

PARENTS TALKING ABOUT THE BIRDS AND THE BEES WITH THEIR
ELEMENTARY SCHOOL AGED CHILDREN:
A NATURALISTIC STUDY

A Dissertation

by

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Submitted to the Office of Graduate Studies of
Texas A&M University
in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

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August 2013

Major Subject: Health Education

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ABSTRACT

This dissertation presents three separate studies exploring parents' perceptions and recommendations for communicating with their third, fourth, and fifth grade children about human sexuality. First, a systematic literature review is presented summarizing past qualitative studies completed in the United States focusing on parents with children aged 18 years and under. This review summarizes (1) demographic information of parents from past studies, (2) perceived communication barriers experienced by parents regarding sexuality communication, and (3) perceived communication facilitators experienced by parents regarding sexuality communication.

Second, noting the lack of research within a specific population of parents in the United States, a naturalistic study of parents with children in the third, fourth, and fifth grade is presented. Utilizing an emergent design, one-on-one interviews were conducted with 20 parents living in a town in central Texas. By coding collected data, a thematic analysis was used to summarize emergent themes. Themes included techniques parents utilized to have parent-child conversations about sexuality and discussed topics. Although different techniques and topics were raised, parents showed overall inconsistency in experiences or past discussions.

Third, using data from the same 20 interviews, themes emerged from parents regarding recommendations. These included the recommendations that a booklet with age appropriate information on sexuality topics be developed for parents and parent workshops or classes covering age appropriate sexuality knowledge as well as

techniques to use in parent-child communication be offered. Schools were the recommended source for these resources. Parents also shared feedback on the newly released National Sexuality Education Standards. Comparing past parent-child conversations on sexuality topics to the NSES, certain topics were discussed yet inconsistency was shown. In addition, parents disagreed on specific standards including those pertaining to the functions of reproductive parts, reproduction, and same sex orientation.

Implications of this study are that parental resources are needed to help parents communicate with their children about sexuality beginning at a young age. And, for those resources already existing, including workshops, books, and on-line sources, parents need to be made aware of their existence. In addition, future research is needed to explore if younger children are learning from parent-child conversations about sexuality.

DEDICATION

To the children, parents, and educators who inspired me to look “behind the curtain” and explore the challenges people face when talking honestly about sexuality. Particularly, Sandi Vanderpool, a former health educator in New York, who has helped many high school students choose healthier decisions, and her daughter, Elyssa Orenzow, who is just beginning her career as a health educator.

ACKNOWLEDGMENTS

I thank my committee members: Dr. Buzz for guiding me along in my program and dissertation, recognizing my ability to “get it done”; Dr. Pat Goodson who has not only provided mental and emotional support, but enabled me to grow as a writer; Dr. E. Lisako J. McKyer who reminded me of my natural skill sets and interests including my passion for helping children live healthier lives; and Dr. Elsa Gonzalez y Gonzalez for allowing me to explore and fall in love with the wonderful world of qualitative research.

I also thank my friends, family members, and peers who offered me words of support throughout my program and research.

In addition, I thank the Health & Kinesiology Department for funding part of this dissertation’s research as well as Margaret Foster for assisting in my systematic literature review. The views expressed in this project do not necessarily reflect the opinions of the department.

TABLE OF CONTENTS

	Page
ABSTRACT	ii
DEDICATION	iv
ACKNOWLEDGMENTS.....	v
TABLE OF CONTENTS	vi
LIST OF FIGURES.....	viii
LIST OF TABLES	ix
CHAPTER I INTRODUCTION	1
CHAPTER II A SYSTEMATIC LITERATURE REVIEW ON PARENT-CHILD SEXUALITY COMMUNICATION BARRIERS AND FACILITATORS	6
Introduction	6
Methods	8
Findings.....	24
Discussion	32
Conclusion.....	34
CHAPTER III PAST SEXUALITY TALKS BETWEEN PARENTS AND THEIR THIRD, FOURTH, AND FIFTH GRADE CHILDREN	36
Introduction	36
Methods	38
Findings.....	41
Discussion	56
Conclusion.....	60

CHAPTER IV PARENTS’ RECOMMENDATIONS FOR RESOURCES TO HELP ELEMENTARY SCHOOL CHILDREN LEARN ABOUT SEXUALITY	62
Introduction	62
Methods	66
Findings	70
Discussion	88
Conclusion.....	94
CHAPTER V CONCLUSION	96
REFERENCES	100
APPENDIX A INTERVIEW QUESTIONS FOR PARTICIPANTS.....	111
APPENDIX B SOURCES PARENTS UTILIZED	113

LIST OF FIGURES

	Page
Figure 2.1 Results of Article Retrieval.....	10

LIST OF TABLES

	Page
Table 2.1 Summary of Reviewed Parent-Child Sexuality Communication Studies Published between 1982 and 2012	12
Table 3.1 Demographics of Participants	39
Table 4.1 Demographics of Parents	67

CHAPTER I

INTRODUCTION

Children ask questions related to sexuality to their parents beginning at a young age. Examples of questions include “Where do babies come from?” and “How come my body is different from your body?” As they grow towards their teenage years, children continue to look towards their parents for information about sexual issues (Somers & Surmann, 2004) as well as guidance in making choices about sexual behaviors (Albert, 2009).

Although teenagers believe the decision to delay sexual activity would be easier if more straightforward conversations about sexual topics occurred with their parents (Albert, 2009), children sometimes perceive their parents as unable to have honest talks with them. In a survey by the Kaiser Family Foundation (1999), 21% of children aged ten to fifteen years described their parents as unprepared and outdated for talks, 20% felt their parents were judgmental, and 13% perceived their parents as embarrassed about the topic. Because of these perceptions, children attempt to avoid discussing sexuality with their parents.

Parents also believe children will be better prepared for sexual decisions when conversations about sexuality between parents and their children occur at earlier ages (Kaiser, 1999), yet specific barriers prevent these conversations. In the above mentioned survey by the Kaiser Family Foundation, 62% of parents noted the postponement of these conversations until children are older. One reason for this postponement is the

expectation by parents for their child to approach them with questions, yet, if questions are not asked, parents are hesitant in approaching their child about sexuality topics (Pluhar, Jennings, & DiIorio, 2006). In addition, the amount of parental knowledge, as well as overall comfort with sexuality, affects how much communication about sex occurs between the parent and child even when conversations take place (Byers, Sears, & Weaver, 2008).

Adding to this situation is the implication by outside sources that parents are educated and skilled enough to talk with their children about sexuality. This includes the Elementary Subchapter of Chapter 115 in the Texas State Knowledge and Skills for Health Education (Texas Education Code, 1998), for instance. Written in the introductory paragraphs for grades Kindergarten through fifth is a statement for students to first refer to a parent when needing guidance in any health education topic, including those pertaining to sexuality. Yet, if parents do not feel capable of talking with their children, do these conversations ever take place? If they do, what topics are discussed?

There are numerous studies on parent-child communication about sexuality topics, yet many focus on parents with children over ten years of age. For example, parents have been questioned about discussing prevention on a variety of topics with adolescents including pregnancy (Levin, Bailey, & Robertson, 2002; Noone & Young, 2010), relationship violence (Rothman, Miller, Terpeluk, Glauber, & Randel, 2011) or a combination of these topics (Aspy et al., 2006; Chung et al., 2005; Eisenberg, Sieving, Bearinger, Swain, & Resnick, 2006; Jordan, Price, & Fitzgerald, 2000). Each topic is important for youth to learn about, yet children are aware of sexuality beginning at

earlier ages. Children often hear a variety of terminology for genitalia (Martin, Baker, Torres, & Luke, 2011), engage in self-stimulation (American Academy of Pediatrics, 2011), and experience pubertal changes as early as eight years of age (Euling et al., 2008). Due to this awareness by children, parents can begin to form effective communication patterns with their children while they are still very young, building a foundation for future sexuality conversations, particularly when teenagers are making decisions about sexual behaviors.

Because much research has focused on parents of older children, a gap in knowledge about parents' earlier attempts at communication is available. Therefore, the purpose of this naturalistic study was to help fill the gap of knowledge on parent-child communication regarding sexuality, specifically the gap in knowledge with parents of third through fifth grade children. To accomplish this purpose, parents living in a central town of Texas were interviewed on their perspectives and experiences of talking to their third, fourth or fifth grade children about sex. Also, parent recommendations for needed resources were explored. The primary research questions guiding this study included: What are the experiences of parents with elementary school aged children when talking with them about different sexuality topics? What support do parents need for these discussions?

In order to answer these guiding questions, this document is organized into three independent undertakings (aims): (1) a systematic review of literature for qualitative studies on parents' communication with their child or children on sexuality topics (Manuscript 1); (2) interviews with parents of third through fifth grade children to learn

about their experiences and perspectives for talking with younger children about sexuality (Manuscript 2); and (3) interviews with parents of third through fifth grade children to describe their recommendations regarding what can be done to communicate with children about sexuality (Manuscript 3). Research questions corresponding with each manuscript include:

- Manuscript 1: From past research, what barriers and facilitators do parents experience when communicating with their children about sexuality?
- Manuscript 2: What are the experiences of parents living in a town in central Texas regarding talking to their elementary school children about sex? What topics are raised in conversations with children in this age group?
- Manuscript 3: Based on parents' experiences, needs, and wants regarding sexuality education for their own children, what recommendations do parents have regarding teaching sexuality topics to their children? What are parents' opinions regarding suggested age and developmentally appropriate sexuality content for children in schools?

This dissertation utilizes a journal article format instead of the traditional five-chapter format. These journal articles, found in Chapters II, III, and IV, are individual pieces written as journal article manuscripts. Overall, this dissertation includes:

- Chapter I: The general overview and rationale for this dissertation project.
- Chapter II (Journal Article Manuscript 1): A systematic literature review focusing on qualitative studies completed within the United States of parents'

perceived barriers and facilitators when communicating with their child on any topic pertaining to sexuality.

- Chapter III (Journal Article Manuscript 2): A naturalistic study report exploring parents' thoughts and experiences on talking with their third, fourth, and fifth grade children about sexuality topics,
- Chapter IV (Journal Article Manuscript 3): A naturalistic study report explaining parents' needs or wants for teaching their elementary school aged child as well as their perspectives on national sexuality standards, particularly those pertaining to the third through fifth grades.
- Chapter V: A discussion on the overall findings. This chapter provides a summary of the combined journal articles as well recommendations for the field of health education for healthy parent-child sexuality communication.

CHAPTER II

A SYSTEMATIC LITERATURE REVIEW ON PARENT-CHILD SEXUALITY COMMUNICATION BARRIERS AND FACILITATORS

INTRODUCTION

What happens when parents attempt to communicate with their children about sexuality? Children often look toward their parents for information about sexuality (Somers & Surmann, 2004) as well as guidance in making decisions about sexual behaviors (Albert, 2009). In a ten-year longitudinal study in the United States, teenagers reported postponing sexual activities when positive communication occurred with their parents (Karofsky, Zeng, & Kosorok, 2001). Parents, though, often believe other sources have more influence with their children on sexuality decisions. Forty three percent of adults in another study believed their children's friends were the most influential over sexual decisions (Albert, 2009) and parents in another study felt the media had the most influence (Haglund, 2006). Yet 90% of teenagers claim sexual activity would be delayed if their *parents* spoke honestly with them about the topic (Albert, 2009). These studies suggest contrasting perceptions on the influence parents have upon children's decisions regarding sexual behaviors.

Past literature reviews have summarized particular aspects of parent-children relationships and communication behaviors about sexuality. Miller, Benson, and Galbraith (2001) provided an overview of family variables affecting adolescent sexual behaviors, including contraceptive use, found in research published between 1980 and

1999. Parent-child communication was noted as one of the key family relationship mediating variables. In an overview of 36 qualitative and quantitative research articles from 1980 to 2007, sexual communication among a variety of individuals was reviewed with an overall suggestion for the need for improvement of communication between parents and their children, between partners, between teachers and students, between health care professionals and patients, and between psychologists and clients (Commendador, 2010). Within this review, mother-child interaction was noted as a positive influence for contraceptive use as well as adolescent pregnancy reduction. Another review provided an overview of the amount of sexuality communication as noted by parents and children, common topics within conversations, predictors of communication on sexuality topics, and the influence of communication on adolescent sexual behaviors or intent to engage in them (DiIorio, Pluhar, & Belcher, 2003). For this review both quantitative (17 studies) and qualitative studies (71 studies) as well as mixed methods studies (7 studies) were included from 1980 to 2002, reporting on research conducted in the United States, Australia, Mexico, and Canada. Yet a review on what stops or prevents parents from communicating with their children about sexuality was not found, as well as what helps to facilitate these conversations.

Although past reviews noted pertinent information on parent-child communication, the purpose of this systematic review was to ascertain the specific barriers and facilitators experienced by parents when attempting communication about sexuality. Only qualitative studies completed within the United States were included to allow for an exploration of parents' experiences as told through parents' stories from

focus groups and interviews. Data from these studies provide “depth” within their descriptions (Merriam, 2009) and allows for the creating and/or strengthening of theories on parent-child communication about sexuality topics. These theories can be further explored within future research or implemented into intervention programs. The specific research question this review answers is: From past research, what barriers and facilitators do parents experience when communicating with their children about sex? Only studies reported from 1982 onward were considered.

The year 1982 was used because it was the year the term AIDS (Acquired Immune Deficiency Syndrome) was used for the first time by the Centers for Disease Control and Prevention (CDC, 1982, September 24). Later that year, the same agency announced twenty-two infants diagnosed with rare immunodeficiency and opportunistic infections, which were possibly being caused by the same virus infecting gay men the previous year, many of whom died (CDC, 1982, December 17). As time progressed, and a link between HIV (Human Immunodeficiency Virus) and AIDS was made, modes of transmission were reported to the public. This reality sparked the awareness that not only gay men were contracting the potentially deadly virus, others, including infants, were also. Because sexual behavior was a noted mode of transmission, the reality that sexual behaviors could lead to deadly consequences changed how people looked at sex, including what to teach on the subject.

METHODS

The procedure for this systematic literature review incorporated a comprehensive evaluation of literature on parent-child sexual communication. The parental perspective

was specifically focused upon in the search. Steps included (a) an initial database search to distinguish related articles, (b) the creation of criteria for including and excluding relevant articles, (c) instrument development for the screening process to identify barriers and/or facilitators of parent-child sexuality communication focusing on the parents' perspectives, and (d) extraction of data found within retrieved articles for coding then placement into a matrix.

Database Search

A systematic search was completed to retrieve peer-reviewed articles focusing on parent's perspectives of parent-child sexuality communication. The Matrix Method (Garrard, 2007) procedure for utilizing systematic literature reviews was followed. To assist with the selection of databases and search terms, a medical librarian was consulted. Four major health literature databases were searched with keywords including parent, child, communication, teaching, puberty, and sexuality. The databases were Medline (Ovid), Embase, CINAHL (EBSCO), and PsychInfo. The last search was completed in June 2012.

A collection of 4365 articles was retrieved by utilization of the keywords. The screening process from these articles included four steps. First, initial screening questions were created to guide the retrieval. Duplicates, book chapters, and commentary pieces were excluded. Second, screening questions were applied to abstracts, yielding 160 articles. Third, complete articles were evaluated to confirm all inclusionary and exclusionary criteria were met resulting in 33 articles. Lastly, the step of reviewing reference pages of retrieved articles was completed to note potential missed

articles within the database search. Three additional ones were found, creating a total of 36 articles. Results are shown in Figure 2.1.

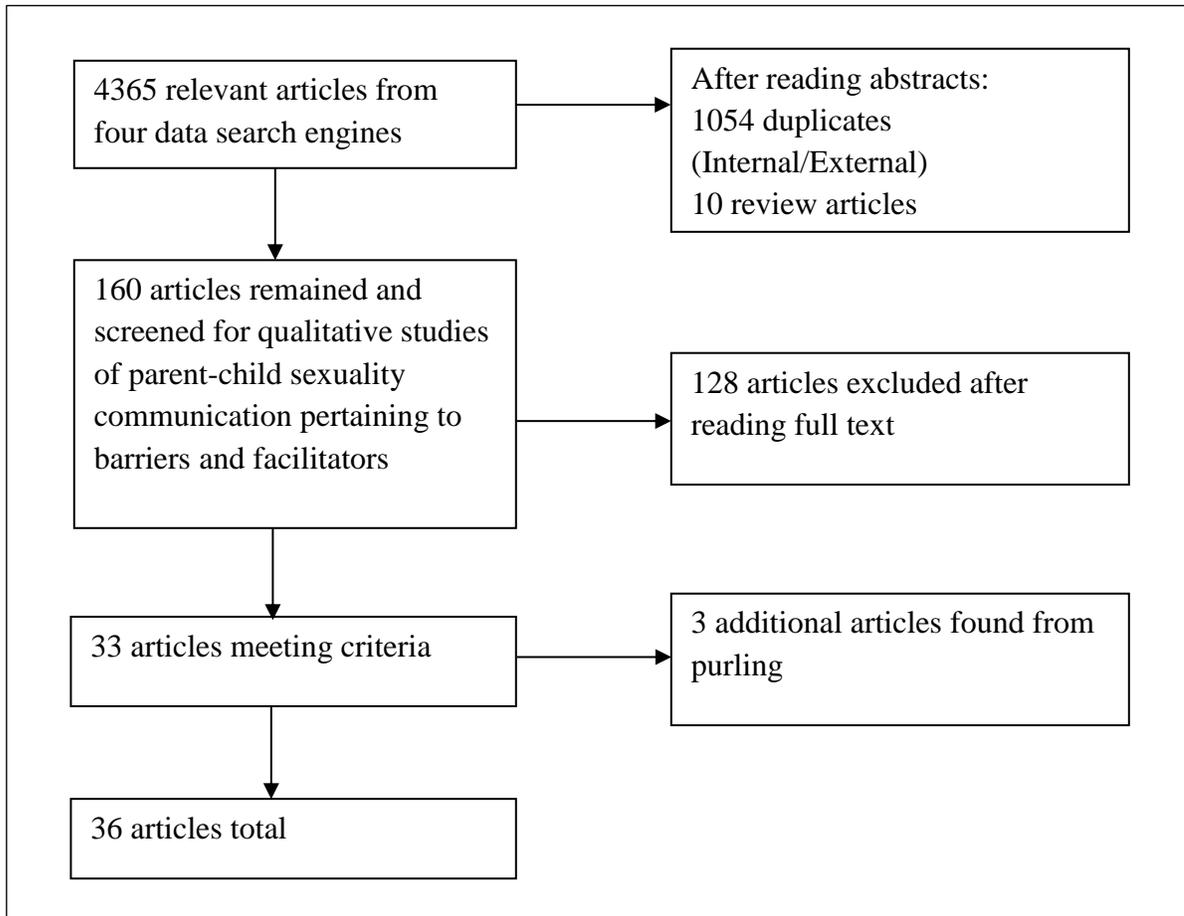


Figure 2.1. Results of Article Retrieval

Inclusionary/Exclusionary Criteria

Selected article needed to publications that were (a) studies that were peer-reviewed and written in English between 1982 and 2012, (b) studies conducted within the United States, (c) studies focused on parents of children eighteen years of age and

younger, (d) studies that dealt with communicating or teaching one's child about a sexuality topic, and (e) studies that consisted of only qualitative data, including interviews and focus groups. The time frame was from 1982 to 2012 due to the CDC announcing the first AIDS diagnosis in 1982 (1982, September 24). This announcement of the existence of AIDS altered some parents' perspectives of sexual activity as having a more severe negative consequence (DiIorio, Hodkenberiy-Eaton, Maibach, Rivero, & Miller, 1996; Elliot, 2010a; Ohalete, Georges, & Doswell, 2010). Articles were excluded if they (a) were published before 1982, written in a language other than English, or were reviews or commentary pieces, (b) focused on the child's or teenager's perspectives of communicating with parents about sexuality, (c) evaluated a school/community sexuality program for children and/or parents, (d) pertained to gay parenting or child challenges, and (e) pertained to teenage parenting concerns.

