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A review of parental involvement in sex education: The role for effective communication in British families

Triece Turnbull, Anna van Wersch and Paul van Schaik

Abstract
A review of recent literature (2000–2006) has been undertaken to investigate the role of sex education within the family context, in order to engage with the problems of sexual health in British society. The findings which emerged were categorized under the following five themes: (1) Parental roles regarding sex education; (2) The importance of effective communication in the family; (3) Parent–child interaction: differences in gender and communication style; (4) Content of sex education; and (5) Parents as primary sexual educators. The findings highlighted the importance of communication, and showed a tendency of children and adolescents wanting to learn about sexual matters from their parents. Studies on communication of sexual issues emphasized the role of gender, psychological factors and family dynamics in the effectiveness of sex education. Although the majority of communication on sexual subjects has been found to come from the mother, boys feel that the content is mainly steered towards the experience of girls. Consequently, boys use other sources (peers, the media and the Internet) to educate themselves about sexual related issues. Even though parents want to talk to their children about topics related to sexual behaviours, they feel embarrassed, uncomfortable and have neither the skills nor the knowledge to do so. A need for sex and relationship education (SRE) parent programmes has...
been identified to ensure that the information being taught at school can be reinforced in the family home. Thoughts for enhancing SRE within the family are presented.

**Key words:** adolescents, educational intervention programmes, relationship education, school, sexual health

**Introduction**

Latest research has caused increased concern about the sexual risk-taking behaviour of adolescents in Britain\(^1\)\(^2\). Young people are becoming more sexually active and consequently unintended pregnancies, abortions and sexually transmitted infection rates (in particular chlamydia and gonorrhea) continue to be a problem\(^3\)\(^4\)\(^6\). Britain has tried to tackle these behaviours, not just with intervention programmes, but also educationally. One could argue that policy-makers and the education system have failed, but ‘What more needs to be done?’ and ‘Who needs to be doing it?’

Health professionals agree and suggest that a more comprehensive and effective sex education programme needs to be provided within the school environment, not just at secondary, but also at primary levels\(^7\)\(^\text{-}^{10}\). However, concerns have been raised about both the sufficiency and adequacy of its provision in order to prepare and equip children and adolescents well for adult life\(^11\)\(^12\). Should it all come down to the education system and health care? This question is particularly pertinent since studies have concluded that increasing adolescents’ knowledge of sexual matters neither necessarily reduces sexual behaviour occurring\(^11\), nor increases safer sex\(^13\)\(^\text{-}^{15}\). Furthermore, adolescents who are most vulnerable to engaging in sexual risk-taking behaviour can come from communities in which the youth do not access formal sex education\(^16\).

Although steps have been taken by different countries to address the sexual health consequences of young people’s sexual risk-taking behaviours, Britain in particular has placed reliance on the education system to target the problem. The British Department for Education and Employment (DfEE) is responsible for developing the most recent guidance and current legislation for sex and relationships education (SRE) within primary and secondary schools\(^17\). The SRE guidance indicates how schools should deliver effective sex education programmes, not only with the support of health care professionals, but also with emphasis on the input of parents\(^18\).

The role of the parents in education has been formalized by the DfEE for the following reasons. Parents are seen as the key people who are able, not just to educate their children about sexual subjects, but to compliment and maintain the culture and ethos present within the family. They support the emotional and physical aspects of their children’s health and assist them in preparing for adult life. In order to complement the objectives, faiths and values of parents and families regarding
SRE, it has been the aim of the DfEE that primary and secondary schools comply with the SRE guidance to encompass all aspects of sex education, defined as follows:

It is lifelong learning about physical, moral and emotional development. It is about the understanding of the importance of marriage for family life, stable and loving relationships, respect, love and care. It is also about the teaching of sex, sexuality, and sexual health. It is not about the promotion of sexual orientation or sexual activity – this would be inappropriate teaching.\(^\text{18}\)

Schools in the UK are now strongly encouraged to follow the recommendations of the DfEE as they are recognized and regarded as good practice by the government department Office for Standards in Education.\(^\text{19}\) Although the Office for Standards in Education have a comprehensive system of inspection and regulation that corresponds with the British government’s aim to provide better and effective SRE to young people, research needs to consider not only how schools involve parents in the sex education that is delivered, but also the methods that are the most effective in gaining parent participation. These government initiatives formed the rational for this study, which intended to explore the role of parents in the provision of sex education in the literature.

