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Whose Job Is It Anyway? Parents' Perspectives of Responsibilities for Educating Their Children About Sex

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Abstract

Introduction—Parents who do not feel responsible for parent–child sexual communication (PCSC) may be missing out on opportunities to engage in PCSC that has protective effects on children's sexual well-being. Using the theory of planned behavior and feminist theory, we explore how parents' PCSC attitudes and demographics are associated with perceptions of who is responsible for PCSC.

Methods—Using data collected in December 2019 through January 2020 from parents of 6–11-year-olds, we ran chi-square tests, ANOVAs, and logistic regressions to determine how parent PCSC attitudes and other parental factors are associated with parent perceptions of who is responsible for PCSC.

Results—The majority of parents saw themselves and/or a co-parent as primarily responsible for PCSC about facts and values. Bivariately, parents with higher scores of perceived positive PCSC outcomes, subjective norms, and self-efficacy were more likely to believe that they were solely responsible or shared an equal responsibility for PCSC. Multivariately, mothers and genderqueer parents, parents with the same gender as their child, and parents whose co-parent was less involved in parenting were more likely to report being solely responsible for PCSC.

Conclusions—Most parents saw themselves or a partner as most responsible for PCSC; parent and child gender were the strongest determinants of parents' perceptions of PCSC responsibility.

Policy Implications—These results suggest that it may be more effective for parent education to challenge and deconstruct traditional gender roles versus focusing on self-efficacy, norms, and perceived outcomes if we want to increase parents' perceived PCSC responsibility, especially within different-gender parent–child dyads.

Keywords

Parent–child sexual communication; Gender differences; Quantitative; Parent responsibility; Sex education

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Parent–child sexual communication (PCSC) is associated with many benefits for adolescents, including safer sex behavior (Widman et al., 2016), increased sexual self-concept (Astle et al., 2021; Lou et al., 2010), and improved communication with sexual partners (Troth & Peterson, 2000). However, not all parents believe that PCSC is their responsibility and may instead rely on partners, co-parents, or schools to educate children about sexuality (Collins et al., 2008; Heller & Johnson, 2010; Robinson et al., 2017). Although children do express desires to learn about sex-related topics from various sources (Making Caring Common Project, 2018), parents who do not feel responsible for PCSC may be missing out on opportunities to engage in these conversations with children that have protective effects on their sexual well-being (e.g., Beckett et al., 2010; Widman et al., 2016). This is supported by previous research which showed that parents who believed engaging in PCSC was a trait of a responsible parent and parents who believed PCSC was their responsibility were more likely to have engaged in PCSC or to plan on engaging in PCSC in the future (Astle et al., 2021; Guilamo-Ramos et al., 2008). Understanding what factors influence parents' perspectives of who is responsible for PCSC is crucial as this information can highlight potential areas of intervention for educators aiming to increase PCSC and its associated positive outcomes for children. Therefore, in this study, we explore how certain attitudes about PCSC and demographic variables are associated with parents' perceptions of who is responsible for educating their child about the facts and values about sex.

Theory of Planned Behavior and Feminist Perspectives

The theory of planned behavior posits that various attitudes about a behavior predict intentions to engage in the behavior and ultimately the behavior itself (Ajzen, 1985). These attitudes include perceived self-efficacy to engage in the behavior, subjective norms surrounding the behavior (i.e., is this behavior socially approved), and perceived outcomes of the behavior (Ajzen, 1985). Previous work on PCSC using this theory has also included perceived responsibility of PCSC as an additional attitude related to PCSC intentions and behaviors (Astle et al., 2021). As perceived responsibility of PCSC has been shown to be moderately to strongly correlated with PCSC intentions, perceived PCSC self-efficacy, PCSC subjective norms, and perceived outcomes of PCSC (Astle et al., 2021), in this study, we explore the relationship between these components of the theory of planned behavior and parents' perceptions of who is responsible for PCSC. This theory is a valuable lens through which to explore perceived PCSC responsibility as it (a) provides specific parent attitudes toward PCSC, the behavior in question, for us to explore in relation to perceived PCSC responsibility, (b) allows for each PCSC attitude to hold varying weight in predicting behavior, (c) and does not require a measurement of behavior in order to apply the theory when exploring attitudes toward a behavior (Ajzen, 1985).

In exploring the factors associated with parental beliefs about PCSC responsibility, we also take a feminist perspective as we acknowledge that social constructions of gender affect common beliefs about parental responsibilities. Cultural ideas about gender are “created and re-created out of human interaction” (Lorber, 2018, p. 318); these social constructions of gender reflect beliefs about how individuals should perform their gender and what the roles of each gender are in society (Hamon & Smith, 2016; Lorber, 2018) and are rooted in white supremacist, patriarchal, and cisheteronormative norms rather than reality

(e.g., beliefs that women are sexual gatekeepers whereas men are sexual aggressors and initiators; beliefs that Black women are sexually promiscuous whereas White women are virtuous; Collins, 2004; Weiser et al., 2022). Through gender socialization, these social constructions of gender shape how we behave in society according to our expected gender roles (Hamon & Smith, 2016). For example, in relation to PCSC, mothers often have stronger expectations placed on them to engage in PCSC as they are traditionally seen as “de facto sex educators” (Flores & Barroso, 2017, p. 15) and the doers of emotional and caregiving labor (Erickson, 2005). Social constructions of gender do not create the same expectations for fathers to provide caregiving labor, including PCSC. In line with feminist thought (for a review see Allen, 2016, 2023; Allen & Henderson, 2022; Hamon & Smith, 2016), we take the stance throughout this paper that (a) all parents regardless of gender should be empowered to educate their children about sex-related topics and (b) socially constructed gendered expectations which prevent fathers from engaging in this caregiving behavior should be challenged, especially since research has shown the unique positive effects of fathering on adolescent sexual behavior (Guilamo-Ramos et al., 2012). In line with feminist thought (Allen, 2023; Hamon & Smith, 2016), we also explore how a wide array of demographic factors (e.g., race, sexual orientation, religiosity) are associated with perceived PCSC responsibility as these identities and their accompanying privilege and oppression in society affect parenting beliefs and behavior (Astle et al., 2022b).

