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The Role of Parents in Shaping and Improving the Sexual Health of Children - Lines of Developing Parental Sexuality Education Programmes

Meda V. Pop^{a,*}, Alina S. Rusu^{a,*}

^a *Doctoral School Education, Reflection, Development, Faculty of Psychology and Educational Sciences, Babes-Bolyai University,
Str. Sindicatelor, Nr. 7, Cluj-Napoca, 400029, Romania*

Abstract

Sexuality education for children and adolescents plays a crucial part in their sexual and reproductive health and general well-being. School and family usually share the responsibility of providing sexuality education but the outcomes are often unsatisfactory. This study reviews the evidence regarding the effectiveness of both parent-centered and school sexuality education programmes and factors characterizing families and family members associated in literature with sexual competencies, sexual risk behaviours and sexual health in children and adolescents. Of particular interest to this review is the exploration of new factors, associations and approaches relevant for parenting programmes and children’s sexual education and health.

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1. Introduction

Sex Education, Sexuality Education, Sexual Education or Sexual and Reproductive Health Education are only a few of the contemporary terms describing education with the primary goal that „children and young people become

* Corresponding author. Tel.:0040264405300.
E-mail address: alina.rusu@ubbcluj.ro; meda.MICLE@ubbonline.ubbcluj.ro

equipped with the knowledge, skills and values to make responsible choices about their sexual and social relationships in a world affected by HIV” (UNESCO, 2009) or „one of the most effective ways to improve sexual health in the long term” (WHO, 2010) for adolescents and young people.

By sexual health World Health Organization understands

“...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.” (WHO, 2006)

Over the last century and across the world, elements of what we are presently generally calling Sexuality Education (SE) were delivered to children and adolescents (and also adults) under various names (e.g. Mother-craft, Baby Nursing, Moral Education, Marriage and Motherhood, Human Development, Social Hygiene, Family Hygiene, Family Life Education, Population Education, Life Skills, Adolescence Education, AIDS Education), usually reflecting more historical/cultural and moral/ideological and less scientific perspectives on sexuality as well as education (Zimmerman, 2015).

The debate concerning sexuality education continues to this day in terms of: what, how, when, to whom and who better to provide it. World Health Organization’s recommendations try to set a reliable framework for these considerations to be integrated in

”Knowledge and information, provided through sexual health education, are essential if people are to be sexually healthy. (...) Anyone involved in providing sex and relationship education (...) should receive training and continuing education to ensure that the information and counselling they give are accurate, evidence-based, appropriate and free from discrimination, gender bias and stigma.” (WHO, 2010)

This debate mostly takes place outside of the health and education sciences arena and is very vivid in the public sphere, between various different groups and cultures in terms of values and ideologies. These groups are sometimes politically affiliated and with considerable influence on administrative institutions and public policies and, as a consequence, affecting the regulation and provision of sexuality education programmes in communities and most of all schools (Zimmerman, 2015). Thus, sexual and reproductive health education is sometimes absent from the local or national curriculum in certain countries, including European ones, or it is offered with the help of programmes based on perspectives not scientifically validated, often containing erroneous information and with inadequate ecological implementation.

At the core of this debate lies the topic of human sexuality and the social and cultural normativity associated with it, but also with the roles that family and state are legally and morally entitled to play in it. State and family are almost unanimously seen as the two poles of responsibility in educating children (Hornby, 2011). Concerning SE, there are other factors with considerable influence on the education outcomes, such as media and peer culture, but it is often argued that their influence is rather a negative one.

Regarding scientific arguments and evidence, the problem of whose prerogative should (sexuality) education be was already addressed by development and education experts who are currently trying to answer the question of how to maximize the beneficial effect of both state/school and family/community on the development of children and their future well-being (Hornby, 2011).

The present study tries to shed more light on how the contribution of parents and families could be optimised by taking into account previous scientific approaches and results.

2. Sexuality education and school

A widely accepted classification of SE programmes in schools distinguishes between three major categories (Kirby, 2002; Kirby, Laris & Rolleri, 2007):

(1) *Abstinence-only* SE programmes;

- (2) *Abstinence-plus* SE programmes and
- (3) *Comprehensive* SE programmes.