**Aims**

The following aims were formulated: (1) to obtain an overview of the literature on sex education in the family; (2) to elucidate the most important themes of this review; and (3) to discuss ways forward for enhancing family involvement in sex education.

**Method**

A literature search was carried out on the six most relevant data bases, Medline, PsychINFO, ScienceDirect, ASSIA, CIAHL and HELMIS, for the time period 2000–2006, plus government websites and the lists of references of relevant publications. Several combinations of the following search words were used: sex education, adolescents, communication, father, mother, parents and family. The review process was mainly focused on the British situation; however, studies from other cultures have been incorporated when seen as relevant for the arguments of this article. The literature was read and re-read until the most important findings started to emerge, which were subsequently summarized under the following themes: (1) Parental roles regarding sex education; (2) The importance of effective communication in the family; (3) Parent–child interaction: differences in gender and communication style; (4) Content of sex education; and (5) Parents as primary sex educators.

**Parental roles regarding sex education**

There is a broad agreement that parents are their children’s first and most prevailing educators\(^\text{20}\) and that they play a central role in the development, growth and health of their children\(^\text{21,22}\). Sex education is no exception to general education\(^\text{23}\), where parents provide their children with information that helps them to form attitudes, beliefs and
values about identity, relationships and intimacy. Indeed, a child's development has been found to differ significantly by both the quantity and quality of parenting they receive from birth. According to Berger, a 'quality parent' is one who strives to facilitate their child's learning in different ways and at varying intervals. These parents see their children as apprentices in life, who need to be guided by willing adults who teach, transform and socialize their children so that they can reach their full potential. Although every parent would like to achieve this, sexual communication within the family has not been as straightforward as one may think.

Parents have often been thwarted in the sexual education they give their children; the majority of studies reporting feelings of embarrassment and discomfort. Chung et al.'s study typifies this in its findings on differences in opinion between parents and adolescents on the nature of the communication of sexual values. In their study with Filipino American families, the parents did not think it necessary to openly discuss sexual matters with their adolescent children because values should be transferred through parental respect. Their children, on the other hand, believed that open discussion was necessary for this transmission to occur. They concluded that the result was a bilateral withdrawal from family communication about sex.

The importance of effective communication in the family
Effective communication plays a vital role when educating young people about sexual matters and related issues. The concept of communication has been used in many ways. According to Cherry, communication can be defined as 'the exchange of information for many purposes'. For effective communication to be accomplished, messages need to be interpreted and responded to in a befitting manner; with both verbal communication (pitch, annotation, speech rate and fluency) and nonverbal communication messages (facial expressions, eye contact, gestures, posture, physical appearance and touch) being taken into account. However, this broad definition is not specific and can encompass myriad diversities in relation to participants, settings and various types of exchanges. For example, regarding communication about sexual issues, it has been found that gender influences and psychological factors such as self-esteem and emotions are the factors which have an impact, especially between family members: in mother–daughter relationships as well as father–son communications. It has been recommended that these psychological factors be taken into consideration when delivering sexual health messages, as they facilitate the negotiation of discussing sensitive behavioural issues.

Communication theories about sexual health messages have traditionally used theoretical models associated with both nursing and health, mainly involving some type of counselling role. The chief theorists have been Pepula, who evolved from a psychiatric background and focused upon one-to-one and therapeutic nurse–client relationships; Parse, who highlighted the importance of interpersonal relationships; and, more recently, Wright and Leahey, whose communication theory considers the importance of interpersonal relationships within groups or families.
suggested by Forchuk and Brown\textsuperscript{57} that combining the theoretical approaches of Pepula\textsuperscript{54} and Wright and Leahey\textsuperscript{56} explicitly considers interactions, interpersonal relationships and pattern integrations between family members. Taking this approach can have benefits in that it addresses the needs of each individual. Communication patterns also need to be purposeful in that they should promote meaningful learning\textsuperscript{58} and reach the educational needs of young people\textsuperscript{59}.

