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Timing of Parent and Child Communication about Sexuality Relative to Children's Sexual Behaviors

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Abstract

Objective—To examine timing of parent-child discussions about sexual topics relative to child-reported sexual behavior.

Design—Longitudinal study of employed parents and their children, with an initial survey followed by subsequent surveys 3, 6, and 12 months later.

Participants—141 parents, along with their children (13–17 years), who were control participants in a randomized, controlled trial to evaluate a worksite-based intervention to improve parent-adolescent communication.

Main Outcomes—Parent and child reports of discussion of up to 24 sexual topics and child-reports on pre-sexual and sexual acts (ranging from hand-holding to sexual intercourse) that occurred before the first survey and in the intervals between subsequent pairs of surveys.

Results—The sexual topics, as reported by both parents and children, tend to group into three sets. The first includes topics such as girls' bodies and menstruation, and typically coincides with children's presexual stage (handholding, kissing). The second set includes topics such as birth control efficacy and refusing sex, and typically coincides with the pre-coital (genital touching and oral sex). The third set typically occurs when children have initiated intercourse. Over half of parents and children in the sample say that they have not discussed birth control efficacy, resisting partner pressure for sex, STD symptoms, condom use, choosing birth control, or partner condom refusal before a child is engaged in genital touching; more than 40% of children have intercourse before any discussion about STD symptoms, condom use, choosing birth control, or partner condom refusal.

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Conclusions—Many parents and adolescents do not talk about important sexual topics prior to adolescents' sexual debut. Clinicians can facilitate this communication by providing parents with information about sexual behavior of adolescents. Clinicians can also address these issues one-on-one or consider other ways of getting the information to adolescents, like web-based programs.

Keywords

Parents; adolescents; sexual communication

Introduction

Parents can play an important role in the sexual socialization of their children by educating and talking to youth about sexuality and by reinforcing safer HIV-related and pregnancy prevention behaviors.¹ The timing, as well as the content, of this communication in relation to an adolescent's sexual behavior may be critical in determining whether an adolescent experiences unintended pregnancy or contracts a sexually transmitted disease (STD).²⁻⁴ Information regarding the timing of parent-child discussions about sexuality and youth sexual behavior can inform pediatricians and others as they counsel parents to talk with their children about sexuality.

Talking about sex is not an all or nothing event. A recent study found that repetition of sexual discussions—talking about topics more than once—was associated with adolescents' feeling closer to the parent and with a sense of open communication.⁵ The content of parent-adolescent sexual discussions can cover a range of topics, including biological and developmental issues (e.g., puberty), values, healthy relationships, and pregnancy and STD prevention. Few studies have examined the timing of parent-child discussions about different sex-related topics and youth sexual behavior. Miller and colleagues² compared adolescents' age when they first discussed condom use with their mother and age at first intercourse. Only discussions with mothers that occurred prior to first intercourse were associated with more condom use (i.e., with more protected intercourse), when compared to no discussion. Clawson and Reese-Weber⁴ found that mother-adolescent communications prior to an adolescent's first intercourse (i.e., on-time communication) predicted older age of first intercourse and fewer lifetime partners, but also predicted greater likelihood of a pregnancy; on-time father-adolescent communication predicted older age of first intercourse. Discussions about sex-related topics generally precede sexual debut in these and other studies.²

Although informative, previous research has examined the timing of discussions about a limited number of sex-related topics using retrospective reports (e.g., youth were asked to remember how old they were when a topic was first discussed)^{4, 5} or on parent- or adolescent-reports about whether talks have occurred.² A stronger methodology would follow a cohort of adolescents who have not yet had intercourse to determine the association between timing of discussion of topics and sexual behavior⁵ and would examine the timing of talks from the perspective of the adolescent *and* the parent. The current study provides the first detailed description of what parents and adolescents say they are talking about and whether discussions of these topics precede or follow each of several key sexual milestones..

