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Promoting Parental Comfort to Facilitate Conversations on Adolescent Sexual Health and Behaviors

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**Promoting Parental Comfort to Facilitate Conversations on Adolescent Sexual Health and
Behaviors**

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NURS 4500: Nursing Research and Thesis

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Abstract

This thesis proposal will investigate the impact of a comprehensive digital sexual health education program on the comfort levels of parents and teens when discussing sensitive topics such as pregnancy and sexually transmitted infections (STIs). The research is guided by Orem's Self-Care Deficit Nursing Theory, which emphasizes the need to assess and address individuals' self-care deficits, including the ability to engage in safe and informed sexual behaviors. The research design is a quantitative, quasi-experimental study with a one-group pre and post-test design. The sample consists of 50 parents and 50 teens from Marin County, who will participate in an online intervention using the *Media Aware Parent* program. The outcomes will be measured by pre and post-intervention surveys and the Parent-Adolescent Communication Scale. The expected results are that the intervention will increase the knowledge, confidence, and comfort levels of parents and teens regarding sexual health issues, and improve the quality of communication between them. The findings could potentially contribute to the development of more effective sexual health education programs and communication strategies for families.

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Introduction

Teenage pregnancy and sexually-transmitted infections (STIs) are critical issues within adolescent sexual health and well-being. The CDC reports that the birth rate for US teens aged 15 to 19 years has been decreasing since 1991. In 2021, there were 146,973 live births to mothers aged 15-19 in the United States (CDC, 2021). Regarding STIs, over half (53%) of new cases in 2020 were among adolescents aged 15-25, which is about 13 million. One-fifth (20.4%) of sexually active high school students reported testing positive for an STI in the previous year (CDC, 2019).

Comprehensive sexual health education has been identified as one solution to these issues, with research suggesting that such programs can significantly reduce rates of teen pregnancy and STIs (Breuner et al., 2016). However, the focus of these programs is often on adolescents themselves, disregarding the role of parents and guardians in facilitating discussions about risky sexual behaviors (Breuner et al., 2016).

Problem Statement

Parents are key in guiding their children's understanding of sexual health. However, many parents lack the necessary knowledge about sex and STIs, leading to insufficient education for their children (Bravender, 2015). This knowledge gap can negatively impact their children's sexual health comprehension. Therefore, it is crucial to address this issue to ensure that teens receive comprehensive sexual health education from their parents, potentially leading to improved sexual health outcomes.

Purpose Statement

The purpose of this research is to investigate the impact of implementing a comprehensive digital sexual health education program on the comfort levels of parents and

teens when discussing sensitive topics such as pregnancy and sexually transmitted infections (STIs). While sex education programs for adolescents have been widely implemented, the impact of parental participation remains underexplored. This thesis proposal aims to determine whether such a program can facilitate open and comfortable conversations between parents and teens, thereby promoting better understanding, awareness, and prevention strategies related to sexual health issues. The findings could potentially contribute to the development of more effective sexual health education programs and communication strategies for families, ultimately benefiting the overall sexual health and well-being of adolescents. This is based on the premise that parents play a crucial role in shaping their children's comprehension and behaviors related to sexual health. By equipping parents with accurate information and effective communication strategies, it is anticipated that they will be better able to guide their children in making safe and healthy decisions about sex. This topic relates to school nursing, family nursing, and pediatric health (Breuner et al., 2016).

Research Question

Does a comprehensive digital sexual health education program for parents increase comfort levels for facilitating conversations about sensitive topics, such as pregnancy and STIs?

Literature Review

The articles used for this review were retrieved from the following databases: CINAHL Complete, Pubmed, Google Scholar, and Academic Research Complete. With each database, the search terms used to find each article included the following: "teen pregnancy," "comprehensive sex education," "parental influence on adolescents," and "digital sex education." The criteria for the articles to be included in this review are as follows: published literature between 2015-2023, peer-reviewed, parents of teens/adolescents, quasi-experimental, randomized control, systematic

review, and meta-analysis. A total of eight articles were selected for this literature review and are organized under the following subheadings: “Impact of Comprehensive Sex Education in Schools,” “Parental Influence on Adolescents,” “Parent-Teen Communication and Interventions,” and “Digital Platforms.” A Literature Review Table can be found in Appendix A.

Impact of Comprehensive Sex Education in Schools

Ramírez-Villalobos et al. (2021) conducted a quasi-experimental study to assess the impact of a comprehensive sexuality education (CSE) training program for public secondary school teachers in Mexico. The intervention group consisted of teachers who received CSE training and their students, while the comparison group included teachers who utilized traditional public-school sex education (TSE) and their students. The sample consisted of a total of 75 teachers, who were randomly chosen from 45 intervention schools, participating in the CSE training ($n = 75$). 650 students were selected from the intervention schools ($n = 650$), and 555 students were from the comparison schools ($n = 555$) (Ramírez-Villalobos et al., 2021).

