Parent-Child Communication Programs Helping Parents Become Knowledgeable and Comfortable as Sex Educators

Research has found that good parent-child communication around sexuality has many positive effects for teens – including helping them protect their own sexual health. Good parent child communication leads to better contraception use and lower sexual risk behaviors. Teens want their parents' guidance: research has found that more teens would prefer to get information about contraceptives from their parents than from a health center, class, hospital, media or friends.¹

Studies show, however, that many parents face challenges in being prepared to have discussions with young people about relationships, development and sex. Many parents themselves do not have the information that young people need, or if they do, find it difficult to talk to young people: a recent survey found that 24 percent of female teens' parents, and 38 percent of male teens' parents, had never spoken with them about abstinence or about methods of birth control.² But science-driven, skills-based programs exist which can support parent-child communication: helping to strengthen the bond between parents and children and ensuring that young people acquire the skills they need to protect themselves from unintended pregnancy, sexually transmitted diseases, and HIV.

The following is a summary of the research about parent-child communication programs, as well as summaries of programs which support parents in becoming more knowledgeable and comfortable in their role as a sexuality educator of their children. The programs are sponsored by a variety of organizations and religious groups. They utilize various strategies, including classroom meetings, media, and homework assignments.

PARENT-CHILD CONNECTEDNESS & COMMUNICATION PROMOTES HEALTH, ACHIEVEMENT & SELF-ESTEEM

Positive communication can greatly help young people establish individual values and make healthy decisions. Studies show that young people who feel a lack of parental warmth, love or care were more likely to report emotional distress, school problems, drug use and sexual risk behaviors.^{3,4} Young people also report less depression and anxiety and more self-reliance and self-esteem than other peers who discuss sex with their parents.

PARENT-CHILD COMMUNICATION ABOUT SEXUALITY PROMOTES SEXUALLY HEALTHY BEHAVIORS

Confident, loving parent-child communication leads to improved contraceptive and condom use, improved communication about sex and fewer sexual risk behaviors among adolescents. Major studies show that adolescents who feel open to discussing sexual health with their parents are more likely to delay initiating sexual intercourse.³ In a recent study, teens that reportedly had a healthy discussion with parents in the last year about sex, birth control and the dangers of STDs were two times more likely to use condoms the last time they had sex than teens who did not talk to their parents as often.⁵ In another study, if mothers particularly discussed condom use before teens initiated sexual intercourse, their teens were three times more likely to use condoms than mothers who never discussed condoms or talked about it only after teens had become sexually active.⁶ This is important for youth later in life because a teen who uses a condom at first intercourse is 20 times more likely than other teens to use them regularly and ten times more likely to use them in recent sexual activity.⁶ Also, when parents make consistent efforts to know their teen's friends, young people report fewer sexual partners, fewer coital acts, and more use of condoms and contraceptives.^{7,8} Teens who reported discussing sexuality with their parents were seven times more likely to talk to their partner about HIV/AIDS than those who had not communicated with their parents.9

PARENT-CHILD COMMUNICATION ABOUT SEX VARIES BY RACE/ ETHNICITY & GENDER, BUT PARENTS ARE AN IMPORTANT SOURCE OF SEXUAL HEALTH INFORMATION FOR ALL YOUTH

In one study, sixty percent of African American adolescents reported learning "a lot" about sexual health issues from their parents and 42 percent of Latino adolescents compared to 37 percent of white adolescents.¹⁰ Another found that African American and Latina/Hispanic females with high levels of mother/daughter communication about sexual risks were associated with fewer episodes of unprotected sexual intercourse.¹¹ Additional research showed that African American, female teens in a supportive family were 50 percent less likely than teens in non-supportive families to report unprotected sex in the last 30 days or to report sex with a non-steady partner in the last six months.⁵



Rights. Respect. Responsibility.

2000 M STREET NW, SUITE 750 WASHINGTON DC 20036 USA P:202.419.3420 F:202.419.1448 www.advocatesforyouth.org

Many parents face challenges in being prepared to have discussions with young people about relationships, development and sex.

