# Promoting Parent Engagement in Schools to Prevent HIV and other STDs Among Teens: Information for State and Local Education Agencies

**Parent engagement in schools** is defined as parents and school staff working together to support and improve the learning, development, and health of children and adolescents<sup>[1]</sup> (See Box 1). School staff may already engage parents in a variety of ways that support teens' academic success, such as through parent-teacher conferences and open houses. *Parent Engagement: Strategies for Involving Parents in School Health*, a resource developed by the Centers for Disease Control and Prevention (CDC), presents six types of engagement that can support not only academic success but also physical health and well-being:<sup>[2]</sup>

- Communicating with parents
- Providing parenting support
- Providing a variety of volunteer opportunities
- Supporting learning at home

prevention.

- Encouraging parents to participate in decision-making
- Collaborating with the community



These six types of parent engagement activities can further support school-based efforts focused specifically on the prevention of HIV and other sexually transmitted diseases (STDs). Parent engagement in schools has largely been discussed in relation to academic success and other health outcomes not specific to HIV/STD prevention. This document is unique in that it presents information that links parent engagement in schools to HIV/STD

Combined with available implementation guidance (see resources section, page 3), this information will help state and local education agency staff better select and implement parent engagement strategies specific to HIV/STD prevention. This resource can be shared directly with school staff, parents, and other stakeholders so they better understand how engaging parents in schools may improve teens' sexual health behaviors and outcomes.

# Box 1. A Closer Look at Parent Engagement in Schools

**Parent.** Refers to the adult primary caregiver(s) of an adolescent's basic needs. This includes biological parents; other biological relatives such as grandparents, aunts, uncles, or siblings; and non-biological parents such as adoptive, foster, or stepparents. Although the influence of other trusted adults is important, primary caregivers have a unique role given their responsibility to provide for a young person's basic needs.

**Engagement.** In this context refers to a mutual relationship between parents and school staff. Terms such as "parent engagement" or "parental involvement" have been used commonly in the adolescent sexual and reproductive health field to describe aspects of the parent-teen relationship, such as the extent to which parents communicate with their teen. Although "parent engagement in schools" can facilitate positive interactions between parents and their adolescents at home, this concept is focused on engagement between parents and school staff.

**In schools.** Refers broadly to parents' engagement with school staff and school staffs' efforts to reach out to parents. Parents and school staff may engage in many different settings, including the school building, the home, community-based organizations, and online venues (e.g., Facebook, school websites) to promote the health of youth.

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Division of Adolescent and School Health



# What The Research Says

Studies have identified specific **parental and school factors** (see bulleted lists below) that are linked to decreases in teens' sexual risk behaviors, such as having sex without a condom<sup>[3,4]</sup> These studies, and other research, suggests that engagement between parents and school staff can address many of these factors. Figure 1 illustrates how engagement between parents and school staff can advance HIV/STD prevention by addressing parental and school factors.

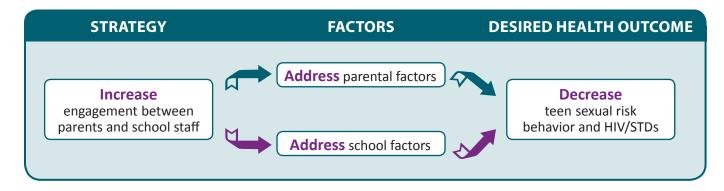


Figure 1. Relationship between parent engagement in schools and HIV/STD prevention.

A study co-authored by CDC researchers examined certain parental and school factors thought to influence teen sexual risk behaviors.<sup>[3]</sup> That study, and other research, suggests the following factors are associated with reducing adolescent sexual risk.

# **PARENTAL FACTORS**

- **Parental monitoring.** Teens whose parents know where they are and the people they are with (monitoring) are less likely to have sex at an early age.<sup>[3]</sup>
- **Parent-adolescent communication.** Teens who report talking with their parents about sex are more likely to delay having sex and to use condoms when they do have sex.<sup>[3]</sup>
- Family connectedness. Teens who have close, satisfying relationships with their parents are less likely to have sex at a young age and are likely to have sex less frequently.<sup>[3]</sup>

#### **SCHOOL FACTORS**

- Sexual health education policies and curricula. Well-designed and well-implemented sexual health education
  programs in schools can decrease adolescent sexual risk behaviors, including early age of first intercourse, multiple
  partners, and sex without a condom.<sup>[5,6]</sup>
- Access to sexual health services. School-based sexual health services have been shown to increase condom use and decrease sexual risk behavior.<sup>[7,8]</sup>
- Supportive school climate. Bullying prevention programs and policies are critical given that bullies and victims of bullying and sexual harassment may be more likely to have casual sex and sex under the influence of drugs and/or alcohol.<sup>[9]</sup>
- School connectedness. Teens who believe that adults and peers in their school care about their learning as well as about them as individuals feel connected to their school and are more likely to delay the start of sexual activity, use condoms and other contraceptives, and have fewer sexual partners.<sup>[3]</sup>

# **Types of Parent Engagement That Can Address Parental and School Factors**

The six types of engagement outlined in *Parent Engagement: Strategies for Involving Parents in School Health* provide a framework for addressing the parental and school factors related to HIV/STD prevention. Existing research and practice suggest that school staff might use these strategies to help parents address **parental factors**.

