Content Analysis of Information Available Online: Advising Parents About How to Talk to Their Children About Sex

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Abstract

This article examines the quality of online parenting information produced in response to two internet search queries, "How do I talk to my child about sex?" and "How do I talk to my teen about sex?" The content of 91 internet posts was coded to determine the extent to which they endorsed (1) 13 topics on best practices in parent-child communication around sexuality, (2) 9 topics related to sexual health, and (3) 11 topics related to sexual safety. Reading level was also coded. Numerous gaps in content were discovered. Suggestions are offered to strengthen posts directed to parents seeking support about speaking with their children about sex.

Keywords: *parenting, sex education, blog posts, child sexual abuse prevention*

Promoting the sexual health and safety of their children is a critical but highly complex task for parents. Preventing unplanned pregnancy and sexually transmitted infections have long been public health issues where the role of parents has been acknowledged (Albert, 2012; Coakley et al, 2017). Likewise, parents can play a key role in preventing child sexual abuse (CSA), which remains a widespread problem in the U.S and around the globe (Finkelhor et al., 2014; World Health Organization, 2022). Sexual health and sexual safety content are important for children to receive from their parents in part because public schools do not meet these benchmarks for doing so (U.S. Department of Health and Human Services, Centers for Disease Control, 2015). Albert et al. (2012) found that parents overestimate what their children are learning in school-based sexual education programs, underscoring the importance of parents having access to resources to fill in gaps.

Educating parents to better safeguard their children has received considerable attention, considering parents' unique ability to provide a gatekeeping, monitoring, and educating role (Rudolph et al., 2018). Improving parent-child communication to promote sexual health and prevent child sexual abuse has been the focus of considerable research and clinical training (e.g., Flores & Barroso, 2017; Fortson et al., 2016; Widman et al., 2016). Mendelson and Letourneau (2015) argue that prevention efforts should target parents given "their potential to improve children's safety via effective communication and monitoring" (p. 844). Further, parent-focused CSA prevention efforts have been found to magnify the impacts of child-directed sexual abuse prevention interventions (Wurtele & Kenny, 2010).

When parents speak with their children about sexual health and safety, they are also playing a vital role in promoting their children's healthy psychosexual development. Youth express an interest in learning not only about sex, but also about "what mature love is and what it actually takes to develop a healthy mature relationship" (Weissbourd et al., n.d., p. 2). Unfortunately, parents need help and support when it comes to talking to their children about sex-related topics (Albert, 2012; Foster et al., 2011; Schonfeld-Hicks et al., 2013; Walsh et al., 2012). Barriers include discomfort with the topic as well as lack of factual knowledge (Albert, 2012; Jerman & Constantine, 2009).

Overcoming these barriers may be the reason so many parents seek information and support online, which has become a significant source of information about child-rearing (Dworkin et al., 2013; Lupton et al., 2016; Nieuwboer et al., 2013). Parents describe the internet as a convenient,

comfortable and satisfying way to gather child-rearing information (Bernhardt & Felter, 2004; Dworkin et al., 2013; Pluye et al., 2015; Warren et al., 2010). However, professionals have expressed concerns about the quality of information in this unregulated marketplace of ideas (Wainstein et al., 2006). Standards for assessing the quality of online parenting information have not been established, and Suarez-Perdoma et al. (2018) found that only about one-third of the parenting websites in their study were considered high quality. In recent efforts to examine the quality of online parenting information, Baker et al. (2024) found that information available to parents, specifically around corporal punishment and psychological maltreatment, was insufficient. Because parents rely so heavily on the internet for parenting information, the current study was designed to examine what advice on children's sexual health and safety is being promoted to parents online, with a focus on three content areas.

The first content area examined in the study related to characteristics of successful parent-child communications about sexuality. Characteristics of effective parent-child communication about sexuality were identified from recommendations from the American Academy of Pediatrics (2023), the U.S. Department of Health and Human Services (2023), and barriers in parent-child communication about sex previously identified (Albert 2012).

The second content area was related to sexual health. Ten topics were selected from the National Sex Education Standards (Future of Sex Education Initiative, 2020), focusing on anatomy, puberty, hygiene, physiology, reproduction, arousal, gender identity, and disease prevention.