- (1) *Abstinence-only SE programmes* teach children/adolescents to abstain from engaging in premarital sexual activity. These activities are usually presented only from the perspective of their negative consequences and abstinence is presented as the only safe way of avoiding them. Children are not provided with information concerning using and obtaining condoms and other contraceptive methods, based on the premise that information produces (unwanted) sexualisation. The major criticism addressed to this type of programmes is that they are ideologically and not scientifically based, that they provide scientifically inaccurate information and that they lack empirical support. They are also inefficient in preventing sexual risk behaviour and they do not offer any kind of information concerning relationships or any other sexuality related aspects (Lehmiller, 2014).
- (2) *Abstinence-plus SE programmes* (sometimes called comprehensive programmes) are programmes that place abstinence at the centre of their approach and concentrate on its undisputed role as the safest premarital sexual strategy while also offering information on contraception and condoms. This is done with the purpose of helping adolescents prevent contracting sexually transmitted infections or unwanted/unplanned pregnancies in case they decide to engage in sexual activity (Lehmiller, 2014). Depending on the additional information provided, some authors place these programmes on an abstinence-comprehensiveness continuum thus addressing different criticism towards them.
- (3) *Comprehensive SE programmes* are based on the approach that sexuality education is a lifelong process. It entails acquiring knowledge, developing attitudes, beliefs and skills that are supposed to contribute to the sexual and reproductive health of a person, hence to an enhanced quality of life. These programmes still describe abstinence as the safest method in preventing negative and unwanted consequences associated to sexual activity, but this description is not their sole primary goal. They also provide information on sexual health, sexual behaviour, sexual orientation, gender, sexual pleasure, anatomy and physiology, safe sex, contraception, abstinence, reproduction and pregnancy, growth and development, body image, couple/intimate relationships, attitudes and exploring values and contribute to the development of sexual and reproductive health-promoting skills (e.g. communication, decision-making, expressing refusal, recognising potentially abusive behaviour and dangerous situations, avoiding risk behaviour) (Haberland & Rogow, 2015).

SIECUS (Sexuality Information and Education Council of the United States), a non-governmental organisation and one of the most visible promoters of comprehensive sexual education, published a guide (SIECUS, 2004) summing up *key concepts/dimensions and topics* of sexuality education for ages 5 to 18 years, as it follows:

- 1) Human development (main topics: sexual and reproductive anatomy and physiology; puberty; reproduction; body image; sexual orientation; gender identity);
- 2) Relationships (main topics: families; friendship; love; dating and romantic relationships; marriage and lifetime commitments; raising children);
- 3) Personal skills (main topics: values; decision-making; communication; assertiveness; negotiation; looking for help);
- 4) Sexual behaviour (main topics: sexuality throughout life; masturbation; shared sexual behaviour; sexual abstinence; human sexual response; sexual fantasy; sexual dysfunction);
- 5) Sexual health (main topics: reproductive health; contraception; pregnancy and prenatal care; abortion; sexually transmitted diseases; HIV & AIDS; sexual abuse, assault, violence and harassment);
- 6) Society and culture (main topics: sexuality and society; gender roles; sexuality and the law; sexuality and religion; diversity; sexuality and the media; sexuality and the arts); (SIECUS, 2004).

As pointed out by previous research (Kirby, 2002; Kirby, Laris & Rolleri, 2007; Poobalan et al., 2009) and also by *American Psychological Association's* 2005 report/review (APA, 2005) concerning sexual health and education, although the scientific data is limited with respect to the success (in preventing risk behaviour and negative health

outcomes associated to sexual activity) of abstinence-only SE programmes, federal public policies in the USA still actively (and financially) support the implementation of this type of programmes.

APA reports that abstinence-only and comprehensive programmes have both been found similarly able in delaying the onset of sexual activity in adolescents. Though, the only effective programmes in preventing and protecting adolescents from sexually transmitted diseases and unplanned pregnancies, as a result of the first sexual intercourse but also later in their sexual lives, appear to be the comprehensive ones. Moreover, numerous studies offer data indicating that abstinence-only programmes are associated with unprotected sex-related outcomes, increasing adolescents' risks for unplanned pregnancies and sexually transmitted diseases (APA, 2005).

Literature analysis reveals that sexual education programmes in schools are frequently inadequately implemented, are moderately effective and they lose their preventive quality by being sometimes insufficiently (and also too late) implemented (Goldman, 2011), thus providing another argument for the necessity of adequate sexuality education fundamentals (attitudes, beliefs, behaviour and values) being laid out from early childhood and through the contribution of families (Colarossi et al., 2014).

