

# PROMOTING PARENTAL INVOLVEMENT IN COMPREHENSIVE SEXUALITY EDUCATION



## WHAT IS 'COMPREHENSIVE SEXUALITY EDUCATION'?

The international community has moved towards a consensual definition of comprehensive sexuality education (CSE), steering away from a primary focus on disease prevention to a more positive and holistic focus on well-being.<sup>1</sup>

**Key stakeholders** including the German Federal Centre for Health Education (BZgA),<sup>2</sup> WHO,<sup>3</sup> UNFPA,<sup>4</sup> UNESCO<sup>5</sup> and the International Planned Parenthood Federation (IPPF)<sup>6</sup> agree that CSE

- is an **evidence- and curriculum-based** process of teaching about the cognitive, emotional, social, interactive and physical aspects of sexuality.<sup>7</sup>
- starts from birth and progresses in a way that is **developmentally appropriate** through childhood and adolescence into adulthood.
- plays a key role in ensuring young people's **safe emotional and physical development**. It gradually equips and empowers children and young people with **information, life skills and positive values** to understand and enjoy their sexuality, have safer, healthier and more fulfilling relationships and take responsibility for their own and other people's sexual health and well-being.<sup>8</sup>
- strengthens children's and young people's ability to exercise their **sexual and reproductive rights** to make conscious, satisfying and healthy choices regarding relationships, sexuality and their physical and emotional health.
- is based on a **respect for human rights, gender equality and diversity** that underpins individual and community well-being.
- helps young people to **reflect on, understand and challenge harmful social and gender-based norms** and the impact these have on relationships with peers, parents, teachers, other adults and their communities.
- covers a **comprehensive range of topics** beyond **biological aspects of reproduction and sexual behaviour**, including (but not limited to) sexuality, gender, different forms of sexual expression and orientation; gender-based violence (GBV); feelings, intimacy and pleasure; contraception, pregnancy and childbirth; and sexually transmitted infections (STIs), including human immunodeficiency virus (HIV).

**CSE is an integral part of the human right to health**; in particular, the right to access appropriate health-related information, and is supported by a number of international agreements, including the *1994 International Conference on Population and Development (ICPD) Programme of Action* and related resolutions. Additionally, the UN Committee on Economic, Social and Cultural Rights views a failure to ensure that up-to-date, accurate information on sexual and reproductive health (SRH) is publicly available and accessible to all, and incorporated into educational curricula, as a violation of a State's obligations.<sup>9</sup>

**In countries where CSE is integrated into schools, evidence shows that young people wait until a later age to have their first sexual experiences; have lower teenage pregnancy and abortion rates; have higher rates of contraceptive use; and report less discrimination based on sexual orientation and gender differences.**<sup>10,11,12</sup> This is in contrast to 'abstinence-only' approaches, which have been found to be ineffective, stigmatizing and unethical.<sup>13,14,15</sup>



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## SUMMARY OF KEY EVIDENCE: PARENTAL INVOLVEMENT IN CSE

- **Parents play a key role in shaping their children’s attitudes, norms and values related to gender roles and sexuality.** Favourable parental views influence children’s attitudes, whether this is related to acceptance of CSE, uptake of HIV testing or use of contraceptives.<sup>16</sup>
- **Parental involvement in CSE improves parent-child communication on sexual and reproductive health and rights (SRHR).**<sup>17</sup> A trial in the United States reported greater communication with parents about sex and relationships, in addition to positive effects on knowledge and attitudes and greater self-efficacy to manage risky situations.<sup>18</sup>
- **Strengthening parent-child communication on CSE offers ‘protective value’ to young people, improving knowledge, reducing ‘risky behaviours’ and improving SRH outcomes.** A study in 2009 demonstrated that parent-adolescent (girl) conversations on issues relating to CSE and sexuality offer ‘protective value’, including having fewer sex partners, delaying sexual activity and increased self-efficacy for condom negotiation.<sup>19</sup> A further study conducted in the US found that when parents talked to children about sex and contraception, these young people reported fewer sexual partners and were more likely to report using contraception during their last sexual encounter.<sup>20</sup>
- **Involving parents makes curriculum-based CSE programmes more effective.** A study in the Bahamas found that including a parent component in existing CSE programmes improved young people’s knowledge, condom-use skills and perceptions, and showed marginally significant increases in self-reported condom use.<sup>21</sup> An extensive review of 44 CSE programmes found that those with higher levels of parental involvement—including communication about sex, SRH information, discussion about their children’s future values or plans, regulation of child behaviour and parental modelling of behaviour—showed the strongest effects.<sup>22</sup>
- **Involving parents of younger children—well before adolescence—through ‘early years’ interventions, can improve adolescent sexual health.** There is growing evidence that parent- and family-based interventions—well before children reach adolescence—may be an important strategy for improving sexual health.<sup>23</sup> A review of four rigorous evaluations of three schools-based CSE programmes (SHARE, RIPPLE and HEALTHY RESPECT) in the UK—where CSE programmes and the provision of SRH services were already in place—concluded that further improvements in youth sexual health outcomes could be achieved through ‘early years’ interventions.<sup>24</sup>
- **Targeted parenting interventions are effective in preventing child maltreatment,** which is a known risk factor for the later perpetration or experience of intimate partner violence (IPV) and sexual violence.<sup>25</sup>