Instrumentation

To ensure data was extracted in a standardized manner, a coding matrix was created with the defined criteria each reviewed study needed to meet. Information from included studies was extracted and inputted into the matrix. This information included descriptions of the sample as well as barriers and facilitators.

Data Extraction and Synthesis

Information from each article was abstracted, coded, and organized into a culminating matrix as shown in Table 2.1. Abstracted data included barriers and facilitators experienced by parents pertaining to communicating with their child about sexual topics. Barriers and facilitators were then analyzed to note common themes.

Table 2.1. Summary of Reviewed Parent-Child Sexuality Communication Studies Published Between 1982 and 2012

Author and Year	Sample	Focus of Study	Barriers	Facilitators
Akers, Schwarz, Borrero, and Corbie-Smith (2010)	68 African American parents of 57 adolescents aged 15 to 17 years living in Allegheny County, PA. 51 mothers and 17 fathers separated by gender into 19 focus groups.	To explore parent-child communication on family planning and contraceptive use.	<ul style="list-style-type: none"> -Having a gender bias by focusing communication with child on certain topics or behaviors according to child’s gender (ex. informing sons of the need for condom use yet not all spoke with daughters about condoms) -Feeling apprehensive to suggest abstinence to child for fear of discussion leading to pregnancies -Feeling apprehensive about providing too much information for fear of sending a condoning message to have sex -Having the lack of knowledge for different contraceptives (only condoms and oral contraceptives raised by parents) 	<ul style="list-style-type: none"> -Noting the importance of contraception use for preventing pregnancy and STI transmission. -Assisting their child in obtaining contraceptive services -Discussing goal setting and how unplanned pregnancies impact future goals
Akers, Yonas, Burke, and Chang (2011)	68 African American parents of 57 adolescents aged 15 to 17 years living in Allegheny County, PA. 51 mothers and 17 fathers separated by gender into 19 focus groups.	To study parent-adolescent communication about sexuality topics.	<ul style="list-style-type: none"> -Having the lack of knowledge for different contraceptives -Not knowing how to teach about healthy relationships and the prevention of relationship violence -Supporting gender stereotypes of boys being the perpetrator and girls the victims in relationship violence -Communicating more with daughters about relationship safety versus the need for respect with sons to respects girls 	<ul style="list-style-type: none"> -Being aware of the need for self-esteem and self efficacy for healthier relationships -Talking with children about choosing healthy relationships -Being aware of the need for personal boundaries within personal relationships

Table 2.1. Continued

Author and Year	Sample	Focus of Study	Barriers	Facilitators
Aronowitz, Rennells, and Todd (2006)	28 African American mother-daughter dyads from 4 inner city central NY community centers; Daughters' ages were From 11 to 14 years; all reported having never having been sexually active. 7 total focus groups with mothers and daughter separated.	To better understand the cultural norms of young African American adolescents, including sexuality beliefs and communication behaviors between mothers and daughters. Data was expected to lead to an intervention program dealing with sexual risks.	-Using indirect communication for explanations of expectations -Thinking discussions of sexuality as taboo (as stated by authors)	-Being aware of sexuality messages surrounding daughters -Using media sources to engage daughters in conversations about topic -Monitoring daughters' social lives (ex. getting to know her friends families)
Aronowitz, Todd, Agbeshie, and Rennells (2007)	Same as above.	Same as above.	-Feeling uncomfortable talking about topic -Thinking daughters would partake in sexual activity if positive aspects were raised (some mothers) -Telling daughters that males are mostly interested in sex and immature	-Being aware of the need to educate daughters about sexuality, including positive aspects (some mothers) -Noting a person's self-esteem as potentially impacting -Modeling loving behaviors to daughters even when disagreeing with their behaviors -Attempting to role model positive relationship behaviors
Baier and Wampler (2008)	14 mother-daughter dyads (daughters aged 14 to 17 years). Caucasian, middle and upper class Southern Baptist families living in southern Texas. Semi-structured interviews with mothers being interviewed first, then daughters.	To study how sexuality, religiosity and spirituality are perceived by family members.	-Waiting for daughter to approach parent on topic -Not talking with own child about sexual reproduction; -Not noting daughters interest in talking about sexuality -Not being aware of daughters' own perceptions of peer pressure and how to handle it	-Being more forward when talking with daughter (some mothers) -Being aware of daughters' social circles and believing in their ability to stand up for themselves -Discussing future goals (some mothers) -Spending time with daughters to create positive, respectful relationships with one another

Table 2.1. Continued

Author and Year	Sample	Focus of Study	Barriers	Facilitators
Brackis-Cott, Mellins, and Block (2003)	30 mothers and 28 adolescents aged 10 to 15 year; Majority were African American and Latina women but one living below the poverty line a NY inner city community. 7 mother focus groups: 4 groups had HIV- mothers; 3 had HIV + mothers; all children knew of mothers' HIV status.	To discover the concerns of youth and their family members regarding communication and sexual health concerns, including the impact of mothers' HIV+ status on both. <i>Both "barrier" and "facilitator" terms used; neither were define.</i>	-Perceiving child as too young for conversations about sex topics (therefore not talking in advance of issues) -Believing own personal history (ex. drug use) lessens parent's influence on child -Perceiving being unable to "control" their child -Having possible acculturation factors, like language barriers (stated by authors)	-Having open communication including the use of explanations not threats, humor, and communication about everyday topics -Using proper terminology -Using teachable moments -Sharing personal stories
Chung et al. (2005)	41 Filipino American parents and grandparents (24 parents, 17 grandparents) and 44 adolescents, aged 14-18 years, from various neighborhoods in Los Angeles, CA. Focus groups: 4 parent groups, 3 grandparent groups, and 9 adolescent groups.	To explore communication barriers between parents and their children. <i>Barrier and pathway terms were used; neither were defined.</i>	-Feeling culture in the United States did not allow for respect of parents therefore creating a conflict within the home (parent-child discussions vs. parental authority) -Believing children are receiving knowledge in schools which weakens the family ability to impress own values -Not having enough knowledge about sexuality topics	-Being aware schools were focusing on factual information, not values
Cox, Scharer, Baliko, and Clark (2010)	18- 24 (no specific number provided) African American mothers from a rural school district in South Carolina; children in 6-8 th grade; income at poverty guidelines. Separated into 3 focus groups of 6 to 8 people.	To obtain information for a future web based intervention for mother-child communication.	-Having no conversations with child except "Don't do it" (3 mothers) -Expecting spouse of same gender of child to talk with him -Feeling daughters too irresponsible to talk about sexuality -Waiting for specific signs of puberty before talking with child -Wanting child to approach parent	-Noting a sequencing of topics for discussions with children -Using resources (ex. books) -Writing out scripts before having conversations with children -Using honesty within communication

Table 2.1. Continued

Author and Year	Sample	Focus of Study	Barriers	Facilitators
Croft and Asmussen (1992)	43 mothers, youth (aged 12 to 19 years) and family life educators from a Midwestern metropolitan area (population of about 7 million); Race not stated except for youth (51.8% Caucasian, 22.5% African American 11/6% Hispanic, 5.8 Asian, 3.8 native American, other 4.4). Semi structured focus groups (6-14 per group) as well as questionnaires.	To explore the needs of mothers, family life educators, and children for sexuality education.	<ul style="list-style-type: none"> -Not knowing how or when to educate child about sexuality -Not having enough knowledge on subject -Being fearful of making a mistake when talking with child -Having discomfort with topic 	<ul style="list-style-type: none"> -Using education at school as an opportunity to talk with child at home
DiIorio, Hodkenberiy-Eaton, Maibach, Rivero, and Miller (1996)	29 African American mothers of adolescents aged 13 to 15 years. Recruited from Boys and Girls Club in a large metropolitan area. Placed into focus groups of 8 to 10 mothers.	To investigate how African American mothers communicate with their children about sexuality education as well as value transmission.	<ul style="list-style-type: none"> -Feeling sons were not as open to talk with mothers on topic therefore not talking with them as much -Having misinformation (by some) -Stressing deadly consequences of sexual activity -Having discomfort or embarrassment talking to child about topic -Having ambivalence: wanting children to remain abstinent yet wanting to provide contraception information 	<ul style="list-style-type: none"> -Noting cues to talk with child about sexuality topics -Using sources to teach factual information -Allowing own past sexual experiences to guide communication with children -Approaching topics in a sequence with age appropriate information (as perceived by mothers) -Talking about abstinence and birth control options -Asking fathers to talk to children -Attempting to teach skill development (ex. refusal skills) -Feeling more comfort talking when communication increases

Table 2.1. Continued

Author and Year	Sample	Focus of Study	Barriers	Facilitators
DiIorio et al. (2006)	14 African American fathers of boys aged 11 to 14 years (8 also had a daughter); recruited from Boys and Girls Club in Atlanta. Focus groups.	To explore African American fathers' perspectives of teaching their sons on sexuality education, including HIV. <i>Barrier term used; not defined.</i>	-Feeling unconfident with own knowledge as well as proper timing for talking with son (as well as not knowing how to talk with daughter) -Believing other parent should talk with child of same sex -Lacking own education on topic -Lacking programs for fathers -Stressing the negative consequences of sex to son	-Sharing of own personal stories to express honesty -Trying to explain the realities of sexual activities in comparison to what is shown in the media -Discussing sexual abuse -Using teachable moments -Being aware of the decision making process of sex ("being in the moment")
Eastman, Corona, Ryan, Warsofsky, and Schuster (2005)	33 parents; 17 mothers and 16 fathers placed into 3 focus groups; children aged 10 to 16 years attending a Los Angeles county public school. 5 Asian/pacific islander, 6 African American, 5 Latino, 1 native American, 15 Caucasian, 1 "other" families.	To gain parents' perspectives regarding future work-site parenting programs. <i>Barrier term mentioned once; not defined.</i>	-Not having own parent model positive communication -Believing children did not want to communicate with parents -Noting different parenting style between parents -Feeling unsure of what to say, where to talk, and when to talk	-Being aware of different strategies to talk with child (ex. while driving in a car) -Noting certain communication techniques (threats, repetition, talking at child) as poor -Being open to outside help/support
Elliot (2010a)	64 parents (40 mothers, 6 fathers from Texas; 18 fathers from North Carolina) with children aged 13 to 19 years. 38 Caucasian, 16 Latino/a, 10 African American parents. Individual interviews.	To explore the ambivalent feelings of parents pertaining to teenage sexuality.	-Expecting spouse to talk with child -Using scare or control tactics -Recognizing own sexual experiences as teenager yet not able to perceive child as a sexual being (hoping he/she waits until marriage or until older) -Perceiving sexual activity having extreme risk -Perceiving adolescents as hormonal and irresponsible for sex -Having ambivalence towards abstinence	None mentioned.

Table 2.1. Continued

Author and Year	Sample	Focus of Study	Barriers	Facilitators
Elliot (2010b)	47 parents (40 mothers, 6 fathers, 1 grandparent) from city in southwest; with children aged 13 to 19 years. Individual interviews.	To explore the accountability felt by parents towards the sexual well-being of their child as well as the choice of abstinence.	-Seeing children's peers as hormonal yet not their own children -Not recognizing own daughters as desiring sex	None mentioned.
Elliot (2010c)	40 mothers of a high school or middle school child; 19 Caucasian, 15 Latina, 6 African American mothers. Location not stated. Individual interviews.	To explore the challenges mothers have when talking to their child about sexuality topics. <i>Barrier term used in abstract only; not defined.</i>	-Perceiving sons as not wanting to speak with mother about topic -Waiting for child to approach them -Feeling uncomfortable -Not knowing when, what, or how to educate their child -Recognizing own sexual experiences as teenager yet not able to perceive their child in the same manner	None mentioned.
Fasula, Miller, and Wiener (2007)	129 mother/child dyads; children aged 14 to 16 years; African American or Hispanic families living in Montgomery, AL, Bronx, NY or San Juan, PR; Individual interviews.	To study if African American mothers express double standard messages to their children about sexuality. <i>Barrier term mentioned; not defined.</i>	-Communicating in different ways to sons versus daughters including: being proactive with sons versus more argumentative and restrictive with daughters -Expressing guidance with sons and control with daughters -Sending messages of females being either the "clean" girl or the "dirty" girl	None mentioned.
Fitzharris and Werner-Wilson (2004)	23 parents; 12 mothers and 11 fathers of adolescents (mean age of 15 for females, 16 for males); living in Southwest Michigan. Focus groups.	To explore how parents and children perceive communication about sexuality. <i>Barrier term mentioned throughout article; not defined.</i>	-Feeling embarrassment and discomfort talking to child and spouses -Talking about only negative consequences of sex -Being unsure if discussions on contraception might send a "wrong" message to their children	-Talking to children early -Using resources (books) -Being aware of how self-concept may influence decision making

Table 2.1. Continued

Author and Year	Sample	Focus of Study	Barriers	Facilitators
Frankel (2002)	28 parents of boys aged 10 to 13 years in northeast, US. 15 mothers; 13 fathers; 2/3 with bachelor's degree or higher; 75% income above \$75000. Individual interviews.	To study if a sexuality taboo exists between parents and their sons due to differences in discussions between semenarche and menarche.	<ul style="list-style-type: none"> -Not recognizing semenarche as an important experience for sons -Admitting talking more with daughters about menarche than sons for semenarche; 88% admitting not talking to son about first ejaculation -Linking semenarche to sexual desire and masturbation 	<ul style="list-style-type: none"> -Being aware of talking to girls about menstruation
Geasler, Dannison, and Edlund (1995)	28 parents of 0 to 5 year olds placed into 4 focus groups (by gender); 12 fathers and 16 mothers from a small Midwestern city; all Caucasian expect for 1 African American father	To explore parent's concerns influencing education of sexuality topics with their children. <i>Barrier term used once in article; not defined.</i>	<ul style="list-style-type: none"> -Not knowing the "scope and sequencing" of what to say and when; -Wanting to keep child "innocent" -Feeling forced to talk with child due to topics seen/heard in the media -Being confused about what to do when other's children are present -Perceiving different needs for girls and boys; this includes the use of slang terms by one sex not the other -Repeating how they were taught by their own parents- noting a "dialectic imbalance" (stated by authors) 	<ul style="list-style-type: none"> -Using teachable moments seen/heard in media -Using proper terminology for reproductive parts -Wanting to do better than their own parents -Wanting open communication with their children on topic (stated by authors)
Guilamo-Ramos et al. (2006)	18 focus groups of 63 adolescent-parent pairs; mothers in 9 groups; living in the south Bronx, NY; 44 Dominican and 19 Puerto Rican families; child in 6-8 th grade.	To explore what is communicated between mother and child about sexuality as well as how communication occurs. <i>Barrier term used frequently in article; not defined.</i>	<ul style="list-style-type: none"> -Having one-sided conversations -Not feeling comfortable talking to child about birth control or sexual intercourse -Believing discussions on birth control may send an unwanted -Projecting child as fearful of punishment he/she provides information -Lacking knowledge -Telling different messages to girls/boys 	<ul style="list-style-type: none"> -Seeming open for help from others regarding how to better communicate with their child -Feeling comfortable talking to child about abstinence and negative consequences

Table 2.1. Continued

Author and Year	Sample	Focus of Study	Barriers	Facilitators
Haglund (2006)	10 parents (67% female; 67% African American), 10 youths (ages 8 to 15 yrs. old), and 10 community members; participants from an urban pediatric clinic in US. Individual interviews.	To assess needs for a future adolescent sexuality program.	-Perceiving the media as the primary source for sex education -Waiting for children to ask questions or start a conversation about topic - Perceiving child as being too young for conversations about sex topics (ex. waiting until child is aged 12 years to teach about sexual intercourse)	-Speaking with child about sexual topics because of not having a parent speak to them when they were children. -Using what is taught in school as a conduit to have a conversation; also to reinforce what is said at home. -Noting education would <i>not</i> start sexual behavior, but help postpone it
Jean, Bondy, Wilkinson, and Forman (2009)	21 parents and 16 daughters aged 6 to 12 years; Mexican American families; from Mano a Mano cohort in Houston, TX. Focus groups by gender; 13 mothers plus 8 fathers; separate focus groups of daughters.	To explore the perceptions of puberty and body size by Mexican American family members. <i>Mentioned the term barrier yet not regarding communication.</i>	-Not feeling responsible for talking to daughter about puberty (fathers) -Speaking indirectly to daughter through spouse (fathers) -Acting as the liaison between father and daughter (mothers) -Waiting to talk to daughter until she started menstruating -Having someone else to talk daughter on topic (including schools or other female family member) -Feeling uncomfortable, insecure, and not educated enough	-Noticing physical signs of daughter going through puberty -Talking with daughter after being asked a question pertaining to topic
Kelley, Beauchesne, Babington, Christensen, and Patsdaughter (1999)	51 parents; 41 mothers, 10 fathers and 67 school aged children in grades 1 st to 7 th ; living in a New England City; most middle class and Caucasian (84.3%). Individual interviews.	To explore children's awareness of the President Clinton sexual misconduct situation.	-Not having discussions with child; if parent did, few went into depth -Feeling uncomfortable discussing topic with child as well as answering interview questions (stated by authors) -Missing opportunity to talk with their child about sexuality and morality (stated by authors)	None mentioned.