PARENT-CHILD COMMUNICATION PROGRAMS

The following are parent-child programs that can help parents improve their comfort and facility in speaking with their child about sex and sexuality.

Talking Parents, Healthy Teens^{12,13}

Objective: To help parents improve communication with adolescents; the program is held at parents' worksites to make it convenient for them to learn about adolescent sexual health.

Basic Content: Talking Parents, Healthy Teens is a program that consists of eight weekly 1-hour sessions during the parent's lunch hour at work. Thirteen for-profit businesses, nonprofit organizations, and public agencies in Southern California participated in the evaluation with 20 parents in each group. Session topics included: building your relationship with your child; adolescent development and new ways of communicating; listening skills for talking about sensitive topics; getting past roadblocks with talking about sex; helping your child make decisions, assertiveness skills, abstinence, and contraception; coping with conflict; supervising your child and how to stay motivated. The parents' children were given mail-in surveys to ask if communication had been improved.

Outcomes/Results: The feedback from the program was very favorable. Ninety-six per cent of participants reported that they would definitely (72 percent) or probably (24 percent) recommend the program to a friend or coworker.¹² All of the adolescents mailed in their surveys and the results showed that they were more comfortable in communicating with their parents.¹³

Conclusion/Summary: This program offers an innovative way for parents, in a comfortable setting, to learn how to communicate with their children about sexual health issues. Results have been positive, with youth feeling more at ease talking with their parents. Though it is a fairly new program it has been recommended by many parents who have participated.

Keepin' it R.E.A.L.: Mother-Adolescent HIV Prevention Program^{14,15}

Objective: To promote the delay of sexual intercourse and to increase communication between mothers and their teens.

Basic Content: In this program conducted in 11 Boys & Girls Clubs in the Southeastern area, 582 adolescents between the ages of 11 and 14 and 470 mothers were randomly assigned to three groups: control; problem-behavior theory; social cognitive theory (SCT). The control group received one initial HIV education session. In the life skills (LSK) group (guided by the theory that behaviors that are based on "common underlying psychological attributes or predisposition"), mothers and adolescents attended sessions separately. The SCT group received seven 2-hour meetings that were held over two weeks. In the social cognitive theory group, mothers and adolescents attended four sessions together and three separately.

Outcomes/Results: Mothers in both intervention groups showed an increase in self-efficacy and comfort in talking with their teen over time. Youth in the life skills group who were sexually active showed a greater increase in condom use than in the other groups. All three groups reported increases in their confidence to say no to sex. There were no differences regarding sexual initiation between teens in the control or intervention groups. These results were accumulated over 4, 12, and 24 months after the program.

Conclusion/Summary: This program can help mothers of adolescents feel more comfortable and confident talking to their adolescents about sex.

Saving Sex for Later¹⁶

Objective: To increase communication of parents and children and to promote delay of sexual activity. CDs mailed to families provide parents and teens with a convenient way of discussing a variety of sexual health topics, including peer pressures, puberty, relationships, and reasons for delaying sex.

Basic Content: Saving Sex for Later was a parent education program that 846 families with 5th and 6th grade students in seven New York City schools participated in to focus on increasing parent-child communication and delaying sexual initiation. Three CDs were mailed to families over a six month time period. The CDs address changes in bodies, relationships, peer pressures and influences.

Outcomes/Results: Eighty-five per cent of parents listened to one or more of the CDs and 69 percent reported listening with their child. Results included an increase of communication with teens about risk behaviors; parent selfefficacy; and fewer behavioral risks. Youths were more likely to report high family support.

This is an innovative and convenient way for

parents and youth to listen and talk about sexual health. Many parents were receptive and listened with their child, which resulted in an increase in communication and family support.

Parents Matter!17

Objective: To reduce sexual risk behavior among adolescents by giving parents tools to deliver primary prevention to their children.

Basic Content: The program consists of five 2.5 hour sessions over five weeks for 4th and 5th grade students and their parents. Topics included risk awareness, positive parenting practices and sexual communication.