The study revealed that teachers who underwent CSE training significantly improved their understanding of sexual and reproductive health ($p < 0.01$). Furthermore, students who were counseled by these trained teachers demonstrated a higher usage of contraceptive protection and delayed their sexual debut compared to those who received traditional sex education (TSE) ($p < 0.01$). Students who received TSE were found to be 4.7 times more likely to initiate sexual activity than those who received CSE ($p < 0.01$). The study concluded that CSE training for teachers enhanced their ability to effectively communicate information to students and that CSE had a positive impact on the sexual behavior decisions of adolescents, such as delaying sexual debut and using contraceptive methods (Ramírez-Villalobos et al., 2021).

This study had several limitations. The evaluation design lacked pre and

post-measurements for both groups, limiting the causal effect assessment of the CSE intervention. Teachers' knowledge and skills weren't measured post-school year, and other influential factors such as social media and peer influence weren't controlled. The study relied on self-reported student data, potentially introducing bias. Further research is needed to confirm the effectiveness and sustainability of CSE interventions in various contexts and populations.

Parental Influence on Adolescents

Guilamo-Ramos et al. (2018) conducted a qualitative study that focused on assessing a sexual and reproductive health (SRH) intervention centered around fathers for Latino adolescent males in Mott Haven, South Bronx. This particular neighborhood exhibits high rates of teen pregnancy, sexually transmitted infections (STIs), and HIV within the Latino youth population. The research employed in-depth semi-structured interviews involving 30 Latino father-son pairs (n=30). These interviews aimed to explore the impact of paternal processes, such as communication, role modeling, monitoring, supervision, and male identity socialization, on the adoption of correct and consistent condom use among Latino adolescent males (Guilamo-Ramos et al., 2018).

The study also identified the obstacles and challenges encountered by fathers when attempting to provide effective guidance and education to their sons in matters of SRH. The research found a consensus among Latino fathers and their sons about the crucial role that fathers have in their teenager's SRH. However, both fathers and sons acknowledged the challenges fathers face in fulfilling this role effectively. The study concluded that father-based interventions are not only acceptable but also feasible and acceptable for mitigating SRH disparities among Latino adolescent males. Nonetheless, it called for additional research and program development

to better support Latino fathers in educating their sons about condom use and addressing their SRH needs more effectively (Guilamo-Ramos et al., 2018).

One limitation of this study is that it does not measure the actual impact of the father-based intervention on SRH outcomes and behaviors among Latino adolescent males, but only assesses the feasibility and acceptability of the intervention. Another limitation of this study is that it does not explore the potential role of other family members, such as mothers, siblings, or grandparents, in influencing SRH outcomes and behaviors among Latino adolescent males.

Flores and Barroso (2017) conducted a systematic review of four electronic databases, employing specific keywords associated with sex communication. The purpose of their research was to assess the existing literature about parent-child sex communication within the United States from 2003-2015, to identify the various factors that exert an influence on the process of sex communication, and to illuminate its implications for adolescent sexual health outcomes. This examination was carried out within the theoretical framework of Bronfenbrenner's bioecological theory. The sample consisted of 116 original articles that met the inclusion and exclusion criteria (Flores & Barroso, 2017).

It was found that some of the key impediments identified in the study included deficient parental communication skills and discomfort with the topic, leading to children's avoidance and anxiety regarding discussions about sex. Additionally, the use of veiled language and euphemisms was found to create ambiguity and confusion for children, hindering their comprehension of sexual matters. The researchers identified a range of barriers that hindered parents in initiating and sustaining conversations about sex with their children, many of which were deeply ingrained from early life stages and influenced by factors extending beyond the family setting. The identification of these barriers has significant implications for the direction of

future research and interventions aimed at improving sexual health outcomes for adolescents (Flores & Barroso, 2017).

This systematic review, while comprehensive, has certain limitations. Firstly, it does not consider the influence of other sources of sexual education such as peers, media, and schools. The potential interaction between these sources and parent-child sex communication remains unexplored. Secondly, the review does not delve into the outcomes of sex communication. Aspects such as adolescent sexual behavior, attitudes, and health outcomes, and how these may vary based on different factors in the process of sex communication, were not examined.

Parent-Teen Communication and Interventions

Santa Maria et al. (2015) conducted a systematic review and meta-analyses of parent-based interventions for adolescent sexual health in the U.S. spanning from 1998-2013. The objective of the review was to evaluate the theoretical framework, methodologies, applications, delivery mechanisms, and outcomes of these interventions, with a particular focus on their influence on parent-child communication. The sample consisted of parents of adolescents aged 10-19 in the United States who participated in parent-based sexual health interventions from 1998 to 2013. The study includes a comprehensive review of 28 trials of these interventions conducted during the aforementioned period. The sample size for each trial varied significantly, ranging from as few as 24 ($n=24$) to as many as 1,518 ($n=1,518$) parents, with a median sample size of 144 ($n=144$) parents per trial (Santa Maria et al., 2015).

Eleven trials were selected for a meta-analysis of parent-child sexual health communication, and nine for parental comfort with sexual health communication, with seven trials included in both (Santa Maria et al., 2015). The results indicated that the intervention groups were significantly more likely to report positive effects, with a range in effect sizes for

parent-child sexual health communication (0.1 -- 1.7) and an overall medium effect size ($d=0.5$, $p<0.001$). The range of effect sizes for parental comfort with sexual health communication was wider (0.01–2.1), and the overall effect was larger ($d=0.7$, $p<0.001$). These impacts suggest that an intervention group parent was 68% more likely to have an increased communication score and 75% more likely to report increased comfort with communication (Santa Maria et al., 2015).