Theory of Planned Behavior and PCSC Responsibility

Overall, literature examining the connection between perceived PCSC responsibility and three components of the theory of planned behavior (i.e., perceived PCSC outcomes, PCSC subjective norms, and PCSC self-efficacy; Ajzen, 1985) suggests that these concepts may influence one another. However, this literature base is sparse and primarily qualitative in nature, limiting our ability to understand quantifiable relationships between these attitudes.

Perceived PCSC Outcomes

Perceived PCSC outcomes refer to whether parents believe talking to their child about sex will have positive or negative outcomes. In research exploring general PCSC, there is evidence that parents who believe that PCSC will have positive outcomes are more likely to have conversations with their children about sex (Askelson et al., 2011; DiIorio et al., 2000; Guilamo-Ramos et al., 2008; Jaccard et al., 2000); perceiving more positive outcomes of PCSC has also been shown to be minimally associated with increased intentions to engage in PCSC in the future (Astle et al., 2021). However, there is little to no research on the specific relationship between perceived PCSC outcomes and perceived PCSC responsibility. Despite a lack of exploration in this area, perceived PCSC outcomes could very likely impact whether a parent feels responsible for PCSC. For example, multiple studies show that parents believe they are responsible for PCSC and/or engage in PCSC with the goal of protecting their children from potential negative consequences of sex (e.g., unwanted pregnancy, STIs, sexual violence; Elliott, 2010a; Flores & Barroso, 2017; Robinson et al., 2017; Rudolph & Zimmer-Gembeck, 2018; Wilson et al., 2010a), even pushing through their discomfort around PCSC to do so (Elliott, 2010b). This suggests that these parents likely believe that talking with their children has the potential to result in positive outcomes (e.g.,

protection from potential negative consequences of sex), which leads them to push through their discomfort and take responsibility for PCSC; however, this remains to be empirically studied. Our study fills this gap in the literature to provide clarification on the relationship between perceived PCSC outcomes and perceived PCSC responsibility, information that can be used to improve PCSC intervention efforts.

PCSC Subjective Norms

Subjective norms refer to a person's perception of social pressures to perform or not perform a behavior (Ajzen, 1985). For the behavior of PCSC, parents may perceive social pressure (e.g., social approval or disapproval) from others to (a) engage in PCSC or disengage from PCSC and (b) conduct PCSC in a certain way. For example, previous work has shown that parents who perceived that close and important people in their life approved of PCSC were more likely to have engaged in PCSC, done so more frequently, and/or intend to engage in PCSC in the future (Askelson et al., 2011; Byers & Sears, 2012; Guilamo-Ramos et al., 2008). In relation to perceived PCSC responsibility, one study of US African American and Latino mother-adolescent dyads found that mothers were more likely to engage in PCSC if they believed that these conversations made them look like a responsible parent to others (Guilamo-Ramos et al., 2008). Socially constructed gender roles also significantly affect perceived subjective norms. For example, in one study utilizing interviews with US college-attending women, participants reported that fathers viewed sex education as the mother's responsibility (Collins et al., 2008), likely due to socially constructed gender norms around (a) parents' responsibilities (e.g., caregiving is women's labor) and (b) the limits of fathers' parenting role (e.g., fathers cannot talk about menstruation). This is consistent with feminist research and theory on division of household responsibilities as women are often expected to be the doers of emotional and caregiving labor (e.g., educating children about sexual topics), an expectation that is often carried out in practice (Erickson, 2005). It is likely then that parents' beliefs about what PCSC behavior is socially acceptable and/or expected (i.e., subjective norms) and what level or type of PCSC is their own responsibility are predicated upon these socially constructed gender ideologies.

PCSC Self-Efficacy

Self-efficacy (i.e., perceived behavioral control) refers to a person's belief that they have the needed resources, skills, and opportunities to perform a behavior (Ajzen, 1985). Research shows that higher perceived self-efficacy regarding PCSC is a significant predictor of whether parents engage in conversations with their children about sex (Guilamo-Ramos et al., 2008; Pariera, 2016) or intend to do so in the future (Astle et al., 2021). Unfortunately, many parents report a low level of self-efficacy to engage in PCSC, often characterized by discomfort, awkwardness, embarrassment, and confusion around talking to their children about sexual topics (Byers et al., 2008; Cederbaum & Hutchinson, 2016; Elliott, 2010b; Guilamo-Ramos et al., 2006; Pluhar et al., 2008; Ritchwood et al., 2018; Wilson et al., 2010b). Little to no research has explored the relationship between self-efficacy and perceived responsibility for PCSC. In one study, results of focus groups of mothers and fathers of 10–12-year-old children showed that a barrier to PCSC existed if parents felt like someone else could do it better (Wilson et al., 2010a). This finding could be interpreted

to mean that these parents had lower self-efficacy to engage in conversations with their children about sex and therefore felt less responsible to engage in these conversations.

Demographics and PCSC

In addition to exploring the relationship between components of the theory of planned behavior and perceived PCSC responsibility, we also explore how multiple demographic factors are associated with perceived PCSC responsibility in order to better understand how parents' social location and individual ideologies affect this aspect of PCSC (see Astle et al., 2022b for a review). Therefore, in line with feminist thought (Hamon & Smith, 2016), we examine a wide array of participant demographics in our analyses, especially because each has been shown to play a role in PCSC: parent and child gender, parent race, sexual orientation, religiosity, sexual attitudes, formal sex education level, child age, and the involvement of the parents' partner in parenting.

Overall, studies indicate that gender is an important consideration in understanding PCSC dynamics. Most PCSC occurs between mothers and daughters (Evans et al., 2020; for a review and meta-analysis see Flores & Barroso, 2017; Widman et al., 2016) with mothers reporting feeling more opposition from sons than daughters when they attempted to initiate PCSC (Elliott, 2010b). In one study of US parents, mothers reported a higher likelihood of engaging in PCSC at younger child ages and anticipated being more effective in doing so compared to fathers (El-Shaieb & Wurtele, 2009). As mentioned previously, this is likely due to socially constructed gender norms that place the responsibility of emotional and caregiving labor (e.g., PCSC) on women (Erickson, 2005; Hamon & Smith, 2016). Socially constructed gender norms and expectations also affect PCSC messaging and frequency. For example, parents are more likely to convey messages to daughters about the negative consequences of sex, pregnancy, relationships, abstinence, and biology and less likely to discuss sex-positive topics (e.g., masturbation, sexual satisfaction) compared with sons (Evans et al., 2020; Flores & Barroso, 2017; Widman et al., 2016; Wilson & Koo, 2010) with messages typically aligning with traditional gender norms (e.g., women as gatekeepers to sex; Weiser et al., 2022). In addition, parents are more likely to communicate more frequently with girls compared to boys (Widman et al., 2016). It is important to note that the results on this topic are mixed, as other studies have found that gender was not a significant barrier or facilitator to PCSC (Pariera, 2016), that there are no gender differences in discussions surrounding abstinence or delaying sex (Astle et al., 2022a), and that males reported discussing more sexual topics with their mothers and fathers compared to females (Sneed et al., 2013). We expand on these findings to determine whether gendered dynamics of PCSC contribute to parents' own perceptions of how responsible they are to (a) engage in PCSC at all and (b) engage in PCSC with a child of their same gender vs. a child of a different gender.

