

How are Local Health Agencies Promoting Open Lines of Communication Between Parents and Children Regarding Sexual Health in a Midwestern Community?

Molly Dunks

Faculty Sponsor: Tracy Caravella, Department of Health Education & Health Promotion

ABSTRACT

The purpose of this study was to determine how a Midwestern community promotes parent involvement, education and open communication regarding their children's sexual health education. Five structured interviews were conducted with agencies that had potential to offer sexuality programming in the community. Through content analysis, three main themes emerged. The first theme being that there is insufficient sexuality programming taking place. Only one agency is currently providing sexuality programs that involve and educate parents so they can communicate more openly with their children regarding sexuality. The second theme is that there is little known about what the school district is doing for parents in regards to their children's sexuality education. Schools have the ability to involve parents in their children's sexual health education; however, much can be learned about what is occurring in the schools. The last theme is that the stigma of sexuality needs to be reduced. For children to truly benefit from an open, accurate sexual health education, sexuality needs to be a topic more openly discussed.

INTRODUCTION

"We are pleasure seekers!" UW-Stevens Point professor, Fred Herbert (2007), is referring to people of all age groups, including adolescents. Sometimes people deny the fact that adolescents may seek pleasure from sexual relationships. However, according to the Sexuality Education Council of the United States (SIECUS) (2007), 47% of United States high school students have had sexual intercourse, and 6.5% of them have had sexual intercourse before they were thirteen years old (SIECUS, 2007). These adolescents need to use measures to protect themselves, especially the 14.5% of students who have had four or more sexual partners (SIECUS, 2007). Among the sexually active students, 37% did not use a condom during their last sexual intercourse, and only 18% reported that they or their partner had used oral contraception (SIECUS, 2007).

The statistics of Wisconsin teens are very similar to those of the nation. According to the Wisconsin State Profile, 2006, 40% of high school students have had sexual intercourse, and 4% of them said they had sexual intercourse before they were thirteen years old (SIECUS, 2007). According to SIECUS (2007), 10.5% of Wisconsin high school students have had sexual intercourse with four or more individuals. These rates are slightly lower than the national rates, but that does not mean that Wisconsin students are practicing safer sex. The last time they had sexual intercourse, 38% of high school students did not use a condom, and only 23% used oral contraceptives (SIECUS, 2007).

Adolescence is a time of significant developmental change. It is important to provide adolescents with comprehensive health education so they can be prepared to cope with their changing bodies, hormones, and feelings. For those adolescents who are sexually active, it becomes very important to provide them with accurate sexual health information. Currently, the federal government does not have a law or policy in place that requires sexuality education; however, the federal government supports abstinence-only-until-marriage education (SIECUS, 2001). For 2007, the federal government has set aside \$176 million to support these programs nationally (SIECUS, 2005a). Abstinence-only-until-marriage education is disadvantageous to American youth. These programs "promote marriage as the only acceptable family structure, ostracizes lesbian, gay, bisexual, and transgender (LGBT) youth, stigmatize youth who have been sexually abused, and deny information to sexually active youth" (SIECUS, 2005c, para. 2). Children and adolescents need more than abstinence-only-until-marriage education. According to the Advocates for Youth (Berne & Huberman, 1999), the American Academy of Pediatrics (2000), SIECUS (2005b), and the Society for Adolescent Medicine (Santelli, Ott, Lyon, Rogers, & Summers, 2006), adolescents have the right to complete and accurate sexuality and reproductive health information.

Wisconsin's policies are similar to those of the nation. Wisconsin state law encourages sexuality education but does not require it, and Wisconsin supports the abstinence-only-until-marriage program (SIECUS, 2007). In 2006, Wisconsin received \$4,080,399 in federal funding for this program (SIECUS, 2007). However, research has shown that abstinence-only programs do not delay initiation of sexual intercourse (Santelli, et al, 2006). In fact, research indicates that individuals who receive abstinence-only-until-marriage education are no more likely to delay sexual intercourse, have fewer partners, or abstain from sexual intercourse than those who do not receive sexuality education (National Campaign to Prevent Teen Pregnancies, 2007). Over one hundred scientific and medical groups in the U.S. do not recommend abstinence-only-until-marriage education (Advocates for Youth, n.d.); the government must listen to this overwhelming research for the benefit of the nation's children and adolescents.

