

**Innovative Approaches to Increase
Parent-Child Communication about Sexuality:**

Their Impact and Examples from the Field



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*Innovative Approaches to Increase Parent-Child
Communication about Sexuality:*

Their Impact and Examples from the Field

was supported by a grant from
the Annie E. Casey Foundation

Design by Alternatives

Printing by Fulton Press

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Introduction to Manual

The Sexuality Information and Education Council of the United States (SIECUS) received funding from the Annie E. Casey Foundation in 2001 to develop a “best practices” publication on domestic and international sexuality and reproductive health programs that address parent-child communication.

SIECUS' idea was to examine what the research said about the effectiveness of programs designed to increase communication about sexuality between parents and other primary caregivers and their children and to complement those findings with examples of innovative approaches to such communication. *Innovative Approaches to Increase Parent-Child Communication about Sexuality: Their Impact and Examples from the Field* is intended to guide parents and caregivers, policymakers, public agencies, and educators in their quest for high-quality programs and information.

SIECUS formed a Family Project advisory committee in early 2001 to develop this publication and related activities. It included staff members Amy Levine (committee chair), Mac Edwards, Niki Klvana, Johanna Malaret, Lissette Marrero, Coralie Meade-Rodriguez, Smita Pamar, Monica Rodriguez, Darlene Torres, Claudia Trevor, and Stacy Weibley. It has proven to be an invaluable resource, providing thoughtful insight and direction. In addition, SIECUS intern Sophia Treyger conducted a literature review and intern Lazara Paz synthesized that research. These efforts helped to lay the foundation for this project.

SIECUS circulated a request in June 2001 for information about sexuality and HIV/AIDS education programs, workshops, speakers, and trainings that address parent-child communication. We sent our request via e-mail to all of our listservs, which total more than 3,000 colleagues, educators, and advocates. We also reached out to other supporters of comprehensive sexuality education by sending our request to the e-mail listservs of colleague organizations. We received nearly 100 responses from educators and program developers both domestically and internationally.

SIECUS staff members Amy Levine, Tricia Doughty, Johanna Malaret, Coralie Meade-Rodriguez, Monica Rodriguez, Darlene Torres, and Claudia Trevor, and SIECUS intern Jessica Hermes began during the summer and fall of 2001 the process of selecting the programs that are included in Part 2 of this publication. They collected and reviewed brochures, pamphlets, curricula, videos, audiotapes, board games, and other materials. The narrative beginning on page 25 is a glimpse of some of the innovative approaches that educators around the world are using.

SIECUS hired Douglas Kirby, Ph.D., senior research scientist at ETR Associates, in August 2001 to provide scientific analysis of the available research on the effectiveness of programs designed to increase parent-child communication about sexuality. Dr. Kirby is nationally known for his work in the field of adolescent sexuality, particularly for his reviews of the research on school and community programs to reduce adolescent sexual risk-taking behaviors. He

wrote the widely acclaimed *No Easy Answers: Research Findings on Programs to Reduce Teen Pregnancy*, and, more recently, *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*. Dr. Kirby searched for both domestic and international programs. Of the evaluated programs that fit the scientific criteria that he established, all were domestic. Dr. Kirby's research is Part 1 of this publication.

SIECUS encourages individuals considering replicating any of the approaches listed in this publication to carefully review and evaluate them based on the specific needs of target audiences. In particular, SIECUS encourages program developers to consider criteria such as cultural competency, medical accuracy, age-appropriateness, respect for diverse family structures, inclusion of sexually positive messages (as opposed to fear-and-shame based), and comprehensiveness of topics covered. SIECUS' *Guidelines for Comprehensive Sexuality Education, Kindergarten-12th Grade* is a useful framework to help in this process. It is also important to ensure that facilitators are comfortable addressing sexuality issues and have adequate training and skills in the philosophy and methodology of sexuality education.

SIECUS appreciates family diversity and wants readers to recognize when we refer to parents throughout this publication that caregivers—including grandparents, aunts, uncles, and other guardians—are included.

SIECUS would like to thank all of the people who provided recommendations for programs. SIECUS would also like to thank all of those who so generously shared their materials during the review process. Not all of the reviewed programs are included in this publication, due to space limitations. This is not a reflection of the quality of any programs. A program's inclusion in this publication is in no way an endorsement by SIECUS. All of the materials that we received are part of the Family Communication Clearinghouse at SIECUS' Mary S. Calderone Library.

Special thanks to the individuals, projects, and organizations that support the programs included in this publication. Your generosity in sharing your approaches is greatly appreciated.

SIECUS would like to acknowledge the generous support of the Annie E. Casey Foundation and our project officer, Debra Delgado. We applaud their vision of supporting families, particularly in addressing sexuality issues.

Special thanks to Tamara Kreinin, SIECUS president and CEO, for her leadership, support, and vision in developing this new family initiative. Special thanks also to Joseph DiNornia, Jr., SIECUS vice president and COO, Jason Osher, SIECUS director of development, and Mac Edwards, SIECUS editor, for their support on this project.

Amy Levine, M.A., Family Project Coordinator
Monica Rodriguez, Director of Information and Education

Part 1:

**The Impact of Interventions Designed to Promote
Parent-Child Communication about Sexuality**

The Impact of Interventions Designed to Promote Parent-Child Communication about Sexuality

Douglas Kirby, Ph.D.
ETR Associates

Background

For decades, Americans concerned about young people have worked to increase parent-child communication about sexuality as part of their efforts to reduce the rates of teen pregnancy, sexually transmitted disease (STD), and HIV infection. Their efforts have been based upon several beliefs:

- ▶ Parents are the primary sexuality educators of their children
- ▶ Parents talk infrequently and inadequately with their children about sexuality because they have considerable difficulty discussing the subject
- ▶ Effective parent-child communication about sexuality will lead to less sexual risk-taking on the part of young people
- ▶ Properly designed programs can increase effective parent-child communication about sexuality and increase comfort with that communication, and thereby reduce adolescent sexual risk-taking

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

For all these reasons, people concerned about adolescent sexuality have developed programs for parents and their children, and sometimes for parents alone, to help parents communicate more effectively and more comfortably with their children about sexuality.

Numerous studies, of varying quality, have produced evidence that addresses the four basic assumptions stated above. The belief that parents are the primary sexuality educators of their children is both a philosophical statement about how things should be and a claim about how things actually are. The latter claim is partially supported by evidence demonstrating that while parents may or may not be the primary sexuality educators of their children, they are typically one of the most important sexuality educators of their children. Over the years, many studies, especially of college students, have listed possible sources of information about sexuality and asked the respondents to check the most important sources in their lives. Researchers concluded that peers, not parents, were the most significant source.¹ In a review of 10

studies conducted during most decades from the 1920s on, Thornburg² concluded that peers were consistently the single most important source of information about sexuality. Since the early 1940s, regardless of the age or gender of the respondent, there have been three primary sources of sexual information: peers, literature (or, more generally, the media), and parents.³ More recently, a 1993 survey reported that television, school, and home (in that order) were the three primary sources of information about AIDS for young people.⁴ Thus, parents were identified by some youth as the most important source of information, but they were not identified as the most important source by most youth.

a wide variety of programs have been developed to increase parent-child communication about sexuality

In contrast are two studies conducted by the National Campaign to Prevent Teen Pregnancy which surveyed nationally representative samples of youth 12 to 19 years of age. Unlike the previous studies which asked about most important sources of information, these two surveys asked about who or what most influenced their actual sexual

decision-making. Parents were most commonly identified (38 percent), friends were second-most commonly identified (32 percent), and only a small percentage identified the media (4 percent).⁵ These results suggesting a more important role for parents and a much smaller role for the media may reflect a more nationally representative and younger sample, and undoubtedly reflect the different question being asked, among other things.

Of course, survey data often do not adequately capture the many values about sexuality that are instilled in youth by their parents without any memorable conversations, or without any recognition on the part of the youth that they are internalizing their parents' values. In numerous ways, parents quietly model important values about sexuality. For example, whether they appear nude or partially nude in front of their children, whether they engage in sexual relations outside of marriage, and how they respond to their children's siblings or friends who give birth as teenagers undoubtedly affect the values of their children. Children may or may not recognize this modeling.

On the other hand, most of these studies suggest what most parents realize when children become teenagers: their teens' sexual beliefs,

values, and behaviors may be more affected by peers, the media, and other sources as parents' relative influence diminishes. As a result, parents sometimes cease to be the primary sexuality educators of their children during the second decade of their children's lives.

parents and their children commonly have difficulty talking with each other about sexuality

Despite the commonly stated belief that parents are the primary sexuality educators of their children, it is this recognition and fear that parents are displaced in this role, especially during their children's teen years, that motivates people to implement programs designed to help parents and to increase parent-child communication.

A large body of descriptive research has revealed that parents and their children commonly have difficulty talking with each other about sexuality. Significant proportions of teens report very little direct communication about sexuality with their parents, and most teens and parents are dissatisfied with some aspects of their communication about sexuality.⁶ Parents and their teens have identified as perceived obstacles to their communication some of the same concerns (e.g., potentially feeling embarrassed or possibly prying into the child's personal life) and some different concerns (e.g., if I talk to my teen about sex and/or contraception, (s)he is more likely to have sex; my teen won't be honest; or my mother will be suspicious if I ask any questions or say anything).⁷

Investigators have also examined the assumption that parent-child communication reduces adolescent sexual risk-taking by using related studies to analyze the relationships between parent-child communication and adolescent sexual attitudes and behaviors. In this group of several dozen studies, investigators have sought to establish the extent of influence that parent-child sexual communication might have on adolescent sexual risk behaviors, especially early initiation of sexual intercourse and non-use of condoms or contraception.⁸ Unfortunately, methodological complexities such as measurement and sampling differences have made it difficult to draw conclusions from these studies.⁹ Nevertheless, these studies indicate that there is no simple and robust correlation between parent-child communication about sexuality and adolescent sexual behavior; but there is some evidence of several rather complex relationships. In particular, if mothers disapprove of teens having sexual relations, if communication takes place early, and if there is a close mother-child relationship, then mother-daughter communication may delay the daughter's initiation of sexual intercourse.

This review examines evaluated programs that have used various approaches to increase parent-child communication about sexuality and summarizes the studies that have measured their impact. It focuses primarily upon the impact of programs on parent-child communication, but it also summarizes the limited research on the impact of programs on adolescent sexual behavior or other determinants of that behavior.

Programs to Increase Parent-Child Communication about Sexuality

Americans concerned about young people have worked to increase parent-child communication about sexuality as part of their efforts to reduce the rates of teen pregnancy, sexually transmitted disease, and HIV infection.

Their efforts have been based upon several beliefs:

- ▶ Parents are the primary sexuality educators of their children
- ▶ Parents talk infrequently and inadequately with their children about sexuality because they have considerable difficulty discussing the subject
- ▶ Effective parent-child communication about sexuality will lead to less sexual risk-taking on the part of young people
- ▶ Properly designed programs can increase effective parent-child communication about sexuality and increase comfort with that communication, and thereby reduce adolescent sexual risk-taking

Important Questions about Program Effectiveness

1. Did the program reach (or could it potentially reach) substantial numbers of parents?
2. Did the program advance the stated objectives?
3. Did the program actually increase parent-child communication?
4. Did the program improve other risk or protective factors associated with reduced adolescent sexual risk-taking?
5. Did the program delay sexual intercourse, increase the use of condoms or other forms of contraception, and thereby reduce sexual risk-taking?

Methods

Three methods were used to identify relevant studies: searching computerized data, asking colleagues if they knew of such studies, and reviewing study references. Only those studies that met the following three criteria were included: (1) published in 1980 or later; (2) targeted parents of adolescents in late elementary school, middle school, or high school (roughly 10 to 18 years of age), and (3) at a minimum, included a quasi-experimental design with either pre-test and post-test data, a comparison group, or both.

The search for international studies turned up very little. To find international studies, we: (1) searched computerized databases that included international journals on this topic in English; (2) contacted people in this country and foreign English-speaking countries about articles; (3) reviewed with SIECUS the results of the organization's international search, and; (4) reviewed the studies summarized in a recently published comprehensive review of international studies in this field.¹⁰

Finally, five questions were considered in reference to the evaluated programs that were included in this review. They were:

1. Did the program reach (or could it potentially reach) substantial numbers of parents?
2. Did the program advance the stated objectives?
(See page 5 for program objectives.)
3. Did the program actually increase parent-child communication?
4. Did the program improve other risk or protective factors associated with reduced adolescent sexual risk-taking?
5. Did the program delay sexual intercourse, increase the use of condoms or other forms of contraception, and thereby reduce sexual risk-taking?

Approaches

Professionals have used great creativity and many different approaches to reach parents and to help them improve communication with their children about sexuality. Many of these programs have one or more short-term objectives that were believed to facilitate more effective and comfortable parent-child communication. These include:

Increase parents' knowledge

- ▶ Provide more realistic data on sexual behaviors of young people
- ▶ Increase parents' belief that communication about sexuality will not increase the chances that their children will engage in sexual relations
- ▶ Increase parents' awareness of the advantages of abstinence
- ▶ Increase parents' knowledge about the efficacy of condoms and contraception
- ▶ Increase parents' knowledge about HIV/AIDS and other STDs

Help parents clarify the values they wish to convey to their children

Improve parents' skills in talking about sexuality

- ▶ Increase their ability to initiate conversations by taking advantage of naturally occurring opportunities
- ▶ Increase their ability to listen to their children and to encourage them to talk
- ▶ Increase their ability to express parental values without being too judgmental and "turning off" their children

Increase parents' comfort talking about sexuality while acknowledging that it is natural and acceptable to feel uncomfortable

Provide structured opportunities for young people and their parents to talk together about sexuality-related topics

Programs have tried to reach parents through community organizations, faith communities, places of employment, children's schools, and 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 multi-session programs. They have targeted parents only, youth only, and both parents and their children together. They have developed curricula for courses, homework assignments for adolescents' courses, videos, newsletters, pamphlets, guides for parents, public service announcements, billboards, and postcards. They have developed entire courses on human sexuality that included increasing parent-child communication among their goals. They have also engaged in longer-term grassroots community organizing.

The programs included in this review fit into eight general categories:

- ▶ Programs for parents and their children
- ▶ Programs for parents only
- ▶ Programs for parents of students in sexuality education classes
- ▶ Sexuality education homework assignments
- ▶ College sexuality education courses for adults
- ▶ Home-based programs for parents and their children
- ▶ Grassroots community organizing
- ▶ Media campaigns

Program Objectives to Improve Parents' Communication with their Children

Increase parents' knowledge

- ▶ Provide more realistic data on sexual behaviors of young people
- ▶ Increase parents' belief that communication about sexuality will not increase the chances that their children will engage in sexual relations
- ▶ Increase parents' awareness of the advantages of abstinence
- ▶ Increase parents' knowledge about the efficacy of condoms and contraception
- ▶ Increase parents' knowledge about HIV/AIDS and other STDs

Help parents clarify the values they wish to convey to their children

Improve parents' skills in talking about sexuality

- ▶ Increase their ability to initiate conversations by taking advantage of naturally occurring opportunities
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- ▶ Increase their ability to express parental values without being too judgmental and "turning off" their children

Increase parents' comfort talking about sexuality while acknowledging that it is natural and acceptable to feel uncomfortable

Provide structured opportunities for young people and their parents to talk together about sexuality-related topics

Reviewed Parent-Child Communication Programs

- ▶ Programs for Parents and their Children
- ▶ Programs for Parents Only
- ▶ Programs for Parents of Students in Sexuality Education Classes
- ▶ Sexuality Education Homework Assignments
- ▶ College Sexuality Education Courses for Adults
- ▶ Home-based Programs for Parents and their Children
- ▶ Grassroots Community Organizing
- ▶ Media Campaigns

Programs for Parents and their Children

Part I
6

When most educators envision model programs to increase parent-child communication, they usually think of those that involve both young people and their parents. Such programs have obvious advantages:

- ▶ They increase the knowledge of both groups
- ▶ They can model discussions of sexual topics and increase comfort with the discussion of sexual topics
- ▶ They can provide opportunities in the group and immediately afterward for young people and their parents to talk about sexual topics with each other
- ▶ They can do all of this in a comfortable climate where everyone expects they are going to talk about sexuality and where they see everyone else doing so

Hamrick 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.¹¹ Results indicated that the formats which included parents and adolescents together were the most effective in increasing parent-child communication.

One of the most intensive programs of this type was developed by the Family Guidance Center in St. Joseph, MO.¹² It divided participants into four groups by gender (father-son groups and mother-daughter groups) and age (groups for young people nine to 12 years of age and groups for young people 13 to 17 years of age) and limited each group to 10 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 exclusively for parents to give them an overview of the course; the remaining sessions involved both parents and their children.

The sessions included didactic material about topics common to sexuality education classes such as anatomy, changes during adolescence, sexual behavior; reproduction, contraception, teen pregnancy, and STDs. They also included numerous small group discussions, films, and experiential activities that facilitated parent-child communication during the class.

For example, as an ice breaker, 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 and generally about a range of sexuality-related topics.

In a subsequent session, groups of two parents and their two kids played a board game in which they rolled dice and moved around the board toward home base while 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).

Another activity involved “Dear Abby” letters that described various situations and asked for advice. Again in small groups, parents and their own children read, answered, and discussed the letters.

This program ultimately succeeded in reaching large numbers of families, partly due to two factors:

- ▶ Many youth-serving agencies in the county co-sponsored the program and recruited families
- ▶ The program gained an excellent reputation over a number of years, word spread, and parents with more than one child repeated the program when their younger children reached the required ages

Despite its success in reaching many families over many years, this remained a labor-intensive effort.

Survey data were collected before the program, immediately after the program, and approximately three to five months later.¹³ Results showed increases in both the frequency of parent-child communication and comfort with that communication. These results, however, did diminish with time.

programs that bring adolescents and their parents together for courses on sexuality can increase their communication about sexuality

Programs for Parents Only

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 intercourse, and increased the perceived importance of birth control.

Additional studies have also confirmed that programs that bring adolescents and their parents together for courses on sexuality can increase their communication about sexuality. For example, the *Let's Talk* program brought together parents and youth who were primarily Hispanic, conducted group exercises, facilitated parent-child communication during a three-and-a-half hour workshop, and thereby increased their communication about sexuality for at least three months.¹⁴ In addition, the Office of Adolescent Pregnancy Prevention Programs funded a large number of programs designed to improve parent-child communication about sexuality. Although many of the reports were not published, some of them indicated that the programs increased both communication and comfort with that communication. Other studies have produced similar results.¹⁵

Simply bringing adolescents and parents together does not, however, ensure greater communication about sexuality. At least one study failed to find a significant change.¹⁶ Thus, well-designed interactive activities such as structured mini-lectures, group activities, and games that actually get adolescents and their parents to talk with each other during the session(s) may prove important.

Few studies have measured the impact of these programs upon actual sexual behavior. One that did is the *Growing Together* study.¹⁷ 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 borderline statistically significant.

In sum, most of these programs served only small numbers of families. The Family Guidance Center ultimately served many families, but that required many years. Other studies have confirmed the challenges of getting parents to come to meetings or special multi-session courses.¹⁸ Far too often, parents have practical obstacles or simply have too little time, energy, or motivation to attend.

Yet, 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. Unfortunately, that greater communication may not endure.

These programs may also have other positive effects, such as increasing knowledge or clarifying values. It is not known, however, if they actually reduce sexual risk-taking.