The third content area was sexual safety. The National Sex Education Standards (Future of Sex Education Initiative, 2020) are considered an authoritative source, having been developed by multi-disciplinary experts in sexual health education. They recommend nine aspects of sexual safety, which were selected because they mirror key concepts promulgated by sex abuse prevention curricula and programs, namely parental support, identifying trusted adults, harmful behaviours, and inappropriate touch; understanding consent, personal boundaries, emotional aspects of sexual relationships, healthy relationships, and sexual assault. Internet safety was added, given the increasing incidence of technology-facilitated abuse (Finkelhor et al. 2022, 2023; National Center for Missing and Exploited Children, n.d.). The importance of not keeping secrets from parents was included given prior research findings (Deblinger et al., 2010).

The study also assessed whether the posts were written at or below the recommended seventh grade reading level (U.S. Department of Health and Human Services, as cited in Seitz et al., 2017). To date, there has been limited examination of the reading level of online sex education information. In a review of materials developed to support parents' communication about sexuality, Suleiman et al. (2016) found the "majority of educational materials available online to support parents' communication with their children about sex and sexuality do not meet the needs of most parents" (p. 534). We wanted to learn whether this was also true of online blog posts.

Methods

Identification of Websites and Posts

Two de-personalized search engines were used to search the questions: "How should I talk to my child about sex?," and "How should I talk to my teen about sex?" Each site was a professional website presenting expert opinion on the topic of sex education. The organizations creating these sites included hospitals, university-affiliated programs, credible national organizations, and related groups. A complete list appears as Table 1. Sites were then searched for blogs on the topic of sex education, resulting in 91 blog posts. To be included, posts (1) were written by an identified author/expert, (2) referenced or quoted a specific, named professional, or (3) represented the expert opinion of the professional organization.

Coding the Posts

A data extraction form was created specifically for this project. It contained three content areas.

1. Best Practices in Parent-Child Communication About Sexuality (13 variables)

Each post was coded for endorsement of each of the following variables: whether the post advised parents that (1) children of any age may have questions, (2) multiple conversations are necessary, (3) research indicates that youth value parental input around sexuality, (4) it can be helpful to acknowledge their own and/or their child's discomfort if present, (5) answers to child's questions should be short and age-appropriate, (6) parents should be candid about their values about sexuality and/or sexual behavior, (7) parents should encourage questions from the child, (8) parents should use clear language about sexuality and proper names for body parts, (9) scare tactics have been shown to be ineffective in all areas of health education for children and youth (10) parents may not feel confident in their own knowledge, (11) parents should not wait to discuss sexuality until they believe a child is sexually active, (12) the content of interest to the child will change as the child develops and (13) parents should not lecture or threaten the child. Each of these 13 variables was coded as absent (score of 0) or present (score of 1) for each post.

2. Sexual Health (9 variables)

Each post was coded on the following topics: (1) basic anatomy and physiology of human reproductive systems, (2) non-judgmental language about touching 'private parts'/masturbate in private, (3) importance of genital and reproductive hygiene, (4) acceptance of a child's gender — beyond heteronormativity, (5) autonomic human sexual response/arousal (if the post specifies it is age-appropriate for school-aged and older kids), (6) autonomic human sexual response/orgasm/climax/'wet dreams'(if the post specifies it is age-appropriate for school-aged and older kids), (7) contraception to prevent pregnancy (if the post

Table 1

Websites Included in the Study and Number of Posts Per Site and Search Term

Name of Website	Number of Posts	Child/Teen
APA	1	Teen Only
CDC	1	Teen Only
CNN	3	Child Only
Common Sense Media	1	Teen Only
Johns Hopkins	1	Child Only
Mayo Clinic	3	Teen Only
Nemours Kids Health	5	Child Only
NY Metro Parents	1	Teen Only
NSPCC	7	Child Only
Oprah.com	2	Teen Only
Parents.com	4	Teen Only
Planned Parenthood	6	Both
Psychology Today	31	Both
Stop it now	3	Child Only
Sutter Health	1	Teen Only
University of DE Coop. Ext.	2	Both
University of Minnesota Extension	1	Both
USDHSS OASH	2	Teen Only
US News	9	Teen Only
WebMD	7	Teen Only

