations with ${Q5/ChoiceTextEntryValue} about sexual topics have gone well.

- Strongly disagree (1)
- Disagree (2)
- Agree (3)
- Strongly agree (4)
- I have not had a discussion with ${Q5/ChoiceTextEntryValue} about any sexual topic (5)

Q39 Past conversations with any of my other children or other people younger than me (e.g., younger siblings) about sexual topics have gone well.

- Strongly disagree (1)
- Disagree (2)
- Agree (3)
- Strongly agree (4)
- I have not had a discussion with anyone younger than me about any sexual topic (5)

Q40 I feel comfortable viewing my child as a sexual being.

- Strongly disagree (1)

- ○ Disagree (2)
- ○ Agree (3)
- ○ Strongly agree (4)

Q135 Please select option 3 to show you're paying attention.

- ○ Option 1 (1)
- ○ Option 2 (2)
- ○ Option 3 (3)
- ○ Option 4 (4)

End of Block: General PCSC

Start of Block: Parent Sexual Attitudes

Q41 How much do you agree or disagree with the following statements?

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
Nudist camps should be made completely illegal (1)	○	○	○	○	○
Abortion should be made available	○	○	○	○	○

whenever a woman feels it would be the best decision (4)					
Information and advice about contraception (birth control) should be given to any individual who intends to have intercourse (5)	○	○	○	○	○
Parents should be informed if their children under the age of 18 have visited a clinic to obtain a contraceptive device (6)	○	○	○	○	○

Our government should try harder to prevent the distribution of pornography (7)	○	○	○	○	○
Prostitution should be legalized (8)	○	○	○	○	○
Petting (a stimulating caress of any or all parts of the body) is immoral behavior unless the couple is married (9)	○	○	○	○	○
Premarital sexual intercourse for young people is unacceptable to me (10)	○	○	○	○	○

Sexuality is the topic of this questionnaire, please mark "neutral" to show you're paying attention. (19)	○	○	○	○	○
Sexual intercourse for unmarried people is acceptable without affection existing if both partners agree (11)	○	○	○	○	○
Homosexual behavior is an acceptable variation in sexual preference (12)	○	○	○	○	○
A person who catches a sexually	○	○	○	○	○

transmitted disease is probably getting exactly what they deserve (13)					
A person's sexual behavior is their own business, and no one should make value judgments about it (17)	○	○	○	○	○
Sexual intercourse should only occur between two people who are married to each other (18)	○	○	○	○	○

End of Block: Parent Sexual Attitudes

Start of Block: Past PCSC Topics

Q42 Below is a list of sexual topics. Please indicate whether or not you have **already** talked to ${Q5/ChoiceTextEntryValue} about this topic.

	No (1)	Yes (2)
How sex works (i.e. the mechanics) (1)	○	○
Anatomy (i.e. body parts, genital differences between sexes) (4)	○	○
Sexual behaviors other than penile-vaginal intercourse (e.g. oral sex, anal sex) (5)	○	○
Sexually transmitted diseases (STDs) (6)	○	○
Reproduction/pregnancy (7)	○	○
Menstruation (i.e. periods) (8)	○	○
Pornography (9)	○	○
Masturbation (10)	○	○
Sexual pleasure (11)	○	○
Orgasm (12)	○	○
Ejaculation (i.e. when semen is ejected from the penis) (13)	○	○

Consent (14)	○	○
Sexual violence/coercion/abuse (15)	○	○
Religious meaning of sex (16)	○	○
Please mark "no" to show you're paying attention (33)	○	○
Birth control/contraception (17)	○	○
When it is appropriate to have sex (18)	○	○
Emotional aspects of sex (19)	○	○
How to know when you’re ready to have sex (20)	○	○
How to build a healthy sexual relationship with a partner (21)	○	○
How to manage different sexual expectations in a relationship (22)	○	○
How to communicate about sexual topics with a sexual partner (23)	○	○

How to advocate for your sexual wants and needs in a sexual relationship (24)	○	○
What sexual behaviors are okay and not okay (25)	○	○
Gender identity (e.g. transgender) (26)	○	○
Same-sex sexual behaviors (27)	○	○
Sexual orientation (e.g. gay, straight, bisexual) (28)	○	○
What to do if you get an STD or get pregnant/get someone pregnant (29)	○	○
Where to obtain birth control/contraceptives (e.g. birth control pill, condoms) (30)	○	○
What to do if you experience sexual violence/coercion/abuse (32)	○	○
Other (please specify): (31)	○	○

End of Block: Past PCSC Topics

Start of Block: Age of Past PCSC

Display This Question:

If Below is a list of sexual topics. Please indicate whether or not you have already talked to ... = How sex works (i.e. the mechanics) [Yes]

Q43 How old was ${Q5/ChoiceTextEntryValue} (in years) when you first talked to them about how sex works (i.e. the mechanics)?

_____

Display This Question:
If Below is a list of sexual topics. Please indicate whether or not you have already talked to ... = Anatomy (i.e. body parts, genital differences between sexes) [Yes]

Q44 How old was ${Q5/ChoiceTextEntryValue} (in years) when you first talked to them about anatomy (i.e. body parts, genital differences between sexes)?

_____

Display This Question:
If Below is a list of sexual topics. Please indicate whether or not you have already talked to ... = Sexual behaviors other than penile-vaginal intercourse (e.g. oral sex, anal sex) [Yes]

Q45 How old was ${Q5/ChoiceTextEntryValue} (in years) when you first talked to them about sexual behaviors other than penile-vaginal intercourse (e.g. oral sex, anal sex)?