3. Sexuality education and family

As previously stated, school and family share the responsibility of educating children with the purpose of helping them attain sexual health and general well-being for duration of their lives. In many rather than few countries around the world, due to reasons briefly described above, schools have a very limited impact on children in this respect, and formal SE is still difficult to access. Thus, it is families (as primary education agents) who are considered to bear most of the responsibility of providing adequate SE to their children. This task often proves to be a difficult one and there are data indicating that parents express the need to be helped in facilitating and organizing the development of sexuality-related competencies of children (Wooden & Anderson, 2012). The modalities by which these processes are taking place are implicit as well as explicit, direct as well as indirect and thus the factors involved in them are various.

Studies (Walker, 2004; Bersamin et al., 2008; Vidourek, Bernard & King, 2009; Goldman, 2008) indicate that parents, although usually willingly take on the task of educating their children about sexuality, they might also frequently need support consisting in information, motivation and strategies that might help them attain optimum results (i.e. acquired competencies and prevented or reduced sexual risk behaviours in children).

Among the factors characterizing individuals and families previously associated by literature with sexual health education outcomes in children are: genetic factors; socio-economic status; family structure, management and atmosphere; parents' gender; communication style; parenting style; attachment style; parental level of (sexual) education; parental attitudes, values and beliefs (Walker, 2004; Bersamin et al., 2008; Vidourek, Bernard & King, 2009; Goldman, 2008). Some of these associations are better empirically supported than others.

Therefore, we consider that further investigation of these factors and identification of new ones which would prove significantly related to the sexual education and health topic is needed. We posit that an innovative investigation taking into account also *an evolutionary perspective on sexual development and on education* would enhance the understanding of certain processes and also the effectiveness of educational programmes regarding sexuality (Simpson et al., 2012; DelGiudice & Belsky, 2011; Geary, 2000). Up until now, the perspective applied on the study of sexuality education and parental programmes was based exclusively on a social learning approach (Haberland & Rogow, 2015) and it relied heavily on providing information and encouraging and improving communication.

Another aspect to be considered when developing education/intervention programmes for parents or legal guardians (and children) are the dimensions that contribute to the *effectiveness of parenting programmes* in general. Parenting programmes are programmes consisting of activities directed at parents and/or children with the purpose of improving or changing the protective or the vulnerability/risk factors that could influence the development and health (or general well-being) outcomes in children.

For parenting programmes to be effective, several authors (Schorr, 1997; Phillips & Shonkoff, 2000, Printz & Sanders, 2007) proposed they should be characterised by various features such as: scientifically validated theoretical basis; easy accessibility; cultural appropriateness; flexibility; comprehensiveness; responsiveness; (developmental) timing, duration and intensity; preventive and long-time orientation; family-centred and community-based

orientation; trained, competent, skilled and supported experts; individualised service delivery; building on strengths; empowering families; addressing known risk variables.

Still there is little evidence on the effectiveness of parent or family-centred interventions and programmes with the purpose of preventing undesirable or poor sexual health outcomes in children (Downing et al., 2011).

4. Adults and (sexuality) education

Another under-researched area in developing and implementing parental (sexual) education programmes are the aspects pertaining to *adult education* and its assumptions and principles. Parental education courses/interventions/workshops are part of what is generally referred to as adult education or life-long education/learning.

Andragogy (from Greek *aner*, *andr-* meaning *man*; Knowles, 1970) or adult learning is based on the principle that the science of education for adults is and should be different from the science of education for children, i.e. *pedagogy*, given that adult learning is different from that of children. This principle is based on a number of assumptions regarding the differences between children and adults with respect to learning: adults are more self-directive, have qualitatively and quantitatively broader experience related to and mobilised into learning, have greater motivation/disposition to learn about the problems they are confronting and are relevant for them and their learning is rather problem-centred than being subject/domain-oriented. Thus andragogy proposes different conceptualization of the role of the learning individuals and of their experience, of their disposition and orientation towards learning (Knowles, 1970; Jarvis, 2004).

Although Knowles' distinction (1970) has considerable implications for the methods and instructional practices focusing on adults (i.e. individual autonomy, learning climate, educator's role as a content and process resource, and learner's role as active explorer) it is not a scientifically validated educational theory (Jarvis, 2004).