Note. APA= American Psychological Association, NSPCC= National Society for the Prevention of Cruelty to Children, USDHSS OASH= Office of the Assistant to the Secretary US Department of Health and Human Services

specifies it is age-appropriate for school-aged and older kids), (8) puberty and adolescent development (if the post specifies it is age-appropriate for school-aged and older kids), (9) how pregnancy happens, and (10) the names/types of sexually transmitted infections and HIV including use of condoms as protection (if the post specifies it is age-appropriate for school-aged and older kids). Each post was coded for each of these 10 variables as absent (score of 0), the topic is raised (score of 1), the topic is raised and the parent is advised to discuss it with their child as age-appropriate (score of 2), or the topic is raised, the parent is advised to raise it with their child, and the parent is provided with information/ examples/resources for doing so (score of 3). Because two initial variables (human reproduction and how pregnancy happens) were correlated and conceptually related, human reproduction was eliminated. Thus, there were 9 variables in this category.



3. Sexual Safety (11 variables)

Each post was coded for mentioning that parents should communicate with their children about the following topics: (1) not keeping secrets from parents, (2) the parent always being available for help and support, (3) identifying trusted adults, (4) identifying harmful behaviors, (5) inappropriate touching, (6) understanding consent, (7) understanding personal boundaries, (8) understanding the emotions that accompany sex, (9) characteristics of a healthy relationship, (10) internet and online safety, and (11) understanding rape and sexual assault. Each post was coded for these 11 variables as absent (score of 0), the topic is raised (score of 1), the topic is raised and the parent is advised to discuss it with child as age-appropriate (score of 2), or the topic is raised, the parent is advised to raise it with their child, and is provided with information/examples/ resources for doing so (score of 3).

Reading Level (2 variables)

The Flesch-Kincaid Grade Level (FKGL) formula was used to assess reading level for each post (Dornan & Oermann, 2006; Eltorai et al., 2014; Gagne et al., 2020). Reading level was coded as 7th grade or lower grade (score of 0) and above 7th grade (score of 1).

The two authors coded all posts after establishing inter-rater reliability (κ =.80). All disagreements were resolved through discussion.

Results

Best Practices in Parent-Child Communication about Sexuality

Table 2 presents the percentage of posts endorsing each of the 13 parent-child communication issues. Only four of the parent-child communication topics were covered by even half of the posts, four were endorsed by between 25% and 50%, and five were mentioned by fewer than 25%. On average, posts mentioned 4.2 (*sd* =2.3) of these 13 topics.

Table 2

Percentage of Posts Endorsing Each of the 13 Affective and Process Topics (n = 91)

	N	%
Acknowledges parents may not feel confident	53	58.2
Advises that multiple conversations are necessary	50	54.9
Advises parents not to wait to discuss sexuality	48	52.7
Advises parent that the child's interest will change over time	48	52.7
Advises parents to avoid scare tactics/inducing negative emotions	37	40.7
Advises parents to be candid about values	36	39.6
Advises parents to encourage questions	28	30.8
Advises parents to give short, age-appropriate answers	27	29.7
Advises parents to use clear language/proper names	20	22.0
Advises parents of research on youth valuing parental input	16	17.6
Advises parents to acknowledge discomfort if present	13	14.3
Advises parent that children of any age may have questions	06	06.6
Advises parents to avoid giving mixed messages	00	00.0

Sexual Health Topics

Table 3 presents the percentage of posts mentioning the 9 sexual health topics.