_____

Display This Question:
If Below is a list of sexual topics. Please indicate whether or not you have already talked to ... = Sexually transmitted diseases (STDs) [Yes]

Q46 How old was ${Q5/ChoiceTextEntryValue} (in years) when you first talked to them about sexually transmitted diseases (STDs)?

_____

Display This Question:
If Below is a list of sexual topics. Please indicate whether or not you have already talked to ... = Reproduction/pregnancy [Yes]

Q47 How old was ${Q5/ChoiceTextEntryValue} (in years) when you first talked to them about reproduction/pregnancy?

_____

Display This Question:
If Below is a list of sexual topics. Please indicate whether or not you have already talked to ... = Menstruation (i.e. periods) [Yes]

Q48 How old was ${Q5/ChoiceTextEntryValue} (in years) when you first talked to them about menstruation (i.e. periods)?

_____

Display This Question:
If Below is a list of sexual topics. Please indicate whether or not you have already talked to ... = Pornography [Yes]

Q49 How old was ${Q5/ChoiceTextEntryValue} (in years) when you first talked to them about pornography?

_____

Display This Question:
If Below is a list of sexual topics. Please indicate whether or not you have already talked to ... = Masturbation [Yes]

Q50 How old was ${Q5/ChoiceTextEntryValue} (in years) when you first talked to them about masturbation?

_____

Display This Question:
If Below is a list of sexual topics. Please indicate whether or not you have already talked to ... = Sexual pleasure [Yes]

Q51 How old was ${Q5/ChoiceTextEntryValue} (in years) when you first talked to them about sexual pleasure?

_____

Display This Question:
If Below is a list of sexual topics. Please indicate whether or not you have already talked to ... = Orgasm [Yes]

Q52 How old was ${Q5/ChoiceTextEntryValue} (in years) when you first talked to them about orgasm?

_____

Display This Question:
If Below is a list of sexual topics. Please indicate whether or not you have already talked to ... = Ejaculation (i.e. when semen is ejected from the penis) [Yes]

Q53 How old was ${Q5/ChoiceTextEntryValue} (in years) when you first talked to them about ejaculation (i.e. when semen is ejected from the penis)?

_____

Display This Question:
If Below is a list of sexual topics. Please indicate whether or not you have already talked to ... = Consent [Yes]

Q54 How old was ${Q5/ChoiceTextEntryValue} (in years) when you first talked to them about consent?

_____

Display This Question:
If Below is a list of sexual topics. Please indicate whether or not you have already talked to ... = Sexual violence/coercion/abuse [Yes]

Q55 How old was ${Q5/ChoiceTextEntryValue} (in years) when you first talked to them about sexual violence/coercion/abuse?

_____

Display This Question:
If Below is a list of sexual topics. Please indicate whether or not you have already talked to ... = Religious meaning of sex [Yes]

Q56 How old was ${Q5/ChoiceTextEntryValue} (in years) when you first talked to them about the religious meaning of sex?

_____

Display This Question:
If Below is a list of sexual topics. Please indicate whether or not you have already talked to ... = Birth control/contraception [Yes]

Q57 How old was ${Q5/ChoiceTextEntryValue} (in years) when you first talked to them about birth control/contraception?

_____

Display This Question:
If Below is a list of sexual topics. Please indicate whether or not you have already talked to ... = When it is appropriate to have sex [Yes]

Q58 How old was ${Q5/ChoiceTextEntryValue} (in years) when you first talked to them about when it is appropriate to have sex?

_____

Display This Question:
If Below is a list of sexual topics. Please indicate whether or not you have already talked to ... = Emotional aspects of sex [Yes]

Q59 How old was ${Q5/ChoiceTextEntryValue} (in years) when you first talked to them about emotional aspects of sex?

_____

Display This Question:
If Below is a list of sexual topics. Please indicate whether or not you have already talked to ... = How to know when you're ready to have sex [Yes]

Q60 How old was ${Q5/ChoiceTextEntryValue} (in years) when you first talked to them about how to know when you're ready to have sex?

_____

Display This Question:
If Below is a list of sexual topics. Please indicate whether or not you have already talked to ... = How to build a healthy sexual relationship with a partner [Yes]

Q61 How old was ${Q5/ChoiceTextEntryValue} (in years) when you first talked to them about how to build a healthy sexual relationship with a partner?

_____

Display This Question:
If Below is a list of sexual topics. Please indicate whether or not you have already talked to ... = How to manage different sexual expectations in a relationship [Yes]

Q62 How old was ${Q5/ChoiceTextEntryValue} (in years) when you first talked to them about how to manage different sexual expectations in a relationship?

_____

Display This Question:
If Below is a list of sexual topics. Please indicate whether or not you have already talked to ... = How to communicate about sexual topics with a sexual partner [Yes]

Q63 How old was ${Q5/ChoiceTextEntryValue} (in years) when you first talked to them about how to communicate about sexual topics with a sexual partner?

_____

Display This Question:
If Below is a list of sexual topics. Please indicate whether or not you have already talked to ... = How to advocate for your sexual wants and needs in a sexual relationship [Yes]

Q64 How old was ${Q5/ChoiceTextEntryValue} (in years) when you first talked to them about how to advocate for your sexual wants and needs in a sexual relationship?

_____

Display This Question:
If Below is a list of sexual topics. Please indicate whether or not you have already talked to ... = What sexual behaviors are okay and not okay [Yes]

Q65 How old was ${Q5/ChoiceTextEntryValue} (in years) when you first talked to them about what sexual behaviors are okay and not okay?

_____

Display This Question:

If Below is a list of sexual topics. Please indicate whether or not you have already talked to ... = Gender identity (e.g. transgender) [Yes]

Q66 How old was ${Q5/ChoiceTextEntryValue} (in years) when you first talked to them about gender identity (e.g. transgender)?

