Author's response to reviews

Title: Mothers, fathers, sons, and daughters: gender differences in factors associated with parent-child communication about sexual topics

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We appreciate the reviewer’s thoughtful comments. We have revised the manuscript in response, and we feel that these changes have substantially strengthened the paper. Below, we respond in detail to each of the points raised by the reviewer.

1. We agree with the reviewer that honest parent-child conversations about sex may not necessarily be appropriate communication, and that the appropriateness of the communication may be a better indicator of its effectiveness than its honesty. In this context, we were not so much making a values statement that honest communication is what is needed, we were referring to the results of a study where adolescents and adults responded to a question: “It would be much easier for teens to postpone sexual activity and avoid teen pregnancy if they were able to have more open, honest conversations about these topics with their parents?” Because this is the language that was actually used in the survey, we cannot change it without changing the actual meaning of the study’s finding. We did add the word “open,” though, since that was actually part of the question. We do not see any other places that seem to be value-laden or unscientific. The background generally lays out the evidence related to the negative consequences associated with

2. We also agree that, to understand whether or not parent-child communication about sexual topics has a positive effect on the adolescent’s behavior, it is important to consider not just whether or not parents have talked, but what they have talked about, and factors that may make the communication more or less effective. However, this paper does not seek to explain the factors that may make parents’ communication more or less effective. Rather, it is focused on factors that may predict whether parents talk to their children at all about sexual topics. In this context, we believe it is acceptable to use the word “talk” interchangeably with the word “communicate” to describe the outcome of interest. We would also note that we do investigate specific topics of conversation (e.g., the biology of sex and pregnancy), and not just about whether parents have talked about any sexual topics in general. We agree that communication about some topics have different impacts on behaviors than other topics.

3. The reviewer commented that it is inaccurate to assert that little is known about the reasons for the gender differences in parent-adolescent communication. We agree that numerous studies in the family relations field have assess differences in parent-child relationships by gender of both the parent and the child, and we have added some references to this literature, because it does help to inform our understanding of the ways in which gender may relate to parent-child communication about sexual topics. This research, however, does not specifically focus on factors that are likely to influence parent-child communication about sexual topics in particular. As a result, much of it excludes some constructs that would be important to understanding parent-child communication about sex (e.g., gender differences in parents’ beliefs about the consequences of early sexual activity), and to our knowledge, this is the first paper to comprehensively consider gender differences in a wide range of factors related to parent-child communication about sexual topics.

4. Regarding the sample used for the study, we have expanded our description of the way the sample was drawn, and we have added a link to a website the reader can go to for more detailed information. In terms of the lack of information about the sample characteristics—we do describe the sample in some detail in the results section, including information about level of education, race/ethnicity, and family structure.
5. The reviewer felt that the outcome measures (related to parent-child communication) were not clearly described, and should be referenced. We have added references to indicate the source of the outcome variables. In terms of the description of the measures, below is what we said to describe the measures, which includes both descriptions of the content of the question and the response options:

We used eight measures of communication about sex. One measure assessed whether the parent had asked or recommended that their child wait to have sex, with response options of “yes” or “no.” The other seven measures assessed how much parents have talked with their child about each of seven specific topics (e.g., biology of sex and pregnancy, issues about dating and relationships, whether to wait to be sexually active until you are married); response categories ranged from 1 (a great deal) to 4 (not at all).

If the reviewer has specific suggestions regarding what more should be included, we would be happy to include them.

6. We recognize that we mentioned the Health Belief Model in the methods section to explain our selection of the measures of interest, but we did not introduce it in the background to explain the way that it guided our study more generally. We have added some information to this effect in the background.

7. In regards to the multivariate analysis, we do not actually present the results of that analysis in this paper, which is why we do not provide more information about how it was conducted. We mention it in this paper only to indicate that we did assess not only whether the levels of these factors differed by gender, but also whether their effects differed. Because we did not find a difference in effects, we did not include those findings. We have added some additional wording to try to clarify this point.

8. The reviewer felt that the wording was unclear or awkward in some places. We have had an editor review and edit the paper carefully to address this concern.

9. In terms of the title, we agree that it would be more appropriate to refer to communication about “sexual topics” instead of communication about “sex,” and we have made this change. We do, however, still refer to “communication about sex” at times throughout the text, because we believe that we establish fairly clearly early on in the paper that “communication about sex” includes communication about a range of sexual topics, and it is somewhat awkward and unnecessary to always refer to “communication about sexual topics.”

We also changed “determinants of parent-child communication” to “factors associated with parent-child communication,” to avoid any implication of causality.

We feel that some of the other suggestions for the title would not reflect the actual content of the paper quite as well. For example, we do not actually assess the quality of communication, or how it leads to improved health for adolescents.
10. The conclusion was intended to summarize the main points that were discussed in more depth in the discussion section. The discussion section addresses the main points the reviewer asks—for example, what the differences are in communication, and the implications for practice. We have revised the wording of the conclusion to avoid confusion.