Table 3

Percentage of Posts Endorsing Each of the nine sexual health topics (n = 91)

	0	1	2	3
Sexually transmitted infections	53 4	10.2	22.7	13.6
Basic anatomy/ physiology reproduction	63.7	12.1	14 3	09 9
Contraception to prevent pregnancy	53.8	09 9	23.1	13.2
OK to touch 'private parts' in private	69.2	06.6	11.0	13.2
Autonomic human sexual response	75.8	06.6	13.2	04.4
Human arousal/ climax	90.1	04.4	02.2	03.3
Puberty/adolescent development	67.0	08.8	15.4	08.8
Acceptance of all genders	78.0	01.1	13.2	07.7
Genital/reproductive hygiene	100	00.0	00.0	00.0

Note. 0 = not mentioned; 1 = mentioned; 2 = parent advised to raise topic with child; 3 = parent advised to raise topic with child and provided parents with resources/information/example about how to do so

Most of the posts did not mention any of the nine sexual health topics. Genital hygiene was not mentioned by any post; between 70% and 80% did not mention masturbation, arousal, puberty, or acceptance of the child's gender identity. Only about half mentioned sexually transmitted diseases, basic anatomy, and contraception. With respect to advising parents how to talk to their child about the topic (a code of 3), no more than 14% did that for any of the topics.

Sexual Safety Topics

Table 4 presents the percentage of posts mentioning the 11 sexual safety topics.

Table 4

Percentage of Posts Endorsing Each of the 11 Sexual Safety Topics (n = 91)

	0	1	2	3
Not to keep secrets from parents	96.7	00.0	00.0	03.3
That parent will always be available for help/support	86.8	01.1	05.5	06.6
Identifying trusted adults	92.3	01.1	02.2	04.4
Harmful behaviors	83.5	04.4	07.7	04.4
Inappropriate touch	85.7	01.1	06.6	06.6
Understanding consent	67.0	02.2	11.0	19.8
Personal boundaries, privacy	79.1	00.0	06.6	14.3
The emotions associated with sex	81.3	03.3	12.1	03.3
Healthy relationships	63.7	06.6	13.2	165
Internet and on-line safety	63.7	11.0	04.0	20.9
Understanding rape and sexual assault	75.8	17.6	00.0	06.6

Note. 0 = not mentioned; 1 = mentioned; 2 = parent advised to raise topic with child; 3 = parent advised to raise topic with child *and* provided with resources/information/example about how to do so

Very few posts advised parents to speak with their children about not keeping secrets; only 20% discussed parents reassuring their children that they would be there for them no matter what, how to identify trusted adults, what are harmful behaviours, what is inappropriate touch, personal boundaries, rape/sexual assault, and the emotions that accompany sex. Only about one-third mentioned consent, healthy relationships, and internet safety.

Reading Level

Nine of the 91 posts had a reading grade level at or below the 7th grade.

Discussion

Parent Child Communication

For the most part, these posts were written to reassure parents that they should be discussing a range of sexual health and safety topics; we were impressed with the level of acceptance and open-mindedness present in these blog posts. Two-thirds of the posts acknowledged that parents may feel uncomfortable and sympathized with parents who may not have been raised with frank discussions about body parts and sex-positive topics, and gently urged parents to proceed, nonetheless. This is consistent with the research demonstrating that youth value conversations with their parents on the topics of sex and sexuality (Albert, 2012; Foster et al., 2011). Unfortunately, fewer than 15% of the posts informed parents of the value youth place on parental input, which could be a motivating factor for parents. Likewise, few posts encouraged or taught parents to discuss the emotional aspects of relationships, even though youth want this (Weissbourd et al., n.d.). It is also encouraging that most posts encouraged parents to speak with their children early and often, negating the idea of "The Talk".

Sexual Health

A notable lapse in the posts is that only 21% directed parents to use correct names for body parts. This is a known sexual abuse prevention tactic (e.g., Bernier, 2022; Wurtele, 2010) and is worthy of consistent messaging to parents on this topic. When children are provided with nicknames for genitalia, it may signal that discussions about them are taboo. Moreover, using cute and/or vague names for

genitalia may place children at higher risk for sexual abuse (Elliott et al., 1995, p. 590) and may impede disclosure if abuse occurs; children using family nicknames for genitals risk being misunderstood if they report to a teacher. One widely cited example is from Debra A. Poole and Lawrence T. White's (1991) work on forensic interviews. They describe cases where children's disclosures were ambiguous or missed because they used non-standard words for genitalia (like "front bottom" or "cookie") that adults either misunderstood or did not recognize as referring to sexual body parts. This is not a point that was made in any of the posts, and we feel that it should be made in a way to encourage rather than frighten parents into speaking with their children about sexual health and safety.

