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This chapter examines the impact of different kinds of programs on parent-child communication about sexual topics and adolescent sexual behavior.

Interventions Designed to Promote Parent-Teen Communication About Sexuality

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For decades in this country, people concerned about adolescent sexual behavior, pregnancy, and sexually transmitted disease, including HIV, have striven to increase parent-child communication about sexuality. Their efforts were frequently based upon several beliefs: parents should be and are the primary sexuality educators of their children; parents have considerable difficulty talking with their own children about sexuality (and vice versa) and do so infrequently and inadequately; increasing effective parent-child communication about sexuality will lead to less sexual risk taking on the part of teenagers; and properly designed programs can increase effective parent-child communication about sexuality, can increase comfort with that communication, and can thereby reduce adolescent sexual risk taking.

In addition, encouraging parents to be the primary sexuality educators of their children has been acceptable politically. For example, it is far less controversial to help parents communicate their own values to their own children, and hopefully to thereby decrease sexual risk-taking behavior, than to provide abstinence-only education, to teach sex or HIV education that discusses condoms and other forms of contraception, or to provide condoms or contraceptives through public institutions such as schools.

This chapter describes different approaches that people have used to increase parent-child communication about sexuality and summarizes studies that have measured their impact. It focuses primarily on the impact of programs on parent-child communication, but it also summarizes the limited research on the impact of such programs on adolescent sexual behavior, or on other determinants of that behavior.

Methods

We used three methods to identify relevant studies. First, we conducted computerized searches for studies. Second, we asked colleagues in this field about their knowledge of studies. Third, we tracked down references cited in other studies.

We included only those studies meeting three criteria:

- The study was published in 1980 or later.
- The study targeted parents of adolescents of late elementary school, middle school, or high school age (roughly ten through eighteen).
- At a minimum, the study included a quasi-experimental design with either pretest and posttest data or a comparison group, or both.

These studies have been summarized in a table, which in the interest of space we do not present here. However the interested reader can obtain a copy from the first author.

Results

Professionals have used great creativity and many different approaches to reach parents and to help parents improve their communication with their children about sex. Professionals have tried to reach parents through their community organizations, their faith communities, their places of employment, their children's schools, and the parents' own institutions of higher education. They have tried to reach parents through other community-wide efforts and in their homes. They have sponsored one-shot programs, multiple community events, and more intensive multisession programs. Professionals have targeted parents only, both parents and their children together, and youth only. They have developed curricula for courses, homework assignments for adolescents' courses, home videos, newsletters, pamphlets, more lengthy guides for parents, public service announcements for radio and television, billboards, and postcards. They have developed entire courses on human sexuality that included the increase in parent-child communication among their goals. They have also engaged in longer-term grassroots community organizing.

Many of these programs have one or more short-term objectives that were believed to facilitate more effective and comfortable parent-child communication. These objectives are summarized in Exhibit 5.1.

Before reviewing the different groups of programs and their effects, criteria should be specified with which to judge these programs. Five seem particularly important. (1) Did the program reach (or could it potentially reach) substantial numbers of parents? (2) Did it advance the objectives of most programs, such as those identified in Exhibit 5.1? (3) Did the program actually increase parent-child communication? (4) Did it reduce risk factors or improve protective factors associated with adolescent sexual risk

Exhibit 5.1. Common Short-Term Objectives of Programs Designed to Increase Parent-Child Communication About Sexuality

Objectives Involving Parents

- Increase parents' knowledge
Example: Provide more realistic data on sexual behaviors of young people
- Increase their belief that communication about sexuality will not increase the chances that their teens will engage in sex
- Increase their knowledge about the efficacy of condoms and contraception
- Increase their knowledge about HIV/AIDS and other sexually transmitted diseases
- Help parents clarify the values that they wish to convey to their teens
- Improve parents' skills in talking about sexuality
Example: Discuss ways to initiate conversations by taking advantage of opportunities
- Help them learn how to listen to their teens and encourage them to talk
- Help them learn how to express parental values without being too judgmental and turning off their teens
- Increase parents' comfort talking about sexuality, while acknowledging that being uncomfortable talking about sex is normal and acceptable

Objectives Involving Interaction

- Provide structured opportunities for adolescents and their parents to talk about sexual topics together
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Source: Sexuality Information and Education Council of the United States, 2002, pp. 18–23.

taking? (5) Did it actually delay sex or increase the use of condoms or other forms of contraception, and thereby reduce sexual risk taking? These are important questions to ask of the programs described in this chapter.

