

Parents as Co-Educators: Do Effective Sex Education Programs Include Parents?

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ABSTRACT. Schools and communities conduct sexuality education programs to supplement the information children receive from parents and caregivers. Critics argue that this institutional education supplants parental teaching and fails to include parents as partners in sex education. To assess to what extent current sex education curricula draw parents into this vital process, eight empirically validated sex/HIV education programs were selected for content analysis. Programmatic references to parents were organized into thematic categories representing varying levels of parent inclusion. Results of these analyses can assist schools in selecting parent-friendly sex education curricula. Recommendations for family life educators are presented.

In their multiplicity of roles, family life educators pursue a common objective “to enrich and improve the quality of individual and family life by providing knowledge and skills” (NCFR, 2008). Working with families, and particularly adolescents, may necessitate addressing sexuality both formally and informally: in the classroom as part of child development or parenting curricula, and as mentors and advisors to adolescents navigating intimate relationships and to parents who struggle to protect and educate their children. Further, family life educators can serve as liaisons and buffers between students and parents, facilitating open communication and promoting healthy sexual development and practice (Sanders, Deal, & Myers-Bowman, 1999).

The complex, dynamic, yet insular nature of families presents real challenges to professionals working to improve individual and family well-being. Nowhere is this more evident than in the controversial arena of sexuality education. The concept of sexuality and the methods of sexual expression hold multiple meanings and implications for parents, children, family life educators, and policymakers. Historically, families were the primary source of sexuality information for children. However, with the establishment of state-mandated sexuality programming, educational responsibility was re-distributed from the home to the classroom. This provided an additional and in some cases much-needed source of sexuality information, but one over which parents have little control. Research has shown that parents want and need to be included in school-based sexuality education programming.

Should Parents Be Involved in Formal Sex Education Programs?

Parents have a profound influence on the development of sexual attitudes, beliefs, and behaviors, especially in the years leading to early adolescence (Hecht & Eddington, 2003). Parents influence teen sexual behavior in a variety of ways, including modeling, maintaining a warm and close relationship that facilitates open communication, monitoring teen activities, and encouraging religious beliefs and practices that influence morality and sexual behavior (Miller, 2002; National Campaign, 2003; Rozema, 1986; Werner-Wilson, 1998). A 2007 national survey reported that of 1,037 teens surveyed, 47% said that parents were most influential on their sexual decision-making (compared to 18% who ranked friends and 4% who ranked teachers/sex

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educators as most influential). However, only 34% of parents believed that they were the most influential source of information (Albert, 2007).. This belief may lead parents to discount their own ability to influence their children's sexual knowledge, attitudes, and behaviors. Teens want and need more sex education from their parents, and parents believe they should be the primary source of sex education followed by outside institutions such as schools (Jordan, Price, & Fitzgerald, 2000). Further, adolescents feel that the sex education they receive in school is inadequate, and they want open discussions on the topic of sex with their parents (Fay & Yanoff, 2000; National Campaign, 2003).

Although parents want their children to be educated about sexuality and adolescents want to learn these facts from parents, there appears to be a disconnect in parent-child communication on the subject. For example, parents think they are providing more sexuality education than what is perceived by adolescents, and parents lack knowledge of when and how to initiate sexuality discussions with their children. Parents report feeling inadequately prepared to discuss sexuality in general and think that teens are not sexually active so they have no need for the information (Somers & Gleason, 2001). Simply knowing "what" to discuss may be insufficient: parental openness, skill, and comfort-level mediate the impact of parent-child communication on sexual behavior (Whitaker, Miller, May, & Levin, 1999).

Parents report discomfort in addressing certain topics with their children. One study found that parents anticipated feeling uncomfortable discussing abortion, masturbation, and homosexuality and were less likely to talk to their children about these topics compared to other sexuality topics (Koblinsky & Atkinson, 1982). Several factors are correlated with parents' comfort-level in sexuality communication. Years of education and occupation are associated with the likelihood of engaging in conversations with children on sexuality, with parents from managerial and professional backgrounds more likely to discuss sexuality topics than parents with skilled or unskilled jobs (Ingham & Kirkland, 1997). Parents' feelings of self-efficacy on sexual health issues affect the likelihood of sexual communication with children (Brock & Beazley, 1995). How parents broach the topic of sexuality with their children may affect comfort-levels for both adolescents and parents. Teens want parents to initiate the conversation and to have an interactive or open dialogue rather than be preached to or given unsolicited advice (Fay & Yanoff, 2000; Pluhar & Kuriloff, 2004). For this reason, teens may find it easier to talk to peers than parents because peers are perceived as less judgmental.