A limitation of the review was a high level of inconsistency when evaluating the same effect across trials due to inconsistencies in outcome measures, dose, delivery modes, and setting. This was addressed by using a random effects model to weigh the results of the individual studies before calculating the summary measure.

Widman et al. (2019) conducted a systematic review and meta-analysis of 31 randomized clinical trials that evaluated the effects of parent-based sexual health interventions on adolescent sexual behavior, communication, and cognitions. The purpose of this research article was to conduct a meta-analysis of parent-based sexual health interventions for US adolescents and examine their association with various sexual health outcomes. The sample consisted of US adolescents with a mean age of 18 years or younger who engaged in parent-based sexual health interventions, encompassing a total of 12,464 adolescents. The n values for each study varied from $n=40$ to $n=1,253$. A comprehensive search was conducted across several databases, including MEDLINE, PsycINFO, Communication Source, and CINAHL. The search was limited to studies published up until March 2018 (Widman et al., 2019).

Widman et al. (2019) found that these interventions were significantly associated with increased condom use and parent-child sexual communication, with small to medium effect sizes of 0.27 and 0.32, respectively ($p = .001$ for both outcomes). However, they did not find a significant association between these interventions and delayed sexual activity, with a

nonsignificant effect size of -0.06 ($p = .16$). They also explored several moderators of intervention effectiveness and found that adolescent age, race/ethnicity, intervention design, and parental involvement were significant factors that influenced the impact of parent-based interventions on condom use ($p < .001$ for all moderators) (Widman et al., 2019). Researchers found that parent-based interventions also improved adolescents' intentions to delay sexual activity, sexual health knowledge, and safer sex self-efficacy, with small effect sizes ranging from 0.24 to 0.40 ($p = .001$, $p = .02$, and $p < .001$, respectively) (Widman et al., 2019). These findings suggest that parent-based interventions have a protective association with several aspects of adolescents' sexual health and are not associated with sexual activity at earlier ages.

A limitation of the study was the meta-analysis was narrowed to studies employing randomized clinical trials, underestimating the impact of parent-based interventions. For a more comprehensive understanding, future analyses should incorporate diverse study designs like quasi-experimental and pre-post studies, which could better reflect the efficacy of these interventions in practical scenarios (Widman et al., 2019).

Hicks et al. (2013) conducted a cross-sectional survey to investigate the influence of parent-teen communication on conversations between teenagers and their partners concerning sexual risk prevention. It was hypothesized that teenagers would adopt healthier behaviors, as improved parent-teen communication increased the likelihood of them engaging in conversations with their partners about sexual risk prevention. The survey consisted of a statewide sample of high school students ($n = 24,781$). To ensure the integrity of their findings, the authors of the study controlled for various factors that might impact the quality of communication between teens and their partners, including school connectedness, future education plans, engagement in multiple sexual partnerships, and sociodemographic characteristics (Hicks et al., 2013).

The research revealed that adolescents who had higher levels of general communication with their parents and considered their parents as a source of information about sexual matters were more inclined to engage in discussions with their partners regarding the prevention of sexually transmitted infections (STIs) and unplanned pregnancies (Hicks et al., 2013). This significant association held true for both mother-teen and father-teen communication, and it was consistent across both male and female teenagers. However, the strength of this association was notably stronger for mother-daughter communication when compared to other parent-child dynamics (Hicks et al., 2013). The statistics presented the odds ratios and 95% confidence intervals for the link between parent-teen communication and discussions about sexual risk with partners. Among female participants, maintaining high levels of general communication with their mothers was associated with an odds ratio of 1.4 (95% CI: 1.2, 1.5) for STI prevention conversations and an odds ratio of 1.5 (95% CI: 1.3, 1.7) for pregnancy prevention dialogues when compared to those with low levels of communication with their mothers (Hicks et al., 2013).

One limitation of this study is the use of a cross-sectional design, which limits the ability to establish causal relationships between parent-teen communication and teen-partner sexual risk discussion. Therefore, it is possible that other factors, such as teen personality, partner characteristics, or contextual influences, may confound the observed associations. A longitudinal design that follows the same cohort of teens over time would be more appropriate to examine the causal effects of parent-teen communication on teen-partner sexual risk discussion (Hicks et al., 2013).

Digital Platforms

Scull et al. (2019) conducted a randomized control study to assess the immediate effects of an internet-based intervention titled *Media Aware Parent*. This program is specifically designed for parents and aimed at promoting adolescent sexual health. The initiative seeks to accomplish two main objectives: to enhance the quality of communication between parents and adolescents and to promote effective media mediation. The sample consisted of 355 parent-child pairs from across the United States who have a child in 7th, 8th, or 9th grade. Using a randomized controlled trial (RCT) participants were randomly assigned to either the intervention group (n=172) or the control group (n=183). The intervention group received a parent training program, while the control group did not (Scull et al., 2019).

