

Developing a Practical Parenting Workshop:  
A Case Study in Family Sexual Communication

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## **Abstract**

This dissertation discusses the development and assessment of a parent intervention and training program. Out of concern for the sexual health of adolescents in the United States, both parents and researchers have called for programs assisting parents in the sexual education of their children. Encouraging sexual communication and increasing the number of families who feel confident engaging in this type of communication are essential in promoting sexually healthy behaviors and reducing the number of young people engaged in risky behaviors. There is a clear need for parenting programs that focus on this topic. The project discussed in this dissertation was developed with this need in mind. A parenting program called Beyond Birds and Bees was developed to help parents communicate about sex with their children in a way that is consistent with their family values and with research on parent-child sexual communication. This program was then assessed by the program developer and participants. The goal of developing this program was to utilize existing research and put forth a practical application of what researchers already know – children who talk with their parents about sex are more likely to make sexually healthy decisions. Programs like this are important in advancing our understanding of the practical dimension of facilitating family sexual communication. It is hoped that this program encourages other researchers to think about ways to apply the research in applied communication.

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## CHAPTER 1:

### Introduction and Rationale

This dissertation discusses the development and assessment of a parent intervention and training program. Out of concern for the sexual health of adolescents in the United States, both parents and researchers have called for programs to assist parents in the sexual education of their children (Forehand, Miller, Armistead, Kotchick & Long, 2004; Miller, Kotchick, Dorsey, Forehand & Ham, 1998; Oliver, Leeming & Dwyer, 1998). Parent-child sexual communication (PCSC) has been linked to sexually healthy behaviors in adolescents and the delay of risky behaviors (Hutchinson, 2002; Whitaker, Miller, May & Levin, 1999). For the purpose of this dissertation, PCSC is defined as any communication between a parent or parent figure and their child(ren). Sexual communication is defined as any communication about sexual topics including development, puberty, dating and relationships, sexual activities (manual, oral, vaginal, and anal sex), and beliefs or values related to these topics. As discussed later in this chapter, parents' ideas of sexual communication are often much more limited in content than the definition provided here. Despite its positive influences, PCSC is not as common or comprehensive as it should be. Encouraging further sexual communication and increasing the number of families who feel confident engaging in this type of communication are essential in promoting sexually healthy behaviors and reducing the number of young people engaged in risky sexual behaviors. There is a need for parenting programs that focus on this topic. The project discussed in this dissertation was developed with this need in mind. A parenting program was developed to help parents

communicate about sex to their children in a way that is consistent with their family values and with research on PCSC. The goal of developing a program like this was to utilize existing research and put forth a practical application of what researchers already know – children who talk with their parents about sex are more likely to make sexually healthy decisions.

An intervention program like this is important in advancing our understanding of the practical dimensions of facilitating family sexual communication. This case study will be discussed in this dissertation. First, current literature on adolescent sexual behaviors and influential sources will be reviewed. Further rationale will be provided for why research should focus on PCSC and why intervention programs like this are needed. In reviewing the literature on adolescent sexual behavior and on PCSC, it becomes quite clear that researching this topic is important. It also becomes clear that while there is extensive research on this topic, there have been few practical applications of this research. A brief overview of the mixed methodology used for this project will also be provided in this first chapter. Chapter 2 outlines the planning and development stages of this intervention program, followed by a description of the program's content in Chapter 3. This case study is primarily analyzed qualitatively, but some quantitative data was gathered; both assessments are included in Chapter 4. Finally, reflections and thoughts on moving forward with this research and intervention programs are provided in Chapter 5.

### **Review of Literature**

Today's young people are having sex at earlier ages (Rossi, 1997), with multiple partners, with people they do not know well (Feldman, Turner, & Araujo, 1999), and are

experimenting in diverse sexual behaviors (Centers for Disease Control and Prevention, 2009; Sonenstein, 2001). Nearly fifty percent of all high school students have had sexual intercourse and that number rises with each year of age (CDC, 2009). While nearly fifty percent admit to having intercourse, the percent of sexually active teenagers increases when considering participation in other sexual behaviors such as oral sex (CDC, 2009). Adolescents often view oral sex as safe because the public does not teach the dangers involved; instead the public concentrates on basic discussion of intercourse or no discussion of sex at all (Haffner, 2008a).

Sexual activity at a young age is concerning for many because of the emotional and physical implications. It's often viewed as risk-taking activity because of the possible outcomes related to sexually transmitted infections and pregnancy. According to the Center for Disease Control (2009), almost 40% of sexually active teenagers are not using condoms regularly and 77% are not using other forms of birth control such as the pill. Not using protection and having multiple sexual partners make the risk for infection and pregnancy high in this age group. In fact, teenagers have the highest STD rates among all age groups in the United States (Santelli, Lindberg, Abma, McNeely & Resnick, 2000; Troth & Peterson, 2000), contracting half of all new sexually transmitted disease cases each year (CDC, 2009; Weinstock, Berman, & Cates, 2004). Furthermore, teen pregnancy rates in the United States are much higher than in other western industrialized nations and the majority are unintended (Kirby, 1999; Santelli et al., 2000). These facts cause concern for the overall sexual health of adolescents and lead to questions regarding what can be done to improve adolescent sexual health. This data indicates a need to reach

young people early with messages about sexual risk prevention and making sexually healthier decisions.

In an effort to improve these statistics and out of concern for youth, the media, educational systems, peer networks, and parental figures all try to influence how young people view sex and sexuality (Berne & Huberman, 2000). As imagined, this often means children are receiving mixed messages regarding sexuality. They are confused about what to think, what to abstain from and what to engage in, and how to communicate the questions they have; they rely on those sources in attempt to develop their own sexual values and beliefs. To better understand the influences of these sources, a brief overview of each is provided.

The media is an important sex educator for young people as they look to it for information about sexuality, dating, and relationships. Adolescents find the amount, as well as the variety of sexual content, interesting to their eager minds and sexual curiosity (Pardun, L'Engle & Brown, 2005). Despite having the highest teen birth rates and STD rates compared to other countries, the United States has failed to provide effective media campaigns targeting adolescents on how to protect themselves (Berne & Huberman, 2000). Teens are viewing sexual behavior but not sexual protection or prevention. The media often portrays "single, young people engaging in casual sex without commitment, protection, or consequences, while references to responsible behavior are rare" (Berne & Huberman, 2000, p. 190). Television has been criticized for its treatment of sexual behavior since adolescence is a time when young people are being urged to refrain from sex because of STD and pregnancy rates. This media influence is unhealthy since the

more sexual media an adolescent views, the more likely the adolescent is to engage in sexual behavior (Pardun et al., 2005). Moreover, adolescents who view media sexual content as realistic are likely to be swayed into having permissive sexual attitudes and beliefs leading to sexual behavior (Taylor, 2005).

Another factor contributing to the confusion of adolescents is the lack of adequate sexual education in schools. The debate over whether sexual education should even be addressed in schools has been around for decades (Berne & Huberman, 2000). There is still no conclusion in this controversial debate. This is one reason why each state, and often each local school district, is left to control their own sex education curriculum (Berne & Huberman, 2000). Some choose an “abstinence only” program which teaches that no sex is the only safe sex. These programs do not educate children about contraceptives, communication skills about sex, or how to accept themselves as sexual beings (Berne & Huberman, 2000). While there is a growing recognition that at early grade levels sexual abstinence is the only appropriate discussion (Donovan, 1998), many agree a more comprehensive program, which includes issues typically not covered in “abstinence only” programs, should be taught (Berne & Huberman, 2000).

Comprehensive programs tend to at least mention contraception, communication skills, and self-acceptance, but are still limited in their discussion of other important sexual topics. They are often limited in the discussion of the emotional or social context of the sexual behavior, such as how many partners an adolescent has had, how long the partners have known each other, if alcohol or other drugs were used, and so on (Whitaker, Miller & Clark, 2000). These issues may be crucial to helping adolescents

understand the context and future implications of sexual behavior.

Teachers also contribute to the inconsistency in sex education. Teachers who are told to bring sex education into the classroom often feel uncomfortable talking about sex due to their own personal discomfort regarding sexuality, as well as their lack of preparation to discuss such a heavy topic with children. Therefore, they leave out more controversial topics such as masturbation, sexual orientation, abortion, and oral sex (Donovan, 1998). Despite the freedom to teach comprehensive sex education, many teachers focus on “safe” topics such as anatomy and abstinence (Donovan, 1998). As a result, rarely does sex education go beyond the dichotomous “sex or no sex” discussion.

Seemingly, there is a lack of consistency about sexual communication in the United States that ultimately creates problems for adolescents and educators alike. Schools are indecisive about the format of the education and educators are unsure of how to approach the topic in the classroom. Therefore, students do not receive the tools needed to be sexually healthy adolescents. In fact, some students say they were not "educated" about sex, but merely "received information" about sex (Shoveller, Johnson, Langille, & Mitchell, 2004). According to Berne and Huberman (2000), the result of these problems “is that young people not only have to look elsewhere for important sexual health information, they are unable to develop a social norm that fosters sexual responsibility among those who become sexually active” (p. 194).

One place adolescents look for more information about sex is their peer groups. One study of Midwestern sixth-graders found almost 90% of the participants believed their peers had intercourse by the end of eighth grade, though only few of them actually

had engaged in the behavior (Robinson & Telljohann, 1999). Teens who are waiting to have intercourse often feel as if they are the minority, which can cause earlier initiation of intercourse in some easily influenced adolescents (Robinson & Telljohann, 1999). In fact, adolescents who believe more than a few of their friends are sexually active are more likely to engage in sexual behaviors than to remain abstinent (Hampton, McWatters, Jeffery & Smith, 2005).

Adolescents are aware of the contradicting and confusing messages sent by the media and their schools. Therefore, at early ages they turn to their peers to talk about sex (Shoveller et al., 2004). For some adolescents, the peer influence may be positive in that it is an outlet for their questions and concerns, but for many the peer influence can be detrimental. Adolescents often report feeling a sense of insecurity communicating about sex with their peers. Their fear of rejection is so strong they silence their beliefs and change their behaviors in order to gain respect from their peers (Shoveller et al., 2004). The type of peer influence naturally varies with each individual, but the power of peer influence is undeniable.

Adolescence is a confusing time when mixed messages are sent, specifically regarding sex. Improving understanding of adolescent sexuality assures progress toward creating sexually healthier youth. No source is as consistent as parent-child sexual communication (PCSC) in decreasing adolescent sexual risk behaviors (Hutchinson, 2002; Whitaker et al., 1999). Increasing the understanding of parent-child communication is vital in improving adolescents' sexual health. A further analysis could be done on the ways media, schools, and peers communicate about sex, but it is far less controversial to

help parents communicate their own values to their own children (Kirby & Miller, 2002) and it has proven to be an effective source of improving adolescent sexual health (Hutchinson, 2002; Whitaker et al., 1999).

Parents are in a “unique position to deliver tailored, time-sensitive prevention messages to their preadolescent children that are consistent with their family values” (Wyckoff, Miller, Forehand, Bau, Fasula, Long, & Armistead, 2008, p. 650).

Unfortunately, PCSC is not as frequent or as thorough as it should be (Fisher, 1986; Jordan, Price, & Fitzgerald, 2000; Miller et al., 1998; Rosenthal & Feldman, 1999).

When parents and their children do talk about sex it is often awkward and uncomfortable. This is unfortunate since PCSC has consistently proven to decrease adolescent sexual risk behaviors, delaying the onset of intercourse and increasing protection when intercourse does occur (Hutchinson, 2002; Whitaker et al., 1999). PCSC has also been linked to increasing the sexual communication between adolescents and their partner (Whitaker et al., 1999). Helping adolescents understand their own sexuality, preparing them for potential consequences, and helping them create healthy perspectives are vital in raising sexually healthy adolescents (Jaccard, Dittus, & Gordan, 2000).

As a fundamental resource for adolescents, parents have a major impact on their children’s lives (Jaccard et al., 2000), specifically when it comes to sexual activity. Both the parent-child relationship and parent-child communication about sex have proven to be influential on adolescent sexual behaviors.

## **Parent-Child Relationship**

The connection between the family relationship and adolescent sexual activity has been researched but has offered only a few consistent claims. All but a few studies indicate that closeness in the parent-child relationship is associated with adolescents' delaying sexual initiation, having fewer sexual partners and using more consistent protection and contraception when engaging in sexual activities (Jaccard et al., 1996; Resnick & Bearman, 1997). Closeness and connectedness seem to serve as a "protective factor." Adolescents in families that are not close experience emotional vulnerability and may therefore seek intimate relationships with their peers through sexual behaviors. Part of the closeness discussed in research comes from parental openness with adolescents (Miller et al., 1998). Parental openness and self-disclosure creates an atmosphere for parents to influence the sexual behavior of adolescents and develop a trustworthy relationship with their child (Neer & Warren, 1988). Closeness between parents and adolescents leads to increased communication about sexuality which has positive effects, as previously discussed (Fisher, 1990). However, if parents and adolescents become too close the relationship may have a reverse effect. Parents who seek extreme closeness with their adolescents may end up encouraging sexual permissiveness (Taris & Semin, 1997). Finding the balance is key and a challenge for many parents.

Parental monitoring is another relational component influencing adolescent sexual behavior. Specifically, having family rules and routines, along with supervision of dating are associated with delays in intercourse and having fewer sexual partners (Danziger, 1995; Ku, Sonenstein, & Pleck, 1993; Miller, 2002). Some researchers suggest that

parental monitoring might influence these behaviors indirectly by monitoring the friendships of their child (Miller, 2002). By decreasing the association with peers involved with risky behaviors, parents may be indirectly reducing their child's involvement with risky behaviors.

To this point, it appears that parents who are open and close with their children, but not too open or too close, and who demonstrate parental monitoring may be able to positively influence their child's sexual attitudes and behaviors. While research does not clearly define more links between the overall family relationship and adolescent sexual activity, the connection between sexually specific communication within the family has been more clearly defined.

### **Parent-Child Sexual Communication (PCSC)**

Parent-child communication about sexually specific topics has consistently proven to decrease adolescent sexual risk behaviors, delaying the onset of intercourse, and increasing protection when intercourse does occur (Hutchinson, 2002; Whitaker et al., 1999). This specific communication has also been linked to increasing the sexual communication between adolescents and their partner (Whitaker et al., 1999). As encouraging as the research is on the influence of this communication, the research on the frequency and quality of this communication is not as positive. Unfortunately, explicit PCSC is not as frequent or as thorough as it should be (Fisher, 1986; Jordan et al., 2000; Miller, et al., 1998; Rosenthal & Feldman, 1999). Parents and children engage in PCSC both implicitly and nonverbally from very early on in the child's life, but specific and deliberate communication is lacking, and that is what most researchers focus on studying.

When parents and their children do explicitly talk about sex it is often awkward and uncomfortable. This is unfortunate since their communication has proven to be impactful. The majority of parents believe it is their responsibility to be the primary source of sex education for their children (Jordan et al., 2000). Yet, they may not always actually engage in sexual communication. Parents and adolescents report inconsistencies regarding whether or not sexual communication actually occurs. Most parents report talking to their adolescents about sex, but few adolescents recall actually having these conversations (Fisher, 1986; Jordan et al., 2000; Miller et al., 1998).

The discrepancies could be a result of the different interpretations and expectations parents and children have about this type of communication. The meaning of certain events, actions, and conversations may be different at different points in time based on the changes in the relationship (Dixson, 1995). Since adolescence is a time of many changes within the child, interpretations of events are also likely to change. The more conversation and dialogue-based a parent-child relationship is, the more likely the relationship will share interpretations and expectations (Dixson, 1995). Though parents often report the desire to talk with their children about sex, and often believe they already have, an agreement of what is actually discussed is not attained. This discrepancy often results in a lack of understanding of what PCSC actually looks like (Jordan et al., 2000; Miller et al., 1998), as well as discrepancies in comfort and satisfaction of this type of communication.

**Content of PCSC.** When parents and children do agree on having talked about sex, what does the communication consist of? Parents typically report they cover at least

some aspect of puberty, physical development, and reproduction (Rosenthal, Feldman, & Edwards, 1998). Furthermore, sexually transmitted diseases, specifically HIV and AIDS, are also commonly discussed (Jordan et al., 2000; Miller et al., 1998). The discussions of such topics are not necessarily related to the individual, but perhaps merely mentioned as a general risk of sexual activity and a reason not to engage in sexual intercourse (Jordan et al., 2000). More personal issues, or private matters, such as sexual development, masturbation, oral sex, and pornography are rarely discussed among parents and their children (Rosenthal et al., 1998; Jordan et al., 2000). When asked, parents claim they are willing to discuss the more private sexual issues, such as masturbation and oral sex, with their children but actually do so infrequently and inconsistently. Some parents tend to use catalysts such as television, peers, and school programs to initiate sexual communication (Rosenthal et al., 1998). Though using one of these methods may provide a less threatening environment, it may lead to inconsistent messages or create less serious implications about sex and sexuality. Overall, parents do report communicating about sex with their children, although the communication does not appear to be comprehensive.

Unlike their parents, few adolescents recall sexual communication (Fisher, 1986; Jordan et al., 2000; Miller et al., 1998). Adolescents consistently report no communication occurred when asked to recall specific topics addressed (Miller et al., 1998; Rosenthal & Feldman, 1999). There are a few factors which could explain this limited recollection. The sexual communication may have occurred at an age when the child may not have been old enough to retain the information (Fisher, 1986); therefore, the child does not remember having such conversations. Another possible explanation is

that the communication was not clear or explicit; perhaps there was a discussion of a friend's unexpected pregnancy or a celebrity's promiscuous behavior and the adolescent did not consider the information to be "communication about sex." It is also possible adolescents simply recall statements such as "don't get pregnant" or "don't do that" and do not consider those commanding statements to be sexual communication (Fisher, 1986).

Adolescents who do recall talking with their parents about sexual topics report being sent messages about developmental aspects such as puberty, physical changes, and so forth. Recollection of more private topics such as masturbation and oral sex is often limited (Miller et al., 1998). Additionally, adolescents recall sexual communication which is tailored to their gender. For example, adolescent females typically recall information about menstruation, abortion, and pregnancy more so than their male counterparts. Male adolescents recall communication about masturbation and wet dreams more than females, although discussion of those topics is still limited (Rosenthal & Feldman, 1999).

Parents also report altering their communication based on the child's gender (Heisler, 2005). Mothers are more likely to talk about self-esteem related sexual topics with their daughters. Fathers are more likely to have the basic sex talk with their sons. Fathers are less likely to talk about physical developments with their daughters (Heisler, 2005). In addition to telling sons and daughters different things, the research cited above provides evidence that parents typically talk more about these topics with their same-sex child. While both males and females report most sexual communication occurred with

their mothers as opposed to their fathers, the greatest amount of overall sexual communication is usually in the mother-daughter dyad (Rosenthal & Feldman, 1999).

Fathers can play an important role in the sexual education of their children by providing children with unique perspectives, especially to their daughters. Fathers can enhance their daughters' overall understanding of men and provide insights that mothers may not be able to (Hutchinson, 2002). Research suggests a few reasons why father-daughter sexual communication is often the most limited. When fathers discuss sex with their daughters, they are reminded that their daughters are sexual beings, which is difficult and discomfoting for many parents to acknowledge, but specifically fathers (Heisler, 2005). Fathers may expect their sons to be sexual and feel more familiar with what happens during adolescence for males, and therefore sexual communication is not as uncomfortable. Daughters also find father-daughter sexual communication uncomfortable and prefer communication to be with their mothers. Adolescent females are aware of their fathers' struggle to accept their emerging sexuality and this awareness contributes to their own discomfort talking to their fathers about sex. Both male and female adolescents say their mothers are more open-minded and better able to engage in perspective taking, meaning they may be more willing to communicate with their mothers about a variety of topics, but specifically about sensitive topics such as adolescence and sex (Heisler, 2005).

It is unfortunate that PCSC is not more family-based communication, but often is limited to one parent and one child (often of the same gender) and restricted to topics seemingly more relevant for one gender. Encouraging sexual communication about all

topics that comes from both mothers and fathers is an important advancement of this field of research.

**Comfort and satisfaction with communication.** Why is PCSC so rarely recalled by adolescents and so often avoided by parents? Parents may limit the amount of sexual communication with their children for many reasons. Many parents suggest a fear that they lack knowledge on the subject. Some parents feel a need to do better than their own parents did in terms of talking about sex, but fear they do not know the most effective ways to do so (Geasler, Dannison, & Edlund, 1995). Though parents are concerned about this, it at least suggests they have the desire to provide guidance and engage in open communication with their child. Adolescents' reactions to parent-initiated sex communication may also deter the communication. Parents report that their adolescent is often unresponsive or claims to already know the information (Rosenthal et al., 1998). This shows adolescents' discomfort and unwillingness to discuss sexual matters, making it difficult for parents to feel at ease communicating about the topic. This lack of reciprocation on the child's part makes it unlikely that future communication will occur (Rosenthal et al., 1998). Some parents suggest that they do not want to talk about sex with their children because they do not want to seem encouraging of sexual activity. Parents also want to protect their children from unnecessary sexual discussion. Therefore, parents limit sexual communication at early ages so their children can keep their "innocence". Though parents feel they are protecting the child, it only protects the parent from having an uncomfortable discussion (Geasler et al., 1995).

Many adolescents fear discussing sex with their parents for some of the same

reasons parents do not like to talk about sex. Adolescents' experience with sexual behaviors or lack of sexual knowledge may create a sense of embarrassment. Therefore, many adolescents claim it is not important for their parents to talk to them about sexual issues (Rosenthal & Feldman, 1999). If parents are going to talk about sex, many adolescents believe it only needs to be about sexual safety and protection. Adolescents are so uncomfortable with sexual communication they ignore their need to be knowledgeable about other sexual matters (Rosenthal & Feldman, 1999).

One of the leading reasons communication is avoided is because both parents and adolescents feel uncomfortable talking about certain topics (Pluhar & Kuriloff, 2004; Rosenthal et al., 1998). Much of parental discomfort likely derives from adolescent discomfort (Jaccard et al., 2000). Though parents report feeling uncomfortable during sexual communication, their level of comfort is still reported as being higher than adolescents' level of comfort. Adolescents rarely desire future sexual communication with their parents due to previous uncomfortable discussions (Fox & Inazu, 1980) that lead to fear or embarrassment about sexual topics (Rosenthal & Feldman, 1999). Adolescent females report tension when simply thinking about PCSC. This may be related to the desire to receive guidance and advice from parents but not wanting to take the risk of exposing private information about their own sexual activity or sexual thoughts (Fox & Inazu, 1980).

Adolescents' perceptions of their parents' feelings are also related to their own discomfort. Adolescents who believe their parents overreact and are judgmental are less willing to engage in sexual communication, whereas adolescents who feel their parents

can relate to them feel more comfort when discussing sex (Pluhar & Kuriloff, 2004).

Adolescents feel more comfortable when adults (parents) discuss their past experiences in relation to the adolescent's current experiences. Being "real" with one another and sharing experiences in an open manner increases their comfort level (Pluhar & Kuriloff, 2004). Yet, general discomfort may result in altered communication or dishonesty about actual experiences in order to decrease the risk involved in sharing personal information.

Though adolescents are generally uncomfortable talking about sex with their parents, some adolescents do wish their family sexual communication was more extensive. Adolescents wish their mothers were more open and discussed parental experiences (Heisler, 2005). Perhaps if adolescents view their parents as more open, satisfaction of the communication will increase. Overall, adolescents report being moderately satisfied with the sexual communication with their parents. Due to its natural discomfort, perhaps family sexual communication will never be truly satisfying, but rather stay neutral. However, if PCSC was more open then satisfaction might increase. In turn, sexual communication might occur more frequently.

Some adolescents even initiate communication about sex. When this is done, parents are assured the lines of communication are open, but they may lack control. Parents may have to answer questions they do not know the answer to or feel inappropriate sexual topics are being addressed (Rosenthal et al., 1998). So, while it reduces parental anxiety about initiating PCSC, it may create more discomfort due to the lack of control and preparation over what to say and how to respond to questions their child may ask.

## **Need for Parent Education Programs**

Despite the apparent complexities of PCSC, it is evident that adolescents desire communication with their parents about this topic and that parents are looking for ways to improve PCSC. The need for programs geared toward helping parents with PCSC has been recognized in recent years (Oliver et al., 1998). Researchers have explicitly called for evidence-based programs that could offer the knowledge and skills required for this type of dialogue. Miller and colleagues (1998) discussed the need for parents to adopt an open and receptive approach to talking about sex with their children. This means the parents need to have adequate knowledge, be able to listen, talk openly and freely and understand the feelings behind the comments and questions their children ask.

Researchers acknowledge that parent education programs on this topic would help raise parental self-efficacy and responsiveness in handling these tough topics (Phetla et al., 2008) Further, it has been recommended that parents receive assistance with content, style, and frequency of sexual communication along with skills for addressing their own family values (Hutchinson, 2003). Communication researchers study effective communication techniques and the influences of the parent-child relationship and then make these recommendations for application. Yet, there have been few efforts in going through with the application of this research.

The research on adolescent sexual behavior has encouraged various sources to focus on development and implementation of prevention programs, but they are typically geared for adolescents and focus on prevention of risky sexual behavior (Armistead, Clark, Barber, Hugley, Favors & Wyckoff, 2004). Considering the role parents play in

adolescent sexual behaviors, it is surprising how little effort has been put into developing programs focusing on the family (Armistead et al., 2004). Adolescents prefer to receive information about sex from their parents (KFF, 2009). Therefore, there is a natural suggestion for more parenting programs on this topic.