Participants and Methods

Study Design—The sample is a subset of parents (and their children) who participated in a randomized controlled trial of a worksite-based parenting intervention,⁶ *Talking Parents, Healthy Teens*, designed to help parents become more comfortable and skilled at communicating with adolescents about sexual health. Parents were recruited from 13 large public and private (for-profit and non-profit) Southern California worksites. Parents living with at least one 6th–10th grader were eligible to participate. Parents completed self-administered surveys at work and provided permission for all their 6th–10th graders in the household to receive mailed surveys (including postage-paid envelopes). Parents completed both general surveys with questions about themselves or their children as a group; they also completed child-specific surveys for each eligible child. Youths' surveys were specific to their gender and that of their participating parent. After the baseline survey administration, parents were randomized into the intervention group (i.e., parents who received the parenting program) and control group (i.e., parents only completed surveys). The data used in this study come from parents and adolescents in the control group who were interviewed at baseline and 1 week, 3 months, and 9 months post-intervention (follow-up was approximately 3, 6, and 12 months after baseline). More detailed information regarding the intervention and study design appears elsewhere.⁷

Parent response rate for the full sample was 95% or more for each wave. We obtained a baseline survey from 96% of eligible adolescents. Among adolescents completing a baseline survey, the follow-up response rate was 94% or more for each wave. The present sample includes the 141 parents in the control group and their 155 adolescents (age 13–17) who returned surveys for all four waves and who completed items about sexual experience at baseline (only asked of youth 13 years or older).

Measures of discussions and sexual activity

Talk topics: For each adolescent at each wave, parents reported whether they had ever discussed each of 24 specific sex-related topics. Because of parent concerns voiced in pilot testing and formative work, children were not asked about masturbation and girls were not asked about wet dreams. The remaining 22 topics were asked of girls (23 topics for boys) at each wave. The topics and exact wording of the items on the parent questionnaire appear in Table 2. Wording on the child questionnaire was parallel. The topics include items that relate to female physical development, male physical development, sex in relationships, making healthy decisions (“pregnancy consequences,” “what to do if partner doesn’t want to use a condom”), and STD-related topics (“STD symptoms,” “how condoms prevent STDs”).

Sexual experience: Youth answered questions about their sexual behaviors with partners of each sex. In this paper, we analyze behaviors with the opposite sex because 97% of our child sample reported being “100%” (91%) or “mostly” (6%) heterosexual/straight—only ten adolescents reported being “bisexual” and none reported being “mostly” or “100%” homosexual/gay/lesbian. Intercourse experience at each wave was measured with the item “Have you ever had sex with a boy/girl? By *sex* we mean when a boy puts his penis in a girl’s vagina” (yes/no). We measured lifetime levels of sexual experience at each wave with a scale developed for this study. Adolescents indicated whether they had ever 1) kissed on

mouth, 2) touched a breast/had their breast touched, 3) touched genitals/had their genitals touched, 4) given or received oral sex, or 5) had sexual intercourse. At each wave, an ordinal stage of sexual activity variable was created as the highest coded act (according to the order above) reported in the current or prior waves. Participants received scores of 1 to 5, reflecting the highest level of behavior experienced through a given wave; adolescents who reported none of the behaviors were coded as 0. There will be some variation in sequencing across individuals and the ordering is not meant to correspond to a progression of intimacy or maturity.

Measure of timing of talks relative to sexual acts—Our primary measure of interest is a derived variable that, for a given discussion topic and sexual act for a particular child, classifies each discussion into one of three mutually exclusive categories: (1) *talk before* the act: the topic was first discussed in an earlier wave than the wave in which the sexual act first occurred (including cases where the topic had been discussed but the act had not yet occurred); (2) *talk after* the act: the act first occurred in an earlier wave than the wave in which the topic was first discussed (including cases where the act had occurred but topic had not been discussed); or (3) ambiguous: the topic was first discussed in the same wave that the act first occurred (so that we cannot tell which came first) or neither the discussion nor the act had occurred after four waves. We derive two versions of these measures. The first version compares child reports of discussion to child reports of sexual behavior across the four waves of data. The second uses parent reports of discussions in place of child reports.