While most programs focus on both parents and their children, a few target only parents. Although at least one targets parents of preschool children,¹⁹ most target parents of older youth. Typically, these programs adopt a different approach from that used with parents and their children together. Instead of trying to provide opportunities for communication, they strive to improve the knowledge, attitudes, and skills of the parents so that they can more effectively communicate with their children about sexuality-related issues.

A recent intervention consisted of two intensive one-and-a-half-hour small group sessions. The first covered general communication skills (such as listening, taking turns talking and listening, and giving supportive responses to adolescents' comments). The second focused on talking about dating and sexuality.²⁰ The

programs for parents strive to improve the knowledge, attitudes, and skills of the parents so that they can more effectively communicate with their children about sexuality-related issues

study was rigorous, with a random 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 time speaking (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 young people reported more conversations about birth control and greater comfort talking with their mothers. These results provide evidence that an intensive, well-designed intervention exclusively for parents can improve mother-teen communication in the short run. However, only small numbers of families (20 treatment and 20-delayed treatment families) were involved in the study.

Some studies have also examined the impact of programs with special populations. Fitzgerald, Fitzgerald, and Kirby 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.²¹ Blachman evaluated a one-day workshop for parents of adolescents with cognitive development disabilities and discovered that the workshop did not significantly increase parents' knowledge about human sexuality but that it did significantly change their attitudes toward sexual behavior, sexuality education, and the rights and responsibilities of people with cognitive developmental disabilities.²² It also significantly improved their perceived communication skills. After taking the workshop, parents reported that they were more effective as sexuality educators of their children.

Programs for Parents of Students in Sexuality Education Classes

Schools represent the one institution in our society where nearly all youth are involved in an ongoing, organized, systematic manner. Approximately half of all youth are enrolled in school when they first initiate sexual intercourse.²³ The vast majority of young people participate in some type of sexuality 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 school programs.

One way to reach the parents of students in sexuality education classes is to offer parent orientation programs associated with these classes. These programs can simply review for parents the topics and materials their children will cover in class. They can also provide parents with information and skill-building activities.

As part of its *ENABL (Education Now and Babies Later)* campaign, the California Office of Family Planning funded contractors to implement activities for parents.²⁴ These activities included parent information sessions about the *Postponing Sexual Involvement (PSI)* curriculum, 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 students in the *ENABL* study attended one or more of these events; most of them reviewed the *PSI* curriculum.

In a 17-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 sexual intercourse. While these results are not encouraging, we should remember that this study measured the impact of parent activities upon all students who received the student *PSI* curriculum, not the impact upon only those 19 percent of students whose parents attended one or more parent activities.

These programs can simply review for parents the topics and materials their children will cover in class. They can also provide parents with information and skill-building activities.

Sexuality Education Homework Assignments

Since it is often difficult to get parents to attend a parent orientation program, many school sexuality education curricula include homework assignments to encourage students to talk with their parents at home. These assignments may involve dramatically more parents than any other type of program because so many young people participate in sexuality education programs. Research indicates that a substantial percentage of students complete these assignments.²⁵

It may be difficult—possibly even harmful—for some youth to talk with their own parents or guardians about sexuality-related issues. Consequently, some instructors, if need be, often allow students to talk with other adults.

For one intervention, researchers developed and added a strong parent component to *Managing Pressures before Marriage*,²⁶ a widely implemented middle school abstinence-only-until-marriage program designed to help young people postpone sexual involvement. The researchers developed five homework assignments to help parents 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 specific sexual topics but also discussions about a wider variety of topics such as media pressures, dating pressures, methods of handling pressures, individual teen strengths, and future goals. In addition, the students and their parents practiced multiple role plays together. About half of the students completed three or more of the five activities with their parents.²⁷

The evaluation used an experimental design and compared both classroom instruction by itself and classroom instruction with homework assignments.²⁸ However, the sample size was small, not allowing it to detect small effects. Given that caveat, the results indicated that the parent activities increased the frequency of communication but not the comfort level. In addition, they did not have a significant impact upon student knowledge, sexual attitudes, sexual behaviors, or intention to have intercourse. On the positive side, they did increase self-efficacy to avoid high-risk behaviors and the intention to avoid intercourse prior to completing high school.

Other studies have also found that homework assignments designed to help students discuss particular sexual topics with their parents do increase parent-child communication about those topics, at least in the short run.²⁹ These assignments are sometimes quite long. For example, in one program, the median length of time that parents spent discussing sexuality was 30 minutes.³⁰ Parents commented that the assignments provided a justification for talking about these issues and made it easier and more comfortable to talk about them.³¹ Some parents even indicated it was the first time they had talked about sexuality with their teens.

homework assignments can encourage students to talk with their parents about sexuality-related issues

Another study is particularly important because it included 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 Youth AIDS Prevention Project (YAPP), a middle school AIDS-prevention program, included two homework assignments in the seventh grade and one in the eighth grade.³² Prior to these homework assignments, parents received packets with information from the Centers for Disease Control and Prevention on how to answer their children's HIV-related questions. Also, parents were encouraged to attend parent meetings and to participate in additional AIDS-prevention activities. Process data revealed that between 65 and 74 percent of the students completed each homework assignment. Thus, these activities reached substantial numbers of parents. In contrast, only approximately 10 to 15 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 sexuality, importance of parents' feelings about sexuality, perception of how upset parents would be if their children had sexual intercourse, initiation of sexual intercourse, frequency of sexual intercourse, or use of condoms.

This study provides rather strong evidence that homework assignments can involve many parents and presumably increase their communication with their children during the course. However, three homework assignments involving communication with parents do not have effects upon 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 aired on television that was accompanied by a 16-page supplement in a major newspaper.³³

With encouragement from the schools, at least 79 percent of the students viewed at least part of the program; in contrast, only nine 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 conclusion, studies of programs to reach parents through schools indicate that:

- ▶ It is possible to reach large numbers of parents through student homework assignments
- ▶ Large proportions will complete these assignments
- ▶ Homework components 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
- ▶ Homework assignments may not change the students' sexual attitudes or sexual behavior in the long run

College Sexuality Education Courses for Adults

While the primary goal of most college sexuality education courses is not to increase parent-child communication about

common goals of many such courses are to increase knowledge and communication about sexuality as well as comfort with that communication

sexuality-related issues, common goals of many such courses are to increase knowledge and communication about sexuality as well as comfort with that communication. Thus, their goals often incorporate parent-child communication.

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

One study did examine the impact of a somewhat typical freshman human sexuality course upon students' communication with their own children.³⁴ The course covered a wide variety of typical sexuality-related topics. Although the course did not focus primarily upon parent communication with their children, one chapter in the textbook did discuss the topic.

The course appeared to dramatically increase parent-child communication about a variety of sexual topics during the next three years. Among students who had children five years of age or older and who took the course, 87 percent had discussed sexuality topics with their children, whereas only 18 percent of the comparison parents had done so. In addition, most of the parents who took the course described their communication with their children as "ongoing" rather than a single talk.

This study did not have a strong evaluation design. Nevertheless, the course appeared to have one of the largest effects of any study concerned with parent-child communication about sexuality-related issues. Because the children did not attend the class, the measure of parent-child communication did not simply reflect communication that took place during the course itself, but rather communication that took place after the hours of instruction and up to three years after the class.

Given that the course was much more intensive than any other instruction discussed in this review, this greater intensiveness may have had an impact, even though the focus of the course was not parent-child communication.

Home-Based Programs for Parents and their Children

Another approach to involve parents in their children's sexuality education would reach them in their homes through video or written materials.

Home-based video programs have several possible advantages. First, they do not require parents to go to a particular location at a particular time. Instead, health clinics, schools, or libraries can loan the materials to parents. In addition, parents can review the program and make certain they are comfortable with both the values discussed and the activities suggested prior to using them with their own children. And finally, the home-based programs can teach skills that parents can practice and use in the home to teach their children.

On the other hand, home-based video programs have several disadvantages. One is that families may not complete the activities or may simply view them (which is relatively easy to do), without completing the role playing or skill practice (which requires much more initiative, involvement, and thinking and may feel threatening). In addition, the videos may seem unrealistic to both young people and parents. Youth often think the teens in videos dress or act differently than they themselves do and that the situations are not realistic. Both the youth and their parents may also have difficulty relating to the youth and the situations in the video because they feel they are contrived.

Home-based video programs are often quite comprehensive. For example, *Facts and Feelings* was a video program that included six videos and written materials.³⁵ 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 15 to 20 minutes) so that families could 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 targeted age group (10 to 14 year olds), the

program focused on abstinence. In addition, phone calls were made biweekly to encourage the use of the materials.

In a study that employed an experimental design and both three-month and one-year follow-ups, results indicated that the program increased teen knowledge and parent-child communication during the first three months after the families had the videotapes but that those increases dissipated within the year:

home-based programs can teach skills that parents can practice and use in the home to teach their children

The program did not significantly affect students' values, their perceptions of parents' values, their perception of peer values, their perceived likelihood of having intercourse before marriage, the likelihood of intercourse during the following year, or the actual onset of intercourse. The last finding was not surprising, since less than five percent of the preteens and young teens in the treatment and control groups had initiated intercourse.

In sum, the results indicated that the program did increase parent-child communication about sexuality in the short run, but this effect did not endure and did not have an impact upon other values, intentions, or behavior of the young people.

This study and others 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.³⁶ However, families and their children may not engage in all the suggested discussions and/or activities. The videos can increase parent-child communication about sexuality, but they may not prove sufficiently powerful to cause many other measured effects upon the teens.

In addition to these videos, hundreds of written materials have been designed to send home to parents. These range from postcards with a simple message, to parent newsletters, to thoughtful manuals, to book-length guides on talking with children about sexuality. No evaluations of these materials met the criteria for inclusion in this analysis. However, it appears likely that these materials—especially the short ones—might slightly increase parent knowledge and might briefly and slightly increase their motivation to talk with their children.

The periodic newsletters might prove somewhat more effective, and the lengthy instructional guides might help those parents who actually use them. Unfortunately, many parents, especially those of young people at highest risk, are not likely to read much of the text and act upon it. 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

As part of larger initiatives, a few communities have used grassroots organizing to increase parent-child communication about sexuality and to stimulate other community changes. One of the largest and best-funded examples of this is the *Plain Talk* initiative.³⁷ This was a multi-year 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 sexuality and contraception as well as 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. In addition, the initiative provided adults with the knowledge and skills to communicate more effectively with teens about sexual behavior and contraception.

grassroots community organizing can increase parent-child communication about sexuality and stimulate other community changes

One of the communities used professional staff to talk with and organize the parents while the other two used trained community residents. The professional staff was able to begin workshops quickly but reached a smaller number of parents (approximately 125) during the course of the project. In comparison, the trained community residents required many months of training but ultimately reached more parents (800 to 1,350).

At one of the sites, parents participated in a single two-hour workshop, while at another they participated in four two-hour workshops. In addition to efforts to increase adult-youth communication, one of the three communities opened a clinic serving adults and teens, another opened an adolescent clinic, and the third increased its hours for adolescents in a pre-existing clinic. Youth also received reproductive health information at several community events.

Pre-test and post-test surveys revealed that there were significant increases in the percentage of sexually active teens who had talked with any adult about pregnancy or STDs (but not birth control). There was, however, no significant change in the number of teens who were not currently sexually active who had talked with an adult about any of these three topics. Survey results also revealed no significant changes in use of contraception at first or last sexual intercourse.

One of the communities used professional staff to talk with and organize the parents while the other two used trained community residents. The professional staff was able to begin workshops quickly but reached a smaller number

Media Campaigns

State or local agencies in at least 15 states have used media campaigns to increase parent-child communication about sexuality as part of larger media campaigns to reduce teen pregnancy.³⁸ These campaigns have used a wide variety of media, including television broadcasts, public service announcements, billboards, transit posters, guidebooks, booklets, brochures, and flyers. Although these media campaigns have reached large numbers of parents, there has been very little evaluation of their impact. Studies of other media campaigns suggest that they may increase awareness but make only a small impact upon actual behavior.

media campaigns can reach large numbers of parents

Questions about Program Effectiveness

Professionals have developed a wide variety of approaches to reach parents and to help them talk with their children about sexuality in an effort to help reduce adolescent sexual risk-taking. Are these programs effective? To answer this question, we will return to the five questions that were asked of the evaluations included in this study.

1. Did the program reach (or could it potentially reach) substantial numbers of parents?

With the exception of the student homework assignments and media campaigns, most of these programs did not reach substantial numbers of families.

Both the reviewed studies as well as informal discussions with educators who have implemented programs indicate that getting parents to participate in programs that take place outside of 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, they are much more likely to be mothers than fathers. This is unfortunate because fathers especially are less likely to communicate about sexuality with their children.

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

The school classes that used homework assignments in which students were asked to talk with their parents about sexual topics also reached large numbers of families. There may be at least two reasons for this. First, the assignments were a required part of schoolwork and were not voluntary. Second, the parents did not have to go anywhere; they could talk with their children at home.

State or local media campaigns also reached large numbers of people. Yet, as noted above, their impact upon each parent is probably very limited.

College human sexuality courses 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 sexuality, then more adults already in college might take such courses, and more courses might devote more attention to parent-child communication. These courses are a largely unexplored avenue for increasing parent-child communication. However, it is worth noting that they are only accessible to those who have the means to attend college, and therefore they are not accessible to a large segment of the population.

2. Did the program advance the stated objectives?

Only a few of the studies provided evidence of the programs' measured impact upon parents' knowledge, clarity of values, skills, and comfort. (See page 5 for program objectives.)

Of those that measured parents' knowledge, most found that the programs increased that knowledge. Only one study measured program impact upon parents' skills. That program was only for parents, was somewhat intensive, and did improve some, but not all, of the parents' communication skills. Most other programs probably did not focus sufficiently upon parents to produce significant changes other than knowledge gain.

3. Did the program actually increase parent-child communication?

Many of the programs show evidence that they did increase parent-child communication about sexuality. This increase was, however, typically measured only in the short term. Increases in communication often did not endure when they were measured in the long term.

The programs that had the strongest evidence that they increased parent-child communication were the multi-session programs for both parents and their children and the school sexuality education classes with homework assignments to encourage students to talk with their parents at home.

In the first case, parent-child communication had to increase because it took place 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 the two studies of these programs show the strongest evidence of increased parent-child communication.

4. Did the program improve other risk or protective factors associated with reduced adolescent sexual risk-taking?

These studies provided very little evidence that their respective programs improved other risk or protective factors associated with initiation of sexual intercourse, condom use, or contraceptive use (such as 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 little evidence one way or the other that parent-child communication programs evaluated to date had much impact on reducing adolescent sexual risk-taking.

5. Did the program delay sexual intercourse, increase the use of condoms or other forms of contraception, and thereby reduce sexual risk-taking?

Six of these studies measured the impact of parent-child communication programs upon the initiation of sexual intercourse or condom or contraceptive use, and none of the programs produced any positive significant effect upon any sexual or contraceptive behavior. Indeed, one of the studies with a rather strong design and large sample size actually found a negative effect.

Limitations of Program Studies

It is important to temper some of the above conclusions by mentioning the limitations of program studies.

These 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 the 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; 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 upon potentially important antecedents of sexual risk-taking; and few measured impact upon actual adolescent sexual behavior.

Such important methodological limitations may have obscured actual positive program impact.

Conclusions

In sum, the studies reviewed for this publication indicate that reaching parents through homework assignments may prove the most promising method of reaching large numbers of parents and actually having an impact upon parent-child communication. These studies also indicate that many types of programs do increase parent-child communication about sexuality, at least in the short term. This is encouraging.

Those interventions that actually involved parents and their children communicating together, either in their homes or in special sessions, were most likely to increase communication. In general, programs that were longer and more intensive had more positive effects than programs that were very short.

However, none of these programs currently show evidence of what many program developers had hoped for: actual reductions in adolescent sexual risk-taking. And, indeed, some of the programs show 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 had a greater impact upon parent-child communication.

First, as already mentioned, many of the evaluation designs were relatively weak and might not have detected programmatically important impact.

Second, few of the evaluated programs were based on theory or research, such as a thorough analysis of the barriers to parent-child communication about sexuality and the possible solutions to those barriers. Few focused on potentially important antecedents to sexual risk-taking that parents might address, such as developing a closer relationship with their teens or appropriately monitoring and supervising them. In addition, many of the programs were knowledge-based rather than skill-based, and not all of them provided both adolescents and their parents actual practice talking about a variety of sexual topics.

Third, most of these interventions were very modest. More intensive interventions with follow-up activities over many months are likely needed both to initiate and maintain higher levels of parent-child communication about sexuality.

Based on the current evaluations of parent-child communication programs, it does not seem likely that programs designed simply to increase communication about sexuality represent a particularly promising approach to reducing adolescent sexual risk-taking.

these studies also indicate that many types of programs do increase parent-child communication about sexuality

This is due to the following facts:

- ▶ Few parents are able or willing to participate in special programs for themselves and their children
- ▶ Programs appear to increase parent-child communication only in the short term
- ▶ There does not exist a clear, robust relationship between parent-child communication about sexuality and adolescent sexual behavior
- ▶ None of the six studies that evaluated impact on actual sexual behavior found positive changes in that sexual behavior

This does not mean that efforts to increase parent-child communication should be dropped. After all, many parents value communication with their children 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. The scientific work remaining to be done is substantial because parent-child communication about sexuality appears to have a complex relationship with adolescent sexual behavior. For example, the effects of parent-child communication on adolescent sexual risk behaviors might only prove important if parents and young people have close relationships and parents either disapprove of teen sexual intercourse or strongly support contraceptive use. The effects of interventions might also be stronger when implemented with mothers rather than fathers, or with daughters rather than sons.

Numerous studies indicate that other family characteristics (parental support/connectedness and parental monitoring) are consistently related to adolescent behavior. It may be those characteristics, in combination with parent-child communication, that help to reduce adolescent sexual risk behaviors.³⁹

There are multiple ways that 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.

There are, however, 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 intercourse at an early age, gave birth at an early age, is single and dating, is single and cohabitating, or if an older sister is having intercourse or has given birth at an early age, then the younger teen is more likely to initiate intercourse at a younger age.⁴⁰ Similarly, if the teen's sister gave birth as an adolescent, then the teen is also more likely to become pregnant or give birth. Parents can also influence their children's sexual behavior by appropriately supervising them. Many studies have found that appropriate monitoring and supervision are related to initiation of intercourse, frequency of intercourse, use of condoms, use of contraception, and pregnancy.⁴¹

Consequently, programs for parents may prove much more effective if they do not focus only upon increasing parent-child communication about sexuality but also upon 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 prove 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 sexuality.

Recommendations

These conclusions lead to several recommendations for both program developers and program evaluators.

Program developers should base their programs on the best research on parent-child communication, the barriers to such communication, and effective strategies for overcoming those barriers.

In addition, program developers should strive to address other ways that parents can affect their children. If evaluation studies in other fields are a guide, program activities should also be skill-based, given that one of the goals of many parent programs is to increase their skills and comfort in communicating with their children. 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.

There is a clear need for larger, better-designed evaluations of parent-child communication interventions. Such studies need to address the limitations of previous 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.