_____

Display This Question:
If Below is a list of sexual topics. Please indicate whether or not you have already talked to ... = Same-sex sexual behaviors [Yes]

Q67 How old was ${Q5/ChoiceTextEntryValue} (in years) when you first talked to them about same-sex sexual behaviors?

_____

Display This Question:
If Below is a list of sexual topics. Please indicate whether or not you have already talked to ... = Sexual orientation (e.g. gay, straight, bisexual) [Yes]

Q68 How old was ${Q5/ChoiceTextEntryValue} (in years) when you first talked to them about sexual orientation (e.g. gay, straight, bisexual)?

_____

Display This Question:
If Below is a list of sexual topics. Please indicate whether or not you have already talked to ... = What to do if you get an STD or get pregnant/get someone pregnant [Yes]

Q69 How old was ${Q5/ChoiceTextEntryValue} (in years) when you first talked to them about what to do if you get an STD or get pregnant/get someone pregnant?

_____

Display This Question:
If Below is a list of sexual topics. Please indicate whether or not you have already talked to ... = Where to obtain birth control/contraceptives (e.g. birth control pill, condoms) [Yes]

Q70 How old was ${Q5/ChoiceTextEntryValue} (in years) when you first talked to them about where to obtain birth control/contraceptives (e.g. birth control pill, condoms)?

_____

Display This Question:
If Below is a list of sexual topics. Please indicate whether or not you have already talked to ... = What to do if you experience sexual violence/coercion/abuse [Yes]

Q71 How old was ${Q5/ChoiceTextEntryValue} (in years) when you first talked to them about what to do if you experience sexual violence/coercion/abuse?

_____

Display This Question:
If Below is a list of sexual topics. Please indicate whether or not you have already talked to ... = Other (please specify): [Yes]

Q72 How old was ${Q5/ChoiceTextEntryValue} (in years) when you first talked to them about ${Q42/ChoiceTextEntryValue/31}?

_____

End of Block: Age of Past PCSC

Start of Block: Future PCSC Topics

Q73 Below is a list of sexual topics. Please indicate how **likely** you are to talk to ${Q5/ChoiceTextEntryValue} about each of these topics in the future.

	I have already talked to my child about this topic (5)	Very Unlikely (1)	Unlikely (2)	Likely (3)	Very Likely (4)
How sex works (i.e. the mechanics) (1)	○	○	○	○	○
Anatomy (i.e. body parts, genital differences between sexes) (4)	○	○	○	○	○
Sexual behaviors other than penile-vaginal intercourse (e.g. oral sex, anal sex) (5)	○	○	○	○	○
Sexually transmitted diseases (STDs) (6)	○	○	○	○	○
Reproduction/pregnancy (7)	○	○	○	○	○
Menstruation (i.e. periods) (8)	○	○	○	○	○
Pornography (9)	○	○	○	○	○
Masturbation (10)	○	○	○	○	○
Sexual pleasure (11)	○	○	○	○	○

Orgasm (12)	○	○	○	○	○
Ejaculation (i.e. when semen is ejected from the penis) (13)	○	○	○	○	○
Consent (14)	○	○	○	○	○
Sexual violence/coercion/abuse (34)	○	○	○	○	○
Religious meaning of sex (35)	○	○	○	○	○
Birth control/contraception (36)	○	○	○	○	○
When it is appropriate to have sex (37)	○	○	○	○	○
Emotional aspects of sex (38)	○	○	○	○	○
How to know when you’re ready to have sex (39)	○	○	○	○	○
How to build a healthy sexual relationship with a partner (40)	○	○	○	○	○
How to manage different sexual	○	○	○	○	○

expectations in a relationship (41)					
How to communicate about sexual topics with a sexual partner (42)	○	○	○	○	○
How to advocate for your sexual wants and needs in a sexual relationship (43)	○	○	○	○	○
Please mark "Unlikely" to show you're paying attention (54)	○	○	○	○	○
What sexual behaviors are okay and not okay (44)	○	○	○	○	○
Gender identity (e.g. transgender) (45)	○	○	○	○	○
Same-sex sexual behaviors (46)	○	○	○	○	○
Sexual orientation (e.g. gay, straight, bisexual) (47)	○	○	○	○	○
What to do if you get an STD or get pregnant/get someone pregnant (48)	○	○	○	○	○
Where to obtain birth control/contraceptives	○	○	○	○	○

(e.g. birth control pill, condoms) (49)					
What to do if you experience sexual violence/coercion/abuse (52)	○	○	○	○	○
Other (please specify): (50)	○	○	○	○	○

End of Block: Future PCSC Topics

Start of Block: Future PCSC Age

Display This Question:
If Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Very Likely
Or Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Likely

Q74 At what age do you **plan** to start a conversation with ${Q5/ChoiceTextEntryValue} about the following specific topics?
Note: Although it may be difficult to guess the exact age, do your best to imagine when you'd like to initiate a discussion with your child about this topic.