Multisession Programs for Adolescents and Their Parents Together. When educators envision model programs to increase parent-child communication, they are especially likely to envision special courses for adolescents and their parents together. Such programs have several obvious advantages: they can present information to both adolescents and their parents, thereby increasing the knowledge of both; they can model discussions of sexual topics and thereby increase comfort with the discussion of sexual topics; they can provide the opportunity both in the group and immediately afterward for adolescents and their parents to talk about sexual topics with each other, and they can do all of this in a climate that is more comfortable because everyone understands and expects that they are going to talk about sex and they see everyone else doing so.

Among the most intensive programs of this type is one developed by the Family Guidance Center in St. Joseph, Missouri (Kirby, Peterson, and Brown, 1982). It divided participants into four groups by gender (father-son groups and mother-daughter groups) and age (groups for youth aged nine through twelve and groups for youth aged thirteen through seventeen), and it limited each group to ten parent-child pairs. The program included five two-hour sessions for the younger group and six two-hour sessions for the older group. The first session was for parents only, to give them an

overview of the course; the remaining sessions all involved parents and their children together. The sessions included didactic material about topics common to sex education classes—anatomy, changes during adolescence, sexual behavior, reproduction, contraception, teen pregnancy, STDs, and so on. The sessions also included numerous small-group discussions, films, and experiential activities that facilitated parent-child communication during the class. For example, as an icebreaker, parents competed against their kids in a relay race in which they had to blow up a balloon, retrieve the coiled question inside, read the question about sexuality, and answer it (either correctly or incorrectly). The excitement of the race diminished their embarrassment as they talked rapidly about sex, condoms, and sexuality more generally. In a subsequent session, groups of two parent-child pairs played a board game in which they rolled dice and moved around the board toward home base, landing on blue squares (requiring them to draw a card and answer a knowledge question) or red squares (requiring them to draw a card and answer a question about how they felt about some aspect of sexuality). A final activity involved “Dear Abby” letters that described various situations and asked for advice. Again, parents with their own children in small groups read, answered, and discussed the letters.

This program ultimately succeeded in reaching large numbers of families. This success was partly due to two factors. First, many youth-serving agencies in the county sponsored sessions and recruited families. Second, over a number of years, the program gained an excellent reputation, word spread, and parents with more than one child repeated the program as their younger children reached the required ages. Despite its success in reaching many families over many years, it remained a labor-intensive effort.

Survey data were collected before the program, immediately after the program, and about three to five months later (Kirby, 1984). Results showed increases in both the frequency of parent-child communication and comfort with that communication, but these results diminished with time. Results also indicated that the program increased knowledge among the youth in both the younger and older groups. Among the older group (where they were measured), the program also increased the clarity of personal sexual values, decreased permissive attitudes toward having sex, and increased the perceived importance of birth control.

Other studies have confirmed the challenges of getting parents to come to meetings or special multisession courses (Kirby, Korpi, Barth, and Cagampang, 1995; Weeks and others, 1997). Far too often, parents have practical obstacles or simply have too little time, energy, and motivation to attend.

Other studies have also confirmed that programs that bring adolescents and their parents together to multiple-session courses on sexuality can increase participants’ communication about sexuality. For example, the Office of Adolescent Pregnancy Prevention Programs funded a large number of programs designed to improve parent-child sexual communication.

Although many of the reports were not published, some of them indicated that programs increased both communication and comfort with that communication. Other studies have produced similar results (Benshoff and Alexander, 1993; Bundy and White, 1990; Caron, Know, Rhoades, and Aho, 1993; Hamrick, 1985; Huston, Martin, and Foulds, 1990).

However, simply bringing adolescents and parents together does not ensure that greater communication about sexuality will ensue. At least one study failed to find a significant change (Jorgensen, Potts, and Camp, 1993). Thus well-designed interactive activities that actually get adolescents and their parents to start talking with each other during the sessions may be important.

Few studies have measured the impact of these programs on actual sexual behavior. One that did is the study of Growing Together (Nicholson and Postrado, 1991). Girls Inc. (formerly the Girls Clubs) developed and implemented a five-session program for mothers and their daughters. Although daughters in the program group appeared less likely to initiate intercourse, the program and comparison groups were probably not equivalent before the program and the results collected over the two years following the program were only borderline statistically significant.