The way to prepare and educate children and adolescents about sexuality is to take a comprehensive approach. This population needs accurate information, a chance to develop their own beliefs, values, attitudes, and interpersonal skills, and to gain a sense of responsibility (SIECUS, 2005d). Through a comprehensive sexuality education approach adolescents and children will learn about human development, relationships, personal skills, sexual behavior, sexual health, and society and culture (SIECUS, 2005d). Children and adolescents need to have accurate information available so they can make healthy decisions regarding their sexual practices. Research indicates that comprehensive sexuality education can delay the onset of sexual intercourse, reduce the frequency of intercourse, reduce the number of sexual partners, and increase the use of condoms or other contraception (SIECUS, 2005e).

Parents are in the position to be sexuality educators for their children throughout their lives. Sometimes parents rely on schools to provide this education; however, Wisconsin state law does not require sexuality education. Because of this, parents may be surprised that some schools may not be providing the sexuality education they believe. Even if the schools are providing some sexuality education, parents are in the ideal position for educating their children about sexuality.

Parents are present when the "teachable moments" arise throughout the child's life (American Academy of Pediatrics, 2000). These moments are a great opportunity to share values, attitudes, and beliefs. If parents are open and communicative starting in the early years of the child's life, it may be more natural for them to continue talking when the child gets older. This is important because research shows that children and adolescents prefer to get their sexual health education from their parents (Sommers & Surmann, 2004). One would think this would make it easier for parents to communicate with their children. However, only one-half of adolescents feel they have had one "good talk" with their mothers and only one-third feel they have had one with their fathers in the past year (SIECUS, 2002). This is unfortunate because research has shown that if parents are open and communicative with their children about sexuality, it can help delay the first acts of sexual activity, promote sexual abstinence, increase partner communication, and increase the consistent use of condoms if teens are already sexually active (CDC, n.d.).

There are different reasons why some parents find it difficult to be their child's sexual health educator. Some parents may not have the skills needed to communicate what they want, or they may not have up-to-date knowledge on sexuality topics and issues. For example, in a study done by Eisenberg, Bearinger, Sieving, Swain, and Resnick (2004), many parents from Minnesota and Wisconsin thought condoms were not effective in preventing STDs and pregnancy. They also believed that oral contraceptives were not very effective at preventing pregnancies. These inaccurate beliefs can prevent effective sexuality education for children. Other reasons why parents may not have the skills needed to communicate with their children include: not talking about sexuality with their own parents, not having sexuality discussed in the schools, and learning from their peers when growing up (SIECUS, 2002). All of these reasons may lead to parents having inaccurate or insufficient information. Therefore, parents may need some assistance with educating their children about sexuality.

One of the National Education Goals calls for a partnership between schools and parents (Brener, Dittus & Hayes, 2001). These partnerships can benefit both parents and the school staff. It can be an opportunity to educate parents about sexuality and provide them with communication skills so they can openly discuss sexuality with their children. With a partnership, school staff can feel more comfortable and confident with the sexuality curriculum in place if parents help plan and design it. Partnerships can also help increase the likelihood that important information is covered. When Landry, Singh, and Darroch (2000) interviewed fifth and sixth grade public school sexuality teachers, the teachers admitted that there is a gap between what should be taught, and what is taught regarding sexuality at their schools. If a partnership is in place, parents will know what is taught, what is not, and be able to fill in any gaps that may exist in the curriculum. For example, if the schools do not include topics in their curriculum that the parents want their children to learn, the parents can make sure they discuss those topics with their children outside of the school setting.