The intervention demonstrated a significant enhancement in the quality of parent-adolescent communication, as evidenced by ratings from both parents and adolescents. Parents participating in the intervention group reported a higher quality of communication compared to those in the control group at the post-test, with a regression coefficient (b) of 0.16, a p-value of 0.02, and a Cohen's d effect size of 0.25. This finding was corroborated by the adolescents in the intervention group, who also reported superior communication quality than their counterparts in the control group at the post-test (b=0.18, p=0.01, d=0.28). The intervention also yielded positive outcomes in terms of adolescent sexual health. For instance, adolescents in the intervention group exhibited less willingness to engage in unwanted hook-ups compared to those in the control group at the post-test (b=-0.14, p=0.03, d=-0.20). They also demonstrated more favorable attitudes towards sexual health communication (b=0.13, p=0.02, d=0.23) and greater self-efficacy to use contraception/protection (b=0.15, p=0.05, d=0.20) than those in the control group at posttest (Scull et al., 2019).

Parents provided overwhelmingly positive feedback about the *Media Aware Parent* program. They found it to be more helpful, comprehensive, and user-friendly compared to other available resources for parents and expressed their willingness to recommend *Media Aware Parent* over other resources to fellow parents. The study's limitations include its lack of generalizability due to the single urban area sample, and its short-term follow-up, which hinders understanding of long-term intervention effects. Future research should diversify samples and extend follow-up periods (Scull et al., 2019).

Aventin et al. (2020) conducted a Phase III multicentre cluster randomized controlled trial, focusing on the perspectives of young males in a school-based relationship and sexuality education intervention. The study employed a mixed-methods design, integrating semi-structured interviews, focus groups, an online survey, and a program engagement and satisfaction questionnaire. The purpose of the study was to fill a knowledge void by utilizing online and mobile technologies (OMTs) to involve parents in sexual and reproductive health (SRH) education. The sample consisted of over 8000 adolescents from 66 socially and religiously diverse post-primary schools across the UK. In the JACK trial, an intervention was implemented in 33 schools, reaching around 4097 students, with instruction provided by 175 teachers. A brief online survey was distributed to the primary caregivers of these students, yielding a response rate of 3% (n=134) and semi-structured interviews were conducted with a subset of parents (n=10) (Aventin et al., 2020). Focus group discussions were held in eight case study schools, involving both teachers (8 groups, n=31) and students (8 groups, n=58). Upon completion of the program, short questionnaires were filled out by 3179 students across all intervention schools, with data collection from implementation records maintained by the teachers (n=130) and website analytics. All interviews and focus groups were recorded and transcribed anonymously for

further analysis (Aventin et al., 2020).

Aventin et al. (2020) revealed significant results concerning the use and perception of digital resources for Sexual and Reproductive Health (SRH) education. 87% of parents who utilized these materials evaluated them as 'good' or 'excellent'. Furthermore, 67% of these parents acknowledged that these resources aided them in initiating dialogues about SRH with their offspring. Insights derived from web analytics indicated that 27% of the parents who were approached accessed digital resources, and within this group, 9% engaged with the animated films incorporated in the materials (Aventin et al., 2020).

The JACK trial faced limitations related to difficulty in engaging parents through schools. Some schools failed to distribute parental engagement materials, and students often felt uneasy discussing the homework with their parents, thereby limiting their engagement. The study also lacked adequate representation from certain groups, such as fathers and male caregivers, preventing conclusions about gender differences in acceptability and feasibility.

Conclusion

While the studies highlight the importance of parents in facilitating open discussions about sexual health, there is also a significant gap in the literature. Little to no research has been done on the effectiveness of educating parents to educate their teenagers about sex education, despite their pivotal role in fostering open and informed discussions. Future research should address this gap, focusing on the development of effective strategies to equip parents with the tools to support their children in making informed and responsible decisions.

Theoretical Framework

Dorothea Orem's Self-Care Deficit Nursing Theory (SCDNT) guides nursing practice by focusing on the concept of self-care. This theory posits that individuals are responsible for their

health and well-being to the best of their abilities. However, when individuals are unable to meet their self-care needs due to illness, injury, or developmental limitations, nurses intervene and assist in self-care activities. Orem's theory emphasizes the importance of assessing a patient's self-care abilities and tailoring nursing interventions to address any identified deficits. By doing so, nurses promote patient independence and assist individuals in regaining or maintaining their optimal level of health and functioning. This theory is instrumental in shaping contemporary nursing practice and promoting patient-centered care (Hartweg & Metcalfe, 2021).

In this thesis proposal, Orem's theory provides a strong theoretical foundation by emphasizing the need to assess and address individuals' self-care deficits, which include the ability to engage in safe, consensual, and informed sexual behaviors. Parents play a vital role in the self-care of their adolescents by educating and facilitating conversations about sexual health and risk prevention (Flores & Barroso, 2017). Utilizing Orem's theory allows for the customization of interventions aimed at identifying and bridging deficits in parents' knowledge or skills related to sex education. This approach ensures that parents are well-equipped to guide their adolescents in making informed decisions regarding sexual behaviors, thereby reducing risky behaviors and promoting general well-being among the youth. Orem's framework not only guides the research process but also emphasizes the critical role of nursing in enhancing the self-care capabilities of parents and, by extension, their adolescents in the context of sexual health and risk prevention.