Race is also a factor that impacts PCSC, though findings are inconsistent (Flores & Barroso, 2017). Some studies found that White adolescents reported more communication about sex compared to Black and Latine adolescents (Flores & Barroso, 2017), and others reported that being a youth of color increased frequency of PCSC (Boyas et al., 2012). Using data from the National Longitudinal Study of Adolescent Health, Meneses and colleagues

(2006) found that Asian and Latina mothers reported the most infrequent PCSC and the most discomfort talking with their children about sex when compared to White and Black mothers. In another sample of US parents, El-Shaieb and Wurtele (2009) found that Asian American parents intended to engage in PCSC at later child ages compared to other racial groups. Parents of color are also forced to navigate racialized sexual stereotypes and discrimination in a white supremacist society (e.g., Stephens & Phillips, 2003; Wallace et al., 2011), which may increase their feelings of responsibility to protect children from racist messages via PCSC. Further, people of color are expected to perform increased emotional and caregiving labor (e.g., Hassberg et al., 2022; Williams et al., 2019) based on socially constructed racialized norms, which may carry over to feelings of responsibility for PCSC; however, this remains to be tested.

Another important identity that contributes to a parent's social location is sexual orientation. Limited research among lesbian and gay parents suggests that in addition to discussing topics common among heterosexual parents such as reproduction/biology, they tend to discuss a more expansive range of sexual topics such as sexual orientation and intimacy (Bonander, 2016) and model less rigid gender expression for their children (Lippa, 2005; Sumontha et al., 2017). In regard to PCSC responsibility, many LGBQ adults have reported dissatisfaction with how they were educated about sexuality due to heteronormativity and hegemonic masculinity (Estes, 2017; Feinstein et al., 2018; Flores et al., 2019, 2020; LaSala et al., 2016), which may prompt them to take on more responsibility for PCSC to ensure that their own children receive more inclusive and affirming sex education that challenges these systems of oppression; again, this remains to be tested.

Parent's own ideologies (e.g., religious beliefs, sexual attitudes) also significantly impact PCSC behavior and messaging, although it is unclear at this point exactly how they relate to perceived PCSC responsibility. Findings from one review of US studies on PCSC found that more religious parents were more likely to convey to their children that sexual intercourse should only happen in the context of marriage (Flores & Barroso, 2017). In general, parents who engage in more open and supportive conversations about sexual topics are more effective and well-received compared to parents who express more conservative values to their children (Astle et al., 2022a; Rogers, 2017). Parents with more conservative religious beliefs and sexual attitudes (i.e., attitudes about appropriate sexual expressions and behaviors in society in general) likely feel responsible for different facets of PCSC. For example, more conservative parents may feel responsible for engaging in PCSC to prevent pre-marital sex whereas more liberal parents may feel responsible for teaching their child to deconstruct heteronormativity. However, this is far from cut and dried as evidenced by in-depth interviews with US parents of teenagers who stated that even if they prefer that their children practice abstinence, they still feel responsible for educating their children about contraception and safe sex in the event that their children are engaging in sex (Elliott, 2010a). Relatedly, it is likely that parents' personal ideologies and sexual attitudes which likely inform their perceived PCSC responsibility would be influenced by their receipt of sex education. Therefore, in addition to religiosity and sexual attitudes, we explore the relationship between formal sex education level and perceived PCSC responsibility.

The age of the adolescent is also an important consideration for PCSC. Parents often believe that their child is too young to have conversations about sexual topics (Pariera, 2016). Relatedly, the number of sexual topics discussed and the depth of these conversations have been shown to increase with an adolescent's age (Byers et al., 2008; Jerman & Constantine, 2010). Based on these findings, it is likely that parents take less responsibility for PCSC when their child is young but feel more responsible for PCSC once children age and hit certain milestones (e.g., starts puberty, begins dating). Similarly, it is likely that a parent or other adult in a child's life (e.g., a parent's romantic partner) would assume less responsibility for PCSC if they are less involved in parenting the child overall. We test both of these assumptions in our analyses.

PCSC About Facts Versus Values

Previous work has suggested potential differences between PCSC about facts surrounding sex (e.g., educating children about birth control) versus PCSC about values about sex (e.g., teaching children that using birth control is wrong or immoral). Using data from the National Longitudinal Study of Adolescent Health, Regnerus (2005) found that parents were more likely have talked a "great deal" with their children about the morality of sex compared to PCSC about sex and birth control (p. 90). This finding was consistent across parent race and child gender, with more religiously devout parents (attending services weekly or more and rating religion as very important) and parents in Latter-Day Saint/Mormon and Black Protestant churches being most likely to have engaged in PCSC about the morality of sex than PCSC about sex and birth control. Based on these findings, we chose to measure PCSC in this study separately by facts (e.g., STDs, reproduction, menstruation, masturbation, wet dreams, using contraceptives) and values (e.g. when is it appropriate to have sex, what things in sex are okay and not okay) to capture any potential differences in parents' perception of who would be responsible for educating children about each separate type of PCSC.

The Present Study

Although the current body of literature exploring components of the theory of planned behavior (perceived PCSC outcomes, subjective norms, and self-efficacy), parent demographics, and perceived PCSC responsibility provides evidence on how these factors relate to general PCSC behavior, more work is needed to understand the specific relationship between these parent attitudes and demographics and parents' perceptions of their responsibility for PCSC. Understanding these relationships, particularly at a quantitative level, can help us pinpoint what factors influence parents' perspectives of who is responsible for PCSC, thereby highlighting potential areas of intervention for educators aiming to increase PCSC and its associated positive outcomes for children.