Few programs like this have been developed. The few that exist are quite extensive and recognized nationally, yet they have limitations. In 2004, *The Journal of Child and Family Studies* published several articles outlining a program called “Parents Matter!”. This was an extensive, community-based family intervention program established to help parents communicate with their children about sex. As a whole, this program should be recognized for its effort in reaching out to parents and providing an extensive overview of PCSC. However, it only targeted African American families and was only implemented for parents with children who were 9-12 years old (Dittus, Miller, Armistead, Kotchick & Long, 2004).

Another program is called “Talking Parents, Healthy Teens”. This program was geared for parents of children in grades six through ten and was held over the lunch hour at the parents’ place of employment as a work-based intervention program. It was an eight-week program that focused on communication skills such as listening and building relationships, and helping their children make decisions, cope with conflict, and be assertive (Eastman, Corona, & Schuster, 2006). As with other programs that have been developed, the focus was limited to a particular age group and not made available to the public. There is good reason for these programs to be so narrow, especially in terms of program assessment and from a research standpoint. While these existing programs are

beneficial, there is a need for programs that overview sexual communication for parents of children of any age, in a shorter time frame, and in a setting where they may feel comfortable, rather than in a more research-based context.

As demonstrated, family-based intervention programs are critically important in this area. Effective parenting programs can reduce some of the problems adolescents are bound to experience by promoting sexually healthy behavior (Forehand et al., 2004). Parents need to be aware of the risks associated with sexual activity and the importance of discussing this topic with their children at early ages. They should also feel supported in their efforts to engage in ongoing discussions about sex and share their own family values about sex. Ultimately, parents need knowledge about this topic, as well as guidelines for how to talk about this topic with their children. Parents need the skills to increase their comfort and confidence in discussing sex with their children in a timely and meaningful way (Dittus et al, 2004).

It is our responsibility, as researchers, to establish practical applications of our research to help parents where they need it most. There is a demand for help in this area and there is research to utilize, so a practical parenting program about PCSC is logical. Parents can benefit from the advice of social scientists who have immersed themselves in the theories and dynamics of parent-child communication (Jaccard, Dodge & Dittus, 2002). Giving parents an opportunity to benefit in this way is a great application of our field of study.

## **Methodology**

A practical parenting program called “Beyond Birds and Bees” was developed. Using mixed methodology, the rest of this chapter provides rationale for the methods utilized. As a case study, qualitative ethnographic methods were used and then basic quantitative data was collected to supplement the researcher’s observations and analysis of the program.

Qualitative methods are incredibly useful in the communication field; they are effective in capturing the complexity of communication phenomena. They allow the researcher to report on the complex context in which the interaction occurs, and are therefore capable of generating knowledge and contributing to theory (Keyton, 2006). In qualitative approaches, the researcher is the primary data collection instrument and assumes an active, fluid, and subjective role (Lincoln & Guba, 1985). This preserves the form and content of human interaction, which is important for researchers who are interested in the whole of a phenomenon regardless of how complex it gets (Keyton, 2006).

Qualitative research is particularly useful for studying sensitive topics (Keyton, 2006), such as sex and sexual communication. It is also a preferred method when the researcher wants to be immersed in the interaction context, when the communication environments are real, the participants are natural actors in the setting, and the communication outcomes are real (Keyton, 2006). The parenting program discussed in this dissertation was a real applied program, analyzed for this project but not conducted solely as a research project. Rather, this program was requested by the community (as

discussed in Chapter 2) and delivered to parents who were genuinely interested in the topic, unrelated to it being a research project. Therefore, the communication environment was real and the participants were natural actors, and any outcomes of the program were real. Furthermore, because the researcher who developed and analyzed the program was the same researcher who implemented and delivered the program, the researcher was naturally immersed in the context. This provides the rationale for qualitative research in writing about the Beyond Birds and Bees program.

This particular project is structured as a case study. A case study is a qualitative mode of inquiry useful when the purpose of a study is to understand complex data in a specific context (Morse & Richards, 2002). A case study could include one person or many and/or a process, event or program, bounded by time and activity (Creswell, 2003; Stake, 1995). As a one-time event, Beyond Birds and Bees fits this description.

This case study is a mixed method project in which quantitative assessment of data is utilized, as well as ethnography. Ethnography allows researchers to immerse themselves in a particular interaction and even become one of the interactants. This allows the researcher to observe and understand how communication is generated and responded to in a particular context (Braithwaite, 1997). The advantage to this method is that the researcher is immersed in the context where the communication occurs, and is therefore able to be more intimate with the context and interact in a way that is not possible with other methods (Keyton, 2006). As previously stated, the researcher was naturally immersed in the process of developing, implementing, and assessing the Beyond Birds and Bees program.

While qualitative methods are useful and excellent approaches to understanding various communication phenomena, the researcher needs to consider several implications of qualitative methods before beginning. Conducting qualitative research is not linear, and therefore cannot be planned out in its entirety before entering the field (Keyton, 2006). For this project, the researcher could plan the content of the program and consider possible outcomes, but a certain amount of flexibility was required to make the most of this parenting program. Most qualitative researchers are motivated to conduct an investigation because they have experienced a situation that the literature does not adequately address (Keyton, 2006). This was the case with the Beyond Birds and Bees program. As discussed previously, while the literature on PCSC is extensive, the application of it is not. Therefore, this researcher was motivated to address that gap in the research through the development of this program.

As part of ethnography, the researcher should immerse him/herself in the existing literature to help them prepare to make the most of their time in the field (Keyton, 2006). This was done throughout the process of this program, starting with identifying the existing literature on PCSC and then referring to sexuality educators' suggestions in developing the content of the Beyond Birds and Bees program. This helped the researcher identify what important content to include was, as well as how to address it in this context. After spending time in the literature, the researcher must then choose a method of data collection (Keyton, 2006). This project utilizes the researcher's field notes, interviews with participants, and both quantitative and qualitative assessments of the program by those who participated as data.

The researcher's field notes were used as a primary form of data. Researchers must acknowledge their role in the research process, particularly in qualitative methods. One way to do this is to keep a personal journal of the research experience (Lindlof and Taylor, 2002). This allows the researcher to document emotions, thoughts, and questions about the process and reflect on their role as a researcher. This journal can also be a form of data serving as evidence for the researcher's observations of the event being analyzed. As a case study, the researcher's notes in this project were a primary form of data collection. Taking notes and keeping a journal throughout the process was instrumental in documenting the development of the program as well as reflections after the program was implemented. Those field notes, along with the other data collected, are discussed further in Chapter 4.

"Thickness" of description is key in ethnography (Geertz, 1973). The more detail that goes into the description of an event, the more in-depth the understanding of the event can be. This leads to more meaning in each element described (Lindlof, 1995). Providing this description is important in gaining more meaning from the Beyond Birds and Bees program. The researcher was in a unique position being the program advocate, assessor, and analyst; therefore, there were ethical and practical considerations that kept the researcher from truly delving into the participants' lives and worldviews in a more ethnographic way. So, while the researcher notes the importance of "thick description" and provides as much detail as possible (in Chapters 2 and 3 where the planning of the program and content are discussed, respectively), the role the researcher played throughout the process limited the true ethnographic nature of this dissertation. Lindlof

(1995) asserts that process and product are joined closely in ethnography and that was certainly evident in the writing of *Beyond Birds and Bees*.

Establishing credibility is important in qualitative methods the same way reliability and validity are in quantitative research. Qualitative researchers can do this through triangulation and member checking. Triangulation is the use of several types of data. This allows the researcher to be more confident in their findings and conclusions (Keyton, 2006). As previously mentioned, several types of data were collected in this project. A simple quantitative assessment of the program was conducted to supplement the qualitative feedback from participants as well as the researcher's extensive field notes.

Member checking is another way to develop credibility as a qualitative researcher. This involves taking the research findings back to some of the individuals involved in the data collection. In doing so, the researcher can confirm that his/her findings are accurate reflections of what the participants experienced (Keyton, 2006). Having individuals who are intimately familiar with the specific case, who review the researcher's findings, may generate additional questions to examine or uncover assumptions that the researcher may have overlooked (Keyton, 2006). This was done in this project by meeting with a contact person employed by the organization where *Beyond Birds and Bees* was held. This contact person also attended the program as a parent. The researcher frequently met with the contact person to confirm expectations for the program development, as well as observations about the program's outcomes. These conversations were a way for the

researcher to check that the observations and evaluations were reflective of what the participants experienced.

Through triangulation and member checking, the researcher of this project believes the information provided is credible and useful for analyzing the parenting program developed. Now that the need for a program like Beyond Birds and Bees has been established, and justification for the qualitative nature of this dissertation has been discussed, the remainder of this dissertation outlines the planning and development of the Beyond Birds and Bees program, the content of the program, as well as a thoughtful analysis of the program.

## CHAPTER 2:

### Planning the Program

Beyond Birds and Bees was developed for parents of children ages two through fifteen. The goal of the program was to offer instruction and guidance in parenting skills related to sexual communication and to help parents evaluate and communicate their own values and expectations about sexual behavior. The planning and development of the program are discussed in this chapter.

The researcher of this dissertation was the sole developer and implementer of this program. Developing and planning Beyond Birds and Bees took several months. The researcher was asked by a local Lutheran church to develop and implement this research-based program to help parents communicate to their children about sex. The church is located in a medium sized suburb of an upper Midwest city. The community is predominantly made up of white, middle to upper class families, and is fairly conservative in values. It is important to note that the parents who attended the program came from this demographic (also discussed in Chapter 4). The Director of Family Ministries at the church heard of the researcher's area of interest and graduate school research through friends in the community and contacted the researcher to discuss the potential for a program like this. She saw the need for the type of work discussed in Chapter 1 of this dissertation. According to the Director, "parents are at a loss for how to initiate and maintain this type of communication with their children. They are searching for answers through church ministries and neglecting the importance of their own influence" (J. Dibbern, personal communication, April 21, 2011). The Director's

comment supports what other religious organizations and leaders have been noting for quite some time. A pastor and researcher, Dr. Dobbins (2011) urges churches to provide this opportunity for parents by saying that “one of the most valuable ministries you can have for the children and youth of your church is to provide their parents with a class where they can be trained by competent committed Christians to be the primary sex educators of their children.” Furthermore, he states

I know there are some good self-help books out there, but today's parents need more than self-help books. They need a safe and sacred place where they can share their common concerns about the sexual future of their children, a place that will help them find the answers to questions they know their children are going to ask once they open up the subject with them (Dobbins, 2011).

There is a need for this type of program to be conducted in a place where parents feel they are being supported and their values are acknowledged. The church that sponsored Beyond Birds and Bees recognized the parents in their congregation needed this type of program in a safe and sacred place. However, it was the church’s desire to limit the religious connotation of the program. The church wanted the researcher to be aware of its values and beliefs surrounding sex and sexuality but keep the program research-based. The program was marketed to the entire community and people from various religious backgrounds were invited to attend. Rather than forcing attendees to hear the church’s theology on sex, it was the church’s desire that parents be educated on effective ways to communicate with their children that simply supports their individual family values, regardless of religion. This was also the researcher’s goal. Researchers naturally bring their own perspective into research, but it is also their obligation to remain as unbiased as possible. Therefore, this program was not an effort to promote the

individual church's values or the researcher's personal values, although it was held on the church's property and primarily marketed to the church community. This was a program designed to help parents communicate their own family values to their own children. This understanding between the church and the researcher was made early on and guided the researcher throughout the planning and development of this program.

### **Instructional Communication/Adult Learning**

Effective training programs for adults require knowledge of how adults prefer to learn and the basics of instructional communication. There was a focus on adult learning research, specifically with training programs, throughout the planning of Beyond Birds and Bees. In order to take the content developed and effectively implement it with a group of parents, the researcher needed to review literature from instructional communication research.

The process of developing a training workshop can be understood through Beebe, Mottet, and Roach's (2003) needs-centered approach. In utilizing this process to plan Beyond Birds and Bees, the researcher first needed to identify the needs of the trainees by doing some initial assessment and upfront research (Beebe et al., 2003). This helped ensure that the content of the program matched what the parents needed to learn and what they wanted to learn. The subsequent parts of the development process depended on the researcher being able to recognize and identify the needs of the parents who would attend Beyond Birds and Bees. Doing this started early through conversations between the researcher and Director at the church. The Director was able to suggest a few topics that parents seem to be most interested in learning, such as conversation starters for PCSC

and how to handle the sexual behaviors of their children's friends. In addition, to meet this need, when parents registered to attend the program they were asked to complete a brief questionnaire. In that questionnaire, they were asked about the PCSC experienced up until that point, as well as any specific topics or questions they had about PCSC. This was used to initially assess where parents were already at in terms of comfort and frequency of PCSC and to determine specific topics parents were hoping to cover in the program. This allowed the researcher to get information about what the parents were hoping to learn from this program and tailor some of the content immediately prior to the program.

Without more extensive communication with the attendees prior to the program, the researcher had to rely on existing research to determine the needs of the parents. Research on PCSC, as discussed in Chapter 1 of this dissertation, suggests that parents want to know *how* to initiate conversations with their children and how to engage in a lengthy conversation about these taboo topics (Geasler et al., 1995). Parents also want to know what their children already know about the topics, what they have been taught in schools or through friends, and some parents want to know what their children have personally experienced. Part of this desire is that parents want to know what their child's beliefs are about the topic (Rosenthal et al., 1998). Parents want to know not only how to communicate about these topics so that their child will listen, but also so that their child will respond and communicate back to the parent. They also have the desire to know how their child would feel most comfortable talking about these topics, but again do not always know how to access this information (Rosenthal et al., 1998). This research

influenced the content of the Beyond Birds and Bees program, discussed in detail in Chapter 3 of this dissertation.

Other important needs that were considered for the attendees of Beyond Birds and Bees were those that children think are important for their parents. Research suggests adolescents think parents are good communicators (and therefore they are willing to communicate with them) when parents exhibit good listening skills, conflict management skills, conversational management skills (rather than interviewing type skills), when parents communicate trust and use up-to-date wording and phrasing (Heisler, 2005). Knowing this helped the researcher identify what the parents need to know in order to better communicate with their children about these sexual topics.

In addition to the parents' desires and needs, and the adolescents' thoughts regarding parental communication skills, another important need considered was the need of the organization hosting the program (Beebe et al., 2003). By doing an initial needs assessment of the church hosting Beyond Birds and Bees, the researcher was able to learn what the organization was hoping for from the workshop. As previously mentioned, the church hosting Beyond Birds and Bees saw the need for parents to learn more about PCSC. Parents had been asking leaders of the church for guidance in how to handle specific sexual topics or manage the sexual communication within their families. The church wanted parents to reflect on their individual family needs and values, but also understand the research about PCSC. The church specifically asked the researcher to not focus on any religious component. The church also asked that the researcher be aware of their religious perspective and theology on sex and sexuality, merely to provide

background on where most of the parents were coming from. To do this, the researcher reviewed the church's Commission on Sex and Sexuality (LCMS, 1981). This Lutheran church promotes abstinence until marriage and sexual fidelity within the married relationship. Reading the commission document helped the researcher understand the specific values of the church and the values of several of the parents attending the program. However, the program was marketed in the community and to other religious denominations so the Lutheran church's philosophy on sex did not guide much of the program's content.

Finally, in considering the trainees' (parents) needs, it was important to understand the specific learning needs of adults. Beebe et al. (2003) discuss three laws of learning that must be taken into consideration when developing a training program for adults: the Law of Effect, the Law of Frequency, and the Law of Association. The Law of Effect says that people learn best under pleasant and rewarding conditions. For this to happen in *Beyond Birds and Bees*, the researcher needed to make sure the setting was conducive to adult learning. Establishing this started early in the planning stages when deciding when to hold the program and how long the program should last. With the Law of Effect in mind, it was decided that *Beyond Birds and Bees* would be split into several sessions. Each session would be geared for parents of different aged children. This would allow the content to be more specific. The hope was that parents would be more satisfied with age-specific content. The researcher contemplated several options for how to split up the age groups and when to deliver each session. The church already had established various age categories for the youth in the church. Those categories were compatible with

how other sex educators organize their content in books and research about sexual development. Those categories were ultimately used as guidelines for how to separate the age groups for this particular program.

It was decided that Beyond Birds and Bees would cover children ages two through fifteen. This meets the need for parents to start talking about sex with their children at early ages and sets them up for sexual communication throughout early adolescence. The specific age categories used were: toddlers-kindergarten, first-third graders, fourth-sixth graders and seventh-tenth graders. Again, this was consistent with what other researchers use to guide their developmentally based sex education as well as the categories already established by the church through their children and youth ministries. It was decided that the program would not extend into later adolescent children because the goal is to initiate communication before sexual behaviors begin (Kirby, 1999; Santelli et al., 2000). As discussed in Chapter 1, PCSC should be established before the high school years. The goal of this program was not to fix PCSC but to encourage it and strengthen it. That means families need to start early. The goal was to help parents understand the importance of PCSC and give them the tools and confidence to build it into their family communication. The researcher and Director at the church talked about doing a session for parents of older adolescents at a later date. For this particular program, it was agreed that the focus be on parents of younger children.

The researcher also needed to decide the best timing to deliver these four sessions. There were several options considered. Initially, the researcher thought each session should be held on a different night to allow parents the ability to attend all four if desired.

Considering parents' busy schedules this seemed a viable option. Conducting two sessions each day over one weekend was also considered. After discussing the options with several parents in the community and reflecting on the pros and cons, it was ultimately decided that all four sessions would be held on one day. It seemed that parents would rather commit one day to this type of program, rather than possibly four days spread out over one month. The researcher also decided that retention might be higher if parents could stay from one session to the next, rather than waiting a day or even a week to come back. The researcher was concerned that parents might lose interest after one session or lose motivation after attending one session if they had to wait to come back for another. As part of the Law of Effect, this was considered in effort to create a pleasant and enjoyable program. A one day event fit with the church's schedule as well. It also seemed appropriate considering this was the first time the church would sponsor an event like this. Keeping the program back to back on one day seemed like the best approach for the first run of this program.

Initially, the Director suggested 60 or 90 minute sessions since all four would be held in one day. This didn't match the researcher's goal. Parents need time to get comfortable hearing about and discussing this topic. They need time to ease into this discussion. Considering the amount of time it would take to introduce each session, warm up parents to the topic, deliver extensive and important content and also conclude each session, the researcher determined a two hour session was ideal. After making this decision, the schedule for the one day event was created. Each session would last two hours; there would be a half hour break between each session and an hour break for

lunch. These breaks would allow the researcher to gather materials and prepare for the next session but also allow parents the option of moving around and talking with other parents between sessions. It was hoped that this would also contribute to an overall positive experience.

Something as simple as the way the room is arranged can also influence the perception of a comfortable learning environment. The room used for Beyond Birds and Bees was a small group discussion room located in the church. Several round tables were set up in a U-shape around a fireplace and there was a speaking platform for the researcher. There was a table for coffee and snacks and parents were urged to get comfortable. All of these efforts were made to establish a sense of comfort and respond to the Law of Effect.

The Law of Frequency is another law discussed by Beebe et al. (2003). The more often people practice a behavior, the more likely they will use that behavior in the right way. The researcher took this law into consideration when planning the format of the program. The researcher intended for parents to practice any skill taught during the program. If the researcher saw someone doing something inaccurately, it would be corrected so parents do not learn through repetition the wrong way to do the skill. The researcher also intended to make sure that parents were given plenty of opportunities to practice the skill so this law was in effect.

The third law is the Law of Association which states that every new idea is best learned if it is related to something people already know. The researcher considered this law by incorporating analogies and language that parents use and understand. The

program also allowed for parents to share real-life examples so they could relate to what other parents have experienced. Considering all of these Laws was done in hopes of maximizing the satisfaction and success of an adult training program like Beyond Birds and Bees.

Beebe et al. (2003) remind researchers and educators that adults learn quite differently from children. Their research discusses specific ideas to consider when planning a program like this. Parents attending Beyond Birds and Bees needed to know why the specific skills and topics mentioned are important for them to know. The researcher needed to understand that the parents may even be critical of the program. Therefore, the researcher needed to make efforts to help the parents understand why the specific topics discussed were chosen and how they will be beneficial. Because several of the attending parents would have already engaged in some PCSC at some point, the researcher needed to make sure the parents did not feel that their past efforts were failures, but rather opportunities for further learning. Adults are internally motivated and ready to learn (Beebe et al., 2003). Therefore the parents would want the researcher to focus on skills they can really use in future PCSC. Capitalizing on their motivation was key in developing the content of this program.

The next step in developing a program like this was to develop a task-analysis (Beebe et al., 2003). Essentially, this meant writing a detailed and step-by-step description of exactly what the parents should know and be able to do in order to succeed in PCSC. The researcher started to do this by reviewing the needs of the parents and the church, as well as the existing literature on PCSC. The researcher made this task-analysis

as comprehensive as possible. Part of this process was to determine what the researcher already knew about the topic and what the researcher still needed to learn. Eventually, this led into the content of the program.

Beebe et al. (2003) then suggest developing the training objectives, which are explicit statements of the outcomes the researcher hopes the attendees will accomplish after the program. The researcher identified specific behaviors that the parents should be able to perform after attending Beyond Birds and Bees. Considering the needs assessment, as well as the two hour time limit, the researcher needed to carefully choose three main objectives. Based on the research and information gathered, the first training objective for this program was: “At the completion of Beyond Birds and Bees, parents should have a clear understanding of their own values related to sex and sexuality and be able to communicate those values with their children.” A second objective was: “At the completion of Beyond Birds and Bees, parents should be able to effectively initiate age-appropriate conversations about sexual topics with their children.” The final training objective for this particular program was: “At the completion of Beyond Birds and Bees, parents should be able to accurately engage in active listening during a conversation about a sexual topic. This includes being able to summarize the child’s feelings, paraphrase and describe their beliefs, and ask questions to elicit further information.” These three training objectives were considered throughout the development of the program content. Keeping these in mind helped the researcher narrow down content and focus on what was important for parents to know.

The next step in developing a parenting program like this is to complete the training plan (Beebe et al., 2003). This is when the researcher finally writes a description of the sessions planned. Based on the needs assessments and the training objectives created, the researcher can develop the content necessary to train the parents in the workshop.

The researcher reviewed the literature on PCSC, as well as the literature by the leading sex educators in the United States, to develop the specific content. There are a few experts in teaching parents how to communicate with their children about sex and they served as valuable resources for this program. The researcher analyzed their work and contacted them for personal communication. One of the leading sex educators, Debra Haffner, also happens to be a Christian pastor. She agreed to be interviewed by the researcher. In that phone interview, Haffner shared her thoughts about effective parenting programs and important topics to cover. In addition, Haffner (personal communication, July 6<sup>th</sup>, 2011) stated that the goal of a program like this is to simply help parents understand their own values related to sex and sexuality. She warned the researcher that parents may ask for more specific guidelines and suggestions, but the researcher must refrain from sharing personal thoughts. While the other educators contacted were not available for interviews, the interview with Haffner was encouraging and informative and helped the researcher focus the program's content, discussed in Chapter 3.

A general outline was created for all four sessions to maintain consistency. Each program would start with an overview of why PCSC is important, citing research reviewed in Chapter 1 of this dissertation. Then, each session would highlight a few

important topics to discuss with children of that particular age group. Those topics were determined by the existing research on what is developmentally appropriate and necessary for children in that age group. Common questions parents have during that age and common questions children have at that age would also be discussed. It was decided that parents needed to be taught a specific communication skill to help PCSC be more comfortable and manageable. Active listening was chosen as a necessary skill for parents of all ages to learn. Active listening has long been used in counseling and family therapy; it is recognized as a primary tool for family communication (Geldard & Geldard, 1998). Active listening allows parents to help their children tell his/her own story and to identify troubling issues. This helps the child feel that the parent is paying attention and valuing the information that they are receiving (Geldard & Geldard, 1998). Since it is a highly valued skill in both the communication and counseling field, it was decided this was a necessary skill for parents to understand in hopes of improving PCSC. Specifics of the active listening component of the program will be discussed in Chapter 3.

After outlining the content of each session, the researcher went forward writing a script for each session. It was quickly realized that there was too much content to discuss in a two hour period. The content would have to be narrowed down to stay within the time frame. The goal was to provide parents with some initial tools to initiate and improve PCSC, not necessarily to discuss every sexual topic they might be interested in hearing about. Beyond Birds and Bees was a program developed to help parents learn how to communicate their own values, so this became the focus of all the sessions. Spending time in each session helping parents identify their specific sexual values was

important in sending the message that they are the primary sex educators, not the church or the researcher, but the parents themselves. The specific content for each session is detailed in Chapter 3.

When the content of the workshop was established, the researcher also needed to consider the best training or teaching methods (Beebe et al., 2003). The researcher decided to start each session with lecture format. In doing so, the researcher could ensure that all parents got the same information in the same way. This approach allowed the researcher to disclose why PCSC is important and concisely share the information with everyone. Lecture may not engage parents fully so the researcher planned to use plenty of examples and ask for the parents' thoughts during the lecture to keep them engaged. The researcher made efforts to try and keep participation high during the lecture, and also to use visual aids such as power point and a workbook to reiterate the information in a variety of ways (Beebe et al., 2003). After hearing a lecture on the research and discussing important sexual topics, parents would be given the opportunity to ask questions and talk with other parents about their ideas and concerns, as well as practice the active listening skill.