In sum, most of these programs served only small numbers of families. The Family Guidance Center ultimately served many, but that required many years. However, when these programs are properly designed and when parents and their children do participate, their communication about sexuality does increase, as does their comfort with that communication. However, that greater communication may not endure. These programs may also have other positive effects such as increasing knowledge or clarifying values, but it is not known whether or not these programs actually reduce sexual risk taking.

Multisession Programs for Parents Only. Whereas most multisession programs focus on parents and their adolescents together, a few target only parents. Although at least one program has targeted parents of preschool children (Davis, Koblinsky, and Sugawara, 1986), most target parents of older youth. Typically, these programs adopt a different approach from that used with parents and adolescents together. Instead of trying to provide opportunities for communication, they strive to improve the knowledge, attitudes, and skills of the parents so that they will be more effective at communicating with their children about sex.

A recent intervention consisted of two intensive one-and-a-half-hour small-group sessions, the first covering general communication skills (listening, taking turns talking and listening, and giving supportive responses to the adolescents' comments) and the second focused on talking about dating and sexuality (Lefkowitz, Sigman, and Au, 2000). The study was a rigorous one with a randomized pre-post control group design and actual observation of parents talking to their teens. Over a period of seven weeks, observational data indicated that mothers improved their communication style. In particular,

they spent less total speaking time (allowing more time for their children to speak), were less judgmental, and asked more open-ended questions. Observational data also suggested that they were more likely to discuss dating and sexuality. The adolescents reported more conversations about birth control and greater comfort talking to their mothers. These results provide evidence that an intensive, well-designed intervention for parents can improve mother-teen communication in the short run. However, only small numbers of families (twenty treatment and twenty delayed treatment families) were involved in the study.

Some studies have also examined the impact of programs with special populations. Fitzgerald, Fitzgerald, and Kirby (1983) found that a program for the parents of deaf children increased the clarity of the parents' values, improved perceived communication skills, and increased both communication about sexual topics and comfort with that communication. Blachman (1991) evaluated a one-day workshop for parents of adolescents with mental retardation and discovered that the workshop did not significantly increase parents' knowledge about human sexuality, but did significantly change their attitudes toward sexual behavior, sex education, and rights and responsibilities of mentally retarded people. It also significantly improved their perceived communication skills. After taking the workshop, parents also reported that they were more effective as sexuality educators of their children.

Hamrick (1985) conducted an unusual study about the impact of different formats for family life education: adolescents only, parents only, parents and adolescents together, parents and adolescents separately, and parents and adolescents first separately and then together. Results indicated that the formats that included parents and adolescents together were the most effective at increasing parent-child communication.

School Orientation Programs for Parents of Students in Sex/HIV Education Classes. Schools, after all, represent the one institution in our society that involves nearly all youth in an ongoing, organized, systematic manner. In addition, about 60 percent of all youth are enrolled in school when they first initiate sex (Centers for Disease Control and Prevention, 2002). Furthermore, the vast majority of youth participate in some type of sex or HIV education program one or more times while they are in school. Given this considerable potential, a number of educators have tried to reach parents through these school programs.

One way to reach the parents of students in sex or HIV education classes is to offer parent orientation programs associated with the students' sex or HIV education classes. These programs can simply review for the parents what topics and materials their children will be receiving. Alternatively, they can also provide information and skill-building activities for parents.

As part of its ENABL (Education Now and Babies Later) campaign, the California Office of Family Planning funded contractors to implement activities for parents (Kirby, Korpi, Barth, and Cagampang, 1995). These activities

included parent information sessions about Postponing Sexual Involvement (PSI), courses offering the PSI for Parents curriculum, and alternative activities such as parent nights and PTA meetings at which ENABL was discussed. Parents of about 19 percent of all youth in the ENABL study attended one or more of these events for parents; most of them reviewed the PSI curriculum. In a seventeen-month evaluation of middle-school youth participating in ENABL, results indicated that students who received the PSI curriculum reported neither a significant increase in parent-child communication nor a delay in initiation of sex. Although these results are not encouraging, it should be remembered that this study measured the impact of parent activities on all students who received the student PSI curriculum, not the impact on only those 19 percent of the students whose parents attended one or more parent activities.