Table 2.1. Continued

Author and Year	Sample	Focus of Study	Barriers	Facilitators
Mitchell (1998)	34 lesbian mothers of children aged 4 to 24 years; 26 mothers living in California were in one of 4 focus groups; 8 living outside CA were interviewed by telephone.	To explore the experiences of lesbian mothers regarding communication with their children about sexuality.	-Using the term “tummy” instead of uterus when referring to where babies are inside their mothers	-Using appropriate terms -Discussing the need of privacy pertaining to sexuality -Using book or other materials -Being aware of topics to discuss with their children, including healthy relationships, sexual pleasure and masturbation.
Nolin and Petersen (1992)	17 parents; 7 fathers and 10 mothers of adolescents aged 14 to 18 years living in a metropolitan area. Parents were Caucasian, upper or middle class; all were 2 parent families; most with college education. After completing a questionnaire, focus groups were formed.	To explore communication between parents and their children regarding sexuality topics.	-Feeling more uncomfortable to talk about topic as child ages -Feeling a sense of less control of conversation as child ages -Lacking own parenting example -Perceiving spouse as more capable to speak with child (fathers) -Feeling embarrassment with certain topics especially with sons -Having different expectations depending on child’s gender	-Recognizing how concepts of respect and values are transferable to sexuality topics -Attempting to model respectful behaviors to serve as an example to children
Noone and Young (2010)	30 mothers of adolescent females. Majority of mothers’ Caucasian living in 3 rural counties of southern Oregon. Separate interviews conducted.	To explore mother’s role in talking with their daughter about pregnancy prevention. <i>Barrier and facilitator terms used; neither were defined.</i>	-Believing daughter as “grossed out,” shy, or not interested/ready -Having difficulty accepting child’s sexuality - Being embarrassed or fearful -Thinking conversations would give permission to engage in sexual behaviors -Assigning another source to teach -Delaying conversations -Lacking correct knowledge -Not having access to family planning services (authors noted as barrier)	-Using positive communication techniques (many mentioned) -Allowing for discussions with others (ex. partners, siblings) -Using teachable moments -Working through feelings -Raising decision making -Talking about family history regarding contraceptive methods -Being approachable/ available; -Facing reality -Examining own values -Talking at a specific time

Table 2.1. Continued

Author and Year	Sample	Focus of Study	Barriers	Facilitators
Nwoga (2000)	11 African American mothers with daughters aged 12 to 19 years; living in rural southern community. Individual interviews.	To collect stories about sexuality communication for narrative analysis.	-Not knowing when daughters would experience menarche therefore waiting to start talking about sexuality until this occurs -Using scare tactics regarding sex, teenage pregnancy and contraceptives -Having closed communication	-Using daughters' first periods to discuss more personal information about topic -Having the philosophy that "it takes a village" to raise a child, therefore allowing other women to help -Encouraging the use of contraception (some mothers) -Using storytelling as a way to communicate with daughter
Ohalete, Georges, and Doswell (2010)	19 African American fathers of adolescent children (no age referred to) living in urban Los Angeles, CA. Individual interviews.	To explore fathers' perspectives of talking with their children about sexuality. <i>Barrier term used; not defined.</i>	-Feeling mother turning child against father therefore influencing father-daughter relationships and their level of communication -Lacking own parenting example -Perceiving sex as more invasive for girls than boys -Having different beliefs depending upon gender of child -Focusing on negative consequences of sexual activity -Using pornographic materials as resource with sons	-Being aware of child's physical development (daughters) - Talking after child asks a question pertaining to topic (barrier also for reactive) -Feeling comfortable talking to child about topic (more so with daughters)---Practicing a religious faith (stated by authors)
O'Sullivan, Meyer-Bahlburg, and Watkins (2001)	72 African American and Latina mothers and 72 daughters aged 6 to 9 or 10 to 13 years. Participants from NYC (Washington heights and upper Harlem). 22 focus groups of mothers only and daughters only.	To identify variables in communication to be used operationally later. <i>Barrier term used; not defined.</i>	-Waiting for daughter to approach -Providing misinformation -Attempting to obtain information from daughters to prevent sexual activity (Latino families more) -Seeming ambivalent towards daughters' sexual maturity (Latino families more)	-Being aware of child's pubertal changes or interests

Table 2.1. Continued

Author and Year	Sample	Focus of Study	Barriers	Facilitators
Pluhar, Jennings, and DiIorio (2006)	21 mothers in 3 focus groups. All African American with children aged 6 to 10 years. Living in southeastern urban area of US.	To explore sexuality communication of African American mothers and their elementary school aged child. Part of a larger ongoing study designed to prevent early sexual risk taking and other problem behaviors in children aged 6 to 12 years.	<ul style="list-style-type: none"> -Feeling spouse as unhelpful -Waiting for child to approach parent -Sharing specific gender roles (ex. cooking and cleaning rules for daughters) -Being unprepared or unsure to discuss topics or answer questions -Having misinformation (as noted in authors' quotes from parents; ex. advising child to take a cold shower after having a wet dream) -Using slang terms for sexual body parts (some mothers) -Feeling embarrassed 	<ul style="list-style-type: none"> -Wanting to do better than their own parents -Being proactive regarding admitting to lack of knowledge and seeking sources (including others) -Attempting to be honest with children -Using books/videos to help discussions -Using relatable topics as talking points (ex. wearing a bra) -Use of proper body terminology (some mothers)
Schuster, Kruger, and Hebenstreit (1985)	16 Caucasian moms with children in a Head Start Day Care Center (ages of children not provided). Individual interviews.	To assess the sexual communication of parents with their children and apply it to a "theory of protection."	<ul style="list-style-type: none"> -Having outdated information (ex. "touch genitals only to clean them") -Not knowing accurate or adequate information -Not learning how to communicate on topic from own parents 	<ul style="list-style-type: none"> -Beginning conversations earlier in child's life (as early as 2 years of age) -Being aware of age appropriate literature for preschool children
Stiffler, Sims, and Stern (2007)	8 mothers and adolescent daughters aged 14 to 16 years living in Midwestern city; 7 Caucasian and 1 Chinese American families. Individual interviews.	To supply qualitative information regarding parent-child communication and its impact on children's decision making as well as the lack of congruence of perceptions from parents and adolescents.	<ul style="list-style-type: none"> -Keeping the emotional aspects of sexuality out of conversations therefore only focusing on facts -Choosing to not share personal experiences pertaining to sexuality 	<ul style="list-style-type: none"> -Feeling trust with daughters

Table 2.1. Continued

Author and Year	Sample	Focus of Study	Barriers	Facilitators
Villarruel (1998)	21 mothers and 49 daughters aged 10 to 15 years in 16 focus groups. Puerto Rican and Mexican American families living in Latino communities in Detroit and Philadelphia.	To investigate cultural influences within families as they pertain to sexuality communication.	-Not knowing when to talk daughters or how much information to provide (stated by authors)	-Being open to outside support of peers, schools and community organizations -Trying to keep open communication with daughter including when daughters' disclose sexual activity
Werner-Wilson and Fitzharris (2001)	23 parents; 12 mothers and 11 father, of adolescents (mean age of 15 for females, 16 for males); living in Southwest Michigan.	To gain parents' perspectives of what can be done to reduce teenage sexual activities and increase condom use.	-Feeling ambivalent about teaching sexuality -Showing inconsistencies regarding talking about condom use with children -Seeming uncomfortable regarding their teenagers' sexuality	-Being supportive of instruction in schools (wishing to attend same talks as children) -Recognizing the need for open communication
Wilson, Dalberth, and Koo (2010)	64 fathers with children aged 10 to 12 years; put in 16 focus groups by gender. 1 African American, 1 Caucasian, 1 English Hispanic, and 1 Spanish Hispanic; in 3 US cities (NYC, Denver, Raleigh).	To explore fathers' perspectives regarding healthy sexuality within their children and protection from risks by preteenagers early sexual activity. <i>Barrier term used; not defined.</i>	-Dealing differently with child depending on his/her sex -Showing a double standard for daughters -Being inconsistent with other parent -Being unaware of need to talk with child (until participating in study)	-Being aware of the importance of modeling healthy relationship behaviors -Discussing future goals with child -Expressing own values about sexual behaviors (very few fathers)
Wilson, Dalberth, Koo, and Gard (2010)	131 parents (67 mothers; 64 fathers) with children aged 10 to 12 years in 16 focus groups. 2 African American, 2 Caucasian, 2 English Hispanic, and 2 Spanish Hispanic; in 3 US cities (NYC, Denver, Raleigh).	To explore parents experiences regarding communicating with their children on sexuality topics. <i>Barrier term used; not defined.</i>	-Perceiving children as not ready -Not knowing how to talk about sex -Having limited time or energy for talking with child -Feeling embarrassment or discomfort -Not recognizing the need to talk -Having cultural or language differences -Having dysfunction in the family	-Having open communication -Creating opportunities to talk about topics -Talking to children before they experience sexual occurrences -Using resources (books) -Using school sex education lessons as a teachable moment -Using resources from the church

Definition of Barriers and Facilitators

Thirteen of the 36 articles had the term “barrier” within their texts; two used the term “facilitator” (Brackis-Cott, Mellins, & Block , 2003; Noone & Young, 2010); and one used the word “pathway” inferring the same meaning as a “facilitator” (Chung et al., 2005). No definitions were provided for these terms in any article.

For the purpose of this review, the term *barrier* is a perceived action or factor *inhibiting* parents from talking to their child about sexuality topics. The term *facilitator* is a perceived action or factor *helping* a parent talk with his/her child about sexuality.

FINDINGS

Table 2.1 displays basic demographic information as well as summaries of the communication barriers and facilitators found within each reviewed study. Although some articles reported results from both parents and their children, the barriers and facilitators for parents, only, are listed.

Demographics

The articles focused on parents with children of various age groups. Twenty-eight articles included parents with children in the age range of 10 to 18 years; two focused on parents with children five years old and younger; four focused on parents with elementary school aged children or elementary into early middle school aged children; one included two separate age ranges for the children including 6 to 9 and 10 to 13 years of age; and one had the age range of 4 to 24 years. Regarding the sex of the parent presented in each article, 16 articles had a sample of both mothers and fathers, 17 articles used samples with only mothers, and three articles used samples with only on

fathers. Regarding children, 26 articles concentrated on parents having either sons or daughters, 8 articles specifically examined on parents of daughters, and two articles specifically with parents of sons. Race/ethnicities examined within the studies included: mixed races (15 articles), African American only (9 articles), Caucasian only (5 articles), Latino American only (3 articles), African American and Latino American (3 articles), and Filipino American only (1 article). articles), African American and Latino American (3 articles), and Filipino American only (1 article).

Barriers

The reviewed articles were chosen because of their focus on parents' perspectives on parent-child sexuality communication. Common themes of barriers and facilitators were noted in each. Major barriers included parents' perceptions of communication due to the sex of the child, parents lacking the knowledge of specific aspects of sexuality, and parents feeling discomfort or embarrassment.

Sex of the child

More than half of the reviewed studies referred to instances of a child's sex as a potential obstacle in communication, with particular messages provided for girls and others for boys. For example, Akers, Schwarz, Borrero, and Corbie-Smith (2010) noted parents admitting to informing their sons of the need for condom use, yet not all parents spoke with their daughters about this contraceptive. Fasula, Miller, and Wiener (2007) found mothers admitting to being more argumentative and restrictive with daughters versus being proactive with sons by providing guidance. And two other studies noted parents wanting to control their daughter's behaviors more than their sons' actions

(Fasula et al., 2007; Nolin & Petersen, 1992). The use of body terminology was also raised in which parents used slang terms more often with boys than with girls (Geasler, Dannison, & Edlund, 1995).

In addition, mothers believed their sons were not as open to talk with them about sexuality and, therefore, did not attempt to speak with them as much (DiIorio et al., 1996; Elliot, 2010c). Mothers did express having more communication with daughters though (DiIorio et al., 1996). Within a study focusing solely on the physiology aspect of puberty, parents' conversations of menarche and semenarche were compared to note potential differences (Frankel, 2002). Overall, the parents of boys aged 10 to 13 years admitted talking with their daughters about their first menstruation yet 88% did not talk with their son about first ejaculations. Therefore, another difference was noted within parents' communication due to their child's sex.

Many articles noted messages sent only to daughters. Regarding relationships, girls, not boys, were often spoken to about safety. In these conversations boys were noted as the perpetrators and girls as victims in relationship violence (Akers, Yonas, Burke, & Chang, 2011). Girls were also sent the message that boys are immature and mostly interested in sex (Aronowitz, Todd, Agbeshie, & Rennells, 2007). Specific gender roles were purported for daughters yet not for sons by mothers (Pluhar et al., 2006). These roles included cooking and cleaning rules for girls. In another study, females were also referred to by mothers as either the "clean" or the "dirty" girl depending upon having sexual experiences (Fasula et al., 2007). In addition, mothers in

South Carolina claimed their daughters were too irresponsible and therefore the mothers did not feel the need to talk with them about sex (Cox, Scharer, Baliko, & Clark, 2010).

Lastly, five studies noted the responsibility of the parent of the same sex as the child to talk with the child on topics related to sexuality (Cox et al., 2010; DiIorio, Lehr, Wasserman, Richler, Cherry, & Enamor, 2006; Jean, Bundy, Wilkinson, & Forman, 2009). At times fathers felt mothers were more capable to speak with children overall on the topic (Nolin & Peterson, 1992) or should act as a liaison between the fathers and daughters (Jean et al., 2009).

Parents lacking the knowledge of specific aspects of sexuality

Another common theme found within the articles was parents not knowing current or correct sexual information, and not knowing when, what or how to talk with their children on the topic.

Parents admitted to having a lack of sexuality knowledge overall (Chung et al., 2005; Croft & Asmussen, 1992; DiIorio et al., 1996; Guilamo-Ramos et al., 2006; Jean et al., 2009; Noone & Young, 2010; Villarreal, 1998) or noted being unsure as to when to have talks (Elliot, 2010c; Geasler et al., 1995; Villarreal, 1998). For knowledge on different contraceptives, authors noted parents only being aware of condoms and oral contraceptives (Akers et al., 2010; Akers et al., 2011). Also in regards to the need for talking with children about sexuality, fathers in one study admitted being unaware of the need to communication with their children until having participated in the study (Wilson, Dalberth, & Koo, 2010).

A few articles provided quotes demonstrating misinformation from parents (DiIorio et al., 1996; O'Sullivan, Meyer-Bahlburg, & Watkins, 2001; Pluhar et al., 2006; Schuster, Kruger, & Hebenstreit, 1985). One example was a parent advising a child to take a cold shower after having a nocturnal emission (Pluhar et al., (2006), although no evidence supports this behavior as beneficial. Another example was a parent telling a child his/her genitals are touched only to be cleaned (Schuster et al., 1985), therefore omitting the topic of touching one's genitals for future self-examination or for masturbation practice.

Parents also admitted to not knowing *how* to teach about sexuality or expressed feeling *unconfident* for these conversations (DiIorio et al., 1996; Pluhar et al., 2006; Wilson, Dalberth, Koo, & Gard, 2010), including conversations pertaining to violence prevention and healthy relationships (Akers et al., 2011). Other parents noted that they did not know if their child was interested in talking about sexuality (Baier & Wampler, 2008; Eastman, Corona, Ryan, Warsofsky, & Schuster, 2005; Noone & Young, 2010) or perceived their children as too young to have conversations about sexual topics, therefore avoiding an active conversation about the issues (Brackis-Cott et al., 2003; Haglund, 2006; Jean et al., 2009; Noone & Young, 2010; Wilson Dalberth, Koo & Gard, 2010).

Another dimension of the “not knowing” theme was postponing a talk with a child until he/she approached the parent (Baier & Wampler, 2008; Elliot, 2010c; Haglund, 2006; O'Sullivan et al., 2001; Pluhar et al., 2006) or the parent noticed specific physical signs of their child going through puberty (Cox et al., 2010; Jean et al., 2009;

Noone & Young, 2010; Nwoga, 2000). Within nine articles, parents had missed cues for approaching their children. Waiting for children to approach parents and missing specific cues for needed sexuality conversations demonstrates how parents are reactive in sexuality communication with their child instead of being proactive by approaching their child to talk about age-appropriate sexuality topics.

Parents feeling discomfort or embarrassed

Also stopping potential sexuality communication were the feelings of parents' as reported in fourteen articles. Parents referred to feeling uncomfortable (Aronowitz, Rennells, & Todd, 2006; Aronowitz et al., 2007; Croft & Asmussen, 1992; DiIorio et al., 1996; Elliot; 2010c, Fitzharris & Werner-Wilson, 2004; Jean et al., 2009; Kelley, Beauchesne, Babington, Christensen, & Patsdaughter, 1999; Wilson, Dalberth, Koo, & Gard, 2010) or embarrassed (Noone & Young, 2010; Pluhar et al., 2006; Wilson, Dalberth, Koo, & Gard, 2010) when talking with their children about sexuality. Some referred to having discomfort related to specific topics, including birth or sexual intercourse information (Guilamo-Ramos et al., 2006), or embarrassment about others topics such as masturbation (Nolin & Petersen, 1992). Some discomfort seemed to pertain to parents not wanting to recognize their children as becoming sexual adults (Noone & Young, 2010; Werner-Wilson & Fitzharris, 2001), which is perhaps why some parents noted more discomfort in talking about topics as their child aged (Nolin & Petersen, 1992).

Facilitators

Many barriers were found in the 36 articles yet either the parents or authors in many studies also discussed facilitators. Facilitators included open communication, teachable moments, and skill development.

Open communication

Many studies referred to parents hoping for open communication with their children (Geasler et al., 1995; Villarruel, 1998; Werner-Wilson & Fitzharris, 2001; Wilson, Dalberth, Koo, & Gard, 2010). Way to have open communication included the use of humor and non-threatening messages in sexuality discussions, as well as strengthening communication overall by discussing everyday topics (Brackis-Cott et al., 2003; Noone & Young, 2010). Parents in different studies also mentioned being “honest” within their communication (Brackis-Cott et al., 2003; Cox et al., 2010; Pluhar et al., 2006). This included mothers in New York discussing both the positive and negative aspects of being sexually active. In addition, some parents believed that sharing their own personal stories allowed for open communication (Brackis-Cott et al., 2003; DiIorio et al., 2006).