### **Preparing for Delivery**

After creating the content of Beyond Birds and Bees, the researcher created a workbook for all the parents attending the program. This workbook served as a visual aid to keep parents' attention, but also to deliver the material in another format. Four workbooks were created, one for each session. Each workbook included several resources for parents. It outlined the program and gave them room to take notes on each topic

discussed. Each of the questions discussed in the program was written in the workbook with space for notes. Furthermore, the researcher provided two worksheets related to family values. One worksheet was a long list of questions parents should consider before communicating to their children about sex (see Appendix A). The other worksheet was created so parents could think about their values related to specific sexual behaviors (see Appendix B). Quite often, parents say their family promotes abstinence, but they have not thought much beyond that. They are confident in the belief that their children should remain abstinent from sexual intercourse as long as possible. When their seventh grader wants to date, or is caught kissing someone, the parent is unsure of how to respond because they have not fully analyzed their family sexual values (Haffner, personal communication, July 6<sup>th</sup>, 2011). The worksheet created was designed to get parents thinking about various sexual behaviors and when, if ever, they think the behavior is appropriate for their child. This was all related to the first training objective stated above. The workbook also listed resources for parents who are interested in reading more about the topic. The packet was printed and given to each parent who attended the session.

The Director at the church started marketing the program at the church and within the community a couple months prior to the program's date. Flyers were posted around the church and distributed in various adult ministries at the church. The church hosts several groups for mothers in the community and the program was discussed in detail at their meetings. The Director contacted the local paper who wrote an article about the program and gave details on how to register. Members of the church were notified about the program in church services and by email.

The week prior to the program, the researcher was able to run-through the content in the room reserved for the program. This allowed the researcher to practice with the equipment and feel more comfortable with the program's location. After all this planning and preparation, the program was ready to be delivered. The following chapter details the content of the program. The assessment and reflection of the program are discussed in the last two chapters of this dissertation.

## CHAPTER 3:

### Content of the Program

This chapter discusses the content of the Beyond Birds and Bees program. As discussed in the previous chapter, the program was divided into four sessions based on age of children. This allowed for developmentally appropriate and age-specific information to be shared with parents. Essentially, the researcher used a script to lead each session. The script was written with conversational tone, rhetorical questions, and some humor to make the content more comfortable for parents. This chapter will not address that part of the script, but rather focus on the actual content of each session. While research guided the content and is presented here with proper citations, sources were not always cited in delivery in effort to not overwhelm parents and to keep the tone conversational. Each session's content was age-specific but all sessions did share some content. Each session started with the same introductory content, reflected on family values and discussed active listening. That shared introductory material will be overviewed here first, followed by an in-depth look at the content of the first session. Then, a description of the shared content regarding values and active listening will be discussed to conclude the overall content of the first session. This will demonstrate how each session was structured. The age-specific part of the remaining three sessions will then be discussed.

#### **Introductory Material**

The researcher started each session with a welcome statement and self-introduction. It was important for parents to know the researcher's background in order to

trust the researcher, be confident in the credibility of the program and to feel safe sharing thoughts or concerns about their own PCSC. Another goal of the introduction was to help parents understand what PCSC is all about. The researcher wanted parents to know right away that PCSC is more than just talking about sex, that it involves a more well-rounded view of sexual communication. This was done by sharing the following information

(taken directly from researcher's script):

Teaching sexuality is not just teaching your children about anatomy and reproduction. It is teaching them who they are as boys and girls and laying the foundation for who they will grow up to be as men and women. It's about giving them the skills to develop good interpersonal relationships, now and in the future. Today I'm hoping you see those wider issues surrounding sexuality. If you think it's just about sex and that's why you avoid talking about it, then your kids will think it's just about sex. They won't think about everything else like relationships, connection, intimacy, confidence, satisfaction.

It is up to you to decide the specific messages and values you want to give your children about sexuality. Throughout this program, you will find questions and exercises to help you decide what you want to teach your children and how you can respond to their questions and concerns, but every family has its own set of sexual values; it is your right and responsibility to share them.

Another important part of the introduction was defining terms and listing the goals for the session. One of the terms used frequently in all sessions was "sexually healthy" and parents needed to know what that meant. The definition came from the SIECUS Guidelines for Comprehensive Sexuality Education (2004). Parents were told the following (taken directly from researcher's script):

We have a unique opportunity and important responsibility as parents to help our children grow into sexually healthy adults. When I say "sexually healthy" today here's what I mean. We all want to raise children who grow up to:

- Appreciate their own body
- Interact with all people in respectful and appropriate ways
- Express love and intimacy in appropriate ways

- Develop and maintain meaningful relationships
- Avoid exploitive and manipulative relationships
- Make informed choices about family options and relationships
- Identify and live by their values
- Take responsibility for their own behavior
- Practice effective decision-making
- Understand that sexuality is natural and a healthy part of living
- Understand that sexual relationships should be reciprocal and based on respect
- Enjoy and express their sexuality throughout life
- Express their sexuality in a way that is congruent with their values
- Enjoy sexual feelings without necessarily acting on them

Your influence on whether or not your children develop these qualities starts now. It's about a lot more than simply telling them what sex is. It starts by helping them understand they can talk to you about anything, ask you any question, help them work through problems and make informed and thoughtful decisions, showing them they are lovable and capable. The way you listen to them tell you about their feelings or thoughts about sexual images they see will determine if they keep telling you their feelings. The accuracy and truthfulness of how you answer their questions will impact their confidence in making their own sexual decisions (adapted from Haffner, 2008b).

That's why we are here, to start talking about sex. To start building the skills to be the primary sex educators in our children's lives.

The goal for today is that you feel more confident answering the questions your kids might ask or handling situations that might come your way in the next few years. Today, we simply want to start the conversation and give you some basic tools to being more open with your own kids when it comes to sex.

The next part of the introductory material was to overview adolescent sexuality statistics and research about PCSC in an effort to motivate parents to really listen to the content and understand the importance of PCSC. The following statistics were shared with parents, based on information from the Center for Disease Control (2010), Kaiser Family Foundation (2011), and SIECUS (2011):

- 46% of all high schoolers have had intercourse (equal for males and females)
- 56% have had oral sex (12% anal)
- About 30% have had more than 1 partner (about 15% more than 4)

- About 30% are not using condoms routinely
- About 80% are not using birth control methods (the pill)
- they account for about 50% of all new cases of sexually transmitted diseases each year
- U.S. teen pregnancy rate is highest in all developed countries (more than 2x as high as Canada and Sweden)
- “pledged virginity” delays activity about 18 months, actually increases their risk of NOT using protection, and they are 6 times more likely to have engaged in oral sex than their non-pledging friends

Those statistics were presented as the “Bad News” of the day. With the bad news shared, the parents needed to hear good news. The “Good News” shared with parents was the research on the positive influence parents can have in their children’s lives. The researcher told parents that research suggests parents can be quite influential in raising sexually healthy children. Some of the same research discussed in Chapter 1 of this dissertation was shared, so parents knew that PCSC could in fact delay sexual initiation in adolescents and increase the chances of adolescents using protection and communicating their needs and desires with their romantic and sexual partners (Jaccard et al., 1996; Resnick et al., 1997).

To remind parents that PCSC is not just about teaching sexuality, but rather is more exhaustive, research about the influence of family communication in general was also shared. Adolescents in families where the communication is open, trust has been developed and the children feel they are a part of family decision-making also make sexually healthier decisions (Miller et al., 1998; Neer & Warren, 1988). Further, young adults who have high self-esteem, feel confident in their decision-making abilities, and who can articulate their needs and goals are also better equipped with the skills to make sexually healthy decisions (Haffner, 2008b). This research was shared to help parents

understand that they are a crucial part of their children's sexual futures and that PCSC is in fact important. The goal of sharing this information was to motivate parents to really listen to the content of the program and to feel connected to the material that was about to be presented.

The final part of the introductory material was to provide an overview of the remaining time in the session to keep parents aware of what was to come. Each session continued by discussing a few developmentally appropriate topics that children in that age group should know, followed by questions parents of children those ages typically ask and questions children in that age group typically ask their parents. An exercise related to family values was done followed by a discussion of active listening.

### **Session 1: Parents of Toddlers-Kindergarteners**

After the introductory material mentioned above was shared, this session continued by reminding parents that child sexuality is very different than adult sexuality. Haffner (2008b) believes this is an important fact for parents to know. Many parents are shocked, and even appalled, to find their young children touching his/her genitals or using sexual language at this age. Parents are upset because they are assigning adult meaning to these typically innocent and naïve behaviors. For example, toddlers are not “masturbating” when they are touching their genitals. In fact, researchers have given this behavior a new name to take away the sexual connotation of a behavior that is simply natural for young people who are learning about their bodies; the new label assigned to this behavior is “genital touching” and will be discussed more later (Haffner, 2008b). The

researcher started this particular session by asking parents to keep this fact in mind as the session continued and as they considered their future PCSC.

**Childhood Development.** Before discussing appropriate PCSC at this stage, it was important to teach parents where their children are at developmentally and what they are ready for when it comes to sexual communication. Dr. Anne Bernstein (1994) researched how children think differently from adults when it comes to sex and birth. Her research demonstrates how a child's thinking changes with age. The researcher thought Bernstein's work would be a great way to start helping parents understand what is appropriate for children at each age stage.

Bernstein (1994) calls children in this age group "geographers," meaning they are simply interested in the geography of sexual questions, such as where babies come from and how people get babies. This label can help parents understand how to answer the questions their children might have. For example, when a child is asking where babies come from, they are likely looking for an answer of "where" babies come from, not necessarily a speech about how babies are made and how body parts produce sperm and egg, etc. Understanding this stage is essential in communicating to children in a way that is consistent with their needs and mental capacity.

**Labeling Body Parts.** Now that parents were informed about their child's development, the researcher was able to discuss specific topics that are important for children this age to understand. Researchers suggest that an important part of PCSC in this stage is helping children properly label body parts (Berman, 2009; Haffner, 2008b; The Medical Institute for Sexual Health, 2005). Children this age love naming and

labeling, whether it is toys, household items or body parts. Parents are quick to help children learn how to properly label their nose, toes and eyes but many parents either ignore sexual organs or assign euphemisms rather than telling their children the proper label for that body part (Berman, 2009; Haffner, 2008b). Haffner (2008b) believes proper labeling is especially important because it teaches children that all body parts are equal. Parents who use euphemisms only for the genitals may be inadvertently teaching their children that those body parts are uncomfortable or different, and that children should feel a sense of shame or guilt about that part. Further, Haffner (2008b) believes that proper labeling can help children more accurately communicate about sexual abuse if it occurs. If every family calls the genitals a different name, then it could be hard for a child to tell an adult that someone touched him/her inappropriately because the adult may not understand exactly what body part the child is referring to, especially if the child is young enough to not speak clearly.

An important part of this first session of Beyond Birds and Bees was to encourage parents to start using proper labeling. Parents were urged to use words like “vulva” and “penis” in an effort to help children develop a sense of ease and comfort with their bodies. If parents are able to use these labels and stay calm and matter of fact about these topics, children will pick up on that and are more likely to understand that those body parts are just the same as any other body part. Recognizing that all parts of the body, including genitals, are equally special will help children appreciate their bodies and can influence their ability to become sexually healthy. According to SIECUS (2004), children at this age are ready to know the following facts about body parts:

- Every body part has a name and a purpose
- Boys and girls have most of the same body parts but a few are different
- Boys have a penis and a scrotum
- Girls have a vulva, vagina, and clitoris

**Sexual Intercourse.** Another common topic that comes up with children this age is where babies come from. Parents of children this age are likely going to hear questions about this so it was important to address it as part of the program. As mentioned earlier, children this age are really only interested in the geography of these questions, and think about it in a different way than a sexual adult does. When a child asks this question, they may be looking for a response quite different than the one the parent thinks they want. Haffner (2008) tells a story of a boy who asked his dad where he came from and the dad launched into all this detail with pictures and graphs about sperm and eggs and the process of intercourse. When he was finished, the child said to his dad “Well Adam came from Texas, where did I come from?” The moral of that story is to know what a child is really asking before you answer. Parents may still decide to use that question as an opportunity to share more detail and start more in-depth sexual communication, but it is helpful for parents to understand that children think of these sexual questions in a much different way than adults. Parents are encouraged to respond to a question like that with a follow-up question such as “Where do you think you came from?” or “What do you mean by that?”

If a child does want to know details about where babies come from, or if parents want to use a question like that as a teaching opportunity, researchers suggest that parents be as matter of fact as possible and age-appropriate for this age group (Berman, 2009; Haffner, 2008b; The Medical Institute for Sexual Health, 2005). A common way parents

talk to young children about babies is to say that babies grow in their mommy's belly.

This type of response undermines the importance of proper labeling. Instead, parents should feel comfortable telling their children that babies grow in a mother's uterus (Berman, 2009; Haffner, 2008b; The Medical Institute for Sexual Health, 2005). Parents attending Beyond Birds and Bees were asked to imagine being a preschooler, learning proper names and functions of the body, and then being told that a baby grows in the "tummy", the same place food goes before it is digested, and the same tummy that all people have, even though not all people have babies. This example was given to show how confusing this can be for young children. That is why labeling starts early. It is important to share with young children the special place babies grow, and that it is specifically called the uterus. Parents should distinguish this from the belly knowing that children are ready for that at this age (Berman, 2009; Haffner, 2008b). Avoiding that question, any sexual question for that matter, shows children that parents do not want to talk about the topic. Making up a silly response sends the same message, that parents do not take this type of topic seriously and the child should not either.

In addition to properly labeling the uterus, children this age may be ready for more detail about conception and birth. In this first session of Beyond Birds and Bees, parents were told to be calm and matter of fact while talking about the topic, and to allow the children to direct the flow of the conversation (Haffner, 2008b; The Medical Institute for Sexual Health, 2005). For example, for many children just knowing that babies grow in a uterus and knowing what a uterus is might be enough to satisfy their curiosity. Other children may want to know more, so parents may briefly and generally explain that sperm

and eggs are needed to create a baby to grow in the uterus. Parents should start slowly but give facts and stay truthful.

At this point in the program, parents were reminded to consider their own family values. Parents need to know what message they want to send their children about sex. Do they want their children to believe that babies are only for married couples? Or for adults only? Does the family have special issues to consider surrounding this topic, such as fertility issues or adoption? While Beyond Birds and Bees did not spend time addressing how to communicate appropriately based on every possible family value, the program did encourage parents to understand how their specific family values and situation might influence the way they answer these questions. Values will be discussed more in-depth later in this chapter.

Overall, parents in this session were told to be matter of fact and truthful when discussing conception and intercourse, but to consider what their children want and need to know in that particular moment. Parents were encouraged to ask their children a lot of follow-up questions in order to find out what exactly the child wants to know and to gauge their responses accordingly. Children who want to know more will ask more. Parents can always add to the conversation, but there is no need to overwhelm children with too much information too early.

**Common Questions Parents Ask.** The next part of this first session was spent discussing common questions parents with children at this age might ask (Berkenkamp & Atkins, 2002; Berman, 2009; Haffner, 2008b; The Medical Institute for Sexual Health, 2005).

One of the common questions parents ask when their children are this age is “Is it okay for my child to see their siblings (or parents) naked?” The question is common because for many parents they are not concerned about this topic until the child starts asking questions about body parts and gender differences, which usually starts between ages two and five (Berman, 2009; Haffner, 2008b; The Medical Institute for Sexual Health, 2005). Sex educators ultimately recommend that parents let their own comfort level gauge their response to this question. It is natural for children to be curious about body parts and differences between people, so the mere curiosity is not cause for concern. The bigger issue with this question involves privacy. Around age four or five, most children start to develop their own sense of privacy and will naturally start to limit the time they spend naked around others. This is the time for families to start limiting the time they are naked around their children. Intentional nudity is typically not recommended once children reach age four or five in an effort to teach them about privacy, honoring their own body, respecting the privacy of others, and developing a sense of their own privacy (Berman, 2009; Haffner, 2008b; The Medical Institute for Sexual Health, 2005).

Another common question parents have at this stage is “Should I be concerned that my child is touching him/herself?” This question becomes more common as children get older and parents start to worry that the child is expressing their sexuality or is being sexual in public places. Parents in this session were reminded that child sexuality is very different than adult sexuality. Children this age think it is neat to touch different parts of their bodies, especially in places where it feels good. At this age, it is not about sexual

pleasure. The researcher of *Beyond Birds and Bees* urged parents not to worry about this non-sexual activity. As previously mentioned, researchers have labeled this as “genital touching” (Haffner, 2008b) to distinguish it from the touching many parents associate with masturbation and sex. Many children this age do not even realize they are touching themselves so it is important that parents do not overreact. Genital touching at this age is not purposeful (Berman, 2009; Haffner, 2008b; The Medical Institute for Sexual Health, 2005). Parents were urged to consider the values they wanted to teach about touching and masturbation, even though it is not considered masturbation at this age. Parents were urged to think about what message they ultimately want to send regarding this topic and to start to send that message now. Regardless of the family value, parents were told not to punish children this age for the activity or make them feel uncomfortable. Rather, parents should simply explain that the activity should be done in private because it might make others feel uncomfortable (Berman, 2009; Haffner, 2008b; The Medical Institute for Sexual Health, 2005).

The last topic discussed in this section of common parent questions regarded what to do if their child is touching another child or being touched by another child. “Playing doctor” or “I’ll show you mine if you show me yours” are actual games children as young as ages three or four really play (Haffner, 2008b). Parents were again reminded to think about these activities in a child context, not an adult context. Children know it is okay to be nude in front of their doctor and let the doctor check out their genitals, just as they know how to order a cheeseburger at a fast food restaurant. For the most part, “playing doctor” is like playing “fast food drive-through;” it is not more than that. Most experts

agree that this touching behavior is common and satisfies the curiosity of preschool children and label it “childhood sex play” (Berman, 2009; Haffner, 2008b; The Medical Institute for Sexual Health, 2005). It is simply a way for children to act out role play and is mostly harmless, yet it is still concerning for many parents. In response to witnessing this activity, parents should try to stay calm. Sex educators recommend that parents simply ask the children what they were doing and why they were doing it. This should be done without making the children upset or showing the parents’ concern. The goal is to make sure one child was not forcing the other child to do something and to make sure the children were not simulating sex (Berman, 2009; Haffner, 2008b; The Medical Institute for Sexual Health, 2005). Parents can tell their children that learning about the body and playing pretend is fun and can be interesting and that it is okay to be curious. Parents should follow that up by reminding the children that genitals/private parts are not for other people to touch; it is okay for children to be naked with their parents or doctors, but not with other people. Parents should ask the children to repeat this. Repeating what parents say is a useful tool to make sure that children really understand what the message is (Haffner, 2008b; The Medical Institute for Sexual Health, 2005). Haffner (2008b) provides the following chart to help parents distinguish between childhood sex play and problematic childhood touching:

	EXPECTED	MAY BE PROBLEMATIC
AGES OF CHILDREN	Kids are similar in age	Kids are more than 3 years apart
CHILDREN SEEM	Giggly, curious, happy	Aggressive, angry, fearful, withdrawn
ACTIVITIES	Undressing, playing doctor, “you show me yours and I’ll show you mine”	Oral, anal, or vaginal intercourse (or simulation), any penetration
AFTER DISCUSSION WITH PARENTS	Behavior stops	Behavior continues

Part of this discussion involves warning children about inappropriate touching. Parents in this session were told to emphasize that some body parts are private, and only for them. Repeating this often is important. Parents can share this message when the child is in the bath or on a changing table or using the toilet. Parents can say something such as “Remember when we talked about your private parts? Remember that no one else should be touching them. If they do, I won’t be angry but I want you to tell me” (Haffner, 2008b). The more children hear that message the more it will be reinforced. Genital touching, whether alone or with other children, can be scary for parents to witness, but it is important they understand for the most part this type of behavior is normal and only based on curiosity; it is not sexual.

**Common Questions Kids Ask.** After discussing a few of the common questions parents have for children in this first age group, the Beyond Birds and Bees program addressed a few of the common questions children in this age group often ask. Before addressing each question, parents were reminded once again to remember that child sexuality is different than adult sexuality. It is important at this age for parents to be

accurate, honest, and simple with their responses. Children want to know answers to their questions but they probably do not need all the information parents think of as adults.

Children do not think about these sexual terms and concepts the way parents do because they do not have a lifetime of experiences and lessons to go along with their questions (Haffner, 2008b). Parents were told to respond directly to the question being asked and if the child wants to know more information they will likely ask for more information.

“Where did I come from” is a common question children this age ask their parents. This topic was addressed earlier in Session 1 but since it is such a common question children ask, it was addressed again in this part of the program. Parents were reminded to first ask their children what they mean by that question. Perhaps the child merely wants to know where they were born, rather than the process of how babies are made. One of the best tools parents can use with children this age is to ask them “What do you mean?” (Berman, 2009; Haffner, 2008b; The Medical Institute for Sexual Health, 2005). This will help parents learn what the child already knows about the topic, why they are asking the questions and the best way to start a response. Parents were then reminded to start slowly with the responses, but be honest and accurate, using proper labels such as “uterus” to explain where babies grow.

Children this age also often have questions about why male and female bodies look different and why they function differently. Ages two through five is when most children stop wearing diapers and use a toilet like adults. This learning process can be challenging for both parents and children because of the curiosity and questions involved. “What is a penis?” “Why does mommy have bigger breasts than daddy?” “Why do girls

sit down to go to the bathroom?” These are all questions parents of children this age are likely to hear (Berkenkamp & Atkins, 2002; Berman, 2009; Haffner, 2008b; The Medical Institute for Sexual Health, 2005). Parents in this session were urged once again to answer honestly and directly. As geographers (Bernstein, 1994), children are interested in and ready to know the location and function of body parts. Parents can respond to questions like this by using accurate language in simple phrases. For example, parents can say “A penis is a part of a boy’s body that hangs between his legs. It’s how he pees and when he gets older it will get bigger.” This amount of information is appropriate for children this age (Berkenkamp & Atkins, 2002; Berman, 2009; Bernstein, 1994; Haffner, 2008b; The Medical Institute for Sexual Health, 2005). Parents need to trust that their children can handle this type of honesty and remember that by being so accurate and honest they are sending the message that the penis is just another body part with a specific purpose, like a nose or ear. Further, children will be less likely to be confused or worried about their body parts or misinformed by what other children are telling them. Using proper labels and responding accurately to the function of body parts will lessen the embarrassment children may have about their bodies and increase the likelihood that they will openly discuss concerns they have about their bodies in the future (Berman, 2009).

The last common question children this age might ask, that was addressed in this session, is “What is sex?” This is another time to use the parenting tool of follow-up questions such as “What do you mean by that?” or “What do you think it means?” Children likely just heard the term in passing and really do not know the details of

intercourse or love-making so parents should not get ahead of themselves in responding to this question. Parents can start by simply saying it is a way for adults (or “mommies and daddies” or “married couples” - whatever value the family is hoping to send) to show how much they love each other. If parents think the child is asking more about intercourse and seems to understand a little more, then parents should feel encouraged to share more. Using accurate but simple answers, parents can effectively communicate that sex is a way to show love but also a way to make babies. Parents can say something as basic as “It takes both a mommy and daddy to make a baby because they both have special parts called sperm and egg.” Many parents feel uncomfortable telling a young child this information, but it is the truth and researchers claim accuracy is important at this age (Berman, 2009; Haffner, 2008b; The Medical Institute for Sexual Health, 2005). Oftentimes, the parents’ discomfort is what influences a child to feel embarrassed or nervous about talking about these topics. If parents can calmly and honestly respond to these types of questions, children are likely to develop a sense of ease when communicating about these topics.

While there are certainly other questions both parents and children have at this stage, the questions listed above were the only ones discussed in this first session of Beyond Birds and Bees. Several other questions have been identified by sexuality researchers and resources were given to parents who wanted to learn more. However, due to timing and the desire to cover a broad amount of topics, the questions mentioned above were the only ones discussed in depth during this session. Each session of the Beyond Birds and Bees program covered a lot of material in order to help parents understand the

importance of PCSC and ways to initiate it, but could not exhaustively address every aspect of appropriate PCSC.

**Family Values Exercise.** One of the primary training objectives for Beyond Birds and Bees was to help parents gain “a clear understanding of their own values related to sex and sexuality and be able to communicate those values with their children.” As a researcher, there is no way to tell parents what their values are or should be. Even the church sponsoring the program knew it could not tell parents what their values should be. In order to meet this training objective, the researcher needed to find a way to help parents think about their own values related to sexuality so they could be prepared to share them with their children. Some of the leading sex educators also stress that parents should communicate their own family values during PCSC and acknowledge their role, as a researcher, can only be to help parents think about various values (Berman, 2009; Haffner, 2008b). In an effort to help parents think about various sexual topics and values, parents were given time during the Beyond Birds and Bees program to fill out a worksheet regarding their own family values (see Appendix A). The worksheet was quite exhaustive and due to limited timing, parents were not given enough time to respond to every question in the worksheet. However, the worksheet was part of the packet they were given and parents were encouraged to complete the worksheet at home. The researcher thought by giving parents time to at least look at the worksheet, they would better understand what the various family values are and be motivated to finish the worksheet at home. The researcher referred to these values throughout the program and wanted parents to at least see how complex understanding their own values can be.

