Involving Parents
in Reproductive Health Education for Youth

In some cultures, parents and family members such as aunts, uncles, elder sisters and grandparents are influential sources of knowledge, beliefs, attitudes, and values for children and youth. They are role models who shape young people’s perception of gender roles and influence the choices that youth make about their own sexual behavior. Parents and other family members often have the power to guide children’s development toward healthy sexuality as a natural, normal, and progressive experience within the life cycle. They can help their children develop and practice responsible sexual behavior and personal decision making. There is some evidence that teens who live in stable family environments and are close to their parents are more likely to remain sexually abstinent, postpone intercourse, have fewer partners, and use contraception.¹

Yet in almost all societies, educating children about sex is not a task that parents and other family members find easy. Many feel uncomfortable talking with children about the subject. Perhaps they are reluctant to expose their own lack of knowledge about anatomy, physiology, or other related information. They may worry about how much information to give at what age, based on the unfounded belief that the provision of this information will lead young people to experiment with sex. Many adults did not receive sexuality education themselves, and some have fears arising from their own negative sexual experiences.⁷ Adult family members, therefore, tend to shy away from actively educating youth about issues relating to sexuality. What many fail to realize is that giving no information or evading young people’s questions can send negative messages about sexuality.

When young people do not get information at home, they seek answers elsewhere—from peers, the media or their observations of other adults. This can lead to misinformation and the persistence of damaging myths, making young people vulnerable to unwanted and unprotected sexual experiences. The result may be unplanned pregnancy, sexually transmitted infections, and low self esteem. In cultures where young people report wanting information from adult family members about sex and reproduction, educating parents and other family members can help adults feel more confident in addressing the reproductive health questions and concerns of youth.
What is a Parent Education Program?

Helping parents and other adults in the family to effectively educate young people about sexuality and to discuss the subject in the context of a loving family requires a concerted effort. Parent education programs have as their goal to improve adults’ skills for educating and communicating with youth, especially about sexuality and reproductive health.3,7 These programs typically provide parents and other adult family members with:

- Education to foster understanding of the advantages of their assuming a proactive role in young people’s understanding of human sexuality and forming relationships as an integral part of the life cycle;
- Cognitive information around sex, sexuality and reproductive health;
- The communication skills needed to respond to young people’s questions, convey sexual values and attitudes, and seize appropriate opportunities to initiate discussions about sexuality and other reproductive health issues;
- Support to examine the positive and negative myths and values that influence their own and their children’s attitudes and behaviors as they relate to gender equity, forming sexual relationships, and other reproductive health issues; and
- Informational materials and institutional support which offer encouragement and, when needed, additional information to continue discussions with children on issues relating to sexuality and personal decision-making.

How Should a Parent Education Program Be Set Up?

Parent education programs are most effective when they operate holistically within the socio-cultural context of changing family patterns and work through existing networks of learning institutions and neighborhood organizations.7 While programs vary in their format, many are implemented within an institutional framework to ensure broad impact and a high level of support for staff implementing these efforts. This framework can exist within both the public and private sectors.

Appropriate settings for educational programs include parent-teacher associations, social or civic clubs, labor unions, religious groups, and other organizations whose members are likely to be parents of children or adolescents.7 To attract interest, marketing flyers can be distributed to raise community awareness of the program and provide details of when and where sessions are to be held. For example, a program in Belize organized by the Margaret Sanger Center International advertised its parent education program with flyers made widely available in pharmacies.

Brochures or simple booklets on key themes are important resources to distribute to parents and adult family members for them to refer to. Program monitoring should be
conducted regularly to collect information on the sessions held and adults reached. Equally important is the need for supervisors to meet with facilitators to ensure the quality of their work and provide them with moral support as they deal with sensitive issues.

**What Is Known about Parent Education Programs?**

Although efforts to teach parents and other adult family members to be the primary sexuality educators of youth is relatively new, pioneering projects have been supported by international organizations. These include UNFPA, WHO, UNICEF, IPPF, and the Margaret Sanger Center International. Among the lessons learned from these projects are:

**Mobilizing community support for parent education is crucial for program success.**

Terms need to be defined for policymakers and other influential community leaders at the outset. In Sierra Leone, for example, program design negotiations conducted with the Ministry of Health were vague. This resulted in a protracted debate as to whether the government would actually approve a curriculum for parents that addressed sex-related discussions. Getting approval to proceed delayed that process and set the program’s progress behind by several months.

Underscoring that parent education programs help preserve family values—which many policymakers believe are being eroded by westernization—can help gain acceptance for undertaking a program. In Malawi, government resistance to initiating a parent education program began to fade when officials understood that educating parents to express their values while providing accurate information helps to ensure that the best of family religious and cultural values are shared with young people. In the Dominican Republic, PROFAMILIA initiated a youth-run contraceptive education and distribution program. After the first youth training sessions were held and some parents objected to the content, PROFAMILIA changed its tactics and trained the parents of young people first.

