



Project Partner: Rochester Coalition for the Prevention of Teen Pregnancy

- City of Rochester, Lead Agency
- University of Rochester

CURRICULUM EFFECTIVENESS EVALUATION

Parents As Primary Sexuality Educators



Metro Council for Teen Potential and Family Resource Centers of Rochester
Parents As Primary Sexuality Educators
Curriculum Effectiveness Evaluation

Note: The Parents as Primary Sexuality Educators curriculum is delivered in Rochester, New York as part of the Family TALK parent workshop series. This workshop series is sponsored by Family Resource Centers of Rochester and Metro Council for Teen Potential.

SUMMARY REPORT

“I hope to open up free and easy conversation and let her (my daughter) know that it (sexuality) is a comfortable and healthy topic.”

“I want my kids to be comfortable in talking to me about anything.”

Introduction

“It’s important for parents to be able to talk to kids at an early age.”

The Family Resource Centers of Rochester fosters the growth of parents as their children’s first and most valuable teachers. Family Resource Centers of Rochester has been providing services to children and families in the City of Rochester, New York, for more than twenty years.

Family Resource Centers of Rochester offers a variety of early childhood and parenting education programs at five centers located in city neighborhoods. All the early childhood programs are designed to successfully prepare children for school and life through year round learning experiences. Family Resource Centers of Rochester’s holistic and strength-based approach to serving families includes partnering with parents so that programs and referrals meet the changing needs of families.

In 2001–2002, Family Resource Centers of Rochester partnered with the Metro Council for Teen Potential to revise, adapt and enhance the *Parents As Primary Sexuality Educators* curriculum, and to deliver it in a variety of new settings. As part of this project, the Department of Pediatrics, University of Rochester, Golisano Children’s Hospital at Strong, Rochester, New York undertook a program evaluation of the revised curriculum. The U.S. Centers for Disease Control and Prevention provided the funding for these efforts.

This report is a summary of the evaluation to determine the effectiveness of *Parents As Primary Sexuality Educators*, in helping parents and parent surrogates to become more confident and competent in communicating with their children about sexuality and values.

Parents As Primary Sexuality Educators

“This program recognizes that parents need help in teaching their children about these subjects.”

Parents As Primary Sexuality Educators is a curriculum that is designed to help parents feel more confident and be more competent as the sexuality educators of their children. The curriculum focuses on parents and young children from birth to age 12, and is based on child development theory. Communication between parents and children is facilitated when parents can respond to their children’s questions and experiences as they arise naturally in the course of children’s lives. This early period of child development is also a critical time for the formation of sexual attitudes.

Parents As Primary Sexuality Educators consists of four core workshops and two optional workshops. Topics include: communication skills, age-appropriate sexual knowledge, human anatomy and reproduction; and values and standards to guide behavior. The curriculum promotes parents’ awareness of their role as educators who model and communicate both information and values throughout the lives of their children. It supports parents to act intentionally in their role as educators.

Parents As Primary Sexuality Educators is designed to be culturally sensitive. A Spanish-language version of the curriculum has been developed, and the curriculum has also been adapted for teen parents. Facilitators of the workshops receive 12–15 hours of training in sexuality education and group process, and participate in on-going education and supervision. A wide-range of parents have participated in both urban and suburban settings including elementary and middle schools, family resource centers, neighborhood organizations, religious congregations, public libraries, county jails and daycare programs.

Summary of Evaluation

“This is what parents need. It was a comfortable setting to talk about this subject.”

“It helped me to be more open and honest about values and expectations.”

The Family Resource Centers of Rochester conducted a total of 27 of the workshop series between February 2001 and April 2002 at various sites within Rochester in neighborhoods with high teen pregnancy and STD rates. Parents attending the four- to five-part workshop series were asked to participate in a program evaluation. Program staff administered written pre- and post-surveys to parents and parent surrogates (grandparents or foster parents) at the beginning and end of each series. A follow-up telephone survey was conducted ten weeks after the last workshop. 243 participants completed the pre-survey, and of this group, 174 (72%) completed the post-survey, the telephone survey, or both. Participant responses at baseline were compared for different follow-up groups using ANOVA, and no differences were found. Post and telephone follow-up measures were collapsed to create a single follow-up measure.

Summary of Results

The workshops series proved to be effective with regard to: parent attitudes, behaviors, and their feelings of comfort and competence. Comparing the pre- and post-responses, a higher percentage of participants responded that discussing sexuality with their children was very important after they attended the workshop series (75% – pre vs. 83% – post).