School Homework Assignments in Sex and HIV Education Classes. Given that parent orientation programs typically require that parents actually attend a program (and this is a difficult task), school sex and HIV education curricula sometimes include assignments for students to talk with their parents at home. Because so many youth participate in sex and HIV education programs, these assignments may involve dramatically more parents than any other type of program. Of course, some students may fail to complete this homework assignment, but research indicates that a substantial percentage of students do complete the assignments (Blake and others, 2001; Kirby, Barth, Leland, and Fetro, 1991).

It is recognized that it may be difficult, possibly even harmful, for some youth to be required to talk with their own parents or guardians about sex. Consequently, when instructors ask students to talk with their own parents, they often allow students to talk with other adults if need be.

One program, *Managing the Pressure Before Marriage* (Blake and others, 2001), added a strong parent component to a widely implemented middle school program designed to help youth postpone sexual involvement. It included five homework assignments that helped parents to reinforce the information and skills presented in the classroom and to describe and model desired behaviors. They included not only conversations between students and their parents about specified sexual topics but discussions about a much wider variety of topics—media pressures, dating pressures, methods of handling pressures, individual strengths of the teens, and goals for the future. In addition, the students and their parents practiced multiple role-plays together. About half the students completed three or more of the five activities with their parents (Blake and others, 2001).

The evaluation employed an experimental design and compared the classroom instruction only with the classroom instruction and the homework assignments (Blake and others, 2001). However, the sample size was small, not allowing it to detect small effects. Given that caveat, the results indicated that the parent activities did increase the frequency of communication, but not the comfort level. Furthermore, they did not have a significant impact on

student knowledge, sexual attitudes, intention to have sex, or sexual behavior. On the positive side, they did increase self-efficacy to avoid high-risk behaviors and intention to avoid sex prior to completing high school.

Other studies have also found that homework assignments to discuss particular sexual topics with parents do increase parent-child communication about those topics, at least in the short run (Anderson and others, 1999; Kirby, Barth, Leland, and Fetro, 1991). Sometimes these conversations initiated by homework assignments can be quite long. For example, the median length of time that parents spent discussing the topic was thirty minutes (Kirby, Barth, Leland, and Fetro, 1991). Parents have also commented that homework assignments provide a justification for talking about sex, made it easier to talk about sex, and make it more comfortable to talk about sex (Kirby, Barth, Leland, and Fetro, 1991). Some even indicated it was the first time they, the parents, had talked about sex with their teens.

Another study is particularly important because it included both random assignment of school districts to three conditions (classroom instruction plus parent component, classroom instruction only, and neither), a large sample size ($n = 1,669$) with sufficient statistical power to detect relatively small effects, and long-term measurement of many outcomes. The middle school AIDS prevention program covered in the study included two homework assignments in the seventh grade and one in the eighth grade (Weeks and others, 1997). Prior to these homework assignments, parents received CDC packets of information on how to answer their children's questions about HIV. In addition, parents were encouraged to attend parent meetings and to participate in additional AIDS prevention activities. Process data revealed that between 65 percent and 74 percent of the students completed each homework assignment. Thus these activities reached substantial numbers of parents. In contrast, only about ten or fifteen parents attended each of the parent meetings.

The impact results demonstrated that the parent component did not have a significant and positive impact over time on any of the following outcomes: knowledge, comfort talking with parents about sex, importance of parents' feelings about sex, perception of how upset parents would be if the child had sex, initiation of sex, frequency of sex, or use of condoms. Thus this study provides rather strong evidence that homework assignments can involve many parents and can presumably increase their communication with their children during the course, but that three homework assignments involving communication with parents do not influence the students' subsequent sexual behavior.

Some programs have included multiple approaches. For example, in the Chicago area, schools encouraged eighth graders to view with their parents a six-part series on AIDS that was aired on television and was accompanied by a sixteen-page supplement on AIDS in a major newspaper (Crawford and others, 1990). With this encouragement from the schools, at least 79 percent of the students viewed at least part of the program; in

contrast, only 9 percent of the control group viewed parts of the television program. As a result, both parent-child communication and knowledge about AIDS increased. This study demonstrates the potential effectiveness of combining homework assignments and mass media as a method of increasing short-term parent-child communication about a sexual topic.

In sum, these studies of programs to reach parents through schools indicate that it is possible to reach large numbers of parents through student homework assignments, and that large proportions will complete these assignments, and these homework assignments can include at least five different assignments and various and more complex activities such as role-playing. These assignments do increase parent-child communication, at least in the short run, but they may not change the students' sexual attitudes or sexual behavior in the long run.