Most of the questions on the worksheet were adapted from Dr. Berman's (2009) book about PCSC. The worksheet was a list of 55 questions regarding topics ranging from the body, touching, communication about sex, the influence of the media, dating behaviors, sexual thoughts and sexual behaviors. Questions encouraged parents to think about appropriate timing such as "When do you think is the appropriate time to learn about genitals?" to questions about their own sexual upbringing such as "What early lessons did you learn about the body (spoken and unspoken)?" to questions about the appropriateness of behaviors such as "Do you think masturbation is an appropriate form of sexual release?" Responding to these questions did not tell parents what their values were, but it did encourage parents to think deeply about these topics so they could identify their values about these sexual topics.

In addition to the values worksheet, parents were given a "Behavior Checklist" (see Appendix B). This behavior checklist was developed by the researcher after personal communication with leading sex educator, Debra Haffner. In that communication, Haffner (personal communication, July 6<sup>th</sup>, 2011) mentioned that parents often only think of sexual communication or values being related to intercourse. Parents can easily say their family value is abstinence until marriage or abstinence until a certain age, but often cannot articulate the same clarity in their values beyond that. When a parent finds their twelve-year-old daughter laying on a couch with a boy, or their fourteen-year-old son kissing a girl outside of school, they are shocked and unsure what to do. This is often because parents have never spent time thinking about their values related to sexual issues other than intercourse (Haffner, personal communication, July 6<sup>th</sup>, 2011). With this in

mind, the researcher developed a worksheet for parents to complete analyzing the behaviors they thought were appropriate for their child at various ages. The list included behaviors such as self-stimulation, kissing, partial nudity, oral sex, etc. Parents were asked to put a checkmark at which stage they thought it was appropriate for their child to engage in the behavior, with an option to say it was never an appropriate behavior. Again, the purpose of this checklist was to simply encourage parents to think about sexual communication as more than just talking about intercourse. Of course, children in Session 1 were not going to be engaging in any of those sexual behaviors at that age, but their parents still needed to be mindful of what their values are so that they are prepared as the child grows. Limited time was spent on these values exercises in the first two sessions of Beyond Birds and Bees. More time was devoted for parents to fill out the worksheet and checklist in Session 3 and 4 because the researcher wanted to make sure parents of children in adolescence had thought about all these issues enough to communicate with their children about them. It was assumed that parents in earlier sessions still had some time before several of the topics became pertinent to their own PCSC.

**Active Listening Exercise.** Active listening was chosen as a necessary skill for parents of all ages to learn. Active listening has long been used in counseling and family therapy; it is recognized as a primary tool for family communication (Geldard & Geldard, 1998). It is taught in communication courses and included in communication textbooks due to its practical application and importance in overall interpersonal relationships (DeVito, 2009; West and Turner, 2010; Wood, 2009). Active listening allows parents to help their children tell their own story and to identify troubling issues. This helps the

child feel that the parent is paying attention and valuing the information they are receiving (Geldard & Geldard, 1998). Since it is a highly valued skill in both the communication and counseling field, it was decided this was a necessary skill for parents to understand in hopes of improving PCSC.

As mentioned several times, Beyond Birds and Bees covered several topics in a short two hour time period. This meant that the researcher could not go into depth with each topic; the program served as an introduction to PCSC and a way to share PCSC and general communication tools with parents. Active listening was chosen as one of those communication tools. With limited timing, the researcher chose to give parents only the basics of active listening. Parents were encouraged to use this skill as a way to respond to their children's questions about sex and maintain a sense of calm during PCSC. This skill was taught as a three step process: summarizing, reflecting, and asking questions (DeVito, 2009; Geldard & Geldard, 1998; West and Turner, 2010; Wood, 2009). Summarizing and reflecting involve drawing together main points of what the child said and re-expressing them in a clearer way, as well as taking the child's emotions into consideration (Geldard & Geldard, 1998). Paraphrasing meaning helps the child be more specific with the question and helps the parent better understand what the child wants to know. Expressing understanding of emotions allows the child to feel comfortable sharing their feelings and confidence in expressing their emotions. The final part of active listening is to ask questions that encourage further communication. Follow-up questions such as "why do you think that happens?" can encourage the child to share more

information and think more deeply about the issue being discussed (DeVito, 2009; Geldard & Geldard, 1998; West and Turner, 2010; Wood, 2009).

Each session of Beyond Birds and Bees discussed active listening. Age appropriate sample topics and sample discussions were given for each session. For example, Session 1 parents may respond to questions about what “sex” is. Using active listening, the parent would paraphrase meaning and summarize content by saying something such as “Are you asking what the word sex means?” A simple question like that will help clarify the child’s content. If the child wanted to know something different, then the child would answer the parent’s question by saying what they wanted to know. The parent’s simple question not only clarifies content, but helps the child feel more confident communicating his/her needs, even at a young age. Then, after responding to the question of what sex is (based on content addressed earlier in Beyond Birds and Bees), the parent would continue with active listening by expressing an understanding of feelings (DeVito, 2009; Geldard & Geldard, 1998; West and Turner, 2010; Wood, 2009). If the parent senses embarrassment or nerves in the child, the parent may say something such as “It can be scary to learn about this topic, but...” If the child indeed felt nervous or scared to learn the details of anatomy or intercourse, the child would feel validated by this comment. If the child did not feel this way, the child would now be encouraged to share his/her feelings in a different way. In this example, active listening helped the parent understand what the child is saying and feeling. The final component of active listening, shared with parents in all sessions, was asking follow-up questions. Parents may continue this process by asking a child “When do you think is an appropriate time to

have sex?” This keeps dialogue open, on topic and encourages the child to keep communicating with the parent. All sessions discussed active listening, but each session used an age-appropriate sexual topic as a conversation starter and asked parents to practice active listening at home with other sample topics provided for the parents.

**Conclusion.** After each session discussed active listening, the researcher brought the program to a close. The researcher planned for parents to be able to ask questions during this time and also discussed some of the resources provided in the packet all parents received. Finally, the researcher closed the session with a reminder of how influential parents can be in their children’s sexual development and decision-making. The researcher reminded parents that their children do indeed want to talk about sex with them, but they are also uncomfortable and unsure of how to talk about those topics, so they often need parents to initiate it. After encouraging parents to move forward in their own PCSC, the session came to an end. After a thirty minute break, the next session began. The age-specific content of the remaining three sessions is discussed below.

### **Session 2: Parents of First through Third Graders**

This session started with the same introductory material as discussed earlier. Research on adolescent sexuality and PCSC were shared, as well as an overview of the session’s content and goals. Similar to Session 1, this session also reminded parents that child sexuality is very different than adult sexuality. At this age, children still have a general curiosity for their bodies and the way things work, so parents were asked to keep this in mind as the session continued and as they considered their future PCSC.

**Childhood Development.** Children this age thrive on knowing how things work.

In their minds, if it cannot be logically explained then it must not be real. Parents were encouraged to think about how children understand the concept of Santa Claus as being similar to how they process all information at this age. Children in grades one through three start to really consider the logistics of events; how can Santa possibly deliver all those toys in one night? It does not seem feasible for children at this age. Similarly, children start to want more details about how the body works and where babies come from. Bernstein (1994) explains that children this age are moving from “Geographers” to “Manufacturers” in their questions about life and reproduction. They are less interested in where and more interested in how babies are made. They are unlikely to be satisfied with simple answers about sperm and egg cells and babies growing in a uterus, they now want more information about how the sperm and egg cell actually create a baby and how that baby gets into the uterus. Developmentally, children this age are ready for more detail and depth (Bernstein, 1994). Also during this stage, children are starting to develop a moral framework. In preschool, children often think their own way of thinking is the only possible way, but in early elementary school children start to see that there might be other points of view and ways to do things (Haffner, 2008b). This is important for parents to know because it can really influence how children process love and relationships, especially the sexual intimacy parents are trying to communicate. One of the characteristics of being “sexually healthy” is to be able to consider alternative perspectives and empathize with others (SIECUS, 2004). This starts to develop at this stage as children begin to really recognize how other people feel and how people make

decisions. Parents need to understand where their children are at developmentally in order to appropriately communicate about sex and sexuality. Based on this knowledge, sex educators encourage parents to be very matter of fact in their communication about sex and suggest a few important topics parents should discuss with their children at this age (Berkenkamp & Atkins, 2002; Berman, 2009; Bernstein, 1994; Haffner, 2008b; The Medical Institute for Sexual Health, 2005).

**Sexual Intercourse.** If children have not already asked their parents about sex by this point, this is the age where it is appropriate and recommended to have a conversation about intercourse. Parents do not need to share all the details about intercourse but should make sure they have the answers to the basic questions their children will ask during these years. Some parents might believe that this age is still too young to talk about sexual specifics, but it is important that children know their parents are ready and willing to talk about these issues. This is an age where children will start spending time with older children, whether it is on the playground, the bus or in after-school programs. In these interactions, children hear conversations and topics they might not know much about. Haffner (2008b) encourages parents to inform their children early about intercourse so the child is prepared to respond to the comments from older children by saying “My mom and dad already talked to me about this, I don’t need to listen to you.” Feeling informed will help children feel connected to their parents, but also confident they do not need to listen to any rumors or stories older children might tell them about sex or intercourse. Another advantage of parents starting this conversation early is that they can include their own values and perspective on intercourse. If parents avoid talking

about this topic or make up silly responses to explain reproduction, they are essentially letting some older child on the playground give their child an ugly and inaccurate view of sexual intimacy; parents who talk about intercourse with their children at this early age have the opportunity to tell their children their positive view of sexuality that is consistent with their family values (Berman, 2009; Haffner, 2008b; The Medical Institute for Sexual Health, 2005).

Parents in this session needed more than encouragement and motivation to talk about sex, they needed resources and tools to do so. Hopefully parents have already addressed the question of how babies are made in some basic way earlier in their child's life so the following conversation starter was suggested for parents in this session:

*Parent:* Do you remember when we talked about how babies are made?

*Child:* Yeah.

*Parent:* What do you remember?

*Child:* Something about mommies and daddies and eggs (or sperm).

*Parent:* Yes that is right. So you remember that you need a man and a woman to start a baby? In the man, there are special cells called sperm and in the woman there are cells called ova, eggs. When a sperm and egg cell meet, sometimes a baby can begin. How do you think the sperm and egg meet?

*Child:* I bet the sperm swims across the bed.

*Parent:* That's a great guess. But what really happens is that when grown-ups love each other, sometimes it feels good when the man and woman place the man's penis into the woman's vagina. After a while, the man's sperm come out of his body and travel up the woman's vagina to her uterus. If the sperm meets the egg inside the woman's body, that might be the beginning of a baby. (Haffner, 2008b, p. 98).

Parents can use the script as a conversation starter and then wait and see how their child responds. For some children this age, the response will be more than enough so they will not have more questions. Other children might be uncomfortable with the information shared with them. It may seem impossible to young minds that a penis can fit into the

vagina or the idea of it simply seems too bizarre. Parents were reminded that this discomfort is okay and that it is one of the very reasons why parents should be the ones to introduce the topic instead of an older child on the bus. Parents were told to respond to the child's feelings, give accurate information, share family values and keep the door open for future discussions, regardless of what the child's reaction might be. Parents can do this by saying "I understand this might seem gross to you. That's okay because this is something only grown-ups should do. When you are a grown-up, you will have to make decisions about this as well. We can talk more about it another time" (Haffner, 2008b, p. 99). This type of comment responds to the child's feelings, shares values and keeps the door open for future conversations.

Parents were also encouraged to express the intimacy component of intercourse, in addition to the reproductive purpose. Children this age are ready to know that intercourse is not just for the purpose of making babies. It is not sexually healthy for them to grow up thinking their parents only had sex one time to conceive him/her (Berkenkamp & Atkins, 2002; Berman, 2009; Haffner, 2008b; The Medical Institute for Sexual Health, 2005). Sending that message to children also tells them it is okay to lie about any issue, because it will not take long for them to realize that adults can have sex without making babies. In fact, it can be quite confusing if children walk in on their parents having sex or hear about people having sex when a baby is not being made. Honest and direct answers are best (Berkenkamp & Atkins, 2002; Berman, 2009; Bernstein, 1994; Haffner, 2008b; The Medical Institute for Sexual Health, 2005).

Part of the conversation about intercourse naturally involves development and reproduction. Around ages five through seven, children are ready to learn more about how intercourse can create babies (Berman, 2009). Parents in this session were told to start by giving their children the basics about what body parts are (using proper labeling), and what their basic function is. Parents should feel free to show their children images of reproductive organs to show them how it works and determine what the child is ready or willing to learn. As with most topics, children will dictate how much information parents share. If they want to know more, they will ask more.

**Contraception.** At this age, parents can start to have basic conversations about contraception. This worries many parents as they think it is too early to share this information or because they are unsure of what their family value is about contraception. Parents do not need to make a big deal out of this conversation as it will likely naturally arise (Haffner, 2008b). For example, a mother who takes her daughter with her to the pharmacy to pick up birth control can use that time to initiate a basic conversation or answer questions honestly about what the medication is used for. Again, parents do not need to spend too much time on this topic, but parents should know that research suggests teenage girls who know which birth control method their mothers use/used are more likely to use a birth control method themselves (Haffner, 2008b). Parents in this session were told that the point is not to tell a second grader to get birth control, but the point is to be honest when talking about personal use of contraception and the choice many families have regarding if or when to have a child. It is okay to start sharing this information during this age. Parents should tell their children that all babies should be

wanted, and that some families choose to have children and some do not (Haffner, 2008b; The Medical Institute for Sexual Health, 2005). It was understood that some parents in this session might not believe in the use of birth control in their own family, so the researcher made it clear that if birth control is not part of their family values, then they do not have to discuss it at this time. However, for most families, birth control is/was a part of their family planning and decision-making and being honest about this with their children is essential in establishing open and honest communication.

**Decision-Making.** At this stage, it is important for parents to discuss sexual topics with their children, but it is also important for parents to discuss life skills that influence sexual behavior. Parents need to understand the changes occurring in their child's social lives as well as their developmental lives. Children this age are learning that not everyone lives the same way they do. Older children are becoming a stronger influence in a young child's life about a variety of topics, not just sex. Understanding these social changes improves overall PCSC.

Decision-making skills are important during early adolescence and are a critical part of being sexually healthy (SIECUS, 2004). Sexually healthy adults are able to make sexual decisions consistent with their values and can "discriminate between behaviors that are life-enhancing and those that could be self-harming" (Haffner, 2008b, p. 94). Parents who can start to give their child opportunities to make decisions and distinguish between feelings are allowing their children to practice this skill and develop some of the characteristics necessary to be sexually healthy. In this session, the researcher thought it was important to help parents work on building these decision-making skills with their

children, in addition to building communication skills about sexually specific topics. This was a way to remind parents that PCSC involves more than just sex; PCSC should be comprehensive and include communication about all the characteristics and qualities related to being sexually healthy. Parents were told they could start to build this skill by allowing their children to get involved with simple decisions around the house as well as discuss alternative endings to stories they hear. This helps children see that various outcomes are possible and opens up the conversation to discuss how all decisions have consequences (Haffner, 2008b). According to SIECUS (2004), the following messages about decision-making are important for children to understand, and were shared with parents in this session:

- Everybody has to make decisions.
- Children make many decisions, such as what clothes to wear, which toys to play with, or who to be friends with.
- Children need help from adults to make some decisions.
- Parents can help children make decisions.
- All decisions have consequences, positive and/or negative.
- Decision-making is a skill that can be improved.

**Self-Esteem.** Building self-esteem in early elementary school has everything to do with self-esteem in later childhood and even adulthood. Children who feel good about themselves are more likely to be successful and happy and less likely to engage in risky behaviors (Berman, 2009; Haffner, 2008b; The Medical Institute for Sexual Health, 2005). Adults with high self-esteem make better decisions in their lives, too (Haffner, 2008b). Children need to feel that they are lovable and capable in order to develop healthy relationships later in life. Parents can do a lot to help with their child's self-esteem, but at this age one of the best things they can do is work closely with their child's

school. Parents are their child's best advocate in the school system and should make sure they know how the school is helping or hurting their child's self-esteem. Sex educators suggest parents talk with the school about how they talk about gender, how they pick teams for school activities, and the curriculum being taught (Haffner, 2008b; The Medical Institute for Sexual Health, 2005). Being informed is one way for parents to help build their child's self-esteem. When their child comes home from school upset, the parent will be better equipped to handle the situation if they know as much as possible about the school system. During this session of Beyond Birds and Bees, the goal was not to overwhelm parents but to encourage them. Therefore, topics like this were kept to a minimum and parents were merely encouraged to stay informed about their child's schooling and be their child's advocate in an effort to build their child's self-esteem.

**Common Questions Parents Ask.** The next part of this second session was spent discussing common questions parents of children at this age might ask. The questions were acquired from several sex educators and sexuality education resources. While parents have many questions during this stage, the researcher chose to address only a few due to timing and the need to limit and focus content. A common question asked by parents at this stage is "What if I don't know the answer to the questions my child asks?" As children in this stage start to grow and develop and ask more detailed questions, many parents fear they will not know the proper answers (Geasler et al., 1995). Part of this fear might come from the changing terms and phrases used to describe sexual behaviors and activities. In response to this question, parents were reminded that it is okay to not know all the answers. Telling a child "I'm not sure" or "I don't know" is an acceptable

response to most questions. It does not make the parent look incompetent, rather it gives them a great opportunity to find the answer with their child. In doing so, the parent is sending the message that learning about sexual topics is important and the parent is willing to do the work with the child. Furthermore, it allows the parents to help the child find accurate information rather than relying on rumors or poor sources (Berman, 2009; Haffner, 2008b; The Medical Institute for Sexual Health, 2005).

One of the topics parents worry they do not know much about is puberty. “When does puberty begin?” is a question parents may feel embarrassed to ask, but many parents wonder. It is hard for parents to remember the details of puberty, so the researcher wanted to make sure to address this question during Session 2. Parents were reminded that puberty often begins between ages nine and eleven for girls and between ten and thirteen for boys; talking about puberty should begin a few years before that, which is why parents in this session needed to learn about it. Children might resist talking about puberty with their parents because they are embarrassed or uncomfortable, but the parent’s attitude impacts the child’s comfort level. Therefore, parents need to remember to stay positive and casual about this type of communication, in hopes to keep the communication open and encourage future communication. Parents in this session were given some conversation starters taken from Dr. Laura Berman (2009). For example, parents can say:

You might be feeling a little self-conscious with some of the changes in your body lately. I remember starting to feel that way when I was about 8 years old, too. I felt as though I was living in someone else’s body. But after a few months, I started to get used to the changes, both inside and out.

I know it might seem like you are the only one feeling like this, but I promise that everyone feels insecure about their body sometimes. Many of your school friends might be feeling like this, too. I hope you know you can come and talk to me any time. I know what it is like to have doubts and questions and I am here to help answer them (p. 13).

Parents should also feel comfortable using books, charts and images to help assist with this conversation. Doing so can help make the abstract concept of puberty more real. In the packet parents were given at the beginning of each session were resources for images and books to help discuss puberty.

“How do I talk about sex?” is another common question asked by parents of children in this age group. This particular session discussed this topic in more depth earlier on, so the response to this question was kept simple. Just as in earlier years, parents were encouraged to first find out what the child is really asking so the parent can be more specific in answering questions (Haffner, 2008b). Parents should make sure they add to this conversation their perception of the appropriate context for sexual intercourse. Parents should know their values and communicate them with their children. If parents think intercourse should be saved for marriage or a loving relationship, or for a certain age, this is the time children should start to hear that message. Children this age can often have quite vivid imaginations, so being clear and asking them to repeat the information is important in making sure they understood it the way the parent wanted them to hear it (Berman, 2009; Haffner, 2008b; The Medical Institute for Sexual Health, 2005).

Whatever the family value is, this question is a great chance for parents to start telling their children about the intimate part of sex. Parents should send their children the message that love between adults (in whatever context the parents find appropriate to

share) is special and intimate, and this can lead to sexual behaviors. Parents may feel uncomfortable discussing sexual details with their children, but putting it in the framework of love and intimacy can make it less threatening. For example, parents can tell their children that “when you love each other so much you want to kiss and hug and be really close. When you are alone, sometimes you like to be naked when you hug and there are special feelings that happen all over you when you do this.” The parent can then go on to discuss the specific context they think sex is reserved for and explain the process of what happens during intercourse, using simple but accurate descriptions.

At this age, parents often worry about their children walking in on them having sex or being naked and parents ask educators what to do in this situation. Sex educators agree that it is important for parents to remain calm and not overreact (Berman, 2009; Haffner, 2008b; The Medical Institute for Sexual Health, 2005). It is probably more confusing for the child than it is traumatizing, so talking about it with the child is essential. If a parent believes their child saw them having sex, they should ask the child what they did or did not see to gauge how much to share with their child in that moment. This is a chance to talk about privacy with children as well as love and intimacy, but researchers agree that prevention is key in these situations. Parents should take extra effort once their children reach this age to close doors and encourage knocking to limit the possibility of this situation occurring.

Due to the increase in social activities during these years, parents also start to worry more about sexual predators and ask “How can I warn my children about sexual predators?” Parents should remember that communication is key to effectively dealing

with this question, and prevention is important. Haffner (2008b) and SIECUS (2004) give parents the following messages to share with their children:

- Tell them not to talk with strangers.
- If someone is making them uncomfortable they should run and scream.
- No one should be touching their private parts.
- Sexual abuse occurs when an older, stronger or more powerful person looks at or touches a child's genitals for no legitimate reason.
- A person who is sexually abusing you might tell you to keep it a secret.
- Tell a parent right away if you ever feel uncomfortable.
- It is NEVER a child's fault if an adult, even if it's a family member, touches you in a way that is wrong or uncomfortable.
- This can happen to both boys and girls.
- Most adults will never hurt a child.

In addition to giving children these important messages, parents should also monitor closely where their children are going and who they will be spending time with. For the most part, this is all parents need to do at this point.

In addition to sexual predators, parents are worried about inappropriate sexual touching with other children at this age. Because this is a time when unsupervised play time increases, sex play can be common among children. While this behavior did occur at earlier ages, the difference at this age is that most children will go out of their way to not be discovered (Haffner, 2008b). Whether the children are of mixed genders or not, the frequency of sex play is similar and most likely still based on curiosity. The question of how to handle this was answered similarly in Session 1. Parents who observe childhood sex play should ask the children what they were doing and why they were doing it, without making the children upset or without showing their shock or concern (Haffner, 2008b; The Medical Institute for Sexual Health, 2005). Parents simply want to make sure one child was not forcing another child into doing something they did not want to do.

Children need to be reminded that it is okay to be naked with parents or doctors but not with other people. The curiosity of the children should not be punished; they should simply be reminded that there are boundaries to all our behaviors. Parents who find themselves in this situation should keep the following chart in mind in order to determine if the behavior is typical child sex play or problematic and abusive behavior (Haffner, 2008b):

	EXPECTED	MAY BE PROBLEMATIC
AGES OF CHILDREN	Kids are similar in age	Kids are more than 3 years apart
CHILDREN SEEM	Giggly, curious, happy	Aggressive, angry, fearful, withdrawn
ACTIVITIES	Undressing, playing doctor, “you show me yours and I’ll show you mine”	Oral, anal, or vaginal intercourse (or simulation), any penetration
AFTER DISCUSSION WITH PARENTS	Behavior stops	Behavior continues

The key in this situation is not to overreact. Regardless of how the parent feels about what they witnessed, they should not be alarmed unless the behavior falls in the “problematic” column.

Another concern parents of children these ages often have is about the emerging independence their children are expressing. When a six-year-old says she has a boyfriend, parents may get nervous and concerned about what that means. Educators advise parents to stay calm and ask the child what she means by that. Oftentimes, young children use words like that to be silly or to try and sound older when all it really means is that she likes a boy’s smile. Even a kiss between children this age is usually not sexual or related

to actual feelings, but rather just viewed as an accomplishment (Berman, 2009; Haffner, 2008b; The Medical Institute for Sexual Health, 2005).

The media's influence is stronger at this stage and parents recognize that. Parents commonly ask questions such as "Should I be worried about what my child is watching on TV?" or "How do I tell my eight year old she can't wear shorts that short when all the kids on TV are wearing them?" Television is sexual; there is no way around it. Even television shows marketed to children emphasize dating, romance, attraction (being "sexy") and physical touching more than necessary (Haffner, 2008b). The KFF (2010) reports that children watch more than 24 hours of television a week, in addition to their use of other media. This means there is plenty of time for children to be influenced by the media. Parents are urged to not only limit the amount of television their children are viewing, but do the research on what the shows are about. Parents should look for opportunities to talk about the content with their children and were given some conversation starters in this session. "Gee, that teenager looks really skinny. Do you think that's attractive?" or "I hated how that commercial showed that using the right shampoo will make boys like you, what do you think?" are great ways to incorporate family communication into the potentially inappropriate messages shown on television (Haffner, 2008b).

**Common Questions Kids Ask.** Children have a lot of questions about sex at this stage just like their parents have questions about PCSC. Part of the Beyond Birds and Bees program was to inform parents of the questions their children will likely ask and help them develop age-appropriate responses. At this age, children are still asking

questions about where babies come from, and just like parents were told in Session 1, the first thing parents should do is determine what their child really wants to know. Does this child want to know how babies are made? Or where they were born? Asking a child “what do you mean?” is still one of the most important tools parents have in PCSC (Haffner, 2008b; The Medical Institute for Sexual Health, 2005). Parents can start by saying that babies grow in a mother’s body, in a special place called the uterus. In this stage of childhood, children will likely have a lot of follow-up questions about how the baby comes out, how the baby gets in the uterus, and how the penis and vagina actually work. This is the age where more detail is needed to satisfy the children’s questions and they are ready to know the full process of intercourse and reproduction (Berman, 2009; Bernstein, 1994; Haffner, 2008b; The Medical Institute for Sexual Health, 2005). Parents can, and should, still start slow and be simple in their responses but prepared to share detail and depth if needed. Parents were encouraged to use images and proper labels to describe what happens during intercourse, reproduction and birth.