In the past, some schools have provided programs for parents to become more knowledgeable and skillful in communicating with their children. One program is called "Saving Sex for Later," which is presented on three

audio CD's for parents to listen to during their own time (O'Donnell, Stueve, Agronick, Wilson-Simmons, Duran, & Jeanbaptiste, 2005). The goal of "Saving Sex for Later" is to provide parents with examples of how to initiate conversations about which they otherwise might feel uncomfortable talking. Some other measures to get parents involved, educated, and talking include: homework supplements for parents and children to complete together, parent workshops where they meet with an educator to learn necessary skills and knowledge that will help them communicate and listen more effectively with their children, parent-child workshops where parents and children learn together, focus-group discussions where parents can talk about individual concerns or those that pertain to the sexual health curriculum (Oliver, Leeming, & Dwyer, 1998), and home-based programs for parents and children that use audiovisual materials or written materials to help them communicate about sexual health issues (Kirby & Miller, 2002). Schools can also inform parents of the many other resources available through SIECUS, Advocates for Youth, and programs such as the National Campaign to Prevent Teen Pregnancy, Parents Matter!, Plain Talk (Troccoli, 2006), and Families are Talking (SIECUS, 2003). All of the above programs can help parents feel more comfortable and confident about their knowledge and skills, which in turn encourages open communication about sexuality.

Community health agencies can also assist parents. They can provide resources for parents to learn more about sexuality and the skills needed to be effective educators. These agencies can also provide resources for parents to use when talking with their children.

With the help of outside resources, parents can become very effective communicators about sexuality. Research indicates that open communication between parents and children regarding sexuality reduces high-risk sexual behaviors (SIECUS, 2001). Because of this, it is important to know the types of sexuality programming the community is providing to encourage parents to be involved, educated, and able to talk with their children about sexuality. To answer this, the following research questions were used:

- How are the Midwestern community's health agencies providing sexuality education programs for the area?
- How are elementary schools involving parents with their children's sexual health education?
- How are elementary schools providing parent education that will promote open lines of communication between parents and their children?
- How are middle schools involving parents with their children's sexual health education?
- How are middle schools providing parent education that will promote open lines of communication between parents and their children?

METHODS

Participants

A purposive sampling technique was used to collect qualitative data from possible agencies of interest. Agencies were selected based on their potential to provide educational experiences to families and/or schools regarding sexuality issues. Subjects were selected based on their position within the agency. These individuals had knowledge or experience in the programming for sexual health education initiatives in the community within the past five to ten years. Five of the original seven agency personnel contacted agreed to participate in the study. The information these individuals shared can be generalized to other community agencies because of the clear patterns that emerged through the research.

Measures

Subjects participated in a structured interview consisting of eleven open-ended questions. The structured interview schedule was developed and reviewed for face validity by two professionals. The first eight questions dealt with the agencies' sexuality programming. The next two questions were about the school district's sexuality programming and how they engage and educate parents. The last question was open for any last comments. Content analysis was used to evaluate responses from participants. Responses were analyzed until patterns emerged. These patterns were then thematically categorized.

Procedure

This descriptive study took place during the summer of 2007 in a Midwestern community. A qualitative data collection measure was used. First, seven local community health agencies were identified to participate in the study. Upon approval from the Institutional Review Board for the Protection of Human Subjects at the University of Wisconsin-La Crosse, agency personnel were contacted by phone or by email to determine their willingness to participate. Five of the seven agency personnel agreed to meet for an interview. Next, questions were developed,

and the interviews were conducted. One interview was completed over the phone, and four were completed in person. Upon the conclusion of each interview, a gift certificate to a local bookstore was offered to show appreciation.

RESULTS

Three primary themes emerged from the content analysis of the subjects' responses to the open-ended questions of the interview schedule:

Theme 1: Insufficient sexuality programming is taking place.

Of the five agencies interviewed, only one of them is currently providing sexuality programming. Health Agencies A, B, and C are not involved in sexuality education at the school or community levels. The interview with individuals from Agencies B and C revealed knowledge of programming done by Agency D.