- **Parental monitoring.** School staff can share resources such as CDC's fact sheet *Monitoring your teen's activities:* What parents and families should know through regular communication channels. (Engagement type: communicate with parents)
- **Parent-adolescent communication.** Parenting programs implemented in schools or community-based organizations, such as Families Talking Together, have been shown to improve parental monitoring and parent-adolescent communication.<sup>[10,11]</sup> (Engagement types: provide parenting support, collaborate with the community)
- Family connectedness. Homework assignments related to HIV/STD prevention can involve parents to strengthen the parent-adolescent relationship.<sup>[12]</sup> (Engagement type: support learning at home)

Likewise, school staff might engage parents to help address many\* school factors. For example—

- Sexual health education. Data suggest that the majority of parents support the provision of sexual health education
  in schools<sup>[15,16]</sup> and sexual health education programs have involved parents with positive effects.<sup>[17]</sup> For example,
  school staff can include parents in school health advisory councils that review and select sexual health education
  materials. (Engagement type: encourage parents to participate in decision-making)
- **Supportive school climate.** School staff can enhance bullying prevention programs by communicating with parents about bullying prevention policies and practices.<sup>[18]</sup> (Engagement type: communicate with parents)
- School connectedness. School staff can provide parent workshops that teach academic support skills shown to enhance school connectedness.<sup>[19]</sup> (Engagement type: provide parenting support)

These are a few examples to illustrate how parent engagement in schools could advance HIV/STD prevention by addressing parental and school factors known to influence adolescent sexual risk.

\*Note: Evidence regarding parent engagement to improve student access to sexual health services is limited. Given that teens' concern about confidentiality is a known barrier to using some services,<sup>[13,14]</sup> engagement of parents could potentially compromise school-based efforts to increase student access to sexual health services. Additional work is needed to identify feasible and useful ways to engage parents in this arena.

# RESOURCES

- For additional guidance on parent engagement in schools and HIV/STD prevention, refer to the American Psychological Association's (APA) Safe and Supportive Schools Project at: www.apa.org/pi/lgbt/programs/safe-supportive/parentalengagement/default.aspx
- CDC's strategies for parent engagement in school health are outlined in Parent Engagement: Strategies for Involving Parents in School Health available at: <u>www.cdc.gov/healthyyouth/</u> protective/pdf/parent\_engagement\_strategies.pdf



### REFERENCES

- 1 Centers for Disease Control and Prevention. Parent Engagement: Strategies for Involving Parents in School Health. Atlanta, GA: U.S. Department of Health and Human Services; 2012.
- 2 Epstein J, Coates L, Salinas K, et al. School, Family, and Community Partnerships: Your Handbook for Action. Second edition. Thousand Oaks, CA: Corwin Press, Inc., 2002.
- 3 Markham CM, Lormand D, Gloppen KM, et al. Connectedness as a predictor of sexual and reproductive health outcomes for youth. *Journal of Adolescent Health* 2010;46:S23-41.
- 4 Kirby D. The impact of schools and school programs upon adolescent sexual behavior. Journal of Sex Research 2002;39:27-33.
- 5 Kirby DB. The impact of abstinence and comprehensive sex and STD/HIV education programs on adolescent sexual behavior. *Sexuality Research & Social Policy* 2008;5:18-27.
- 6 Chin HB, Sipe TA, Elder R, et al. The effectiveness of group-based comprehensive risk-reduction and abstinence education interventions to prevent or reduce the risk of adolescent pregnancy, human immunodeficiency virus, and sexually transmitted infections: two systematic reviews for the Guide to Community Preventive Services. *American Journal of Preventive Medicine* 2012;42:272-294.
- 7 Dittus PJ, De Rosa CJ, Jeffries RA, et al. The Project Connect health systems intervention: Linking sexually experienced youth to sexual and reproductive health care. *Journal of Adolescent Health* 2014; 55:528-534.
- 8 Kirby D, Waszak C, Ziegler J. Six school-based clinics: their reproductive health services and impact on sexual behavior. *Family Planning Perspectives* 1991;23:6-16.
- 9 Holt MK, Matjasko JL, Espelage D, et al. Sexual risk taking and bullying among adolescents. *Pediatrics* 2013;132:e1481-1487.
- 10 Guilamo-Ramos V, Bouris A, Jaccard J, et al. A parent-based intervention to reduce sexual risk behavior in early adolescence: building alliances between physicians, social workers, and parents. *Journal of Adolescent Health* 2011;48:159-163.
- 11 Guilamo-Ramos V, Jaccard J, Dittus P, et al. A comparative study of interventions for delaying the initiation of sexual intercourse among Latino and black youth. *Perspectives on Sexual and Reproductive Health* 2011;43:247-254.
- 12 Resource Center for Adolescent Pregnancy Prevention. Family Activities to Promote Parent-Child Connectedness. Available at: http://recapp.etr.org/recapp/index.cfm?fuseaction=pages.LearningActivitiesDetail&PageID=150.
- 13 Zabin LS, Stark HA, Emerson MR. Reasons for delay in contraceptive clinic utilization. Adolescent clinic and nonclinic populations compared. *Journal of Adolescent Health* 1991;12:225-232.
- 14 Reddy DM, Fleming R, Swain C. Effect of mandatory parental notification on adolescent girls' use of sexual health care services. JAMA 2002;288:710-714.
- 15 Tortolero SR, Johnson K, Peskin M, et al. Dispelling the myth: What parents really think about sex education in schools. *Journal of Applied Research on Children* 2011;2.
- 16 Barr EM, Moore MJ, Johnson T, et al. New evidence: data documenting parental support for earlier sexuality education. *Journal* of School Health 2014;84:10-17.
- 17 Wight D, Fullerton D. A review of interventions with parents to promote the sexual health of their children. *Journal of Adolescent Health* 2013; 52: 4-27.
- 18 Ttofi MM, Farrington DP, Baldry AC. Effectiveness of Programmes to Reduce School Bullying: A Systematic Review. *Swedish National Council for Crime Prevention*; 2008.
- 19 Centers for Disease Control and Prevention. School Connectedness: Strategies for Increasing Protective Factors Among Youth. Atlanta, GA: U.S. Department of Health and Human Services; 2009.