College Sexuality Education Classes for Adults. Although the primary goal of most college sexuality education classes is not to increase parent-child communication about sex, common goals of many such classes are to increase knowledge, communication about sex, and comfort with that communication. Thus their goals often incorporate parental communication with children.

Although many universities in this country offer classes on human sexuality and many studies have demonstrated that they do increase students' knowledge (and sometimes affect the students' own sexual attitudes and behaviors), few studies have examined the impact of these courses on the college students' communication with their own children.

One study (King, Parisi, and O'Dwyer, 1993) did examine the impact of a somewhat typical freshman human sexuality course on students' communication with their children. The course covered a wide variety of topics common to such courses. Although the course did not focus primarily on parent communication with their children, one chapter in the textbook did discuss this topic. The course appeared to dramatically increase parent-child communication about a variety of sexual topics during the following three years. Among students in the course who had children aged five years or older, 87 percent had discussed sexuality topics with their children, whereas only 18 percent of the comparison parents had done so. Moreover, most of the parents who took the course described their communication with the kids as "ongoing" rather than a single talk.

This study did not have a strong evaluation design. Nevertheless, this college sexuality education class appeared to have one of the largest effects of any study on parent-child communication about sex. Moreover, the course did not include the children. Thus the measure of parent-child communication did not simply reflect communication that took place during the course itself; rather it took place after the hours of instruction and up to three years after the course. Given that the course was much more intensive than any other instruction discussed in this review, this greater intensity may have had an impact, even though the focus of the course was not parent-child communication.

Home-Based Programs for Teens and Parents. Another approach to involving parents in their children's sexuality education is to reach parents in their homes through video or written materials.

Home-based video programs potentially have several advantages. Most important is that they do not require that parents go to any particular location at a particular time. Instead, the materials can be lent to parents through health clinics, schools, libraries, or other convenient settings. In addition, prior to using the materials with their adolescent children, parents can review the entire program and make sure that they are comfortable with both the values and the activities it presents. And finally, the home-based programs can teach skills that are then practiced in the home, and they may even help parents teach these skills.

On the other hand, home-based video programs have several disadvantages. An important one is that families may not complete the activities at all, or they may simply view the videos (which is relatively easy to do), without completing the role-playing or skill practice (which requires much more initiative, involvement, and thinking and may be threatening to some teens or parents). In addition, it can be very difficult to create videos that both youth and their parents think are realistic. Often youth think the teens in videos dress or act differently than they themselves do, they believe that situations are not realistic, and both the youth and their parents sometimes have difficulty relating to the youth and situations in the video and responding to what appear to them to be contrived situations.

Home-based video programs can be quite comprehensive. For example, *Facts and Feelings* is a video program that includes six videos and written materials (Miller and others, 1993). The videos provided information, modeled parent-child communication in dramatic scenarios, and emphasized sexual values consistent with abstinence. Each of the six videos was brief (about fifteen or twenty minutes) so that families would discuss the topics after viewing each video. The written materials suggested questions and topics for discussion. Together they covered changes in puberty, facts about reproduction, parent-teen communication, values and sexual behavior, sexuality in the media, decision-making skills, and communication skills. Because of the age group it targeted (ten- to fourteen-year-olds), the program focused on abstinence. The program included phone calls every two weeks to encourage use of the materials.

In a study that employed an experimental design and both three-month and one-year follow-up, results indicated that the program did increase teen knowledge and parent-child communication during the first three months when the families had the videotapes, but those increases dissipated within the year. The program did not significantly alter students' values, their perceptions of parents' values, their perception of peer values, their perceived likelihood of having intercourse before marriage, likelihood of intercourse during the following year, or actual onset of intercourse. The last finding was not surprising, however, because less than 5 percent of the preteens and

young teens in the treatment and control groups initiated intercourse. In sum, the results indicated that the program did increase parent-child communication about sex in the short run, but this effect did not endure and did not have an impact on other values, intentions, or behavior of the youth.

This study, plus others (Winett and others, 1992, 1993), demonstrate it is possible to develop comprehensive video-based materials for families to watch together, and that under some conditions—particularly with encouragement—families will watch them. However, they may not engage in all the suggested discussions and activities. Such programs can increase parent-child communication about sex, but they may not be sufficiently powerful to have many other measurable effects on the teens.