Analytic Methods—We report the percentage who talk before and who talk after by child gender. We further summarize these data by calculating the “typical” stage of sexual activity (among the five ordered activities) during which each talk occurs across respondents. We define the “typical” sexual activity stage corresponding to a given topic as the sexual activity stage for which the (absolute) difference between *talk before* and *talk after* is smallest. Thus if breast touching is the typical stage for the topic of “how people can prevent STDs,” about as many children discuss the topic before they have participated in breast touching as discuss the topic after have participated in breast touching. For some topics, first discussions usually occurred before first kisses (the first sexual stage used); for other topics, first discussions usually occurred after intercourse had occurred. We distinguish these situations by using the label “PRE-KISS” when *talk before* was at least 25% greater than *talk after* even with respect to kissing and the label “POST-SEX” when *talk before* was at least 25% less than *talk after* even with respect to intercourse. These “typical” stages were also reported by child gender.

Results

Sample Characteristics—A majority of parents in our analytic sample are mothers (73%), with a median age of 44 years. Almost all (93%) of the parents started college; about a third (34%) hold a supervisory position at work. Median household income is approximately \$90,000, with one-sixth below \$50,000 and one-fourth above \$125,000. Children have a median age of 14, and are evenly split by gender (51% female).

Correspondence between Topics and Sexual Activity Stage—Table 1 summarizes the sexual activity stage that typically corresponds to discussing a given topic for each combination of parent or child discussion-reporter and child gender. Earlier rows correspond to topics that are discussed earlier, as reported by parents about sons (since this ordering was closest to the average ordering across the four combinations of reporter and child gender). We classify the talk topics into three broad categories according to the typical corresponding sexual activity stage: presexual stage (pre-kissing, kissing), pre-coital stage (touching breasts, genitals, oral sex), and coital stage (intercourse, post-intercourse).

There is remarkable consistency across parent and child reporters and for sons and daughters as to which topics generally co-occur with these stages. During the presexual stage, topics that are typically addressed deal primarily with sex in relationships (how to choose friends, homosexuality, why not to have sex, how to decide on sex) and female physical development (e.g., pregnancy, girls' bodies, menstruation). Other topics include how boys' bodies change (male physical development), and pregnancy consequences (how to make healthy decisions). During the pre-coital phase, parents and adolescents begin to communicate about STD prevention and birth control (prevent STDs, condoms and STDs, birth control efficacy) and continue talking about sex in relationships (how to ask for a date, recognizing love), and address more topics related to male physical development (masturbation, wet dreams) and making healthy decisions (not pressuring for sex, why people like sex, refusing sex) than were discussed in the presexual stage. Around the time that adolescents are initiating intercourse, they and their parents typically communicate about additional topics related to STDs and pregnancy prevention (recognizing STD symptoms, how to use condoms, choosing birth control), as well as how sex feels (sex in relationships) and what to do if a partner refuses a condom (making healthy decisions).

Sequencing of Talks and Genital Touching—Table 2 summarizes for each discussion topic and sexual stage the proportion of talks that occurred before genital touching (*talk before*) and the proportion of time that genital touching occurred before the discussion topic in question (*talk after*). Genital touching is an important sexual milestone in that it is the act that precedes sexual debut and, we believe, it may present a critical period during which youth may especially benefit from communication about sexuality, including conversations about how to practice abstinence or safe sex.

More than one-third of parents report that they have not yet discussed 14 (of 24) topics, and over half of boys report they have not yet discussed 16 (of 23) topics by the time genital touching has occurred. Boys often say that they engaged in genital touching before they have discussed with a parent how to ask for a date (62%), homosexuality (36%), the importance of not pressuring others for sex (41%), or how to use a condom (81%). Parents and adolescent girls typically report somewhat lower rates of acts before talks for most discussion topics. Over one-third of parents report that they have not yet discussed 12 (of 24) and over one-third of girls report they have not yet discussed 14 (of 22) topics. Among the topics that daughters say they often have not talked about before reporting genital touching are boys' bodies (47%), preventing STDs (38%), birth control efficacy (42%), how to refuse sex (40%), and choosing a method of birth control (61%).