Research Design

This thesis proposal will be conducted as a quantitative, quasi-experimental research design. The target population consists of parents and teenagers in Marin County, with a sample size of 50 adults and 50 teenagers (n=100). Recruitment efforts will involve collaboration with

Marin County high schools, utilizing the "parent square" announcements for distributing recruitment flyers. Inclusion criteria include parents of adolescents aged 14-18 who are English speakers and have access to the internet and a computer. The study will utilize a convenience sample and participants will not be randomized into control and experimental groups. Instead, a one-group pre and post-test design will be implemented.

Through an online digital platform, this intervention will involve comprehensive sex education and educating parents and teens on how to discuss these topics with each other. The evidence-based intervention, *Media Aware Parent*, will be used to educate the parents (Scully et al., 2019). The independent variable will be the online digital platform classes for parents and teens, while the dependent variable will be the increased knowledge, confidence, and comfort levels gained by participants from the classes.

To measure outcomes, pre and post-intervention surveys will be administered to the participants. These surveys will be developed by the researchers and will ask participants to rate their knowledge of comprehensive sex education, comfort levels when discussing sensitive topics, and confidence levels in educating others about sexual health on a Likert-type scale. The Parent-Adolescent Communication Scale (PACS) is a self-reported 20-item rating inventory that will also be administered to the participants to measure the quality of communication between parents and teens. Items are to be rated on a 5-point scale from "strongly disagree" to "strongly agree" to generate a total score and two subscale scores. The subscales include Open Family Communication (OFC), which will measure attitudes of free expression, and Problems in Family Communication (PFC), which will measure negative interaction patterns (Olson, 1985). The PACS was the most widely used instrument in studies relating to parent-child communication, ensuring the tool's reliability and validity (Zapf et al., 2022).

Data Analysis

Descriptive statistics will be employed to determine the mean scores of pre and post-tests. Inferential statistics, specifically a T-test, will be conducted to ascertain the p-value. A p-value < 0.05 will indicate statistical significance, rejecting the null hypothesis and supporting the research hypothesis that a nursing educational intervention that aids in facilitating conversations about sexual health will improve knowledge, confidence, and comfort levels of parents and teens.

Limitations

Limitations of the study include challenges in subject recruitment due to parental time constraints and disinterest, as well as potential reluctance among students to discuss sensitive topics, such as sexual health, with their parents. The design's focus on quantitative methods over qualitative approaches and the absence of a focus group are additional limitations, as the long-term impact on participants' behaviors and attitudes will not be measured. Participants will self-report their comfort and knowledge levels, which may be subject to inaccuracy or bias. As the research design will be conducted remotely on a digital platform, the researchers will not have control over external factors such as interruptions, which may impact results.

Ethical Considerations

IRB pending approval. All participants will receive written informed consent before beginning the research design, ensuring compliance with human subjects protection. Participants under the age of 18 will require a parent or guardian signature. Participants are allowed to withdraw from the research design at any time. All collected data will be protected and participants will receive a unique identification number to ensure anonymity and confidentiality. The collected data will only be accessible to the research team.

Conclusion

This thesis proposal aims to investigate the impact of a comprehensive digital sexual health education program for parents on their comfort levels in facilitating conversations with their adolescents about sexual health. The proposed research design was a quantitative, quasi-experimental study, using a one-group pre and post-test design with a convenience sample of 50 parent-teen pairs from Marin County. The intervention consisted of an online digital platform that provided comprehensive sex education for both parents and teens, using the evidence-based *Media Aware Parent* program for parents. The outcomes were measured by pre and post-intervention surveys that assessed the participants' knowledge, comfort, and confidence levels in sex education, as well as the Parent-Adolescent Communication Scale that measured the quality of communication between parents and teens.

The significance of this study lies in the development of effective strategies to equip parents with the tools to support their adolescents in making safe, informed, consensual, and responsible decisions, thereby reducing risky behaviors and promoting general well-being. This study also addresses a gap in the literature, as little to no research has been done on the effectiveness of educating parents to then educate their teenagers about sex education, despite their crucial role in fostering open and informed discussions. The limitations of this study include challenges in subject recruitment, reliance on self-reported data, lack of control over external factors, and short-term follow-up. Further research should address these limitations, as well as explore the long-term impact of the intervention on adolescents' sexual health outcomes, attitudes, and behaviors.

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Appendix A

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Title: *Delaying sexual onset: outcome of a comprehensive sexuality education initiative for adolescents in public schools*

Purpose/ Objective of the study: Evaluate knowledge of public school teachers who received training in comprehensive education in sexuality (CES) and estimate the counseling's effect on students' sexual behavior.

Sample- population of interest and sample size:

Public school teacher: n = 75

Students

- [intervention schools]: n = 650
- [comparison schools] n = 555

Study Design: Quantitative, Quasi-experimental

Study Methods:

- Teachers answered questionnaires electronically before and after the workshop
- End of the school year, students received the questionnaire in their emails
- All answered anonymously

Major Findings:

- Teachers increased their knowledge of sexuality after training from 5.3 to 6.1 ($p < 0.01$) statistically significant!
- 83.3% of students in the intervention school reported using a contraceptive method in their last sexual relationship, while 58.3% did so in the comparison schools.
- The students in comparison schools were 4.7 ($p < 0.01$) times more likely to start sexual initiation than students in the intervention schools.
- Students who received counseling from teachers trained in CES used more contraceptive protection and delayed sexual debut.