Based on Knowles' considerations (1970) on the topic of adult education, Hase & Kenyon (2000) propose the concept of *heutagogy* (derived from the Greek *heauton* meaning *self*; Hase & Kenyon, 2000). Heutagogy enhances the concept of *self-directed learning*, also refined by Mezirow (*transformative learning*, 1981) and Brookfield (1995) who added a social and critical reflection component to it (Tennant, 2003). Hase & Kenyon (2000) see heutagogy as an extension of both pedagogy and andragogy, having *self-determined learning* as central concept, its focus being on the learner as primary agent of his/her own education and as a result of his/her own experiences. The educator's role is limited to transmitting knowledge and guiding and facilitating access to resources, information and skills acquirement and the decisions concerning what and how it is learned belong to the learner, learning being an active and pro-active process (Hase & Kenyon, 2007; Blaschke, 2012).

This approach seems all the more relevant given the present day informational avalanche and need for life-long learning in professional but also personal areas in a quickly and permanently changing world.

The focal point of the heutagogical approach is the development of competencies and capabilities (and their interactions) with the goal of flexibly and effectively applying them to various (life and work) situations. Also, the learner is encouraged to reflect on the learning, to become his/her own educator or teacher and also to learn in a collaborative manner (Hase & Kenyon, 2000; Blaschke, 2012).

Literature on heutagogy indicates the compatibility of this approach on adult education with the technical media available and wide-spread in the present digital era in which distance learning and information accessing are such a powerful means of education (Blaschke, 2012).

5. Adults and group learning

Given the obvious pragmatic reasons for considering and developing an education programme for *groups* of adults the following aspect to be considered is the modalities in which adults learn in groups. A parenting programme addressed to groups of adults should also (besides individual characteristics) take into consideration the group dynamics and situations which could be encountered in such an intervention: reciprocal impact of group members, interactions and inter-dependency of group members, group evolution and other similar factors.

Adult learning in groups is characterised by the fact that all group members have the same goals (i.e. developing new specific competencies and capabilities) and as a consequence of these goals they come into contact with each other. Being part of such a group entails changes in the level of knowledge which the adults have access to (previously based only on their experience) enhancing this repertoire and connecting it to the knowledge that belongs to the group and to the knowledge outside of the group, facilitated by the educator/tutor. Another characteristic of the adult learning groups is given by the processes that differentiate such groups from others. Interactions within adult learning groups promote learning and allow members of the group to engage in knowledge at a significantly higher level in comparison to individual learning. Interactions and communication (dialogue, discussions, purposeful conversations, debates, arguments, analyses, questions, investigations, explorations, examinations and informal discussions) play a central role in the processes characterising group learning. At the same time, one should not ignore the possibility of hidden processes (and sometimes goals) in group learning, such as emotions, power relations and attitudes toward authority (Connolly, 2008).

6. Conclusions

In conclusion, there are a number of aspects and factors (e.g., socio-economic, genetic, psychological, educational, developmental, intra-individual, inter-individual) that could affect the effectiveness/success of a parental sexual education programme in relation to the optimal sexual health of their children. Many of these factors as well as the relations between them still necessitate considerable scientific investigation.

Since Sexuality Education appears to be a multi-dimensional concept itself, we consider that a similar multi-dimensional and interdisciplinary approach should be taken when designing, implementing and interpreting the outcomes of parental sexual education programmes.

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References:

- Bersamin, M., Todd, M., Fisher, D. A., Hill, D. L., Grube, J. W., & Walker, S. (2008). Parenting practices and adolescent sexual behavior: A longitudinal study. *Journal of Marriage and Family*, 70(1), 97-112.
- Blaschke, L. M. (2012). Heutagogy and lifelong learning: A review of heutagogical practice and self-determined learning. *The International Review of Research in Open and Distributed Learning*, 13(1), 56-71.
- Colarossi, L., Silver, E. J., Dean, R., Perez, A., & Rivera, A. (2014). Adult Role Models: Feasibility, Acceptability, and Initial Outcomes for Sex Education. *American journal of sexuality education*, 9(2), 155-175.
- Connolly, B. (2008). *Adult learning in groups*. McGraw-Hill International.
- Del Giudice, M., & Belsky, J. (2011). The development of life history strategies: Toward a multi-stage theory. *Development*, 2(6).
- Downing, J., Jones, L., Bates, G., Sumnall, H., & Bellis, M. A. (2011). A systematic review of parent and family-based intervention effectiveness on sexual outcomes in young people. *Health education research*, 26(5), 808-833.
- Geary, D. C., (2000). Principles of evolutionary educational psychology. *Learning and individual differences*, 12(4), 317-345.
- Goldman, J. D. (2008). Responding to parental objections to school sexuality education: A selection of 12 objections. *Sex Education*, 8(4), 415-438.
- Goldman, J. D. (2011). An exploration in health education of an integrated theoretical basis for sexuality education pedagogies for young people. *Health education research*, 26(3), 526-541.
- Haberland, N., & Rogow, D. (2015). Sexuality education: Emerging trends in evidence and practice. *Journal of Adolescent Health*, 56(1), S15-S21.
- Hase, S., & Kenyon, C. (2000). *From andragogy to heutagogy*. *Ultibase Articles*, 5(3), 1-10.
- Hase, S., & Kenyon, C. (2007). Heutagogy: A child of complexity theory. *Complicity: An International Journal of Complexity and Education*, 4(1), 111-118.
- Hornby, G. (2011). *Parental involvement in childhood education: Building effective school-family partnerships*. Springer Science & Business Media.
- Jarvis, P. (2004). *Adult education and lifelong learning: Theory and practice*. Routledge.