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

Recommendations for Parent-Child Communication Program Developers

When developing a parent-child communication program:

- ▶ Focus not only upon increasing parent-child communication about sexuality, but also upon ways in which parents can influence the sexual behavior of their adolescent children
- ▶ Base the program on the best research on parent-child communication, the barriers to such communication, and effective strategies for overcoming those barriers
- ▶ 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
- ▶ Include skill-based activities
- ▶ Include booster sessions to maintain greater communication over a longer period of time
- ▶ Incorporate strategies that effectively reach large numbers of parents and increase communication about sexuality (build upon existing school-based sexuality and HIV education programs by giving multiple homework assignments to students to discuss specified sexual topics with their parents)
- ▶ Incorporate an evaluation

Recommendations for Parent-Child Communication Program Evaluators

Future evaluations of parent-child communication programs need:

- ▶ To address the limitations of previous studies
- ▶ To employ experimental design to better infer causality
- ▶ To include large sample sizes to detect programmatically meaningful results
- ▶ To use improved measures of parent-child communication so that they can better take into account its complexity
- ▶ To measure antecedents of adolescent sexual behavior and actual sexual behavior
- ▶ To measure longer-term effects
- ▶ To measure the differential impact in groups by gender, race/ethnicity, and age

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Studies of Interventions to Increase Parent-Child Communication about Sexuality-Related Issues

Study Information	Sample Description		Study			Results	
Program(s)/ Author(s)/ Publication Date(s)	Location/ SES/**	Age/ Grade/ Gender/ Ethnicity	Program Description	Design	Analytic Methods	Change in Outcome*	Additional Comments
Programs for Parents and their Children							
<i>Growing Together</i> Nicholson, Postrado ¹ 1991	Dallas, TX; Memphis, TN; Omaha, NE; Wilmington, DE Low SES Baseline: N=201	Mean age=12.4 years Not reported F=100% Bl=74% Wh=15% Other=11%	Setting: Girls Clubs. Sessions: Five two-hour classes. Content: Designed to help parents communicate with their daughters. Included facts about adolescent sexuality, values about dating, and relationships. Methods: Interactive exercises; practice communicating with their own daughters and others.	Quasi-experimental. Girls and parents who volunteered to participate in programs within the four Girls Clubs constituted the program group, while those who chose not to participate constituted the comparison group. Questionnaire data were collected at baseline and one and two years later.	Multiple-logistic analysis, controlling for background and baseline characteristics. There were few differences between groups at baseline.	Initiate intercourse: 0	The strength of this design was reduced by the lack of random assignment, probable self-selection effects, and relatively small sample sizes. The comparison group was about 2.5 times more likely to initiate intercourse. This was almost significant (p=.054), but not quite.
<i>In-Between and Family Life Education: A Problem Solving Curriculum for Adolescents</i> Hamrick ² 1985	Memphis, TN Mixed SES N=185 parents N=215 youth	Ages=10–14 years Not reported M=43% F=57% Wh=77% Bl=16% Other=7%	Setting: Community centers, churches, and a school. Sessions: Multiple sessions over eight weeks. Content: Included both cognitive and affective activities, including trigger films.	Quasi-experimental. There were five different groups: adolescents only, parents only, parents and adolescents together, parents and adolescents separate, parents and adolescents first separate and then together, and control group. A communication inventory was administered to parents during the program and two months after.	Three-way analysis of co-variance. Student-Newman-Keuls multiple range test was used to locate differences.	Youths' knowledge: + Parents' knowledge: + Parent-child communication: +	This was a weak design, because each type of program included only one group from different kinds of organizations. Thus, they differed at baseline. The greatest increases in parent-child communication occurred in those groups in which both parents and adolescents were involved.
<i>Let's Talk</i> ETR Associates ³ 1993	Monterey County, CA Low SES N=71 parents N=80 youth	Mean age=11 years Grade 1 or Grade 2=9% Grade 3=9% Grade 4=21% Grade 5=20% Grade 6=18% Grade 7=18% Grade 8 or Grade 9=5% M=50% F=50% Wh=14% Bl=8% His=76% Asn=1%	Setting: Community centers, churches, school, and homes. Sessions: One three-hour workshop. Content: Facilitated parent-child communication during the workshop: small and large group exercises, games, films.	Quasi-experimental. Questionnaires were administered in English and Spanish at pre-test and three months later.	T-tests were used.	Parent attitudes: 8 different attitudes: 0 7 different attitudes: + Parent-child communication about sexual topics: Parent reports: + Child reports: + Children's knowledge: +	Without any control group, small sample sizes, and poor follow-up rate, this was a weak design.

* Changes in outcome for group receiving intervention:

No significant change = 0; Significant desirable change = +; Significant undesirable change = -

** Socioeconomic Status (SES)

Study Information	Sample Description		Study			Results	
Program(s)/ Author(s)/ Publication Date(s)	Location/ SES/**	Age/ Grade/ Gender/ Ethnicity	Program Description	Design	Analytic Methods	Change in Outcome*	Additional Comments

Programs for Parents and their Children (Continued)

<i>Parent/Child Program</i> Kirby ⁴ 1984	St. Joseph, MO Mixed SES Younger youth sample N=114 Older youth sample N=148	Younger group: 9–12 years Older group: 13–17 years Not reported Not reported Not reported	Setting: Community youth-serving organizations. Sessions: Five two-hour sessions for younger youth and parents; six two-hour sessions for older youth and parents; all separate by gender. Content: Covered basic sexuality education topics (e.g., anatomy, reproduction, pregnancy, parenthood, dating, sexual decision-making, birth control, and teenage pregnancy). Personal values, communication, and decision-making skills were emphasized. Group activities, mini-lectures, and games were structured to allow parents and youth to have fun together and learn.	Quasi-experimental. Matched questionnaire data collected before the course, at the end, and three to five months later. Comparison group for older group only. Younger group: Intervention: N=114 Older group: Intervention: N=83 Comparison: N=65	T-tests were used.	Younger youth: Parent-child communication about sex and birth control: Frequency: + Length: 0 Comfort: + Knowledge: + Older youth: Parent-child communication about sex and birth control: Frequency: + Knowledge: + Clarity of personal sexual values: + Attitude toward premarital sex: + Importance of birth control: + Perceived sexual decision-making skills: 0	The course was an exemplary course. However, the study employed a weak design with relatively small sample sizes.
<i>Project Taking Charge</i> Jorgensen, Potts, Camp ⁵ 1993	Wilmington, DE; West Point, MS Low SES N=91	Mean age= 14.4 years 7th graders M=47% F=53% Wh=45% Bl=43% His=7% Other=5%	Setting: Home economics classes. Sessions: 30. Content: Classroom component: self-development, anatomy and physiology, pregnancy, STDs, importance of abstinence prior to marriage, vocational goal setting, family values and family communication. Evening component: three sessions for parents, their adolescent children and the teachers included communication exercises, values exploration, adolescent sexuality, pregnancy and STDs.	Experimental. Two home economics classes in each of two schools were randomly assigned to intervention and comparison groups. Comparison group received no sexuality education program. Matched questionnaire data were collected at baseline, at the end of the six-week course and six months post-intervention. Intervention post-test: N=52 Comparison post-test: N=39	One-way analysis of variance.	Frequency and comfort of parent-child communication about sex (combined measure): 0	The sample size was small and therefore the analyses had little statistical power. Neither the adolescents nor parents reported significant improvements in communication at post-test. Only the adolescents completed the follow-up tests and reported no significant change.

Programs for Parents Only

Untitled Davis, Koblinsky, Sugawara ⁶ 1986	Northwest rural areas Mixed SES N=88	Ages: 22–38 years F=100% Wh=100%	Setting: Community college. Sessions: One two-hour session. Content: Designed to increase perceived importance of responding, to children's curiosity and parents' comfort and skills handling children's questions and behavior. Used lectures, role-play activities, small group discussions, and modeling of skills.	Experimental. Classes of mothers in parent education programs were randomly assigned to intervention and control groups. Baseline and one-month questionnaire data collected.	Chi-square tests and analysis of covariance with baseline scores as covariates.	Mean ages of children at which mothers expect to introduce topics: + Communication skills: + Frequency of communication about some topics: + Comfort discussing sexual topics: 0	The strength of the design was enhanced by the random assignment, but weakened by the short-term follow-up and small sample size.
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* Changes in outcome for group receiving intervention:

No significant change = 0; Significant desirable change = +; Significant undesirable change = -

** Socioeconomic Status (SES)

Study Information	Sample Description		Study			Results	
Program(s)/ Author(s)/ Publication Date(s)	Location/ SES/**	Age/ Grade/ Gender/ Ethnicity	Program Description	Design	Analytic Methods	Change in Outcome*	Additional Comments

Programs for Parents Only (Continued)

Untitled Lefkowitz, Sigman, Au ⁷ 2000	Los Angeles, CA Mixed SES N=40	Child: Mean age=12.6 years Not reported M=50% F=50% Wh=45% Bl=15% His=30% Other=10% Parent: Mean age=43 years M=0% F=100%	Setting: Community. Sessions: Two one-hour training sessions. Content: Focused on effective communication strategies, e.g., listening, encouraging, taking turns, asking open-ended questions, using probing questions and supportive answers, and not dominating or lecturing. Used audio tapes and role-playing exercises.	Experimental. Mother-child dyads were randomly assigned to intervention or delayed intervention (control) groups. Intervention N=20 Control N=20	Two-way analysis of variance first for all children, then by gender.	Time mother spent speaking: + Asks questions about: Sexuality: 0 AIDS: 0 Asks open-ended questions about: Sexuality: + AIDS: + Shows warmth/support during conversations about: Sexuality: 0 AIDS: 0 Is non-judgmental regarding: Sexuality: 0 AIDS: + Frequency of communication about AIDS or birth control: Mother: 0 Child: + # sexuality topics discussed: Mother: 0 Child: 0 Length of time: + Comfort discussing topics: Mother: 0 Child: +	Parent-child communication was measured three ways: parent and child self-reports on frequency and style, daily self-reports on content and comfort, and observational measures of communication style and content.
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Programs for Parents of Students in Sexuality Education Classes

<i>Postponing Sexual Involvement/ ENABL</i> Kirby, Korpi, Barth, Cagampan ⁸ 1995	Dispersed throughout California Varied SES N=7,753	Ages:12–13 years 7th and 8th graders M=42% F=58% Wh=38% His=31% Bl=9%	Setting: Schools. Sessions: Mostly one. Content: Typically designed to orient parents to the <i>PSI</i> curriculum that their children will receive; occasionally gave additional information about adolescent sexuality and skills to talk with teens.	Experimental. Random assignment of entire schools, classrooms, or individual youths. In part of the study, students were randomly assigned to adult-taught <i>PSI</i> , peer-taught <i>PSI</i> , or a control group. Matched questionnaire data were collected at baseline, three and 17 months post-intervention. Intervention post-test: N=3,697 Comparison post-test: N=4,056	T-tests between intervention and comparison groups using change scores.	Communication about sex with parents: 0 Initiation of intercourse: 0 Frequency of intercourse in previous 3 months: 0 Frequency of intercourse in previous 12 months: 0 Number of sexual partners: 0 Use of condoms: 0 Use of birth control pills: 0	The evaluation was very rigorous; it had random assignment, large sample sizes, long-term follow-up, and appropriate statistical analyses. It also examined the impact of <i>PSI</i> implemented in either community settings, individual classrooms, or entire schools. However, only 19% of the parents of the students in the intervention group participated in a parent activity.
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Sexuality Education Homework Assignments

<i>Families in Touch: Understanding AIDS</i> Crawford, Jason, Riordan, Kaufman, Salina, Sawalski, Ho, Zolik ⁹ 1990	Chicago, IL Mixed SES N=151	Mean age=12.9 years 8th=100% M=40% F=60% Wh=34% Bl=33% His=20% Other=13%	Setting: Media, home, and school. Sessions: Six five-10 minute segments on television. Content: There were three components: 1) written material given to the students and describing the television program, 2) the television programs on AIDS, 3) a 16-page supplement to the Sunday newspaper. The program provided factual information on AIDS and transmission and suggested interactive exercises for parents and children to help them initiate conversations, clarify values, and develop decision-making strategies. The written materials discussed AIDS and described ways for parents to discuss it with their children.	Experimental. Students and their parents by school were randomly assigned to condition. Questionnaire data were collected one week before and one week after the media program. Intervention N=93 Control N=58	Repeated measures analysis of variance.	Parent-child communication about sexual issues: + Knowledge about AIDS: +	The duration of time between the pre-test and post-test (about three weeks) was very short, and thus measured very short term effects. About 79% of the intervention group but only 9% of the control group read the paper supplement.
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* Changes in outcome for group receiving intervention:

No significant change = 0; Significant desirable change = +; Significant undesirable change = -

** Socioeconomic Status (SES)

Study Information	Sample Description		Study		Results		
Program(s)/ Author(s)/ Publication Date(s)	Location/ SES/ ** Post Sample (N)	Age/ Grade/ Gender/ Ethnicity	Program Description	Design	Analytic Methods	Change in Outcome *	Additional Comments

Sexuality Education Homework Assignments (Continued)

<p><i>Managing Pressures before Marriage (MPM)</i></p> <p>Blake, Simkin, Ledsky, Perkins, Calabrese^o</p> <p>2001</p>	<p>Rochester, NY</p> <p>Middle class suburbs</p> <p>N=351</p>	<p>Not reported</p> <p>8th=100%</p> <p>M=52% F=48%</p> <p>Wh=85% Other=15%</p>	<p>Setting: Homework assignments completed at home with parents in conjunction with an in-school abstinence-until-marriage program.</p> <p>Sessions: Five assignments.</p> <p>Content: Social learning and social cognitive theory were used to involve parents in reinforcing the information and skills taught in the classroom and to clearly describe and model desired behaviors.</p>	<p>Experimental.</p> <p>Nineteen classrooms were randomly assigned to receive either the classroom instruction only or the classroom instruction plus parent homework assignments.</p> <p>Matched pre-test and post-test surveys were administered to students just before the intervention and seven weeks later.</p> <p>Intervention N=190 Control N=161</p>	<p>Repeated measures analysis of variance, and analysis of covariance, controlling for baseline scores. Both analyses controlled for clustering.</p>	<p>Frequency of parent-child communication about sexual topics: + Comfort with parent-child communication about sexual topics: 0</p> <p>Knowledge: 0 Sexual attitudes: 0 Self-efficacy for refusing high risk behaviors: + Intention to have intercourse: 0 Intention to have intercourse before completing high school: + Sexual opportunities: 0 Avoided or refused sexual situations: 0 Ever had intercourse: 0 Had intercourse recently: 0</p>	<p>This is one of the few studies with an experimental design and a reasonable sample size. Further, it included in the treatment group those students randomly assigned to it, even if they did not do the homework assignment and it controlled for clustering. This makes it one of the strongest analyses. However, the short time between pre-test and post-test limits its implications.</p> <p>A substantial percentage of youth did not complete all the homework assignments. The program had a greater impact upon those youth who completed more parent-child activities, but there were clear self-selection effects.</p>
<p><i>Reaching Adolescents and Parents (RAP)</i></p> <p>Anderson, Koniak-Griffin, Keenan, Uman, Duggal, Caseyⁿ</p> <p>1999</p>	<p>Los Angeles County</p> <p>Mixed SES</p> <p>N=251</p>	<p>Ages: 9–11 years=84% 12–14 years=16%</p> <p>Not reported</p> <p>M=40% F=60%</p> <p>Wh=13% Bl=21% His=46% Other=20%</p>	<p>Setting: Summer and after-school programs and in-school classes.</p> <p>Sessions: Eight total, six for youth alone, one for youth and parents, and one for parents alone.</p> <p>Content: Based on cognitive behavior theory. Activities designed to increase knowledge, ensure personalization of that knowledge, and provide practice in problem-solving, decision-making, and refusal skills. One of the sessions for parents involved discussion of "bridges and barriers" to communication.</p>	<p>Experimental.</p> <p>Naturally occurring community groups were randomly assigned to treatment or delayed treatment conditions.</p> <p>Intervention N=185 Control N=66</p>	<p>Repeated measures analysis of covariance. No adjustment for clustering.</p>	<p>Parent-child communication about sexuality: post: + 12 months: 0</p>	<p>Although the program included two sessions for parents, most of the program was for youth only. Because the study measured the impact of the entire program, only the impact upon parent-child communication (which was more likely caused by the parent component) is provided.</p> <p>Only 70 parents attended the parent sessions.</p>
<p><i>Reducing the Risk</i></p> <p>Kirby, Barth, Leland, Fetro²</p> <p>1991</p>	<p>Urban and rural areas throughout California</p> <p>Varied SES</p> <p>N=758</p>	<p>Not reported</p> <p>9th=27% 10th=56% 11th=9% 12th=6%</p> <p>M=47% F=53%</p> <p>Wh=62% His=20% Asn=9% Am Ind=2% Bl=2% Other=5%</p>	<p>Setting: Health education classes.</p> <p>Sessions: 15.</p> <p>Content: Cognitive behavioral theory, social inoculation theory; strong emphasis on avoiding unprotected intercourse either by avoiding intercourse or using protection.</p> <p>Methods: Experiential; many role-plays to build skills and self-efficacy.</p>	<p>Quasi-experimental.</p> <p>Partial random assignment of classrooms to intervention or comparison groups.</p> <p>Comparison group received existing sexuality education programs of equal length.</p> <p>Matched questionnaire data were collected at baseline, six-months, and 18-months post-intervention.</p> <p>Intervention post-test: N=429 Comparison post-test: N=329</p>	<p>Chi-square or t-tests between intervention and comparison groups at six and 18 months.</p> <p>Initial equivalence of intervention/ comparison established with t- or chi-square tests.</p>	<p>Teen reported parent-child communication about abstinence and contraception: +</p> <p>See "Additional Comments"</p>	<p>The entire curriculum had other effects upon adolescent sexual behavior, but aside from the changes in parent-child communication, these cannot be attributed to the parent-child homework assignments and are therefore not included here.</p>

* Changes in outcome for group receiving intervention:

No significant change = 0; Significant desirable change = +; Significant undesirable change = -

** Socioeconomic Status (SES)

Study Information	Sample Description		Study		Results	Change in Outcome*	Additional Comments
	Program(s)/ Author(s)/ Publication Date(s)	Location/ SES/** Post Sample (N)	Age/ Grade/ Gender/ Ethnicity	Program Description	Design		

Sexuality Education Homework Assignments (Continued)