Health Agency D is actively providing sexual health care and education to the Midwestern community. They are involved with the schools to enhance the sexuality education for students. The five areas of education provided in the middle schools include: birth control, sexually transmitted infections, puberty, communication, and abstinence. Each topic is covered for two to three days. Of the five programs, the most recently implemented was the Abstinence Encouragement Program. It is the only program that includes a parent component. Before educating the students, parents are invited into the school and are informed of what the children will be learning throughout the program. Questions, comments, and concerns of the parents are also addressed.

Agency D also hosts a Mother-Daughter Night in the middle schools. This night encourages mothers to get involved in their daughters' sexuality education. Together, mothers and daughters learn about puberty, nutrition, body image, and how to communicate with each other. This program lasts about two hours. During this time, mothers and daughters begin talking about sexuality issues with the expectation that the conversation will continue after departing from the program. A Father-Son Night was once hosted. Due to the lack of attendance, it was not offered again.

Agency D also uses other avenues to involve parents in their children's sexuality education. A folder of information is offered to parents of children receiving sexual health care from the agency. It gives them information about the agency, a guide to what is happening during their child's visit, statistics and facts about adolescent sexuality, tips on how to communicate with children, and a small book on human sexuality. Agency D also had an advertisement on the radio geared towards parents to increase communication with their children regarding sexuality.

Health Agency E is not currently involved in sexuality education in the schools or community. However, about nine years ago they offered a Teen AIDS Prevention Program to high school students. This was an after-school program that students attended to learn how to prevent AIDS and other sexually transmitted infections (STI's). The program targeted students; however, parents sat in and observed the meetings. Because of this, communication about AIDS and STI's increased between parents and children.

Theme 2: Little is known about what the school district is doing for parents in regards to their children's sexuality education.

Agency personnel from Health Agencies A, B, and C did not have any knowledge of what the schools were doing to educate and engage parents in their children's sexuality education.

The Agency D subject interviewed was the only person that had some knowledge of what the schools were doing specifically as far as educating parents and engaging them in their children's sexuality education. This knowledge is obtained from the programming they do in the schools.

The subject interviewed from Agency E knew that there is a push throughout the school district to get parents involved in their children's general education; however, she did not know details of parent involvement in sexuality education.

Theme 3: The stigma of sexuality needs to be reduced.

All of the agency personnel shared a common vision of reducing the stigma of sexuality. If it could be a topic discussed more casually, a healthier nation would emerge. The subject from Agency D summarized it nicely when she said that we should "normalize sexuality."

DISCUSSION

The purpose of this study was to find out how a Midwestern community is promoting parent involvement and open communication between parents and children regarding sexuality issues.

The majority of agencies researched are not doing sexuality programming. However, it is encouraging that Agency D has been so successful. They have made an impact on their patients and within the community at large. While working in the schools, this agency focuses on educating the whole family. Along with educating students, it is apparent this agency aims to involve parents. They want to assist them in overcoming barriers to communication regarding sexuality issues.

Results from Agency D suggest that mothers are generally expected to be more involved and more communicative with their children regarding sexuality than are fathers. The success of the Mother-Daughter Night and the poorly attended Father-Son Night supports this idea. The question becomes, why do fathers feel they do not need to actively participate in the sexuality education for their children? Perhaps if more programs targeting fathers were developed, they may feel more comfortable, confident, and responsible for the sexuality education for their children. With a change in paternal views of their position as educator, the Father-Son Night could be more successful. The findings suggest that there is potential for growth in sexuality programming, and it is encouraging that all agencies see the need to “normalize sexuality.”

Findings from this study revealed two main barriers to normalizing sexuality through educational programming. The first barrier, recognized by three agency personnel, was a lack of funding that prevents sexuality programs from being designed and implemented. The second barrier, recognized by three agency personnel, was controversy with sexuality issues in preventing sexuality programs from being planned and implemented. If more people work together to advocate for sexuality education, barriers can be overcome. All of the agencies contacted have the potential to create new sexuality programs to benefit children and their families.