After attending the workshops, more participants reported that they were more comfortable discussing sensitive topics. They more often initiated conversations with their children on sex/intercourse, pregnancy and how babies are born, sexuality and gender issues, HIV/AIDS and other STDs, and their standards for sexual behavior. More participants reported that they were very comfortable answering their children's questions about their bodies and how they develop, sex/intercourse, HIV/AIDS and other STDs, pregnancy and how babies are born, sexuality and gender issues and their standards for sexual behavior.

More participants (72% vs. 93%) reported that they were knowledgeable about resources that could help them communicate with their children about sexuality.

Respondents also were very positive in their evaluation of the facilitators and the workshops overall.

Detail is provided in the appendix at the end of this report.

Conclusion

“The program has allowed me to become more comfortable and knowledgeable when talking about sex.”

“It changed my fear of answering questions from my child.”

The evaluation found evidence that *Parents As Primary Sexuality Educators* is an effective way of increasing parent/child communication about health, sexuality and values.

Several recent studies have underscored the powerful impact of parent-child communication on adolescent sexual activity. Child Trends, a national organization dedicated to researching children, youth and families, issued a review in May 2002 of more than 150 studies on adolescent reproductive health. “Teens whose parents talk about sex and birth control with their children, and communicate strong disapproval of sexual activity, are more likely to have positive reproductive health outcomes,” the study noted.¹

Researchers who interviewed mothers and their adolescents about condom use also found that frank family discussions had a measurable impact on behavior.¹¹ The survey of 372 sexually active adolescents (14- to 17-year-olds) in New York, Alabama, and Puerto Rico found that mother-adolescent discussions before first sexual intercourse greatly increased the percentage of young people who use condoms, both for their first intercourse and for subsequent acts.

The Guttmacher Institute, in an August 2001 review of the federally funded, school-based National Longitudinal Study of Adolescent Health (Add Health) noted that teens who have good relationships with their parents are far more likely to delay sexual activity than their peers. These teens are more likely to use contraception when they do become sexually active and are less likely to become pregnant.ⁱⁱⁱ The Add Health Study was the largest, most comprehensive survey of adolescents and parents ever undertaken in the United States. Consistent with the goals of *Parents as Primary Sexuality Educators*, the Add Health study found that parents, and not just peers, have tremendous influence over their children. Young people are more likely to make healthy choices about relationships, sexuality and contraception when parents give clear messages about delaying sex and when parents spend time with their children.^{iv}

This report was prepared by Jonathan Klein, MD, MPH, Premini Sabaratnam, MPH, Beatriz Pazos, MPH, Melissa Matos, MA, Caryn Graff, MPH, MBA, Mary Jo Brach and Christine Christopher, supported by a grant from the Centers for Disease Control through the Metro Council for Teen Potential. For more information contact: Mary Jo Brach, Family Resource Centers of Rochester, (585) 458-2208 and/or Dr. Jonathan Klein, Division of Adolescent Medicine, Golisano Children's Hospital at Strong, (585) 275-7760.

The Parents As Primary Sexuality Educators 2000 curriculum revision is the work of Mary Jo Brach, James S. Evinger, Mona Jimenez, Roseann Kraus, Edward Lemon, Jr., Carolyn Micklem and Shirley Sharp.

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- ⁱ Manlove, Jennifer, et al. Preventing Teen Pregnancy, Childbearing, and Sexually Transmitted Diseases: What the Research Shows, May 2002.
- ⁱⁱ Miller, K.S., et al. "Patterns of condom use among adolescents: The impact of mother-adolescent communications," American Journal of Public Health, October 1, 1998.
- ⁱⁱⁱ Dailard, Cynthia. "Recent Findings From the 'Add Health' Survey: Teens and Sexual Activity," The Guttmacher Report on Public Policy, August 2001.
- ^{iv} Resnick, Michael D, et al. "Protecting Adolescents from Harm: Findings from the National Longitudinal Study on Adolescent Health", *Journal of American Medicine*, Sept. 10, 1997

APPENDIX

PAPSE Program Evaluation Data (N=174)

Gender:

92 % Female
8% Male

Race (information obtained from attendance sheets):

n=139

53% Black
35% Caucasian
8% Hispanic
4% Other
1% Multiracial

Relationship to the children for whom the participant was taking the course:

80% Parent
11% Grandparent
9% Guardian or surrogate parent role

Average number of children under the age of 18: 3 children

Average age of the oldest child: age 8

Average age of the youngest child: age 4

How important is it to you to talk with your children about sexuality? (n=173)

	Pre	Follow-up
Not Important	2%	1%
Somewhat Important	6%	2%
Important	17%	13%
Very Important	75%	83%

How important is it to you to talk with your children about health? (n=171)

	Pre	Follow-up
Not Important	1%	0%
Somewhat Important	2%	1%
Important	13%	12%
Very Important	85%	87%

How important is it to you to talk with your children about your values? (n=171)