**Parent and child interaction: Differences in gender and communication style**

Open, receptive parents who spend time with their children have been found to have a closer and more connected relationship than non-open parents, which allows them to communicate sexual matters more comfortably\textsuperscript{60,61,62}. This was particularly the case in dual-parent families from middle and upper class backgrounds, as they were seen as having more knowledge regarding sexual health and were more willing to access healthcare services than those from a low socioeconomic background\textsuperscript{62,63}.

Gender of the parent has also been reported as having an influence. A consistent finding in the literature is that children and adolescents talk more to their mothers than to their fathers about sexual issues\textsuperscript{64–67}. According to Goldman and Bradley\textsuperscript{68}, absence of the father could be a reason for this, since in the majority of families fathers are the main earners and spend a considerable amount of time working. On the other hand, Kirkman et al\textsuperscript{69} reported that communication itself was the obstacle, in that fathers often find it difficult to talk about sexual topics not only with their daughters, but also with their sons, as the sex education they received when they were adolescents was very limited. In addition, Kirkman et al concluded that fathers felt sex education was a female rather than a male topic, construing sex education as equivalent to both menstruation and pregnancy. More recently, it has been shown that a father’s sex education and the sexual communication with his own father had an impact on father–son communications concerning sexuality\textsuperscript{49}.

There appears to be consistency in the literature about the differences in parental communication on sex and relationship matters with sons and daughters\textsuperscript{65,68,70–74}. Measor\textsuperscript{74} concluded that boys and girls were exposed to different types of information and were conveyed varying sexual messages when receiving sex education from their parents. Boys reported that if they were given this education it was in a cold and impersonal manner compared to girls. In contrast, girls were given sex education in a warm, confiding manner that included romance and the traditional feminine roles. Parera and Joan-Carles\textsuperscript{47} also showed that a good relationship between mothers and daughters had a protective effect, in that daughters delayed the initiation of sexual intercourse and had fewer sexual partners. In her research with African Americans, Nwoga\textsuperscript{71} discussed how boys felt excluded from family conversations on sex and relationship matters. As a consequence, the boys talked to their peers and accessed different types of media to educate themselves. Both Nwoga\textsuperscript{71} and Lefkowitz et al\textsuperscript{73} demonstrated that mothers...
discussed sexual issues more with their daughters than with their sons. This has raised some concerns for boys because their needs are not always met. For example, according to Hilton, the health of boys is endangered, not only in a sexual way, but also in an emotional way, as they do not feel permitted to express their feelings or ask for help and advice when they need it the most.

Content of sex education
Although it has been reported that girls receive more information than boys, it is still unclear to what extent parents provide quality SRE and, more importantly, what specific subjects are discussed. For example, recent research has illustrated that the topic of ‘sexuality’ is rarely considered within the school and home environment. Research is sparse in this area; however, parents have been found to be deterred from discussing some sexual topics, as they fear they are not equipped with both the necessary knowledge and skills to educate their children. Research suggests that parents may not only benefit from parent sex education sessions as far as knowledge is concerned, but also from specific programmes that may facilitate the communication process between parents and children.

Addressing the barriers that prevent parents from discussing sexual issues with their children will have benefits for the whole family. However, many of the myths, misconceptions and ‘taboo’ subjects associated with some sexual topics in the UK have perpetuated for decades and it is likely that any change will not be instant. Parents will also need to have knowledge of the evolving culture in which children and adolescents have been brought up, especially the impact that the media have on them from a very young age. In addition, young people learn from the media, for example from magazines, CDs, DVDs, videos, films, television programmes and the Internet. There have been concerns about what sexual messages are transmitted via these modes of education, especially the Internet, where there is access to pornography. Regardless of these worries, it has been shown that the media can be very effective as part of a multifactorial and comprehensive sex education programme.

Parents as primary sex educators
According to some research, parents are the preferred source of sex education for young people, along with their peers, school, the media and health care professionals. Nonetheless, as stated above, parents do not always feel that they are able to offer sufficient information. As a result, parents are asking for guidance and more information from schools. Parents stated that if schools were to offer them information about what SRE is being taught, as well as education, this might allow them to communicate aspects of SRE more comfortably in the home environment. In support of these requests, it has been agreed that it would be an important first step for schools to educate parents, as this would lead to a more comprehensive system of teaching SRE to both children and adolescents, as recommended by the DfEE and OfSTED. Parents could benefit...
by gaining knowledge from school nurses who are trained to teach sexual health matters to a high standard, and to all age groups. Although it is important for parents to be able to educate their children regarding SRE at home, parental involvement in different types of school and community programmes has been reported to be successful.