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# PARENTAL INFLUENCE ON ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH

**Schools play a central role in delivering CSE by imparting knowledge, building essential skills and providing the opportunity for adolescents to talk about sex and sexuality with peers.** Mandatory schools-based CSE also achieves large-scale coverage, benefitting large numbers of children. **However, there is also growing evidence that working with parents—well before their children reach adolescence—may benefit sexual health outcomes for young people.**<sup>26</sup> Parents and families can play a key role in supporting the development of children's sexual identity and sexual and social relationships.<sup>27</sup>

**A BZgA survey of youth sexuality in Germany involving 3,568 young people aged 14 to 17 revealed that parents—for girls, the mother; for boys, the mother and father equally—play an important role in providing information on sex to their children.** This is particularly

true for girls, 64 % of whom cited their mother as the most important source of information on topics of sex, sexuality and contraception. Teachers, peers and the Internet are also increasingly important sources for both German boys and girls; boys cited teachers/schools as the most important. As young people get older, parents and teachers lose their dominant position as reference people, with steady partners and doctors playing an increasingly important role in advising young people on these issues.<sup>28</sup>

**Studies have repeatedly shown that favourable parental views influence children's attitudes to CSE, uptake of HIV testing or use of contraceptives<sup>29</sup> and can encourage young people to delay sex until they feel ready.<sup>30</sup>** Parents also play an important role in facilitating adolescent access to, and use of, health information and services<sup>31</sup> and help to shape community norms and

positive attitudes around adolescent sexuality and SRH. **Working with parents to encourage them to examine their own attitudes and values towards sex, sexuality, gender and relationships is very important to ensure that the messages that young people receive at home contribute to building a culture that supports choice, respect and responsibility.**<sup>32</sup>

However, many parents may feel uncomfortable and/or insufficiently prepared to provide sexuality education, lacking the confidence and skills to talk to young people about these issues.<sup>33</sup> As a result, many young people learn about relationships and sexuality from sources other than their parents, often citing friends or the Internet. These sources carry the risk of inaccurate information and potentially harmful messages.

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## ENGAGING PARENTS IN CSE

**Parental and community support or resistance has been widely recognised as an important factor that enables or constrains the implementation of CSE, both in and out of schools.**<sup>34</sup> Involving parents and caregivers in CSE initiatives is critical for a number of reasons. Ensuring their support from the outset and promoting their continued engagement can help to allay fears and prevent a backlash.<sup>35</sup> **Ensuring that parents and caregivers understand, support and get involved in the delivery of CSE is essential to achieve long-term results.** In addition, their participation provides **an opportunity for parents to critically reflect upon their own values, attitudes and experiences relating to sexuality, and builds their confidence, knowledge and skills around sexuality education.**

Parental resistance may directly challenge efforts to promote CSE (for example they may withdraw children from classes, or may model behaviours and attitudes that contradict the messages and values of CSE) consequently reducing its effectiveness. **CSE programmes are**

**not intended to take over the role of parents, but rather to work with them as partners, contributing to up-to-date, appropriate and accurate information.** The chances of personal growth for children and young people are much better if teachers and parents support one other. Across Eastern Europe and Central Asia, parents' objections—often resulting from deep-rooted cultural, political and social norms or from inaccurate beliefs that CSE promotes sexual activity—contribute to the sensitivities around discussions of sexual and reproductive rights and behaviour in a classroom context.<sup>36</sup> Despite this, research suggests that the majority of parents do in fact support the delivery of schools-based CSE. A survey conducted by the Federal State Statistic Service (ROSSTAT) and the Ministry of Health of the Russian Federation in 2012 found that 88% of Russian women aged 15 to 44 support CSE in schools to provide knowledge about pregnancy, STIs, contraception and other SRH issues.<sup>37</sup> Surveys in the US show that parents want their children to be taught about delaying sexual activity until they feel ready, and to practise safer sex when the time comes.<sup>38</sup>

Research also indicates that **parental concerns can be allayed by offering parallel programmes for parents to familiarize them with the content of schools-based CSE and their children's learning, and by providing skills-based training after school or in community settings to enable parents to communicate more openly about sexuality with their children.**<sup>39</sup> One of the most effective ways to increase parent-to-child communication about sexuality is by providing students with homework assignments to discuss selected topics with parents or other trusted adults.<sup>40</sup> Parents also need to be supported to identify and address sensitive issues, including sexual violence and abuse, as children may be at risk, or be perpetrators themselves. In many parts of the world sexual violence against adolescents is widespread and many of the perpetrators are trusted adults, including family members, friends or teachers.<sup>41</sup> Targeted parenting interventions can help prevent child mistreatment.<sup>42</sup>