Strengths:

- Study design (questionnaires for teachers before and after the workshop, questionnaire at the end of the school year for students)

Limitation:

- Evaluation in teachers was limited to before-after measurements only
- Doesn't evaluate teacher's knowledge and skills in CSE at the end of the school year, only students

Citation: <https://onlinelibrary.wiley.com/doi/full/10.1363/4324711>

Purpose/ Objective of the study: Investigate interventions centered around fathers for Latino adolescent males. The study delves into the viability and approval of a sexual and reproductive health intervention that focuses on fathers, aiming to mitigate sexual and reproductive (SRH) disparities and enhance the adoption of correct and consistent condom usage among Latino adolescent males.

Sample- population of interest and sample size: The population of interest in this study is Latino father-son dyads living in Mott Haven, South Bronx, a neighborhood with high rates of teen pregnancy, STIs, and HIV among Latino youth¹. The sample size for this study is 30 Latino father-son dyads n=30

Study Design: Qualitative research design

Study Methods (any other information about how they conducted the study):

It involves conducting in-depth semi-structured interviews with 30 Latino father-son dyads living in Mott Haven, South Bronx. The aim of these interviews is to explore the feasibility and acceptability of a father-based sexual and reproductive health intervention designed to reduce sexual and reproductive

health disparities and increase correct and consistent condom use among Latino adolescent males. The study also identifies paternal processes such as communication, role modeling, monitoring and supervision, and male identity socialization, and the barriers and challenges that fathers face in providing effective guidance and education to their sons.

Major Findings:

- Latino fathers can be impactful in shaping Latino adolescent male sexual decision-making and correct and consistent condom use through paternal processes such as communication, role modeling, monitoring and supervision, and male identity socialization. Latino father-based interventions are acceptable and feasible for reducing sexual and reproductive health disparities among Latino adolescent males.

Strengths: The report provides a comprehensive, evidence-based overview of sexuality education for children and adolescents, including topics such as intimate relationships, human sexual anatomy, sexual reproduction, sexually transmitted infections, sexual activity, sexual orientation, gender identity, abstinence, contraception, and reproductive rights and responsibilities.

Limitation:

The article also calls for more research and programmatic development to support Latino fathers in best educating their sons about condom use and better addressing their sexual and reproductive health needs.

Citation:

<https://doi.org/10.1080/00224499.2016.1267693>

Title of Article: 21st century parent–child sex communication in the United States: A process review.

Purpose/ Objective of the study:

The purpose of this article is to review studies published from 2003 to 2015 and advance what is known about the process of sex communication in the United States. The review underscores long-established factors that prevent parents from effectively broaching and sustaining talks about sex with their children and has also identified emerging concerns unique to today’s parenting landscape. Parental factors salient to sex communication are established long before individuals become parents and are acted upon by influences beyond the home.

Sample- population of interest and sample size:

The studies used a variety of research designs, including qualitative (43%), quantitative (45%), and mixed methods (12%). The majority of the samples were Caucasian (22%), African American (23%), or came from diverse racial backgrounds (36%). Most of the studies included both children and parent samples (42%). There were more studies with mothers-only samples compared to studies with fathers-only samples (44% and 7%). Similarly, there were more studies with samples that included daughters only compared to studies with samples comprising sons only (40% and 4%). The ages of the children varied across the studies, but most of the children were high school and college age (36% and 23%).

Study Design: Systematic Review

Study Methods (any other information about how they conducted the study):

This article is a review of studies published from 2003 to 2015 that examine the process of sex communication between parents and children in the United States. The authors used the Cumulative Index to Nursing and Allied Health Literature (CINAHL), PsycINFO, SocINDEX, and PubMed, and the key terms “parent-child” AND “sex education” for the initial query; they included 116 original articles for analysis. The studies included both qualitative and quantitative designs, with the remaining using mixed methods. Most of the samples were Caucasian, African American, or came from diverse racial backgrounds. Most of the studies included both children and parent samples. The children were mostly high school and college age. The authors used a multistep approach that included an exhaustive

search strategy guided by defined inclusion and exclusion criteria. Afterward, they inspected the initial search results, read the final articles, abstracted the data from individual studies, and synthesized the findings according to factors that affect the process of sex communication.

Major Findings:

Parental factors salient to sex communication are established long before individuals become parents and are acted upon by influences beyond the home.

Child-focused communication factors likewise describe a maturing audience that is far from captive.

Parents emphasize general communication about sex rather than engaging in talks about specific topics.

Parents conveyed clear disapproval of their children engaging in sex, and they underscored the negative outcomes of sex, which for them can ruin children's lives.

Parents framed the sex discussions in terms of consequences and cautionary statements, with the underlying message often being sexually prohibitive.

There remains a marked incongruence between parent and adolescent reports of the frequency of sex communication.

Children bring with them developmental attributes, temperaments, and predispositions that impact how parents broach sex-related issues.

Strengths:

The review underscores long-established factors that prevent parents from effectively broaching and sustaining talks about sex with their children and has also identified emerging concerns unique to today's parenting landscape. The review identifies both enduring and emerging factors that affect how sex communication occurs, which will inform subsequent work that will result in more positive sexual health outcomes for adolescents.