<p><i>Youth AIDS Prevention Project (YAPP)</i></p> <p>Levy, Perhats, Weeks, Handler, Zhu, Flay³</p> <p>1995</p> <p>Weeks, Levy, Gordon, Handler, Perhats, Flay⁴</p> <p>1997</p>	<p>Chicago, IL</p> <p>Low-income, high-risk areas</p> <p>N=1,669</p>	<p>Not reported</p> <p>7th graders</p> <p>M=49% F=51%</p> <p>Bl=59% Wh=24% His=13% Other=4%</p>	<p>Setting: School classrooms.</p> <p>Sessions: In addition to the 10 sessions in 7th grade and five in the 8th grade for all students, there were two homework assignments in the 7th grade and one in the 8th. Also separate meetings for parents.</p> <p>Content: Discussed sexuality, teen pregnancy, drug use, educational plans, and future goals.</p> <p>Methods: Parents received pamphlets on how to answer their children's questions. In the parent-student assignments, parents and students interviewed each other.</p>	<p>Experimental.</p> <p>Fifteen school districts were randomly assigned to the first treatment group, which included classroom instruction plus parent activities; a second treatment group, which received classroom instruction; and the control group, which received the standard AIDS curriculum.</p> <p>Matched questionnaire data were collected before the intervention in the 7th grade, after the intervention booster in the 8th grade, and in the 9th grade.</p> <p>Intervention post-test: N=1,001 Control post-test: N=668</p>	<p>Significance tests showed no differences between groups at pre-test.</p> <p>Three-way ANOVAs controlling for race and gender, and logistic regression controlling for race and gender. Also random-effects regression to handle some missing data.</p>	<p>Knowledge: 0</p> <p>Comfort talking with parents about intercourse: 0</p> <p>Importance of parents' feelings about intercourse: -</p> <p>Perception of how upset parents would be if they had intercourse: 0</p> <p>Initiation of intercourse: 0</p> <p>Frequency of sexual activity: 0</p> <p>Number of sexual partners: 0</p> <p>Intent to use condoms: 0</p> <p>Ever used condoms: 0</p> <p>Condom use last intercourse: 0</p> <p>Use of condoms and foam: -</p>	<p>Large groups of students were randomly assigned (school districts), but analyses were conducted at the individual level.</p> <p>Attrition rates were high (56%) by 9th grade.</p> <p>Post-test may have occurred shortly after the 8th grade intervention, not allowing for a decline in the impact or for a possible delay in initiation of intercourse to be measured.</p> <p>Overall, this is one of the strongest designs.</p> <p>It is noteworthy that most of the results were not significant, and of those that were significant, all were in the undesired direction.</p> <p>However, the intervention was very modest.</p>
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College Sexuality Education Courses for Adults

<p>Untitled</p> <p>King, Parisi, O'Dwyer⁵</p> <p>1993</p>	<p>University of New Orleans, LA</p> <p>College educated</p> <p>N=102</p>	<p>Parents of children aged five years or older</p> <p>M=36% F=64%</p> <p>Not reported</p>	<p>Setting: University freshman college class on human sexuality.</p> <p>Sessions: 42 class periods.</p> <p>Content: Included a wide variety of topics, including a chapter on "Talking with your child about sex."</p>	<p>Quasi-experimental post-test only design.</p> <p>Parents who completed the sexuality education class two to three years earlier were compared with parents just beginning to take the class.</p> <p>Intervention N=52 Comparison N=50</p>	<p>Bivariate tests of significance.</p>	<p>Discussed sexuality topics with their children: +</p>	<p>With no pre-tests, this was a weak design.</p> <p>However, the effects on communication were very large.</p>
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Home-Based Programs for Parents and their Children

<p><i>Facts and Feelings</i></p> <p>Miller, Norton, Jenson, Lee, Christopherson, King⁶</p> <p>1993</p>	<p>Northern Utah</p> <p>Upper-middle SES</p> <p>N=503</p>	<p>Ages:12-14 years</p> <p>7th and 8th graders</p> <p>Not reported</p> <p>Wh=95% Mormon=86%</p>	<p>Setting: Home-based video.</p> <p>Sessions: Six units, each including a 15- to 20-minute video and written materials.</p> <p>Content: The video provided information, modeled parent-child communication, and emphasized sexual values consistent with abstinence. 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.</p> <p>Phone calls were made bi-weekly to encourage use of the materials.</p>	<p>Experimental.</p> <p>Families were randomly assigned to three groups: the first intervention group, which received the videos and mailed newsletters; the second intervention group, which received the videos only; and the control group, which received nothing.</p> <p>Matched questionnaire data were collected from teens and parents at baseline, after three months, and after one year.</p> <p>Intervention group one post-test: N=120 Intervention group two post-test: N=122 Control group post-test: N=261</p>	<p>Repeated measures analysis of variance.</p>	<p>Parent: Abstinence values: + Reported frequency of communication about sexuality with teen: + Knowledge: +</p> <p>Teen: Knowledge: 0 Abstinence values: 0 Norms about pressuring people to have intercourse: 0 Reported frequency of communication about sexuality with parents: + Skills to avoid intercourse: 0 Families' sexual values: 0 Impact of family values: 0 Peers' sexual values: 0 Impact of peer values: 0 Chance of having intercourse: 0 Initiation of intercourse: 0</p>	<p>This was a strong design. However, only 3-5% of the youths in any group initiated intercourse during the elapsed year. Thus, it was difficult to produce an impact on this outcome. However, there was not a significant impact upon youths' intent to have intercourse during the following year or until marriage.</p>
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* Changes in outcome for group receiving intervention:

No significant change = 0; Significant desirable change = +; Significant undesirable change = -

** Socioeconomic Status (SES)

Study Information	Sample Description		Program Description			Results	Change in Outcome*	
Program(s)/ Author(s)/ Publication Date(s)	Location/ SES/**	Age/ Grade/ Gender/ Ethnicity	Program Description	Design	Analytic Methods	Change in Outcome*	Additional Comments	

Home-Based Programs for Parents and their Children (Continued)

<p><i>Family/Media AIDS Prevention Project</i></p> <p>Winett, Anderson, Moore, Sikkema, Hook, Webster, Taylor, Dalton, Ollendick, Eisler²⁷</p> <p>1992</p>	<p>Roanoke, VA</p> <p>Varied SES</p>	<p>Ages=12–14 years</p> <p>Not reported</p> <p>M=59% F=41%</p> <p>Not reported</p>	<p>Setting: Home video program.</p> <p>Sessions: Four videos, total length=120 minutes.</p> <p>Content: The videos provided information about the causes and prevention of STD and HIV, modeled family and teen problem-solving skills and teen assertiveness skills, and provided situations for the teens and family to practice. Participants were told to practice and were paid.</p>	<p>Experimental.</p> <p>Families were randomly assigned to receive the video program or not to.</p> <p>Matched questionnaire data were collected at baseline, two weeks later, and six months later. To measure skills, structured role plays were video taped and scored.</p> <p>N=45 families</p>	<p>Repeated measures analysis of covariance, with baseline scores as co-variables.</p>	<p>Knowledge: +</p> <p>Family Problem-Solving Skills: +</p> <p>Teen Assertiveness Skills: 0</p> <p>Teen Problem-Solving Skills: 0</p>	<p>Because the study subjects were paid, they may have been more likely to complete the program activities. Thus, the effects observed in this study might not occur if others received the video.</p> <p>Teen assertiveness and problem-solving skills were significant at p<.10 level.</p>
<p><i>Family/Media AIDS Prevention Project</i></p> <p>Winett, Anderson, Moore, Taylor, Hook, Webster, Neubauer, Harden, Mundy²⁸</p> <p>1993</p>	<p>Roanoke, VA</p> <p>Varied SES</p>	<p>Ages=12–14 years</p> <p>Not reported</p> <p>M=55% F=45%</p> <p>Not reported</p>	<p>Setting: Home video program.</p> <p>Sessions: Two videos, total length=135 minutes.</p> <p>Content: The videos provided information about the causes and prevention of STD and HIV, identified and modeled family and teen problem-solving skills and teen assertiveness skills, and provided situations for the teens and family to practice. The tapes paused for family members to complete workbooks. Families were asked to practice at least three times in two weeks. Families received booster workbooks with risk scenarios three months later.</p>	<p>Experimental.</p> <p>Families were randomly assigned to receive the video with information and skills training or to receive the video with information only.</p> <p>Matched questionnaire data were collected at baseline, two weeks, and four months later. To measure skills, structured role plays were videotaped and scored.</p> <p>N=69 families</p>	<p>Repeated measures analysis of covariance, with baseline scores as co-variables.</p>	<p>Knowledge: +</p> <p>Family Problem-Solving Skills: +</p> <p>Teen Assertiveness Skills: 0</p> <p>Teen Problem-Solving Skills: 0</p>	

Grassroots Community Organizing

<p><i>Plain Talk</i></p> <p>Grossman, Pepper²⁹</p> <p>1999</p>	<p>Atlanta, GA; New Orleans, LA; San Diego, CA</p> <p>Low SES</p> <p>N=1,268</p>	<p>Ages: 12–13 years=32% 14–16 years=41% 17–18 years=27%</p> <p>Not reported</p> <p>M=50% F=50%</p> <p>Bl=58% His=40% Other=2%</p>	<p>Setting: Three communities.</p> <p>Content: Designed to: (1) create a consensus among adults about the need to protect sexually active youth by encouraging contraceptive use; (2) provide parents and other community adults with the knowledge and skills to communicate more effectively with teens about sexual behavior and contraception; and (3) improve access to reproductive health care, including contraception. A clinic was opened in one community, an adolescent clinic opened in the evening in a second, and a clinic increased its hours in the third. Community events were implemented and reproductive health information provided.</p>	<p>Quasi-experimental.</p> <p>Cross-sectional survey data were collected before the intervention and again three years later (one site) or four years later (two sites).</p>	<p>Logistic regression.</p>	<p>Among sexually inexperienced youth: adult-youth communication about: Birth control: 0 Pregnancy: 0 STDs: 0</p> <p>Among sexually experienced youth: adult-youth communication about: Birth control: 0 Pregnancy: + STDs: +</p> <p>Use of birth control at first intercourse: All: 0 Girls: 0 Boys: 0</p> <p>Use of birth control at last intercourse: All: 0 Girls: 0 Boys: 0</p>	<p>This was a challenging design, because it attempted to measure the impact of the campaign upon all sexually active youth in the communities, not just upon those who observed the campaign.</p> <p>The strength of the evidence was reduced by the long period of time between pre- and post- surveys and inability to control well for the many other changes that took place both nationally and locally during that time (e.g., changes in local school health education programs, state-wide pregnancy prevention initiatives, welfare reform, national teen sexual behavior, and national teen pregnancy rates). Pre- and post- surveys were also conducted at different times of the year.</p>
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* Changes in outcome for group receiving intervention:

No significant change = 0; Significant desirable change = +; Significant undesirable change = -

** Socioeconomic Status (SES)

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Part 2:

**Innovative Approaches that Encourage
Parent-Child Communication about Sexuality**

Introduction

From the moment of birth, children learn about sexuality from their parents. Infants and toddlers learn about sexuality through example when their parents talk to them, dress them, show affection, play with them, and teach them the names of the parts of their bodies.

As children grow, they develop relationships within their families and the social environment, and they continue to receive messages about sexual behaviors, attitudes, and values. What people say and how they say it, and what people don't say, all send messages about sexuality.

Some parents and caregivers are comfortable discussing sexuality issues with their children. Others may feel anxious about providing too much information or embarrassed about not knowing answers to questions that are asked. Parents or caregivers may also feel uncomfortable communicating because of their cultural values, norms, and traditions.

The research tells us that young people feel good when they talk to their parents about sexuality issues. Young people also say that they want more information.¹ Young people do not make decisions in a vacuum. It is SIECUS' strong belief that honest, open communication about sexuality between parents and their children is necessary throughout childhood, the pre-teen years, adolescence, and young adulthood if young people are to grow into sexually healthy adults.

The good news is that adolescents who have positive relationships with their parents tend to communicate better with them and engage in honest give-and-take dialogue.

Parents can best communicate their attitudes and values to their children when they have a mutually respectful relationship with them. Teenagers who perceive this good relationship and level of communication with their parents are less likely to engage in sexual intercourse.²

When this relationship is established, children tend to be open to receiving parental messages and adopting them as their own. Studies have shown that teens predominantly value their parents over other sources (such as a doctor, nurse, or teacher) as a reliable source of information about sexuality and birth control.³

In addition, many young people seek their parents' guidance on sexuality and reproductive health issues. Even so, a 1996 study by the Kaiser Family Foundation found that while 74 percent of those teens surveyed reported talking to their parents about sex, only 46 percent reported talking about birth control.⁴ The problem is likely to be that most parents feel uncomfortable and not properly informed to have these discussions and to help guide their children.

Another study found that mothers reported having discussions with their adolescents about HIV/AIDS and STDs, but shied away from issues such as sexual behavior, contraceptive use, and physical development⁵—all of which are critical if young people are to have a well-rounded sexuality education. This number drops considerably in all topic areas when adolescents of both genders report discussions with fathers, indicating that mothers are the primary parental communicators about sexuality issues regardless of the young person's gender.⁶

In mid-2001, SIECUS put out a call to professionals around the world to learn about the strategies, programs, and approaches used to increase parent-child communication about sexuality. By sharing these diverse, innovative approaches that have been developed and implemented over the years, it is SIECUS' hope to raise awareness and provide encouragement in the important work of providing parents with the support they need to have ongoing dialogue with their children about sexuality.

Promote national observances that encourage parent-child communication about sexuality in your community.

To build the foundation for youth to become sexually healthy, adults can promote national observances in their communities to raise awareness about the important role that family communication about sexuality plays in child and adolescent development.

National Family Sexuality Education Month

Organization: Planned Parenthood Federation of America, New York, NY

Original Target Audience: Parents and caregivers nationwide

Language: Materials available in English and Spanish

Let's Talk Month

Organization: Advocates for Youth, Washington, DC

Original Target Audience: Parents and caregivers nationwide

Language: Materials in English

In the late 1970s, Dr. Sol Gordon, then a professor at Syracuse University, created *National Family Sexuality Education Week* to help colleagues and organizations support parents in their role as the primary sexuality educators of their children. Now nationally recognized and promoted during October, *National Family Sexuality Education Month (NFSEM)* and *Let's Talk Month*—two national campaigns with the same goal—remind parents and caregivers about the importance of communicating with their children about sexuality issues.

For many years, Planned Parenthood Federation of America (PPFA) has sponsored *National Family Sexuality Education Month*, supported by a national coalition of more than 50 organizations that meet to discuss the latest research on family communication about sexuality and share what they are doing to promote family communication in October as well as throughout the year. This includes special activities, publications, promotions, and media coverage replicated on the local level.

Since 1995, Advocates for Youth, a member of the coalition, has coordinated *Let's Talk Month*, with the idea that a smaller sound bite is more appealing to diverse audiences, more proactive about communication, more adaptable for campaign materials, and more successful in generating media coverage.

Today, PPFA and Advocates for Youth collaborate, using the *Let's Talk* sound bite as part of the *National Family Sexuality Education Month* campaign.

National Family Sexuality Education Month/Let's Talk Month activities have included workshops or conferences for service providers, parents, and/or teenagers; health fairs; and official endorsements and proclamations.

Some organizations develop library or bookstore displays. For example, in October 2001, Planned Parenthood of the Blue Ridge in Roanoke, VA, worked with a local bookstore to develop a book display for parents and caregivers highlighting resources on talking to young people about sexuality issues.

Others have created and distributed promotional materials. PPFA creates brochures which are distributed to the 128 Planned Parenthood affiliates and other professionals in the field; posters commemorating *NFSEM*; and public service announcements (PSAs) in video and audio format, which local affiliates can place on their local television and radio stations. Advocates for Youth publishes a planning guidebook to help organizations, faith communities, schools, health professionals, the media, and others promote this national observance.

As a new and continuing endeavor, SIECUS offered free postcards in October 2001 in both English and Spanish that listed 10 tips from experts to help parents with ongoing discussions with their children. SIECUS distributed over 30,000 postcards to libraries, schools, and other organizations throughout the United States. Due to the demand, SIECUS has redesigned these postcards for use throughout the year.

Lessons Learned

National Family Sexuality Education Month

“When creating the *National Family Sexuality Education Month* brochures in Spanish, we would simply translate the English brochure into Spanish. We soon realized however, that this was not the most effective way of delivering our message, because sexuality is communicated differently within Latino families. In the Latino culture, such communication does not just occur between parents and children, but also between grandparents and their grandchildren. The concept of family in Latino culture is much larger and less nuclear than in many English-speaking families. Therefore, the graphics and text for the Spanish-language brochures were changed to reflect and respect this difference. We also had to address the fact that the Latino community is disproportionately affected by higher rates of teen pregnancy and HIV/AIDS than the general population. We therefore altered the text of the Spanish language materials to reflect our awareness of that reality.”

—Planned Parenthood Federation of America

Innovative Approach 2

Create a national, state, or local campaign or program that encourages parent-child communication about sexuality.

To reach large audiences and diverse populations on the national, state, or local level, groups can develop a campaign or program addressing the importance of having ongoing parent-child discussions about sexuality. Incorporating culturally specific messages, these campaigns or programs can engage the public through the media as well as community resources.

Talking with Kids about Tough Issues

Organization: Kaiser Family Foundation, Menlo Park, CA
Children Now, Oakland, CA
Nickelodeon, New York, NY

Original Target Audience: Parents/caregivers and their children nationwide

Language: Materials available in English and Spanish

Established in 1995, *Talking with Kids about Tough Issues* is a national campaign sponsored by the Kaiser Family Foundation and Children Now that encourages parents to talk about “tough issues”—including sexuality, violence, alcohol, drugs, and respect—before their children reach adolescence. In March 2001, the *Talking with Kids* campaign launched an on-going partnership with Nickelodeon. As part of this collaboration, they both released *Talking With Kids about Tough Issues: A National Survey of Parents and Kids*. This survey of parents and their children eight to 15 years of age found that while most parents have talked with their pre-teens about alcohol, drugs, and violence, they have usually not discussed sexuality-related issues; mothers are more likely than fathers to have the responsibility of addressing sexuality-related issues; when parents do talk to their children about sexuality-related

issues, many young people do not recall the conversation; young people are less likely than their parents to consider these talks as happening on a “regular” basis, recalling instead having just talked a “couple of times”; sexuality-related issues are among the topics that parents are most likely to delay talking about until their children bring it up; and young people want more information about sexuality-related topics.

The campaign includes PSAs, targeting both parents and kids, that air on Nickelodeon and other Viacom properties (including CBS, TNN, CMT, Nick at Nite, and Noggin). The PSAs are tagged with resources developed for young people and parents, including Web sites and a toll-free hotline.

Campaign materials are also distributed to young people and parents through local events, mass mailings, and collaboration with other parent and youth-serving organizations. Since the campaign’s launch, more than 50,000 free guides for parents in Spanish and English have been requested through the hotline (1-800-CHILD-44) as well as on their two Web sites (www.talkingwithkids.org and www.EverythingNick.com).

Talking with Kids also provides direct outreach to young people via the Internet at the campaign’s “Talk” Web site (www.nick.com/your_world/nick_talk/index.jhtml), where kids can take a monthly “Talk Challenge” and raise a tough issue with a parent, participate in an online poll, and receive encouragement to talk to their parents and caregivers.

Adults and Children Talking

Organization: Governor's Council on Adolescent Pregnancy, part of the Governor's Office for Children, Youth, and Families, Baltimore, MD
Original Target Audience: Parents and caregivers statewide
Language: Materials and sessions in English

Since 1986, The Maryland Governor's Council on Adolescent Pregnancy (GCAP)—part of the Governor's Office for Children, Youth, and Families—has implemented a comprehensive strategy to reduce teen pregnancy statewide.

Two parts of this strategy are a media campaign that started in 1986—utilizing television, radio, outdoor media, and print media—to convey messages that promote the delay of sexual initiation among young people (targeted at young people nine to 14 and their adult influencers) and the *Adults and Children Talking* (AACT) program, which began in 1998 as *Parents and Children Talking*, and promotes parents as the primary sexuality educators of their children.

AACT, which is implemented by the Interagency Committee on Adolescent Pregnancy Prevention and Parenting in each county, is adapted to each community or target audience. It also incorporates elements from the media campaign, including brochures, door hangers, and lesson plans that expand upon the Governor's Council on Adolescent Pregnancy commercials, billboards, and posters.