It is apparent that Health Agency D is working to help the community overcome the stigma surrounding sexuality. They have started the education process through the clinic itself and have slowly moved into the school district. Their presence at the middle school level to help promote sexuality education for students and their families has been the first step to creating a sense of normalcy toward sexuality. The fact that the school district has invited Agency D into the middle schools is promising. It shows that the school supports what Agency D is doing. When community members and other organizations see this, they may think twice about the importance of sexuality programming, especially concerning the integration of parents into the process.

It should be clarified that the school district has not invited Agency D into the elementary schools yet, which shows more possibilities for growth. It is a good sign that the school district has recognized the importance of Agency D in the middle schools. They now need to see the importance of Agency D’s sexuality education for elementary school families.

The results indicate that Agency D is currently the only active organization offering sexuality programming. However, it should be noted that Agency A has potential to do sexuality education programming at the high school level, if the “need” arises. Agency A helped create the Community Youth Initiative. Through this initiative, an advisory committee was made. It includes one student from the ninth, tenth, eleventh, and twelfth grades along with a school advisor. During the committee meetings, the students bring up issues they think need attention at their school. For example, substance abuse is one issue that students have discussed in the past. Agency A then creates programs to educate students about the issue, in this example, educational opportunities dealing with substance abuse. If students would bring up a sexuality issue, Agency A would likely address it through educational experiences. As of now, sexuality issues have not been discussed; therefore, Agency A has not had the opportunity to educate students or families about sexuality issues.

Despite the information discovered through the agencies about the schools, a major limitation to the study needs to be addressed; the study occurred during the summer months. Initially, the researcher aimed to survey school health education teachers and school nurses to determine how parents are involved in their children’s sexuality education. However, after speaking with an administrative representative from the school district, protocol identified that only principals could participate in the study. It was explained further that school faculty and staff are not available during the summer; consequently, they could not participate in the study. For that reason local health agency personnel were interviewed to explore their contribution in sexuality education programming in the schools.

RECOMMENDATIONS

The agencies in local communities can try to overcome the barriers to sexuality education. To meet the needs of children and adolescents, community health agencies can work to increase funding for sexuality programming by searching for additional moneys through funding agencies that offer grants. If they strived to overcome their fears

associated with the controversy surrounding sexuality issues, more sexuality programs could be created; thereby creating more opportunities for open communication between parents and their children.

It is encouraging that the school districts are actively using the resources available for the middle schools. However, school districts could also utilize resources to implement sexuality education programs at the elementary school level as well.

Future researchers could develop a survey to collect data from the school personnel directly. These surveys could be administered during the academic school year. By doing this, more thorough and accurate data will be available. It would be interesting to find out the schools' approaches to sexuality education aside from utilizing community resources and/or agencies.

Future researchers could also develop a different interview schedule for community agencies. They could start asking if the agency is involved in sexuality programming in the community. From there, two different sets of questions could be developed. One set would be asked to those who are active sexuality programmers, and the other set would be asked to those who are not currently active sexuality programmers. This would be beneficial because the researcher(s) may be able to gain more thorough information.

ACKNOWLEDGMENTS

I would like to thank Dr. Tracy Caravella for her professional guidance with the research throughout the process. I would also like to thank the Dean's Distinguished Undergraduate Research Fellowship for awarding me with the grant that made this project possible.