In addition to video materials, hundreds of written materials have been designed for parents and sent home to them. These range from postcards with a simple message to a single newsletter for parents to newsletters sent home quarterly to thoughtful manuals and even to book-length guides on talking with one's children about sex. There have not been any evaluations of these materials. However, what we know in general about influencing parent behavior would suggest that most of these materials, especially the short materials, might slightly increase parent knowledge and might briefly and slightly increase their motivation to talk with their children, but probably don't do much more than that. The periodic newsletters may be somewhat more effective, and the lengthy instructional guides may guide and help those parents who actually use them. Unfortunately, however, many parents, especially parents of high-risk youth, are not too likely to read much of the text and act upon it. Nonetheless, despite their impact—which is likely to be modest at best—the low cost of most of these materials may mean they are actually cost-effective.

Grassroots Community Organizing. Typically as part of larger initiatives, a few communities have used grassroots organizing to increase parent-child communication about sexuality throughout the community and to stimulate other community changes. One of the largest and best funded examples of this is the Plain Talk initiative (Grossman and Pepper, 1999). It was a multiyear program implemented in five communities, three of which participated in the impact evaluation. The initiative focused on sexually active youth and strove to increase adult-youth communication about sex and contraception and also to increase access to contraceptive services. To do this, it launched a variety of community activities to create a consensus among adults about the need to protect sexually active youth by encouraging contraceptive use, and it provided parents and other community adults with the knowledge and skills to communicate more effectively with teens about sexual behavior and contraception. One of the communities used professional staff to talk with and organize the parents, while the other two used trained residents. The professional staff were able to begin workshops quickly, but reached a smaller number of parents during the course of the project (about 125). In comparison, the trained residents

required many months for training but ultimately reached more parents (800–1,350). In one of the sites, parents participated in a single two-hour workshop, while in another they participated in four two-hour workshops. In addition to these efforts to increase adult-youth communication, one of the three communities opened a clinic serving adults and teens, the second community opened an adolescent clinic, and the third community increased its hours for adolescents in a preexisting clinic. Reproductive health information was also given to youth at several community events.

Pretest and posttest surveys revealed that among sexually active teens, there were significant increases in the percentage who had talked with an adult about pregnancy or STDs (but not birth control), while among sexually inactive teens there were no significant changes in the percentage who had talked about any of these three topics. Survey results also revealed no significant changes in use of contraception at first or most recent sex.

Media Campaigns. Either state or local agencies in at least fifteen states have used media campaigns to increase parent-child communication about sexuality as part of larger media campaigns to reduce teen pregnancy (National Campaign to Prevent Teen Pregnancy, 1997). That is, in these states, encouraging parents to talk with their kids has been one of several messages that these campaigns have promoted. These campaigns have used a wide range of media—television broadcasts, public service announcements on television and radio, outdoor billboards, transit posters, other posters, guidebooks, booklets, brochures, and fliers. Although these media campaigns have reached very large numbers of parents, there has been very little evaluation of their impact. Studies of other media campaigns suggest that these types of media campaigns may increase awareness, but they probably have only a small impact upon actual behavior.

Discussion

Professionals have developed a wide variety of approaches to reach parents and to help them talk with their own children about sexuality, and thereby to reduce adolescent sexual risk taking. Are these programs effective? To answer this question, this chapter will return to the five criteria identified at the beginning.

First, with the exception of the student homework assignments and media campaigns, most of these programs did not reach substantial numbers of families. Both the studies reviewed in this chapter and informal discussions with educators implementing programs indicate that getting parents to participate outside their homes is a huge challenge. Most parents are unwilling or unable to participate in special programs, even one-night events, especially if they have to travel to a special meeting or gathering. And when parents do attend, the parents are much more likely to be mothers rather than fathers. This is unfortunate, because fathers, especially, are unlikely to communicate about sexuality with their children (see Chapter Three of this volume).

One of the exceptions was the Family Guidance Center program, which attracted thousands of families over many years. Several factors contributed to its success: it was a highly praised program that actively involved parents in multiple ways; parents spread the word; and many community organizations actively recruited families to participate. That program demonstrates that it is possible, even though very difficult, for intensive programs to reach large numbers of families even if the programs require the families to travel somewhere.