Outcomes/Results: In a study that evaluated program results among 1,115 African American parents of 9-12 year old adolescents, eighty-six per cent of parents attended at least four sessions and "nearly all had a very positive rating and said it was very important." Evaluation showed that a year and a half after the program, parents reported significant increases in the number of sex topics (including abstinence) they discussed with their adolescent compared to the control group. The program is now being implemented in Kenya and seven other African countries. It has also been conducted in Puerto Rico and 15 other sites around the US at many different venues.

Conclusion/Summary: Results have shown that talking with their child after the program has become easier for parents with the knowledge and skills learned.

PARENT COMPONENT WITHIN A YOUTH SEX ED PROGRAM

Focus on Kids Plus ImPACT¹⁸

Objective: To reduce adolescent truancy, substance abuse, and sexual risk behaviors. The program consists of eight weekly sessions that discuss HIV/AIDS, STDs, contraception and sexual health.

Basic Content: Focus on Kids Plus ImPACT consists of 8 one and a half hour sessions and an optional day long retreat that aims to involve parents in sex ed while helping them communicate more with their child. Homework assignments help parents become involved with classroom assignments. Session activities include role-playing, videos, small group discussions and a community project. One session is devoted to parents and children emphasizing communication through activities. Topics covered in the program include contraception, decision making skills, communication, HIV/AIDS and STDs.

Outcomes/Results: An evaluation of 817 youth in Baltimore found that after six months, youth who participated in the retreat with their parents reported significantly lower rates of sexual intercourse and unprotected sex compared to youth in only the Focus on Kids program without the parent component. They were also less likely to report other risky behaviors like alcohol and drug use.

Conclusion/Summary: Focus on Kids is a program that provides a parent component to make sure parents are part of the learning process in their children's sexual health. Results show that children in the program with parent participation are more likely to use condoms and are less likely to engage in sexual activity.

Youth AIDS Prevention Program (YAPP)^{19,20}

Objective: To prevent STDs, HIV/AIDS and substance abuse among high-risk junior high students. Youth AIDS Prevention Program (YAPP) includes ten sessions for 7th graders, with homework assignments to complete with parents and an optional parent workshop.

Basic Content: Homework assignments are included to involve parents. Guiding the program is social cognitive theory, which targets teens' knowledge, attitudes, self-efficacy, intentions and behaviors. The optional 1.5 hour parent workshop shares the curriculum and discusses the current trends in sexual activity. Parents are given a post-program questionnaire to evaluate the effectiveness of the program. Then in 8th grade, students are given five sessions in a week to continue their learning about sexual health.

Outcomes/Results: The program was evaluated in Chicago within 15 districts; results showed that youth in the program were more comfortable in talking with parents about sexuality compared with youth in the control group. Sexually active students were more likely than the control group to use condoms and showed greater intention to use them in the future.

Conclusion/Summary: YAPP gives parents a way to become involved through homework assignments and an optional workshop to understand what the students will be learning. The program

Programs exist which can support parentchild communication: helping to strengthen the bond between parents and children and ensuring that young people acquire the skills they need.



Many parents face challenges in being prepared to have discussions with young people about relationships, development and sex.

aims to educate students in their junior high school years with all elements of sexual health.

Reducing the Risk^{21,22}

Objective: To teach adolescents to resist peer pressure, make good decisions, and negotiate safer sex behaviors; the program encourages adolescents to talk to parents about abstinence and birth control.

Basic Content: Reducing the Risk consists of 16 sessions each 45 minutes and an optional 90 minute class that includes information on abstinence and contraception. The program is implemented in high schools for youths specifically in ninth and tenth grade. The evaluated program took place in 13 California high schools with 1,033 students.