Sequencing of Talks and Intercourse—Table 3 shows the proportion of cases in which a given talk occurred before or after first reported sexual intercourse. About half of parents say they had not yet discussed how to use a condom (50%) or how to choose a birth control method (46%) with their sons. Nearly two-thirds of sons say they have not talked about how to use a condom by the time they initiated intercourse. About one in four parents and daughters say they have not talked about how to resist pressure for sex and about two in five say they have not discussed how to choose a method of birth control or what to do if a partner refuses to use a condom until after their sexual debut (if ever).

Discussion

We believe that this study provides the first description of when parents and adolescents discuss a range of sexual topics in relation to adolescent sexual experiences. We find a strong grouping when topics are discussed according to the sexual experiences of the adolescents. Typically, those children and adolescents who have not progressed beyond what we call the presexual stage (i.e., holding hands, kissing) have parents who report discussing social skills topics (choosing friends, why not to have sex) and developmental issues (e.g., how girls' and boys' bodies change). During the pre-coital phase (which we define as touching breasts, touching genitalia, and oral sex), parents and adolescents report that the topics they discuss evolve more around decision-making and STDs, with some discussion of social skills and male development also taking place around this time. Finally, when adolescents have initiated vaginal intercourse, they and their parents report more discussions centering on topics related to STDs (recognizing symptoms of STDs, how to use a condom, and choosing birth control). This finding is consistent with a previous study⁸ which concluded that when parents believe their children have not yet initiated intercourse, parent-child communication focuses on parent values regarding teen sex; once parents suspect their adolescents have initiated intercourse, parents focus on more concrete matters such as birth control and STDs.

This sequencing of topics may be appropriate, especially if there is evidence that adolescents are receiving information they need right before or around the time that they are initiating intercourse. However, our study finds that a large proportion of adolescents are not communicating with parents about key topics before sexual debut. About half of parents have not talked with sons about how to use a condom or choosing birth control before the son has engaged in intercourse. Nearly two-thirds of sons say they have not discussed how to use a condom. Consistent with previous research, communication about various topics is almost always earlier with daughters than with sons, and we extend those findings to show that communication with daughters occurs earlier relative to their sexual activity, leaving parents less time to preemptively communicate with sons. Nonetheless, according to parents and daughters, about 40% of girls have not spoken with parents before they initiate intercourse about choosing a method of birth control or what to do if a partner refuses to use a condom.

Our sample is not representative of the general population. Although racially and ethnically diverse, the parents in our sample work for large employers and volunteered for a study of a program to improve parent-child parent-teen communication about sex. Due to the small

sample size, this study is necessarily descriptive in nature. Future research should investigate predictors of timely communication in a larger longitudinal cohort, as well as to what extent such timing is associated with reduced adolescent sexual risk behavior. We did not examine differences in communication by parent gender, but this would be an important issue to explore in future work. For example, at least one study suggests that fathers, more than mothers, increase frequency of discussions and the range of topics when they learn that their adolescent has initiated intercourse.⁴

Our study has several key strengths. First, we use longitudinal parent and adolescent data from four survey waves instead of relying on retrospective reports about sexual activity and when certain topics were discussed. Research on how respondents recall information suggests that respondents use information on current-status attitudes or behaviors to infer past attitudes or behaviors.⁹ Adolescents who have initiated intercourse (and their parents, to the extent that they suspect their adolescent have initiated intercourse) may recall that a talk occurred before or around the time of sexual debut when in fact it may have happened after the event. Second, we use both parent and adolescent reports—since the patterns and overall levels of discussion of specific topics are roughly comparable, we have a higher level of confidence in adolescent and parent perceptions about what was discussed than we would if we had relied on just parent or adolescent reports as is usually done.

Conclusion

Our results reinforce the American Academy of Pediatrics recommendations that pediatricians and other clinicians encourage parents to educate their adolescents about sexuality beginning early in life.¹⁰ Many adolescents report little or no communication about sexuality with their parents. Our results provide pediatricians and other clinicians with detail about the types of resources they may want to direct parents to so that parents have more timely communication about important sex-related topics with their children. These resources might include checklists of specific topics that ought to be covered, which can be helpful in guiding parents who may not know what to say. Clinicians can also address these issues one-on-one with adolescents or consider other ways of getting the information to adolescents.