In contrast, the school classes that created homework assignments in which students were asked to talk with their parents about sexual topics did reach large numbers of families. There may be at least two reasons for this. First, the assignments were a required part of schoolwork; completing the assignments was not entirely voluntary as was participation in most of the other programs. Second, the parents did not have to go anywhere; they could talk with their children at home.

State or local media campaigns reached huge numbers of people. However, as noted, their impact upon each parent is probably very limited.

College human sexuality classes have probably reached substantial numbers of parents, because many young adults and parents attend college. If it were more widely known that college human sexuality courses may increase parent-child communication about sex, then more adults already in college might take such courses, and more courses might devote more attention to parent-child communication. These courses should be recognized as another largely unexplored avenue for increasing parent-child communication, although they would be less likely to reach parents of high-risk youth.

Second, only a few of the studies provided evidence that the programs met any of the common short-term objectives for parents (those in Exhibit 5.1). That is, only a few studies measured impact on parents' knowledge, clarity of values, skills, comfort, and so on. Of those that measured parents' knowledge, most found that the programs increased that knowledge. Only one study measured program impact on parents' skills. That program was for parents only, was somewhat intensive, and did improve some but not all of the parents' communication skills. Most other programs probably did not focus sufficiently on parents to produce significant changes other than knowledge gain.

Third, many of the programs have evidence that they did increase parent-child communication about sexuality. However, this increase was typically measured only in the short term, and when it was measured in the long term, the increases in communication often did not endure.

The programs that had the strongest evidence (based on at least two studies) of increased parent-child communication were the multisession programs for parents and their children together and the school sex or HIV education classes with homework assignments to talk with parents. In the first case, parent-child communication had to increase, because it took place

at a minimum during the program. In the second case, parent-child communication was also an integral part of the assigned activity. Thus it is not surprising that these programs have the strongest evidence of increased parent-child communication.

Fourth, these studies provided very little evidence that their respective programs improved other risk or protective factors associated with initiation of sex, condom use, or contraceptive use (beliefs, attitudes, self-efficacy, or intentions). Many studies did not measure these effects. Among the few that did, most results were not significant, a few were positive, and a few were negative. In general, there is simply little evidence one way or the other, but the results are not particularly encouraging.

Finally, six of these studies measured the program impact on the initiation of sex or condom or contraceptive use, and none of the programs produced any significant positive effect on any sexual or contraceptive behavior. Indeed, one of the studies with a rather strong design and large sample size actually found a negative effect.

Some of these conclusions must be tempered by the numerous limitations of these studies. Studies most commonly employed quasi-experimental designs with only weak evidence to demonstrate causality; sample sizes were frequently small; parents who agreed to participate were different from those who did not, thus limiting our ability to generalize beyond the sample; studies used different measures of parent-child communication that were difficult to compare; most studies did not measure the complexity of parent-child communication (a topic discussed in Chapter Two of this volume); the reliability and validity of these measures were rarely assessed, but when they were assessed, the results were not particularly encouraging; few measured program impact on potentially important antecedents of sexual risk taking; and few measured impact on actual adolescent sexual behavior. These important methodological limitations may have obscured actual positive program impact.

In sum, these studies indicate that reaching parents through homework assignments may be the most promising method of reaching large numbers of parents and actually having an impact on parent-child communication. These studies also indicate that many types of programs do increase parent-child communication about sex, at least in the short term. This is encouraging. Furthermore, those interventions that involved direct communication between parents and their children, either in their homes or in special sessions, were most likely to increase subsequent communication. In general, as one would expect, those programs that were longer and more intensive had more positive effects than programs that were very short. However, none of these programs currently have evidence that they actually reduce adolescent sexual risk taking as many program developers have hoped. And indeed, some of the programs have evidence varying from weak to strong that they did not change adolescent sexual behavior.

For at least three reasons, it is not surprising that these programs have not demonstrated a greater impact on parent-child communication. First,

as already mentioned, many of the evaluations were relatively weak and might not have detected programmatically important impact. Second, few of the programs evaluated were solidly based in theory or research. For example, few were based upon a thorough analysis of the barriers to parent-child communication about sex and possible solutions to those barriers and few gave attention to other potentially important antecedents of sexual risk taking that might be addressed by parents (developing a closer relationship with their teens or appropriately monitoring and supervising them). Also, many were knowledge-based rather than skill-based and only some of them provided both adolescents and their parents actual practice talking about a variety of sexual topics. Third, most (though not all) of these interventions were very modest. More intensive interventions with follow-up activities over many months may be required both to initiate and maintain higher levels of parent-child communication about sex.