Teachable moments

Although some parents expressed being unaware of signs that their children were undergoing puberty, others believed they were aware and, therefore, used these signs as a cue to have conversations (Aronowitz, et al., 2006; DiIorio et al., 2006; Geasler et al., 1995; Jean et al., 2009; Ohalete et al., 2010; O’Sullivan et al., 2001). This included mothers talking more personally with their daughters after the girls had specific relatable

experiences such as getting their first menstrual cycles (Nwoga, 2000) or wearing bras (Pluhar et al., 2006). Mothers with HIV who disclosed their infection to their children also felt a closer connection with them (Brackis-Cott et al., 2003).

Messages out and inside the home also helped to facilitate conversations between parents and their children. This included the use of sexuality lessons occurring at schools as an opportunity to talk with a child (Croft & Asmussen, 1992; Haglund, 2006; Wilson, Dalberth, Koo, & Gard, 2010), especially to focus on family values regarding sexual decisions (Chung et al., 2005). Parents were also aware of their own behavior when teaching their child about healthy intimate relationships, and attempted to be positive role models (Aronowitz et al., 2006; Aronowitz, et al., 2007; Nolin & Petersen, 1992; Wilson, Dalberth, & Koo, 2010). And, although parents did not agree to the messages about sexuality found in the popular media, parents pointed out their use as an opportunity to engage a child in conversations depending upon the message (Aronowitz et al., 2006).

Skill development

Some parents noted particular skill sets raised during sexuality talks. One such skill was goal setting (Baier & Wampler, 2008; Wilson, Dalberth, & Koo, 2010) in which parents processed with their children how unplanned pregnancies can impact future goals (Akers et al., 2010). Another skill raised was the need for self-efficacy within healthier relationships (Akers et al., 2011) as well as refusal skills, including saying “no” in sexual situations (DiIorio et al., 1996). Decision-making was also referred to with opportunities provided by mothers to practice this skill (Noone & Young, 2010)

and fathers expressing how the decision making process can differ when “in the moment” (DiIorio et al., 2006).

DISCUSSION

Certain demographics were noted within past research, in which studies on parents with children of specific ages as well as males overall was limited. Twenty-eight articles focused on parents with children aged 10 years and older. Because children begin to receive messages on sexuality from a young age, it is important to study how parents with younger children start communicating on sexuality topics to note if and what barriers or facilitators are experienced as well as how communication on sexuality occurs. Of the studies done on parents of elementary school aged children (four articles), parents waited for children to approach them to have communication about sexuality. This included: mothers of children aged 6 through 12 years living in New York City (O’Sullivan et al., 2001), mothers of children aged 6 through 10 years living in a southeastern area (Pluhar et al., 2006), parents of children aged 6 to 12 years living in Houston, Texas (Jean et al., 2009), and parents of children aged 8 to 15 years living in an urban US city (Haglund, 2006). It is recommended more qualitative research be done with parents of younger children of all races to note consistency of reactive communication as well as additional barriers and facilitators within parent/child communication on sexuality.

In addition, males were under-represented within the reviewed studies. Three articles focused on only fathers and two on parents with sons specifically. This may also apply to parenting programs. Fathers noted the lack of availability of programs

specifically geared to fathers regarding sexuality communication with children (DiIorio et al., 2006). Therefore more information is needed about father-child and parent-son sexuality communication.

Regarding the barriers of parents not knowing correct sexuality information or when to communicate with a child, suggestions include providing resources for parents focusing on these aspects. One resource some parents referred to using were the school's sexuality lessons taught to children. Parents noted these lessons as an opportunity, or facilitator, to talk with their children about sex. However, school sex education is mandated in only 22 states and the District of Columbia, with most instruction occurring at the middle or high school levels (Guttmacher Institute, 2013, May 1). If schools are not mandated to cover sexuality education for children, the likelihood of parents receiving assistance from the schools is low. Also, even if the topic is taught, the focus of schools is to provide education for children not for parents.

Other resources may exist for parents, yet was not the subject of this literature review. Therefore, a review of existing resources, including their effectiveness, should be conducted. If none or few are found, the development of parent-friendly tools and/or workshops are suggested, specifically focusing on sexuality information and the scoping and sequencing of age-appropriate knowledge for children.

Noting positive aspects within parent-child communication on sexuality, parents within each article attempted to communicate about sexuality with their child. The issue of sexuality being a "taboo" subject was raised only once (Aronowitz et al., 2006) and very few referred to other sources as being responsible for sexuality topics (Baier &

Wampler, 2008; Jean et al., 2009). Therefore, although many studies noted parents feeling uncomfortable talking to their children about sexuality topics, attempts were made to communicate with children. A group of fathers even noted becoming more comfortable after initial conversations with their children (DiIorio et al., 1996). This point may need to be shared with parents to help alleviate their discomfort.

Having open communication with a child was a facilitating theme. Although some parents used scare tactics in their communication (Elliot, 2010a; Nwoga, 2000), many studies noted parents as communicating on everyday topics to support openness as well as attempting to be perceived as approachable. As noted with other studies, open communication between parents and teenagers positively influences the ability to have conversations about sexuality, increases the use of condoms by teenagers, and delays the first experience of sexual intercourse (Jaccard, Dittus, & Gordon, 1996; Whitaker & Miller, 2000; Whitaker, Miller, May, & Levin, 1999).

CONCLUSION

After completing a systematic literature review of 36 articles focusing on parent-child sexuality communication, many barriers and facilitators were found to be experienced by parents. The ratio of barriers to facilitators was almost two to one. Barriers included parents' perceptions of communication due to the sex of the child, parents lacking the knowledge of specific aspects of sexuality, and parents feeling discomfort or embarrassment. Facilitators included open communication, teachable moments, and skill development. This demonstrates parents as having challenges talking to their children about sexuality yet parents also understand certain aspects, like having

overall open communication with a child, help sexuality communication. This information is important because to assist parents, health education professionals need to be aware of what parents perceive as hindering and helpful in communication with their children, especially in relationship to sensitive topics. If parents perceive professionals as not understanding their experiences or considering their perspectives, the utilization of resources will be lessened. Therefore, it is suggested the noted barriers and facilitators found within this literature review be included in potential constructs for future theoretical applications.

CHAPTER III
PAST SEXUALITY TALKS BETWEEN PARENTS
AND THEIR THIRD, FOURTH, AND FIFTH GRADE CHILDREN

INTRODUCTION

Parent-child communication about sexual topics had been found to delay sexual activity as well as help children internalize their parents' values (Miller et al., 2001). Because children begin to ask questions about sexuality at early ages and experience pubertal changes in their elementary school years, forming effective communication patterns between parents and their children at this stage helps to build a foundation for future conversations. Parents wish to be involved in this process, yet often report not discussing sexual topics in detail, particularly with elementary and middle school children (Weaver, Byers, Sears, Cohen, & Randall, 2002).

Parents also perceive children as too young for partaking in conversations about sexuality. In a study with college students and parents of adolescents, questionnaires were completed regarding memories of pubertal development conversations (Omar, McElderry, & Zakharia, 2003). Although parents and college students were not biologically related in this study, both noted the median age of 13 for the timing of pubertal conversations for females and the median age of 15 for males. In a report comparing past data for when physical changes occur in children, a panel of experts noted a trend of earlier physical development in comparison to years past (Euling et al., 2008). Studies from 1940 to 1994 were evaluated finding girls experiencing breast

development and menarche at earlier ages. These pubertal changes are occurring earlier than the aforementioned 13 years of age for girls. Researchers did not note sufficient evidence for similar trends with boys, yet other reports note boys experiencing pubertal changes at ages earlier than 15 years (Palo Alto Medical Foundation, 2013). Therefore, although parents attempt to talk with their children, communication often occurs later than what children need.

Parents also believe children are too young yet are not aware of the extent of sexual behavior by youth. In the 2011 Youth Risk Behavioral Survey, 6.2% of teenagers reported having sexual intercourse before the age of 13 (CDC, 2012, June 8). In another study, 8% of middle school students in southern California reported engaging in oral sex (DeRosa et al., 2010). In addition, teenagers take part in sending and receiving sexuality messages through their cell phone and Internet connections. According to the National Campaign to Prevent Teen Pregnancy (2008), one in five teens 13 to 19 years of age reported posting nude or seminude picture or videos of themselves. Thirty-nine percent of these teenagers also admitted to sending or posting “sexually suggestive messages” with 48% receiving these types of messages. These statistics support the need for parents to talk about sexuality before children reach their middle school years.

When asked from which sources children want to receive information about sexuality, many name their parents as their first choice (Somers & Surmann, 2004). Parents often expect their child to ask questions about sexuality, yet if questions are not asked, parents are hesitant to start a conversation (Pluhar et al., 2006). Research has explored parent-child communication regarding sexuality, yet many studies focus on

parents of older children and on topics more specific to teenagers (Akers et al., 2010; Aronowitz et al., 2006; Croft & Asmussen, 1992; Rothman et al., 2011). Therefore, the purpose of this study was to explore the perspectives and experiences of parents about talking to younger aged children, specifically third, fourth or fifth grade children, about sexuality.

The research questions included: What are the experiences of parents living in a town in central Texas regarding talking to their elementary school children about sex?; What topics are raised in conversations between parents and children in this age group?

METHODS

This descriptive study used individual interviews to collect qualitative data for thematic analysis. Twenty interviews took place during the winter of 2012-2013.

Sample

Participants were recruited through advertisements posted at a variety of community settings (i.e. local coffee shops) and sent through university e-mail. Snowballing also occurred increasing the sample size. Recruitment aimed at obtaining an ethnically varied sample. Overall, the final sample of parents comprised 16 females and 4 males. Specific demographics of parents are shown in Table 3.1. The Institutional Review Board (IRB) at Texas A&M University granted approval for this study.

Table 3.1. Demographics of Participants

<u>Sex of Parents:</u>		<u>Number of parents with</u>	
Males	4	<u>Grade/Sex of Child:</u>	
Females	16	3 rd grade girls	6
		3 rd grade boys	3
		4 th grade girl	5
<u>Age of Parents:</u>		4 th grade boy	3
Age Range =	29 to 52 years	5 th grade girl	4
Median Age=	36 years	5 th grade boy	3
Mean Age=	37 years		
<u>Race:</u>		<u>Religious Affiliation:</u>	
Caucasian	19	Christian	5
Hispanic/Caucasian	1	Baptist	4
		Bible Church	
		(nondenominational)	2
<u>Highest Level of Schooling:</u>		Catholic	2
GED	1	Episcopalian	2
HS with some college	4	No current affiliation	2
Associates Degree	1	“Cafeteria” Catholic	1
Bachelor’s Degree	5	Methodist	1
Master’s Degree	6	Protestant	1
Doctoral Degree	3		

Data Collection

Data were collected through individual interviews with participating parents. All participants signed IRB consent forms and agreed to be audiotaped. Interview times ranged from approximately forty-five minutes to an hour and forty-seven minutes. After demographic information was recorded, parents were asked open-ended questions pertaining to past conversations with their child about sexuality topics, feelings associated with sexuality discussions, and potential barriers/facilitators of conversations.

Interviewing allowed the interviewer to ask probing questions to explore strongly held beliefs and statements as well as to ensure better understanding of each participant's experiences. In addition, developmentally and age appropriate content were shared with parents to illicit additional memories of past conversations with children. This content included state and national educational standards pertaining to sexuality education. Any identifiers were removed from transcripts and codes so not to link participants' identifying information to the study. Field notes were recorded by the interviewer immediately following all interviews. Data collection continued until reaching saturation with no new themes emerging (Merriam, 2009).

Data Analysis

The author transcribed interviews and utilized the qualitative data analysis software ATLAS.ti (2012) for attaching codes to specific units of meaning to the text. After coding, the author summarized the prevalent codes as forming specific themes. Demographic data (age) were entered onto a spreadsheet to create an overall summary of participants.

Trustworthiness

Establishing the trustworthiness of a qualitative study is vital. Just as quantitative research needs to establish internal and external validity, qualitative research methods must demonstrate credibility, transferability, dependability, and confirmability (Erlandson, Harris, Skipper, & Allen, 1993). To meet these criteria, the author employed reflexive journaling, purposive sampling, persistent observation including the use of clarifying questions, peer debriefing, and member checks.

FINDINGS

After coding the data, three overall themes were noted regarding parents' experiences of talking with their children about sexuality topics. These themes included techniques for creating parent-child communication, topics spoken about between parents and their children, and terminology for genitalia.

Techniques

Parents mentioned a variety of techniques for creating conversations about sexuality with their children. The more common techniques were having children approaching their parents, using related books as prompts, and parents approaching their children to initiate conversations. A less common technique was the use of teachable moments as well as other techniques mentioned by one or few parents.

Children approaching their parents

Sixty percent of parents remembered sexuality conversations occurring because of their children asking specific questions about sexuality. Conversations followed a format of children asking a question or series of questions, and then stopping when no other question was asked. Many parents explained that they would observe their children's body language to ensure they were understanding answers or were content with answers, not needing additional information. Parents also noted how the personalities of their children differed, with some being more inquisitive than others, therefore requiring different amounts of information. One mother summarized these conversations as:

I just answered his questions, I really didn't push it any further and did notice he was kind of satisfied with his questions answered, and then we kind of just

stopped. We were getting ready for bed anyway and so I just figured we'll just, you know, answer the questions he has at this point. We don't necessarily have to go into a lot of detail.

The circumstances in which questions were asked differed. At times children would ask questions in front of their younger or older siblings or peers, with each parent deciding to proceed with answers if appropriate. Other times conversations occurred because children were curious about something they saw. Examples included children seeing a product for menstruation in the garbage or under the bathroom sink, or seeing their parent's naked body as having something different from their own, like pubic hair or breasts. In addition, some conversations occurred while riding in a car or "in the moment" talks while out in a public setting. Specific questions children asked are noted in the "Topics" section of this paper.

Using related books as prompts

Eight parents alluded to using different books to illicit conversations. The most common book was titled *The Care & Keeping of You: The Body Book for Girls* from the American Girl company (1998). Upon being recommended by other mothers, this book focusing on what girls should expect during pubertal years was used as a guide for teaching girls' particular topics. One mother of a 3rd grade boy and younger girl mentioned her children learning about the reproductive systems from an encyclopedia on the human body. She explained each system was represented as equally important, stating:

I think that encyclopedia has been helpful and the, you know it's an encyclopedia of the whole body and so it has, umm, the circulatory system, the skeletal system and all these different systems. So it doesn't, I guess, focus just on one, umm, so

I think it's a good learning tool, I think, just in general to teach them about the body.

A series of books titled *God's Design for Sex* was used by another mother after it was recommended by a woman at her church. Agreeing to the age appropriate sequencing of information and values, this mother read the first and second books within this series to her 3rd and 4th grade girls. Another book used by a mother with older and younger children was a college level human sexuality textbook. This mother admitted "I wanted to scare them a little bit" so showed them "graphic" pictures of sexually transmitted diseases.

The titles of other books were not provided by parents, yet were referred to as teaching tools with their children. This included one book that "disappeared" from a 5th grade girl's house as well as others borrowed from a local library.

Parents approaching their children

Three parents mentioned approaching children to have specific conversations about puberty. A father of a 5th grade boy, as well as of an older boy, commented that "It's not that he really wanted to talk to his dad about it either," but the information was needed by his boy. This father also noted his older child more receptive than his younger one, yet discussions occurred for both boys as they approached puberty. Another parent mentioned her 4th grade boy also needing to be spoken with, and her husband discussing pubertal changes alone with his son and the mother joining their conversation at a later point. A mother also approached her 5th grade girl, particularly when hearing comments about sex being made by her daughter. This mother also admitted to "giving her [daughter] more information maybe than she [daughter] wanted."

Four parents also chose to discuss sexual identity before being prompted by their children. These discussions are noted in the “Topics” section.

Use of teachable moments

Teachable moments were mentioned by five parents. These included television shows portraying a woman giving birth and leading to discussions with their mothers on how babies are made and born. Another teachable moment occurred when a 4th grade boy received an informational sheet about pubertal changes at his annual physical exam. This prompted the mother to talk with her child about upcoming changes, as well as to encourage her spouse to have a father-son talk a few weeks later at home. Another mother saw an opportunity to continue communicating after her 4th grade girl watched a puberty video at school. Yet another mother explained how she allowed for teachable moments during everyday events, with an example of discussing inappropriate clothing with her 4th grade girl when noticing, at a store, a magazine cover of a young celebrity dressed suggestively.

Other techniques

Additional techniques mentioned by parents in our sample included: a father raising decision making and goal setting skills when his children expressed potential interest (crushes) on others; two mothers attempting to show confidence while speaking with their children to encourage future talks; and two parents encouraging their children to speak with their other parent if they had questions.

Topics

A variety of topics were raised in past parent-child conversations. The most commonly mentioned topics included pregnancy, puberty, personal safety, and sexual identity. Other topics raised are also summarized.

Pregnancy

Fifteen of the participants shared memories of answering their children's questions about pregnancy and babies. All but one conversation were prompted by children and a range of answers was provided by parents.

Upon being asked for an explanation of how babies come out of a woman's body, three parents referred to different "holes" or openings located in a female's genital area. Parents described some children inquiring about the specific opening used for birth, with one boy asking if a baby comes out from "where you poop out of."

Four parents referred to "God" within their explanations. This included one mother of 4th and 3rd grade girls using the book series titled *God's Design for Sex*. The mother explained how each book built upon information from the previous one with children first being taught "The Lord puts a baby in, in mommy's tummy" as well as discussing marriage and love between a husband and wife. The next book explains a "piece" from each parent makes the baby, with the terms sperm and egg being used and additional books going into more depth. The three other parents provided similar answers of "God" placing a baby inside the mother.