Children are also likely to ask questions about puberty at this age, either because they hear older children use certain terms or because they have started to hear about it at school. “What is a period?” is one common question both boys and girls might ask during this stage. Parents should feel confident giving a basic description, such as “It’s the flow of blood a woman has about once a month that comes from her uterus and through her vagina. It is a sign that the woman’s body is making changes and can grow a baby.” A brief sentence or two might be enough to satisfy the initial curiosity or it might lead into more questions. If the child seems embarrassed about the question or the answer, parents

should try to bring the topic up again in a more natural setting. For example, Berman (2009) suggests that after viewing a commercial for tampons, mothers can ask their children if they know what the commercial was about. The key is to talk about it because there is no shame in menstruation, although many young girls are embarrassed about it because they think it is scary or weird. Talking about it and being open can reduce that sense of shame. Parents should focus on preparing their children for what is to come. They can say “It might be years before you have your period, but I want you to have all the information so when the time comes you are not surprised or scared.” This conversation starter can lead into a more in-depth discussion about menstruation and puberty or it might simply let the child know that the parent is willing to talk about the topic and has no shame in talking about it (Berman, 2009; Haffner, 2008b; The Medical Institute for Sexual Health, 2005).

After addressing these common questions, the remaining time in this session was devoted to family values, active listening, and a conclusion, all similar to Session 1. After a thirty minute break, session 3 started. The details of that session are provided below.

### **Session 3: Parents of Fourth through Sixth Graders**

Just like the previous two sessions, the same introductory material was used to start the session. Research on adolescent sexuality and PCSC were shared, as well as an overview of the session’s content and goals. This is the age when most parents think they should start thinking about talking with their children about sex, and then they wait a while longer to actually do it (Haffner, 2008b). This is a challenging time for parents; it was fairly easy to consider the developmental changes in their preschool age children, but

working through puberty and adolescence brings about new changes that many parents are worried about. It was important that the researcher acknowledged these new worries so the parents felt understood and supported in the new challenges of parenthood. The researcher attempted to show this support throughout this session and to remember that parents in this session may be particularly uncomfortable, but also particularly motivated to work on their PCSC.

**Childhood Development.** Children this age are starting to understand more and want more details about sex and reproduction. Bernstein (1994) describes this age as being an in-between stage. The younger children in this age group are still responding literally, so metaphors can be hard to interpret and the older children are really interested in accuracy and details. Children this age are moving toward a period Bernstein (1994) calls “Reporters” because of their increasing concern for accuracy and speculation in what lies beyond the facts. Children this age understand that babies come from relationships, intercourse and anatomy (sperm and egg), but they are ready for more. This is the time where questions of values really come into play. Children are aware that the previous information they were told about sex may not all add up but for the first time they really want more detail to fill in the blanks. They want to know why the sperm and egg meet, and why some adults have sex but do not have children. They have a fascination of the social relations involved with making a baby and desire to know more about that emotional part of sex. It is important at this age to share the emotions involved with sex and tell them the positive feelings associated with intercourse (Bernstein, 1994; Haffner, 2008). Parents in this session needed to know where their children were at

developmentally in order to understand how to move forward with PCSC. Knowing that children are ready for more information and have a desire to learn more about sex can help parents navigate this challenging age.

**Family Values.** Every session in *Beyond Birds and Bees* discussed values, as mentioned previously in this chapter. The goal was for parents to better identify their own values so they could communicate them clearly with their children. In the first two sessions, the values exercise was done after a discussion of sexual topics and common questions during that age group. Due to the fact that children this age are ready for more information about their parents' values related to sex, the researcher wanted to spend more time up front helping parents identify their own family values. Therefore, parents were given additional time to complete the values exercises and more time was spent discussing the importance of sharing values with children in this session.

**Puberty.** In addition to knowing their family values, this is the time when parents might get caught if they do not know the facts surrounding puberty and adolescence, so this was the first specific sexual topic addressed in this session. While parents should be prepared to talk about the facts and details of what happens at this age, parents were encouraged that they did not need to know all of that inherently. Parents who felt they did not know enough to answer questions about puberty and developmental changes were told to brush up on their knowledge and were given resources to do so. Parents only need to refresh their memory so they can at least have some answers when their child comes to them with questions or when they decide to initiate conversation (Berman, 2009; Bernstein, 1994; Haffner, 2008b; The Medical Institute for Sexual Health, 2005). Parents

were also told that it was okay to learn with their children. A great tool parents have at this age is the internet. Parents can tell their children that they do not know all the answers but that they want to learn with their children. Then, they can take their child to the computer and look up some of the information they are searching for and look at images or pictures that might help. One of the sites the researcher suggested for parents was [www.KidsHealth.org](http://www.KidsHealth.org). It was suggested as a resource because it is easy to navigate and gives age appropriate information explaining puberty. As an interactive site, it explains adolescent development without making it sound too serious or uncomfortable. Parents were encouraged to use a site like that one to help guide PCSC about puberty. An advantage of looking at websites with their children is that it tells the child the parent is comfortable to talk about the topic with them and that they are not afraid of answering their questions or learning more information (Haffner, 2008b).

Some children this age do not feel comfortable talking about this topic with their parents or they already have a sense of shame or embarrassment about their bodies, so they might not sit with their parents and look at websites or books. The goal of PCSC is that parents start early enough so the child does feel comfortable talking with their parents about it, but the researcher acknowledges this is not where most families are at. Many children do not want to hear their parents use the proper anatomical terms or ask their parents about what is happening with their bodies. Parents in the session, who felt their children felt this way, were encouraged to use that opportunity to show their children how to access appropriate, pre-approved websites that might answer some of the child's questions. Another option for these types of families is to find a book for their

children to read that might help answer their questions and let them look at the book on their own (Berman, 2009; Haffner, 2008b). Ideally, parents will still talk with their children about the topic at some point, but ultimately, children just need to know they can come to their parents and they will get some help or guidance, even if it is in the form of a book. At this point, it is most important that children get the facts without feeling shame. Both the parent and the child are likely to be uncomfortable over the next few years discussing human sexuality and sexual development. As adults, it is the parents' job to put the effort into helping their children feel at ease so they can grow up to be sexually healthy adults.

One way to help put their child at ease might be to share some of the parent's own memories of puberty. Haffner (2008b) gives some conversation starters that might help. "When I was your age, my body looked like....", "Would you like to hear the story of my first period?", or "I remember at your age thinking sex was..." could be helpful ways to start sharing personal memories and experiences. Parents were told to try sharing their own experiences, but to keep the stories positive. Some parents might have felt some negativity about their body changes and that is okay to share with their children, but they do not want to leave their children with the idea that puberty itself is negative (Haffner, 2008b). The goal is to help children feel more at ease with what they will be experiencing during puberty.

**Affection.** One change that is common in this stage, but often not thought to be part of sexual communication, is the change in affection given between parents and their children. Specifically, research shows that fathers show a lot less love and affection to

their daughters once they start to hit puberty. Fathers tend to be nervous that they will accidentally touch their daughters in a place that is no longer appropriate or it starts to feel inappropriate to show affection to a young woman (Haffner, 2008b). As stated earlier, children can pick up on this discomfort (Heisler, 2005). This is unfortunate because it tells the father the relationship can no longer be close and it tells the daughter she is not allowed to be close or lean on her father like she used to. It can often make daughters feel ashamed, confused and even rejected. This research was briefly shared with parents in an effort to remind them that their children still need the love and affection of both parents at this age.

**Sharing with Both Genders.** Another topic briefly mentioned in this session was the need to share sexual information with both genders. It is generally easier to tell a same-sex child about puberty than it is to tell a child of the opposite gender. However, there is great value to gain from both genders learning about pubescent changes in both boys and girls (Haffner, 2008b; The Medical Institute for Sexual Health, 2005). Parents were urged to remember the goal of raising sexually healthy children who grow into sexually healthy adults and to think about how that could be influenced through PCSC. Adult women appreciate when their partners feel comfortable buying feminine products and adult men appreciate when their female partners are not disgusted by their bodily functions. These behaviors come from learning over time that all bodies (both male and female) are special and each body part has a unique purpose. This lesson should start young. Young boys should learn what their female counterparts are experiencing during puberty to help establish a greater sense of comfort with the female body and puberty in

general. Doing so can also help reduce teasing by teaching children that everyone experiences changes during adolescence and that is special (Haffner, 2008b). SIECUS (2004) offers the following list of specific puberty-related topics that both boys and girls should know at this age:

- Puberty begins and ends at different ages for different people.
- Everyone's body changes at its own pace.
- Most changes are similar for boys and girls.
- Girls often begin puberty before boys.
- In puberty, the changes you go through prepare you for having children (girls begin to ovulate and menstruate and boys begin to produce sperm and ejaculate).
- Emotional changes are just as much a part of puberty as physical changes.
- Romantic and sexual feelings also start to develop in puberty.

**Emotional Changes.** Another topic important to PCSC at this age is the emotional changes children experience during preadolescence and adolescence. Parents in this session were encouraged to remember the whirlwind of emotions they went through during this age that they are now seeing their children experience. Sometimes the physical changes are easier to accept than the emotional ones. This is an age when children start to emerge as adults (young adults) and strive for more independence, but parents are still trying to hold on to their children. This makes this particular age challenging for parents. The researcher told parents to remember that at some point they do want their children to walk on their own feet and be independent, and that they want their children to know they will still be close and willing to help, but that the children can in fact survive on their own. This means giving the child some space, but still encouraging communication and offering support for all the emotional changes the child is experiencing at this age. It is expected that parents of this age feel overwhelmed with

the emotional changes of their children and within the parent-child relationships (Berman, 2009; Haffner, 2008b; The Medical Institute for Sexual Health, 2005). As conflicts increase and the child's behavior and mood is always changing, parents were encouraged to remember what it was like to be that age. Friendships are changing, schoolwork is becoming more challenging, after school activities are increasing, children are frustrated or confused with their physical development (or lack of), they are embarrassed about their sexual questions, have a growing need for privacy but still want their parents around. They are confused by their own needs and want things on their own terms, but at this age that usually cannot happen. If parents can remember the stress and frustration of being this age, it might help them be able to better identify with their children and support them through this process.

When a two-year old child is asserting himself, that was hard for the parent to deal with but the parent knew it needed to happen. Now that the child is twelve years old he is still trying to assert himself and find boundaries but the parent is hesitant to allow that growth. Parents in this session were encouraged to be there for their children and make sure they know the parent is in control but to give children some room to challenge the parents and learn things on their own. Children this age are likely to challenge their family values and try out new values, but it is likely just a stage (Bernstein, 2009; Haffner, 2008b). Children this age may announce they are now a vegetarian or socialist and parents should let the child experiment with the new values. The hope is that parents have instilled those values from early ages and communicated them clearly so the child's curiosity is healthy and they will ultimately come back to the family values (Haffner,

2008b). Then the child will take great pride when they come back to the family values on their own. This is why parents need to know their own values and communicate them but also be open and supportive with the emotional changes of this age.

**Friendships.** Another part of life that is quickly changing at this age is the child's friendships. As a reminder, PCSC should involve the whole picture, not just sexually specific topics. That is why the researcher included these more social and relational topics in this session. This is the stage where friendships start to take precedence over family relationships. That can be hard for a lot of parents to accept, but it is a natural part of growing up. Parents often wonder how worried they should be about their child's friendships at this age. While there is some truth to the idea that children likely have friends similar to them and so the behaviors their friends engage in are likely to be the ones that child engages in, that is not always the case. Trust becomes essential during this stage (Haffner, 2008b). In this session, parents were encouraged to really work on trusting their child's judgment and level of responsibility. One thing parents can do is to talk with their child about friendships and peer pressure. In this session, the researcher reminded parents to think about what peer pressure really is; it rarely comes in the form of "Do it! If you don't do it, we won't be your friends." Rather, children often just feel pressure to fit in with a group of seemingly cool kids. Their friends might not pressure them in any way, but the mere presence of a particular behavior might be enough to pressure the child.

At this point in the session, parents were reminded to think about their family values. Specifically, parents were told to think about their values related to friendship.

Parents should take this time of adolescence to talk with their children about what a good friend is and the importance of having friends who respect their values. Parents should make sure they hear what their children think about friendships, too. Getting children to articulate their own beliefs and values regarding friendship is one way of keeping a child close even during a time when the child is searching for more independence with their friendships (Berman, 2009; Haffner, 2008b; The Medical Institute for Sexual Health, 2005).

At this stage, children start to develop friendships with new people, some of whom the parents may not particularly approve of or like. In this session of *Beyond Birds and Bees*, parents were encouraged to set limits without being a dictator. Parents still have some authority over their children at this age and can tell them where they can and cannot go, but it is important to include the child in those decisions (Berman, 2009; Haffner, 2008b; The Medical Institute for Sexual Health, 2005). Parents should respect their child's emerging independence by having open conversations about those friendships with their children. Parents should tell their child why they do not feel comfortable with certain friendships the child has and ask the child to discuss the friendship with the parent. The parent should ask the child why they do like that friend and leave room for a change in perception. Parents should not shut out that particular friend because the child might feel more compelled to associate with the person behind the parents' back. Rather, the parent can limit the interaction with that friend and encourage the contact to occur at the parents' house so they can get to know the friend. Parents should make sure the child knows exactly why the parents feel the way they do

(Haffner, 2008b). This is all done in an effort to support the child's choices but provide some guidelines and limitations to protect the child.

One final effort parents can make regarding their child's friendships is to get to know the parents of the friends. Parents in this session were encouraged to even share their family values with other families. This allows the parents the chance to tell other families what types of activities or movies they find appropriate, their thoughts about the children being alone together or having closed doors, the type of language the family approves of, etc. If other parents have similar values and goals, they will embrace these types of conversations. The researcher reminded parents in this session that parenting is not about them; it is about what is right for the child (Haffner, 2008b). Parents should be involved in their child's friendships but should trust enough to give some space during this time of emerging adolescence.

**Dating and Sexual Activity.** This topic was important in this session. A lot of parents think their children are too young to date at this age and certainly hope their children are not sexually active, but statistics suggest this is a crucial age for sexual decision-making and the development of romantic relationships (Berman, 2009; Centers for Disease Control and Prevention, 2009; Haffner, 2008b; Sonenstein, 2001). Dating at this age has occurred all throughout generations; it just might have been called different things and some of the dating rituals may have changed; ultimately, the attraction between boys and girls (or between same-sex children) has not changed. Parents in this session were encouraged to learn what the common dating language and behaviors are in order to better understand what their child is hearing about or experiencing. Finding out

what it means to have a “boyfriend” or to be “going out” with someone might help parents better communicate with their child about this topic at this age. Parents in this session were told not to get alarmed without reason because dating at this age is likely still quite innocent, but it is important to know what common behaviors are (Haffner, 2008b; The Medical Institute for Sexual Health, 2005). Some children at this stage may be embarrassed to tell their parents they are attracted to a friend or that they are “dating.” This embarrassment should not discourage parents’ efforts in communication. Parents should try to keep communication as open as possible, but know that it might be more beneficial to talk about their child’s friends, rather than the child herself. For example, a parent might ask their daughter if any of her friends have boyfriends or what it means that they “like” each other. The child might feel more comfortable sharing about other people and this can give parents insight into common language about dating and what dating entails at this age (Haffner, 2008b).

Some children at this age may be experiencing their first love and this can feel quite intense for the child. Parents may think it is a silly crush or not be aware that their child has any romantic feelings at all, which may make the child feel unsupported or not understood. One tool shared with parents in this session was to simply think back to their first love. If parents can remember the intense feelings they had when it first started and when it ended, they will likely be more sensitive and supportive of the feelings their child has at this age (Haffner, 2008b). Parents might be tempted to tell their children that the love they feel is not real and it will not last and they should not focus too much on that person, but to children that feeling is very real and very intense. If the parent can

remember their first love, they probably also remember that they did not like it when their parent belittled their feelings so that can help parents avoid making the same mistakes.

Parents in this session were encouraged to respect their child's emotions and respect the relationship the child believes he/she is in. Parents can use their first love to talk about romantic feelings, what those feelings mean and how they translate into behaviors (Haffner, 2008b).

A child's first love is a great opportunity for parents to talk about their family values related to relationships and sex. Parents can help their children understand that the physical feelings they experience when they are with that person are common and a normal part of puberty. However, parents should also tell their children that they do not have to act on those feelings (Berman, 2009; Haffner, 2008b). Kissing might start to occur in these later years and for the most part, that is the only sexual behavior common at this age. It is a fun and thrilling experience for the child and makes them feel like they are the emerging adult they want to be. Parents should respect those feelings, but can remind the child of boundaries and the family values. Talking about family values related to relationships and sexual activity is really important at this age because children are just starting to experience some of the physical sensations that come with romantic feelings or physical attraction (Berman, 2009; Haffner, 2008b). Haffner (2008b) reminds parents that the effect of these conversations might fade in the next few years but that it is still quite powerful at this stage, suggesting parents tell their children

Young people your age are too young for sex, oral sex (go on with the family values about what is not appropriate at this age). Our family believes that sexual relationships should occur in marriage (or adulthood, college, whatever the family

value is). I hope we will talk about this a lot as you start to have more romantic relationships (p. 183).

Parents in this session were reminded that promoting abstinence at this age does not mean avoiding a conversation about sexually transmitted infections and contraception. It is important children know about these topics for their own well-being and so they are not confused later on. Parents were reminded that they should be the primary sex educators in their child's life, and that means talking about all the topics related to sex so the child does not hear it from someone else first (Haffner, 2008b).

Most dating behaviors at this age are innocent, but as the precursor to adolescent dating this is an important time to talk about issues related to love, sex and dating.

SIECUS (2004) lists the following specific messages to be shared about love and dating with children this age:

- Love is shown in many ways.
- Liking yourself enhances relationships.
- Love is not the same as sexual attraction or involvement.
- “Falling in love” is different from the feelings in a continuing adult relationship.
- In a mature loving relationship, people encourage each other as individuals and respect one another.
- Love is hard to define; it's very complex.
- Knowing for sure if/when you are in love can be hard.

**Body Image.** The last major topic discussed with parents in this session related to the child's self-esteem and body image. Being sexually healthy is about much more than just sex (Berman, 2009; Haffner, 2008b; SIECUS, 2004). The researcher reminded parents that accepting yourself for who you are and respecting yourself is just as important as knowing the details of reproduction and dating expectations. In this stage, children are starting to use clothing and music to express themselves, and this expression

may or may not match the family values. Parents in this session were encouraged to talk about what their standards for appearance are, what they will and will not accept and then to share those standards with their children. Children should be a part of deciding what those standards are at this age. Ask children what message boys with body piercings are sending or girls who wear short skirts or tight shirts are sending. Some of these trends may be hard to ignore, so parents should at least talk with their children about the message that a person's physical appearance can send and what message they want to send to others with their own appearance (Berman, 2009; Haffner, 2008b).

At this age, parents should work hard to help their child feel comfortable in their body, accept their unique qualities, and work with what they think their challenges are. Parents do not need to draw attention to the child's less positive traits (unibrow, heavy build, acne, etc.) but if the child does not like the trait the parents can consider teaching the child how to care for it. Helping children learn about personal hygiene and personal care is important at this age, but the message should not be on building an attractive appearance (Berman, 2009; Haffner, 2008b; The Medical Institute for Sexual Health, 2005). Children should be told that developing their mind and values is just as important as showing their physical attractiveness.

Children in this stage are starting to notice their own differences and will challenge their parents' statements. A parent can tell the child he is beautiful but he/she can see he/she does not look like everyone else. Children are very adept at picking up on their parents' body image as well. If a parent is always talking about how he looks or what she does not like about herself, the child will pick up on that poor esteem. Parents in

this session were urged to be cautious and not let their children know about all their own insecurities because those will become their child's insecurities (Berman, 2009; Haffner, 2008b). SIECUS (2004) and the National Eating Disorders Association (2011) suggest the following goals for parents regarding body image and appearance:

- Avoid negative statements about your own body or eating habits (or those around you).
- Educate them about different body types and weights, what is healthy and what is not.
- Help them scrutinize the way the media or their school portrays beauty. Help them to challenge what society tells us.
- Teach them the difference between body weight and value – being too skinny or overweight does not say anything about a person's value.

**Common Questions Parents Ask.** The next part of this third session was spent discussing common questions parents with children at this age might ask. The questions were acquired from several sex educators and sexuality education resources. As with each session, the researcher chose to address only a few common questions due to timing and the need to limit and focus content.

A common concern for parents at this age is their lack of knowledge about puberty and how to prepare for this type of communication when they do not remember the details. To respond to this question, parents were reminded what puberty is, when it often starts and then given resources for learning about it in more detail. Parents were told that puberty often begins between ages nine and eleven for girls and between ten and thirteen for boys, but that communication about puberty should start a few years before it begins. Parents were told that their child might resist talking about it at this age, but that the parent's attitude can greatly impact the child's comfort level. The more calm and at ease the parent is, the more likely the child can develop a sense of ease about the topic

(Berman, 2009; Haffner, 2008b). Parents were told to keep the information positive and simply tell their child that they want to talk about some of the changes that happen to the body. If the child shuts down, parents were told to set up another time to talk with the child, making it feel special for the child. Letting children prepare for a conversation about puberty might reduce some of the anxiety around talking about it with their parents. It is the parents' responsibility to make sure the child knows he can come to the parent with questions. Some parents wonder if they should use books, charts or pictures to help explain details and the researcher encouraged using these items to aid communication. In the packet all parents received, the researcher provided parents with some resources for books and images that might help make this abstract concept of puberty more of a reality.

Another question common for parents in this stage is "How much should I monitor media use?" Children this age often have more privacy than when they were younger and have more unsupervised time with their peers. This allows for more time in front of the television or computer without adult supervision. This increased independence is an important part of growing up, but parents should still make sure they know what their children are watching or viewing. Parents were told that it is important to have standards at this age and to involve children in the decision-making about what is appropriate and what is not (Berman, 2009; Haffner, 2008b). Parents can still have the ultimate control, but something as simple as asking their child what television shows they want to watch and why they want to watch them can help the child feel more supported. It also tells the parents why the child wants to watch what they do and their thoughts about what is appropriate for that age. Seeing sexually explicit material will arouse the

child's curiosity, which is not necessarily bad. Parents just want to make sure they are around to communicate about the material and talk about their family values. Parents can ask their children to tell them what they think they saw and why it was happening. If the parent does not agree with the value shown, then the parent can comment on it and use it as a chance to communicate about sex. If the parent is around while the material is being viewed, the parent can also turn the material off and discuss with the child what the parent does not like about what was seen. Ultimately, parents were told that monitoring what their children are viewing is still really important but that communicating about what is appropriate and inappropriate is also important at this age because of the emerging independence (Haffner, 2008b).

“Should I be worried about pornography?” is a specific concern parents start to have at this age. The answer to the question is yes, parents should be concerned that their children may be encountering pornography at this age. Most boys are first exposed around age eight or nine (CDC, 2011; Haffner, 2008b), especially with the heavy use of the Internet. Boys seem to have a heightened curiosity at this age so parents want to be diligent about what their children are exposed to. Parents in this session were told that if they suspect or know the child has been exposed to pornography they should really make an effort to talk about how beautiful sex is meant to be and how pornography is often sexual abuse of the person in it (Berman, 2009; Haffner, 2008b). Parents can also use this as a chance to talk about respect and privacy and how sexual activity should stay between the people involved. Parents should not punish the child for viewing this material. However, if the child has been told several times to avoid it and keeps viewing it, then

parents can certainly develop consequences. Rather than making the child feel bad about this viewing, parents should talk to the child about what was seen and what questions they might have and then set up consequences for further use of the pornography (Berman, 2009; Haffner, 2008b; The Medical Institute for Sexual Health, 2005).

The last question addressed in this session was “Am I sending mixed messages if I teach my child about abstinence but also teach about birth control, sexually transmitted infections, etc?” Parents ask this question out of fear that they are overriding the abstinence message when they talk about contraceptives or sexual protection. Haffner (2008b) reminds parents that double messages are sent all the time. Parents tell their children to wear sunscreen and then play outside. Most parents tell their children they do not want them to drink alcohol, but if they do they should not drive. These messages seem to be contradictory, but they are not as confusing for the child because the child is used to hearing them. At this stage, children simply need basic information about contraception and protection. Parents should not go into a lot of depth about them, but parents do want to be the first person the child hears the information from. Parents were reminded that if they avoid talking about these topics, for any reason, they are allowing someone else to become the primary sex educator in their child’s life. Parents were told to keep the information simple but focus on facts, telling their children what contraception is, how it is often used, and why it is often used, while still sending messages about abstinence at this age (Berman, 2009; Haffner, 2008b).

**Common Questions Kids Ask.** At this age, children may be hesitant to ask their parents questions about puberty and sex but they certainly do have questions. A common

question for children this age is “What is puberty?” Some children have only heard the word or understand that at some point their body will start to change but they do not know what to expect or why it happens. Parents can respond to this question simply by saying “Puberty is a time in life when boys and girls start to physically change and grow into men and women and prepare to have children.” This explains what it is and why it happens and may be enough to satisfy the child’s initial curiosity. Parents should tell children that puberty usually begins between ages nine and eleven for girls and between ten and thirteen for boys, although some children may start earlier or later and that is okay. To explain what happens during puberty, parents can use simple language but send truthful messages. Parents can summarize puberty by telling children that girls will start to develop breasts and hair in new places and a period will eventually start, and boys will develop hair in new places, their voice will deepen, and their penis and testicles will start to get bigger. Parents should feel encouraged to use books and pictures to assist in this conversation.