Therefore, with this aim and guided by feminist theory (Allen, 2016) and the theory of planned behavior (Ajzen, 1985), this study explores what parent attitudes about PCSC and parent demographics are associated with parents' perceptions of who is responsible for talking with their child about the facts and values about sex. With the aim of highlighting intervention points for increasing parental feelings of responsibility for PCSC, this study contributes to the existing body of literature on PCSC by (a) exploring parent perspectives

of who is responsible for PCSC about facts and values and (b) exploring the statistical relationships between perceived PCSC responsibility and various parent characteristics (e.g., PCSC attitudes, demographics). The quantitative nature of our analyses allows us to explore quantifiable relationships between PCSC attitudes and perceived responsibility and compare effect sizes of these relationships, strengthening our ability to point to specific potential areas of intervention. Specifically, this study aims to test the following research question and hypotheses:

RQ1: Who do parents see as responsible for educating their child about the facts and values about sex?

H1: Parents who perceive more positive outcomes of PCSC, perceive greater social acceptance for PCSC, and feel more self-efficacious at engaging in PCSC will be more likely to believe they are solely or equally responsible for PCSC.

H2: While controlling for various demographic variables, parents who perceive more positive outcomes of PCSC, perceive greater social acceptance for PCSC, and feel more self-efficacious at engaging in PCSC will be more likely to believe they are solely responsible for PCSC about facts and values.

Method

Sample

Participants were 561 parents or caregivers of an oldest child between the ages of 6–11 residing in the USA. Average parent age was 38.06. There were slightly more women ($n = 330$; 58.8%) in our sample compared to men ($n = 226$; 40.3%) with fewer participants identifying as gender non-conforming ($n = 2$; 0.4%), questioning ($n = 1$; 0.2%), transgender ($n = 1$; 0.2%), or non-binary ($n = 1$, 0.2%). Most parents identified as heterosexual ($n = 484$; 86.3%), followed by bisexual ($n = 52$; 9.3%), pansexual ($n = 12$; 2.1%), queer ($n = 5$; 0.9%), lesbian ($n = 4$; 0.7%), asexual ($n = 2$; 0.4%), gay ($n = 1$; 0.2%), and questioning ($n = 1$; 0.2%). The majority of participants identified as White ($n = 478$; 85.2%), followed by Black/African American ($n = 46$; 8.2%), Asian American/Pacific Islander ($n = 23$; 4.1%), biracial/multiracial ($n = 6$; 1.1%), Native American/American Indian ($n = 4$; 0.7%), and Other ($n = 3$; 0.5%). In total, 45 parents (8.0%) reported Latine ethnicity. Most parents reported their annual income to be between \$50,000 and \$99,999 (USD).

The majority of parents reported their relationship status as married ($n = 420$; 74.9%) followed by dating exclusively ($n = 72$; 12.8%), single ($n = 30$; 5.3%), divorced ($n = 21$; 3.7%), separated ($n = 9$; 1.6%), dating casually (i.e., dating but lacking serious commitment or intent; $n = 8$; 1.4%), and widowed ($n = 1$; 0.2%). Most parents described their relationship with their child as a biological parent ($n = 527$; 93.9%) followed by stepparent ($n = 22$; 3.9%) and adoptive parent ($n = 11$; 2.0%) with most parents having custody of their child 7 days per week ($n = 498$; 88.8%). Children were identified by parents as girl ($n = 273$; 48.7%), boy ($n = 287$; 51.2%), and gender non-conforming ($n = 1$; 0.2%) and were on average 7.55 ($SD = 1.69$) years old.

Procedure

Participants were recruited from December 2019 to January 2020 using Prolific, an online labor system and crowd-sourcing platform. Prolific employees were shown a job opportunity to participate in a study about “Parent–Child Communication about Relationships and Sex” open to those who were the primary caregiver of an oldest child between the ages of 6–11, spoke English, and lived in the USA. Prolific employees who chose to participate were directed to a Qualtrics survey where they provided informed consent and completed items to determine whether they met inclusion criteria. Participants who met inclusion criteria and provided consent then continued on to the full survey with items measuring demographics, components of the theory of planned behavior in relation to parent–child sexual communication (perceived outcomes, subjective norms, self-efficacy), and perceived parent responsibility for PCSC. Per Prolific’s policy, participants who completed the survey were compensated with \$10/hour (USD) depending on how long it took them to complete the survey. The first author reviewed participants’ responses and rejected any low-quality responses (e.g., inaccurately answering attention checks, taking the survey too quickly).

Measures

Parent Responsibility for PCSC—Parent responsibility for PCSC about facts and values was measured with two items: “In your personal situation, who is the most responsible for teaching your child the facts about sex (e.g. STDs, reproduction, menstruation, masturbation, wet dreams, using contraceptives, etc.)?” and “In your personal situation, who is the most responsible for teaching your child the values about sex (e.g. when is it appropriate to have sex, what things in sex are okay and not okay, etc.)?” These items were assessed with 11 response options (e.g., child’s other parent, my spouse/partner) that we then condensed into 3 categories: *myself*, *co-parent/partner*, and *equally responsible with co-parent/partner*.

Perceived Positive Outcomes of PCSC—Perceived positive outcomes of PCSC were measured using 26 items adapted from Byers and Sears (2012; for details on how items for this measure and the following measures were modified, see author citation). Parents were presented with a question stem for PCSC about facts and another for PCSC about values: “If I talk to [name of child] about the facts about sex (e.g., STDs, reproduction, menstruation, masturbation, wet dreams, using contraceptives, etc.)...” and “If I talk to [name of child] about the values about sex (e.g., when is it appropriate to have sex, what things in sex are okay and not okay, etc.)...” They were then asked to respond to a list of possible outcomes of PCSC on a scale from 1 (strongly disagree) to 4 (strongly agree). For example, “I would feel like a responsible person” and “It would encourage [name of child] to experiment with sex” (reverse coded). A mean score of these items was created with higher scores reflecting more positive perceived outcomes for PCSC ($\alpha = 0.90$). See Table 1 for summary statistics for this variable and all other continuous variables.