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Abbreviations

STD	sexually transmitted disease
HIV	human immunodeficiency virus

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Child reported sexual activity stage typically concurrent with parent- and child-reported first discussion of topics, by child gender

Table 1

	Sexual Activity With Which Talk Topic Typically Coincides			
	Boys		Girls	
	Parent Reported Talks	Children Reported Talks	Parent Reported Talks	Children Reported Talks
Topics typical during presexual stage				
What qualities are important in choosing close friends	Pre-kiss	Pre-kiss	Pre-kiss	Pre-kiss
Homosexuality/People being gay	Pre-kiss	Breast	Pre-kiss	Kiss
How boys' bodies change physically as they grow up	Pre-kiss	Kiss	Breast	Touch
How women get pregnant and have babies	Pre-kiss	Kiss	Pre-kiss	Kiss
Consequences of getting pregnant/getting someone pregnant	Kiss	Kiss	Pre-kiss	Kiss
Reasons why your child should not have sex	Kiss	Kiss	Kiss	Kiss
How girls' bodies change physically as they grow up	Kiss	Breast	Pre-kiss	Kiss
How your child will make decisions about whether or not to have sex	Kiss	Kiss	Kiss	Breast
Menstruation (having menstrual periods)	Kiss	Breast	Pre-kiss	Pre-kiss
Talks typical during pre-coital stage				
How people can prevent getting STDs	Breast	Breast	Breast	Touch
How well condoms can prevent STDs	Breast	Touch	Touch	Touch
How to ask someone out on a date	Breast	Touch	Oral	Sex

		Sexual Activity With Which Talk Topic Typically Coincides			
		Boys		Girls	
		Parent Reported Talks	Children Reported Talks	Parent Reported Talks	Children Reported Talks
How well birth control can prevent pregnancy	STDs and pregnancy prevention	Breast	Touch	Breast	Touch
How your child will know if he/she is in love	Sex in relationships	Touch	Breast	Breast	Touch
Masturbation	Male physical development	Oral	N/A	Oral	N/A
The importance of not pressuring other people to have sex	Making healthy decisions	Oral	Breast	Touch	Touch
Wet dreams	Male physical development	Oral	Oral	Post-sex	N/A
Reasons why people like to have sex	Making healthy decisions	Oral	Touch	Oral	Touch
How to say no if someone wants to have sex and your child doesn't want to	Making healthy decisions	Oral	Touch	Breast	Touch
Talks typical during coital stage					
What it feels like to have sex	Sex in relationships	Sex	Post-sex	Oral	Sex
Symptoms of STDs	STDs and pregnancy prevention	Sex	Touch	Oral	Touch
How to use a condom	STDs and pregnancy prevention	Sex	Post-sex	Sex	Post-sex
How to choose a method of birth control	STDs and pregnancy prevention	Sex	Post-sex	Oral	Oral
What to do if a partner doesn't want to use a condom	Making healthy decisions	Post-sex	Sex	Oral	Oral

Table entries are the stage of sexual activity for which the absolute difference between *talk before* and *talk after* is smallest. "Pre-kiss" indicates that *talk before* exceeds *talk after* by at least 25% even for the kiss stage. "Post-sex" indicates that *talk after* exceeds *talk before* by at least 25% even for the intercourse stage.

pre-kiss=talk typically occurred before having kissed on mouth; **kiss**=talk typically occurred around first kiss on mouth; **breast**=talk typically occurred around first touching a breast/having their breast touched; **touch**=talk typically occurred around first touching genitals/having their genitals touched; **oral**=talk typically occurred around first giving or receiving oral sex; **sex**=talk typically occurred around first sexual intercourse; **post-sex**=talk typically occurred after first sexual intercourse or had not occurred.