Display This Question:
If Below is a list of sexual topics. Please indicate how likely you are to talk to ... = How sex works (i.e. the mechanics) [Likely]
Or Below is a list of sexual topics. Please indicate how likely you are to talk to ... = How sex works (i.e. the mechanics) [Very Likely]

Q75 How sex works (i.e. the mechanics)

○ Ages 6-8 (1)

- ○ Ages 9-11 (2)
- ○ Ages 12-14 (3)
- ○ Ages 15-17 (4)
- ○ Age 18 or older (5)

Display This Question:
If Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Anatomy (i.e. body parts, genital differences between sexes) [Likely]
Or Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Anatomy (i.e. body parts, genital differences between sexes) [Very Likely]

Q76 Anatomy (i.e. body parts, genital differences between sexes)

- ○ Ages 6-8 (1)
- ○ Ages 9-11 (4)
- ○ Ages 12-14 (5)
- ○ Ages 15-17 (6)
- ○ Age 18 or older (7)

Display This Question:
If Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Sexual behaviors other than penile-vaginal intercourse (e.g. oral sex, anal sex) [Likely]
Or Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Sexual behaviors other than penile-vaginal intercourse (e.g. oral sex, anal sex) [Very Likely]

Q77 Sexual behaviors other than penile-vaginal intercourse (e.g. oral sex, anal sex)

- ○ Ages 6-8 (1)

- ○ Ages 9-11 (4)
- ○ Ages 12-14 (5)
- ○ Ages 15-17 (6)
- ○ Age 18 or older (7)

Display This Question:
If Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Sexually transmitted diseases (STDs) [Likely]
Or Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Sexually transmitted diseases (STDs) [Very Likely]

Q78 Sexually transmitted diseases (STDs)

- ○ Ages 6-8 (1)
- ○ Ages 9-11 (4)
- ○ Ages 12-14 (5)
- ○ Ages 15-17 (6)
- ○ Age 18 or older (7)

Display This Question:
If Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Reproduction/pregnancy [Likely]
Or Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Reproduction/pregnancy [Very Likely]

Q79 Reproduction/pregnancy

- ○ Ages 6-8 (1)

- ○ Ages 9-11 (4)
- ○ Ages 12-14 (5)
- ○ Ages 15-17 (6)
- ○ Age 18 or older (7)

Display This Question:
If Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Menstruation (i.e. periods) [Likely]
Or Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Menstruation (i.e. periods) [Very Likely]

Q80 Menstruation (i.e. periods)

- ○ Ages 6-8 (1)
- ○ Ages 9-11 (4)
- ○ Ages 12-14 (5)
- ○ Ages 15-17 (6)
- ○ Age 18 or older (7)

Display This Question:
If Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Pornography [Likely]
Or Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Pornography [Very Likely]

Q81 Pornography

- ○ Ages 6-8 (1)

- ○ Ages 9-11 (4)
- ○ Ages 12-14 (5)
- ○ Ages 15-17 (6)
- ○ Age 18 or older (7)

Display This Question:
If Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Masturbation [Likely]
Or Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Masturbation [Very Likely]

Q82 Masturbation

- ○ Ages 6-8 (1)
- ○ Ages 9-11 (4)
- ○ Ages 12-14 (5)
- ○ Ages 15-17 (6)
- ○ Age 18 or older (7)

Display This Question:
If Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Sexual pleasure [Likely]
Or Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Sexual pleasure [Very Likely]

Q83 Sexual pleasure

- ○ Ages 6-8 (1)

- ○ Ages 9-11 (4)
- ○ Ages 12-14 (5)
- ○ Ages 15-17 (6)
- ○ Age 18 or older (7)

Display This Question:
If Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Orgasm [Likely]
Or Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Orgasm [Very Likely]

Q84 Orgasm

- ○ Ages 6-8 (1)
- ○ Ages 9-11 (4)
- ○ Ages 12-14 (5)
- ○ Ages 15-17 (6)
- ○ Age 18 or older (7)

Display This Question:
If Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Ejaculation (i.e. when semen is ejected from the penis) [Likely]
Or Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Ejaculation (i.e. when semen is ejected from the penis) [Very Likely]

Q85 Ejaculation (i.e. when semen is ejected from the penis)

- ○ Ages 6-8 (1)

- ○ Ages 9-11 (4)
- ○ Ages 12-14 (5)
- ○ Ages 15-17 (6)
- ○ Age 18 or older (7)

Display This Question:
If Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Consent [Likely]
Or Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Consent [Very Likely]

Q86 Consent

- ○ Ages 6-8 (1)
- ○ Ages 9-11 (4)
- ○ Ages 12-14 (5)
- ○ Ages 15-17 (6)
- ○ Age 18 or older (7)

Display This Question:
If Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Sexual violence/coercion/abuse [Likely]
Or Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Sexual violence/coercion/abuse [Very Likely]

Q87 Sexual violence/coercion/abuse

- ○ Ages 6-8 (1)

- ○ Ages 9-11 (4)
- ○ Ages 12-14 (5)
- ○ Ages 15-17 (6)
- ○ Age 18 or older (7)

Display This Question:
If Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Religious meaning of sex [Likely]
Or Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Religious meaning of sex [Very Likely]

Q88 Religious meaning of sex

- ○ Ages 6-8 (1)
- ○ Ages 9-11 (4)
- ○ Ages 12-14 (5)
- ○ Ages 15-17 (6)
- ○ Age 18 or older (7)

Display This Question:
If Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Birth control/contraception [Likely]
Or Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Birth control/contraception [Very Likely]

Q89 Birth control/contraception

- ○ Ages 6-8 (1)
- ○ Ages 9-11 (4)
- ○ Ages 12-14 (5)
- ○ Ages 15-17 (6)
- ○ Age 18 or older (7)

Display This Question:
If Below is a list of sexual topics. Please indicate how likely you are to talk to ... = When it is appropriate to have sex [Likely]
Or Below is a list of sexual topics. Please indicate how likely you are to talk to ... = When it is appropriate to have sex [Very Likely]

Q90 When it is appropriate to have sex

- ○ Ages 6-8 (1)
- ○ Ages 9-11 (4)
- ○ Ages 12-14 (5)
- ○ Ages 15-17 (6)
- ○ Age 18 or older (7)

Display This Question:
If Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Emotional aspects of sex [Likely]
Or Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Emotional aspects of sex [Very Likely]