The Governor's Council on Adolescent Pregnancy provides training and continuing education to AACT providers that address communication skills and sexuality-related information. Providers receive materials to design, implement, and evaluate their own AACT program with the help of local community leaders, youth service professionals, health care providers, religious leaders, teens, and parents. Presentations may target parents and caregivers with children of various ages. They can take place in school, health care, faith-based, or public settings.

Previous AACT interventions included hosting a teen pregnancy-prevention theatre group in local middle schools, presenting an hour-long evening program on risk-taking behaviors to parents and elementary school-aged children, and offering students a one-day homework pass if their parents or caregivers attend an evening workshop on sexuality, communication, and limit-setting.

Be There for Teens

Organization: Rhode Island Department of Health, Providence, RI
Original Target Audience: Parents and other adults statewide
Language: Materials available in English and Spanish

Be There for Teens is a media campaign sponsored by the Rhode Island Department of Health that began in 2001. The campaign message and media choices were based on a literature review, community forums, and focus groups. The Rhode Island Department of Health also conducted a phone survey in which parents identified drugs, alcohol, and sexuality as areas they considered difficult but important to discuss with their teens.

Consisting of brochures, posters, and television and radio PSAs in both English and Spanish, this campaign challenges parents and other adults to build caring relationships with teens by talking about and listening to everyday topics as well as sensitive topics such as sexuality. In addition, it provides positive images of youth to help counterbalance negative media images.

Campaign for Our Children

Organization: Campaign for Our Children, Baltimore, MD
Original Target Audience: Parents, grandparents, other adults, and young people nine to 14 years of age statewide
Language: Materials in English, some in Spanish

Campaign for Our Children (CFOC) was established in 1987 to address the high teen pregnancy rate in Maryland. This parent-child communication campaign offers a variety of mass media education materials, including television and radio commercials, billboards, posters, brochures, and other advertising tools, to communicate preventative health messages to young people nine to 14 years of age and their parents/grandparents.

The materials are intended to help parents and grandparents increase their knowledge, beliefs, and comfort with discussing sexuality-related issues; increase communication with their children and grandchildren about sexuality; reinforce and model behavior that indicates they are the primary sexuality educators of their children and grandchildren; learn how to start conversations and answer questions about sexuality; clarify feelings, values, and expectations; support their children's and grandchildren's decision to abstain from sexual intercourse; and provide parents and grandparents with information and resources on the prevention of child sexual abuse.

Messages include "Want Your Parents to Really Listen to You? Try Talking About Sex," "Mom, Dad, Talk with Us about Love, Sex, Values. We Need You Now," and "Talk With Your Kids about Sex. Everyone Else Is." CFOC's materials are incorporated into adolescent pregnancy-prevention programs in schools and community organizations throughout the United States and in other countries such as Zimbabwe, New Zealand, Canada, Yugoslavia, and Germany.

Campaign for Our Children also offers an online parent resource center (www.cfoc.org/4_parent/4_index.cfm) to teach parents and caregivers about teen risk-taking behaviors, including sexual activity. Providing information on "How to Talk with Your Kids about Sex," "How to Talk with Your School Board about Sex," and "Is Your Child at Risk? An Interactive Quiz," the resource center also maintains a bulletin board for parents. Another feature includes frequently-asked questions from parents and caregivers that are answered by CFOC staff.

An evaluation of a mass media campaign in North Carolina that used CFOC's billboards, television, and radio PSAs to encourage parents of adolescents to talk to their children about sexuality is currently under review for publication in a peer-reviewed journal.

Family Communication: Stop, Listen and Talk with Teens about Sex

Organization: California Coalition for Reproductive Freedom, San Francisco, CA

Original Target Audience: Parents and caregivers statewide

Language: Materials available in English, Spanish, and Taglish

(a mix of Tagalog—the official language of the Philippines—and English)

Family Communication: Stop, Listen and Talk with Teens about Sex is a campaign developed by the California Coalition for Reproductive Freedom (CCRF), a diverse group of 30 statewide organizations committed to protecting reproductive health and freedom. As part of the campaign, member organizations are trained to conduct workshops for parents and caregivers on reaching out to California youth about sexuality, pregnancy, and STDs, as well as educating about the need for teen access to reproductive health services. To date, CCRF's family communication public education project has trained more than 75 speakers statewide.

The campaign also reaches parents and caregivers through its Web site in English (www.familycommunication.org), Spanish (www.familycommunication.org/espanol/index.asp), and "Taglish" (www.familycommunication.org/TAGbrochure.pdf), and through its brochure *Stop, Listen and Talk with Teens about Sex*, distributed to nearly 200,000 parents in English, Spanish, and Taglish.

As a result of the success of this campaign, CCRF received more funding from the David and Lucile Packard Foundation to develop a partnership with two teen pregnancy coalitions in San Mateo County for a county-wide media campaign using the materials already developed. Launched in October 2001 and continuing until October 2002, the campaign includes counter displays, newspaper ads, bus advertisements, and posters. It is based on six of the "tips" found

in their brochures for parents, including "Teens Learn from You," and "Assure Them that their Feelings are Natural." CCRF will release a new tip every two months. The project will include a full evaluation to determine if the campaign is successful. CCRF hopes to repeat the campaign in other parts of the state.

Family Support Liaison Position

Organization: Josiah Bartlett Elementary School, Bartlett, NH

Original Target Audience: Parents and caregivers in the local rural community

Language: Materials and sessions in English

Bartlett, NH, a small rural town, convened a group of local individuals from various professions to strategically plan family involvement activities in the community. As a result, the community members decided to establish a partnership between the school and community residents.

This goal resulted in the creation of a family support liaison position during the 2000 school year at the Josiah Bartlett Elementary School. The individual filling this position assumes a variety of roles, such as providing counseling and referrals to students and parents; providing health education; writing a column in the school newsletter focusing on raising healthy children; and providing and hosting workshops such as a parent-child communication series titled *Raising Sexually Healthy Adolescents*. This four-session series is offered for two to three hours in the evening to parents and caregivers. Topics include adolescent development, drugs, and talking with children about sexuality, gender, and sexual aggression. Feedback and support from town members have resulted in a recommendation to create a family support liaison position in every school.

Part 2
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Lessons Learned

Adults and Children Talking

"One important lesson GCAP has learned is to provide technical assistance to community programs. Another lesson GCAP has learned is the importance of having products printed in different languages. GCAP is in the process of translating the previously developed AACT materials into other languages. GCAP is also developing new materials that are specifically geared to the Hispanic/Latino community."

—Governor's Council on Adolescent Pregnancy

Campaign for Our Children

"Media campaigns are most effective when reinforced by community and school-based programs."

—Campaign for Our Children

Be There for Teens

"Campaigns should have a mechanism by which people can get more information. We used the *Family Health Information Line*, where people could call to request a brochure with 10 tips on parenting teens as well as referrals on other resources. We also followed up with radio talk shows in English and Spanish to give more information about parenting."

—Rhode Island Department of Health

Family Communication: Stop, Listen and Talk with Teens about Sex

"Follow-up with speakers is critical to continued involvement."

—California Coalition for Reproductive Freedom

Involvement of parents and caregivers in their children's school-based sexuality education program.

To involve parents and caregivers in their children's school-based sexuality education, schools should at minimum give them the opportunity to preview the curriculum before it is implemented. Familiarizing parents and caregivers with the curriculum topics and keeping them involved can encourage them to share family values and beliefs and complement the lessons that their children learn in school. By offering workshops and other events for parents and caregivers throughout the year, schools can provide support and maintain interest.

Choices and Changes

Organization: Health Promotion Unit, Health and Social Services, Government of Yukon, Whitehorse, Yukon, Canada

Original Target Audience: Parents and caregivers of young people in grades four through seven in the local Yukon community

Language: Materials and sessions in English

Created for the Yukon community by the Health Promotion Unit of the Government of Yukon, Canada, and Elijah Smith Elementary School, *Choices and Changes* is a curriculum for students in grades four through seven. Based on the *Canadian Guidelines for Sexual Health Education*, it consists of eight

one-hour sessions per grade. Topics vary by grade level and include healthy relationships, friendship, boundaries, personal space, fetal development, puberty, parenting, body image, contraception, HIV/AIDS, STDs, gender roles, and sexuality and the media.

Choices and Changes invites parents and caregivers to become involved in their children's sexuality education by introducing them to the curriculum before it begins. It also encourages subsequent parent sessions such as video screenings, question-and-answer sessions, or group discussions based on the needs of parents in the community. Facilitated parent discussions can include activities related to values clarification and communicating with children about sexuality. An evaluation of the *Choices and Changes* program is published in the Winter 2000, *SIECCAN Newsletter*.⁷

Lessons Learned

Choices and Changes

"Individuals cannot master healthy relationship skills in a one-hour session. People need to practice them over a long period of time. It would be beneficial to devote more time to this subject."

—Health and Social Services, Government of Yukon

D evelop homework assignments and activities to supplement sexuality education programs that provide opportunities for families to practice skills, share values, and reinforce “facts” about sexuality.

Homework assignments and activities that are used as part of a school-based sexuality education program, after-school program, or workshop can provide a unique opportunity for parents and caregivers to participate in their children’s sexuality education, to keep them informed about the topics that their children are learning, and to encourage them to share their values with their children.

In addition, the research tells us that it is possible to reach large numbers of parents through student homework assignments; that many complete the assignments; that numerous assignments and activities can be provided; and that these assignments do increase parent-child communication, at least in the short run. (See page 8.)

Filling the Gaps: Hard to Teach Topics in Sexuality Education

Organization: Sexuality Information and Education Council of the United States, New York, NY

Original Target Audience: Adolescents and their parents/caregivers nationwide

Language: Materials in English

Filling the Gaps: Hard to Teach Topics in Sexuality Education is a teaching manual published in 1998 by SIECUS. Addressing eight “hard-to-teach” topics relating to sexuality—abstinence, condoms, diversity, pregnancy options, safer sex, sexual behavior, sexual identity and orientation, and sexuality and society—each unit includes a homework assignment that requires parental or other adult involvement. These activities complement or reinforce topics discussed in class.

Parents and Adolescents Can Talk

Organization: Bluegrass Center for Family Life Education, Inc., Lexington, KY

Original Target Audience: Parents/caregivers and their children in grades seven through nine in Gallatin County, MT

Language: Materials and sessions in English

Parents and Adolescents Can Talk (PACT) is a project that began in 1985 in Gallatin County, MT, and is currently implemented by the Bluegrass Center for Family Life Education, Inc. It is a 20-hour program for parents and their children in grades seven through nine that includes homework assignments for parents and adolescents to complete alone and together.

Designed for groups of six to 10 family units, *PACT* consists of eight two-and-a-half hour sessions focusing on self-concept, effective parent-child communication, assertiveness, decision-making, anatomy and health issues, consequences of sexual behavior and pregnancy, and values and attitudes about sexuality.

Throughout these sessions, parents and children meet both together and separately. A four-month break is scheduled between the seventh and eighth session to give families time to use the communication skills they have learned. Sessions are adaptable to many community settings, such as weekly meetings, two-weekend retreats, or other combinations. They are also adaptable to diverse communities because they encourage facilitators to incorporate the values of the participants and tailor the sessions accordingly.

A pre-/post-test and four-month follow-up are also part of the program and are designed to measure short- and long-term changes in knowledge, attitudes, communication, decision-making, and values.

Lessons Learned

Parents and Adolescents Can Talk

“The last field test (November and December 2001) indicates that role plays are more acceptable and interesting to the students than videos and that handouts are more effective than ‘overhead projections.’ Group games are also effective.”

—Bluegrass Center for Family Life Education, Inc.

Provide opportunities for parents/caregivers to gain the knowledge and skills they need to effectively communicate with their children about sexuality.

To increase parent/caregiver comfort in their role as the primary sexuality educators of their children, programs can provide them with support by enhancing their sexual literacy, identifying their values and beliefs, and enhancing their communication skills.

Can We Talk? and ¿Conversamos?

Organization: National Education Association, Washington, DC
Original Target Audience: Parents and caregivers of young people in grades four through eight nationwide
Language: Materials and sessions available in English and Spanish

Can We Talk? (1998) and *¿Conversamos?* (2000) are two programs sponsored by the National Education Association's Health Information Network. They provide an opportunity for parents and caregivers of young people in grades four through eight to address HIV, teen pregnancy, and STDs.

This series of four workshops for parents addresses self-esteem, puberty and sexuality, mixed messages, and peer pressure. Each workshop begins with a two-minute video designed to initiate dialogue on the topics scheduled for discussion. The workshops also include a family activity book for parents or caregivers that explains the program, provides additional support, and includes activities for families to complete together.

Family Sexuality Education: A Course for Parents

Organization: American Baptist Churches, Valley Forge, PA
Original Target Audience: Christian parents and caregivers of young people three to 12 years of age nationwide
Language: Materials in English

First developed for use in American Baptist congregations over 15 years ago and revised in 1995, *Family Sexuality Education: A Course for Parents* is a curriculum for facilitators to implement with Christian parents to help them build communication skills in their role as sexuality educators of their children. Primarily for parents and caregivers of children three to 12 years of age, it also provides information for parents of teenagers. Divided into four two-hour and one four-hour unit, the curriculum addresses "Exploring and Understanding Our Own Sexuality," "Sexuality through Childhood," "Sexuality in the Home," "Values," and "Communication Skills."

Parent Family Life Sex Education Program

Organization: Children's Aid Society, New York, NY
Original Target Audience: Young people 11 to 12 years of age and their parents/caregivers, and other adults in traditionally underserved communities nationwide
Language: Materials available in English, some in Spanish

The Children's Aid Society Carrera Model, which was created in 1984, currently offers family life and sexuality education to 350 boys and girls 11 and 12 years of age. Using a holistic approach, this program views young people as "at promise" rather than "at risk" and provides them with contact from the time they start the program until they complete it in the 12th grade.

As a parallel component, the Children's Aid Society offers a program for the parents of participating young people, as well as for other adults in the community. The Annie E. Casey Foundation started supporting this new initiative in early 2002 by incorporating lessons learned from their *Plain Talk* initiative coupled with the existing parent component of the program offered by the Children's Aid Society. Meeting on a weekly or bi-weekly basis for 12 months, the *Parent Family Life Sex Education Program* helps parents and adults in the community become the primary sexuality educators of their children.

Using cognitive, affective, and communication strategies, this program is designed to influence parents' sexual literacy; to help parents and other adults identify their values and respect others' values; and to help them develop the language to communicate with their children.

After completing the program, a few parents and other adults from each site that have mastered the material are asked if they want to receive training as a Family Life Sex Education associate. When they complete this training, the associates are paired with a staff member to help facilitate the next group of parents who will attend the *Parent Family Life Sex Education program*. There is a plan to provide a stipend for these associates.

Early Childhood Sexuality Education Development Project

Organization: Family Planning Association of Hong Kong

Original Target Audience: Chinese parents and teachers of young children in Hong Kong

Language: Materials and sessions in Chinese

The *Early Childhood Sexuality Education Development Project* of The Family Planning Association of Hong Kong (FPAHK) provides training for both pre-primary teachers and parents of young children to equip them with the knowledge, confidence, and skills necessary to educate young children about sexuality. It is a two-year project that began in 2000.

The trainings are currently conducted in 25 pilot schools in Hong Kong, which were recruited by letter of invitation. On average, approximately 50 parents (about one-fourth of the total parents in a school) attend each training course. A parallel track is attended by approximately 98 percent of the teachers in each school.

Each two-hour parent training course mixes lectures, brainstorming, and role-playing. The course is designed to help parents learn about the sexual development of young children and the key concepts in early childhood sexuality education; explore their own attitudes toward early childhood sexuality education; and improve their skills in answering their children's sexuality-related questions. Upon completion of the training, participants fill out an evaluation form to provide facilitators with feedback.

To support parents in continuing the dialogue about sexuality with their children, FPAHK also develops and distributes resources with tips and information for parents including a Chinese Web site entitled "Parent Zone" (www.famplan.org.hk/parent).

Family Life Education: A Manual for Parent Educators

Organization: Margaret Sanger Centre International, South Africa

Original Target Audience: Parent educators in Zambia

Language: Materials in English

Family Life Education: A Manual for Parent Educators, published in 1997, is designed to provide parent educators in urban and rural communities in Zambia with a selection of strategies for communicating healthy attitudes and behaviors about sexuality.

Zambia's Adolescent Reproductive Health Consortium created this manual to address cultural taboos surrounding parent-child communication, and to assist in developing an honest, open, and informed dialogue between parents and their children on all aspects of sexuality.

Integrating knowledge of human growth and development, sexuality, anatomy and physiology, health, sexual and reproductive health, decision-making, parenting, self-awareness, self-acceptance, and

family planning, the manual offers a selection of lesson plans and activities to use with small groups of parents and caregivers. Based on the needs of the community, facilitators can use the manual to design outlines for a series of two-to-three hour sessions, all-day programs, or a combination of both. *Family Life Education* does not require parents to be literate or proficient in English. It was created to evolve and change as the community changes.

Human Sexual Behavior Course

Organization: University of New Orleans, New Orleans, LA

Original Target Audience: Freshmen attending the University of New Orleans

Language: Materials and sessions in English

For over 20 years, a freshman-level human sexuality course at the University of New Orleans, *Human Sexual Behavior*, has helped increase parent-child communication about sexuality issues. (See page 9.) Offered through the Department of Psychology, the course is taught each semester to 1,000 students. Using the textbook *Human Sexuality Today* by Bruce M. King, the course addresses a wide variety of sexuality-related topics, including cross-cultural and historical perspectives, anatomy, hormones, the sexual response cycle, STDs, birth control, pregnancy and childbirth, sexual orientation, sexual development, sexual behaviors, love and relationships, sexual abuse, and communication, including talking with your children about sexuality. The importance of communicating about sexuality-related issues is an integral focus of this human sexuality course.

Let's Talk

Organization: Breaking the Cycle, Hartford, CT

Original Target Audience: Parents in Hartford, the local urban community, many of whom are Latino or African American

Language: Sessions available in English and Spanish

Let's Talk is a program that began in 1999 and helps parents and caregivers learn to communicate openly and effectively with their children about sexuality issues. It is part of *Breaking the Cycle*, Hartford, CT's, strategic campaign for teen pregnancy prevention (a community partnership between the City of Hartford, the Hartford Action Plan on Infant Health, and the Hartford Public Schools) that incorporates principles and activities developed by the Stowe Village [*Plain Talk*] site in Hartford, CT. (See page 36.)

The program includes sessions for parents/caregivers about sexual development, values, age-appropriate discussions, and parent-child communication. Conducted by trained facilitators in a one-day, four-hour workshop in English or Spanish, they are hosted by agencies, schools, and individual parents. *Breaking the Cycle* is currently adapting the program for teen parents.