Limitation:

The studies included in this review were limited to those that focused on parent-child sex communication and did not include studies that examined sex communication between other family members or caregivers.

Citation: <https://doi.org/10.1363/47e2415>

Title of Article: Parent-Based Adolescent Sexual Health Interventions And Effect on Communication Outcomes: A Systematic Review and Meta-Analyses

Purpose/ Objective of the study: To examine the impact of parent-based adolescent sexual health interventions on reducing sexual risk behaviors by bolstering parental protective behaviors

Sample- population of interest and sample size:

The sample consists of 28 parent-based adolescent sexual health intervention trials. These trials are reported in 62 articles.

The population targeted by these interventions is primarily parents of adolescents younger than 16 years old. The interventions enrolled mostly minority parents.

Study Design: systematic review and meta-analyses of U.S. parent-based interventions to examine theory use, setting, reach, delivery mode, dose, and effects on parent-child communication.

Study Methods: A systematic search of databases for the period 1998–2013 identified 28 published trials of U.S. parent-based interventions to examine theory use, setting, reach, delivery mode, dose, and effects on parent–child communication.

Major Findings: The study found improvements in sexual health communication and provides support for the effectiveness of parent-based interventions in improving communication.

-All 28 interventions aimed to improve effective parent–child communication.

-Each intervention reported a positive effect on at least one parent or adolescent outcome.

-Fifteen interventions reported a positive impact on parent–child communication frequency, and 11 on parental comfort with communication about sex.

-Of the interventions that measured adolescent outcomes, five reported positive outcomes for reducing sexual risk (e.g., decreased sexual activity), and five for increasing condom use.

Strengths:

-meta-analyses revealed that intervention group parents and their adolescents reported significant increases in the amount of and comfort with parent–child sexual health communication in most of the primary studies.

-compared with control parents, intervention parents had an elevated likelihood of reporting increased communication and comfort with communication.

Limitation:

-Additional trials that measure adolescent behavioral outcomes are needed before it is possible to assess the impact of parent-based intervention effects on adolescent-level outcomes.

-the evidence of positive effects is not as strong for short, self-paced interventions as for long, group-based ones.

-no interventions were identified that targeted parents of lesbian, gay, bisexual, or transgender youth or of youth living with custodial grandparents, both of which are high-risk adolescent groups.

-no trials were found that were developed for faith-based organizations or services, despite evidence that faith-based programs can improve health outcomes and program reach

-no trials that targeted mothers and sons, although 24% of youth live in single-mother households.

Citation: (DOI)

<https://doi.org/10.1080/15546128.2013.790219>

Title of Article: Teens talking with their partners about sex: The role of parent communication.

Purpose/ Objective of the study:

The objective of this article is to examine the relationship between teens' communication with their parents and their communication with their sexual partners about risk prevention. The study explores associations between teens' general communication with their parents and their communication with their partners about STI and pregnancy prevention, controlling for teens' conversations with their parents about sexuality.

Sample- population of interest and sample size:

The sample in this study consists of high school students from Minnesota. The initial sample size was 84,121 students in grades 9 and 12. However, the study only included sexually active students, which reduced the sample size to 34,908 students. Students with missing information on key outcome variables were further excluded, resulting in a final analytic sample size of 24,781 students. These students ranged in age from 13 to 19 years old.

Study Design: Cross-sectional survey**Study Methods (any other information about how they conducted the study):**

The data was collected from the 2010 Minnesota Student Survey (MSS), a comprehensive, anonymous, in-school survey administered every three years to monitor risk and protective health behaviors among students in grades 6, 9, and 12. The study included sexually active students in grades 9 and 12. Students with missing information on key outcome variables were excluded, resulting in a final analytic sample size of 24,781 students. The survey included questions about general communication with parents, communication with parents about sexuality, and communication with sexual partners about STI and pregnancy prevention. The responses were analyzed using logistic regression models to examine the associations between these variables. The study controlled for demographic variables and sexual behavior characteristics. The results were interpreted to understand the relationship between teens' communication with their parents and their communication with their sexual partners about risk prevention. The findings were used to inform interventions to help teens be healthier.

Major (stats) Findings:(is it stat significant)

-Parent-Teen Communication: Teens with high levels of general communication with their mothers or fathers had greater odds of talking with partners about pregnancy and STI prevention, even controlling for parent-teen communication about sexuality.

- Parent as Information Source: Teens who reported that their parents were a main source of information about sex had greater odds of discussing STI prevention and pregnancy prevention with their partners.

Limitation:

- Self-reported data: The measures of parent-teen communication rely solely on student self-report, which may not accurately represent actual discussions. There are often discrepancies between how teens and their parents experience and report communication.
- Exclusion of students with lower reading skills: The outcome measures were located at the end of the survey instrument. This may exclude students with lower reading skills.
- Limited generalizability: The sample reflects the general demographics of Minnesota students, it may have limited generalizability to other young people outside of Minnesota or the Midwest.