Stories of explaining how babies are born were prompted by children asking a series of questions. These questions were asked either within one conversation or after

receiving an answer for one question then asking follow-up questions later. An example was a 5th grade boy asking his pregnant mother last year about her pregnancy. After being provided with a simple answer (not provided during the interview), he asked additional questions after his mother explained she was participating in the study. The mother explained:

Tonight when we were talking he did say, umm, he said, umm, how did he, I'm trying to remember how he put it... he said, 'Momma, is sex, ahh, that you have to sleep in the same bed as somebody?' 'Oh, no.' First, he said, 'Someone told me you have to have sex to have a baby.' And I said, 'Well, you do.' And he said 'Is that the only way you can have a baby?' And I said, 'Unless you adopt.' And he said... he sat there for a minute, and he said, 'Is it just sleeping in the same bed with somebody?' And I said, 'No, there's a little more to it than that.' I said, 'Do you want to know?' And he sat there for a long time, and he was like, 'Not yet.'

Another example was provided by a mother of a 4th grade girl. Reproduction including intercourse was explained to her girl when she was 6 years of age due to questions prompting several conversations. The mother explained:

It was questions about her living in my tummy I think, and, umm, we were talking about how long she was there and how she got, she asked how she got out. I explained how she got out and she said 'How did I get in?' And so I said, 'Well, the way that happens is that your dad put a seed in.' And so that satisfied her for a couple of days and then she was like, 'how did that get in there?' Then that happened. And I remember this conversation because it was so funny. Umm, we were driving down on the road and, umm, I was, you know she was in the back seat, and she said, she said, 'you know, how, how, how did daddy seed get inside you?' And I said, 'Well, the way that that works is that the man puts his penis inside the woman's vagina.' And she thought about that for a minute and she said, "Wow that sounds really disgusting." And she said, 'That's the silliest thing I've ever heard.' And I started laughing, I said 'you know, it is kind of silly.'

Within the next days, the mother explained that her daughter told her father something like "If it's all right with you, I think it's really gross the way that, that, umm, that you

and momma made me,” in which he responded by saying “Well, it’s a thing that seems gross to little kids but, to big, when you get bigger, it won’t seem so gross.”

Two parents referred to dogs having puppies within reproduction conversations. One mother was asked by her 3rd grade girl if their dog would have puppies. This led to conversations of her dog being spayed, how human babies are made, and her father having a vasectomy. A father of a 3rd grade girl and older boy began his explanations of reproduction by saying babies “came from their mother’s belly,” and then purposefully led to a conversation of dogs having puppies. He explained: “You can use animals, you know, dogs and puppies, and stuff like that, and you can explain it to them that way. And it’s a lot similar to, almost identical to humans, except humans usually have one, sometimes two.” This father also added that by having a conversation about other species, “I thought that that would be the safest way to, you know, explain it to them without having to talk.”

Another conversation focused on different methods for parents to have children. One participant adopted her 3rd grade boy and younger girl from another country and served as a gestational surrogate for another woman within the past year. Upon being asked by her children about how babies are made, she explained:

That kind of opened the door for like, “well, here’s another way how families are made,” you know... And how a woman can become pregnant and then, you know, so there’s the adoption and surrogacy, and then the traditional, you know, way. So they’re familiar with, you know, reproduction and that kind of thing.

A mother of a 3rd grade girl and one younger child felt she had missed an opportunity to explain a previous pregnancy to her child; she had had a miscarriage. Yet,

upon becoming pregnant again, she chose to discuss the pregnancy although leery of another potential miscarriage. She explained:

I was afraid that I might lose another one. But I was so happy that I was pregnant because I was so mad that I lost the other one that I wanted to share it with her. And I thought, “this would be a good learning experience for her.” If we do lose the baby, she needs to understand that these things happen, and so, what we did was we said, you know, that God gave us a baby, and God put the baby in my tummy and, umm, so [laugh], for the longest time, I told her, I said ‘Now, God may decide that, you know, he wants the baby to be with him. And, so, we may not get to keep the baby, so we’ll have to see.’ [laugh] So for a long as I was... ‘Do we get to keep the baby? Do we get to keep the baby?’ [laughter] So, I kept thinking maybe that wasn’t the best [laugh] approach, but ‘Yes honey. So far we’re keeping the baby.’

As four mothers shared past conversations about where babies come from, each pointed out the need to keep discussions private. Specifically, information would need to be kept between the mother and child, and not to be shared with friends, cousins, younger siblings. As one mother told her 3rd grade girl, “And also I want you to know that this is a private conversation. At school some of your friends may not, may not know this about babies and how their born and all that yet.”

Puberty

Different conversations about puberty occurred between parents and their children. Topics discussed were periods, hair growth, body odor, breast development, and erections.

Regarding female menstrual cycles, some children approached their parents with questions after seeing menstrual products. Two girls, one in 4th grade the other in 3rd grade, asked their mothers about tampons after seeing them, with one asking her mother “What is a tamponian?” A father of a 3rd grade girl mentioned his daughter asking when

she was six years of age about a box of tampons he put into a shopping cart for his former wife. And one 5th grade boy received an explanation of the female's menstrual cycle when he asked his mother about "things" he saw in the trashcan. One other mother described her 4th grade girl as "freaking out" upon seeing her mother bleed after she gave birth to a baby at home. She used the instance as an opportunity to explain the menstrual cycle to her daughter.

Other parents discussed periods with their children using books about pubertal changes. One mother read about menstruation to both her 5th grade boy and 3rd grade girl, yet felt she did not do a sufficient job answering questions. Only one parent referred to discussing vaginal discharges with her girl, in which this mother provided products for her daughter to be prepared for her future menstrual cycle.

Six parents mentioned past discussions they had had with their children about hair growth. Four parents spoke about pubic hair growth with their children, with one parent having a conversation after her child walked into the bathroom and inquired about her hair growth. Also remembered was one older boy informing his father about his armpit hair and a 4th grade boy noting to his mother about his legs getting hairier.

Body odor was discussed by seven parents, including all four fathers. Six of these parents had boys. Within conversations, children were informed to practice good hygiene and/or use particular products. Two mothers noted their boys as deciding to need deodorant. One stated, "Within the last year he decided he needed to wear deodorant." Other hygiene habits discussed by two mothers were daily face washing; cleaning of the foreskin area of a boy's penis was mentioned by a father.

Regarding breast development, three mothers mentioned having conversations with their girls, with one mother buying bras for her 4th grade girl. One father also mentioned to his 5th grade boy that he might notice girls' growing breasts, yet told him to be respectful to girls about this growth.

Four parents spoke about penises with their children. Two parents of the same child explained the need to talk about penile growth because of a recent procedure done to the foreskin area of his penis. Two other parents spoke with their sons about erections, and one mother told her girls about boys having penises.

Personal safety

Past parent-child discussions about safety, including safe and unsafe touching, were mentioned by ten parents. Half of these parents raised this topic with their children on their own, with others being prompted by outside sources. Although descriptions varied, parents understood the need to cover specific points. Parents stated:

The way I told my daughters is that their bodies, there's a small circle around them. They're standing in it. And that's their body and if someone enters that small circle and they're uncomfortable with it, then they should do something about it. And so I think teaching kids that they, I mean there's a way to do it without being frightening and they don't even have to use the word 'sexual, but if that's what parents are so opposed to, but you can teach children that their body is theirs. (Mother of a 3rd grade girl)

I talked to them [girls], you know, if anybody touches you in a place that makes you feel uncomfortable you let me know. That kind of stuff. And stranger danger and all that, we did all that when they were little. (Mother of a 5th grade boy plus older and younger children)

I mean, and I, when we taught, umm, social skills lessons, umm, like in K, 1 and 2, we, we talked about, you know, not necessarily saying, we didn't necessarily say, 'if someone's touch... you know, sexually abusing you,' but '[changed to a kind of teaching voice] if someone's touching you in a way and it makes you uncomfortable, and, you were, if someone ever hurt you,' you know, all those

things like ‘that’s not okay. You need to let somebody know.’ We talked about those things, but in terms that were okay for a kindergartener... were okay for a 1st grader. (Mother of a 5th grade boy, 4th grade girl and 1 younger child)

One mother remembered being taught as a child by her mother that no one should touch a person “where a bathing suit touches,” and used this example with her 3rd grade boy.

Some parents discussed personal safety when hearing a reference to the topic by a specific source. This included a mother of 5th grade and 3rd grade girls discussing inappropriate touching after noticing the topic being raised in a recommended book. She explained:

They [the book]also touched on, umm, only your body, your body’s only for you. You know, and kind, touch on that a little bit which I thought was good, you know, and that led me to the opportunity to talk about, umm, no one should see your body, and no one should touch your body except for, you know, umm, yourself, you know, yourself, and your mom or your parent or someone, your parent that you really trust, but not anyone else, cousins, uncles or whatever.

Having attended a presentation on sexual abuse prevention, the mother of a 5th grade girl recalled the presenter stressing the importance of teaching proper body terminology to children. She remembered hearing the presenter say “predators look for children who know the correct terminology and know the facts and they move on to another child who doesn’t know those, ‘cause the child who knows the correct terminology testifies better.” This comment prompted her to speak with her daughter about safety using proper body part terminology.

Other personal safety conversations between parents and their children occurred because: a local church offered religious education and incorporating a program titled “Protecting God’s Children;” a child had a potential urinary tract infection and needed her pediatrician to inspect her vaginal area for medical care; and a father noted his boy

was curious about his younger sister when having baths together, therefore informed his boy about “inappropriate touching.”

Additional points were also raised on the topic of safety. One included a father being concerned about how children learn about sexual abuse, wanting to ensure his three children learn about abuse as well as about “the flip side” of sex being a positive experience. Another point was mentioned only by the mother of a 3rd grade girl. In addition to safety rules, she explained whom it is appropriate to have a secret with:

I tell my daughters all the time, ‘If anybody ever asks you to keep a secret, that’s the first one you tell me. You know, there’s no secrets, and that’s why I’m honest with you, and you be honest with me.’

Having past experiences of sexual abuse was raised by two mothers, who both wanted to educate their children on this topic, yet one mother was unsure of how to present the topic of safety to her girl. She explained:

But now I’m getting to the point where I’m a little uncomfortable with her seeing her daddy naked. And she’s like ‘It’s my daddy,’ but I’m not comfortable [laugh] with it, so. It’s getting complicated now. I don’t want to create this fear in her, or this... ‘Something’s bad!’ I, I, that’s what I’m really worried about. I don’t want her to think sex is bad. and I’m, you know, I, I, I had no choice, I mean I, I wasn’t given the option, so I’m trying to prevent certain things but also not just try to make her into what I think she should be.

Sexual identity

Ten parents had held conversations with their children about sexual identity. Four of these parents chose to discuss homosexuality before being asked questions by their children. Reasons for this included having adult gay friends, acquaintances or family members. One mother added that she spoke with her girl to “ensure she was being respectful to children with two mommies or two daddies.” Another mother

expressed wanting her 5th grade boy, 4th grade girl and one younger child to understand love occurs between two people, whether they are of the same or opposite sex.

Three parents spoke about homosexuality by inquiring if their child understood what the term “gay” meant. Two of these parents were first approached by their children to inquire if a particular adult was gay, and another had overheard her 3rd grade boy and his friends use the term “gay” in a casual conversation. These parents noted that although their child knew the word “gay,” they did not know its meaning.

The mother of 4th and 3rd grade girls utilizing the afore mentioned book series, *God’s Design for Sex*, explained homosexuality. She felt this was “a great tool that’s helping open the conversation,” and recognized she would not know how to talk with her children about homosexuality without this source. She later added her belief that homosexuality was a sin, yet did not note if this viewpoint was also mentioned in the book.

Two mothers discussed transexualism with their children. One conversation arose with a 3rd grade boy and younger girl hearing a news story about a beauty contest winner originally a man who then had a sex change operation. This mother also explained she and her husband tried to teach their children that “sometimes a man and a woman might be together, sometimes a man and a man might be together, [and] sometimes it’s a woman and a woman.” Transgender identity was also discussed by a family who attended an event titled “Love Makes a Family.” The mother of a 3rd grade girl in this family explained this event as a “touring museum” that recently exhibited in

the local community. Portraits of different types of families were shown including gay, lesbian, bisexual and transgender family portraits.

Two parents noted never talking to their child about identity concepts, yet commented on the potential need if one of their children were gay. A mother of both older and younger children explained her assumption of her children being heterosexual yet, upon talking with the interviewer, realized that might not be true. She stated “I’m fine with it, which again would be in conflict with my religion [laugh], but umm, you know, the biggest thing is I don’t think there’s any reason to judge other people. That’s not my job.”

Overall, ten parents mentioned identity conversations with their children, with an additional two parents noting the potential need if a child was gay. Of the ten, three parents noted homosexuality as a “choice” with one parent believing relationships as “better if it’s men and, a man and a woman, they’re married, and that kind of stuff.”

Other topics raised

Conversations about masturbation were mentioned by six parents who believed this behavior was natural for children. A few of these conversations occurred after parents discovered their children touching their genitals, using this discovery as an opportunity to explain the need for privacy when touching private parts for pleasure. Some parents provided information to their children after being asked a question or hearing their child refer to masturbation.

Other conversations parents reported having with their children included: a mother telling her 4th grade girl the act of sex is for pleasure; a father telling his older

boy his viewpoints about abortion; a mother asking her 3rd grade boy about his cheering for “Hickey”, who was a football player in a televised game, which in turn led to an explanation of “hickies”; a mother explaining breast feeding to her 5th grade boy after he saw her breastfeeding his younger sibling; and a mother talking to her 4th grade boy about dating relationships after approaching both parents to obtain their opinions.

Terminology for genitalia

More than half of the parents in the study supported the use of anatomically correct terms for the female and male genitalia when talking with their children. Of these, many noted the desire to be truthful and believed slang terms sounded “cutesy” or “silly.” One mother stated, “Yeah, I just think it [using slang terms] makes it worse. Like its taboo or something, you know.”

Some parents used both slang and medical terms, believing that their children seemed to feel more comfortable with slang terms. For example, one father of a 5th grade and older boys explained:

I think they use, they’re probably more comfortable with slang than using ‘penis,’ ‘vagina,’ those kinds of things. They never talk about women, ahh, their parts, or anything like that. And if they were to say something, it would be ‘boobs.’ Something like that. Umm. We’ve never corrected them. So, it wasn’t, ahh, if they, if they said ‘wiener,’ it wasn’t like we said ‘No, that’s a penis.’

Seven parents, including all fathers, noted different slang terms being used in conversations with their children. Terms included: balls, nuts, tee-tee, willie, wienie, wee-wee, dick, noonie and bone for male genitalia; boo-boo and tootie for female genitalia and tits and boobs for breasts, and cracker for buttocks.

DISCUSSION

The purpose of this study was to explore past experiences of parents talking with their 3rd, 4th and 5th grade children about sexuality. Every parent interviewed shared stories of teaching their children about sexuality, with some parents covering more topics than others. Discussions about pregnancy varied depending upon what the parent felt was appropriate for their child to learn. Parents also pointed out some children asked additional clarifying questions to obtain specific information about reproduction. Half of the participants also talked about sexual identity, with most explaining about alternative relationships. Some parents also remembered past conversations with their children about masturbation, being open to knowing their child partook in this activity.

Ten parents recalled past conversations with their children about pubertal changes, including hair growth, body odor, hygiene practices, and menstrual cycles. Few parents mentioned penis growth and breast development, and only one mother commented on moodiness. Basic pubertal occurrences *not* raised included nocturnal emissions, voice changes, and children's overall body structure changing including boys growing broader across their shoulders and girls getting curvier with hips widening. In addition, half of the participants did not have any conversations about puberty with their children, with some mentioning they were not sure of when these talks should happen. Although some parents questioned if children need to learn about these changes during the elementary school years, current trends show earlier physical development, particularly with girls (Palo Alto Medical Foundation, 2013). And parents not talking about the variety of pubertal changes is consistent with other research in which college

students remembered only certain topics taught to them within past puberty lessons (Omar et al., 2003). College females reported receiving information about breast development and menstrual cycles, and males remembered conversations about HIV/AIDS and pubertal penile growth; other topics about puberty were mentioned minimally.

Fifty percent of the parents discussed personal safety with their children. Of these, the majority spoke about safety without receiving a prompt, such as a child asking a question. Talking about safety, including appropriate versus inappropriate touching of sexual body parts, is a needed topic for children to learn (Rape, Abuse and Incest National Network [RAINN], 2009). Some adults discussed “stranger danger” concepts yet were not aware of sexual abuse occurring most often by people children know (Sedlak et al., 2010).

Although all participants spoke with their children about one or more sexuality topics, information shared by parents with children was not consistent. For example, only some parents discussed specific the pubertal occurrence of menstrual cycles with girls. Other studies showed similar findings, supporting the need for parents to be informed of what is age and developmentally appropriate to teach children (Weaver et al., 2002). To assist parents, it is recommended community organizations, including local churches or schools, provide workshops for parents and/or their children on sexuality education, including personal safety, puberty, and healthy relationships. Parents within this study recommended the involvement of schools for providing workshops for parents on sexuality topics, and parents in past research noted churches as

existing resources (Baier & Wampler, 2008; Wilson, Dalberth, Koo, & Gard, 2010). These workshops should present how to approach sexuality conversations with children, as well supply updated facts as well as techniques to teach their children from a young age.

Books and teachable moments were used by some parents to engage in sexuality communication with their children. The technique mentioned by most, though, was expecting children to approach a parent to start parent-child discussions. This tendency to wait for children to approach parents was noted in other studies with parents of younger children (Haglund, 2006; Jean et al., 2009; O'Sullivan et al., 2001; Pluhar et al., 2006). Yet children often perceived their parents as unable to have honest talks with them. In a national survey, children and teenagers aged ten to fifteen years noted parents as not being prepared for sexuality talks or as showing judgment (20%) and embarrassment (13%) (Kaiser Family Foundation, 1999). If young people have these perceptions of their parents, children are unlikely to approach their parents about a sexuality concern or question. Also, young children often model parents' behaviors. If parents do not demonstrate proactive communication, children may not learn this skill and therefore not approach their parents. Therefore, in addition to providing age appropriate information and communication techniques, parents need to be reminded of the need to approach their children at an appropriate time about sexuality topics whether their child has approached them or seems interested in talking (Cox et al., 2010; Pluhar et al., 2006).

Another issue raised in this study was that although many parents supported the use of anatomically correct terms within parent-child conversations, eleven slang terms for female and male genitalia were mentioned during interviews. This is consistent with other research on the use of slang terms for genitals. A United States web-based survey asked 631 mothers with children aged three to six years to note terms used with their children for the female and male genitals (Martin et al., 2011). A list of 94 terms was created for female genitalia and 82 words for the male genitalia. Although some parents in this study mentioned children as seeming more comfortable using slang terms, a question is raised about whether these terms create a barrier within sexuality communication. Further research may investigate the use of slang terminology for genitalia. Further research may also investigate parental support of the idea that sex is a taboo topic to talk about, including between children and their parents.