Outcomes/Results: The program found that after 758 students completed surveys at six and eighteen months, there was an increase in parentchild communication about both abstinence and contraception. There was a 24 percent decrease in the initiation of sexual intercourse as opposed to the control group. There was also a significant decrease in unprotected sex. At pretest, 11 percent in both control and treatment groups had engaged in unprotected sexual intercourse and at posttest 13 percent of treatment group as opposed to 23 percent in the control group had unprotected sex. The program was also implemented in Arkansas with 212 young people participating with same outcome occurrence. This included a significant increase in communication with parents, a delayed initiation of sexual intercourse and in addition, increased use of contraception. The control group was given a semester health education program of the school district's choice.

Two curriculum activities required students to talk with their parents about abstinence and contraception. Both students and parents re-

ported that the assignments enabled them to talk with each other more easily about these topics. Six months after the intervention, program youth were significantly more likely than control youth to have ever discussed abstinence or contraception with parents.

Conclusion/Summary: Students' knowledge of contraception and discussion with parents substantially increased over time after both program implementations. Additionally, youth delayed the initiation of sexual intercourse and there was an increase in protected sex among the sexually active. Parents serve an important role in this program, discussing with their child topics learned in the lessons.

Safer Choices23,24,25

Objective: To teach high school students that using protection against pregnancy and STDs is a safer choice, and choosing not to have intercourse is the safest choice.

Basic Content: The program is a two year HIV/STI and teen pregnancy prevention program encouraging abstinence and contraceptive use. There are 20 sequential sessions for ninth and tenth graders. Parents receive a newsletter and participate in homework assignments and the classes' link activities to give familiarity with support services in the community. Parents are involved throughout the program through newsletters and homework assignments.

Outcomes/Results: In California and Texas 20 high schools with a total of 3,869 ninth grade students participated. After a 31 month evaluation there was an increase in condom use (1.68 times more likely than control), an increase in effective contraception (1.76 times more likely than control), a delay in sexual initiation, and an increase in knowledge of HIV/STI.

Conclusion/Summary: The program integrates a parent's newsletter and homework assignments with a classroom session. As a result, parent-child communication increased.

Written by Emily Kitchen, Education and Outreach Intern, and Barbara Huberman, RN, MEd, Director,

Advocates for Youth © June 2011

REFERENCES

1. Hacker KA. Listening to youth: teen perspectives on

pregnancy prevention. Journal of Adolescent Health 2000; 26(4): 279-88.

- Pazol K et al. Vital Signs: Teen Pregnancy United States, 1991-2009. MMWR, April 2011.
- 3. Resnick, M. (1997). Protecting Adolescents from harm: Findings from National Longitudinal Study on Adolescent Health. JAMA, 278:823-32
- Karofsky PS et al. Relationship between adolescent parental communication and initiation of first intercourse by adolescents. Journal of Adolescent Health 2000: 28; 41-45.
- Weinman, M et al. Risk Factors, Parental Communicaiton, Self and Peers' Beliefs as Predictors of Condom Use Among Female Adolescents Attending Family Planning Clinics. Child Adolesc Soc Work J 2008; 25:157-170.
- Miller KS et al. Patterns of condom use among adolescents: the impact of mother-adolescent communication. Am J Public Health1998;88:1542-44.
- Jemmott, L. & Jemmott, J. Family Structure, Parental Strictness & Sexual Behavior among Inner-City Black Male Adolescents . J Adolesc Research 1992; 7:192-207.
- Rodgers KB. Parenting processes related to sexual risk-taking behaviors of adolescent males and females. J Marriage Fam 1999;61:99-109.
- Shoop, D., & Davidson, P. AIDS and Adolescents: The Relation of Parent and Partner Communication to Adolescent Condom Use. J Adoles 1994; 17:137-48.
- HoffT et al. National Survey of Adolscents and Young Adults: Sexual Health Knowledge, Attitudes, and Experiences. Menlo Park, CA: Henry Kaiser Foundation, 2003.
- Meneses, L. (2006). Racial/ Ethnic Differences in Mother-Daughter Communication about Sex . J Adolesc Health, 29:128-131
- Schuster, M. M., Eastman, K. P., & Corona, R. P. Talking to Parents, Healthy Teens: A Worksite-based Program for Parents to Promote Adolscent Sexual Health. Public Health Research, Practice & Policy, 2006.
- Martino, S. P., Elliot, M. P., Corona, R. P., Kanouse, D. P., & Schuster, M. M. Beyond the "Big Talk": The Roles of Breadth & Repetition in Parent-Adolescent Communication About Sexual Topics. Offical Journal of the American Academy of Pediatrics, 2009.
- 14. Dilorio, C. Keepin' it R.E.A.L. The National Campaign to Prevent Teen and Unplanned Pregnancy, 2007.