Q91 Emotional aspects of sex

- ○ Ages 6-8 (1)
- ○ Ages 9-11 (4)
- ○ Ages 12-14 (5)
- ○ Ages 15-17 (6)
- ○ Age 18 or older (7)

Display This Question:
If Below is a list of sexual topics. Please indicate how likely you are to talk to ... = How to know when you're ready to have sex [Likely]
Or Below is a list of sexual topics. Please indicate how likely you are to talk to ... = How to know when you're ready to have sex [Very Likely]

Q92 How to know when you're ready to have sex

- ○ Ages 6-8 (1)
- ○ Ages 9-11 (4)
- ○ Ages 12-14 (5)
- ○ Ages 15-17 (6)
- ○ Age 18 or older (7)

Display This Question:
If Below is a list of sexual topics. Please indicate how likely you are to talk to ... = How to build a healthy sexual relationship with a partner [Likely]
Or Below is a list of sexual topics. Please indicate how likely you are to talk to ... = How to build a healthy sexual relationship with a partner [Very Likely]

Q93 How to build a healthy sexual relationship with a partner

- ○ Ages 6-8 (1)
- ○ Ages 9-11 (4)
- ○ Ages 12-14 (5)
- ○ Ages 15-17 (6)
- ○ Age 18 or older (7)

Display This Question:
If Below is a list of sexual topics. Please indicate how likely you are to talk to ... = How to manage different sexual expectations in a relationship [Likely]
Or Below is a list of sexual topics. Please indicate how likely you are to talk to ... = How to manage different sexual expectations in a relationship [Very Likely]

Q94 How to manage different sexual expectations in a relationship

- ○ Ages 6-8 (1)
- ○ Ages 9-11 (4)
- ○ Ages 12-14 (5)
- ○ Ages 15-17 (6)
- ○ Age 18 or older (7)

Display This Question:
If Below is a list of sexual topics. Please indicate how likely you are to talk to ... = How to communicate about sexual topics with a sexual partner [Likely]
Or Below is a list of sexual topics. Please indicate how likely you are to talk to ... = How to communicate about sexual topics with a sexual partner [Very Likely]

Q95 How communicate about sexual topics with a sexual partner

- ○ Ages 6-8 (1)
- ○ Ages 9-11 (4)
- ○ Ages 12-14 (5)
- ○ Ages 15-17 (6)
- ○ Age 18 or older (7)

Display This Question:
If Below is a list of sexual topics. Please indicate how likely you are to talk to ... = How to advocate for your sexual wants and needs in a sexual relationship [Likely]
Or Below is a list of sexual topics. Please indicate how likely you are to talk to ... = How to advocate for your sexual wants and needs in a sexual relationship [Very Likely]

Q96 How to advocate for your sexual wants and needs in a sexual relationship

- ○ Ages 6-8 (1)
- ○ Ages 9-11 (4)
- ○ Ages 12-14 (5)
- ○ Ages 15-17 (6)
- ○ Age 18 or older (7)

Display This Question:
If Below is a list of sexual topics. Please indicate how likely you are to talk to ... = What sexual behaviors are okay and not okay [Likely]
Or Below is a list of sexual topics. Please indicate how likely you are to talk to ... = What sexual behaviors are okay and not okay [Very Likely]

Q97 What sexual behaviors are okay and not okay

- ○ Ages 6-8 (1)
- ○ Ages 9-11 (4)
- ○ Ages 12-14 (5)
- ○ Ages 15-17 (6)
- ○ Age 18 or older (7)

Display This Question:
If Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Gender identity (e.g. transgender) [Likely]
Or Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Gender identity (e.g. transgender) [Very Likely]

Q98 Gender identity (e.g. transgender)

- ○ Ages 6-8 (1)
- ○ Ages 9-11 (4)
- ○ Ages 12-14 (5)
- ○ Ages 15-17 (6)
- ○ Age 18 or older (7)

Display This Question:
If Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Same-sex sexual behaviors [Likely]
Or Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Same-sex sexual behaviors [Very Likely]

Q99 Same-sex sexual behaviors

- ○ Ages 6-8 (1)
- ○ Ages 9-11 (4)
- ○ Ages 12-14 (5)
- ○ Ages 15-17 (6)
- ○ Age 18 or older (7)

Display This Question:
If Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Sexual orientation (e.g. gay, straight, bisexual) [Likely]
Or Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Sexual orientation (e.g. gay, straight, bisexual) [Very Likely]

Q100 Sexual orientation (e.g. gay, straight, bisexual)

- ○ Ages 6-8 (1)
- ○ Ages 9-11 (4)
- ○ Ages 12-14 (5)
- ○ Ages 15-17 (6)
- ○ Age 18 or older (7)

Display This Question:
If Below is a list of sexual topics. Please indicate how likely you are to talk to ... = What to do if you get an STD or get pregnant/get someone pregnant [Likely]
Or Below is a list of sexual topics. Please indicate how likely you are to talk to ... = What to do if you get an STD or get pregnant/get someone pregnant [Very Likely]

Q101 What to do if you get an STD or get pregnant/get someone pregnant

- ○ Ages 6-8 (1)
- ○ Ages 9-11 (4)
- ○ Ages 12-14 (5)
- ○ Ages 15-17 (6)
- ○ Age 18 or older (7)

Display This Question:
If Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Where to obtain birth control/contraceptives (e.g. birth control pill, condoms) [Likely]
Or Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Where to obtain birth control/contraceptives (e.g. birth control pill, condoms) [Very Likely]

Q102 Where to obtain birth control/contraceptives (e.g. birth control pill, condoms)