One other point raised from this study is what children actually learn from their parents. Although all participants spoke with their children about sexuality, what children remember from these conversations is not known. Some parents expressed wanting to know what their children actually learned from them, with a few parents stating they would agree to partake in a future study with their children. Past research has shown an inconsistency on what parents report talking to their teenagers about pertaining to sexuality and what their teenagers remember being discussed (Jaccard et al., 1996). Therefore, the research question “Do these inconsistencies occur with parents of younger children?” arises. Every participant in this study gave the impression of caring for his/her children, stating the hope they have happy and healthy lives. Almost

every parent also commented that their child would approach them if he/she had any questions about sexuality. Yet what their children actually hear and feel is unknown. Therefore, future research may include interviewing parents of younger children *and* their children. Although research with children requires additional cautionary practices, comparing what parents and their children remember being discussed can shed light on potential communication challenges beginning at earlier ages.

Limitations

A purposive sample from one community in Texas provided data utilized in this article. This limited the selection of participants to a single geographical location. Yet the experiences mentioned by parents may be transferable to other populations in other locations. Also participants may have volunteered due to having an initial comfort level for talking with children on sexuality topics. Therefore, results may be biased due to participants having a higher level of comfort or interest in talking about sexuality versus other parents.

CONCLUSION

Few studies are available focusing on parent-child sexuality communication with elementary school aged children. This study provided perceptions of parents with children in this age group, noting experiences of parents talking to their children as well as techniques used. Overall points included:

- All participating parents have engaged in past conversations with their third, fourth or fifth grade children about sexuality topics. Topics included pregnancy, puberty, personal safety, and sexual identity.

- How conversations arose varied depending upon the topic and/or parent.
Techniques utilized by parents included children approaching their parent, using related books as prompts, parents approaching their child, and teachable moments.
- Terminology for male and female genitalia included medically accurate terms with some parents noting their children being comfortable using slang terms for sexual body parts.
- Suggestions for health educators include providing resources for parents, including workshops to teach age appropriate sexuality information and parent-child communication techniques.

CHAPTER IV
PARENTS' RECOMMENDATIONS FOR RESOURCES
TO HELP ELEMENTARY SCHOOL CHILDREN LEARN ABOUT SEXUALITY

INTRODUCTION

In January 2012, the revised National Sexuality Education Standards (NSES): Core Content and Skills, K-12 was released (Future of Sex Education Initiative, 2012). This revised set of standards focuses on comprehensive sexuality education for the K-12 school system. The standards were created through a collaboration effort by the American Association of Health Education (AAHE), the American School Health Association (ASHA), the National Education Association Health Information Network (NEA HIN), and the Society of State Leaders of Health and Physical Education, with additional support from the Future of Sex Education (FoSE) initiative. These standards provide age- and developmentally- appropriate content and skill development for the Kindergarten through 12th grade school setting. Although considered “essential minimum core content for sexuality education,” (FoSE, 2012, page 6) the standards provide consistency for public schools within the United States.

After the announcement of these revised sexuality standards, the National Abstinence Education Association (NAEA) posted a press release (2012, January 12). In this release, the Executive Director of the NAEA, Valerie Huber, expressed her concerns that the standards provide messages on risk reduction instead of overall health for youth. Representing an association supporting abstinence as the only appropriate choice for

youth, Ms. Huber's stance about teaching human sexuality was that it is a family concern. This stance includes parents and guardians teaching the values of sex and schools only being responsible for teaching abstinence, if choosing to teach any sexuality education. In addition, Chapter 115 of the Texas State Knowledge and Skills for Health Education (Texas Education Code, 1998) takes the position that Kindergarten through fifth grade students should first refer to parents when needing guidance in any health education area, including those pertaining to sex. Therefore both the NAEA and the state of Texas place the expectation and responsibility for teaching sexuality education on the child's family.

Yet current research posits parents needing support for talking to their children about sex because they do not know how or feel unconfident teaching about sexuality (DiIorio et al., 1996; Pluhar et al., 2006; Wilson, Dalberth, Koo, & Gard, 2010). In one study with parents of children aged from infants to five year olds, parents noted being unsure of what information was age appropriate and admitted feeling uncomfortable when their child asked questions about sexual messages shown on television advertisements and shows (Geasler et al., 1995). In a study of mothers with children in Head Start Day Care centers, participants acknowledged not knowing if they had correct information to share with their children, expressing their lack of education on the subject since their own childhood (Schuster et al., 1985). After a news release about former President Clinton's sexual misconduct, parents in a New England city mentioned being aware of their children knowing about the situation, yet parents also felt uncomfortable to discuss the topic with their children (Kelley et al., 1999). Therefore, parents likely

missed an opportunity to talk about morality and sexuality with them. Another study focusing on mothers with children in grades six through eight noted mothers admitting to talking with their child about sexual topics *only* when knowing how to answer questions correctly and if they felt they had effective communication skills (Guilamo-Ramos, Jaccard, Dittus, & Collins, 2008). Parents of adolescent children also expressed wanting to update their own knowledge of current teenage sexual concerns (Guilamo-Ramos et al., 2006). In addition, parents of adolescents noted being unsure of how to communicate about relationship violence prevention as well as how to have healthy relationships (Akers et al., 2011).

The theme of parents' uncertainty about what or how to teach their children on sexuality topics occurs with parents who have children of all ages. This includes parents with elementary school aged children, although few qualitative studies are found for this population. One study, though, focused on mothers with daughters aged 6 to 13 years from New York City (O'Sullivan et al., 2001). In that study mothers shared their experiences of talking with their daughters about sexuality, which included the attempt of providing information, with some unintentionally providing misinformation. Mothers also admitted to waiting for their child to approach them to have conversations instead of approaching their daughters. Other mothers with children aged 6 to 10 years living in a southeastern urban area in the United States also reported similar experiences (Pluhar et al., 2006). A group of ten parents with children aged 8 to 15 years from an urban community also reported reactive behaviors of waiting for their child to approach them, as well as perceiving their children as "too young" for sexuality conversations (Haglund,

2006). And another group of parents from Houston, Texas, reported waiting to talk with their daughters aged 6 to 12 years only after they experienced specific signs of puberty, such as starting their menstrual cycles. Many expressed feeling uncomfortable and uneducated with some choosing another source to teach their children. In all of these studies, signs of parents needing help to communicate with their children about sexuality topics were demonstrated.

One aspect missing or not reported within past studies is the exploration of what parents need or want to assist them in educating their children about sexuality. Acknowledgement of needing more information, as mentioned, has been reported yet no specific questions directed to parents about what tools or resources might be helpful were found during a literature review. Yet if state and national organizations, like the Texas Education Agency and NAEA, believe parents are responsible for teaching their children about sexuality, parents need to be provided with resources and/or support that enable them to complete this task. Therefore, the purpose of this study was to interview parents in order to describe their recommendations regarding parents' needs for communicating with children about sexuality. A purposive sample of parents with third through fifth grade children was chosen due to the limited research found on this group and to support the theme of open communication between parents and children from an early age. The research question for this part of the study was: Based on parents' experiences, needs, and wants regarding sexuality education for their children, what recommendations do parents have regarding teaching sexuality topics to children?

In addition, parents were provided with the specific National Sexuality Education Standards (NSES) for the third through fifth grade as well as local state recommendations for health education. The purpose behind using these standards was to provide a prompt for parents to refer to regarding what professionals in the field perceive as age- and developmentally- appropriate. In addition, Stephen Conley, the Executive Director of the American School Health Association, noted that although written for the public school setting, the NSES standards could be used as a guide for informing parents of developmental steps for learning about sexuality (Sexuality Information and Education Council of the United States [SIECUS], 2012, January 9). For parents to utilize this resource, they must be part of the collection of stakeholders guiding the creation of resources. Because of the potential use of NSES by parents, gaining parents' perspectives on the content specific to elementary school aged children provides feedback to FoSE. Therefore the research question for this aspect of the study was: What are parents' opinions regarding suggested age- and developmentally- appropriate sexuality content for children, as mentioned in national and state school guidelines?

METHODS

Sample

A purposive sample of parents was recruited through informational flyers and postcards placed and distributed within in a community within central Texas. A University department e-mail was also sent to inform faculty and staff within the College of Education and Human Development about the study. Participants then informed other potential participants of the research (snowballing). Twenty participants meeting all

inclusion criteria and choosing to participate were interviewed individually. Interviews occurred at an agreed-upon setting to avoid possible distractions and allow for privacy for participants, and included the researcher’s office and local coffee shops. Specific demographics of parents are shown in Table 4.1. This study took place in the winter of 2012-2013 and was approved by the Institutional Review Board (IRB) at Texas A&M University.

Table 4.1. Demographics of Parents

<u>Sex of Parents:</u>		<u>Number of parents with</u>	
Females	16	<u>Grade/Sex of Child:</u>	
Males	4	3 rd grade girls	6
		3 rd grade boys	3
<u>Age of Parents:</u>		4 th grade girl	5
Age Range =	29 to 52 years	4 th grade boy	3
Median Age=	36 years	5 th grade girl	4
Mean Age=	37 years	5 th grade boy	3
<u>Religious Affiliation:</u>		<u>Race:</u>	
Christian	5	Caucasian	19
Baptist	4	Hispanic/Caucasian	1
Bible Church			
(nondenominational)	2	<u>Highest Level of Schooling:</u>	
Catholic	2	GED	1
Episcopalian	2	HS with some college	4
No current affiliation	2	Associates Degree	1
“Cafeteria” Catholic	1	Bachelor’s Degree	5
Methodist	1	Master’s Degree	6
Protestant	1	Doctoral Degree	3

Data Collection

During the interview, participants were asked initial questions pertaining to demographic information, then semi-structured questions on parent-child communication about sexuality topics. These open-ended questions pertained to the purposes of this study, which included exploring parents' recommendations regarding teaching sexuality topics to children. Interview questions are listed in Appendix A. Throughout the study, the interviewer took additional field notes. All identifiers linking participants to this study were removed from interview transcriptions and field notes.

Prompts

In addition to the interview questions, all participants were asked to comment on two sets of school health education resources that include the teaching of human sexuality topics: the Texas Essential Knowledge and Skills (TEKS) and National Sexuality Education Standards (NSES). These prompts allowed for further exploration of parents' ideas on age appropriate material as well as potential resources to provide children with developmentally appropriate teachings.

The TEKS for grades three through five were obtained through the Texas State web site. Each grade was separated in which: Chapter 115.5 included information for children in grade three; Chapter 115.6 included information for children in grade four; and Chapter 115.7 included information for children in grade five (Texas Education Code, 1998). Within each grade level, a variety of health education topics are covered including nutrition, safety, and substance use. After copies of TEKS were made, any aspect within each grade level referring to human sexuality education was highlighted in

green marker then distributed to parents during interviews. Topics pertaining to sexuality on TEKS included personal hygiene, disease transmission, body systems, communicating to parents and trusted adults, friendship skills, obtaining help for decision making, puberty (one reference in the 4th grade with additional references in the 5th grade), viruses including the Human Immunodeficiency Virus (5th grade only), and neglect and abuse (5th grade only).

The National Sexuality Education Standards are broken into four separate age groupings: Kindergarten through second grade; third through fifth grade; sixth through eighth grade; and ninth through twelfth grade (FoSE, 2012). Only the third through fifth grade set of standards were copied for study participants. Within each grade section, information is separated into seven topic areas: anatomy and physiology, puberty and adolescence, gender identity, pregnancy prevention, STD including HIV prevention, healthy relationships, and personal safety. Because these standards focused on sexuality education, no highlighting marks were needed on parents' copies. Permission for use of the NSES was requested and granted by Debra Hauser, President of the Advocates for Youth.

Data Analysis

All interviews were audio-recorded with participants' permission, then transcribed. After transcriptions were completed, raw data were separated and categorized into recurring codes. A list of codes was created and utilized for future transcriptions, with new codes added. Coding for all interviews was done with the use of the qualitative research software program ATLAS.ti (2012). After organizing codes into

themes, four themes emerged on parents recommendations. Data parents provided referring to the NSES were also collected, coded, and categorized. This information is summarized into the seven topic areas.

Trustworthiness

For qualitative research, criteria for trustworthiness include credibility, transferability, dependability, and confirmability (Merriam, 2009). To ensure trustworthiness within this study the interviewer: sought a purposive sample; asked clarifying questions to support persistent observation; invited participants to member check typed transcriptions after they were completed; used reflexive journaling to examine her thoughts; and utilized a peer debriefer after each interview occurred and throughout the coding process.

FINDINGS

This section is separated into two segments. One provides an overview of parent recommendations for resources to help children learn about sexuality. The other summarizes parents' feedback on the National Sexuality Education Standards (NSES).

Recommendations for Parent Resources

After parents noted potential barriers experienced when communicating with elementary children about sexuality, each was asked what can be done to help parents have these conversations as well as who can provide this help. Suggestions fell into one of five overall themes: responsibilities of schools, a guideline for parents, potential support from the community, use of books, and miscellaneous recommendations.

Responsibilities of schools

Some parents noted schools as providing a parental resource, particularly when lessons pertaining to sexuality were occurring within specific grades. A mother of a 3rd grade boy explained:

You know, maybe having some idea, and maybe when the time comes, the school would provide, like 'Okay, this year, we're going to be covering this topic. You might want to, you know, supplement at home or just be prepared that your child might come home asking these kinds of questions,' But, yeah, I don't know. I guess just, maybe being aware of, of what the school's doing and, ha..., you know, it doesn't take me by surprise when they do learn about it.

Due to some children not informing their parents about what they learned in school, it was explained this responsibility should then be placed on the school. As said by a mother of 5th grade and 3rd grade girls:

If she was talking about it at school, I would like her to come home and say, 'Okay, what'd you talk about?' and 'What are your thoughts on it?' I would like to be able to ask her, umm, and I guess if I knew it was happening, if I knew they were talking about it, I would, I would ask questions. I'm probably not just going to say, 'Hey, did you all talk about sex today?' every day. You know.

One mother of a 5th grade girl noted that if schools informed parents of future lessons, this notification would serve as a prompt for parents to have a talk with their children at home. Other parents believed that by receiving information on what children would be learning about regarding sexuality in advance, parents would feel more comfortable with schools teaching these sensitive topics as well as more comfortable addressing them at home.

Different parents also strongly suggested sexuality presentations by schools for parents. Although some parents were invited to preview an upcoming puberty video for 4th and/or 5th grade students at their children's elementary school, this was the only

instance parents' recalled of the school providing information. Therefore, parents were found to want additional communication from the schools including specific programs geared towards parents. Comments included:

I really would love to see schools have a program where the Saturday before parents can come in and get a quick run-down of everything that's going to be taught that week. So that they can have a chance to talk to their kids before it's taught in school. (Mother of a 5th grade girl and 4th grade boy)

I wish there were more opportunities for parents to be included where, and not just during school hours, but for there to be , umm, a program or something where, as uncomfortable as it might be, for kids and parents to be together, to sit down and hear the same thing at the same time. Umm. So, guess if there was anything that they would change or that I wish they would offer, I think something like that would be, would get the chance to sit down together, because I think, umm, you hear a lot of parents saying, "I don't want the school stepping in. That's my territory." Umm, schools gonna do it anyway. (Father of a 5th grade boy)

I think it [meeting with parents] would be helpful for a lot of parents but not all parents need it. (Mother of a 5th grade boy)

Only one parent, a father of a 5th grade girl and 4th grade boy, mentioned parents getting involved in communicating with the teachers. All other comments referred to the schools as needing to communicate to the parents including a mother of a 3rd grade girl saying "I think the more information fed to the parents, the better communication between teachers and the parents, the better it is just because it's a partnership and you're working together to teach the kids." Another mother of 3rd grade girl agreed stating:

And school has the responsibility to find that balance and communicate with the parent on what they're gonna do and when, to give the parent an opportunity to say 'No I'm gonna take this on my own. I'll, my child will stay home that day,' or 'Okay, you know, go ahead.'

One father of a 5th grade girl and 4th grade boy expanded on this concept of the school needing to communicate with parents, comparing lessons on sexuality to bringing a car to a mechanic. He explained:

If I wanted to take my car to a mechanic, mechanic, I just let the mechanic do whatever he wants to do, and it breaks down later, I don't know what that mechanic did...He's, he's gotta tell me what he's doing, to my car. In order for me to have a full understanding, we both have to say this is what's best for the car. Boom, there you go. And I don't want to compare kids to cars, but if you send your kid to be educated by this person, 'what are you teaching my kid?'

Some parents recommended schools as providing sexuality education lessons for children in addition to having conversations at home. A parent of a 4th grade girl mentioned all children needing a level of competence in sexuality education. She stated:

And so by the 5th grade, I think we're talking about there's some basic competencies that all kids need to have, and as you move through puberty, that's even more true. So, yeah, I think the school is the appropriate setting.

A few parents noted this need due to some households not including sexuality communication for children. As a parent of a 3rd grade girl noted:

Umm, yes, [clears throat] because I think there are families that don't talk about it and I think that, umm, this, it's helpful for children to know about it and to know how it really works and how their body really does change and... I think it helps those children then that aren't, they don't have a lot of parent, parental support and they don't hear about it at home.

Some parents noted specific recommendations for what schools can provide for children. This included the need for scope and sequencing of information. As stated by a father of a 5th grade girl and 4th grade boy:

I think what's taught at the level should be treated much like any subject. You know there are many different levels of that subject. Like, you know, I don't want to compare it to math, but there are different levels of math. Okay, so there are different levels of, ahh, sexual education. You know, the kissing, the touching, and certain things, and whatever should be deemed as, umm,

acceptable for that level, you teach, and then the next level goes to something else, and continue to go on. I mean you gradually, you're not just one big 'pow-this is what it is, there you go!' [Brushes hands as if to say, 'Done'] 'This is what it is,' but it should be a gradual thing, and more attention should be focused on educating the children at a gradual [pace].

A father of a 3rd grade girl agreed, saying, "Like I said it's not like they shouldn't know about it. Let's take baby steps, you know. You have to crawl before you walk."

Although supportive of school providing sexuality lessons, a mother of a 5th grade girl and 4th grade boy alluded to the challenges teachers face, particularly when teaching boys:

I mean, looking at it from a teacher's perspective, it's going to be really tough on those teachers because those boys are going, I mean it's going to be one big joke for them. And the girls are going to take it seriously. So they're gonna be fighting. I mean they're gonna be bickering and arguing.... and it's going to be tough, it's going to be a tough situation.