Plain Talk for Parents

Organization: Neighborhood House, Seattle, WA

Original Target Audience: Parents/caregivers of young people in grades four through 12 in White Center, WA

Language: Materials and sessions available in English, Spanish, Vietnamese, and Cambodian

Striving to reduce adolescent sexual risk-taking and pregnancy, *Plain Talk*, a neighborhood-based initiative, helps parents, caregivers, and community leaders develop skills and tools to effectively communicate with young people. (See page 11.) Launched by the Annie E. Casey Foundation in 1993, this initiative was implemented in five urban communities: Mechanicsville in Atlanta, GA; Logan Heights in San Diego, CA; White Center in Seattle, WA; St. Thomas in New Orleans, LA; and Stowe Village in Hartford, CT. Using the same principles, each site had one year to plan and three years to implement an initiative specific to its community. “The basic premise is the same for all [the *Plain Talk* sites]. It’s really important that parents and kids share the information, get educated, become empowered [and] get organized in their communities. . . and if they do, they can make a difference,” says Melba Hill Pascha of the *Plain Talk* Atlanta Advisory Council.⁸

Plain Talk for Parents, a curriculum implemented in 1995 by the Seattle site, believes that parents and caregivers are the best people to teach their children about sexuality. The program is designed to support family dialogue as young people progress from grades four through 12.

The four-part series focuses on character education and helps parents and caregivers talk with their children in a nonjudgmental way. Class topics include dating, sexuality, media, health, STDs, and decision-making.

Through workshop activities and role-playing, participants learn to reflect on their attitudes and begin to incorporate sexuality education at home. At the end of each session, parents and caregivers receive homework assignments to complete with their children. Parents also receive excerpts from age-appropriate sexuality education curricula and are sometimes given handouts from the local school’s sexuality education curricula for discussions at home and at school.

“Parents know how to produce kids,” says Nary Suon, an immigrant from Cambodia who was hired by *Plain Talk*, White Center, to serve as an outreach worker to the Southeast Asian community members of this small, quiet “village” in Seattle, WA. “But they need education to protect them. If you want to help kids, you must put more services in the community, more parenting classes, and more ways to help families.”⁹

One Cambodian mother named Yany, who completed the program, explained, “I was taught to be shy about my body. It is my custom. . . but now I can explain things to my kids. I can talk, you know.”¹⁰

Project Families Together

Organization: Vietnamese Community of Orange County, Inc., Westminster, CA

Original Target Audience: Vietnamese American young people, parents, and caregivers in Orange County, CA

Language: Materials and sessions available in English and Vietnamese

Project Families Together, implemented in 1996, is a project of the Vietnamese Community of Orange County, Inc. Intended to delay the initiation of sexual activity and reduce the rate of teen pregnancy in the Vietnamese American community in Orange County, the initiative includes a free after-school program for young people ages 10 to 18, counseling for teens at risk and their parents, and a component specifically for parents.

To help build the bridge between parents and children with different acculturation levels, *Project Families Together* provides workshops for parents on talking with their children about a host of issues, including sexuality. In addition, the project offers bilingual/bicultural resource materials and referral guides to complement the workshops, including brochures on sexuality, HIV/AIDS, and homosexuality. There is also a staff member who regularly translates English-language research materials and data on topics related to teen pregnancy prevention from mainstream media into Vietnamese to help parents understand the world that their children navigate.

Project Straight Talk

Organization: Inwood House, New York, NY

Original Target Audience: African American and Latino fifth grade boys in the local urban community

Language: Materials and sessions in English; parent materials in English and Spanish

Funded through New York State’s Abstinence Education and Promotion Initiative, Inwood House’s *Project Straight Talk*, operating since March 1999, is a school-based project located in District 12 at Community School 198 in the Morrisania section of the Bronx, New York City.

Tailored for fifth-grade boys, this project includes several core components—weekly small group discussions, individual counseling, after-school activities, parent workshops, parent-child events to strengthen family communication, summer camp, and a community advisory committee established to support the program’s goals and objectives.

Reflecting Inwood House’s mission, this project provides participants with information and skills to resist peer pressure, make responsible decisions about sexual involvement, avoid too-early parenthood and other risky behaviors, and lead independent and productive lives.

At the beginning of each school semester, 30 fifth grade boys are identified by project staff and school faculty and invited to participate in *Project Straight Talk*. Boys who obtain parental consent join a small group of eight to 10 students that meet weekly throughout the semester.

Led by a male facilitator, these groups discuss a variety of topics in an age-appropriate context. Sexuality-related topics include puberty; human sexual growth; the importance of abstinence and postponing sexual involvement; HIV/AIDS prevention; social, cultural, peer, and media pressures; gender stereotypes; respect; success in school; and communicating with parents and caregivers. Creating a supportive peer group, the program reinforces and clarifies values, helping boys build confidence in their ability to make healthy decisions.

In an effort to empower parents and caregivers to help each other with the difficult issues related to their sons' sexual development and/or risk-taking behavior, parents/caregivers of the boys participating in the project are invited to attend two consecutive information sessions held during evening hours. Eight to 10 parents/caregivers attend each workshop cycle and continue to support each other throughout the year.

Serving a minimum of 30 parents and caregivers annually, this program is conducted in three cycles during the Fall and Spring semesters. Parents receive a small stipend for participating. They are recruited by phone, home visits, mailings, and presentations at parent association gatherings.

In addition, four parent-child events are held throughout the year to bring *Project Straight Talk* participants together. These include special holiday or cultural celebrations that are observed in the community, sports events, picnics, and an overnight retreat.

A six-week summer camp is held in July and August to introduce incoming fifth graders and their parents/caregivers to *Project Straight Talk*. Educational, recreational, and cultural activities are provided for participants and their families.

Finally, a community advisory committee comprised of school staff, parents, and concerned community leaders meets quarterly to review the project's progress in meeting its goals and identify neighborhood resources to support *Project Straight Talk*.

In Spring 2001, a preliminary post-test evaluation was administered to participating fifth grade boys. In addition, twelve *Project Straight Talk* parents also participated in a focus group. Subsequent evaluations will include pre-/post-test and long-term follow-up surveys.

Lessons Learned

Can We Talk? and ¿Conversamos?

"Implement the program where the audience is located (church, workplace, et cetera)."

—National Education Association

Family Sexuality Education: A Course for Parents

"Implementing a curriculum requires leaders with experience in leading group discussions—especially those trained in working on sexuality education with adults."

—American Baptist Churches

Parent Family Life Sex Education Program

"Mostly, innovative educators!"

—Children's Aid Society

Early Childhood Sexuality Education Development Project

"From the training evaluation feedback, we found that most teachers and parents welcome school-based training, where mutual objectives and home-school cooperation for implementing sexuality education for young children can occur."

—Family Planning Association of Hong Kong

Human Sexual Behavior Course

The research tells us that it is possible to increase ongoing communication between parents/caregivers and their children when parents/caregivers complete a college-level human sexuality course that covers a variety of topics with an emphasis on communication. (See page 9.)

Let's Talk

"The length of the session is important; parents say they can't find four hours to devote to a workshop, but once they're there, they often think it is too short. Offering to do the workshop in participants' homes has proven very successful."

—Breaking the Cycle

Project Straight Talk

"When working in a school, project staff must meet with key stakeholders to gain their support prior to starting the program. This has worked well. Project staff first met with the principal and guidance counselor, then made presentations to the parents on the school leadership team, and finally gained approval through the District Superintendent's office."

—Inwood House

Train parents, caregivers, and other concerned adults to empower their peers to communicate with the children in their lives about sexuality issues.

To empower parents, caregivers, and other concerned individuals to make a difference in their community, some educational programs help them teach peers to talk with their children about sexuality issues. Using creative approaches, these programs reach parents/caregivers through existing groups and social networks, including places of employment, faith communities, child-care organizations, schools, or places where they receive services or attend support groups.

Parents Educating Parents

Organization: Mothers' Voices, New York, NY

Original Target Audience: Parents and caregivers nationwide

Language: Materials and sessions available in English and Spanish

At a recent Mothers' Voices workshop titled *Parents Educating Parents*, the mother of a young woman who died of AIDS at age 26 said, "It's difficult to talk about sexual behavior. . .difficult to talk in the graphic way that you need to. I'd rather have that difficult moment because the moment you learn your daughter is HIV-positive, your life as you knew it stops."¹¹

The *Parents Educating Parents* training in which this mother participated began in 1998 and helps parents and other interested adults become HIV-prevention peer educators in their communities. In this two-day training, parent peer educators learn the basic facts about HIV and AIDS, communication skills, values clarification, and public speaking. In addition, those who complete the two-day training receive a stipend and travel reimbursement for each subsequent workshop they facilitate.

Using the *Parents Educating Parents* curriculum as a guide, Mothers'Voices peer educators and staff offer six one-hour workshops that provide clear, concise information to parents and caregivers. Topics include *The Basics: HIV & AIDS*; *Communicating with Younger Children*; *Communicating with Adolescents*; *Raising Healthy Children*; *Talking with Children about Drugs*; and *Advocacy Skills for Parents*.

Because HIV-prevention education is an investment in the future, employers have demonstrated interest in hosting these workshops in the workplace. In Spring 2001, Mothers' Voices pilot-tested workplace training at the offices of Calvin Klein, Inc., in New York City. Although it was a warm, sunny Friday, 70 employees opted to attend during their lunch hour. Many were surprised to learn the myths and facts of HIV/AIDS: "I thought blood-to-blood is the only way you get HIV" . . ."So oral sex is risky?" . . .and "I never knew HIV is carried in breast milk."¹²

Talking with Kids about HIV/AIDS: A Program for Parents and Other Adults Who Care

Organization: Cornell University, Ithaca, NY

Original Target Audience: African American and Latino parents and caregivers statewide

Language: Materials and sessions available in English and Spanish

Implemented by Cornell University's Cooperative Extension in 1989 as a prevention education resource for parents and guardians, *Talking with Kids about HIV/AIDS: A Program for Parents and Other Adults Who Care* recruits volunteer parent educators.

Consisting of three intensive, two-to-three hour community-based sessions or one full-day workshop, the sessions/workshops include basic information on the HIV/AIDS epidemic and its impact, skills development in HIV risk assessment and risk reduction, and extensive parent-child communication activities.

Available in both English and Spanish, the program is used in communities throughout New York State, with active volunteer training programs in New York City, Long Island, Central New York, and Albany's Capital District. Over 3,000 volunteer parent educators have reached nearly 100,000 people, primarily through Cornell Cooperative Extension Associations and community-based organizations. Volunteers and community groups in many other states and countries have also adopted the program.

There are many evaluations of the project, ranging from case studies of volunteers' experiences to surveys comparing how effectively workshop participants and non-participants communicate with children about HIV/AIDS. Two long-term National Institute of Mental Health studies of family-based HIV-prevention programs have adopted the curriculum as the basis for the interventions they are evaluating.

Cornell worked to adapt the project with the National Development and Research Institutes, Inc. in NY and Instituto Mexicano de Investigación de Familia y Población (IMIFAP) in Mexico beginning in early 2000.

Offering workshops in Mexico City to a wide range of audiences, including parents, school teachers, public servants, and people in the criminal justice system, IMIFAP staff have also expanded the workshops to schools and locations in other sections of Mexico.

Adult Role Models Program

Organization: Planned Parenthood of New York City, Inc.,
New York, NY

Original Target Audience: Parents in the local urban community

Language: Sessions available in English and Spanish

Founded in 1998, the *Adult Role Models (ARM) Program* is a parent peer education model developed by Planned Parenthood of New York City to help parents talk with their children about sexuality. The program is part of a comprehensive community-based pregnancy prevention program serving the Mott Haven section of the South Bronx and the Lower East Side of Manhattan.

Community members who comprise the *ARM Program* are local parents who reflect the composition of their neighborhood. The parents are recruited from local Parent-Teacher Association groups, tenant associations, and community-based organizations. Once recruited, the *ARMs* participate in a 75-hour training over the course of three months (three hours a day, two days per week), to prepare themselves to facilitate workshops for parents. The training covers sexual and reproductive health, parent-child communication, child development, outreach, and group facilitation skills.

Earning a stipend for their work as well as reimbursement for transportation, the *ARMs* facilitate workshops for parents in their neighborhood in English and Spanish. Currently, the *ARMs* offer three workshops that provide parents with information and skills to share sexuality information and their own values with their

children. The workshops are held at a variety of venues where parents congregate including: community centers, beauty salons, faith-based organizations, job-preparation programs, community-based organizations, drug rehabilitation sites, and homeless shelters. Since 1999, over 3,000 parents have been reached by the *Adult Role Models Program*.

Entre Nosotros (Just Between Us)

Organization: Planned Parenthood of Hidalgo County, Inc.,
McAllen, TX

Original Target Audience: Latino, Spanish-speaking parents and caregivers
in the local rural community

Language: Materials and sessions in Spanish

Entre Nosotros (Just Between Us) is a program provided by Planned Parenthood Association of Hidalgo County, Inc., in McAllen, TX. The program trains Spanish-speaking individuals to provide outreach to their Latino peers with information on sexual health and parent-child communication as well as referrals and answers to sexuality-related questions. Promotoras (peer health educators) meet as a group once a month for two and one-half hours to learn about sexuality-related issues. Making ongoing door-to-door visits to underserved women in the community and their families for the past 13 years, the Promotoras currently serve over 20,000 people a year. Promotoras also conduct presentations on various health-related topics in community centers and schools.

Lessons Learned

Parents Educating Parents

“Recruiting volunteers at the end of the workshops is a good way to enlarge peer education groups, as well as request volunteers in other areas, such as advocacy work and pamphlet distribution.”

—Mothers’ Voices

Adult Role Models Program

“We’ve done an excellent job of recruiting and retaining mothers for the *ARMs* Program, but still struggle to maintain a group of men to serve as *ARMs*. Further, though our workshops are community-based, workshop participants tend to be women. The program is currently working with community leaders who serve men to devise creative solutions to address this problem.

Another significant challenge with our model is that the problems endemic to a poor community become program challenges—poor health, lack of childcare, and other crises. These issues impact our ability to retain parents in the program and to provide workshops. In order to provide the parents with support and to effectively serve the community, the program compensates for attrition by over-recruiting and makes efforts to link the *ARMs* to community resources in their neighborhood.

We are very proud of our work in this area. At present, we are developing technical assistance materials for communities interested in replicating this model.”

—Planned Parenthood of New York City, Inc.

Talking with Kids about HIV/AIDS: A Program for Parents and Other Adults Who Care

“Take the program to the community. We have collaborated with diverse organizations to present workshops to employees, prisoners, human service program participants, hospital staff, groups of friends, and members of religious institutions. Most groups include adults who are parents, guardians, or who nurture and guide children and teens. When groups complete the workshop together, they continue to talk and learn informally, supporting each other long after the workshop has ended.”

—Jennifer Tiffany, Project Director

Entre Nosotros

“We have found that visual aids help provide information to people with low reading levels. For those who do not know how to read, Promotoras will take extra time to provide information. When Promotoras work in a certain area for several months, they build trust with the residents and try to meet their needs, including connecting them to social or medical services. Promotoras also follow up on their referrals and get feedback from those individuals.”

—Planned Parenthood of Hidalgo County, Inc.

Provide parents/caregivers and their children with opportunities to practice communicating about sexuality issues.

To enhance parent-child communication about sexuality issues, programs that include both parent and child participation offer a unique opportunity for parents and children to support one another in their efforts to have ongoing dialogues about sexuality. Providing facts about sexuality and sexual health as well as exploring family values, attitudes, and beliefs, multi-session or single-session programs can increase comfort with discussing sexuality-related topics.

The research tells us that programs for parents and their children can: increase the knowledge of both groups; can model discussions of sexual topics and increase comfort with the discussions of sexual topics; provide opportunities in the group and immediately afterwards for young people and their parents to talk about sexual topics with each other; and accomplish this in a comfortable environment where everyone expects they are going to talk about sexuality and where they see everyone else doing so. (See page 6.)

Growing TogetherSM

Organization: Girls Inc., Indianapolis, IN

Original Target Audience: Girls nine to 11 years of age and their parents and caregivers nationwide

Languages: Materials and sessions available in English and Spanish

"This gave me a better idea of where my daughter's head is," a mother said after participating in the *Growing TogetherSM* program.¹³

Sponsored by Girls Inc., *Growing TogetherSM* is a program that was implemented in 1985 and revised in 2001. (See page 7.) The curriculum includes five interactive one-and-a-half to two-hour sessions in English or Spanish designed to help girls and their parents/caregivers communicate more comfortably about sexuality.

The first session, an orientation to help parents/caregivers build their comfort level with sexuality issues, prepares them to listen to and talk with their children in a nonjudgmental way. The remaining sessions, for both parents/caregivers and girls, address anatomy, puberty, sexual health, HIV/AIDS, myths and facts about sexuality, communication, and values. The curriculum also includes a pre-/post-test evaluation and provides information about administering, coding, and scoring the tests as well as other resources to complement the program's implementation. Only those organizations licensed by Girls Inc. can utilize the curriculum and implement the program.

Nosotras Viviremos

Organization: National Coalition of Advocates for Students, Boston, MA

Original Target Audience: Latina farmworking mothers and their daughters 10 to 18 years of age nationwide

Language: Materials and sessions available in English and Spanish

The *Nosotras Viviremos* curricula, updated in 2001 by the National Coalition of Advocates for Students, are two parallel training manuals: one addressing the issues and concerns of farmworking mothers/mentors and the other addressing the issues of pre-adolescent and adolescent farmworking girls. Each consists of six units, including basic HIV/AIDS/STD information, exercises, stories, and a set of handouts that can be easily reproduced and distributed to participants. The intervention is designed for implementation in four sessions, with each session lasting between two and three hours.

Nosotras Viviremos provides mothers with the opportunity to develop and practice skills to help their daughters adopt and sustain healthy and safe sexual decisions. Each curriculum addresses intergenerational stresses between mothers and daughters and how these affect positive communication.

The curricula are grounded in social cognitive theory, social influence interventions, and Paulo Freire's philosophy of dialogical education. They are designed to provide participants with an opportunity to explore self-identity without discounting personal experiences or values and to use self-reflection to move toward an understanding of the need to address the reality of sexuality, HIV, and STDs in their lives.

Becoming a Teen Badge

Organization: Planned Parenthood of North East Pennsylvania, Trexlertown, PA

Original Target Audience: Latina and White girls in grades four through seven and their parents and caregivers in the local suburban community

Language: Sessions available in English and Spanish

In Pennsylvania, Junior Girl Scouts in three councils—Penn's Woods, Great Valley, and Scranton Pocono—can fulfill several parts of the requirements for their *Becoming a Teen Badge* by attending a workshop designed to provide puberty information and enhance family communication (developed by Planned Parenthood of North East Pennsylvania in 1998) with their

moms, step-moms, grandmothers, or other adult females. Before the workshop, which is conducted either in English or Spanish, the mothers (or other accompanying adult) receive a packet of resources and a workshop outline designed to increase their comfort level with the material. Workshops are held at Girl Scout troop meetings and are typically an hour and a half long. The ultimate goals of the program are to open the door for moms and girls to talk about sexuality and to increase the girls' awareness and comfort with body changes and the increased freedom and responsibility associated with puberty.

Parent-Child Human Sexuality Workshop

Organization: Family Guidance Center, St. Joseph, MO
Original Target Audience: Parents/caregivers and their children in St. Joseph and smaller communities throughout Northwest MO
Language: Materials and sessions in English

Organization: Hastings Family Planning, Hastings, NE
Original Target Audience: African American, Latino, and White parents/caregivers and their children in the local urban and rural communities
Language: Sessions in English

Since 1998, Hastings Family Planning in Hastings, NE, has successfully replicated the St. Joseph *Parent-Child Human Sexuality Workshop* in both urban and rural settings. (See page 6.) In response to a need in the community, Hastings Family Planning is working on a Spanish-language version of the original workshop. In addition, a teacher in the Hastings public school system attended the workshop with one of her developmentally disabled students and decided to modify the five-week program into a two-and-a-half hour workshop specifically designed for developmentally disabled young women to attend with their parents/caregivers. She will soon modify the workshop for young men.