Studies of sexuality education provided by parents have generated several important recommendations. Parents need to know what topics to address and when it is developmentally appropriate to address these topics (Geasler, Dannison, & Edlund, 1995). The timing of parent-child sexual communication is often a matter of "too little, too late." Parents are not aware of when children acquire sexual knowledge or the effect of multiple information sources that give conflicting facts to children. Schools should serve as a resource for parents (Fay & Yanoff, 2000). Experts recommend that schools invite parents to attend the sex education programs in which their children participate, provide educational materials to facilitate parent-child communication on sexuality, provide the "how-to" of sex education via workshops and focus groups, and get parents involved in sexuality program development, policy change, and evaluation (Alexander, 1984; Koblinsky & Atkinson, 1982; Pick & Palos, 1995; Walker, 2004; Werner-Wilson, 1998). Schools can be advocates for family sexuality education by encouraging parents to discuss their sexual values with their children, viewing parents as partners rather than detractors in the educational process, and valuing consistency in educating children from

multiple sources (school, family, media, etc.) (Somers & Gleason, 2001; Werner-Wilson, 1998; Whitaker, Miller, May, & Levin, 1999).

Informed by the body of research evidence about the importance of parent involvement in sexuality education, the present study analyzed empirically-validated curricula for the inclusion of parents as co-educators in the sexuality education process. Specifically, the goal of this analysis was to discover if and to what extent parents and families are incorporated into each curriculum. The results of these analyses can assist both school and community educators in selecting sex education curricula that not only have positive, significant impacts on sexual behavior but also invite parents into the learning process.

Methods

There are many sex education curricula currently available for educating middle and high school students. However, few curricula have proven effectiveness in increasing contraceptive use and decreasing sexual behavior. For the present analysis, eight empirically validated sex/HIV education programs were analyzed for content pertaining to parent involvement in sex education. These programs were documented in Child Trends' *Not yet: Programs to delay first sex among teens* (Manlove, Papillio, & Ikramullah, 2004)¹. To be included in the list, each program had to be designed in 1980 or later, be conducted in the U.S. or Canada, target teens under age 18, incorporate a large enough sample to allow control-group comparisons, and be evaluated experimentally or quasi-experimentally. From Child Trends' list of 22 programs, only 17 were found to impact sexual behavior. For the present study, this list was narrowed further to abstinence, sex education and HIV/AIDS and other STD programs (youth development and service learning programs were excluded) that had curricula available and had been experimentally evaluated. These eight programs were found to demonstrate a positive impact on or association with sexual initiation or other sexual behavior.²

Program Descriptions

All programs teach abstinence and HIV/STD/pregnancy prevention. Condom use is either discussed or demonstrated in each program except for *Making a Difference*, with some programs identifying other sources of HIV/STD prevention. Programs vary in the number of modules and length of time to teach each module, targeted age group, forum, and preparation of leaders. Table 1 provides program descriptions and demonstrated impacts on sexual behavior based on Child Trend's report (Manlove, Papillio, Ikramullah, 2004).

Table 1
Program Characteristics

Program Name	Forum	Targeted Populations	Length	Impact on Sexual Behavior
<i>BART</i>	Community	African-Amer. ages 14-18	12-16 hours	Delayed sexual initiation
<i>Draw the Line</i>	School	Latino	7 hours (Grade 7 only)	Delayed sexual initiation
<i>Focus on Kids</i>	Community & School	Urban, African-Amer. Ages 9-15	11-12 hours	1) Increased intention to use condoms; 2) reduced sexual activity and sex without a condom*
<i>Making a Difference</i>	Community & School	Ages 11-13; diverse ethnic groups	8 hours	Delayed sexual initiation
<i>Reducing the Risk</i>	School	Middle- or high-school youth	12-16 hours	Delayed sexual initiation
<i>Safer Choices</i>	School	High school students	7 hours (Level 1)	Delayed sexual initiation
<i>Teen Talk</i>	Community & School	Diverse ethnic groups ages 13-19	12-15 hours	Delayed sexual initiation
<i>YAPP</i>	Community & School	African-Amer. ages 12-14	7 hours; 4-hour booster	Increased condom use; reduced sexual activity

* when combined with parental monitoring

Analyses

Content analyses were conducted by closely examining each curricula for the following: (a) references to parents as sources of information and/or models of sexuality; (b) obtaining parental consent for children's participation, (c) pre-service meetings with parents to explain the purpose of the program, (d) inclusion of parents in the design or pilot testing of programs, (e) active involvement by parents in components of the program, and (f) providing sexuality education to parents who serve as co-educators in the program.