- ○ Ages 6-8 (1)
- ○ Ages 9-11 (4)
- ○ Ages 12-14 (5)
- ○ Ages 15-17 (6)
- ○ Age 18 or older (7)

Display This Question:
If Below is a list of sexual topics. Please indicate how likely you are to talk to ... = What to do if you experience sexual violence/coercion/abuse [Very Likely]
Or Below is a list of sexual topics. Please indicate how likely you are to talk to ... = What to do if you experience sexual violence/coercion/abuse [Likely]

Q134 What to do if you experience sexual violence/coercion/abuse

- ○ Ages 6-8 (1)
- ○ Ages 9-11 (2)
- ○ Ages 12-14 (3)
- ○ Ages 15-17 (4)
- ○ Age 18 or older (5)

Display This Question:
If Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Other (please specify): [Likely]
Or Below is a list of sexual topics. Please indicate how likely you are to talk to ... = Other (please specify): [Very Likely]
And And Below is a list of sexual topics. Please indicate how likely you are to talk to ... Other (please specify): Is Not Empty

Q103 ${Q73/ChoiceTextEntryValue/50}

- ○ Ages 6-8 (1)
- ○ Ages 9-11 (4)
- ○ Ages 12-14 (5)
- ○ Ages 15-17 (6)
- ○ Age 18 or older (7)

End of Block: Future PCSC Age

Start of Block: Outcomes of PCSC: Facts & Values

Q104 For each of the possible outcomes listed below, please answer how much you agree with the following statement:

Q105 If I talk to ${Q5/ChoiceTextEntryValue} about the **facts about sex (e.g. STDs, reproduction, menstruation, masturbation, wet dreams, using contraceptives, etc.)**…

	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
I would feel like a responsible person (1)	○	○	○	○
${Q5/ChoiceTextEntryValue} would think that I do not trust them (4)	○	○	○	○
I would feel that I did the right thing (5)	○	○	○	○
${Q5/ChoiceTextEntryValue} would be more likely to make good decisions about sex (6)	○	○	○	○
${Q5/ChoiceTextEntryValue} would not want to hear what I have to say (7)	○	○	○	○
I would be embarrassed (8)	○	○	○	○
${Q5/ChoiceTextEntryValue} would do what they want no matter what I say (9)	○	○	○	○
${Q5/ChoiceTextEntryValue} would be embarrassed (10)	○	○	○	○

${Q5/ChoiceTextEntryValue} would not take me seriously (11)	○	○	○	○
I would find it difficult to explain things (12)	○	○	○	○
${Q5/ChoiceTextEntryValue} would be less likely to have sexual intercourse as a young teen (13)	○	○	○	○
${Q5/ChoiceTextEntryValue} would feel closer to me (17)	○	○	○	○
It would encourage ${Q5/ChoiceTextEntryValue} to experiment with sex (18)	○	○	○	○

Q106 For each of the possible outcomes listed below, please answer how much you agree with the following statement:

Q107 If I talk to ${Q5/ChoiceTextEntryValue} about the **values about sex (e.g. when is it appropriate to have sex, what things in sex are okay and not okay, etc.)**…

	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
I would feel like a responsible person (1)	○	○	○	○

${Q5/ChoiceTextEntryValue} would think that I do not trust them (4)	○	○	○	○
I would feel that I did the right thing (5)	○	○	○	○
${Q5/ChoiceTextEntryValue} would be more likely to make good decisions about sex (6)	○	○	○	○
${Q5/ChoiceTextEntryValue} would not want to hear what I have to say (7)	○	○	○	○
I would be embarrassed (8)	○	○	○	○
${Q5/ChoiceTextEntryValue} would do what they want no matter what I say (9)	○	○	○	○
${Q5/ChoiceTextEntryValue} would be embarrassed (10)	○	○	○	○
Please mark "Disagree" to show that you're paying attention. (19)	○	○	○	○
${Q5/ChoiceTextEntryValue} would not take me seriously (11)	○	○	○	○
I would find it difficult to explain things (12)	○	○	○	○

${Q5/ChoiceTextEntryValue} would be less likely to have sexual intercourse as a young teen (13)	○	○	○	○
${Q5/ChoiceTextEntryValue} would feel closer to me (17)	○	○	○	○
It would encourage ${Q5/ChoiceTextEntryValue} to experiment with sex (18)	○	○	○	○

End of Block: Outcomes of PCSC: Facts & Values

Start of Block: Responsibility of PCSC

Q108 How much do you agree or disagree with the following statements?

	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
As a parent/guardian, it is my job to teach ${Q5/ChoiceTextEntryValue} the facts about sex (e.g. STDs, reproduction, menstruation, masturbation, wet dreams, using contraceptives, etc.) (1)	○	○	○	○
As a parent/guardian, it is my job to teach ${Q5/ChoiceTextEntryValue} values about sex (e.g. when is it appropriate to have sex,	○	○	○	○

what things in sex are okay and not okay, etc.) (8)				
It is important for parents to talk to their children about facts about sex (e.g. STDs, reproduction, menstruation, masturbation, wet dreams, using contraceptives, etc.) (9)	○	○	○	○
It is important for parents to talk to their children about values about sex (e.g. when is it appropriate to have sex, what things in sex are okay and not okay, etc.) (10)	○	○	○	○

End of Block: Responsibility of PCSC

Start of Block: Social Norms PCSC

Q109 How much do you agree or disagree with the following statements?