However, given that few parents are able or willing to participate in special programs for themselves and their children, given that programs at best appear to increase parent-child communication only in the short term, given that there does not exist a clear robust relationship between parent-child communication about sex and adolescent sexual behavior, and given that none of the six studies found positive changes in adolescent sexual behavior, it does not seem likely that parent-child programs to increase communication about sex represent a particularly promising approach to reducing adolescent sexual risk taking.

This does not mean that efforts to increase parent-child communication should be dropped. After all, many parents value their communication with their teens and want help with that communication. In addition, parent-child programs may still be a worthwhile component in larger, more comprehensive, and more intensive programs to reduce adolescent sexual risk taking.

These conclusions lead to several recommendations for future efforts in this area. First, given the methodological limitations of previous evaluations of parent-child communication programs, and given the relatively few conclusions that can be well substantiated with consistent evidence, there is a clear need for larger, better designed evaluations of parent-child communication interventions. Such studies need to address the limitations of earlier studies; they need an experimental design to better infer causality; they need large sample sizes to detect programmatically meaningful results; they need improved measures of parent-child communication so that they can better assess the complexity of parent-child communication; they need to measure antecedents of adolescent sexual behavior and actual sexual behavior; and they need to measure longer-term effects.

Second, the programs themselves should be based on the best research on parent-child communication, the barriers to such communication, and effective strategies for overcoming those barriers. If evaluation studies in other areas are a guide, the program activities themselves should also be skill-based, given that one of the goals in parent programs is to increase

the skills and comfort in communicating. And, of course, if the goal of programs is to increase communication over a prolonged period of time, then the programs probably need booster sessions to maintain greater communication.

The scientific work remaining to be done is substantial, because parent-child sexual communication appears to have only complex relationships with adolescent sexual behavior (see Chapter One of this volume). For example, the effects of parent-child communication on adolescent sexual risk behaviors might only be practically important if parents and children have close relationships and parents either disapprove of teen sex or strongly support contraceptive use. The effects of interventions might be stronger when implemented with mothers than fathers, or with daughters than sons. Numerous correlational studies indicate that other family characteristics (such as parental support and connectedness and parental monitoring) are consistently correlated with adolescent behavior (Miller, Benson, and Galbraith, 2001), and it may be those characteristics, in combination with parent-child communication, that helps to reduce adolescent sexual risk behaviors. This means that studies of programs also need to measure the differential impact in groups (for example, by gender, race, age).

There are multiple ways that any group (including parents) can express their norms and influence their children's behavior, including their sexual behavior. Parent-child programs have typically encouraged parents to provide information about sexual topics and express their values. However, there are other important ways that parents and families more generally affect adolescent sexual behavior. For example, parents model responsible or irresponsible sexual behavior. Multiple studies have demonstrated that if a teen's mother had sex at an early age, gave birth at an early age, is single and dating or single and cohabiting, or if an older sister is having sex or has given birth at an early age, then the younger teen is more likely to initiate sex at a younger age (Kirby, 2001). Similarly, if the teen's sister gave birth as an adolescent, then the teen is also more likely to become pregnant and give birth.

Parents can also influence their children's sexual behavior by appropriately supervising them and thereby structuring opportunities for individuals to engage in (or not engage in) sexual behaviors. Many studies have found that appropriate monitoring and supervision are related to initiation of sex, frequency of sex, use of condoms, use of contraception, and pregnancy (Kirby, 2001; Miller, Benson, and Galbraith, 2001).

Consequently, programs for parents may be much more effective if they do not focus only on increasing parent-child communication about sexuality but also address these other ways in which parents can influence the sexual behavior of their adolescent children. For example, these programs can help parents become more connected with their children, supervise and monitor them more appropriately, model responsible sexual behavior, and respond appropriately to possible sexual behavior and

pregnancy among older siblings. If programs have these effects, they may be much more effective at reducing adolescent sexual risk taking than if they simply strive to increase parent-child communication about sexuality. Of course, helping parents do these things is much more challenging than helping them talk about sex.

In sum, programs to date have not been demonstrated to have much behavioral impact beyond increasing parent-child communication. However, if these recommendations are followed, then some programs may be found to be more effective, especially for selected groups of youth.

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