Findings

In the course of content analyses, three primary categories of parental references emerged representing progressive levels of inclusion in the programs: (a) parents were identified as guides and sources of sexuality information, values, and rules; (b) participants were encouraged to engage their parents/family members in conversations and/or completion of assignments about sexuality; (c) parents participated in the program. An "other" category was created to catch

references to parents that did not fit into one of the preceding three categories. The results of content analysis of each program are shown in Table 2.

Table 2
Thematic references to parents/family in program curricula

Curriculum	Parents are Sources of Info, Values, Rules	Encourage parent-child communication & homework completion	Parent Participation In Program	Other
<i>BART</i>	√	√		√
<i>Draw the Line</i>		√		√
<i>Focus on Kids</i>	√	√	√	√
<i>Making a Difference</i>	√	√		√
<i>Reducing the Risk</i>	√	√		
<i>Safer Choices</i>	√	√		√
<i>Teen Talk</i>				
<i>YAPP</i>	√		√	√

Making a Difference (Jemmott, Jemmott, & McCaffree, 2004) contains two references to parents as sources of sexuality information, and parents are portrayed in two scenarios as influencing a child's sexual decision-making. Participants are told to talk to "friends, partners, and family members" about engaging in sexually risky behavior (p. 40) and parents are identified as sources of help (p. 125). The program includes additional references to parents that did not fit in the preceding three categories (e.g., making families proud by reaching goals, the peril of using sex to get back at parents, and facts about parental notification of STD/HIV testing).

Youth AIDS Prevention Project (YAPP) (Levy, Flay, & Handler, 2003) involves parents in several ways. The authors state that the program is designed to "create social supports by involving peers, parents, and the entire school in the program" (p. 6). An optional 60-90 minute parent workshop can be provided to parents/caregivers of 7th grade participants to introduce the curriculum and cover "current trends in sexual activity and drug use" (p. 10). "Parental Interactive Homework" is given to involve parents in the completion of key assignments (p. 7) and parents complete questionnaires as part of post-program evaluations to determine program effectiveness.

In *Becoming a Responsible Teen* (BART) (St. Lawrence, 1998), parents are characterized along with relatives and friends as part of the cultural milieu within which each participant is grounded. This cultural support system provides the basis for safe sex behavior that makes the participant and his/her family and community proud and promotes family and community unity. Participants are told that research on African American youth reveals that they talk more with parents about challenges than do white or Hispanic youth (p. 25). Parents/families are cited as potential sources of misinformation or myths about sexuality, yet participants are encouraged to talk to parents about sex and drugs (pp. 66 & 128). In the program evaluation section, it is noted that during the pilot project, parents were enthusiastic about the program and specifically requested that programs be created for *them* (p. 211).

Teen Talk (Eisen, McAlister, & Zellman, 2003) and *Draw the Line* (Coyle, Gardner, & Gomez, 2003) contained the fewest programmatic references to parents. A theoretical basis of

Teen Talk is social learning theory, yet it makes no references to parents as models or sources of sexuality information. *Draw the Line* mentions parents as sexual role models in the manual's introduction, although this is not part of the curriculum delivered to participants. *Draw the Line* is one of only four programs that require completion of parent-child homework to ensure that participants discuss the program with parents. A "parent preview night" (p. 6) is recommended to inform parents of program content and to encourage completion of parent-child homework.

Results of evaluation research on *Reducing the Risk* (Barth, 2004) indicate that one positive outcome of program participation is improved parent-child communication about sexual topics. The need for parent approval is emphasized repeatedly and a Parent Preview session is recommended for teachers to discuss with parents the curriculum and learning activities (p. 8). A parent-child homework assignment facilitates discussion of the relational context and timing of sex, protection for sexually active teens, and the parent's role in helping his/her child avoid pregnancy and HIV (pp. 55 & 56).