Citation: 10.1001/jamapediatrics.2019.2324

Title of Article: Assessment of Parent-Based Interventions for Adolescent Sexual Health A Systematic Review and Meta-analysis

Purpose/ Objective of the study: To examine the association of parent-based sexual health interventions with 3 primary youth outcomes—delayed sexual activity, condom use, and parent-child sexual communication—as well as several secondary outcomes. We also explored potential moderators of intervention effectiveness.

Sample- population of interest and sample size: This meta-analysis synthesized the results of 31 randomized clinical trials comprising 12 464 adolescent participants.

Study Design: Studies were included if they: (1) sampled adolescents (mean age, ≤ 18 years), (2) included parents in a key intervention component, (3) evaluated program effects with experimental/quasi-experimental designs, (4) included an adolescent-reported behavioral outcome, (5) consisted of a US-based sample, and (6) were published in English.

Major Findings: This meta-analysis synthesized the results of 31 randomized clinical trials comprising 12 464 adolescent participants. Across studies, there was a significant association of parent-based interventions with improved condom use ($d = 0.32$; 95% CI, 0.13-0.51; $P = .001$) and parent-child sexual communication ($d = 0.27$; 95% CI, 0.19-0.35; $P = .001$). No significant differences between parent-based interventions and control programs were found for delaying sexual activity ($d = -0.06$; 95% CI, -0.14 to 0.02 ; $P = .16$).

Strengths: Meta-analysis using a random-effects model to account for heterogeneity among the studies and finds consistent and significant positive effects of parent-based interventions on three key outcomes: delayed sexual activity, condom use, and parent-child sexual communication.

Limitation: Only includes randomized controlled trials and does not assess the long-term effects of parent-based interventions on adolescent sexual health outcomes.

Citation: <https://doi.org/10.1007/s10964-019-01077-0>

Title of Article: Evaluating the Short-term Impact of *Media Aware Parent*, a Web-based Program for Parents with the Goal of Adolescent Sexual Health Promotion

Purpose/ Objective of the study: Evaluate efficacy of *Media Aware Parent* for impacting youth outcomes related to sexual health

Sample- population of interest and sample size: 365 parent-child pairs

Intervention: $n = 172$

Control groups: $n = 183$

Majority parent participants: Mothers/female guardians, avg. 40.77 years old, reported completing some college or 2-year degree, heterosexual, married, children didn't qualify for free lunch at school

Youth participants: avg. 13 years old

Parent and youth participants: mostly white, non-Hispanic/Latino

Population of interest: Parents of a child in 7th, 8th, 9th grade

Study Design: Quantitative, Randomized Control Study

Study Methods (any other information about how they conducted the study): Randomized controlled trial design with active control group

- Parents recruited through website/flyers
- Parents proficient in english, access to laptop or tablet with wifi
- Online screener → pretest → Media Aware Parent → one month posttest questionnaire
- Youth participants completed separate questionnaires
 - Answered questions regarding their sexual health and history

Major Findings:

- Both groups reported they learned something they didn't know before
- Groups reported they were comfortable learning about adolescent sexual health through online format
- Parents who received Media Aware Parent felt more strongly that it could help them to talk to their child about sex/relationships compared to control group
 - Same parents more likely to say they would share the online resource to other parents compared to control group

Strengths:

- Intent-to-treat analyses avoid effects of non-compliance
- Inclusion of an active control allowed efficacy testing of program to go beyond effects of simply providing knowledge to parents
- Program effects self-reported by parents and validated by their child's report

Limitation:

- Longer-term research needed on Media Aware Parent on whether some effects degrade or emerge
- Majority of younger adolescents not sexually active

Citation: <https://doi.org/10.1186/s12978-020-00975-y>

Title of Article: Engaging parents in digital sexual and reproductive health education: evidence from the JACK trial.

Purpose/ Objective of the study: This study seeks to fill a knowledge void by investigating the acceptability and feasibility of utilizing online and mobile technologies (OMTs) to involve parents in sexual and reproductive health (SRH) education.

Sample- population of interest and sample size: 8000 adolescents from 66 socially and religiously diverse post-primary schools in the UK.

Study Design : cluster randomized controlled trial

Study Methods: The study used a mixed-methods approach, combining semi-structured interviews, focus groups, an online survey, and a program engagement and satisfaction questionnaire.

Major Findings:

- A total of 109 adolescents, teachers, parents, and SRH policy experts took part in semi-structured interviews and focus groups.
- 134 parents responded to an online survey.
- 3179 adolescents completed a program engagement and satisfaction questionnaire.
- Parents who accessed the materials were positive about them; 87% rated them as good or excellent and 67% said they helped them have conversations with their child about SRH.
- Web analytics revealed that 27% of contacted parents accessed the digital materials, with 9% viewing the animated films.

Strengths:

Large Sample Size: The study recruited over 8000 adolescents from 66 socially and religiously diverse post-primary schools. This large sample size increases the reliability of the findings.

Mixed-Methods Approach: This combination of qualitative and quantitative data provides a comprehensive understanding of the issue.

Limitation:

- Only 38% of teachers implemented the homework exercise, mainly because they assumed that students would not complete it or it might result in backlash from parents

These findings suggest that while digital parental materials show promise for engaging parents in SRH education, efforts should be made to increase school and teacher confidence to communicate with parents on sensitive topics to optimize engagement.