Children this age naturally compare themselves to other children and it can be especially hard if they develop earlier or later than their peers. Children want to know “why do some kids start puberty before others?” This question derives from their desire to blend in and be similar to their friends, but the truth is that children experience puberty at different times and develop at different rates. Parents should respond to this question by telling children that genetics impact puberty and development, and each child has their own unique genetic background. Children should also be reminded that all people are unique and different and that is what makes everyone special. This means that everyone’s

body reacts differently than others to feelings, touching, etc. and that also means everyone's body grows and changes a little differently. Ultimately, parents want to send the message to their children that everyone goes through puberty at some point and that as challenging as the time can be, it is a special time and it will get better soon (Berman, 2009; Haffner, 2008b; The Medical Institute for Sexual Health, 2005).

When children start to learn about puberty, a period is one of the first things they will hear about. Yet, many children this age do not really know what it is. "What is a period?" is a question both boys and girls are likely to have at this age. Parents can give basic information to respond to this question, but they should make sure they give the facts. Children this age need to know what it is and why it happens so that it reduces anxiety and confusion. Parents can tell their children that a menstrual cycle/period is a process of developing eggs and shedding lining so women can have babies. Children should know that the whole process lasts about a month and reoccurs every month (Berkenkamp & Atkins, 2002; Berman, 2009; Haffner, 2008b; The Medical Institute for Sexual Health, 2005). Both boys and girls should learn about this process and know that all women experience this and it is a natural and special part of growing up. Parents in this session were reminded that their children may have some fear or embarrassment about their body, but it is still important to share this information.

The last question addressed in this section is "What is a virgin?" Children this age hear a lot of terms and phrases from other children, the media, and even from parents. This leads to questions of what those terms mean. One term they are likely to hear about is "virgin," especially in a culture where adolescents mock virginity and talk about sex

regularly. Parents in this session were told that their response to this question is a really important time to be clear with their own family values. Each family might define virginity differently, and children need to know what their parents believe. Many pre-teens assume that sex or losing their virginity includes only vaginal intercourse, and often they think the risks of sex are limited to vaginal intercourse as well. Parents should try to make sure their children are aware of both the physical and emotional consequences of all types of sex and set boundaries for what the family thinks is appropriate. The family might have the value that virginity includes abstinence from all types of sex and the child needs to know the family's values. The child might disagree, but at this age the parents' opinion still matters, so setting these boundaries and clarifying values early will be helpful as the child makes his/her own sexual decisions in the following years (Haffner, 2008b; The Medical Institute for Sexual Health, 2005).

After addressing these common questions, the remaining time in this session was devoted to active listening and a conclusion. After a thirty minute break, the final session started. The details of that session are provided below.

#### **Session 4: Parents of Seventh through Ninth Graders**

This session started with the same introductory material as all the other sessions. Research on adolescent sexuality and PCSC were shared, as well as an overview of the session's content and goals. This is a particularly tough age for both adolescents and parents. The physical and emotional changes of adolescence can be wearing on both and parents often feel at a loss for how to communicate with their children about these changes. The researcher wanted to make sure parents felt supported and understood

during this difficult age so the researcher worked hard to consider the challenges unique to this stage. Adolescents this age are not necessarily looking for their parents' approval or guidance, but they desperately need it. It is essential for parents to be involved and diligent as they continue to raise sexually healthy children.

This is the age when the statistics about adolescent sexual behavior start to really impact families. Adolescents are beginning to think about, and even engage in, sexual activities. Parents in this session were reminded that the statistics shared do not just happen to other people's children; their children are at risk, too. Unless their child is completely asocial, it is very likely the child will either be in a sexual relationship or know someone in a sexual relationship by the time they are in high school. The researcher clarified that a "sexual relationship" does not necessarily mean the child is having intercourse, but it does mean they are exploring their sexuality. It also means that PCSC is really important, regardless of how uncomfortable it might feel. Parents were encouraged that even with this change in their child's sexual thoughts and behaviors, they can still be influential. Part of the introduction in this third session was to remind parents that "sexually healthy adolescents are not defined by the behaviors they abstain from or engage in" (Haffner, 2008a, p. 6). Sexuality is about much more than reproductive organs and what people do with their genitals. A goal of Beyond Birds and Bees was to help parents understand that the goal of PCSC is to raise adolescents who appreciate their bodies, take responsibility for their behaviors, communicate effectively with their families, communicate respectfully with both genders, and who express love and intimacy in a way that is appropriate for their age (SIECUS, 2004). Sexually healthy

adolescents do not just happen; they have parents who consider educating their children about sexuality an important responsibility. The researcher wanted to make this very clear in this last session.

Parents who are realistic about statistics realize that many children in this age group are in fact sexually active. While many adolescents choose to refrain from sexual relationships, and about half of all high schoolers are not sexually active, many are engaging in sexual relationships. This is the stage where parents need to be really clear about their family values. In earlier years, the clarity in a parent's message helped establish boundaries and instill values in the child. Now it is likely that the child might end up in a situation where values are tempted. Parents want their children to be confident in their values and know how to communicate them to others. More than ever, parents in this stage are helping their children act out their sexually healthy attitudes. Helping children establish strength in their values now will set them up for more success throughout high school and into young adulthood. While this information can be motivating for parents, it is still a challenge to accomplish these goals. By this stage, parents are set in their role as a parent. This often means they have forgotten what it is like to be thirteen or have their first real crush or be curious about sex. Haffner (2008a) says many parents struggle with "adult amnesia", which is when they forget that they are simply ex-adolescents. If parents can remember what feelings they had at this age they will be much better communicators with their own children. For parents of children this age, the following general communication tips were shared in the introduction:

- Your adolescents want to talk about your values.
- Do not have the "Big Talk" about sexuality.

- You don't have to be comfortable and you don't have to have all the answers.
- Listen to your child's point of view.
- Facts are not enough.
- Don't be afraid of giving mixed messages.
- Let your child know you understand they will make mistakes and you will love them anyway.
- Continue to show affection.
- Sexual communication is for boys and girls.
- Actions speak louder than words.
- Know what they are being taught about sex from schools, churches, etc.
- Try to keep up with youth culture and terminology.
- There is no such thing as too late.
- Get help – reach out – when you need it.
- Talk about the joys of sexuality. (Haffner, 2008a, p. 43)

These tips were discussed with parents to help encourage them and set them up for more successful PCSC. The introduction of this session was more in-depth than other sessions because the researcher felt parents needed more encouragement and support as they warmed up to the idea of being more open and honest with their adolescent children about sex and sexuality. The goal of this introduction was to prepare parents for an open conversation about adolescent sexual behavior and the role parenting can play in shaping their child's experiences.

**Childhood Development.** Bernstein (1994) refers to children this age as “philosophers” because their analysis of reproduction and sexuality is well-reasoned and multidimensional. They can reflect on their own thoughts, develop their own thoughts, and test them against reality. They are able to consider the emotional and social factors involved with reproduction and not just the physiology of it. All of this means children this age are able to process complex information and understand the many facets of sexual relationships. When parents know this, they are better able to accept how much information their child is ready for. Contradictions, or lies, will not last long with

children in this stage. Simple or exaggerated answers are no longer sufficient. Parents need to acknowledge that their child is at a stage of really processing sexuality and all it entails. While they might not fully understand it until they have experienced it, they can certainly think through it and process it in a way many parents are not willing to accept. The researcher wanted to make sure parents were aware of their child's maturity and development before expanding on the specific topics in this session.

**Family Values.** Every session in Beyond Birds and Bees discussed values. The goal was for parents to better identify their own values so they could communicate them clearly with their children. In the first two sessions, the values exercise was done after a discussion of sexual topics and questions asked during that age group. As mentioned earlier, children this age need their parents' guidance and communication, even if they are no longer directly asking for it. Parents in this stage need to be aware of their values enough to initiate communication about them. Therefore, the researcher wanted to spend more time up front helping parents identify their values. As with session three, parents were given additional time to complete the values exercises and more time was spent discussing the importance of sharing values with their children. Parents were encouraged to really take time during the session and after to identify their own values, communicate and share them with their co-parent and discuss ways to share them with their children. The values discussed were not just limited to sexual behaviors, although that is part of it, but it also included values related to relationships, friendships, dating, romance, etc.

**Friendships.** The discussion of friendships in this session was similar to the discussion in session three. This is the stage where friendships start to take precedence

over family relationships. That can be hard for a lot of parents to accept, but it is a natural part of growing up. Trust becomes essential during this stage. In this session, parents were encouraged to really work on trusting their child's judgment and level of responsibility. One thing parents can do is to talk with their child about friendships and peer pressure. The researcher reminded parents to think about what peer pressure really is; it rarely comes in the form of "Do it! If you don't do it, we won't be your friends." Rather, children often just feel pressure to fit in with a group of seemingly cool kids. Their friends might not pressure them in any way, but the mere presence of a particular behavior might be enough to pressure the child.

Prior to this discussion, parents had spent time reflecting on their family values, which included the values about friendships. The researcher could then help parents take that information they just reflected on and consider how to share that with their children. Parents were asked to talk to their children about what values they had related to friendships as well. Getting children to articulate their own beliefs and values regarding friendship is one way of keeping a child close even during a time when the child is searching for more independence with their friendships. Parents who are able to connect with their children about healthy friendships versus unhealthy friendships are doing a great service in preparing their children for the independence coming their way.

One final effort parents can make regarding their child's friendships is to get to know the parents of the friends. Similar to session three, parents in this session were encouraged to even share their family values with other families. This allows the parent the chance to tell other parents what types of activities or movies they find appropriate,

their thoughts about the children being alone together or having closed doors, the type of language the family approves of, etc. If the other parent has similar values and goals, they will embrace this type of conversation. The researcher reminded parents in this session that parenting is not about them, it's about what is right for the child (Haffner, 2008b). Parents should be involved in their child's friendships but should trust enough to give some space during this time of emerging adolescence.

**Dating.** Children this age may want to start dating, or engaging in some variation of dating. By the time they start high school, most adolescents have been in some version of a romantic relationship (Haffner, 2008a). A lot of parents are not ready for this and concerned about how to handle this new activity in their child's life. The researcher wanted to spend time on this topic to help parents process this new experience. Most researchers would agree that there is no magical age for when dating becomes appropriate, but rather it is up to the parents to discuss their own values about dating behaviors and expectations (Berman, 2009; Haffner, 2008a; The Medical Institute for Sexual Health, 2005). Parents should discuss their dating values with one another before discussing with their children to make sure they are on the same page. Many parents have different ideas of what is acceptable or appropriate based on their own experiences. Finding a balance between their ideas is important in order to communicate effectively with their children about dating values.

Once parents have discussed this topic with one another, children should be involved in the conversation about what dating rules and boundaries are set for them. Parents in this session were encouraged to start by asking their children what they mean

by the term “dating” and find out what the different dating terminology is for children that age. Doing so will help the family set rules accordingly. Parents were reminded that children this age are eager to gain independence and assert their autonomy. One thing parents can do to help the child achieve that, while still maintaining parental authority, is to include the child in the decision-making (Haffner, 2008a). Parents should ask their child what their dating goals are and what behaviors they think are appropriate for certain types of relationships. Parents should feel confident to share with their children what they think is appropriate as well. Parents in this session were told to talk with their children about a variety of dating behaviors such as curfews, attire, expectations, physical contact, etc. Part of these conversations about dating should also include a discussion of what the child should do if they ever feel they are in an uncomfortable situation.

The researcher was sensitive to the idea that some parents in this session might have family values that do not allow for dating in any form at this age. Those parents were encouraged to listen to their child’s thoughts and ideas about the issue, making sure the child felt listened to. Then, parents can share their values with the children and where those values come from. Again, parents were reminded that children this age need more information. Simply telling children what the family values are might not be enough, they need to know why the parents have those values and understand the reasoning behind them. The children still may not like the parents’ perspective, but they will at least have a better understanding of it. Further, parents who may not allow for dating at this age were encouraged to be mindful of what their child thinks dating is. A thirteen year old might

think “dating” is quite different than what their parent thinks, so perhaps parents would allow for some of this activity if they were clear about what it meant (Haffner, 2008a).

An important topic to include in dating conversations is sexual abuse/date rape. At this age, it is important children understand how to say “no” to behaviors they are not ready for and how to stop sexual behavior from progressing. Even if parents have told their children they do not want them kissing or being physical in any way, parents still need to discuss how to slow things down or stop them if they do start kissing or touching and feel pressured (by the other person or by their own sexual desire) to keep going (Berman, 2009; Haffner, 2008a; The Medical Institute for Sexual Health, 2005). Parents in this session were reminded that both boys and girls need to understand this message. Self-esteem and confidence are a big part of this; the more confident children feel in who they are, the more likely they will be confident communicating to their friends and romantic partners about their goals and expectations. Respect is also important. Parents in this session were told to demonstrate a respectful relationship but also discuss with their child what a respectful relationship looks like. The values exercise done earlier in the session can help parents start this conversation and discuss appropriate and respectful ways to treat others in relationships.

**Sexual Behavior.** The discussion of dating, specifically the discussion of avoiding inappropriate dating behaviors, naturally led into the discussion of sexual behavior. While many children this age are not going to be having intercourse in their dating lives, it can happen. Kissing and hugging, along with other intimate behaviors, are more likely to occur in this age and being prepared for that will help parents

communicate with their children. As previously mentioned, parents should simply talk with their children about whether those behaviors are appropriate or not. Parents should then ask their children how they will handle a situation where intimacy starts to progress. A lot of adolescents think kissing and touching is okay, but they have never moved beyond that (Haffner, 2008a). When their physical feelings do progress, they might not know that they can stop physical intimacy at any point. They might feel that the behaviors should progress with the feelings. Delaying gratification, or teaching children about other ways to connect with a person is important at this stage. The goal is that children do not get caught up in the feelings they experience while kissing and end up being more sexually intimate than they planned (Berman, 2009; Haffner, 2008a). Parents should intentionally teach their children how to stop behaviors from progressing, how to communicate their desires and expectations to their romantic partners, and how to demonstrate self-control.

Furthermore, parents were reminded that it is important children have all the facts at this age. Children should know the different levels of sexual behavior, the consequences of each, and the relationship appropriate for each behavior. If the parent avoids discussions on the various types of sexual behavior, the parent must understand the child will hear it from someone else. Parents may feel uncomfortable talking about oral sex or manual stimulation, but it is important in setting clear boundaries for what parents think is appropriate for this age. This also helps provide more clarity for the ways sexual behaviors can progress and can help children establish ways to get out of situations they do not want to be in.

The researcher gave parents in this session several ways to communicate these thoughts. First, parents should help their children set physical boundaries and be open with them that sexual intimacy can quickly progress. Even if parents have told their children that sexual intimacy is not appropriate at this age, and the child agrees, parents should still prepare the child for how things can happen (Berman, 2009; Haffner, 2008a). Parents were told to tell their children that often adolescents do not realize how quickly intimacy can progress and that is why the family believes the line should be drawn at (kissing, holding hands, etc.). Parents should be clear in establishing boundaries and helping the child come up with a specific set of limits for physical and sexual intimacy.

Parents were encouraged to help their children make their own personal sexual goals. In doing so, the parents can help the child understand he/she is in control of his/her own sexual experiences and no one else can take that away. Helping children plan specific goals for how and when they engage in sexual behaviors can help prevent those behaviors from happening before they are ready. Berman (2009) suggests parents say something such as

Have you ever thought about what you would like your first time to be like? What type of person would you like to be sexual with? It is okay to think about this, in fact, it is important. Planning your sexual goals is part of being a healthy adult. While you cannot know everything you'd like to about your first time, you can have a list of 'must-haves' – such as you must be with someone you love, it must be somewhere private and romantic, you must have protection, etc. (pp. 158-159).

Some parents might find this conversation starter intimidating or too much for their child. The truth is that helping children make their own sexual goals is one way parents can set their children up for sexually healthy futures (Berman, 2009; Haffner, 2008a). If the child

has thought about these personal goals and articulated them, it may help the child follow through with them even in a time when they feel pressured to do more.

Parents were also told to teach their children about intimacy of all kinds. Letting children know that intimacy in a relationship is more than just sexual is important in helping the child expect more from dating than just sexual gratification. Parents should teach their children, through actions and words, that intimacy starts with being respectful and treating the other person with love. This should also relate to the values the family has about relationships and intimacy, as well as about what behaviors are expected and appropriate in relationships.

**Contraception.** Many parents believe that talking about birth control and safer sex are not necessary if abstinence is the family value. While that is an optimistic perspective, at some point in a child's life, even if it is after they get married, the goal is that all children have the facts and feel comfortable talking about birth control with their partner and also their doctor. Parents in this session were told that at some point these discussions are necessary, regardless of their values.

Research supports the idea that while abstinence is a great value to promote, and one encouraged and expected by the church sponsoring Beyond Birds and Bees, by failing to educate children about contraception, parents may be failing to provide the support the child needs to make intelligent sexual decisions. Parents in this session were told to find ways to discuss both such as

I want you to know that I am not giving information about condoms and birth control because I think that you are ready to have sex. I absolutely don't think you are ready for such a big step, and in our family we believe that sexual intimacy should be saved for committed, married relationships. But I want you to have the

information you need to be safe just in case you don't choose to follow our family values. Remember that even though this information will help you to be safe physically, it can't keep you safe emotionally. In addition, even using protection doesn't make sex 100% safe; that's why we call it safer sex, not safe sex. (adapted from Berman, 2009, p. 150)

**Unsupervised Time.** One of the challenges in this stage is the amount of time adolescents are left alone. When school gets out at 2:30 p.m. and parents do not get home until 6:00 p.m., children know they will not be chaperoned for those few hours. Yet, a babysitter seems inappropriate at this age. Trust is essential in ensuring children will make healthy decisions at this time. Keeping children busy with activities or being responsible for other children is a great help, but that is not an option for all adolescents. Parents in this session were reminded that all the work they have done up until this point should have set the groundwork for their children making wise decisions, but parents were also supported in their anxiety that this is not always the case. Haffner (2008a) suggests a few techniques to demonstrate trust to children and encourage them to make healthy decisions. One idea is to leave little notes around at home, love notes, for the child to find. Reminding the child that the parent trusts them and is proud of them will help keep them on track. Parents were also told to have the child check in with the parent when they get home from school. In addition to making sure they are home and checking in about homework, chores, etc., parents can use that opportunity to tell the child how great he is and how excited the parent is to see them after work. Giving them that trust will raise their confidence in meeting the parent's expectations and ultimately the child will show the parent they have earned that trust.

**Masturbation.** The last topic discussed before addressing common questions in this session was the topic of self-stimulation. If parents have not already questioned this behavior with their child, they will during this stage (Berman, 2009; Haffner, 2008a; The Medical Institute for Sexual Health, 2005). Most children are curious about their bodies and will experiment with self-pleasuring. If parents have already discussed this and shared their values, then it is important to keep consistent in this stage. However, most parents avoid talking about this subject with their children throughout the years. It can be embarrassing and shameful to talk about, and it will be more so the older the child gets. Talking about it early is best, but talking about it at all is essential. Parents need to establish what the family values are about masturbation so they can effectively communicate with the child about the topic. The values exercise done earlier in the session did address this topic to help parents think about their values related to masturbation.

Regardless of what the family values are, most adolescents are experimenting with masturbation and many more are curious about it. Medically speaking, there is no harm or no norm for masturbation (Berman, 2009; Haffner, 2008a; The Medical Institute for Sexual Health, 2005). It is normal for adolescents to do it and normal for them not to do it. Ultimately, parents just want to make sure their child feels no shame in their body but understands the sexual feelings that come with any physical stimulation. This can help them understand the feelings they will experience through partner stimulation. The purpose for addressing this topic was to help limit the anxiety parents have in talking about this topic and encourage parents to include masturbation as part of their PCSC.

**Common Questions Parents Ask.** The next part of this session was spent addressing common questions parents and children might have at this stage, as established by researchers and educators in the sexual communication field. Many of the questions are related to the specific topics the researcher addressed earlier in the session, but were still addressed in this part as well. One question parents often have at this age is “When is it appropriate for my child to start dating?” The researcher addressed this question by reminding parents there is no magical age for when children are ready for romantic relationships. Parents need to identify clear values about what they think is appropriate and understand this might be different than the values their children have. Parents were also reminded that dating might mean something different to them than it does for the child, just as it likely means something different for their fifteen year old than it does for their twelve-year-old. If a child asks their parent about dating, the parent should respond by asking the child what they mean by that and then the parent can continue by sharing their values related to dating relationships. Most experts agree that group dating is still best at this age and being a part of that, as a parent, might be appropriate (Haffner, 2008a). One way parents can help their child feel some freedom to explore dating while still respecting family values is to host group parties or chaperone group events. This is a way parents can still support their child’s desire while maintaining some control.

“How do I teach my child how to date appropriately?” is another question parents have at this age. Many parents are concerned not with their child’s desire to date, but with what will happen on those dates. The researcher reminded parents that it is never too

early to teach children about how to treat romantic partners or how to enjoy a positive dating lifestyle. Some parents like to set up a “date night” with their children to show them how to treat a date and the role of courtesy and conversation on a date (The Medical Institute for Sexual Health, 2005). If this type of demonstration is started early enough, the child may develop a healthy concept of what a date is like and know how to go on a date that reflects the family values. Showing children through this mock dating experience, or having children watch their own parents on dates, is the best way to teach children what appropriate and respectful dating behavior is like.

One of the most common questions parents have about PCSC is “What should I tell my child about my sexual history?” The response to this question will depend on the family’s values. If the parent’s history matches the family’s values, such as saving intercourse for marriage, then it would be helpful and encouraging for the parent to be honest about their experiences. Telling the child they are happy to have experienced what they did when they did can be a great example for the children. However, parents who are asking this question typically have a sexual history that deviates from the family values and they should think thoroughly about how much to share. If their history deviates only slightly from the family value, for example they waited until they were in an adult committed relationship to have sex and they want their child to wait for marriage, then parents can be honest with their children. Parents in this situation can share their experiences with their children and explain why they are glad they did what they did, but why they wish they would have done a few things differently. This honesty can go a long way with children. If the parent’s sexual history is very different than the family values,

the parent and co-parent should discuss what they think is appropriate. If the family value is abstinence until marriage and the parent's sexual initiation occurred early in life or the parent experimented with multiple partners, the parent may find that sharing the story can be powerful and helpful in encouraging their child to wait, or they may fear it will give the child permission to do the same. In this situation, parents may want to share a short version of their own experience by saying something such as "I made a mistake when I was your age, and I wish I could take that back. I hope you won't make the same mistakes I did" (The Medical Institute for Sexual Health, 2005, p. 176). Parents need to decide how much information they are willing to share with their children, but should know that honesty can, at times, go a long way.

Concern about pornography is common at this stage. Children clearly have questions and are curious about sex, and at this age children are starting to find ways to get their own answers and that sometimes means looking at pornography. The first time parents discover this behavior, they should use it as an opportunity to ask their child what questions he/she has or why he/she was looking at those images. If the child is curious about what human bodies look like or how intercourse works, then the parent can direct them to more factual and appropriate resources. Parents should also use this as a chance to discuss the positive side of intercourse and how special it can be between two consenting adults (Berman, 2009; Haffner, 2008a; The Medical Institute for Sexual Health, 2005). This can lead into a discussion of the limited view of men and women displayed in pornography and how that is not in line with the family values related to respecting privacy and accepting one's own body. Parents can explain to children that

pornography often sets up expectations that are unreasonable, it often degrades both men and women, and it can create conflict in actual relationships. Parents should then set up consequences for further use.

“What is the difference between healthy adolescent curiosity and dangerous sexual activity?” is another question parents ask at this stage. The researcher reminded parents that adolescents are naturally curious and that all the talks they have had in previous years about sex are starting to make more sense to the child. The child might be experiencing sexual feelings and that increases curiosity; so the parent should make sure those conversations can continue so the child feels comfortable coming to the parent for clarification and information. Parents should know that healthy sexuality is based on strong, sensible, accurate information and involves honesty and openness (Berman, 2009; Haffner, 2008a; SIECUS, 2004; The Medical Institute for Sexual Health, 2005). They should share that definition with their children. If parents believe their child is experiencing, or curious about, things they are keeping secret, then this is the time to work really hard to open the lines of communication.

At this age, adolescents probably are not sharing much detail about their thoughts or actions with their parents, but they might be talking about what their friends and classmates are saying and doing. This serves as great insight for parents, but often increases parental anxiety when they hear how their child’s friends are having sex or thinking about having sex. In response to this concern, parents in this session were told to talk to their children about statistics and what is likely happening in reality. Many of the people talking about having sex are probably not telling the truth (Berne & Huberman,

2000). Parents can tell their children the fact that these children are always talking about sex is probably evidence they are not mature enough to deal with the responsibility that comes with being intimate. For example, parents might say

I know that a lot of kids your age are probably talking about sex, and some of them are even talking about their own sexual experiences. But, it's good to keep in mind that a lot of those stories probably are not true. And even if they are, it's not a good idea to rush into sex at your young age just because others are. It's so much better to wait until you are (married, committed, etc.) (Berman, 2009, p. 156).