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## EVIDENCE IN PRACTICE

**In response to the growing evidence base on the importance of involving parents in CSE, there are increasing numbers of interventions working directly with parents.** NGOs and UN agencies have piloted effective programmes to equip parents with the information and skills to communicate effectively on these topics. In several countries in Latin America, Ministries of Education have produced materials for parents to support their children's activities at school. In eight countries in Africa, NGOs and UN agencies have developed specific tools to support community engagement in sexuality education.<sup>43</sup>

**While schools remain the primary setting for adolescent CSE programmes, many school-based programmes incorporate a parenting component, with those with the highest level of parental involvement having the greatest effect.**<sup>44</sup> Across Eastern Europe and Central Asia, where discussions within schools about sexuality remains a sensitive area, a review of prevention education across 10 countries included a clear recommendation to develop and expand programmes to sensitise

parents and increase their support for school-based HIV prevention and SRH education.<sup>45</sup>

**In countries where CSE is lacking in schools, the role of parents in providing correct and timely information about healthy relationships becomes even more important.** In Belarus, UNESCO's Institute for Information Technologies, in partnership with the Minsk-based, adolescent-friendly health centre Doverie Trust and the Minsk Municipal Education Development Institute, has initiated a programme to deliver workshops for parents and teachers in schools across Minsk. The aim is to equip them with knowledge about key topics related to CSE and to build their confidence about 'hard to explain' and 'must know' topics. Teachers and parents also receive a booklet titled *An Open Conversation about Sexuality Education and Reproductive Health*. Feedback has been so positive that the workshops have been expanded to cover other cities across Belarus, reaching more than 80 teachers and 1,000 parents.<sup>46</sup>

**A growing number of resources and tools are available to support**

**parents in talking to their children about sexuality and relationships.**

These include examples of face-to-face workshops, such as *What should we tell the Children?* delivered in the United Kingdom.<sup>47</sup> Others, such as the ASK project (see case study) have developed online toolkits and in-depth training courses with input from parents and young people across Europe—including Austria, Denmark, Germany, Italy, Latvia and Lithuania. Parents can access these in their own time to build their confidence and skills in talking to their children. The Netherlands has integrated support to parents within its existing youth health-care system. Health-care workers provide parents with information, tools and training; and have face-to-face meetings with and monitor all children and adolescents between birth and the age of 19. There are dedicated guidelines to support young people's sexual development; these include providing tailored support to health workers and parents, for example through leaflets, workshops or training courses, including e-learning.

## CASE STUDY:

# ASK PROJECT - ASK DAD AND/OR MUM

(Parents as key facilitators: an inclusive approach to sex and relationships education in the home environment)

ASK is a consortium project involving six European partners, with the specific aim of developing material to support parents to provide better sex and relationships education to children aged 11 to 18. Project partners worked closely with parents and young people across the six European countries, conducting a series of focus groups to seek their input and ensure that the resources met their needs. Focus groups looked specifically at parents' confidence to discuss sensitive issues, including topics such as sexual violence/abuse, pornography, prostitution, puberty, sexuality in the media, sexual safety on the Internet and condoms and emergency contraception. The vast majority of parents did

not feel absolutely confident they could discuss these subjects easily with their children, for example, fewer than 25% felt able to discuss pornography.

The project went on to develop a toolkit and an online self-learning programme for parents in English, Italian, German, Danish, Latvian and Lithuanian. The toolkit includes detailed methodology and materials to help parents to give sex and relationships education to their children aged 10 to 14. It includes guidelines and practical tools for parents, including assessment and self-assessment sheets; descriptions of exercises parents can carry out with their children; tips on improving

and opening communication between parents and children; and tools for planning career-guidance activities and monitoring results. The toolkit also includes a parents' informative self-help resource, containing guidance on key facts on sexuality and relationships to discuss with their children.

In addition, the project has developed an in-depth online training programme (totalling 40 hours), based on the content of the toolkit, to provide additional support for those parents who feel unable to use it as a stand-alone resource.

More information on the ASK project is available at <http://www.askproject.eu>

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The **Federal Centre for Health Education (BZgA)** has been a World Health Organization Collaborating Centre for Sexual and Reproductive Health (WHO CC) since 2003, with a focus on comprehensive sexuality education (CSE) in Europe and Central Asia. In this role, BZgA develops documents, resources and standards for different target groups and engages in research and the organization of seminars and conferences to promote knowledge transfer and learning in the field of CSE.

### United Nations Population Fund (UNFPA)

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**UNFPA** is the United Nations sexual and reproductive health agency. Its mission is to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled, and it works in more than 150 countries and territories around the world. Guided by the 1994 Programme of Action of the International Conference on Population and Development (ICPD), UNFPA's work includes partnering with governments, civil society and other agencies to implement comprehensive sexuality education, both in schools and through community-based training and outreach. UNFPA promotes policies for, and investment in, sexuality education programmes that meet internationally agreed standards.

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