PCSC Subjective Norms—Subjective norms of PCSC were measured using a modified version of 6 items from Askelson and colleagues (2011) assessed on a scale from 1 (strongly disagree) to 4 (strongly agree). Example items include “The people in my life whose opinions I value would approve of me talking to [name of child] about the facts about sex

(e.g., STDs, reproduction, menstruation, masturbation, wet dreams, using contraceptives, etc.)” and “Most people who are important to me think that I should talk with [name of child] about values about sex (e.g. when is it appropriate to have sex, what things in sex are okay and not okay, etc.)” A mean score of these items was created with higher scores reflecting greater perceived social approval of PCSC ($\alpha = 0.91$).

Perceived PCSC Self-Efficacy—Perceived self-efficacy for engaging in PCSC was measured by a modified version of the 5-item scale from Miller and colleagues (2009) assessed on a scale from 1 (not at all true) to 5 (very true). Example items include “I feel comfortable talking to [name of child] about sex topics” and “I know how to talk to [name of child] about sex topics.” A mean score of these items was created with higher scores reflecting greater perceived self-efficacy for engaging in PCSC ($\alpha = 0.87$).

Demographics and Control Variables—Parents were asked to report on their gender, race, sexual orientation, partner involvement in raising child, level of formal sex education, sexual attitudes, and religious beliefs about sexuality as well as their child’s gender and age in years. We chose to group women and genderqueer parents together in our analyses in order to be able to include genderqueer parents’ responses in our analyses rather than dropping them. This has been done in previous work (e.g., Rubinsky & Cooke-Jackson, 2017) as a way to explore experiences of those whose gender affords them less societal privilege compared to cisgender men and is in line with our use of feminist theory (Hamon & Smith, 2016). A new variable was created to capture whether the parent’s gender was the same as the child’s gender so that 0 = different parent–child gender ($n = 285$; 50.8%) and 1 = same parent–child gender ($n = 276$; 49.2%). Parents were also asked to report on how involved their partner was in raising the child with the question “If you have a current romantic partner, how involved are they in raising [name of child]?” assessed with options 1 (I do not currently have a romantic partner/not at all involved), 2 (somewhat involved), and 3 (very involved). Higher scores reflect a greater level of partner involvement in raising the child. Level of formal sex education was measured with the question “How much formal education about sexuality (e.g., during your schooling, as part of job training, etc.) have you received?” with options ranging from 1 (none) to 5 (a great deal). Higher scores reflect more formal education about sexuality. Parents’ attitudes about sex were measured using the Attitudes Toward Sexuality Scale (Fisher & Hall, 1988). A mean score of these 13 items was created with higher scores reflecting more permissive attitudes toward sexuality (e.g., acceptance of abortion, pornography, premarital sex, homosexuality, etc.; $\alpha = 0.92$). Parents’ religious beliefs were measured with one item: “My religious beliefs have a strong impact on my beliefs about sexuality.” Options ranged from 1 (strongly disagree) to 5 (strongly agree) with higher scores reflecting higher levels of religiosity in relation to sexuality.

Analytic Plan

First, we combined categories of parent responsible for PCSC in order to have enough participants in each group to conduct our analyses. “Myself” remained its own category (facts, $n = 249$, 44.4%; values, $n = 270$, 48.1%). “My spouse/partner” and “child’s other parent (who I am no currently in a relationship with)” were combined into the category “other parent” (facts, $n = 86$, 15.3%; value, $n = 67$, 11.9%). “My spouse/partner and I are

equally responsible” and “my child’s other partner (who I am not currently in a relationship with) and I are equally responsible” were combined into the category “equally responsible” (facts, $n = 206$, 36.7%; values, $n = 221$, 39.4%). Responses of “school” (facts, $n = 20$, 3.6%; values, $n = 3$, 0.5%) and “other” (facts: $n = 1$, 0.2%; values: $n = 1$, 0.2%) were not included in our analyses due to the low number of participants who selected these responses.

Second, chi-square tests and ANOVAs were conducted to determine bivariate relationships between perceived parent responsibility for PCSC and other study variables. These analyses were conducted with the three possible categories for parent responsible for PCSC as mentioned in the previous paragraph (myself, other parent, equally responsible).

Third, two logistic regressions were conducted to determine how components of the theory of planned behavior and other parent variables are associated with perceived parent responsible for PCSC. Because there were not enough participants in each of the three categories of parent responsible for PCSC (myself, other parent, equally responsible), we further combined the categories “other parent” and “equally responsible” so that 0 = not just me responsible for PCSC (facts, $n = 249$, 44.4%; values, $n = 270$, 48.1%) and 1 = I am solely responsible for PCSC (facts, $n = 292$, 52.0%; values, $n = 288$, 51.3%). This allowed us to run a multivariate analysis to better understand what parent variables are associated with the belief that one is solely responsible for PCSC about facts and values. All analyses were conducted in SPSS (version 27).

Results

Descriptive and Bivariate Analyses

Nearly one-half of parents reported that they were the parent personally responsible for PCSC about facts (44.4%) or values (48.1%). A little more than one-third reported that they and their spouse or partner were equally responsible for PCSC about facts (34.4%) or values (37.4%). Less commonly, other parents reported that PCSC was solely their partner or co-parent’s responsibility or that it was the responsibility of the school to teach children about the facts about sex. See Table 2 for full results. Of the parents who selected a partner or co-parent being solely responsible or equally responsible for PCSC, 28.3% ($n = 159$) identified the other parent’s gender as woman, 27.4% ($n = 154$) as man, and 0.6% ($n = 3$) as transgender or gender non-conforming.

Results of chi-square tests showed that women and genderqueer parents were more likely than men to report that PCSC about facts ($\chi^2 [2, n = 541] = 39.94, p < 0.001$) and values ($\chi^2 [2, n = 558] = 48.78, p < 0.001$) was solely their responsibility rather than an equally shared responsibility or a co-parent’s responsibility. Parents whose gender was the same as their child’s gender were more likely to report that PCSC about facts ($\chi^2 [2, n = 541] = 79.30, p < 0.001$) and values ($\chi^2 [2, n = 558] = 39.31, p < 0.001$) was solely their responsibility rather than an equally shared responsibility or solely a co-parent’s responsibility. Parents of color were more likely to say they were solely responsible for PCSC about facts than White parents ($\chi^2 [2, n = 541] = 6.70, p = 0.035$), but this association did not hold for PCSC about values ($\chi^2 [2, n = 558] = 2.98, p = 0.226$). LGBQA parents versus straight parents were

also more likely to say they were solely responsible for PCSC about facts ($\chi^2 [2, n = 541] = 9.23, p = 0.010$), but not values ($\chi^2 [2, n = 558] = 3.91, p = 0.141$).