Sometimes it is possible to build adult interest in young adult reproductive health (YARH) education through their children. In Mexico, MEXFAM sponsored training for its peer educators, who told their parents about their experiences and knowledge gained. The parents became so interested that many asked MEXFAM to offer the same course to them, resulting in the development of a parent education program.²⁰

**Curriculum design should be participatory with input from the community and its young people.** Designing curricula and trainers’ manuals should be a broad-based
Experience suggests that working with representatives from key government agencies, NGOs working with teens or adult family members of youth, and at least two young people will give the undertaking a strong reality base. Gender mix is also important, as is the participation of professionals who are also parents. In Zimbabwe, for example, staff from the Ministries of Education and Health, the National Family Planning Council, and the local IPPF affiliate who had participated in curriculum design for parent education later helped defend the curriculum against attacks. They could do so because sensitive issues had been debated in their workshop and agreed upon by all.

**Careful selection of facilitators is key. Their training should focus on building comfort and skills levels for discussing sexuality.** Facilitators who will work with adult family members should be selected based on their willingness to discuss sexuality and comfort level in providing information, discussing feelings and values, and being non-judgmental about others’ sexual attitudes and behavior. The Parastatal Parents Association in Tanzania, working through the National Parents Association, recruited a mix of leaders and volunteers as their primary team of facilitators. Many formally-trained educators could not overcome their discomfort with the subject matter while community volunteers, with less formal training, emerged as able facilitators who had mastered the information and could comfortably engage parents in discussions around sensitive issues. In Egypt, a UNFPA-supported project at the Al-Azhar University trained Muslim theologians to conduct non-formal education and counseling of parents in reproductive health, sex education, and family planning. They focused on building family communication within the context of Islam.

A training of trainers workshop generally requires at least two weeks to complete. Factual information needs to be interspersed with exercises to give facilitators an opportunity to strengthen their communication skills and comfort level with the topics under discussion. For example, discussing stories about fictional characters involved in a sexual dilemma provides opportunities for workshop participants to question behaviors and, in the process, to understand their own values as they relate to giving information.

**Monitoring by supervisors who understand the curriculum will ensure that program goals are met.** Effective parent education programs benefit from having a project coordinator who participates in all aspects of the program. In Malawi, for example, the parent education coordinator was from the Ministry of Women, Children’s Affairs and Community Services. As she moved each operational phase of the project forward, she ensured that the project gained commitment from within the Ministry, which was initially dubious about its cultural appropriateness. In Zimbabwe, the National Family Planning Council trained district supervisors as facilitators, even though they did not carry out the program directly.
understanding of program content helped them monitor the program, resulting in sustained numbers of parents reached and a continuing level of observation of how field staff were facilitating sessions.\textsuperscript{21}

**Program evaluation should be built around realistic indicators.** Measuring impact of many educational programs remains a difficult area. With parent education programs in particular, long-term assessment becomes more complex because it is difficult to measure whether young people’s personal decision-making around sexual behavior is influenced positively by young people’s discussions with adult family members. Nonetheless, some realistic measurements should be built into the program design to assess changes in participants’ knowledge and skill.

In Tanzania, facilitators working with illiterate populations were trained in how to verbally assess changes in knowledge by asking group participants to list such things as key communication points which enhance parent-child discussions or to call out the names and function of body parts following a session on anatomy.\textsuperscript{22} Assessing role-play performance by parents participating in programs can also help determine whether communication skills are being learned.\textsuperscript{14} While the contraceptive practice of young people is generally not a realistic evaluation criterion for parent education programs, in Viet Nam program evaluators found an increase in contraceptive practice among parents who had participated in an education program which included sessions on contraceptive methods and their benefits.

**Parent education can open the door for other types of interventions.** Parents and other adult family members who participate in education programs are often more willing to favor other efforts, such as in-school sex education. They do so because they understand what will be taught or that they are ill-equipped to educate their children about sexuality and reproductive health. In Egypt, the New Horizons program built support for sexuality and reproductive health education for young adolescent girls in conservative rural areas by educating parents about how their daughters’ possession of accurate information can result in concrete benefits to the family, such as healthier babies and reduced risk of disease. Informational materials for the girls were developed and field tested with parents, resulting in a built-in sensitivity to prevailing community attitudes and beliefs as well as broad support among adults for the program.

\textit{The In FOCUS series summarizes for professionals working in developing countries some of the program experience and limited research available on young adult reproductive health concerns. This issue was prepared by Peter Purdy and Clare Ramsey of the Margaret Sanger Center International of Planned Parenthood of New}
York and reviewed by outside experts and the staff of the FOCUS program. This publication and others can be downloaded from the FOCUS website, <www.pathfind.org/focus.htm>.

References


17 Advocates For Youth. 1998. "Open Up, Listen Up!" (A collection of pamphlets, activities, multimedia reviews and resource listings to answer parents questions about talking with adolescents about sexuality.)


20 Stewart, L. 1998. FOCUS on Young Adults. Personal communication. August 16.