Parents can also affirm their child for sharing that information with them. A parent should tell the child they are proud that they are talking about this topic with their parents. Doing so should help the child continue to do so.

When a parent hears that their child's friends are sexually active, it likely makes the parent fear their own child is involved as well. If parents suspect their child is more sexual than the family values state, the parents should calmly and respectfully talk with their children about those suspicions. This starts by finding a private time to discuss this with the child and by staying approachable so the communication does not end up sounding like a lecture (Berman, 2009; Haffner, 2008a; The Medical Institute for Sexual Health, 2005). The following conversation starters were suggested:

I'm a little concerned about something and I want to talk with you about it. I really want us to keep having an open, honest relationship because I think you deserve my love and support at all times.....You are usually very honest with me as well, which is why I'm surprised that you haven't talked to me about your decision to take things to the next level with Taylor.

I know we have talked about the importance of waiting, but I also know that ultimately it's your decision how you handle the physical part of your relationships. I just want to say again that I really hope you and your girlfriend don't rush into anything you might later regret....Have you thought about this

with Taylor? Have you two talked about the boundaries you think are appropriate for your relationships? (Berman, 2009, p. 127).

Parents should give their child time to respond throughout the conversation to ensure it remains a true conversation. Parents should also use this as a time to have the child articulate their current values and their goals for the future. Even if the parent does not like everything the child says, the parent should feel encouraged by the open lines of communication.

**Common Questions Kids Ask.** Children this age likely have a lot of questions about relationships, sex and love. They may or may not ask their parents these questions. The researcher shared some common questions children might have in an effort to help parents understand what their children are looking for and what to include in PCSC, but also how to respond appropriately if their child does ask these questions. Again, these questions were chosen with consideration for timing and need to focus content.

One question children might have is “what is oral sex?” This question comes from the need to clarify terminology but also from a desire to know what the parents’ values are. In responding to this question, parents should be honest and factual and also share their own values. Parents might say that “oral sex is any type of stimulation of the genitals with the mouth and tongue. Even though you cannot get pregnant from oral sex, it is still a risky behavior.” This type of honest answer might be hard for parents due to their own insecurity about sex, but it is important that children know their parents can talk about these types of behaviors. Further, it puts the child in a position to really know what the behavior is and not just what their peers think about it.

“Can you get pregnant from...?” is a common concern for many children this age. There are rumors among their peers and at school about the various ways to prevent pregnancy. Parents should make sure their children are equipped with accurate information, but they also need to understand where the questions are coming from. Does the child want to know so they can engage in a certain behavior and avoid pregnancy? Or does the child just want to know the facts and clarify a rumor? Understanding the reasoning behind the question can help the parent be more open with the response. Parents should remind children how pregnancy occurs, but also share the risks of sexual activity where the sperm might get close to the vagina. Parents should also use questions like this as a chance to remind children how some sexual activity often leads to other sexual behaviors but it can be stopped at any point. Children need to have the facts in order to be confident in their sexual decision-making but also to guard against rumors they hear that are incorrect (Berman, 2009; Haffner, 2008a; The Medical Institute for Sexual Health, 2005).

“What is an orgasm?” is a tough question parents would rather avoid than answer. Parents in this session were told to stay with the facts and tell their child that an orgasm can be hard to describe, but that it is a pleasurable experience that occurs for both men and women during sexual activity. Parents may be uncomfortable discussing orgasms because they think it is inappropriate for their child to experience. Yet, talking about orgasms does not give the child permission to have one. As with all sexual communication, being open reminds the child that the parent is willing to communicate about these issues and allows the parent to be the primary sex educator in the child’s life,

rather than friends at school. Further, discussing a topic like this with children reminds them that sex can be a positive and pleasurable experience for both men and women. This is important since many young people get the message that sex is more pleasurable for men than women (Haffner, 2008a; The Medical Institute for Sexual Health, 2005).

After addressing these common questions, the remaining time in this session was devoted to an active listening exercise and a conclusion. This was the final session of the day, concluding the Beyond Birds and Bees program. The next chapter of this dissertation discusses both the qualitative and quantitative assessment of the program, followed by the final chapter of closing thoughts and future directions for a program like Beyond Birds and Bees.

## CHAPTER 4:

### Assessment of Program

#### Overview

This chapter discusses both the qualitative and quantitative assessment of Beyond Birds and Bees. Assessment came from various sources. Participants of the program completed both a pre and post-program survey; the results of both will be discussed here. The goal of assessment was ultimately to understand how the researcher felt the program went in relation to how it was developed, and to understand how parents felt about the program after attending. It was decided early on to limit the amount of survey information parents were asked to complete. Because this program was administered in a real-world context, to parents who were attending solely to improve their PCSC, the researcher did not want to overwhelm parents with surveys and personal questions. The researcher did not want parents to feel they were being judged or evaluated by the researcher, so it was important to limit the number of questions asked. It was also important for parents not to feel they were being “studied” in order to be as effective as possible. Furthermore, the quantitative analysis of this program is simply meant to supplement the qualitative assessment so only basic statistics were gathered. The goal was to provide a basic demonstration of PCSC prior to the program and intentions for PCSC post-program.

Descriptive statistics were all that could really be gathered with the data collected. There were not enough participants to do any tests of difference, nor did the survey format allow for that, but regardless such information would not have been very helpful.

PSCS was not being tested as a pre and post-test. Rather, the researcher simply wanted to collect basic data about where parents were at prior to the program in terms of comfort and confidence in PCSC, and how they felt about PCSC after attending the program. The way the surveys were prepared and administered would not allow for any reliable test of difference. Parents could have filled out the pre-program survey as an individual or a couple, and parents were asked to fill out the post-program survey after each session, regardless if they had already filled it out for a previous session. This means some parents did not complete the registration form alone and some parents completed more than one post-program survey. Again, the results allow for some basic descriptive analysis and can help the researcher discuss directions for the program's future, but more advanced statistics would not be reliable or useful from this data set.

In addition, the researcher took extensive notes immediately following the program to assess the program in terms of how the preparation for the program contributed to the delivery, the program content, format and structure of the program and perception of parent satisfaction. The researcher also met with the contact person at the church, the Director of Family Ministries, to get her assessment as well. The researcher's reflections following the program will be shared first in this chapter followed by basic statistical analysis.

### **Researcher's Assessment**

The following sections represent the researcher's own assessment following the delivery of the Beyond Birds and Bees. A journal was kept throughout the preparation process to make notes of challenges and things to consider for the program. The journal

continued post-program to reflect on the experience. As mentioned, the researcher kept thorough notes following the program's delivery and met with the contact person at the church to get that perspective as well. The reflections are provided below.

**Preparing for Program.** As mentioned in Chapter 2, the program preparation and development started months prior to the program delivery. It was at that time the researcher first met with the contact person, the Director of Family Ministries, at the church to determine participant needs and the church's expectations. It was also important to schedule the program in advance to reserve space and resources at the church, as well as to start marketing early. The church was responsible for reserving the space and marketing the program.

The researcher would have liked more control over this part of preparation. The researcher did handle the design of the marketing materials, but the church decided when and how to start marketing the program. The researcher would have liked to start marketing earlier and promote the program in a variety of more places. The church only started promoting the program about six weeks prior to delivery. The Director of Family Ministries believed that marketing any earlier would overwhelm parents and result in parents registering for the program and then not attending. In the Director's experience, parents often wait until the last minute to register for programs like this so marketing any earlier would have been a waste of resources. The researcher believed that more efforts should have been made earlier to market the program and then efforts could have been made to reach out and frequently remind parents of the actual program date. The researcher was concerned about attendance because of this late marketing effort, but the

Director was confident that this strategy matched how the church marketed all programs. The church also used their own technology and software for registration materials to keep consistent with their other program offerings. Again, the researcher would have liked to have had more control over this side of the program development.

After the program was delivered, the researcher felt more comfortable with how the marketing and preparation had been handled. Parents seemed well informed about the program and they seemed to find the registration process easy. The researcher ended up getting most of the material requested from parents during the registration process, so the lack of control over that part of the preparation did not affect the program. Since parents were not charged a fee to attend this program, flexibility was allowed during the registration process. Several parents did not pre-register, which means that many parents did not complete the pre-program survey. Had parents been paying for this program, it would have been easier to require them to complete a registration form. While this did not affect the content or delivery of the program, it did affect the assessment of the program, discussed later in this chapter.

In terms of the researcher's own preparation for the program, it seemed adequate. The researcher was prepared for all of the parents' concerns and questions and did not feel there was any part of the program content that needed additional preparation. The only part of the preparation process that needed improvement was planning for how to assess parents' perceptions of the program. The researcher had printed out post-program surveys for all parents to take, but had not adequately planned for how to effectively distribute and collect those surveys. Each session used all two hours for content, so

parents who agreed to complete the survey were asked to stay for a few minutes after the program. This meant that several parents did not complete the survey so that data was lost. Furthermore, the Director of Family Ministries collected the surveys while the researcher spoke with parents after each session. At the time, this seemed helpful to the researcher who wanted to talk with parents who had additional questions and to allow the researcher time to prepare for the upcoming session. However, the Director did not understand the need to keep the surveys separately from each session for more detailed statistical analysis. The Director kept the surveys from all four sessions together, with no organization or separation based on program session. The researcher should have numbered the surveys or labeled them based on the session to avoid this error. This was one of the biggest lessons learned regarding preparation for the program. While it did not influence the Beyond Birds and Bees program itself, it did influence the statistical analysis for this dissertation. Only basic descriptive analyses could be completed, which are still useful for program assessment, but each session could not be assessed separately.

**Structure and Format of Program.** The researcher's first thought after the program was over was that there was not enough time. The two hours in every session went by very fast as did the thirty minutes between each session. More time was needed between each session. There was not enough time to edit or prep for the next session because so many parents waited after each session to talk or ask questions. Then, parents would show up early for the next session so there were always parents in the room. The researcher would have liked more time to make notes and write comments after each session and to have time to make small changes for the next session. However, there was

not enough time to do this. The researcher planned on thirty minutes being enough time between each session and knew this was the only way to get all four sessions completed in one day. After completing the program, it was determined this was in fact not enough time.

In post-program reflection, the researcher believes that doing one or two sessions in a day would be enough. Originally, as discussed in Chapter 2, the researcher thought holding all four sessions in one day would be advantageous in participant retention and interest, particularly for the first time the program was held. Now, the researcher sees the benefit in doing that for the first run, but would recommend only doing one or two sessions in a day for future programs. This would allow more time between the sessions and would also put the sessions at more preferred times during the day. The fourth session of the day seemed too late in the evening. By the time the session was completed, it was dark outside and people were tired. It was apparent the parents were losing energy at that time of day, even if it was the only session they attended that day. Further, the researcher was exhausted. Between the four sessions, time between sessions, and time to prepare in the morning, the researcher had put in a ten hour day. The researcher does not believe this influenced delivery, but the energy of the room from both parents and the researcher was low during this last session. Holding one or two sessions in a day would allow for the sessions to start later in the morning and end earlier in the afternoon, making the timing better for busy families and more feasible for one researcher delivering all four sessions.

As mentioned, the two hours in each session went by very fast. In the researcher's effort to prepare enough material and be comprehensive in discussing multiple topics, there was barely enough time to cover all the content developed in the two hours allotted. The researcher had intended for the Active Listening exercise to be a true interactive exercise; however, due to timing, this part of the program ended up being more of a lecture on what the skill is and how to do it. The researcher also intended to allow time for questions from the group during the two hours, but there was not enough time to do this in every session. Therefore, parents who wanted to ask questions needed to stick around after the session. This gave parents an opportunity to ask more private questions; however, the group did not benefit from hearing from other parents' concerns and questions about PCSC. Overall, because of timing and program structure, each session was more of a seminar than an active program where parents could communicate and interact with one another. The researcher had hoped for more participant interaction, but this was not feasible with the two hour time limit and the amount of content prepared. For future programs, the researcher would edit the content (as discussed in the next section) to allow for interaction among parents and possibly extend the program by thirty minutes to allow more time for group questions.

**Content of Program.** The researcher was pleased with the content developed for the program. Prior to the program delivery, the researcher was nervous that parents would be expecting more specific information regarding what to tell their children about sex and what specifically to tell them about the relationship between their faith and sex. Post-program, the researcher was confident that parents understood the purpose of this

program was simply to encourage the parents to reflect on their own family values, rather than educate them on specific sexual beliefs and attitudes they should have.

The researcher believes that it was helpful to understand some of what the parents' existing values might be, especially related to their church and faith, because the researcher was prepared for those types of questions and could deliver the content in a way that was not contradictory to their beliefs. This prior knowledge seemed to be very helpful during the program. The flow of the content also seemed successful. Organizing each session in a similar way helped both parents and the researcher find consistency between all four sessions. Parents seemed to appreciate each individual section of the program as well, as noted by the post-program survey results.

The only part of the content the researcher had difficulties with was the Active Listening section. As mentioned earlier, there was not enough time to make this interactive, as the researcher had initially intended. The researcher still believes this is an important skill to discuss and it is relevant to PCSC, but it did not seem to flow with the rest of the content. It is tough to say if this is related only to timing or if the researcher needed to find a better way to transition to this skill-building section. In future programs, the researcher would make sure parents were given a chance to interact and practice this particular skill with other parents in the session. Perhaps moving it earlier in the session, rather than leaving it for the end, would break up the session and get parents interacting earlier on. This might create a sense of group cohesiveness, which might also influence their comfort level asking questions later on.

The researcher was pleased with how satisfied parents seemed with the exercises about values, although it would have been nice to give parents more time to reflect on the worksheets. Again, due to timing, this part of the session seemed a little rushed. The researcher is confident that parents got the message that they need to understand their own family values, but is not sure if parents took the time after the session to reflect on those worksheets again. In future programs, the researcher would give parents more time to complete the values exercises and encourage parents to share their values with others at the program. The researcher could ask parents to share some of the values they wrote and then as a group the parents could discuss how to communicate that value to their children. This would take a large amount of time but the researcher thinks it would be valuable to parents.

One option might be to hold a separate “Understanding Family Values” program prior to the sessions so the Beyond Birds and Bees program could focus more on specific PCSC. The disadvantage of holding a separate values session is that parents may not come and therefore may never spend time reviewing those value exercises. The advantage would be that the ones who do attend would get a more detailed understanding of their own values and could reflect on how to communicate those values specifically to their children. This might also give parents a clearer idea of their own questions regarding PCSC. After the program, the researcher discussed this idea with the Director of Family Ministries who agreed that parents should have more time to complete the values exercises. The researcher and Director agreed it would be a good idea to hold this

session separately, but did not come to a conclusion about how to time that additional session around the existing four sessions.

The researcher's overall reflections regarding program content are that each session should be narrowed down a little to allow time for more interaction and more questions. The researcher is confident that all of the topics addressed in each session are valuable and important for parents to know, so deciding how to edit the content is difficult. The easiest place to start is by eliminating overlap. In each session, the researcher discussed "Important Topics" for that specific age group. This was a discussion of some of the most important topics regarding sex and sexuality that children in that age group should be learning about. Some of those topics were addressed again during the "Common Questions" section. Initially, the researcher decided that the repetition was good and would help parents retain the information, as well as establish the topic's importance. However, during the program the researcher felt the repetition was unnecessary and took time away from other topics. In an effort to edit content and manage time more effectively, the researcher would eliminate the overlap. For example, in the first session one of the important topics discussed was an age-appropriate way to discuss sexual intercourse and how babies are made. This was discussed in detail early on in the session. Later in the session, "Where do babies come from?" was a question addressed in the "Common Questions Children Ask" section. The information given was identical to the information shared early on, it was just phrased as a response to the child's questions. The researcher planned it this way to ensure parents knew it was an important topic to address at that age, but also to share with parents that it is a common

question their child might ask at that age. The researcher could eliminate the discussion of that topic during the “Common Questions” portion and only discuss it as an “Important Topic” to save time. Perhaps the researcher could leave it as a “Common Question” in the packet parents received and make a note to “see page #” earlier in the packet and only take it out of the actual presentation. That way parents see that it is a common question asked at that age, but no time is spent during the program reiterating the material. There were several examples of this in every session. This is the biggest way the researcher could edit the content for future programs to better utilize the time.

**Overall Reflections and Perceptions of Parent Satisfaction.** The researcher was very pleased with the overall program, as was the Director of Family Ministries. The Director said “This was exactly what I was hoping for, actually you exceeded all expectations.” The Director was very supportive throughout the program, as well as after the program, and was excited to start planning the next time the program could be delivered. The researcher felt just as enthusiastic about the program as the Director. During each session, the researcher felt encouraged by parents’ nonverbal communication. Most parents took notes during the session they attended, and responded with head nods and facial expressions to demonstrate their interest and attention. Parents were very supportive and expressed great satisfaction after each session as well. In addition to the feedback parents supplied on the post-program survey (discussed in detail later in this chapter), the researcher heard from several parents after each session. The researcher estimates that 75% of all parents who attended made the effort to verbally thank the researcher for the program content and comment on how pleased they were

with the session. Parents were eager to share their thoughts and ask questions after each session.

One of the biggest comments heard after each session was “I have so much to think about now.” It seemed that many parents had heard information they had not previously thought about or did not know was important for that particular age. The researcher took these comments as a sign that the program was in fact informative and useful. One father spent a significant amount of time after Session Four talking with the researcher and confirmed the researcher’s feelings about the content. He said

Honestly, you made me think about so many things today. I know your goal was to get us thinking about our values as parents and you achieved that. I had never thought about a lot of these things before, like masturbation. Honestly, I don’t know how I feel about it. I never even thought about talking to my kids about that. I don’t know how I feel. I guess I have a lot to think about. You did it though, you really made me want to sit down and figure out what I believe before I try to tell my kids what they should or should not do.

Another comment shared with the researcher after the program was: “I never knew I needed to be so open, but that makes a lot of sense.” One parent said “I’ve made so many of the mistakes you mentioned and can’t believe I told my kids flat out lies about sex!” and then commented that she will put in a lot more effort to correct those wrongs with her children. One mother told the researcher that in raising three boys, she has never said the word “penis” and now feels embarrassed that she has not been the primary sex educator in her children’s lives. This same mother, who was pregnant at the time, said that she told her children that “God put it there” in response to how the baby got inside her. She admitted that she never thought about the consequences of answering questions this way and knows she needs to make changes immediately. That particular

parent felt overwhelmed with the information she heard during the session, but said she felt encouraged by the program and was eager to start making changes in her PCSC.

Other parents expressed excitement and their eagerness to communicate as well. One couple told the researcher after Session Three, while smiling and laughing, “What we heard in this session is what we thought we would hear in the next session, so now we’re nervous about the detail you’ll tell us to talk about next!” That couple said they were eager to learn what else they should be telling their children after they realized they were probably a year or two behind in their sex education at home. Several parents commented that they hoped this program would happen again so they could attend other sessions or bring their friends. One couple told the researcher they wanted to see this event happen at their church across town. They heard about the program through a newspaper article, but thought the parents at their own church would find this valuable. This encouraged the researcher that this program was valuable to parents who did not have an affiliation with the faith of the church at which it was held.

The researcher was pleased with the positive feedback after each session. The only feedback the researcher received initially that was not as positive (although not necessarily negative) was a father who wanted to see the pastor at the church get involved and share details about what the church teaches about these topics (such as masturbation, oral sex, etc.). This parent understood that it was not the researcher’s intent or responsibility to share that information, but he was interested in a conversation or debate between a sex communication researcher and religious figure.

Many parents attended more than one session, even if they had only registered for one session. The biggest retention rate was between sessions two and three. Several parents who were not registered for session three came back after they attended session two. The researcher took this retention as a sign that parents were satisfied and wanted to continue learning. In general, it seemed that no topic was taboo or uninteresting to the parents. It seemed the parents saw value in everything the researcher prepared. The questions parents asked the researcher after the sessions demonstrated that parents were thinking about the more sensitive topics and were glad to see them addressed in the session. One mother asked about her seven-year-old son's genital touching. She felt it was due to an erection but was unsure of how to determine if it was curiosity or something that hurt. A couple after Session Three asked about their daughter who does not get along with girls and hangs out with boys primarily, even though she does not like hearing the gross things boys her age talk about. The parents were very interested in some of the more social aspects of the program such as childhood friendships and self-esteem.

One pregnant mother asked how to explain breastfeeding to her older children, and wondered if she should limit how much they see. A father asked how to go about correcting the mistakes he and his co-parent have made so far regarding PCSC. After the first session, two mothers asked "How do I explain to my young child all the rules about who can bathe them, see them naked, etc.?" These mothers expressed the difficulty in allowing daycare providers and grandparents, and some close family friends to help with toilet training and bathing, but still telling their child that their bodies are private and not for all people to see or touch. Several parents after all sessions wanted to know if they

should talk about sex individually with each child or separate children based on gender or age. A mother after the last session asked the researcher if she should be concerned that her fifteen-year-old daughter has not gotten her period yet. Another parent in that last session asked “How do you handle dating as an adult, in terms of what you tell your children is appropriate, even if you are not abiding by that?” This mother was the only parent to address this question and was very concerned with not sending the wrong message to her children, but wanting to be honest about her own dating and sexual activity while still setting guidelines for her children.

All of these questions showed the researcher that parents were searching for answers and wanted a place to talk about their concerns where they would not feel judged. The researcher saw these questions as evidence that a program like this is valid and needed in several contexts, but particularly the religious context. The fact that so many parents took time to talk one on one with the researcher suggests that the researcher was able to develop a sense of immediacy with the parents, and that parents trusted the researcher as well.

Overall, the researcher was thrilled with the program. For the initial run, attendance was satisfactory and parent response was overwhelmingly positive. The researcher would make changes to the program for the future, such as adding time and editing content, but believes those decisions could only be reached after delivering the program once. The need for a program like this was evident after hearing parent responses and the interest from parents at this particular church is now piqued for future program delivery.

## **Quantitative Results**

The remainder of this chapter details the quantitative assessment of the program, starting with the pre-program survey results followed by the post-program survey results.

**Participants.** A total of 67 parents attended the Beyond Birds and Bees program. These parents were all members of the community in which the program was developed, but not all attended the church sponsoring the program. Specific demographic information was not formally collected, but it should be noted that participants seemed to fit the demographics of the community, being predominantly white and likely conservative middle to upper class parents.

The researcher made notes of how many parents attended each session. In Session One (ages toddler through kindergarten), there were 5 parents in the first session, 4 females and 1 male. Twenty parents attended Session Two (parents of children in first through third grade), 15 females and 5 males. Session Three (parents of children in grades four through six) had 27 parents, 17 females and 10 males. The final session (parents of children in seventh through ninth grade) had 15 parents, 9 females and 6 males. The researcher wanted to make sure to make notes on the participants because not all parents had registered prior to attending, several stayed from one session to the next without registration, and not all parents completed the post-program survey. The total attendance for the day was 67 parents (males = 22, females = 45).

**Pre-program survey.** The pre-program survey was completed upon registration and asked parents four questions regarding their previous sexual communication with their children (see Appendix C). Parents who did not pre-register (walk-ins were allowed)

were asked to register upon arrival. Not all parents who attended completed the pre-program survey or registration form. The results discussed here are based on the data from parents who did complete it ( $n = 37$ ).

The first question asked parents how much they currently talk with their child(ren) about sex. On a scale of 1 (not at all) to 4 (a lot), the mean was 1.75 ( $SD = .78$ ). This suggested that of the parents who registered for Beyond Birds and Bees, most parents reported talking with their children about sex very little. Furthermore, no parents reported talking about sex “a lot” with their children. This was expected based on previous research that suggests PCSC is often very limited and hard to define (Jordan, Price, & Fitzgerald, 2000; Fisher, 1986; Rosenthal & Feldman, 1999; Miller et al., 1998). Knowing that PCSC is effective in influencing adolescent attitudes and behaviors (Hutchinson, 2002; Whitaker et al., 1999), this pre-program survey response suggests there is a need to help encourage parents to communicate more about sex with their children.

Parents were also asked how comfortable they are talking about sex with their child(ren). On a scale of 1 (not at all comfortable) to 4 (very comfortable), the mean was 2.44 ( $SD = .72$ ). The majority of parents who completed the pre-program survey reported feeling somewhere between “uncomfortable” and “comfortable” when discussing sex with their children. At first glance, this data provides little information and suggests parents feel more neutral in their PCSC. In reflecting on this data, what it does show is that parents ultimately do not feel very comfortable talking about sex. This is consistent with previous research saying that both children and parents experience a sense of

discomfort when talking about sex (Pluhar & Kuriloff, 2004; Rosenthal et al., 1998). It is important for parents to increase their level of comfort so their children feel a sense of comfort and ease during PCSC. Children's comfort level can be influenced by the parents, and while PCSC might always be somewhat uncomfortable, increasing comfort might increase frequency.

Parents then completed a question about their confidence in their own ability to talk about sex with their child(ren). On a scale of 1 (not at all confident) to 4 (very confident), the mean was 2.32 ( $SD = .88$ ). This data means that parents felt slightly to moderately confident in their own ability to communicate about sexual topics with their children, although 14% of parents reported feeling "not at all confident" in their ability to talk about sexual issues. This data simply reminds researchers that parents are not confident or sure of themselves when engaged in PCSC. Research suggests some parents limit PCSC because they fear a lack of knowledge or are unsure of what to talk about at what age (Geasler et al., 1995). Again, increasing parental confidence in PCSC may increase frequency or comfort of PCSC, which in turn may improve overall adolescent sexual health.