	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
Most people who are important to me think that I should talk with ${Q5/ChoiceTextEntryValue} about the facts about sex (e.g. STDs, reproduction, menstruation, masturbation,	○	○	○	○

wet dreams, using contraceptives, etc.) (1)				
Most people who are important to me think that I should talk with ${Q5/ChoiceTextEntryValue} about values about sex (e.g. when is it appropriate to have sex, what things in sex are okay and not okay, etc.) (4)	○	○	○	○
The people in my life whose opinions I value would approve of me talking to ${Q5/ChoiceTextEntryValue} about the facts about sex (e.g. STDs, reproduction, menstruation, masturbation, wet dreams, using contraceptives, etc.) (5)	○	○	○	○
The people in my life whose opinions I value would approve of me talking to ${Q5/ChoiceTextEntryValue} about values about sex (e.g. when is it appropriate to have sex, what things in sex are okay and not okay, etc.) (6)	○	○	○	○
It is expected of me that I will talk to	○	○	○	○

${Q5/ChoiceTextEntryValue} about the facts about sex (e.g. STDs, reproduction, menstruation, masturbation, wet dreams, using contraceptives, etc.) (7)				
It is expected of me that I will talk to ${Q5/ChoiceTextEntryValue} about values about sex (e.g. when is it appropriate to have sex, what things in sex are okay and not okay, etc.) (8)	○	○	○	○

End of Block: Social Norms PCSC

Start of Block: Miscellaneous PCSC

Q113 Which of the following best describes the sexuality education you would like ${Q5/ChoiceTextEntryValue} to receive in school?

○ a. None (1)

○ Sex education that emphasizes the benefits of abstinence while also teaching about contraception and disease-prevention methods. This type of sex education program generally explores the context for and meanings involved in sex, promotes abstinence from sex, acknowledges that many teenagers will become sexually active, teaches about contraception and condom use, and includes discussions about contraception, abortion, sexually transmitted diseases and HIV. (4)

○ Sex education that teaches abstinence from all sexual activity as the only appropriate option for unmarried people. This type of sex education program generally includes

discussions of values, character building, and, in some cases, refusal skills; promotes abstinence from sex; does not acknowledge that many teenagers will become sexually active; does not teach about contraception or condom use; avoids discussions of abortion; and only discusses sexually transmitted diseases and HIV as reasons to remain abstinent. (15)

- ○ Other (please specify): (24) _____

Q114 If I don't teach ${Q5/ChoiceTextEntryValue} about sex, unreliable sources will.

- ○ Strongly disagree (1)
- ○ Disagree (2)
- ○ Neutral (3)
- ○ Agree (4)
- ○ Strongly agree (5)

Q115 I can positively affect ${Q5/ChoiceTextEntryValue}'s sexual attitudes and behavior by talking with them about sex.

- ○ Strongly disagree (8)
- ○ Disagree (9)
- ○ Neutral (10)
- ○ Agree (11)
- ○ Strongly agree (12)

Q116 Children should gain the majority of their knowledge of the **facts about sex (e.g. STDs, reproduction, menstruation, masturbation, wet dreams, using contraceptives, etc.)** from…

- ○ Parents/guardians (1)
- ○ Peers (4)

- ○ Media (5)
- ○ School (6)
- ○ Church/community organization (7)
- ○ Other (please specify): (8) _____

Q117 Children should gain the majority of their knowledge of the **values about sex (e.g. when is it appropriate to have sex, what things in sex are okay and not okay, etc.)** from…

- ○ Parents/guardians (1)
- ○ Peers (4)
- ○ Media (5)
- ○ School (6)
- ○ Church/community organization (7)
- ○ Other (please specify): (8) _____

Q136 Which of the of the following is not a color?

- ○ Orange (1)
- ○ Yellow (2)
- ○ Blue (3)
- ○ Dog (4)

End of Block: Miscellaneous PCSC

Start of Block: Personal Responsibility for PCSC and Gender Identity

Q118 In your personal situation, who is the most responsible for teaching ${Q5/ChoiceTextEntryValue} the **facts about sex (e.g. STDs, reproduction, menstruation, masturbation, wet dreams, using contraceptives, etc.)**?

- ○ Myself (1)
- ○ My spouse/partner (4)
- ○ Child's other parent (who I am not currently in a relationship with) (5)
- ○ My spouse/partner and I are equally responsible (6)
- ○ My child's other parent (who I am not currently in a relationship with) and I are equally responsible (7)
- ○ Another family member (please specify relation): (8)

_____

- ○ Peers (9)
- ○ Media (10)
- ○ School (11)
- ○ Church/community organization (12)
- ○ Other (please specify): (13) _____

Q122 In your personal situation, who is the most responsible for teaching ${Q5/ChoiceTextEntryValue} the **values about sex (e.g. when is it appropriate to have sex, what things in sex are okay and not okay, etc.)**?

- ○ Myself (1)
- ○ My spouse/partner (4)
- ○ Child's other parent (who I am not currently in a relationship with) (5)
- ○ My spouse/partner and I are equally responsible (6)

○ My child's other parent (who I am not currently in a relationship with) and I are equally responsible (7)

○ Another family member (please specify relation): (8)

_____

○ Peers (9)

○ Media (10)

○ School (11)

○ Church/community organization (12)

○ Other (please specify): (13) _____

Display This Question:
If In your personal situation, who is the most responsible for teaching ... = My spouse/partner
Or In your personal situation, who is the most responsible for teaching ... = My spouse/partner
Or In your personal situation, who is the most responsible for teaching ... = My spouse/partner and I are equally responsible
Or In your personal situation, who is the most responsible for teaching ... = My spouse/partner and I are equally responsible

Q123 What is the gender identity of your spouse/partner?

