Parents play an important role in the sexual socialization of their children. Parents can educate and talk to their children about sexuality and reinforce safer sexual behaviors. The content of parent-adolescent sexual discussions can cover a range of topics, including puberty, values, healthy relationships, and prevention of pregnancy and sexually transmitted diseases (STDs). The effectiveness of such discussions may depend on when they occur, i.e., before or after an adolescent is sexually active.

A recent RAND study provides the first detailed description of what parents and adolescents say they are talking about in discussions of sexuality and whether discussions of these topics precede or follow each of several key sexual milestones. RAND researchers conducted surveys of 141 parents and their adolescent children (13–17 years) at four points over the course of a year.

Key Findings

The study found remarkable consistency across parents and adolescents as to when certain sexual topics were discussed. These topics were grouped into three sets, according to the stage of sexual activity:

- During the adolescents’ presexual stage (handholding, kissing), typical discussion topics included girls’ bodies, menstruation, and sex in relationships.
- During the adolescents’ precoital stage (genital touching, oral sex), topics were more focused on decisionmaking and STDs, with some discussion of relationships and male development.
- After adolescents had initiated intercourse, discussions tended to center around topics related to STDs and pregnancy prevention (e.g., recognizing STD symptoms, use of condoms), as well as what to do if a partner refuses to use a condom.

A large proportion of parents and adolescents reported that they did not communicate about key topics before the adolescents became sexually active:

- About half of parents had not talked with sons about how to use a condom or choosing birth control before the son had engaged in intercourse.
- Approximately one-fourth of parents and daughters said they had not talked about how to resist pressure for sex, and approximately two-fifths said they had not discussed how to choose a method of birth control or what to do if a partner refuses to use a condom until after the daughter had engaged in intercourse (if ever).

Communication was almost always earlier with daughters than with sons and earlier relative to their sexual activity, which means that parents typically had less time to communicate preemptively with sons.

Many parents and adolescents do not talk about important sexual topics before adolescents become sexually active. Clinicians can facilitate this communication by providing parents with information about the sexual behavior of adolescents.