It has been suggested that parents might become the new sexual educators of the 21st century. Parent–adolescent sex education programmes have been rated as useful in educating parents with both the knowledge and communication skills needed to provide their children with effective SRE. These have not only been found to be valuable in reinforcing prevention-orientated content and behaviours in children and adolescents, but have also benefited parents in that they provided specific skills training, and required active involvement rather than just passive participant learning.

A further type of programme that has been used with the support of parents is abstinence and abstinence-only sex education. Britain has supported and reinforced this type of approach in a bid to prevent teenage pregnancy and sexually transmitted infection rates from increasing. However, abstinence-until-marriage and abstinence-only programmes are being re-assessed, as they have often been found to be ineffective, ethically problematic and discriminatory against gay, lesbian, bisexual and transgender youth. Although parents, schools and health care professionals are encouraged to support abstinence as an important message, young people still need the information to make informed choices concerning their sexual health. However, with the different types of programmes and findings on how and to what extent parents communicate SRE within the family, it is important to identify the steps that need to be taken to improve parent–child communication.

The way forward

Although it has been identified that parents in Britain find it difficult to discuss sexual matters with their children, this is not typical of other countries such as the Netherlands and Sweden. It has been found that due to their liberal approach of talking openly to their children about sex from an early age, teenage pregnancies and STIs are far less common than in England and Wales. In these countries, policies regarding attitudes towards sexual and reproductive health are different, in that contraception counselling is free and widely available at clinics, contraception is cheaper compared to Britain, and sex education has been taught for over five decades. However, it would be naïve to attribute both children’s and adolescents’ sexual health in these countries to education programmes alone. The combined successful approach of mass media campaigns, open discussion of sex and sexuality in the home, and the ongoing comprehensive sex education children and adolescents receive from an early age should all be taken into account. These positive outcomes in both the Netherlands and Sweden are similar to the targets set out by the present government in England and Wales.

Given England’s and Wales’ social and political climates, what progressive actions can be made to reduce negative sexual health concerns, and to provide both children
and adolescents with the knowledge to make informed decisions that affect their future? Based on this literature review, it seems apparent that parents need to overcome the anxiety and fears that impede successful communication. Some parent–adolescent sex education programmes have been found to be successful in achieving this. However, if countries in Britain are to follow the same stance as countries such as the Netherlands, a greater emphasis needs to be placed on providing effective sex education from a primary level, if not from birth. This will require parents, schools and health care professionals working in partnership.

One way of pursuing this action forward is by developing parent-teacher groups in schools, who meet on a regular basis to discuss ways in which the communication about sexual issues could be attuned between the home and school situations. Special parent workshops could be organized in which, with the aid of reading material, videos or invited guest speakers, special topics are introduced. This will facilitate discussions with the aim of developing a sex education workbook which will be used at school as well as in the home. Process evaluation of this initiative will highlight the factors responsible for its successes or failures.

Another initiative, currently examined in the north east of England, is the use of a multimedia programme on sex education in schools as well in the home. Teachers and pupils, and parents with their children, explore a specifically designed education tool, the ‘Sense Sex and Relationships CD-ROM’ on the computer, in order to test and enhance their knowledge on sexual issues in a playful way. Six main themes, presented as animations or video-clips in which young people discuss sexuality among themselves, or in a question answering style with their parents, can be separately viewed. This project aims to give support and advice to young people, parents, carers and teachers concerning all aspects of sex and relationships. The content of the CD-ROM was designed with the assistance of young people and responds to explicit demands of wanting clear, honest and practical advice on all aspects of sex and relationship education. The interactive CD-ROM corresponds with the Government’s cross-departmental Teenage Pregnancy Strategy, which aims to reduce teenage pregnancies and provide good quality SRE to children and adolescents. The CD-ROM also gives parents the knowledge and practical advice needed to discuss sexual matters more effectively with their children.

References
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