Results of ANOVAs showed that parents with higher scores of perceived outcomes of PCSC, higher scores of subjective norms, and higher perceived PCSC self-efficacy were more likely to believe that they were solely responsible or shared an equal responsibility for PCSC about facts and values. See Table 3 for full ANOVA results.

Multivariate Analyses

In logistic regressions (see Table 4), parent gender, parent–child gender congruence, and partner involvement in raising the child were the only significant predictors of perceived parent responsibility for both PCSC about facts and values. Specifically, compared to fathers, mothers and genderqueer parents were more than twice as likely to say they were solely responsible for PCSC about facts ($B = 0.98, OR = 2.65$) and values ($B = 0.91, OR = 2.48$) versus sharing the responsibility with the other parent or the other parent being solely responsible. Parents whose gender was the same as the gender of their child were more than 5 times as likely to say they were solely responsible for PCSC about facts ($B = 1.77, OR = 5.87$) and more than 3 times as likely to say they were solely responsible for PCSC about values ($B = 1.22, OR = 3.37$). Parents whose partner was more involved in raising their child were less likely to say they were solely responsible for PCSC about facts ($B = -0.95, OR = 0.39$) and values ($B = -0.93, OR = 0.40$). Child age, parents' sexual orientation, race, sexual attitudes, level of sex education, religiosity, perceived PCSC outcome expectations, PCSC subjective norms, and perceived PCSC self-efficacy were not significantly associated with the perceived parent responsible for PCSC about facts nor values.

Discussion

Our results showed that the majority of parents in our sample saw themselves and/or a co-parent as primarily responsible for PCSC about facts and values rather than schools or other individuals. At a bivariate level, parents with higher scores of perceived positive PCSC outcomes, subjective norms, and self-efficacy as well as mothers and genderqueer parents, parents with the same gender as their child, parents of color, and LGBQA parents were more likely to believe that they were solely responsible or shared an equal responsibility for PCSC. However, not all of these results remained constant after adding demographic control variables. In multivariate analyses, mothers and genderqueer parents, parents with the same gender as their child, and parents whose co-parent was less involved in parenting were more likely to report being solely responsible for PCSC.

Descriptive Results

Nearly one-half of parents believed that they were solely responsible for educating their child about the facts and values of sex. Over a third of parents perceived that they shared equal responsibility for PCSC with a spouse/partner. Few parents perceived that someone else outside of themselves or their parent unit was most responsible for teaching their child the facts about sex. For example, only 4% of parents perceived schools as most responsible for educating their child about the facts of sex, and less than one percent believed schools

should educate their children regarding the values of sex. This is not consistent with a previous study which found that the majority of parents (65% of the sample) believed that the responsibility of sex education should be shared between parents and schools and only one-third believed sex education was solely the parents' responsibility (Robinson et al., 2017). It is possible that so few parents selected schools as the survey asked who was "most" responsible for PCSC and parents are apt to believe they are more responsible for most parenting responsibilities, including PCSC, over schools. In addition, the number of parents who endorse schools as responsible for PCSC is lower for values compared to facts. This may be because parents believe it is more of their responsibility to teach about values (e.g., morality of having sex) compared to facts (e.g., types of available birth control). Indeed, other research has shown that parents have a higher support of schools covering sex education topics about factual knowledge (e.g., the basics of reproduction) rather than other topics that may be more value-laden such as sexual pleasure (Hurst et al., 2023). These findings illustrate that the majority of parents believe that they are more responsible for educating their children about the facts and values of sex rather than schools or other individuals. Even though the majority of parents feel responsible for PCSC, many parents feel unsure about how to engage in PCSC and desire additional resources and guidance (Cederbaum & Hutchinson, 2016; Elliott, 2010b; Newcomb et al., 2018).

Theory of Planned Behavior

Our first hypothesis was supported with more perceived positive outcomes of PCSC, subjective norms, and PCSC self-efficacy being significantly associated with being solely or equally responsible for PCSC at a bivariate level. However, our second hypothesis was not supported as these components of the theory of planned behavior (Ajzen, 1985) were not significantly associated with perceptions of PCSC responsibility in multivariate analyses. Instead, parent and child gender and parental involvement were the strongest determinants of parents' perceptions of PCSC responsibility. This suggests that social constructs of gender, gender expectations, and gender roles are more important in determining whether a parent feels responsible for PCSC than whether they feel optimistic about PCSC outcomes, socially supported, and self-efficacious. However, these attitudes are likely related, for example, fathers who feel like PCSC with a daughter is not their responsibility may also feel like they are not the most equipped to talk with their daughter about certain topics (e.g., anatomy, puberty), a previously reported barrier to PCSC related to the self-efficacy component of the theory of planned behavior (Wilson et al., 2010a). In a society that places gendered expectations on women to be primarily responsible for emotional and caregiving labor (Erickson, 2005), fathers may also feel they have less social approval of discussing these topics with their daughter and may expect less positive outcomes compared to the PCSC daughters experience with a mother or same-gender caregiver. Future research should explore how perceived parent responsibility may vary by different PCSC topics to identify specific points of intervention to increase co-parental PCSC.

Demographics

Gender—Bivariate and multivariate analyses revealed that women and genderqueer parents were more likely than men to report that PCSC about facts and values was solely their responsibility rather than an equally shared responsibility or a co-parent's responsibility.

These findings align with previous research indicating that women often have more societal expectations as caregivers (Erickson, 2005), including providing sex education to their children (Flores & Barroso, 2017). This also aligns with feminist theory highlighting how social constructs of gender create these expectations for women (Allen & Henderson, 2022; Hamon & Smith, 2016), which result in mothers doing more than their fair share of caregiving labor such as PCSC, labor that is often invisible and unpaid (Allen, 2023). In addition, a new contribution to the PCSC literature is the finding that genderqueer parents are more likely to perceive PCSC as their sole responsibility. Genderqueer parents' perception of feeling solely responsible for PCSC may be due to their own gender socialization as well as negative personal experiences with sex education and desire to challenge the cisheteronormative messaging typically shared in school-based sex education (Bishop et al., 2021; Warwick et al., 2021).