A parent of a 3rd grade girl suggested schools be cautious of frightening children. She also recommended, "They don't even have to use the word 'sexual', but if that's what parents are so opposed to, but you can teach children that their body is theirs." Only one parent noted the use of textbooks within schools if they had a student-friendly and honest perspective on sexuality.

A guideline for parents

Almost every parent mentioned the need for a guideline with age appropriate information to be used as a resource by parents. Although most parents spoke with their children about basic sexuality topics, many mentioned the need for a supplement due to being unsure of what information should or needs to be discussed with children.

Recommendations included:

Give me a little check list of ‘this is what I have to cover at this age, this age, this age,’ and I’ll cover it. You know, and there may be topics I don’t think about, you know. (Mother of a 5th grade girl)

I think, I think there’s a possibility that [someone] could actually write a, kind of like a, ahh, guideline of how to talk to kids. (Father of a 3rd grade girl)

A booklet, with research, small and condensed with information for ‘should stop at a certain point’... And I just, I need something, I could use something, yes. Cause right now I don’t have any tools, I don’t have time to go look for tools, so if you hand me a booklet that says ‘Best ways to’ whatever, I’m gonna ‘Okay, yeah,’ I can read 10 pages tonight, give it to my husband and then we talk about it, umm, and things like that. So, I could definitely use a resource [to] explain the ‘rationale.’ Ahh, just again, some sort of instructional material on best ways to talk to your kids about sex. (Mother of a 3rd grade girl)

Another mother of a 3rd grade girl also added the need for parents to be supplied with potential questions children might ask during this age, as well as ways to answer them:

I mean, like I said earlier just, I think a lot of parents just need [laugh], I know I would just appreciate being told, I mean again they can filter through and figure out what works best for them and their family and how they want to present it to their kids, but just having different answers to some of the natural curiosity questions so that they’re equipped, and they’re not taken off guard. I mean cause a lot of times I think if we can figure out how to prepare people before you ask that question [laugh], you know?

Potential support from the community

Community groups were mentioned as a possible source for creating parenting programs, although few specific groups were raised. Some parents stated medical offices, including doctors, as potential sources for sexuality information for parents. Two mothers mentioned state Departments of Health, yet both were not hopeful of this source reaching large numbers of parents unless programs were advertised well or had sufficient funding. One mother of a 4th grade boy noted receiving an informational sheet about pubertal changes during her son’s last physical exam at a local health clinic; this

sheet was used as a prompt for communication between the parent and child. This was the only reference made, though, of a parent being aware of existing sexuality community resources.

Seven parents referred to churches as potentially providing programs for parents and/or children on sexuality education. Some mentioned their willingness to attend programs if they focused on how to talk to a child about sexuality. Yet parents seemed hesitant about whether churches could offer effective programs. Comments included:

You know I think that the church should. I don't know how they would, how they would fine-tune that, but I mean if you think about it, spirituality, we want that to be a major part of a child's life. (Mother of a 5th grade boy)

There's no reason why it can't be taught to some degree how to talk to your children, you know, in the church of your choice. Umm, you just have to be smart about it. (Father of a 5th grade girl and 4th grade boy)

Then it also comes down to making sure that what they're telling is accurate, because then you're not telling helping information so... (Mother of a 3rd grade boy)

Further recommendations for church programs were not mentioned. A few parents felt local churches would most likely not partake in discussions on sexuality topics, and one father of a 3rd grade girl who did not attend church services said "I wouldn't do church, you know, because churches are going to have their strict ways of, you know, there's no gray area, you know."

Use of books

Several parents mentioned particular books used during past sexuality conversations with their children. These included: *The Care and Keeping of You* by American Girl Library, books borrowed from a local library for both a boy and girl,

another book that “disappeared from the house” (as reported by one mother), a medical encyclopedia, and the series *God’s Design for Sex*. Another mother of a 5th grade boy, as well as two older girls, mentioned using her college human sexuality textbook to show pictures of diseases and pregnancy. And one mother of a 5th grade boy and 3rd grade girl mentioned she would use a book in the future if she did not know how to answer a child’s specific question. An example she provided was a book about homosexuality, although she was not aware of a specific book.

Miscellaneous recommendations

Miscellaneous recommendations were mentioned by very few or one parent each. These included: the use of commercials directed at parents to remind them to talk with their children; a national campaign similar to past campaigns on HIV/AIDS education and teenage pregnancy prevention; and videos on sexuality topics made available to children and/or parents. Some parents did note the potential creation of social media sites as well as web sites for parents to utilize if they were available and focused on the topic.

The National Sexuality Education Standards

The NSES are separated into seven topic areas and can be found online at <http://www.futureofsexeducation.org/documents/josh-fose-standards-web.pdf>. The following are parents’ feedback for each area.

Anatomy and physiology

These two standards state children as being able to describe the male and female parts and functions of the reproductive systems by the end of the 5th grade. Overall

parents stated the standards in this section as age appropriate agreeing to the need for “medically-accurate information.” Many parents noted they used anatomically correct terms for the female and male genitalia in conversations with their children themselves. The only uncertainty raised within this section was by one mother of a 3rd grade boy and one father with a 5th grade girl and 4th grade boy who both wondered how much information would be provided in the 3rd and 4th grade. Both felt 5th grade was more appropriate to learn this information.

Puberty

The seven standards listed in this section cover overall pubertal changes, including both physical and emotional changes, hygiene, the difference of timing for changes between youth, and how a person’s body image is formed. Again, the majority of parents were supportive of this list, most of them providing explanations for why they supported individual statements.

Half of the parents agreed with the need to discuss the concept of body image with children. Comments included parents being aware of children questioning their bodily changes as well as the unhealthy messages portrayed in the media that affected elementary school aged children. Mothers in particular felt this was an important topic to discuss with girls. A mother of a 3rd grade boy and 2nd grade girl stated:

You know my daughter, who I mentioned before, she’s only 8 and she’s had, and she’s a perfectly healthy weight. In fact I made sure that her doctor pointed out to her on the growth chart that she is indeed a healthy weight because she’s had times before when she’ll think she’s fat.

Parents also noted the need for children to understand and accept that sometimes a child “blooms later” than his/her peers and welcomed the reinforcement of this message of “normalcy” from the schools.

A concern did arise over the concept of why people go through pubertal changes. A few parents commented on not knowing the purpose behind puberty or did not want their child to have the connection of pubertal changes to reproduction. A father of a 4th grade boy explained:

The only one that I worry about is ‘describe,’ this one section here that, ‘describe how puberty prepares human bodies for the potential to reproduce.’ Again to me as far as reproduction, and I’m not sure how detailed, in depth, they’re getting with that, [but] to me that seems really young...to be having, ahh, a talk about, ahh, I mean I understand that need to know that there’s a purpose behind this change. That, you know, ‘I’m not just changing because, so we smell bad, or, you know, whatever.’ But at the same time I think that there’s probably some people who should keep it in a certain area and others might take that as a huge, what’s the word I’m looking for, opportunity to really step in some areas that parents may not be ready for their kids to be aware of.

This concern is mentioned again in the Pregnancy section.

Identity

The four standards written for the Identity section include introducing children to romantic relationships between people of the same or opposite gender, recognizing trusted adults to talk with about sexual orientation, and the demonstration of respectful behaviors to all people. Overall, all parents agreed to the need to be respectful to others.

Parents provided a variety of responses, though, to the concept of sexual orientation being raised within this grade level. Parents who agreed to these particular standards shared stories of past conversations they had with their children about

homosexual relationships, including two mothers explaining the concept of transgender to their children. A mother of a 4th grade girl stated:

Umm, that students should be, even students from families that are not comfortable talking about same sex relationships, I feel by the end of 5th grade you really need to understand that that, umm, is a , is a sort of a mode of being in the world and this feels age appropriate to me.

Other statements included “it’s just how life is” and “I know that’s kind of the day we live in now.” One mother of a 5th grade girl noted her agreement for gender identity being raised with children, expressing her belief that the topic could also be addressed at an earlier age. She explained:

If you’re wondering about your sexuality, you can’t get any information that’s good in our culture, and so I think it’s great to be introducing that good information. And I don’t think you convert anybody or any of that crazy crap.

A mother of a 4th grade boy expressed:

But I guess, you know, I personally think that children should be taught that, you know, you know, like this is, just plain and simple. There are different sexual orientations and, you know, I would [like] for them to be taught [that] there is no one that is better than the other. That’s just the way people are. Umm, and it’s fine, it’s okay. You certainly would not want to make anyone feel bad for the way that they are. Just like you wouldn’t make fun of somebody for having brown hair, well, you wouldn’t make fun of somebody for having a different sexual orientation than yourself.

Some parents vacillated in their opinions on sexual orientation, seeming unsure of whether it should be discussed in school. For example, a mother of a 3rd grade girl expressed:

I think bringing in any of the extras, as far as sexual preferences and, umm, is, is very, I don’t know, I don’t think that’s [school’s] really an appropriate media or place for that. I think that our world is...our world. I think that, I don’t know, I just think that’s more of the parent’s job.

As this mother continued to talk, she began to rethink the school's responsibility:

The identity part... [reads section again] Sometimes I wonder if that is even something, I mean, but it is the way it is today. I mean so there's a unit on sexual identity? I guess that they talk about... [clears throat] You know, I mean, I don't really feel like, you know, thinking through that, I think it's okay to talk about that in school. Umm, so again I don't necessarily feel like... that's a bad thing to talk about in school.

She added her desire to sit in on the lesson if and when sexual orientation was taught, then restated her thoughts on the family needing to share their viewpoints as well.

Other parents expressed confusion of what would actually be taught in the school setting. This included participants asking the interviewer what might be taught. One example occurred during an interview with a mother of a 3rd grade boy:

Mother: Like, umm... 'define the sexual orientation as a romantic attraction.' I don't know if any of that.... I don't know. Maybe it's just the way that its stated. But, I guess when I really thought about it, it's kind of normal, I guess.

Interviewer: Okay.

Mother: But maybe it was the way it's worded.

Interviewer: Uh-huh.

Mother: It's just having the word 'sex' in there, sexual orientation, I don't know. Maybe it's just kind of... well, okay [laugh]. Again, being uncomfortable with the, with the word 'sex.' It's like 'Wait... what?'

Interviewer: Okay, so it might be the word. But how about the fact that by the end of the 5th grade, potentially, according to these standards, a child can be taught by a trusted adult that there are different types of romantic relationships?

Mother: Right.

Interviewer: Heterosexual, homosexual.

Mother: Right.

Interviewer: Okay. So is that something that you are more comfortable with?

Mother: So they should be able to explain that, right? Is, umm, 'attraction of an individual to'... and they should be able to explain that to you? Either male or female? Is that correct? Am I reading that correctly?

The conversation continued with the mother expressing continual confusion and not stating a level of comfort.

No fathers perceived the concept of sexual orientation as either age appropriate and/or the responsibility of the school. Upon reading the identity statements, a father of a 5th grade girl and 4th grade boy stated:

Basically, what attracts you to a female or a male? What attracts them to a female? Ahh, 'define sexual orientation as the romantic attraction of an individual to someone of the same gender or a different gender.' Basically identifying... umm, what attracts them to a female? I mean... [a] big 'X' there until they understand their own bodies. Umm, same gender, argh, that's, that's a whole other issue too. That's a big, that's a big other issue. Umm, you know I have my own opinion about that particular issue. I think that's a little too much to be teaching about it at that particular time.

A father of a 4th grade girl said the discussion should occur at a later age, believing that "5th grade's kind of young for that kind of stuff." Another father expressed this section led to discussions on sexual reproduction, a topic he believed was not age appropriate for the 5th grade. And the fourth father compared education on sexual orientation to engines:

But in regards to when it's done in schools, teachers should, let's keep it to with the stereotype of, I shouldn't say stereotype... Ummm... the standard of boy and girl... Yeah, you, you're just gonna cause more problems [talking about same gender relationships], I think, you know. You're gonna really complicate things. Especially at that young age, let's stick to, you know, it's like, okay, umm,

“we’re gonna talk about engines... or something like that. Well, we’re not gonna start you off with, okay, here’s turbine jet engines. No. We’re gonna start off with the basics. You know and then work your way up to turbine engines. So, basically, I think at a young age, let’s just start with the basics.

A mother of a 3rd grade girl also expressed initial disapproval and then began to question her initial responses:

Yeah, I don’t want anybody deciding when my daughter’s gonna know about sexual orientation. That’s for me. I want her to know about it and I want her to respect it, but, that’s fine. But I feel ownership about some of these things. I don’t feel that the government, which is what this [NSES] is.¹ I mean this is government, this, people coming together... I look at it as government in terms of a national body trying to govern how we do things. Identity [said quietly]. [Rereads statements to self] Yeah, if I find out the school talked to my child about sexual orientation, I would be pissed. I would be calling them.

Yet this mother then added, “That’s one I can easily change my mind on. All I know is that when I saw it, I felt something.” She continued expressing her beliefs regarding sexual orientation as a choice, a belief she wishes to speak with her children about, and then ended this part of the interview by stating “There’s some things that the schools probably gonna know more about than I am anyway, and umm, and I’m just concerned about that age.”

Even though these parents were not in support of sexual orientation being taught in the school setting, each one noted strong support for showing respect and dignity to others. The father of a 4th grade girl who expressed not believing in same gender lifestyles noted:

¹The NSES are not a government initiative.

I think ‘working together, promoting dignity and respect for all people,’ I mean that comes with, you may not have the same belief system but you still got, I mean we’re still human beings. You’re still, like you said before, nobody’s perfect, we all have our issues, and so.

Pregnancy and reproduction

Only one standard was listed within the Pregnancy and Reproduction section. This included children “being able to describe the process of human reproduction” (NSES, 2012, p. 15). Most parents made no or few comments specifically to this statement. Yet, as mentioned in the puberty section, a few parents expressed concern over children learning about conception. A 5th grade father expressed:

And, again, going on , next page, going into, umm, pregnancy and reproduction. I, I, I’m just not sure that that’s a process that I’m ready for my 5th grader for... if they ask questions, that’s one thing. But for a school to step in, I’m not comfortable with that.

A mother of a 3rd grade girl was unsure of how the discussion of conception would be taught to children and asked, “Describe the process of human reproduction? Just the egg going here and all of that, or the sperm, is she going to be seeing an erection, that far?”

A mother of a 5th grade boy and 4th grade girl agreed that pregnancy and reproduction were an age-appropriate topic, yet wondered how comfortable children would be learning about this topic. She noted:

‘Process of human reproduction.’ [reading section] I’m curious, I’m, that gets pretty, that can get pretty technical when you talk about the sperm and the egg coming together. But, I mean I think that they’d be okay with it. It’s... again, I think it, I think it’s going to be a difficult conversation to have with kids that age. They’re, they are going to be uncomfortable. It’s going to take a really special person to have that conversation with them. Someone who is really knowledgeable, not only of human sexuality, but kids and their maturity levels, and their comfort levels and can gauge that really well. Umm, again why I think it’s important to have the school nurse and the counselor involved. You need to have a male and a female in the room.

Sexually transmitted diseases and HIV

Only one standard is listed for grades 3 through 5 within this section. Overall, students should be able to define the Human Immunodeficiency Virus as well as note ways of transmission and preventive measures. For this standard, parents provided a variety of perspectives including HIV as a topic that may be inappropriate for younger students, including those in the 5th grade. Some parents, however, wished other sexually transmitted diseases be included at this grade level. Others were generally confused over what would be taught.

A few parents expressed STD information should be taught at a later age or may not be needed. Comments included:

HIV? Really? I'm like... transmission? I mean, it doesn't have to be transmitted sexually and I know that. Umm, or wait no, yeah, because of the blood transfusion and things like that. Sexually transmitted disease [reading title of topic]. They just want to scare the child, I don't know, for me, I mean obviously not. (Mother of a 3rd grade girl)

I do know people who also want to teach, you know, abstinence only and, you know, obviously if you're teaching your child to abstain until marriage then you don't really need to give them a lot of information about sexually transmitted diseases and HIV because the assumption will be that you have two virgins getting married on their wedding night. (Mother of a 3rd grade boy)

Sexually transmitted diseases. I mean I think that's important. I don't know how, ahh, I think it's important that they understand that that diseases can be spread through sexual contact. I don't know how in depth they need, I don't know how specific you have to get with 5th graders, I mean... it's like the flu. They know they can get sick, they can get sick at that point. They're not varying degrees of sick, really. Does that make sense? (Mother of a 5th grade girl and 4th grade boy)

A father of a 5th grade boy noted being uncomfortable with the statement overall, wanting the topic to be covered in the 6th or 7th grade instead.

Almost half of the participating parents had no overall reaction to the statement except for agreeing on the appropriateness for children to know about HIV by the end of the 5th grade. A father of a 5th grade girl and 4th grade boy stated, “Yeah. Well, if you’re goanna teach something, if you’re gonna teach someone how to do something, you got to know everything that goes along with it. I don’t know... I mean you have to know.”

Another parent, a mother of 4th grade girl, explained:

‘Age appropriate methods of transmission for HIV,’ again, that sounds good. Yeah, well, I’m not sure, I mean I want to give some thought to what, to what that means at the 5th grade level, but, yeah, I think so. Presumably, everybody knows the basics so it would make sense to go ahead and lay it all out at that age. Umm, particularly since kids do all kinds of other crazy things with needles just because they’re stupid. I mean it has nothing to do with, with drugs, but, you know, immature tattooing and whatever.