Safer Choices (Fetro, Barth & Coyle, 1998) is one of the most parent-oriented curricula reviewed. In fact, in the *Safer Choices* preface, "parent education" is one of five primary components of the program (p. viii), and "increasing communication with parents" is a specific objective (p. ix). Parents are educated via a preview night to familiarize them with program content, and parent notification is required before program implementation and prior to in-class contraception demonstrations. Parent-child communication is facilitated by completion of two parent-child homework assignments.

Of the programs reviewed here, *Focus on Kids* (2005) excels in involving parents in program delivery. In fact, Laris and Kirby (2007) categorized this as a parent sex education program due to the degree of parent involvement. Parents, among others, were consulted during the development of the curricula (p. 2), and theories on which the program is based identify parents as sources of power and control in the realm of interpersonal development (p. 228). Parents are referred to as sources of information, rules, values, and expectations about sex, and students are encouraged to ask parents for sexual information. Students are taught appropriate child-parent communication techniques through role-plays (p. 114), and a field assignment requires each student to interview two parents (not necessarily the child's parents) at different stages of parenthood to better understand the responsibilities of parenting (p. 108). This program supercedes others with its 90-minute IMPACT (Informed Parents and Children Together) parent workshop where parents and children work together in small groups to complete structured exercises.

In summary, all but one program acknowledge that parents can and do influence adolescents' level of sexual knowledge and the development of beliefs and attitudes that guide sexual behavior. All programs require some type of parental consent or notification to participate, and five programs require the completion of parent-child homework and recommend the use of "preview" nights to inform parents of program content. Only two programs provide educational sessions *for parents* that go beyond simply informing them about program content. None of the programs provides comprehensive sex education *to the parents* to enable them to serve as educators rather than simply advisors to their children.

Conclusions

All programs reviewed here could better assist parents by including current information about STD transmission and prevention, facts about sexual trends among adolescents, and the role of

media, peers, and community organizations in teaching sexual values. To meet the needs of adolescents and to assist in turning the tide of teen pregnancy and STD transmission, contemporary sexuality education programs must treat parents as partners in the educational process. Ideally, parents will become “out-of-class” resources for their children and reinforce and re-teach information obtained from formal programming. Making this ideal a reality will require that curricula go beyond simply requiring parental consent or making tentative attempts to promote parent-child communication.

A more comprehensive integration of parents into sexuality education will likely result in several positive outcomes. Providing sex education to parents as well as to their children will give parents much-needed research-based information and positively impact their own and their children’s sexuality. Since few programs last more than 8-12 weeks, there are limited opportunities for teacher follow-up or “booster shots” reinforcing previously learned concepts. Parents are uniquely suited to provide this ongoing education if they have the knowledge and skills to do so. Teaching parents how to effectively initiate, maintain, and promote ongoing parent-child discussions about sexuality will serve to enhance the overall communication climate, possibly opening channels of communication about other important topics such as drug use. An added advantage may be that parents will advocate more for school-based sexuality education if they are included.

Recommendations for Family Life Educators

- Become advocates: Family life educators can influence policy decisions at the school and state levels by encouraging the adoption of sexuality education curricula that encourage parental involvement and education.
- Empower parents: prior research reveals that parents want to educate, and children want to be educated by their parents on sexuality. Parent educators can encourage and support parents, provide resources with current facts and research on sexuality and local community resources, and be sounding-boards for parents struggling with adolescent sexuality issues.
- To borrow a recommendation from Barbara Woods (2005), family educators should “partner with health education professionals to coordinate and mutually support shared interests and goals in their unique programs” (p. 56). Sexuality education is definitely a shared interest with clear overlaps between family and consumer sciences and health education. Building family and health education partnerships can improve content delivery to adolescent and parent audiences.
- Develop and market curricula to schools and communities that provide parallel educational components for parents. Those parents who desire to participate should be integrated into the program and trained as sex educators in their own right.

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Endnotes

¹ *Focus on Kids* was not included in Child Trends' list but has been empirically validated by Program Archive on Sexuality, Health, and Adolescence (PASHA).

² Four of these programs were included in at least three effective program lists (see Solomon & Card, 2004).