Additionally, bivariate analyses showed that parents whose gender was the same as their child's gender were more likely to report that PCSC about facts and values was solely their responsibility rather than an equally shared responsibility or a co-parent's responsibility. Similarly, multivariate analyses corroborated these findings and revealed that parents with a child of the same gender were more than 5 times likely to say PCSC about facts is solely their responsibility and more than 3 times likely to say PCSC about values is solely their responsibility. Sharing the same gender as their child had the largest influence on parents' perceived PCSC responsibility even after adding in control variables. These findings echo previous research that PCSC most often occurs between mothers and daughters (Evans et al., 2020; Flores & Barroso, 2017; Widman et al., 2016; Wilson & Koo, 2010). In addition, one study of US young adults found that participants preferred talking about sex with a parent of their same gender as they feel awkward discussing sexual topics with a parent of a different gender (Astle et al., 2022a). These results demonstrate that PCSC is significantly influenced by the social construction of gender roles and norms (Allen, 2023; Allen & Henderson, 2022; Hamon & Smith, 2016) which dictate the limits of fathers' parenting roles. An example of these gendered rules would include the beliefs that (a) fathers are not equipped to educate daughters about menstruation and (b) it would be awkward for them to do so (solely because of their sex and gender). These socially constructed rules create barriers to parents engaging in conversations about sex with their children of a different gender.

Other Demographic Variables—In line with feminist thought (Hamon & Smith, 2016), we explored a wide variety of demographic factors that make up a parent's social location in relation to perceived PCSC responsibility. However, the majority of demographic variables were not significantly associated with perceived PCSC responsibility in multivariate analyses. These findings suggest that parent and child gender and partner involvement were more influential on perceived PCSC responsibility than sexual orientation, race, sexual attitudes, religiosity, and formal sex education level, despite evidence that these variables have been associated with other facets of PCSC in previous research.

Although the relationship did not hold in multivariate analyses, bivariate analyses showed that parents of color were more likely to say they were solely responsible for PCSC about facts than White parents, but not values. Similarly, a national study found that youth of

color are more likely to engage in informal conversations about sex with adults compared to White youth (Lindberg et al., 2016). In addition, LGBQA parents versus straight parents were also more likely to say they were solely responsible for PCSC about facts, but not values. The fact that these findings were only significant for PCSC about facts, but not PCSC about values, could be that all parents regardless of race or sexual orientation believe that it is important to impart their values about sex to their children (Regenerus, 2005). Thus, there are no significant between-group differences on PCSC about values. However, one possible explanation for why parents of color and LGBQA parents feel more responsible for PCSC about facts could be that school-based sex education has a history of exclusionary practices rooted in white supremacy and heteronormativity that has negatively affected people of color and LGBQA people (Elia & Tokunaga, 2015). Therefore, these parents from historically excluded groups that experience societal oppression from white supremacy and heteronormativity may feel solely responsible for ensuring that their children receive factual information about sex and control the messaging surrounding these topics.

Multivariate results revealed that parents whose partner was more involved in raising their child were less likely to say they were solely responsible for PCSC about facts and values. This finding makes sense as being less involved in caring for children overall likely means less perceived responsibility on many areas of parenting, including PCSC.

Limitations and Future Research

Although this study has important implications for parent educators and program developers, there are a few study limitations as well as opportunities for future research that should be considered. First, the lack of racial diversity in the sample prevented a more nuanced examination of differences in PCSC by racial and ethnic groups. Given the influence of social location on PCSC behavior (for a review see Astle et al., 2022b) and varied results on PCSC across different racial and ethnic groups (Boyas et al., 2012; Flores & Barroso, 2017; Meneses et al., 2006), future research could unpack how gender and theory of planned behavior constructs may impact PCSC among a more diverse sample and among samples of specific ethnic and cultural groups. Second, there were few genderqueer parents or parents with genderqueer children in the sample. This limits the generalizability of the findings to genderqueer people. Future research should seek to recruit a more gender diverse sample and explore the specific experiences of a solely genderqueer sample. Finally, this study only examined perceived responsibility of PCSC, not whether parents actually engaged in PCSC. Given that there are likely additional barriers between perceived responsibility PCSC and actual PCSC, future research should examine a behavioral outcome of PCSC. Further, as our study only measured the larger categories of PCSC facts and values, future research should explore what specific topics parents believe they are responsible for within PCSC. For example, future research could unpack whether mothers feel they are responsible for talking about menstruation, but fathers do not feel responsible for this topic. Additionally, parents may feel responsible for talking about some topics (e.g., when to have sex), but feel that schools are responsible for providing sex education about other topics (e.g., factual information about sexually transmitted infections; Robinson et al., 2017). Understanding the nuance of which specific PCSC topics parents believe they are responsible for could help inform programs to educate parents on PCSC.

Implications

These findings have important implications for parent educators and program developers. First, in general, we urge funders and policymakers to fund parent education to not only increase perceived parent responsibility for PCSC about a wide range of topics but also to improve the conversations parents are having with children about sexual topics as high-quality PCSC is associated with positive outcomes for young people (e.g., Astle et al., 2022a; Hurst et al., 2021). This education can especially help parents who feel responsible for PCSC about facts and values but who may want or need additional guidance in executing PCSC effectively. The need for parent education on *how* to engage in PCSC is evidenced by the findings of one study in which the majority of parents believed PCSC to be their responsibility, but only one-third of parents had a strategy or plan in place for actually engaging in PCSC (Robinson et al., 2017).

Second, as fathers were less likely than mothers and genderqueer parents to take sole responsibility for PCSC, cisgender men would likely benefit from education on the importance of taking responsibility for PCSC. This is important as fathers' parenting influence is uniquely associated with decreased adolescent risky sexual behaviors (Brown et al., 2014; Guilamo-Ramos et al., 2012) but fathers report significant barriers to engaging in PCSC with their daughters (Solebello & Elliott, 2011; Wilson et al., 2010b). In order to increase perceived parental responsibility for PCSC, parent education for all parents regardless of gender should work to effectively deconstruct socially constructed gender roles and traditional gender stereotypes by helping parents explore their gender ideologies and providing concrete examples of how parents can educate children of a different gender. This education should directly name and challenge socially constructed gender norms that prevent PCSC between different gender parent-child dyads and perpetuate heteronormativity. Sex education in other realms (e.g., school) can also work to deconstruct socially constructed gendered barriers to PCSC by providing gender-non-specific sex education to students from young ages (e.g., all students learning about menstruation and ejaculation regardless of gender or sex; students not being split by gender during sex education).