REFERENCES

- Advocates for Youth (n.d.). *Sex education: Isn't it time to listen to the pediatricians, not the politicians?* Retrieved June 8, 2007, from <http://www.advocatesforyouth.org/doctorsorders/doctorsorders.pdf>
- American Academy of Pediatricians (2000). *At what age should I talk to my child about sex?* Retrieved November 19, 2007, from <http://www.aap.org/healthtopics/sexuality.cfm>
- Berne, L., & Huberman, B. (1999). European approaches to adolescent sexual behavior and responsibility [Electronic version]. *Advocates for Youth*, 1-85.
- Brener, N.D., Dittus, P.J., & Hayes, G. (2001). Family and community involvement in schools: Results from the School Health Policies and Programs study 2000 [Electronic version]. *Journal of School Health*, 71(7), 340-344.
- Centers for Disease Control and Prevention (n.d.). *Parents matter!* Retrieved June 4, 2007, from <http://www.cdcnpin.org/parentsmatter/index.asp>
- Eisenberg, M.E., Bearinger, L.H., Sieving, R.E., Swain, C., & Resnick, M.D. (2004). Parent's beliefs about condoms and oral contraceptives: Are they medically accurate? [Electronic version]. *Perspectives on Sexual and Reproductive Health* 36(2), 50-57.
- Herbert, F. (2007). *Human sexuality: Proactive strategies for meeting the needs of your students and community*. Presentation made at the Symposium on Adolescent Health Issues, Oshkosh, WI.
- Kirby, D., & Miller, B.C. (2002). Interventions designed to promote parent-teen communication about sexuality [Electronic version]. *New Directions for Child and Adolescent Development* 97, 93-110.
- Landry, D.J., Singh, S., & Darroch, J.E. (2000). Sexuality education in fifth and sixth grades in U.S. public schools, 1999 [Electronic version]. *Family Planning Perspectives* 32(5), 212-219.
- National Campaign to Prevent Teen Pregnancy (2007). *National Campaign to Prevent Teen Pregnancy statement on abstinence-only program evaluation*, retrieved July 19, 2007, from http://www.teenpregnancy.org/press/pdf/abstinence_04_07.pdf
- O'Donnell, L., Stueve, A., Agronick, G., Wilson-Simmons, R., Duran, R., & Jeanbaptiste, V. (2005). Saving sex for later: An evaluation of a parent education intervention [Electronic version]. *Perspectives on Sexual and Reproductive Health* 37(4), 166-173.
- Oliver, D.P., Leeming, F.C., & Dwyer, W.O. (1998). Studying parent involvement in school-based sex education: Lessons learned [Electronic version]. *Family Planning Perspectives* 30(3), 143-147.
- Santelli, J., Ott, M.A., Lyon, M., Rogers, J., & Summers, D. (2006). Abstinence-only education policies and programs: A position paper of the Society for Adolescent Medicine. *Journal of Adolescent Health* 38, 83-87.
- SIECUS (2001). Issues and answers: Fact sheet on sexuality education [Electronic version]. *SIECUS Report Supplement* 29(6), 1-8.
- SIECUS (2002). Families are talking [Electronic version]. *SIECUS Report Supplement* 1, 1-4.

- SIECUS (2003). *Families are talking: About us*. Retrieved June 4, 2007, from <http://www.familiesaretalking.org/about.html>
- SIECUS (2005a). *A brief history of abstinence-only-until-marriage funding*. Retrieved July 3, 2007, from <http://www.nomoremoney.org/history.html>
- SIECUS (2005b). *Abstinence only until marriage programs violate our basic rights*. Retrieved November 19, 2007, from <http://www.nomoremoney.org/rights.html>
- SIECUS (2005c). *Reality behind programs*. Retrieved July 3, 2007, from <http://www.nomoremoney.org/reality.html>
- SIECUS (2005d). *What is comprehensive sexuality education?* Retrieved July 3, 2007, from http://www.communityactionkit.org/pdfs/Learning_The_Basics/what_is_comprehensive_se.html
- SIECUS (2005e). *What the research tells us*. Retrieved July 3, 2007, from http://www.communityactionkit.org/pdfs/Learning_The_Basics/what_the_research_tells.html
- SIECUS (2007). *State profile: Wisconsin*. Retrieved June 26, 2007, from <http://www.siecus.org/policy/states/2006/mandates/WI.html>
- Somers, C.L., Surmann, A.T. (2004). Adolescents' preferences for source of sex education [Electronic version]. *Child Study Journal* 34(1), 47-59.
- Troccoli, K. (2006). *Terms of engagement: How to involve parents in programs to prevent teen pregnancy*. Washington, DC: National Campaign to Prevent Teen Pregnancy.