	Pre	Follow-up
Not Important	1%	1%
Somewhat Important	2%	2%
Important	9%	12%
Very Important	87%	85%

How often do you start conversations with your children about their bodies and how they develop? (n=162)

	Pre	Follow-up
Never	10%	4%
Rarely	15%	12%
Sometimes	47%	40%
Often	29%	43%

How often do you start conversations with your children about sex/intercourse? (n=162)

	Pre	Follow-up
Never	35%	25%
Rarely	25%	27%
Sometimes	25%	24%
Often	15%	25%

How often do you start conversations with your children about HIV/AIDS and other sexually transmitted diseases? (n=167)

	Pre	Follow-up
Never	40%	28%
Rarely	19%	21%
Sometimes	23%	25%
Often	19%	26%

How often do you start conversations with your children about pregnancy and how babies are born? (n=164)

	Pre	Follow-up
Never	19%	18%
Rarely	25%	13%
Sometimes	30%	34%
Often	26%	35%

How often do you start conversations with your children about sexuality and gender issues? (n=167)

	Pre	Follow-up
Never	16%	15%
Rarely	20%	13%
Sometimes	45%	37%
Often	20%	35%

How often do you start conversations with your children about your standards for sexual behavior? (n=171)

	Pre	Follow-up
Never	25%	20%
Rarely	15%	14%
Sometimes	34%	29%
Often	26%	37%

How comfortable are you answering your children's questions about their bodies and how they develop? (n=161)

	Pre	Follow-up
Very Uncomfortable	4%	2%
Somewhat Uncomfortable	8%	5%
Somewhat Comfortable	36%	21%
Very Comfortable	52%	72%

How comfortable are you answering your children's questions about sex/intercourse? (n=158)

	Pre	Follow-up
Very Uncomfortable	11%	4%
Somewhat Uncomfortable	22%	6%
Somewhat Comfortable	34%	37%
Very Comfortable	32%	53%

How comfortable are you answering your children's questions about HIV/AIDS and other sexually transmitted diseases? (n=153)

	Pre	Follow-up
Very Uncomfortable	9%	3%
Somewhat Uncomfortable	11%	5%
Somewhat Comfortable	33%	26%
Very Comfortable	48%	65%

How comfortable are you answering your children's questions about pregnancy and how babies are born? (n=155)

	Pre	Follow-up
Very Uncomfortable	5%	1%
Somewhat Uncomfortable	8%	3%
Somewhat Comfortable	29%	18%
Very Comfortable	58%	77%

How comfortable are you answering your children's questions about sexuality and gender issues? (n=156)

	Pre	Follow-up
Very Uncomfortable	5%	2%
Somewhat Uncomfortable	12%	5%
Somewhat Comfortable	40%	30%
Very Comfortable	43%	64%

How comfortable are you answering your children's questions about your standards for sexual behavior (n=157)

	Pre	Follow-up
Very Uncomfortable	6%	1%
Somewhat Uncomfortable	12%	6%
Somewhat Comfortable	29%	24%
Very Comfortable	53%	69%

Do you know where to find resources to help you communicate about sex with your children? (n=155)

	Pre	Follow-Up
Yes	72%	93%
No	28%	7%

How useful did you find the role play exercises in helping you talk with your children? (n=160)

Not Useful	1%
Somewhat Useful	14%
Useful	36%
Very Useful	49%

How useful did you find the video in helping you talk with your children? (n=140)

Not Useful	1%
Somewhat Useful	6%
Useful	39%
Very Useful	53%

How useful did you find the workshops in making you more aware of the importance of talking with your children about sexuality and health? (n=163)

Not Useful	0%
Somewhat Useful	6%
Useful	26%
Very Useful	68%

How would you rate the overall workshop series at helping you...

...talk with your children about sex and sexuality? (n=165)

Very Poor	1%
Poor	0%
Good	24%
Very Good	66%
Didn't attend	7%
Wasn't offered	2%

...determine what sexual information to teach children at different ages?

Very Poor	1%
Poor	0%
Good	25%
Very Good	62%
Didn't attend	11%
Wasn't offered	1%

...understand male and female anatomy?

Very Poor	0%
Poor	1%
Good	20%
Very Good	68%
Didn't attend	10%
Wasn't offered	2%

...share your sexual behavior standards with your children?

Very Poor	1%
Poor	1%
Good	27%
Very Good	59%
Didn't attend	9%
Wasn't offered	2%

...understand more about sexually transmitted diseases?

Very Poor	1%
Poor	1%
Good	19%
Very Good	58%
Didn't attend	12%
Wasn't offered	10%

How would you rate the workshop facilitator?

Very Poor	0%
Poor	0%
Good	6%
Very Good	64%