A fourth notable finding is that even when a topic was raised, few of the posts provided parents with specific resources and/or examples of what to say. Research shows that people are more likely to implement a suggestion when provided with specific guidance rather than just a general declaration of what should be done (Engelmann & Carnine, 1982).

Sexual Safety

It is worrisome that topics related to sexual risk (contraception, sexual assault, and sexually transmitted diseases) were mentioned more often than topics related to sexual pleasure. This is consistent with Evans et al (2020). Many of the posts are inadvertently orienting parents towards a fear-based approach with a focus on avoiding unwanted pregnancies and disease rather than promoting positive aspects of sexuality. Further, Wilson et al. (2022) report a "positive link between early parent–child communication quality about sex and current sexual satisfaction with one's partner" (page 31).

Relatedly, the absence of mention of autonomic genital arousal can place children at risk of abuse; sexual predators may confuse youth victims into believing the genital sensations they experience during abuse mean they consented and perhaps even wanted the abuse. Understanding the autonomic nature of arousal can also remove a manipulation tool used by abusers who may blame the child for arousing them, manipulating the children into believing they asked for the abuse (Singer, 2010, p 51). These same issues are critical when discussing consent with newly sexually active adolescents — genital arousal does not mean consent.

Suggestions for Improving Content

Understanding human sexuality and sexual health and safety requires expertise in topics from anatomy and physiology to child development, and few bloggers have the multidisciplinary perspective needed to address these issues fully. We suggest that bloggers on the topic of parents talking to their children about sexuality refer parents to the National Sex Education Standards (Future of Sex Education Initiative, 2020), which provides a comprehensive list of topics with details on content by age. While it is impractical to expect a blogger to cover all aspects in a single blog, a comprehensive perspective could inform the overall approach, and a link to the standards would allow the blogger to be brief and comprehensive at the same time.

Second, we encourage bloggers to provide parents with more specific suggestions about how to talk to their children, including sample scripts and useful prompts. Parents are seeking this kind of practical information.

We also believe that informing parents of the research findings about the strong impact of their input on the sexuality of their children can motivate parents to prepare for and have conversations. Parents underestimate the value their children place on their opinions (Albert, 2012). Likewise, parents of older children would benefit from knowing the strong associations between parental conversations about sexuality and more responsible decision-making by youth about sexual behaviours, which could provide parents with the courage to be uncomfortable and foster discussions.

Further, we suggest that parents be made aware of the role they can play in sexual abuse prevention. Specifically, they need to know the importance of ensuring youth understand the autonomic nature

of genital arousal and naming the body parts with anatomically correct language. Parents need to know that when children do not know the proper names for their genitalia, they may be at greater risk of being targeted by sexual predators. When parents avoid addressing sexuality, children may seek information elsewhere, leaving them vulnerable to people who will take advantage of their natural curiosity about their body (Elliott et al., 1995), or potential online exploitation as their search for information leads them to dangerous sites. Moreover, when children do not have the proper name for genitalia, they are less able to communicate with others when someone touches theirs (Sullivan et al., 2022; Wurltele & Kenney, 2010).

In addition, parents need to understand the importance of addressing autonomic arousal, a topic mentioned by fewer than 25% of the posts. Sexual predators can confuse their child victims by telling them that the child's autonomic genital sensations, including possible orgasm (which sometimes occur with non-consensual sex), indicates that the child has consented.

Conclusion

Blogs could play an important role in helping parents protect their children by encouraging them to discuss this physiological fact of life, as often as practical. We urge bloggers on this topic take a sex-positive approach. Topics related to sexual risk (contraception, sexual assault, and sexually transmitted diseases) were mentioned more often than topics related to sexual pleasure. Scare tactics have been discredited as a form of health education (see for example Corcoran et al., 2020; Hastings et al., 2004). Bloggers need to be able to communicate a positive, supportive approach to sexual health and safety which parents can model.

A final suggestion is to be mindful of reading level. Our finding that only 10% of the posts were written at or below the recommended 7th grade level illustrates one of the easiest barriers to eliminate. Increasing readability could improve the likelihood that this incredibly valuable information will be understood and utilized.

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