http://www.thenationalcampaign.org/EA2007/ desc/real.aspx

- Dilorio, C. et alKeepin it R.E.A.L.!: A Mother-Adolescent HIV Prevention Program, 2006. Retrieved from http://www.socio.com/srch/summary/pasha/full/ passt26.htm.
- O'Donnell, L., Stueve, A., Wilson-Simmons, R., Duran, R., & Jeanbaptiste, V. Saving Sex for Later: An Evaluation of a Parent Education Intervention. Guttmacher Perspectives on Sexual & Reproductive Health, 2005.
- 17. Passin, W. Overview of Parents Matter! 2010.
- Focus on Kids (FOK) plus ImPACT. Centers for Disease Control & Prevention, 2006. Accessed from http:// www.cdc.gov/hiv/topics/research/prs/resources/ factsheets/FOK-ImPACT.htm
- Levy, S. P., Flay, B., Phil, D., & Handier, A. D. (n.d.). Youth AIDS Prevention Project. PASHA Program by Sociometrics. Accessed from http://www.socio.com/srch/ summary/pasha/full/passto6.htm
- 20. Child Trends. Youth AIDS Prevention Project. Child Trends, 2007
- Kirby D, Barth RP, Leland N et al. Reducing the Risk: impact of a new curriculum on sexual risk-taking. Family Planning Perspectives 1991; 23:253-263.
- Hubbard BM, Giese ML, Rainey J. A replication study of Reducing the Risk, a theory-based sexuality curriculum for adolescents. Journal of School Health 1998; 68:243-247.
- 23. Coyle K, Basen-Engquist K, Kirby D et al. Short-term impact of Safer Choices: a multicomponent, school-based HIV, other STD, and pregnancy prevention program. Journal of School Health 1999; 69:181-188.
- 24. Coyle K, Basen-Engquist K, Kirby D et al. Safer Choices: reducing teen pregnancy. HIV, and STDs. Public Health Reports 2001; 116 (Supplement 1):82-93.
- 25. Kirby D, Baumler E, Coyle K et al. The Safer Choices intervention: its impact on the sexual behaviors of different subgroups of high school students. *Journal* of Adolescent Health 2004; 35:442-452.



MISSION

Established in 1980 as the Center for Population Options, Advocates for Youth champions efforts to help young people make informed and responsible decisions about their reproductive and sexual health. Advocates believes it can best serve the field by boldly advocating for a more positive and realistic approach to adolescent sexual health.

OUR VISION: THE 3RS

Advocates for Youth envisions a society that views sexuality as normal and healthy and treats young people as a valuable resource.

The core values of Rights. Respect. Responsibility.® (3Rs) animate this vision:

RIGHTS: Youth have the right to accurate and complete sexual health information, confidential reproductive and sexual health services, and a secure stake in the future.

RESPECT: Youth deserve respect. Valuing young people means involving them in the design, implementation and evaluation of programs and policies that affect their health and well-being.

RESPONSIBILITY: Society has the responsibility to provide young people with the tools they need to safeguard their sexual health, and young people have the responsibility to protect themselves from too-early childbearing and sexually transmitted infections (STIs), including HIV.

SOME RELATED PUBLICATIONS FROM ADVOCATES FOR YOUTH

The Facts: Parent-Child Communication: Promoting Sexually Healthy Youth

Science and Success: Programs that Work to Prevent Teen Pregnancy, HIV, and Sexually Transmitted Infections in the United States

Resources for Families on Parent-Child Communication

See the complete library of publications at www.advocatesforyouth.org/publications