Sharing Healthy Adolescent and Parent Experiences

Organization: Camp Fire USA, Orange County Council, Tustin, CA
Original Target Audience: Parents/caregivers and their children nine to 16 years of age in the local urban and suburban community
Language: Sessions available in English, Spanish, and Vietnamese

Sharing Healthy Adolescent and Parent Experiences (SHAPE) is a program in Orange County, CA, to help parents and young people communicate about puberty and other sexuality-related issues. Originally implemented in 1994 by the Coalition for Children, Adolescents, and Parents, it was acquired by the Camp Fire USA, Orange County Council in 1999. Charging a fee to cover costs, Camp Fire USA offers two courses that include at least 10 pairs of parents and children. *SHAPE* classes are requested by schools, PTAs, faith communities, community-based groups, and private homes.

Available in English, Spanish, and Vietnamese, *SHAPE I* offers parent/daughter and parent/son classes designed for youth nine

to 12 years of age and their parents. Scheduled one night a week for two hours, the course runs for five weeks. The first session is for parents only and is intended to explain the topics and materials as well as answer questions. Topics addressed throughout the remaining sessions include anatomy, puberty, HIV/AIDS, menstruation, pregnancy and childbirth, hygiene, abstinence and contraception, peer pressure, and building relationships.

Available in English and Spanish, *SHAPE II* consists of co-ed classes designed for young people 13 to 16 years of age and their parents.

Scheduled one night a week for two hours, the course runs for six weeks. Topics addressed include anatomy, STDs, healthy relationships, decision-making, sexual pressure, abstinence, contraception, and parenting (using *Baby Think It Over* dolls).

Teen Outreach Program

Organization: Cornerstone Consulting Group, Houston, TX
Original Target Audience: Girls attending an after-school program in the St. Louis, MO public schools
Language: Materials and sessions in English; both a Spanish adaptation and translation are available

Organization: Family Service of Roanoke Valley, Roanoke, VA
Original Target Audience: Parents/caregivers and young people in participating middle schools and high schools in Roanoke City and Roanoke County, VA
Language: Materials and sessions in English

Teen Outreach Program (TOP), sponsored by 42 organizations in 174 sites, is a national program targeting middle and high school students in a variety of settings where they routinely meet, reaching over 13,000 youth in the continental United States and the Virgin Islands.

Initiated in 1978 by the St. Louis Public Schools, *Teen Outreach* was originally an after-school program targeting high school girls. In 1981, it was sponsored by the Junior League of St. Louis and the Danforth Foundation. It was adopted by the Association of Junior Leagues International in 1987 as part of their national youth agenda.

Currently managed by Cornerstone Consulting Group, *TOP* integrates community service; classroom-based activities using the *Changing Scenes* curriculum (with a sexuality component); and service learning, a strategy that helps young people connect community service experience to classroom learning, and, ultimately, to their lives.

Since 1990, one *TOP* model sponsored by Family Service of Roanoke Valley (FSRV) in Roanoke, VA, has complemented this youth development program by including a family involvement component.

Offering five two-hour sessions in the evening, FSRV partners with two local school districts (Roanoke City Schools and Roanoke County Schools) to offer "family night out" gatherings for families and students in local high schools. The program provides

dinner and child care as incentives to increase participation. During one of the five sessions, a parent-only workshop is held for 40 minutes that addresses parent-child communication about sexuality-related issues. This workshop aims to increase the comfort level of parents and provides basic sexuality information.

Family Service of Roanoke Valley also partners with three after-school programs (West End Center for Youth, St. John's Community Youth Program, and Presbyterian Community Center Pathways Program in Roanoke), offering "family night out" gatherings for middle school students in which they present their parent-only workshop.

Lessons Learned

Growing TogetherSM

"The program is a good experience for mothers (or other adults such as aunts, grandmothers, and older sisters) and girls. As with many programs targeting parents, affiliates have found it critical to provide incentives to overcome obstacles to parents' attendance or participation. They have done this by providing transportation or vouchers; dinners for mothers, daughters, and younger siblings; babysitting for younger children; or other incentives and gifts."

—Girls Inc.

Becoming a Teen Badge

"The question 'How the sperm gets into the woman to fertilize the egg?' always comes up. We prepare the moms for the question and help them with continued discussion."

—Planned Parenthood of North East Pennsylvania

Parent-Child Human Sexuality Workshop

"We keep the class sizes to no more than 30 people: 15 parent-child pairs."

Also, many parents/caregivers have brought younger siblings to the workshop when they are at the appropriate age."

—Hastings Family Planning

Innovative Approach 8

Provide resources and services to help parents and caregivers communicate with their children about sexuality in a way that is easily accessible and convenient.

To encourage parents and caregivers to talk to their children about sexuality issues, it is helpful to provide resources and services that are easily accessible and convenient—including audiotapes, newsletters, videotapes, hotlines, and programs.

Auto Talk

Organization: Hopkins School District 270, Hopkins, MN

Original Target Audience: Parents and caregivers of young people in grades four through six statewide

Language: Audiotapes available in English and Spanish

Auto Talk is a 14-minute audiotape available in English and Spanish. It was developed by the Hopkins (MN) School District 270 in

response to parents' questions about how to talk with their children about alcohol, tobacco, and sexuality. The tape is designed for parents of young people in grades four through six to listen and learn on their own while they are driving in the car. On the tape, fifth grade students ask their parents questions about tobacco, alcohol, and sexuality. The tape provides parents with information and guidance on how to respond to children's questions, including possible follow-up questions that parents might ask to keep a conversation going. In addition, parents are guided in how to initiate conversations about risk-taking behaviors. *Auto Talk* has been distributed to over 1,800 parents/caregivers of fifth-grade students in Minnesota.

There's No Place Like Home. . . For Sex Education/ No hay lugar como el hogar. . .para la educación sexual

Organization: Planned Parenthood Health Services of Southwestern Oregon, Eugene, OR

Original Target Audience: Parents and caregivers nationwide

Language: Materials available in English and Spanish

There's No Place Like Home. . .For Sex Education/ No hay lugar como el hogar. . .para la educación sexual was designed by Planned Parenthood Health Services of Southwestern Oregon to promote partnerships between parents, schools, and communities to provide sexuality education.

Published in 1999, the second edition of this spiral-bound book consists of reproducible parent handouts in both English and Spanish that schools, religious organizations, community agencies, and other groups can photocopy and distribute. Five newsletters are available for every age/grade level (pre-school through 12th grade). Each issue contains sexuality information relevant to a particular developmental stage, useful strategies, communication hints, and suggested resources that support parents as the primary educators of their children.

Raising Healthy Kids: Families Talk about Sexual Health

Organization: Family Health Productions, Gloucester, MA

Original Target Audience: Parents and caregivers of young people from birth through the teenage years nationwide

Language: Videos and materials in English

In response to educators' need for a tool to help parents learn how to communicate about sexual health, Family Health Productions produced *Raising Healthy Kids*. It was revised in 2000.

This video series consists of two 30-minute videos and supplemental materials: *For Parents of Young Children* includes interviews with children, parents, and experts about setting limits, telling the truth, labeling body parts, making babies, self-touching, and appropriate and inappropriate touch. *For Parents of Preadolescent and Adolescent Children* includes interviews with young people, parents, and experts on values, listening, avoiding absolutes, mixed messages, and relationships.

The *Raising Healthy Kids* video series and supplemental written materials are used by schools, youth organizations, faith communities, and businesses. They are also used nationally as an icebreaker for the Unitarian Universalist Association's sexuality education curriculum *Our Whole Lives*.

Sex Spelled Out for Parents

Organization: Carson Street Productions, Burnaby, British Columbia, Canada

Original Target Audience: Parents and caregivers of young people three to 14 years of age in Canada and nationwide

Language: Videos and materials in English

Sex Spelled Out for Parents (1999) is a video series for parents and caregivers of young people three to 14 years of age. Produced with the assistance of Health Canada's Community Action Program for Children and the British Columbia Ministry for Children and Families, the four videos for parents and caregivers are designed to help them increase their comfort level about sexuality-related issues and to keep the lines of communication open with their children.

Hosted by sexuality educator Meg Hickling, R.N., the videos include an audience of parents and caregivers interacting with Ms. Hickling and sharing their personal experiences and questions. They also include anecdotes and facts to help parents and caregivers give age-appropriate messages about sexuality to their children. The videos are accompanied by a viewer's guide.

Facts of Life Line

Organization: Over 40 Planned Parenthood affiliates

Original Target Audience: Adults and young people nationwide

Language: Available in English and Spanish

The *Facts of Life Line*, sponsored by many Planned Parenthood affiliates around the country, is a 24-hour automated hotline for adults and young people that allows callers to hear recorded messages on such subjects as "How to Talk with Your Child about Sex," "Sexuality Education and Family Values," and "Teenage Sexual Concerns."

First installed at Planned Parenthood of San Diego & Riverside Counties (619/683-7543) in 1989, it is currently used in both English and Spanish by over 40 affiliates nationwide including Planned Parenthood Mar Monte (800/711-9848), Planned Parenthood of New York City (212/965-7015), and Planned Parenthood of North Texas (800/545-3751).

Each affiliate's *Facts of Life Line* information line receives thousands of calls every year. For example, Planned Parenthood Mar Monte receives approximately 70,000; Planned Parenthood of New York City, approximately 30,000; and Planned Parenthood of North Texas, approximately 25,000.

The technology for this voice response information system is available from IDAP Information Systems in San Marcos, CA. It offers a library of over 300 standard health-related messages in English and Spanish that are reviewed and approved by experts. It can also customize messages to the needs of organizations and communities. The system also provides automated demographic surveying to Planned Parenthood affiliates that allows them to learn more about who is accessing the *Facts of Life Line*.

Parents Assistance Line

Organization: Agency of Human Services, Waterbury, VT
Original Target Audience: Parents and caregivers statewide
Language: Available in English

The *Parents Assistance Line (PAL)* is a statewide “warm line” that provides counseling via phone for parents and others concerned about young people. Sponsored by Vermont’s Agency of Human Services, the program has served over 12,000 Vermont families in 17 years. Its goal is to promote the health and well-being of Vermont residents by helping parents meet the needs of their children by listening, giving support, and providing referrals to other Vermont services.

The “warm line” is available by calling an 800 number from 8 a.m. to 7:45 p.m., Monday through Friday. There is also 24-hour voice mail. The counselors, many of whom are parents, have experience in different areas of study, such as psychology, family therapy, social work, substance abuse, public health, guidance counseling, women’s health, early childhood education, and sociology.

PAL also develops and distributes educational materials focusing on family communication to parents/caregivers across the state that address sexuality-related issues, including situational examples, developmental information, AIDS issues, gender issues, and cultural values.

Residents learn about the “warm line” at conferences; through mailings to schools, faith communities, child care providers, and mental health agencies; or through the police, community action programs and/or any other agencies that work with parents and children.

How to Talk to Your Kids about Sex

Organization: Zero Adolescent Pregnancy, Cortland, NY
Original Target Audience: Parents and caregivers in the local rural community
Language: Materials and sessions in English

In 1993, Zero Adolescent Pregnancy (ZAP), a coalition of community agencies, developed *How to Talk to Your Kids about Sex*, a lunch ‘n learn worksite series to reduce teen pregnancy in Cortland, NY. These free workshops run for six weeks and are held during lunchtime once a week at the workplace.

Focusing on improving communication between parents/caregivers and their children, the workshops address age-appropriate messages, values, and steps to becoming an “askable” parent. They also discuss sexual development, abstinence, contraception, and STDs. Parents receive homework assignments after each lunch ‘n learn workshop to help them use the skills they have learned.

Talking Parents, Healthy Teens

Organization: UCLA/RAND Center for Adolescent Health Promotion, Los Angeles, CA
Original Target Audience: Parents and caregivers of young people in grades six through 10 in Southern, CA
Language: Materials and sessions in English

Currently being evaluated in a randomized, controlled trial, the UCLA-RAND Center for Adolescent Health Promotion has developed *Talking Parents, Healthy Teens*, a worksite-based program for parents of adolescents in grades six through 10.

This interactive program, implemented in 2000, aims to help parents develop skills to improve communication with their adolescents, particularly about sexuality issues, with the goal of promoting healthy sexual development and reduced sexual risk behavior. It teaches parents diverse communication skills to use with their adolescents; the importance of parental monitoring and involvement in their adolescents’ lives; and basic facts about adolescent development, sexuality, decision-making, and assertiveness. The program includes assignments for parents to complete with their adolescents at home and other activities.

The parenting program is provided in the workplace to facilitate attendance and to establish a convenient support network. The program is offered during the lunch hour to groups of 15 parents who meet for one hour, once a week, for an eight-week period.

Practical Parenting Partnerships

Organization: Practical Parenting Partnerships, Jefferson City, MO
Original Target Audience: Parents/caregivers and schools statewide
Language: Materials and sessions in English

Practical Parenting Partnerships (PPP), created in 1992 by the Missouri Department of Education, is a K-12 family resource/parent education program offered through the state’s public school system.

Designed to provide parents/caregivers and educators with support as they teach and nurture their children, PPP helps young people become responsible, confident individuals and community members through a variety of services involving the school and the community.

Since 1998, PPP has offered training to school-based home visitors. These classroom teachers, social workers, school nurses, and other service workers receive six hours of training on conducting home visits. PPP has also worked with other states, including Mississippi, Arkansas, and Oklahoma, to adapt this program.

Trained home visitors work with families on a variety of issues, including literacy, school attendance, anger management, grief and loss, single parenting, violence, and drug and alcohol abuse. PPP has created a sexuality resource to help individuals increase family comfort about sexuality-related issues. The resource, which is scheduled for release in mid-2002, is specifically designed to help home visitors address communication issues within the family.

Lessons Learned

Auto Talk

"We have learned the value of quality media materials in communicating a message. Having parents, staff, and students respond to drafts of the script for the tape is an important way to seek input and gain support during the development process. Building this support, however, does lengthen the production time.

Translating the text and recording it in Spanish has worked well and has helped us to reach an ever-increasing number of Hispanic families."

—Hopkins School District 270

There's No Place Like Home... For Sex Education/ No hay lugar como el hogar... para la educación sexual

"This book has appealed to a diverse group of parents with different beliefs. It is very gratifying to see broad interest. Reproducing the book is a fundable project. Organizations can purchase a master set and then write a grant to pay for reproduction and distribution."

—Planned Parenthood Health Services of Southwestern Oregon

Raising Healthy Kids: Families Talk about Sexual Health

"It is important to allow plenty of time for interactive discussion. Many parents have never had the opportunity to talk about sexual health. The videos often help participants recall and share their own learning experiences and discuss the messages they want to tell their own children. Leaders should encourage parents to participate in discussion."

—Family Health Productions

Facts of Life Line

"We are currently revising the *Facts of Life Line* to include a female voice and a narrower focus on reproductive health issues. We are also considering adding new topics, including a special section on men's issues, and a possible partnership with Columbia University's Young Men's Clinic to promote men's reproductive health issues."

—Planned Parenthood of New York City

"We have learned that many of our callers do not have access to the Internet. We also learned that we need to expand the hours of the information line to augment the pre-programmed tapes."

—Planned Parenthood Mar Monte

"We have learned that affiliates who promote their *Facts of Life Line* have much greater success with the program."

—IDAP Information Systems

How to Talk to Your Kids about Sex

"Parents who come to these classes are hungry for information. We once presented a class to a group of mothers who were friends. We feel that the home is a great place to offer this class outside the work environment."

—Zero Adolescent Pregnancy

D evelop fun, educational approaches that encourage family involvement and provide opportunities for the sharing of information and values.

To help them communicate about sexuality-related issues, families may find that fun, educational approaches—including newsletters, board games, celebrations, and videos—are useful aids to sharing information and values while easing anxiety.

Families Are Talking

Organization: Sexuality Information and Education Council of the United States, New York, NY

Original Target Audience: Parents and caregivers nationwide

Language: Materials in English

Families Are Talking, first published by SIECUS in 2001, is a quarterly newsletter for families that includes tips, communication guidelines, and family activities to help increase dialogue between parents, caregivers, and young people on sexuality-related issues. SIECUS has distributed the newsletter to libraries, schools, and community-based organizations in an effort to reach parents and their children. A Spanish-language version of the newsletter, *La familia habla*, is scheduled for publication in mid-2002.

Safari of Life

Organization: Program for Appropriate Technology in Health, Washington, DC

Original Target Audience: Families in Africa

Language: Materials in English

To encourage communication about sexuality among family members, youth and/or youth-serving adults, the Program for Appropriate Technology in Health (PATH) designed the board game *Safari of Life*.

Created for young people age 10 and older, the game was originally developed as a medium to discuss female genital cutting in Africa. This easily adaptable game is also useful in many other settings to help create energetic, positive discussions about sexuality among young people and adults.

Safari of Life is designed to support the goals of comprehensive sexuality education programs by addressing information on physiology, STDs, HIV/AIDS, contraception, and related topics. It integrates this information through game cards that ask sexuality-related questions and that also cover people's attitudes, values, insights, relationship and interpersonal skills, and responsibilities. An additional set of game cards, *A Young Man's Journey*, includes information on

male physiology, violence, and homophobia. It is geared toward older adolescents and adults.

Safari of Life has been adapted and translated for use in other countries. It is currently used in Rwanda and Madagascar, where it was adapted and translated by Population Services International. In addition, a collaboration between the University of Washington and the World Population Foundation has resulted in a Vietnamese version titled *Journey to the Future*, and the PATH Philippines Foundation adapted the model to create a Filipino game called *Hop the Isles*.

Me, My Body & Mom: Sharing a Rite of Passage

Organization: Planned Parenthood of Southern New Jersey, Camden, NJ

Original Target Audience: African American, Latina, and White girls going through puberty and their mothers/caregivers in the local community

Language: Materials in English

Me, My Body & Mom: Sharing a Rite of Passage is a manual to help plan a puberty "party" designed for a small, intimate group of six to eight girls and their mothers (or another significant adult) to celebrate girls' entrance into puberty with an in-home party.

Conceived by a volunteer at Planned Parenthood of Southern New Jersey in 1996, the party provides an opportunity for a young girl and her mother to share and learn about puberty in a safe and intimate environment with other girls and women. The intimacy of this program is akin to how past generations of women shared knowledge, stories, and advice as they worked.

The girls and moms learn factual information about the physical changes of puberty and celebrate this female rite of passage by making *Passage Beads* which represent the different phases of the menstrual cycle. Parents are encouraged to discuss the emotional changes of puberty with their daughters on their own after the party.

Talking about Sex: A Guide for Families

Organization: Planned Parenthood Federation of America,
New York, NY

Original Target Audience: Parents/caregivers and their children
10 to 14 years of age nationwide

Language: Video and materials in English

Talking About Sex: A Guide for Families (1996) is a video kit that includes a video, activity book, and parent's guide, all produced by

Planned Parenthood Federation of America. This video consists of animated vignettes of family members discussing feelings, questions, and concerns about sexuality-related issues, including puberty and relationships. It is a tool to help parents and their children 10 through 14 years of age initiate or continue conversations about sexuality-related topics.

Lessons Learned

Safari of Life

"Two long-term values of the games apparently lie in their ability to address knowledge, attitudes, and practices and to pave the way for increased communication about these issues.