Some parents noted their awareness of current trends of STDs and expressed other diseases in addition to AIDS be covered. Their thoughts included:

On sexually transmitted diseases, it only talks about HIV and I know that’s the killer but the others are much more common and prevalent among teenagers. So I wish it said “and other sexually transmitted diseases.” [This would include] chlamydia, gonorrhea. (Mother of a 5th grade girl)

Ahh, sexually transmitted diseases, ahh, I don’t know if the video [shown in school] talked about that. Right, but, I think there’s other, so, I mean that’s one [HIV] that’s scary but there’s obviously the ones that are more common. Chlamydia, you know, HPV, those that probably need to be mentioned, ahh, because there’s probably, cause there’s kids that are probably in 5th grade that are sexually active. I mean, now, I think, I mean... My personal opinion is that that’s a scarier thing to deal with. (Father of a 4th grade girl)

You need to scare the shit out of them....Sex is something you just don’t go running around and do. (Father of a 3rd grade girl)

Other parents noted their confusion overall about what should be taught about sexually transmitted diseases. As explained by a mother of a 5th grade boy and 3rd grade

girl who spoke out loud while attempting to process what is age appropriate for teaching about STDs:

Well, I mean, STDs and, umm, that I'm terrified of that whole thing they say now about, like, umm, what is it? Some huge percentage of children, small children, are sexually active if you count in like oral sex. [I'm] terrified of that. And I would expect to see some sort of preventative measure about that. And when I think about it now, and try to think about what my own children know about, like they don't know the word 'chlamydia' [little laughter in voice] either, so I guess my expectations are a little high on that front. So maybe I take back what I said there. Yeah. I guess I'm getting confused [about] what I want my children to know and then what my own 3rd and 5th grader know.

Relationships

This section listed five standards for students as being able to understand the characteristics of healthy relationships as well as learning positive communication skills by the end of the 5th grade. No disagreement with any of the statements was heard from participating parents because all agreed that children need to learn about healthy relationships, especially if they are not exposed to them at home. Many parents expressed how the standards are most likely referring to friendships for children, as a mother of a 4th grade girl noted "I'm imagining the healthy relationships bit isn't about sex, or sexual relationships, but just relationships and that feels right." One parent of a 5th grade boy mentioned how he wishes that sexuality education focused more on relationship aspects overall. He explained:

It just seems to me that so much of the emphasis is placed on sex and reproduction and how to prevent certain things, you know, like HIV. It seems like there's so much emphasis and very little emphasis on these kinds of things. Developing healthy relationships, how do you, ahh, socialize, how do you interact with other people, it doesn't seem to be, there isn't as much and I feel like that's just as important.

Personal safety

The nine personal safety standards emphasized children learning about teasing, harassment, and bullying, as well as how to respond to, or prevent such behaviors. Every participant agreed to the need for this education, with most parents noting the topic needing to be taught at a younger age. Some parents were unsure about how sexual abuse would be taught to children, yet believed these lessons could be done by a trained professional. Different stories were shared regarding local children being victims of bullying and, therefore, the need for education on this topic was rising. One father of a 4th grade girl added to this need explaining that bullying was spreading to social media sources including Facebook.

Although parents readily understood the statements within this section, one mother perceived personal safety as also teaching contraception. She noted:

I think all of these things [Personal Safety standards] need to be addressed as well. But you're telling them that through sexual contact, they can get this disease, and yet you don't tell them how to prevent it.... But isn't that personal safety? I don't know... I see that as personal safety too.

DISCUSSION

Parents overwhelmingly recommended that schools provide needed resources for parents. These resources included meetings with parents to discuss sexuality education lessons their children would be receiving as well as parenting workshops to improve parent-child sexuality education. As stated by different parents within this study, information on other school subjects is often provided to parents, particularly those related to state testing. Some teachers of other subjects, for example science, create evening events to share current curriculum with the community as well as encourage

interest within children. Yet parents expressed being unaware of health education lessons and its' suggested mandates. The request for information is consistent with other studies in which researchers recommended that schools provide parents with school health education curricula outlines (Croft & Asmussen, 1992) as well as parents request programs for specific sexuality information (Eastman et al., 2005) or sit in on sessions their children attend (Werner-Wilson & Fitzharris, 2001).

Having positive communication between parents and schools pertaining to health education, whether it is about what is taught to children or programs specifically geared to parents, seems a simple suggestion. Yet not all states require health education to be taught in schools or have limited instructional guidelines (National Association of State Boards Education [NASBE], 2013). This includes minimal time noted for health education instruction in the elementary school setting with the allowance of a non-certified health educator to teach these lessons. In addition, sexuality education is mandated in only 22 states and the District of Columbia (Guttmacher Institute, 2013, May 1). These mandates often refer to instruction of sexual topics at the middle or high school levels, not elementary school levels. If elementary school parents are recommending schools to take an active role in helping them teach their child about sexuality, schools need to be provided both the time and state/federal support to accomplish this.

Regarding parents requesting guidelines for how to talk with their children about sexuality, the majority of parents noted this as an obligation for schools. Perhaps this charge was given to schools because parents noted their children as receiving lessons on

pubertal changes. Also, parents were shown two sets of standards referring to schools providing sexuality education. A few parents noted how these standards, particularly the NSES, could be used as a parental guideline even though they were created for the school setting.

Thirteen parents chose to keep copies of these standards after the completed interviews. As mentioned earlier, the past Executive Director of the American School Health Association, Steven Conley, noted the potential use of the NSES by parents (SIECUS, 2012). Reformatting these standards for use by parents may be a solution to their requested resource on guidelines as well as creating an avenue for parents to have access for them.

Five parents mentioned being raised with the message that talking about sexuality was taboo. As one mother of a 3rd grade boy stated, “It’s just... you don’t talk about it... It’s supposed to be behind closed doors.” Two other parents inferred this message when suggesting parents need to be given a sense of *permission* to talk about sexuality by providing a forum of some sort:

I think it’s almost just, I was talking about permission earlier, is just helping to create comfort with that topic. ...So, umm, maybe it’s just conversation itself. Umm, I know just around the topic of when I’ve talked with other parents, it’s just if somebody else is willing to bring up the conversation itself, then it seems to like “whoosh”, make everybody relax and feel more comfortable. like it’s an okay thing to talk about. maybe that’s just what it is, it’s permission. (Mother of a 3rd grade boy)

As a society we can, umm, address the, the discomfort. The making it okay to talk about these types of things. Umm, I think that that at least breaks down the barrier of bringing up topics and being able to, to talk to, at least initiate, umm, and so, and certainly when you approach, approach it more from a health kind of perspective it kind of, its, umm, I guess it seems to be, umm, I think it might be received a little bit better. (Mother of a 4th grade girl)

Although not a major theme found within this study, these points suggest parents need to be provided with an opportunity to be *allowed* to discuss sexuality. In other words, some parents may have a belief system that sexuality, as well as any discussions of its topics, is taboo. Yet if parents hope their children have healthy lives including making good decisions about sex, as mentioned by study participants during interviews, they need to partake in communication about this topic with their children. Giving parents a forum to be *allowed* to talk about sexuality with their children may potentially increase the chances of parent-child conversations.

Another potential source for parents is their local churches. Sixteen of the 20 participants mentioned attending weekly church services, as well as some parents going to additional Bible reading meetings. Although church and other community groups were not mentioned as a likely source for parent support, parents may be unaware of existing church programs occurring within other areas of the country. Therefore, local churches may be able to inquire to a national resource for their specific denomination about existing programs focusing on parent-child communication, specifically on sensitive topics.

Regarding the National Sexuality Education Standards, parents were overall supportive of what children were expected to learn or be able to do as currently proposed for grades three through five. Besides basic anatomy, physiology, and pubertal information, many parents expressed favorable reactions to the need to discuss body image, healthy relationships, and being respectful to others. Also, parents agreed to

children learning how bullying and harassing behaviors are inappropriate, with many stating this concept should be taught during earlier grades.

The section raising the most range of comments was the one on identity. Although every parent was supportive of children learning the importance of respecting others, sexual orientation was not an agreed upon topic for schools to discuss. Some parents shared already talking with their children about homosexuality, including two mothers discussing transgender information. Yet a group of parents, including all fathers interviewed, did not support sexual orientation as being taught in school by the 5th grade or at all. Therefore, it is suggested that schools meet with their stakeholders, including parents, board members, educators, and administrators to discuss how sexual orientation will be presented in school lessons. Although this topic may be perceived as inappropriate to discuss with children, non-heterosexual relationships exist within households, as noted in the 2010 National Survey of Sexual Health and Behavior (Herbenick et al., 2010).

Parents also stated a range of reactions to the one statement listed in the STD/HIV section. Parents either expressed concern that this information was being presented too early, considered the standard as age appropriate, or wished all STDs were be discussed with children, not merely HIV. To allow parents to better understand this standard, it is recommended that parents receive information on the current trends of STDs as well as what is perceived as age appropriate and why. If school personnel are providing this information, they may be able to inform parents of STD facts through their web sites or through a letter sent home. Although some parents noted their wish for

allowing their children to be “kids” for as long as possible, some seemed to struggle with the notion that sharing information about STDs will make them “grow up.” Yet the question of what information is needed should be further discussed with parents of elementary school aged children. As a mother with a 3rd grade girl explained, “If parents have an understanding of why certain standards are perceived as age- and developmentally- appropriate, they will be more supportive of the schools teaching sexuality education.” In addition, the CDC recommends vaccinations for the Human Papillomavirus to preteen girls and boys (2013, February 5). HPV is considered an STD with forms of this virus being linked to genital warts and cancers (CDC, 2013, March 18). Because children may be vaccinated for HPV during the recommended 11 and 12 years of age, communication between children, parents and doctors is needed.

A few concerns were raised regarding conception and parents not wanting their children to know the facts behind pregnancy until a later time. Although these particular standards focus on factual information, conception raised the issue of whether puberty prepares a person to have children. If schools are providing lessons about pubertal changes to children, as noted by study participants, it is recommended for school to discuss what children will be taught with parents *before* presenting these lessons to limit parents’ concerns. As parents expressed in the recommendation section, parents want school personnel to communicate with them about these topics and about what their children will be learning to allow for further discussion at home. Within these discussions, it can also be explained that although a health educator or presenter may

attempt to teach only pubertal changes, he/she cannot prevent children from asking questions on how the egg and sperm meet.

Regarding the Personal Safety section, parents within this study were shown only the 3rd through 5th grades standards. Yet after all interviews were completed, the interviewer noted that many parents stated anti-bullying education should occur earlier. Upon reviewing the standards for Kindergarten through second grade, information on bullying and teasing, is also recommended to be taught at lower grade levels. This point needs to be shared with parents to alleviate the concern of younger children not being taught about violence prevention.

Limitations

The data used within this article were from a purposive sample from one community in Texas, limiting the selection of participants to a single geographical location. All participants volunteered to partake in the interviews, which may have created an overall bias of finding parents supporting parent-child communication about sexuality, in comparison to parents unwilling to participate. Also, as a former school health educator, the researcher acknowledges her personal bias of supporting sexuality education within the home and school. Another potential limitation was the use of two sets of educational standards (TEKS and NSES) which may have lead parents to make recommendations with an emphasis on schools.

CONCLUSION

Parent-child communication about sexual topics has been found to delay sexual activity as well as help children internalize their parents' values (Miller et al., 2001).

Because children begin to ask questions about sexuality at early ages and experience pubertal changes in their elementary school years, forming effective communication patterns between parents and their child at this stage helps to build a foundation. This foundation can then be strengthened for additional sexuality discussions later in the child's life, particularly those focused on teenage decision-making skills about sexual behaviors. By noting recommendations from parents, including those from parents of younger children, an opportunity arises for resources to be provided for enhancing this communication. As noted within this study, parents suggest:

- a parental guideline of what sexuality information is age appropriate for children;
- parenting workshops on what information needs to be taught as well as communication techniques; and
- lessons to children within the school with parents being informed of what and when lessons would be taught.

Schools were mentioned as the preferred source for the above suggestions by parents.

Many parents were also supportive of the National Sexuality Education Standards for anatomy and physiology, relationship, and personal safety topics. Yet a range of responses were discussed for the topics of puberty, identity, pregnancy and reproduction, and sexually transmitted diseases and HIV.

CHAPTER V

CONCLUSION

The overall objective of this study was to examine the experiences of parents communicating about sexuality with 3rd, 4th, and 5th grade children. Specific aims were to: (1) a systematic review of literature for qualitative studies on parents' communication with their child or children on sexuality topics (Manuscript 1); (2) interviews with parents of third through fifth grade children to learn about their experiences and perspectives for talking with younger children about sexuality (Manuscript 2); and (3) interviews with parents of third through fifth grade children to describe their recommendations regarding what can be done to communicate with children about sexuality (Manuscript 3).

The systematic literature review (Chapter II) revealed a variety of existing barriers and facilitators experienced by parents of children 17 years of age and younger living in the United States. Common themes for barriers included the sex of the child, parents not knowing specific dimensions of sexuality for carrying out conversations, and parents feeling discomfort or embarrassment with having these talks. Common themes for facilitators included open communication, teachable moments, and skill development. Noting the limited number of qualitative studies completed with parents of elementary school aged children, this study served to fill this gap by exploring experiences of parents talking with their third, fourth and fifth grade children about sexuality.

Parent interviews provided a glimpse of parents' experiences with parent-child communication on sexuality topics with 3rd, 4th, and 5th grade children (Chapter III). A variety of techniques allowed these talks to occur, including children approaching their parents with questions and the use of books pertaining to the topic, as well as some parents approaching their children to talk about specific subjects. Topics included personal safety, pregnancy, puberty, and sexual identity, with some parents remembering other specific talks. Yet no consensus was shown for how to best talk with a child or what information is appropriate. Recommendations from parents included the need for a simple booklet of age appropriate information on sexuality topics, as well as parent workshops or classes to inform parents of age appropriate sexuality knowledge as well as techniques to use for communication with children (Chapter IV). Schools were named as the main source for these recommendations.

Although parents referred to schools as a main source for providing information and potential workshops, additional sources were proposed. Many participants mentioned attending local church services, with classes being offered before or after weekly services. Because these classes typically focus on specific interests for their attendees, how to talk to children about sensitive topics, like sexuality, could be discussed. By creating a forum in an environment in which parents felt comfortable, more effective discussions would be possible including those pertaining to family and spiritual values.

Another reason supporting the need for parental resources is the inconsistency of sexuality topics discussed by parents in this study. Comparing the specific topics parents

remembered discussing with their children to the NSES, specific age appropriate information was missing. Regarding anatomy and physiology, the only references made were to certain terms used for genitals, with few parents talking about functions of these parts. Although half of the parents reported talking about puberty, not all changes were discussed; nocturnal emissions, voice changes, and overall body shape changes were not mentioned in any interview. Of the identity standard referring to sexual orientation, 50% reported past discussions on same gender relationships. Pregnancy was discussed by the majority of parents, yet parents did not feel 5th grade students were of an age to understand the process of human reproduction. Preliminary data for 2011 showed 3,974 births for girls' ages 10 to 14 years of age living in the United States (Hamilton, Martin, & Ventura, 2012). Also, parents may not perceive 5th grade children as being able to understand reproduction nor want to imagine their preteens being sexually active, yet some children engage in sexual behaviors at early ages. Regarding healthy relationships and sexually transmitted diseases, no conversations were mentioned. This lack of discussion by parents necessitates parent resources.

Although parents recommended an informational guideline or pamphlet on age appropriate sexuality information be provided, resources currently exist. Five parents from the current study utilized books specifically geared to age appropriate sexuality topics and one mother remembered receiving an informational sheet for her 4th grade boy, which he read to himself then talked about with his mother and father. Within the literature review of 36 articles, only six reported parents using resources (Cox et al., 2010; DiIorio et al., 1996; Fitzharris & Werner-Wilson, 2004; Mitchell, 1998; Pluhar et

al., 2006; Wilson, Dalberth, Koo, & Gard, 2010). Yet resources including the mentioned *The Care and Keeping of You* by American Girl Library are available. This includes web sites such as *KidsHealth.org* with sections for younger and older children and parents. Due to most parents *not* mentioning potential resources within this study and other studies, awareness of their existence is needed. Although not noted in the results sessions in Chapters III or IV, many parents inquired about available resources after the recordings stopped. Upon being shown or referred to specific web sites and books by the interviewer, parents commented not knowing of their existence. Therefore, an additional recommendation is to provide an avenue for parents to become aware of existing resources. Possible avenues for parents to receive this information include local pediatrician offices, schools, and libraries. Also, simple advertisements in family magazines such as *Family Circle* or through *Facebook* pages may increase awareness.

Additional data from the current study referred to other themes not mentioned in previous chapters. This includes parents referring to their own recollections for how they learned about specific sexuality topics. Similar to past research (Pluhar et al., 2006), parents reflect on acquiring knowledge about pubertal changes and human reproduction, comparing their experiences to what they perceive their children are experiencing or should experience. This posits the need for additional research regarding how parents' own sexuality educational experiences may influence sexuality communication with their own children.

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APPENDIX A

INTERVIEW QUESTIONS FOR PARTICIPANTS

- A. Tell me about yourself and your family.
- B. When you hear the term “the birds and bees,” what comes to mind?
- C. What does the term “sex” or “sexual topics” mean to you?
- D. What is common for children (the same age as your child) to ask or be curious about? What should third, fourth, and fifth grade children know about sex or sexual topics?
- E. Tell me about the first time you and your child spoke about any sexual topic or referred to a topic.
- F. Tell me about the feelings you experience when thinking about talking to your child about sexual topics.
- G. What stops parents from talking to their children about sexuality topics (barriers)? What stops you?
- H. What helps parents talk with their children about sex (facilitators)? What helps you?
- I. What topics do you feel comfortable/uncomfortable talking with your child about?
- J. Who or what do you think is teaching your child about sex? Do you have any examples of this? Explain.

- K. What resources or people have you utilized to gain additional information to teach your child about sexual topics?
- L. What are your thoughts on the Texas and NSES standards?
- M. Are the items from Chapter 115, Texas Education, and NSES being taught in the local schools? Explain.
- N. What recommendations do you have to help children learn about sexuality?
- O. When your child is older, what do you hope your child will remember learning from you about sexuality?
- P. Is there anything you would like to add?

APPENDIX B

SOURCES PARENTS UTILIZED

Books

Jones, S., & Jones, B. (1995). *Facing the facts: The truth about sex and you (God's design for sex, book 4)*. Colorado Springs, CO: NavPress.

Jones, S., & Jones, B. (2007). *The story of me (God's design for sex, book 1)*. Colorado Springs, CO: NavPress.

Jones, S., & Jones, B. (2007). *What's the big deal?: Why God cares about sex (God's design for sex, book 3)*. Colorado Springs, CO: NavPress.

Nystrom, C. (2007). *Before I was born (God's design for sex, book 2)*. Colorado Springs, CO: NavPress.

Schaefer, V. (1998). *The care and keeping of you: The body book for younger girls*. Middleton, WI: American Girl LLC.

Programs

Family Diversity Project (2013). Love makes a family: Portraits of lesbian, gay, bisexual, transgender people and their families. Retrieved from <http://familydiv.org/exhibits/love-makes-a-family/>