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Relative timing of talks (parent- and child- reported) and first genital touching (child-reported), by topic and child gender

TABLE 2

Topic	Boys		Girls		
	Parent-reported talks	Children reported talks	Parent reported talks	Children reported talks	
What qualities are important in choosing close friend	Talk before act	21.3%	21.6%	39.8%	33.4%
	Talk after act	14.7%	23.5%	6.3%	19.2%
Homosexuality/People being gay	Talk before act	21.6%	10.8%	36.9%	24.0%
	Talk after act	9.5%	56.7%	13.4%	28.2%
How boys' bodies change physically as they grow up	Talk before act	23.9%	15.1%	23.1%	16.7%
	Talk after act	20.2%	40.8%	42.1%	60.6%
How women get pregnant and have babies	Talk before act	17.6%	16.4%	33.5%	26.8%
	Talk after act	22.4%	29.6%	13.3%	26.9%
Consequences of getting pregnant/getting someone pregnant	Talk before act	12.0%	16.4%	34.8%	27.9%
	Talk after act	33.2%	31.9%	15.8%	32.0%
Reasons why your child should not have sex	Talk before act	13.5%	12.4%	33.3%	27.7%
	Talk after act	40.4%	45.6%	23.9%	39.0%
How girls' bodies change physically as they grow up	Talk before act	16.0%	9.7%	34.9%	31.2%
	Talk after act	43.9%	58.9%	10.5%	20.3%
How your child will make decisions about whether or not to have sex	Talk before act	8.2%	16.7%	30.2%	24.6%
	Talk after act	47.8%	43.7%	34.0%	42.1%
Menstruation (having menstrual periods)	Talk before act	11.0%	8.3%	34.9%	33.5%
	Talk after act	45.1%	65.8%	13.1%	13.1%
How people can prevent getting STDs	Talk before act	9.6%	5.9%	19.0%	18.2%
	Talk after act	55.1%	50.1%	39.6%	54.9%

Topic	Boys		Girls	
	Parent-reported talks	Children reported talks	Parent reported talks	Children reported talks
How well condoms can prevent STDs	9.6%	7.0%	13.9%	14.1%
	Talk before act	Talk after act	54.7%	64.3%
How to ask someone out on a date	8.2%	4.2%	17%	8.0%
	Talk before act	Talk after act	69.2%	85.7%
How well birth control can prevent pregnancy	7.1%	4.3%	17%	16.9%
	Talk before act	Talk after act	53.6%	58.4%
How your child will know if he/she is in love	5.6%	8.2%	21.1%	15.3%
	Talk before act	Talk after act	51.4%	69.7%
Masturbation	5.6%	N/A	8.0%	N/A
	Talk before act	Talk after act	82.2%	N/A
The importance of not pressuring other people to have sex	6.9%	5.6%	17.1%	14.0%
	Talk before act	Talk after act	63.9%	64.8%
Wet dreams	31.5%	37.3%	15.1%	N/A
	Talk before act	Talk after act	82.3%	N/A
Reasons why people like to have sex	5.5%	7.0%	13.8%	18.2%
	Talk before act	Talk after act	72.4%	62.3%
How to say no if someone wants to have sex and your child doesn't want to	4.4%	5.6%	20.7%	16.8%
	Talk before act	Talk after act	47.0%	57.7%
What it feels like to have sex	4.2%	1.5%	9.6%	8.0%
	Talk before act	Talk after act	77.5%	85.5%
Symptoms of STDs	7.0%	7.4%	12.7%	14.1%
	Talk before act	Talk after act	76.2%	67.3%

Topic	Boys		Girls	
	Parent-reported talks	Children reported talks	Parent reported talks	Children reported talks
How to use a condom	Talk before act	1.5%	4.9%	6.6%
	Talk after act	91.1%	90.0%	86.9%
How to choose a method of birth control	Talk before act	0.0%	6.5%	6.6%
	Talk after act	91.1%	75.6%	78.8%
What to do if a partner doesn't want to use a condom	Talk before act	1.5%	4.9%	9.6%
	Talk after act	82.2%	81.5%	76.3%

In this table, Talk before Act and Act before Talk do not sum to 100% because of children for whom both occurred in the same reporting period and children for whom neither the talk nor the act has occurred (“ambiguous”)

Relative timing of talks (parent- and child- reported) and first sexual intercourse (child-reported), by topic and child gender