The greatest barrier to the games is getting them 'off the shelf.' Many of our players were dubious about the games (they couldn't picture them, they thought they'd be a waste of time, have no purpose, not be fun, not be appropriate for a serious topic, and might put the player 'on the spot'). But within minutes of starting, players usually became game advocates."

—Program for Appropriate Technology in Health

Me, My Body & Mom: Sharing a Rite of Passage

"Most parents would like to have a guest speaker conduct activities so they can share the experiences with their daughters. Each test party, done with a diverse mix, ended the same way. . .with the girls on their mothers' lap. Some parties were very elaborate (using cakes shaped like a uterus and party bags with new panties and pads for each girl) and some were not (not even refreshments)."

—Planned Parenthood of Southern New Jersey

Talking about Sex: A Guide for Families

"While *Talking about Sex* is a wonderful resource, we did not allocate enough funding to market and distribute it effectively and thoroughly."

—Planned Parenthood Federation of America

Empower young people to communicate about sexuality.

Train young people to become peer educators, sexual health advocates, and role models to educate peers and adults to communicate about sexuality-related issues.

New Jersey Teen Prevention Education Program

Organization: Princeton Center for Leadership Training, Princeton, NJ
Original Target Audience: Parents and their teenagers statewide
Language: Materials and sessions in English

The *New Jersey Teen Prevention Education Program*, popularly called *Teen PEP*, is a statewide school-based program designed to increase knowledge, skills, and behaviors that promote sexual health among adolescents.

The program is based on the peer-to-peer education model developed by the Princeton Center and the sexual health

curriculum developed by Princeton HiTOPS, Inc. (Health Interested Teen's Own Program on Sexuality).

Student leaders are taught by two advisors to facilitate prevention education workshops and to learn to become knowledgeable, effective, and capable peer educators, sexual health advocates, and role models. Designed to facilitate communication between parents and teenagers about sexuality, "Family Night" is led by peer educators at various schools. The workshops help peers, parents, and educators build critical skills in the areas of communication, problem-solving and decision-making, negotiation and refusal, and self-management.

Currently, 31 high schools throughout New Jersey are members of *Teen PEP*. Interested New Jersey schools submit applications in the spring to join the *Teen PEP* Network and 10 to 12 schools are selected each year.

Lessons Learned

New Jersey Teen Prevention Education Program

"Administrative support is essential for the success of the program. It is paramount to have a committed team of stakeholders in each program who are dedicated to building a foundation to institutionalize the program."

—Princeton Center for Leadership Training

Summary of Innovative Approaches

1. Promote national observances that encourage parent-child communication about sexuality in your community.
2. Create a national, state, or local campaign or program that encourages parent-child communication about sexuality.
3. Involve parents and caregivers in their children's school-based sexuality education program.
4. Develop homework assignments and activities to supplement sexuality education programs that provide opportunities for families to practice skills, share values, and reinforce "facts" about sexuality.
5. Provide opportunities for parents/caregivers to gain the knowledge and skills they need to effectively communicate with their children about sexuality.
6. Train parents, caregivers, and other concerned adults to empower their peers to communicate with the children in their lives about sexuality issues.
7. Provide parents/caregivers and their children with opportunities to practice communicating about sexuality issues.
8. Provide resources and services to help parents and caregivers communicate with their children about sexuality in a way that is easily accessible and convenient.
9. Develop fun, educational approaches that encourage family involvement and provide opportunities for the sharing of information and values.
10. Empower young people to communicate about sexuality.

Suggestions for Recruiting and Retaining Parents/Caregivers

- ▶ Make the program convenient—both in terms of time and location
- ▶ Go to where parents/caregivers are to recruit for and offer your programs—such as the workplace, faith communities, schools, community centers, beauty salons, grocery stores, laundromats, support groups, health care clinics, treatment centers, unemployment and social service offices, and libraries
- ▶ Advertise your program in newspapers and on bulletin boards, local television, and radio shows
- ▶ Keep it short and simple
- ▶ Make it fun and engaging
- ▶ Create a comfortable and intimate setting
- ▶ Use skill-based ice-breakers and activities to increase parents' comfort level
- ▶ Involve parents/caregivers in the planning of the program
- ▶ Make sure your program is reflective of the norms of the group you are working with—in terms of culture, race, ethnicity, age, sexual orientation, family structure, socioeconomic status, language, and communication skills
- ▶ Provide incentives for parents/caregivers to attend, such as stipends, gift certificates, time off, transportation or reimbursement, child care, food, certificate of completion, or other remuneration
- ▶ Affirm parents/caregivers and let them know that you are there to help them communicate their values to their children

Recommendations for Policymakers

- ▶ Form public policies consistent with the best public health research in terms of child and adolescent development, including sexuality-related issues, program effectiveness, and family communication
- ▶ Recognize that sexual development begins at birth and continues throughout life
- ▶ Recognize that parents/caregivers can play a central role in helping young people form their values, attitudes, beliefs, and behaviors in terms of sexuality issues
- ▶ Support programming that provides parents/caregivers with the information and skills they need to have ongoing dialogue with their children about sexuality issues
- ▶ Support age-appropriate comprehensive sexuality education that includes information on human development, relationships, personal skills, sexual behavior, sexual health, and sexuality and culture
- ▶ Develop public policies that encourage parents/caregivers to become involved in their children's school-based sexuality education program
- ▶ Support research and evaluation strategies that encourage parent-child communication on a wide range of issues, including sexuality
- ▶ Provide coordinated and integrated family communication programs
- ▶ Be respectful and responsive to the diversity among families—in terms of culture, race, ethnicity, age, sexual orientation, family structure, socioeconomic status, and language
- ▶ Involve young people and their parents/caregivers in the legislative process
- ▶ Allocate funding for programs designed to foster parent-child communication

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13. SIECUS, "Where Parents and Caregivers Can Find Help," pp. 12-13.

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Adults and Children Talking

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Becoming a Teen Badge

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Can We Talk? and ¿Conversamos?

National Education Association Health Information Network
1201 16th Street, N.W.
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Web site: www.canwetalk.org

Ordering information for curricula:
National Education Association Professional Library
P. O. Box 2035
Annapolis Junction, MD 20701
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Fax: 301/206-9789
Web site: www.nea.org/books

Choices and Changes

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Family Communication: Stop, Listen and Talk with Teens about Sex

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Family Life Education: A Manual for Parent Educators

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Family Sexuality Education: A Course for Parents

Ordering information for curriculum:
Judson Press
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Filling the Gaps: Hard to Teach Topics in Sexuality Education

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How to Talk to Your Kids about Sex

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Fax: 607/758-5514
E-mail: mdykeman@cortland-co.org
Web site: www.cortlandny.com/zap/default.html

Human Sexual Behavior Course

University of New Orleans
Bruce King, Ph.D.
Department of Psychology
New Orleans, LA 70148
Phone: 504/280-6767
Fax: 504/280-6049
E-mail: bmking@uno.edu

Let's Talk

Breaking the Cycle
Alice Leibowitz
30 Arbor Street
Hartford, CT 06106
Phone: 860/236-4872
Fax: 860/232-8321
E-mail: alicer@pariskygroup.com
Web site: www.teenpregnancyhartford.org

Let's Talk Month

Advocates for Youth
Barbara Huberman
1025 Vermont Avenue, N.W., Suite 200
Washington, DC 20005
Phone: 202/347-5700
Fax: 202/347-2263
E-mail: barbarah@advocatesforyouth.org
Web site: www.advocatesforyouth.org

Me, My Body & Mom: Sharing a Rite of Passage

Planned Parenthood of Southern New Jersey
Joyce Lappin
317 Broadway
Camden, NJ 08103
Phone: 856/365-3519, extension 222
Fax: 856/365-9215
E-mail: joyce.lappin@ppfa.org
Web site: www.ppsnj.org/me,_my_body_&_mom.htm

National Family Sexuality Education Month

Planned Parenthood Federation of America
Estelle Raboni
810 Seventh Avenue
New York, NY 10019
Phone: 212/261-4628
Fax: 212/247-6269
E-mail: estelle.raboni@ppfa.org
Web site: www.plannedparenthood.org/education

New Jersey Teen Prevention Education Program

Princeton Center for Leadership Training
Dr. Sherry L. Barr
12 Vandeventer Avenue
Princeton, NJ 08542
Phone: 609/252-9300, extension 117
Fax: 609/252-9393
E-mail: sbarr@princetonleadership.org
Web site: www.princetonleadership.org

Nosotras Viviremos

The National Coalition of Advocates for Students
Rosa Benedicto
100 Boylston Street, Suite 815
Boston, MA 02116
Phone: 617/357-8507
Fax: 617/357-9549
E-mail: vivircas@aol.com
Web site: www.ncasboston.org

Parent Family Life Sex Education Program

The Children's Aid Society
Dr. Michael A. Carrera
Adolescent Pregnancy Prevention Program
350 East 88th Street
New York, NY 10128
Phone: 212/876-9716
Fax: 212/876-1482
E-mail: casntc@attglobal.net
Web site: www.stopteenpregnancy.com

Parent-Child Human Sexuality Workshop

Family Guidance Center
Leechia Jones
510 Francis Street
St. Joseph, MO 64501
Phone: 816/364-1501
Fax: 816/364-6735
E-mail: ljones@familyguidance.org

Ordering information for curriculum:

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Jean Brown
304 North 8th Street
St. Joseph, MO 64501
Phone: 816/232-4481
Fax: 816/232-4494
E-mail: ywca-1@ccp.com

Hastings Family Planning
422 North Hastings, Suite 204
Hastings, NE 68901
Phone: 402/463-5687
Fax: 402/463-0571

Parents and Adolescents Can Talk

Bluegrass Center for Family Life Education, Inc.
845 Lane Allen Road, Suite 8
Lexington, KY 40504-3605
Phone: 859/885-7802
Fax: 859/224-0379
E-mail: omallwils@aol.com
Web site: www.familylifeeducation.com/bluegrass

Parents Assistance Line

Agency of Human Services
103 South Main Street
Waterbury, VT 05671
Phone: 800/PARENTS

Parents Educating Parents

Mothers' Voices
Giokazta Molina, Director of Community Programs
165 West 46th Street, Suite 701
New York, NY 10036
Phone: 212/730-2777, extension 223
Fax: 212/730-4378
E-mail: gm@mvoices.org
Web site: www.mvoices.org

Plain Talk for Parents

Neighborhood House
Howard Martin, Area Manager
10041 6th Avenue, S.W.
Seattle, WA 98146
Phone: 206/461-4554
Fax: 206/767-7671
E-mail: howardm@nhwa.org
Web site: www.nhwa.org

Practical Parenting Partnerships

2412-C Hyde Park Road
Jefferson City, MO 65109
Phone: 573/761-7767
Fax: 573/761-7760
E-mail: pppctr@pppctr.org
Web site: www.pppctr.org

Project Families Together

Vietnamese Community of Orange County, Inc.
Michelle Bui
14541 Brookhurst Street, Suite C9
Westminster, CA 92683
Phone: 714/839-4441
Fax: 714/839-6668
E-mail: vncocoyouth@aol.com
Web site: www.vncoc.org

Project Straight Talk

C.S. 198
Douglas Watterson, Project Coordinator
1180 Tinton Avenue, Room 403AA
Bronx, NY 10456
Phone: 718/378-3483
Fax: 718/378-3909
E-mail: pstraighttalk@aol.com

Inwood House
Pat Maloney
320 East 82nd Street
New York, NY, 10028
Phone: 212/861-4400, extension 222
Fax: 212/535-3775
E-mail: pmaloney@inwoodhouse.com
Web site: www.inwoodhouse.com

Raising Healthy Kids: Families Talk about Sexual Health

Family Health Productions
P.O. Box 1799
Gloucester, MA 01931-1799
Phone: 978/282-9970
Fax: 978/282-9550
E-mail: info@abouthealth.com
Web site: www.abouthealth.com

Safari of Life

Program for Appropriate Technology in Health
Games for Health Team
1800 K Street, N.W., Suite 800
Washington, DC 20006
Phone: 202/822-0033
Fax: 202/457-1466
E-mail: info@path-dc.org
Web site: www.path.org

Ordering information for game:
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P.O. Box 1022
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Phone: 888/455-7003
507/455-9076
Fax: 507/455-3380
E-mail: melanie@learningzonexpress.com
Web site: www.learningzonexpress.com

Sex Spelled Out for Parents

Carson Street Productions Ltd.
5510 Carson St.
Burnaby B.C. Canada
V5J 2Z2
Phone: 604/451-1746
Fax: 604/451-1746

Ordering information for video:
The Bureau for At-Risk Youth
135 Dupont Street
P.O. Box 760
Plainview, NY 11803
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Fax: 516/349-5521
E-mail: info@at-risk.com
Web site: www.at-risk.com

Magic Lantern Communication Ltd.
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604/324-2600
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E-mail: bill@lanternimages.com

Sharing Healthy Adolescent and Parent Experiences

Camp Fire USA, Orange County Council
Denny Lynn Engelke, SHAPE Coordinator
14742 Plaza Drive, Suite 205
Tustin, CA 92780
Phone: 714/838-9991, extension 27
Fax: 714/838-0567
E-mail: denny@campfireusaoc.org
Web site: www.campfireoc.org

Talking About Sex: A Guide for Families

Planned Parenthood Federation of America
Estelle Raboni
810 Seventh Avenue
New York, NY 10019
Phone 212/261-4628
Fax: 212/247-6269
E-mail: estelle.raboni@ppfa.org
Web site: www.plannedparenthood.org

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810 Seventh Avenue
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Phone: 800/669-0156
Fax: 212/261-4352
Web site: www.plannedparenthood.org/store

Talking Parents, Healthy Teens

UCLA/RAND Center for Adolescent Health Promotion
Mark Schuster, M.D., Ph.D., Director
Karen L. Eastman, Ph.D., Assistant Director
Rosalie Corona, Ph.D., Study Coordinator
1700 Main Street
Santa Monica, CA 90407-2138
Phone: 310/393-0411, extension 6240
Fax: 310/393-4818
E-mail: center@rand.org
Web site: www.rand.org

Talking with Kids about HIV/AIDS: A Program for Parents and Other Adults Who Care

Cornell University
Jennifer Tiffany, Director
FLDC, MVR Hall
Ithaca, NY 14853
Phone: 607/255-1942
Fax: 607/255-8562
E-mail: jst5@cornell.edu
Web site: www.human.cornell.edu/pam/extensn/hivaid

Talking with Kids about Tough Issues

The Kaiser Family Foundation
Julia Davis, Program Officer
Program on Public Health Information and Partnerships
2400 Sand Hill Road
Menlo Park, CA 94025
Phone: 650/854-9400
Hotline: 800/CHILD-44
Fax: 650/854-4800
Web sites:
www.kff.org
www.talkingwithkids.org
www.EverythingNick.com

www.nick.com/your_world/nick_talk/index.jhtml

Teen Outreach Program

Cornerstone Consulting Group, Inc.
Gayle Waden
One Greenway Plaza, Suite 550
Houston, TX 77046
Phone: 713/627-2322
Fax: 713/627-3006
E-mail: gwaden@cornerstone.to
Web site: www.cornerstone.to

Family Service of Roanoke Valley
Cheri W. Hartman, Ph.D., Director, Youth Development
P. O. Box 6600
Roanoke, VA 24017
Phone: 540/563-5316
Fax: 540/563-5254
E-mail: chartman@fsrv.org

There's No Place Like Home. . . For Sex Education/ No hay lugar como el hogar. . . la educación sexual

Planned Parenthood Health Services of Southwestern Oregon
Mary Gossart
1670 High Street
Eugene, Oregon 97401
Phone: 541/344-1611, extension 13
Fax: 541/342-6088
E-mail: mary@pphsso.org
Web site: www.pphsso.org

Feedback Form

SIECUS would like to know how you've used *Innovative Approaches to Encourage Parent-Child Communication about Sexuality*. Please take a few moments to complete this form and send or fax it to:

Family Project, SIECUS, 130 West 42nd Street, Suite 350, New York, NY 10036-7802; Fax: 212/819-9776.

Have you integrated any of the approaches described in this publication into your work with parents and families?

yes no

If yes, please tell us about it:

Have you contacted any of the organizations highlighted in *Innovative Approaches*?

yes no

If so, please describe which programs and your experiences:

Have you replicated any of the programs highlighted in this publication?

yes no

If yes, please tell us about your experience:

How can SIECUS help you in your efforts to encourage parent-child communication about sexuality?

Name:

Organization:

Address:

Phone:

E-mail:

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Tell Us More!

Is your organization doing work to encourage family communication about sexuality? Do you know of other programs that encourage family communication about sexuality? Tell us about them so that we can include them in our Family Communication Clearinghouse! Please take a few minutes to fill out this form and send or fax it to: Family Project, SIECUS, 130 West 42nd Street, Suite 350, New York, NY 10036-7802; Fax: 212/819-9776.

Does your organization currently have any programs that encourage parent-child communication about sexuality?

yes no

If so, please provide us with a brief description and contact information:

Are you aware of other projects that encourage parent-child communication about sexuality?

yes no

If so, please provide us with a brief description and contact information:

How can SIECUS help you in your efforts to encourage parent-child communication about sexuality?

Name:

Phone:

Organization:

E-mail:

Address:

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Ten tips from the experts to help parents and caregivers with ongoing discussions about sexuality with their children. (2001) \$4/set of 25

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Suggested activities for conversations with the kids in parents' and caregivers' lives. (2001) \$4/set of 50

How to Talk to Your Children about AIDS

Help for parents and caregivers who want to talk with their children—preschool through high school—about HIV and AIDS. (1997) \$2 each

Now What Do I Do?

Help for parents and caregivers of pre-teens who want to advise their children on subjects such as puberty, love, dating, contraception, masturbation, and sexually transmitted diseases. (1996) \$5 each

Talk about Sex

Advice for teenagers to help them communicate more openly and effectively about relationships, sexuality, and sexually transmitted diseases. (1992) \$2 each

Sexuality Education in the Home: A SIECUS Annotated Bibliography

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SPANISH RESOURCES

La Familia Habla Newsletters

This quarterly newsletter for families includes tips, communication guidelines, and family activities to help increase dialogue between parents, caregivers, and young people on sexuality-related issues. Please call for availability

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Ten tips from the experts to help parents and caregivers with ongoing discussions about sexuality with their children. (2001) \$4/set of 25

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Suggested activities for conversations with the kids in parents' and caregivers' lives. Please call for availability

Como Hablar con Sus Hijos e Hijas Sobre el VIH/SIDA

How to Talk to Your Children About AIDS for Spanish-speaking parents and caregivers who want to talk with their children—preschool through high school—about HIV and AIDS. (1998) \$2 each

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Facing Facts: Sexual Health for America's Adolescents

A guide for policymakers, health professionals, and parents to use in order to develop sound policies on adolescent sexual health. (1991) \$13 each

Filling the Gaps: Hard to Teach Topics in Sexuality Education

A teacher's manual with lessons on abstinence, condom use, diversity, pregnancy options, safer sex, sexual behavior, sexual identity and orientation, and sexuality and society. (1998) \$20 each

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A framework for comprehensive sexuality education with topics, key concepts, and developmental messages for early childhood, pre-adolescence, early adolescence, and adolescence. (1996) \$8 each

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An adaptation of the *Guidelines* for Hispanic-Latino youth. (1996) \$8 each

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