○ Woman (1)

○ Man (4)

○ Transgender Woman (5)

○ Transgender Man (6)

○ Gender non-conforming (7)

○ Questioning (8)

○ Not listed (please specify): (9)

_____

Display This Question:

If In your personal situation, who is the most responsible for teaching ... = Child's other parent (who I am not currently in a relationship with)

Or In your personal situation, who is the most responsible for teaching ... = Child's other parent (who I am not currently in a relationship with)

Or In your personal situation, who is the most responsible for teaching ... = My child's other parent (who I am not currently in a relationship with) and I are equally responsible

Or In your personal situation, who is the most responsible for teaching ... = My child's other parent (who I am not currently in a relationship with) and I are equally responsible

Q124 What is the gender identity of ${Q5/ChoiceTextEntryValue}'s other parent (who you are not currently in a relationship with)?

○ Woman (1)

○ Man (4)

○ Transgender Woman (5)

○ Transgender Man (6)

○ Gender non-conforming (7)

○ Questioning (8)

○ Not listed (please specify): (9)

_____

Display This Question:

If If In your personal situation, who is the most responsible for teaching ${q://QID3/ChoiceTextEntryValue} the facts about sex (e.g. STDs, reproduction, menstruation, masturbation, wet dreams, usin... Other (please specify): Is Not Empty

Q125 What is the gender identity of ${Q118/ChoiceTextEntryValue/13} (most responsible for teaching ${Q5/ChoiceTextEntryValue} the facts about sex)?

- ○ Woman (1)
- ○ Man (4)
- ○ Transgender Woman (5)
- ○ Transgender Man (6)
- ○ Gender non-conforming (7)
- ○ Questioning (8)
- ○ Not listed (please specify): (9) _____
- ○ Not applicable (10)

Display This Question:
If If In your personal situation, who is the most responsible for teaching ${q://QID3/ChoiceTextEntryValue} the values about sex (e.g. when is it appropriate to have sex, what things in sex are... Other (please specify): Is Not Empty

Q140 What is the gender identity of ${Q122/ChoiceTextEntryValue/13} (most responsible for teaching ${Q5/ChoiceTextEntryValue} the values about sex)?

- ○ Woman (1)
- ○ Man (4)
- ○ Transgender Woman (5)

- ○ Transgender Man (6)
- ○ Gender non-conforming (7)
- ○ Questioning (8)
- ○ Not listed (please specify): (9)

_____

- ○ Not applicable (10)

Display This Question:
If In your personal situation, who is the most responsible for teaching ... = Another family member (please specify relation):

Q143 What is the gender identity of your family member who is responsible for teaching ${Q5/ChoiceTextEntryValue} the facts about sex (${Q118/ChoiceTextEntryValue/8})?

- ○ Woman (1)
- ○ Man (4)
- ○ Transgender Woman (5)
- ○ Transgender Man (6)
- ○ Gender non-conforming (7)
- ○ Questioning (8)
- ○ Not listed (please specify): (9)

_____

Display This Question:
If In your personal situation, who is the most responsible for teaching ... = Another family member (please specify relation):

Q142 What is the gender identity of your family member who is responsible for teaching ${Q5/ChoiceTextEntryValue} the values about sex (${Q122/ChoiceTextEntryValue/8})?

- ○ Woman (1)
- ○ Man (4)
- ○ Transgender Woman (5)
- ○ Transgender Man (6)
- ○ Gender non-conforming (7)
- ○ Questioning (8)
- ○ Not listed (please specify): (9) _____

End of Block: Personal Responsibility for PCSC and Gender Identity

Start of Block: Sexual Violence

Q110 Listed below are two difficult or stressful things that sometimes happen to people.
For each event, check one or more of the boxes to the right to indicate that: (a) It happened to you personally, (b) you witnessed it happen to someone else, (c) you learned about it happening to someone close to you, (d) you're not sure if it applies to you, or (e) it doesn't apply to you. Be sure to consider your entire life (growing up, as well as adulthood) as you go through the list of events.

	Happened to Me (1)	Witnessed It (2)	Learned About It (3)	Not Sure (4)	Doesn't Apply (5)
Sexual assault (rape, attempted	☐	☐	☐	☐	☐

rape, made to perform any type of sexual act through force or threat of harm) (5)					
Other unwanted or uncomfortable sexual experience (6)	☐	☐	☐	☐	☐

Q111 For each event, check one or more of the boxes to the right to indicate that this event: (a) It happened to ${Q5/ChoiceTextEntryValue}, (b) ${Q5/ChoiceTextEntryValue} witnessed it happen to someone else, (c) ${Q5/ChoiceTextEntryValue} learned about it happening to someone close to you, (d) you're not sure if it applies to ${Q5/ChoiceTextEntryValue}, or (e) it doesn't apply to ${Q5/ChoiceTextEntryValue}. Answer the questions to the best of your knowledge.

	Happened to ${Q5/ChoiceTextEntryValue} (1)	${Q5/ChoiceTextEntryValue} Witnessed It (2)	${Q5/ChoiceTextEntryValue} Learned About It (3)	Not Sure (4)	Doesn't Apply (5)
Sexual assault (rape, attempted rape, made to perform any type of	☐	☐	☐	☐	☐

sexual act through force or threat of harm) (5)					
Other unwanted or uncomfortable sexual experience (6)	☐	☐	☐	☐	☐

End of Block: Sexual Violence

Start of Block: Text Responses: Problems & Comments

Q144 If you or a loved one have experienced sexual violence, you can get help at from the following national violence organizations:

https://www.rainn.org/
https://www.rainn.org/national-resources-sexual-assault-survivors-and-their-loved-ones
https://www.nsvrc.org/

Q138 Did you encounter any problems while taking this survey?

_____

_____

_____

_____

_____

Q139 Is there anything you'd like to add about the topics covered in this survey?

_____

_____

_____

_____

_____

End of Block: Text Responses: Problems & Comments