- Kirby, D. (2002). Effective approaches to reducing adolescent unprotected sex, pregnancy, and childbearing. *Journal of sex research*, 39(1), 51-57.
- Kirby, D. B., Laris, B. A., & Roller, L. A. (2007). Sex and HIV education programs: their impact on sexual behaviors of young people throughout the world. *Journal of Adolescent Health*, 40(3), 206-217.
- Knowles, M. S. (1970). *The modern practice of adult education: Andragogy vs. pedagogy*. A. Press, NY.
- Lehmiller, J. J. (2014). *The psychology of human sexuality*. John Wiley & Sons.
- Phillips, D. A., & Shonkoff, J. P. (Eds.). (2000). *From Neurons to Neighbourhoods: The Science of Early Childhood Development*. National Academies Press.
- Poobalan, A. S., Pitchforth, E., Imamura, M., Tucker, J. S., Philip, K., Spratt, J., ... & van Teijlingen, E. (2009). Characteristics of effective interventions in improving young people's sexual health: a review of reviews. *Sex Education*, 9(3), 319-336.
- Prinz, R. J., & Sanders, M. R. (2007). Adopting a population-level approach to parenting and family support interventions. *Clinical Psychology Review*, 27(6), 739-749.
- Schorr, L. B. (1997). *Judging interventions by their results. Considering child-based results for young children: Definitions, desirability, feasibility, and next steps*. New Haven, CT: Yale Bush Center in Child Development and Social Policy.
- Simpson, J. A., Griskevicius, V., Kuo, S. I., Sung, S., & Collins, W. A. (2012). Evolution, stress, and sensitive periods: the influence of unpredictability in early versus late childhood on sex and risky behavior. *Developmental psychology*, 48(3), 674.
- Tennat, M. (2003). *Psychology and Adult Learning* (2nd ed). Routledge, London.
- Vidourek, R. A., Bernard, A. L., & King, K. A. (2009). Effective parent connectedness components in sexuality education interventions for African American youth: A review of the literature. *American Journal of Sexuality Education*, 4(3-4), 225-247.
- Walker, J. (2004). Parents and sex education—looking beyond ‘the birds and the bees’. *Sex Education*, 4(3), 239-254.
- Wooden, C. L., & Anderson, F. R., (2012). Engaging parents in reproductive health education: lessons learned implementing a parent designed, peer-led educational model for parents of preteens. *American Journal of Sexuality Education*, 7(4), 461-473.
- Zimmerman, J. (2015). *Too hot to handle: A global history of sex education*. Princeton University Press.
- APA, (2005). *Resolution in Favour of Empirically Supported Sex Education and HIV Prevention Programs for Adolescents*. American Psychological Association, Washington.
- SIECUS, (2004). *Guidelines for Comprehensive Sexuality Education* (3rd Ed.). Sexuality Information and Education Council of the United States, New York.
- UNESCO, (2009). *The Rationale for Sexuality Education. International Technical Guidance on Sexuality Education: An evidence-informed approach for schools, teachers and health educators* (vol. 1). United Nations Educational, Scientific and Cultural Organization, Paris.
- WHO, (2006). *Defining sexual health: Report of a technical consultation on sexual health, 28–31 January 2002*. World Health Organization, Geneva.
- WHO, (2010). *Developing Sexual Health Programmes: A Framework for Action*. Department of Reproductive Health and Research, World Health Organization, Geneva.