TABLE 3

Topic	Boys		Girls	
	Parent-Reported talks	Children-Reported talks	Parent-Reported talks	Children-Reported talks
What qualities are important in choosing close friends	Talk before act	84.8%	97.4%	94.4%
	Talk after act	6.1%	1.3%	4.2%
Homosexuality/People being gay	Talk before act	66.7%	95.8%	91.7%
	Talk after act	23.2%	1.4%	6.7%
How boys' bodies change physically as they grow up	Talk before act	78.8%	85.9%	71.3%
	Talk after act	14.8%	12.1%	26.1%
How women get pregnant and have babies	Talk before act	80.6%	94.3%	89.8%
	Talk after act	11.0%	2.9%	6.8%
Consequences of getting pregnant/getting someone pregnant	Talk before act	79.1%	93.2%	89.2%
	Talk after act	6.3%	2.7%	5.4%
Reasons why your child should not have sex	Talk before act	74.7%	92.7%	89.0%
	Talk after act	14.4%	4.4%	7.3%
How girls' bodies change physically as they grow up	Talk before act	69.9%	91.7%	92.4%
	Talk after act	24.2%	5.5%	6.1%

Topic	Boys		Girls	
	Parent-Reported talks	Children-Reported talks	Parent-Reported talks	Children-Reported talks
How your child will make decisions about whether or not to have sex	Talk before act	71.0%	75.5%	88.7%
	Talk after act	15.6%	14.0%	8.1%
Menstruation (having menstrual periods)	Talk before act	69.1%	62.1%	92.9%
	Talk after act	22.0%	31.1%	4.3%
How people can prevent getting STDs	Talk before act	66.7%	74.5%	85.1%
	Talk after act	21.6%	17.5%	11.2%
How well condoms can prevent STDs	Talk before act	68.0%	63.8%	79.3%
	Talk after act	20.1%	27.6%	20.8%
How to ask someone out on a date	Talk before act	63.4%	60.3%	65.2%
	Talk after act	26.4%	39.7%	29.5%
How well birth control can prevent pregnancy	Talk before act	62.4%	59.8%	80.7%
	Talk after act	26.5%	30.1%	16.9%
How your child will know if he/she is in love	Talk before act	61.0%	66.6%	78.8%
	Talk after act	31.9%	22.6%	11.8%
Masturbation	Talk before act	59.3%	N/A	58.4%
	Talk after act	29.0%	N/A	41.6%
				N/A
				N/A

Topic	Boys		Girls	
	Parent-Reported talks	Children-Reported talks	Parent-Reported talks	Children-Reported talks
The importance of not pressuring other people to have sex	Talk before act	61.3%	70.3%	73.3%
	Talk after act	55.9%	24.7%	24.0%
Wet dreams	Talk before act	67.4%	39.9%	N/A
	Talk after act	57.5%	60.1%	N/A
Reasons why people like to have sex	Talk before act	62.2%	64.1%	73.9%
	Talk after act	53.6%	30.4%	23.5%
How to say no if someone wants to have sex and your child doesn't want to	Talk before act	60.7%	79.4%	75.9%
	Talk after act	50.4%	16.5%	19.3%
What it feels like to have sex	Talk before act	35.8%	63.6%	55.8%
	Talk after act	50.0%	36.4%	40.5%
Symptoms of STDs	Talk before act	60.3%	67.8%	69.5%
	Talk after act	45.6%	32.2%	30.5%
How to use a condom	Talk before act	37.1%	46.8%	41.1%
	Talk after act	43.4%	49.4%	58.9%
How to choose a method of birth control	Talk before act	33.2%	55.2%	57.5%
	Talk after act	41.3%		

Topic	Boys		Girls	
	Parent-Reported talks	Children-Reported talks	Parent-Reported talks	Children-Reported talks
Talk after act	45.5%	56.5%	38.4%	39.0%
What to do if a partner doesn't want to use a condom	29.5%	50.4%	57.7%	62.9%
Talk before act	66.9%	41.5%	42.3%	37.1%
Talk after act				

* In this table, Talk before act and Act before Talk do not sum to 100% because of children for whom both occurred in the same reporting period and children for whom neither the talk nor the act has occurred ("ambiguous")