As parent attitudes (self-efficacy, subjective norms, and perceived outcomes of PCSC) were bivariate associated with parents' perceptions of PCSC responsibility and have been shown to be associated with parents' PCSC intentions and behavior in previous work (Astle et al., 2021; Cederbaum & Hutchinson, 2016; Ritchwood et al., 2018), they should still be given attention in parent education and programming. Specifically with the goal of increasing PCSC among different gender parent-child dyads, parent education could focus on increasing social approval and subjective norms around parents talking with children of a different gender while also building parents' self-efficacy in doing so. Helping parents deconstruct and operate outside of socially constructed gender roles can begin to break down barriers to PCSC that can have positive impacts on children's sexual well-being (e.g., Astle & Anders, 2022; Widman et al., 2016).

Conclusion

Parents who feel responsible for engaging in conversations with their child about sex can positively impact their child's sexual well-being. The majority of parents in this study

perceived themselves or a partner as most responsible for communicating with their child about the facts and values of sex. Parent and child gender, above and beyond theory of planned behavior constructs, were the most salient determinants of parents' perceptions of their responsibility of PCSC. In line with feminist theory (Allen, 2023; Hamon & Smith, 2016), the results from this study indicate that it may be most effective to deconstruct socially constructed gender roles and norms, especially within different-gender parent-child dyads as a means of increasing parents' perceived PCSC responsibility.

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Table 1Summary statistics for continuous variables ($n = 561$)

Variables	<i>M</i>	<i>SD</i>	Range	α
Perceived positive outcomes of PCSC	3.08	.37	1–4	.90
PCSC subjective norms	3.28	.56	1–4	.91
Perceived PCSC self-efficacy	3.83	.83	1–5	.87
Permissive sexual attitudes	3.88	.85	1–5	.92
Formal sex education	2.98	1.15	1–5	-
Religiosity	2.45	1.43	1–5	-
Partner involvement in raising child	2.93	.55	1–4	-
Child age	7.55	1.69	4–11	-

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Table 2

Perceived parent responsible for PCSC about facts and values (*n* = 561)

Parent responsible for PCSC	PCSC about facts, <i>n</i> (%)	PCSC about values, <i>n</i> (%)
Myself	249 (44.4%)	270 (48.1%)
Other parent	78 (13.9%)	60 (10.7%)
	7 (1.2%)	6 (1.1%)
Equally responsible	193 (34.4%)	210 (37.4%)
	13 (2.3%)	11 (2.0%)
School	20 (3.6%)	3 (0.5%)
Other	1 (0.2%)	1 (0.2%)

Participants could select one option

Table 3
One-way ANOVA and post-hoc test results for parent responsibility for PCSC about facts and values

Parent beliefs	Parent responsible for PCSC about the facts of sex				Parent responsible for PCSC about the values of sex							
	<i>n</i>	<i>M</i>	<i>SD</i>	ANOVA <i>p</i>	<i>n</i>	<i>M</i>	<i>SD</i>	ANOVA <i>p</i>	<i>df</i>	<i>F</i>		
Perceived positive outcomes of PCSC	Myself	249	3.15 ^a	.35	-	-	-	-	269	3.13 ^a	.35	-
	Other parent	85	2.84 ^b	.39	-	-	-	-	67	2.80 ^b	.42	-
	Equally responsible	206	3.10 ^a	.35	-	-	-	-	221	3.09 ^a	.34	-
PCSC subjective norms	Total	540	3.08	.37	<.001	2	25.18	-	557	3.08	.37	<.001
	Myself	249	3.32 ^a	.59	-	-	-	-	269	3.31 ^a	.58	-
	Other parent	85	3.08 ^b	.53	-	-	-	-	67	3.10 ^b	.54	-
Perceived PCSC self-efficacy	Equally responsible	206	3.32 ^a	.53	-	-	-	-	221	3.30 ^a	.54	-
	Total	540	3.28	.56	.002	2	6.23	-	557	3.28	.56	.018
	Myself	249	3.95 ^a	.87	-	-	-	-	269	3.92 ^a	.86	-
Total	Other parent	86	3.48 ^b	.84	-	-	-	-	67	3.38 ^b	.89	-
	Equally responsible	206	3.84 ^a	.75	-	-	-	-	221	3.85 ^a	.74	-
	Total	541	3.83	.83	<.001	2	10.43	-	558	3.83	.84	<.001

Significance level at $p < .05$. Significant differences obtained by the Tukey post-hoc test unless indicated by * = Games-Howell post-hoc test.

^{a/b} Different superscripts signify a significant difference in post-hoc analyses

Table 4

Summary of logistic regression analyses for variables associated with perceiving self as solely responsible for PCSC about facts and values ($n = 561$)

	PCSC about facts			PCSC about values		
	<i>B</i>	<i>SE B</i>	<i>OR</i>	<i>B</i>	<i>SE B</i>	<i>OR</i>
Positive PCSC outcome expectations	.59	.33	1.80	.58	.31	1.78
PCSC subjective norms	.04	.19	1.04	.01	.18	1.01
PCSC self-efficacy	.09	.14	1.10	.04	.14	1.04
Mother or genderqueer parent	.98	.22	2.65***	.91	.21	2.48***
Same-gender parent-child dyad	1.77	.21	5.87***	1.22	.20	3.37***
LGBQA	.16	.31	1.17	.16	.30	1.17
Parent of color	.44	.30	1.56	.09	.28	1.10
Permissive sexual attitudes	-.04	.16	.96	-.22	.15	.80
Formal sex education	-.01	.09	.99	-.00	.09	1.00
Religiosity	-.04	.09	.97	.02	.09	1.02
Partner involvement in raising child	-.95	.17	.39***	-.93	.16	.40***
Child age	.12	.06	1.12	.11	.06	1.11
Nagelkerke R^2	.34			.25		

Outcome variable was perceived parent responsible for PCSC (0 = not just me responsible for PCSC [other parent or equally responsible]; 1 = I am solely responsible for PCSC)

PCSC parent-child sexual communication

*
 $p < .05$;

**
 $p < .01$;

 $p < .001$