



Prevention Research Centers

Work Site Parenting Program Promotes Communication about Sexual Health between Parents and their Adolescents

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Background

In 2007, 33% of 9th-grade and 65% of 12th-grade students reported being sexually active, and only about 62% of sexually active youth used condoms. Studies have shown that when parents talk with their children about sexuality the children are more likely to delay intercourse, have fewer partners, and use contraception. Parents are uniquely positioned to help their adolescents integrate healthy sexual behaviors and decision-making into their lives. While most adolescents want their parents to talk to them about sexuality and relationships, and most parents believe doing so is important, many report feeling embarrassed, inadequately informed, or unsure of what to say or how to start these discussions, especially with younger adolescents.

Context

In previous health education programs, educators have found it challenging to involve working parents in training sessions. Recognizing the inconvenience to working parents of scheduling and traveling to other settings, the UCLA/RAND Center for Adolescent Health Promotion brought a health intervention to parents at their place of work. Work site health promotion can change adult health behaviors, but few programs have been designed to change children's behaviors by educating their parents. Talking Parents, Health Teens was developed to help parents promote healthy sexual development and reduce risky sexual behaviors in their children by improving their parents' communication skills.

Methods And Results

Parents were recruited from 13 work sites in southern California. Eligible parents had

at least one child in grades 6-10 living with them at least 2 days per week and a willingness to participate in the surveys, training, and follow-up. Five hundred sixty-nine parents gave permission for all eligible children in the household to receive surveys and were randomly assigned to intervention or control groups. Of 710 eligible children, 683 participated and completed baseline surveys. To measure immediate and extended effects, participants also completed follow-up surveys one week, three months, and nine months after the program. The response rate for all four surveys was 94% for parents and 96% for adolescents. Data were collected from April 2002 to December 2005.

The UCLA/RAND team initiated eight weekly one-hour sessions led by a trained facilitator and assistant using a standard script and program manual. Training sessions were delivered to groups of about 15 parents during the lunch hour at their work sites (lunch was provided). The evidence-based curriculum was designed to enhance parents' willingness to monitor adolescents' sexual behavior and to overcome communication barriers to talking about sexuality. Specific skills were taught, including active listening and using teaching moments in everyday life. Facts, options, and advice were provided on an array of topics relating to intimacy and adult relationships as well as how and when to talk with children. Material did not address parents' values regarding sexuality. Lessons were enhanced through role playing, videotaped interactions, games, and discussions; home assignments were designed to strengthen parent-child relationships; and handouts reviewed content. Parents who missed sessions reviewed materials by telephone with the facilitator.

Talking Parents, Healthy Teens

- Teaches parents skills for healthy communication with their adolescent children
- Delivered to groups of parents at work sites during the lunch hour
- Enthusiastically received by employers wanting to support family health
- Parents and adolescents report improved ability to communicate with each other about sex
- Randomized controlled study demonstrated effectiveness of the intervention persisting after program completion

Reported communication improved substantially by the first follow-up survey and continued through the last survey. Between baseline and the first follow-up, intervention parents reported discussing more new topics with their adolescents than control parents did (mean 4.0 vs 0.8, $P < 0.001$), a difference that persisted at the three- and nine-month follow-ups. Reports from the adolescents showed a similar pattern. In contrast to controls, parents and adolescents in the intervention group also reported having discussed significantly more topics with their children one week after the program, and the difference grew at the follow-up surveys.

Consequences

Training programs can improve parents' communication skills, even for the challenge of discussing sexuality with their adolescent children. Such communication is essential for parents to positively influence their children's sexual development and risk behaviors. Ongoing communication is essential to achieving a lasting effect, and follow-up showed sustained behavioral change in the intervention group, which did not revert toward the behavior of the controls. The improved communication suggests that parents may increase their effectiveness in promoting their adolescents' sexual health.

Impact And Potential Impact

Talking Parents, Healthy Teens illustrates the potential of work site health promotion programs to affect behavioral change not only among adults receiving training, but also among their children. Formative work showed that employers were enthusiastic about helping employees with children, in part to promote family-friendly business environment. In 2006, 87% of adolescents aged 11–16 in the United States lived with an employed parent; interventions delivered at parents' work sites could reach a substantial number of youths.

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