The results of this pre-test suggest that prior to attending the Beyond Birds and Bees program, parents reported talking about sex only a little with their children, did not quite feel comfortable in that communication, and felt only slightly confident in their own ability to be the sex educator in their child's life. It was hoped that developing a program like Beyond Birds and Bees would positively influence parents' perceptions of PCSC.

The final question completed during registration was an open-ended question asking parents about their primary concerns or questions about talking with their children about sex and sexuality. Only a few parents chose to respond to this question ( $n = 8$ ). One parent simply wanted to know how to communicate about sex or sexual issues without being embarrassed as a parent. A couple other parents wrote that their own parents did not talk about this topic with them and so they feel at a loss for how to begin with their own children. These concerns are again consistent with research suggesting parents are embarrassed about sexual topics or have a desire to communicate differently (often more frequently) than their own parents did (Geasler et al., 1995).

Another parent said she was not at all comfortable talking about this topic and was looking for ways to simply begin conversations she knew she should already be having with her children. One parent wrote that her young son is just now starting to ask about body parts and why his mom looks different from him. She wrote she was looking for an appropriate response for his young age. This idea of wanting to know what is age-appropriate was common by the parents who did respond to this question. Another parent wrote that he was looking for an appropriate amount of information to give his children without sharing too much or leaving too much up in the air while one parent wrote about wanting to know the timeline of when certain topics should be discussed. “How much information should I be giving at this age?” seemed to be a common theme among these parents. The last comment shared by parents in this section was from one couple who wrote they were looking for the Christian perspective on a topic that is often left up to the world to discuss and that they wanted to know how to handle the peer pressure their

children would be facing. In general, all of the responses to this open-ended question were similar to questions other parents have that helped guide the researcher's content development of Beyond Birds and Bees, established by leading parenting educators (Berkenkamp & Atkins, 2002; Berman, 2009; Bernstein, 1994; Haffner, 2008a; Haffner, 2008b; The Medical Institute for Sexual Health, 2005). The researcher did make sure to refer to these specific questions (anonymously) throughout the program, so parents knew there was an effort made to respond to their own specific questions.

**Post-program survey.** At the end of each session, parents were asked to complete a survey about the Beyond Birds and Bees program (see Appendix D). Not all parents chose to complete this survey (as discussed earlier in the Researcher's Assessment), but the results of the completed surveys are discussed here ( $n = 49$ ). The first three questions of the post-program survey asked parents to think about their future sexual communication with their children. The next four questions asked parents to assess the program itself. The final three questions were open-ended and asked parents to discuss their thoughts about the Beyond Birds and Bees program. Responses are discussed below.

Parents were first asked how comfortable they will be, now that they have attended the program, communicating about sex with their child(ren). On a scale of 1 (not at all comfortable) to 4 (very comfortable), the mean was 3.30 ( $SD = .56$ ). No parents reported "not at all comfortable." This response says that most parents who attended Beyond Birds and Bees thought they would be comfortable in future family sexual communication. While no test of difference can be done, as discussed earlier, it can be

mentioned that parents generally felt comfortable post-program while they generally felt uncomfortable pre-program.

Parents were then asked how confident they are (after attending the program) in their ability to communicate about sex with their child(ren). On a scale of 1 (not at all confident) to 4 (very confident), the mean was 3.30 ( $SD = .63$ ). Again, no parents reported feeling “not at all confident.” The mean suggests most parents felt fairly confident in their own abilities to move forward in their sexual communication with their children.

Parents were asked how much they think they will talk about sex with their child(ren) after attending the program. On a scale of 1 (not at all) to 4 (a lot), the mean was 3.47 ( $SD = .55$ ). All but one parent responded that they think they will talk about sex “somewhat” or “a lot”; the one other parent responded “a little.” This shows that parents did feel they would talk about sex with their children after attending Beyond Birds and Bees. Again, no statistical test of difference was done, but parents’ perception of the frequency of their future PCSC was high and the reported frequency of PCSC pre-program was low.

Even without more advanced statistics, the results of these first few questions suggest that after attending the program, parents felt moderately comfortable talking about sex with their children, fairly confident in their ability to do so, and a high desire to engage in future PCSC.

The researcher also wanted to get parents’ perceptions of the program itself and thoughts about program effectiveness, so parents were asked to respond to a few

statements on a 5-point strongly disagree to strongly agree scale. The first question assessed if parents felt encouraged by the program to communicate more about sex with their child(ren). The mean was 4.63 ( $SD = .57$ ), with most parents reporting “strongly agree.” Parents were also asked if they thought the program increased their confidence in their ability to talk about sex with their child(ren). The mean was 4.60 ( $SD = .54$ ), again most parents reporting “strongly agree.” These few questions attempted to connect the Beyond Birds and Bees program with any change in perceptions about PCSC. Since tests of difference were not conducted, these results are the closest the researcher can get to claiming that the program itself did make a difference in parental perceptions of PCSC. As reported here, parents strongly agreed that the program helped encourage them to increase their PCSC and helped them feel more confident to do so.

Parents were then asked if they would recommend the Beyond Birds and Bees program to other parents. The mean was 4.83 ( $SD = .38$ ); all of the responses were “agree” or “strongly agree.” The last question in this section asked parents if they thought the program was valuable. The mean was 4.83 ( $SD = .38$ ); again all of the responses were “agree” or “strongly agree.”

Results of this section of the post-test suggest that parents were overall satisfied with the Beyond Birds and Bees program and would recommend this program to others, considering it “valuable”. These results were important to the researcher because they demonstrate the need for a program like this and suggest that this particular program, while needing some adaptations, is deemed as valuable by parents who attend. These results encourage the researcher to continue developing this program for future delivery.

## Qualitative Results

The last part of the post-program survey was a couple of open-ended questions asking parents to write their thoughts regarding the program. Parents were first asked to write what their favorite part of the program was. Some parents wrote that the section discussing questions frequently asked by children in that particular age group was helpful and that the examples for how to respond were good. Other parents listed that the packet they received was most helpful because they could take it home and reflect more on the material discussed in the program. Several parents felt the organization of the program was good in the sense that it laid out age-appropriate guidelines and topics. One parent wrote that the best part was how “spot on” the researcher was with the difficult questions parents are faced with at that specific age. A few parents wrote that their favorite part was learning how sex is more than just intercourse and that it starts early on with self-esteem and relationship communication. One parent wrote that their favorite part was the focus on how adult sexuality is different than child sexuality and how the way a child perceives sexual topics is different than how parents might assume. Several parents felt the emphasis on communicating values not just about sex, but also relationships, media, etc. was helpful. “Learning how to take everyday conversations and turn them into teaching moments” was another comment parents made about their favorite part of the Beyond Birds and Bees program. These comments reflect several different areas of the program, which suggest the structure and content overall were well-received. In considering what to change in future programs, these comments will be considered as parts to include.

Parents were then asked to write about anything they would have liked differently in the program. One parent wanted to know more about how to deal with “immature children having sex” which was not specifically discussed in the program. A couple parents would have liked more activities to break up the session. They acknowledged that this would require a longer session but wrote that would be okay. This was consistent with the researcher’s own reflections, as stated earlier. One parent wanted to know “how to turn kids away from sexual behaviors besides sharing family values.” A couple parents commented that they would have liked specific Biblical references to help them communicate what their religion says about sex, but commented that they knew this was not the purpose of the program. It is interesting to note that the parents understood this was not part of Beyond Birds and Bees but they were searching for more ways to connect their faith to PCSC. This reflects that parents really did understand the goal of this particular program. These parental suggestions will be considered for future delivery of this program.

Parents were also given space to write additional comments. A few parents wrote that simply hearing the researcher use certain words was helpful. The researcher assumes this means that parents were encouraged by hearing the researcher use terms like uterus, vulva, scrotum, oral sex and other terms parents often hesitate to say out loud. Several parents also wrote general comments about the researcher’s great speaking skills and how they felt the program was great overall. One parent wrote the program “exceeded my expectations” and was “glad I spent the time” attending the program. A few parents discussed their gratitude to the researcher for covering this topic in general and for

covering so many specific aspects of PCSC. One parent wrote that the program really “broke things down into manageable topics” so it wasn’t so scary or intimidating. That same parent felt immediate conversations at home could start based on the confidence gained from this program. Parents commented on the overall usefulness of the program as well. One parent wrote:

The ideas and opportunities for discussing sex can be used in conversation for other topics as well, so this helped give me overall ideas on how to teach my children about things in everyday situations.

It appears there is a desire to learn about general family communication as well as PCSC. In general, these comments reflect overall satisfaction with the purpose of this program, the specific content and format of the program, and the researcher’s delivery of the program.

Reading these qualitative parent responses reminds the researcher how important programs like this are, and how eager parents are to work on their PCSC. The responses tell the researcher that there is in fact a need for practical applications of the research coming from the family sexual communication field.

This chapter addressed the researcher’s qualitative assessment of the Beyond Birds and Bees program, as well as the quantitative assessment available. This assessment provides general information about the development and delivery of the program after its first run. These assessments will be discussed further, along with implications for future research, in the following chapter of this dissertation.

## CHAPTER 5:

### Conclusions and Reflections

The purpose of this chapter is to review the need for a parenting training program, such as *Beyond Birds and Bees*, and reflect on the overall development experience. This is done by discussing the most helpful development strategies and the biggest challenges along the way. It is hoped that researchers and educators might be encouraged to conduct similar programs and that they can benefit from the discussion about the *Beyond Birds and Bees* experience.

#### Need for Parenting Programs

This dissertation was written in direct response to the need for practical programs teaching parents how to communicate with their children about sex. Parents and researchers have both called for programs assisting parents in the sexual education of their children in response to the statistics about adolescent sexual health (Forehand et al., 2004; Miller et al., 1998; Oliver, et al., 1998). Current statistics show that adolescents are at risk in their sexual lives and that their parents can be a positive influence in their sexual decision-making. While the media, schools, and government all want their say in how children are educated about sex, parents are in a particularly “unique position to deliver tailored, time-sensitive prevention messages to their preadolescent children that are consistent with their family values” (Wyckoff et al., 2008, p. 650). Communicating about sex is in fact a time-sensitive issue and should include a discussion of family values. However, PCSC is not as frequent or as thorough as it should be (Jordan et al., 2000; Fisher, 1986; Rosenthal & Feldman, 1999; Miller et al., 1998). Helping adolescents

understand their own sexuality, preparing them for potential consequences, and helping them create healthy perspectives are vital in raising sexually healthy adolescents and parents can help with that process (Jaccard et al., 2000). In order to help adolescents, we need to help parents understand the importance of PCSC and develop the skills necessary to engage in PCSC; a parenting program like Beyond Birds and Bees is a great resource for parents.

The need for a program like this has been addressed for several years, although few people and places have implemented a comprehensive program that utilizes existing research. Beyond Birds and Bees was developed with this need in mind. Taking existing research and putting forth a practical application of what researchers already know, that children who talk with their parents about sex are more likely to make sexually healthy decisions, and putting that in the religious context that is so important to many families, was the primary goal of Beyond Birds and Bees. Developing the content of this program and analyzing it for this dissertation has shed light on the practical applications of family sexual communication research.

There are some existing practical applications. Out of the communication, psychology, and counseling fields have come several self-help books on this topic. Several of those books are well-written and guided by credible research, and some were even used to guide the content of Beyond Birds and Bees. Yet, parents need more than self-help books. Parents need a safe place where they can share their concerns about their child's sexual development and engage in real communication about a topic that is taboo and sacred to so many (Dobbins, 2011). Family sexual communication researchers

suggest that personal communication between parents and their children is important and influential in their children's sexual lives. Yet, as researchers we often only provide parents with written resources, most of which are contained to academic journals not accessible to many parents. This minimizes and even contradicts the importance of personal communication about this sensitive topic. That is why a parent training program about PCSC is so valuable. It teaches by example that communicating openly about sex and sexual topics is the first step in establishing successful PCSC. It also gives parents a chance to engage in dialogue about the topic, whereas books do not offer that same benefit. Parents need help navigating through the childhood development and sexual communication research. They need help understanding how to practically apply the research they read and find ways to balance the research with their own family values.

### **Reflections of Beyond Birds and Bees Experience**

There was an overwhelmingly positive response to Beyond Birds and Bees. Parents left the program feeling encouraged to communicate with their children and felt they had learned some valuable tools to communicate in a way that is consistent with their values. The researcher felt the program satisfied parents' desires to increase their understanding of PCSC; the researcher also thought the delivery of the program responded to the objectives addressed during the development stages.

During the planning stages, the researcher developed three training objectives, as suggested by Beebe et al. (2003). The first objective was: "At the completion of Beyond Birds and Bees, parents should have a clear understanding of their own values related to sex and sexuality and be able to communicate those values with their children." The

second objective was: “At the completion of Beyond Birds and Bees, parents should be able to effectively initiate age-appropriate conversations about sexual topics with their children.” The final training objective was: “At the completion of Beyond Birds and Bees, parents should be able to accurately engage in active listening during a conversation about a sexual topic. This includes being able to summarize the child’s feelings, paraphrase and describe their beliefs, and ask questions to elicit further information.”

In reflecting on the Beyond Birds and Bees program, the researcher believes the first two objectives were met. From observation and parent communication, it was evident that parents left Beyond Birds and Bees with a clearer understanding of their own family values than they had when they arrived. Several parents commented that they had never thought about these values before and now understand the need to consider these values as they communicate about sex with their children.

The organization of Beyond Birds and Bees helped achieve the second objective. The researcher believes that after attending the program, parents had specific information on how to address sexual topics in an age-appropriate manner with their children. Prior to attending the program, several parents said they were eager to learn how much information their young children were ready for and after leaving the program parents expressed their gratitude for learning age-appropriate messages. The effort put into researching and developing this program seemed to lead to successfully completing the first two objectives.

The researcher intended to successfully achieve the third objective, but as addressed in Chapter 4, the portion of the program designated for the Active Listening exercises was fairly limited due to timing. While parents were given resources to learn more about active listening, and the skill was described in each session, there was not sufficient time to thoroughly discuss or practice active listening. Therefore, this third objective may not have been successfully implemented.

**Helpful Strategies.** Establishing those outcomes early on was essential in organizing and focusing the content of Beyond Birds and Bees and was one of the most helpful strategies along the way. One of the other strategies that proved to be helpful was establishing a relationship with a contact person at the church sponsoring the program. That contact person was able to help the researcher understand the specific needs of the attendees and help with logistics. As discussed in Chapter 4, the researcher initially wanted more control over some of the logistics, but having that contact person proved to be beneficial when it came to registration materials, marketing and setting up the room.

Another helpful strategy in developing Beyond Birds and Bees was setting a clear mission at the beginning. This particular program focused on helping families identify their own family values so they can adjust their PCSC accordingly. It was not the researcher's intention to tell parents what their sexual beliefs should be, such as abstinence only or educating their children about sexual protection. It was, however, the goal to encourage parents that regardless of their values, comprehensive communication was necessary. Keeping this mission in mind and focusing on the integration of family

values not only guided the research of this program but also sets this program apart from other parenting programs.

One of the other strategies that proved to be helpful for many reasons was the development and distribution of the packet given to parents in each session. Initially, the packet was simply offered to supplement the verbal delivery and offer another way for parents to make sense of the information provided. Since some of the material was not covered as in-depth in the session due to timing, the packet gave parents specific information they could take home and assess on their own time. The packet was thorough enough that parents could make sense of the active listening exercise and reflect on the family values exercises even after leaving the program. Creating this packet was helpful for both the researcher and the parents.

Keeping a journal was another strategy that was most helpful in this process. This was part of the qualitative analysis and ethnographic nature of this dissertation, but it also helped the researcher think more critically about the development process and analyze the material researched along the way. The journal helped keep the researcher focused and helped organize thoughts and concerns, and ultimately contributed to the overall success of the program. These were the most helpful strategies in developing the Beyond Birds and Bees program.

**Primary Challenges.** The helpful strategies mentioned above reduced some of the potential challenges along the way. However, there were still several challenges throughout the development of the Beyond Birds and Bees program. The first challenge was determining what content to include. The program was intended to be fairly

comprehensive, but it was determined early on that timing would not allow for every topic to be discussed in-depth. Choosing specific topics to cover is likely going to vary depending on the attendees and the context in which the program is being held. Not all parenting programs of this nature should include the same content. After meeting with the contact person at the church and identifying the training objectives, the researcher was able to narrow down which topics were essential for this delivery, but it was still a challenge.

Another challenge along the way was negotiating the collaboration between the researcher and the church. Since neither the researcher nor the church had done a program like this before, designating tasks and sharing responsibility proved to be challenging at times. Initially, the researcher wanted as much control as possible. There were certain places where the church felt comfortable taking control, such as in the registration and marketing process, and that was not easy for the researcher to handle. The researcher admits some of this was simply out of pride and not willing to share responsibility for a program that the researcher was so invested in. In the long run, it was helpful to have the church take care of those responsibilities, but in the future the researcher would set clear guidelines right away. The researcher would establish early on the specific needs for registration and marketing to ensure the appropriate information is gathered, but then let the church (or sponsoring organization) handle it in a way that is consistent with their other programs.

One of the other major challenges throughout this process was the assessment of the program. All programs should be assessed in some way, regardless of whether or not

they are being utilized for academic research. Assessment helps determine the success of the individual program and provides the researcher with feedback necessary to continue in program deliveries. The assessment for Beyond Birds and Bees was helpful on a general level; it was easy to determine how parents felt about the program. However, the assessment was not specific to each session (as discussed in Chapter 4) which was detrimental in gauging reactions to each session. For more extensive assessment, a more advanced tool would be needed. The researcher did not adequately prepare for a more advanced assessment tool or for how to administer the assessments with the limited time provided. To continue the Beyond Birds and Bees program, more advanced assessment might be needed. Reflecting on these challenges can help improve the Beyond Birds and Bees program, but also contribute to the development of similar programs.

### **Implications for Future Programs**

Developing a program like this takes time and effort but the benefit for parents is well worth it. This program put forth a practical application of the communication research and applied it in a way that would mesh with the Lutheran church. While the content of this program was not religious based, and the researcher was asked not to talk about religion, the content did not specifically contradict anything the church promotes. In this way, Beyond Birds and Bees was a unique program and cannot necessarily be applied to all contexts. However, it does address a specific need that exists. Parents of any religious denomination are looking for help in their PCSC the same way as parents who do not have a religious faith to incorporate with their communication. Researchers should feel compelled to help deliver their findings in a way that is practical for parents,

and that can be utilized for parents who do have specific faith or family values to consider. Hopefully, Beyond Birds and Bees can be an example for other programs.

The researcher encourages others to develop similar programs and believes Beyond Birds and Bees has implications that might impact the development of those programs. Addressing specific trainee needs is important in developing these programs (Beebe, et al., 2003). While the research on child development and sexuality may not change from context to context, the specific needs of those attending the program will certainly vary. It is important for the researcher to examine what parents want to know, what they need to know and what they already know about the topic. Any information the researcher can gather about the existing values and beliefs of the parents attending will be extremely valuable in tailoring the content of the program. This would be especially important in the delivery of programs to parents who may have specific values, based on religious beliefs for example.

It is also important to consider the timing of the program. This delivery of Beyond Birds and Bees did not allow quite enough time to get through the material intended. Narrowing down the content as much as possible, without losing the valuable information, is essential. Based on the lessons learned here, separating the parents based on the ages of their children was valuable but does require additional time. Two hours per session did not seem adequate, and too much more time may get too long for the parents attending. Future programs should really assess what material is essential to include and what material could be edited out. Furthermore, depending on the context (church, community center, etc) the timing needs might change.

Researchers who have developed similar programs report one of the most important factors to the success of these programs is the personal characteristics of those leading the program (Long et al. 2004). When working with parents, it is critical to have people on board who can effectively communicate, are trustworthy, and can relate to and interact well with the parents. These characteristics may be what ultimately help parents feel comfortable addressing this sensitive topic or asking questions that are personal to their own family. The person who is in contact with the parents, who is leading the program, needs to attain their trust and confidence. If parents do not feel connected in some way to the person leading the program, they may not find the material as credible or applicable. The researcher of Beyond Birds and Bees knows that parents are often uncomfortable talking about, or even hearing about, sexual topics; it is very important that the person leading the program is able to reduce their discomfort and have good interpersonal communication skills.

There was only one researcher working on Beyond Birds and Bees, and while that allowed for consistency between development and delivery, as well as consistency, between all four sessions, it may not be ideal for all contexts. Future programs could expand their potential if they had multiple researchers working together. Beyond Birds and Bees, or a similar program, could become a multi-site program if there were others who could lead the sessions. This, however, would require a great deal of training. All leaders would have to be trained in interpersonal communication skills, to ensure that parents feel comfortable with that leader, as well as trained in the family sexual communication research. It is most important that the leaders are well-versed in the

program being delivered, but they also need to be aware of the background research that led to the program development in order to answer questions or provide detail about the topics. Further, these leaders would also have to be open-minded so they can respect the various opinions and values of the parents attending. For example, in a religious context, some parents may have a clear value of teaching abstinence until marriage. The leader might not share that sexual value, but needs to respect the parents' faith and value even if they do not understand or agree with it. Tolerance is essential to helping parents through this program. The leader needs to firmly believe in the power of a program like this and feel confident that he/she is contributing to the success of PCSC.

Beyond Birds and Bees focused on the most influential years of sexual development, the early years. However, PCSC should not stop once children reach high school. Future programs may extend into older age groups. The researcher considered this as an option for Beyond Birds and Bees, but it was ultimately decided that the program be limited to the earlier ages and that the older group may have a separate session at some point. Once children reach high school, they are likely to experience a whole new set of challenges. Parents often think this is when PCSC is most important, but as discussed in this dissertation, their influence actually starts very early on in their children's lives. The communication should continue through high school, but should be an extension of the communication earlier on. Researchers should feel encouraged to extend the program into later adolescence in addition to focusing on the earlier years.

The goal of this program was to help parents help their children through their PCSC. Beyond Birds and Bees focused on the parents' effort in PCSC but it was not the

researcher's intention to minimize the importance of educating children, as well, about sexual communication. There is a time and place for researchers to lead programs for children, but Beyond Birds and Bees focused on the influence parents can have in being the primary sex educator in their children's lives. Separate programs may be developed to help parents and children engage in PCSC or support children in their efforts to communicate with their parents.

### **Final Conclusions**

While the Beyond Birds and Bees program is not perfect, it is a step in the right direction. It was created in direct response to the need for parenting programs helping parents in their PCSC. Communication researchers have a unique opportunity to help parents through our research, yet we often limit our findings to journals and conferences exclusive to other researchers. It is our responsibility to bridge the gap between the research and the parents, creating programs helping parents understand the importance of PCSC. The development of Beyond Birds and Bees is one example of a program that can make a difference utilizing existing research. Hopefully, the discussion of this program encourages others to develop similar programs. The researcher of Beyond Birds and Bees is confident in the power of such programs and has intentions to continue the program in the future. These parenting programs can and should be done in a variety of contexts, not necessarily limited to the religious context discussed here. There is a need for this type of program in community education settings, school settings, and church settings. These programs can help parents and therefore help adolescents; they can make a difference. Parents are a fundamental resource in their child's sexual lives and it is our responsibility

to help parents in their efforts to influence their children in a way that is consistent with their family values. The sexual health of adolescents is at risk, and our research can make a difference. It is time to practically apply the research in our fields and help parents do what our research suggests is so important. This dissertation discussed the development, planning, delivery and assessment of a parenting program about PCSC and promotes the development of similar practical applications.

## References

- Armistead, L., Clark, H., Barber, C., Hugley, J., Favors, M., & Wyckoff, S. (2004). Participant retention in the Parents Matter! Program: Strategies and outcomes. *Journal of Child and Family Studies, 13*, 67-80.
- Beebe, S. A., Mottet, T. P. , & Roach, K. D. (2003). *Training and development: Enhancing communication and leadership skills*. Allyn & Bacon.
- Berkankamp, L., & Atkins, S. C. (2002). *Talking to your kids about sex: From toddlers to preteens*. Nomad Press.
- Berman, L. (2009). *Talking to your kids about sex: Turning “the talk” into a conversation for life*. DK Publishing.
- Berne, L. A., & Huberman, B. K. (2000). Lessons learned: European approaches to adolescent sexual behavior and responsibility. *Journal of Sex Education and Therapy, 25*, 189-199.
- Bernstein, A. C. (1994). *Flight of the stork: What children think (and when) about sex and family building*. Perspectives Press.
- Braithwaite, C. A. (1997). Sa’ah Naaghai Bik’eh Hazhoon: An ethnography of Navajo educational communication practices. *Communication Education, 46* (4).
- CDC. (2010). Youth risk behavior surveillance. *Morbidity and Mortality Weekly Report, 59*, SS-5. Retrieved from: <http://www.cdc.gov/mmwr/pdf/ss/ss5905.pdf>.
- Creswell, J. W. (2003). *Research design qualitative, quantitative, and mixed methods approaches* (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage Publications.

- Danziger, S. K. (1995). Family life and teenage pregnancy in the inner city: Experiences of African-American youth. *Children and Youth Services Review, 17 (1)*, 183-202.
- DeVito, J. A. (2009). *The interpersonal communication book* (12<sup>th</sup> ed.). Boston, MA: Allyn & Bacon.
- Dittus, P., Miller, K. S., Kotchick, B. A., & Forehand, R. (2004). Why Parents Matter!: The conceptual basis for a community-based HIV prevention program for the parents of African American youth. *Journal of Child & Family Studies, 13 (1)*, 5-20.
- Dixson, M. (1995). Models and perspectives of parent-child communication. In T. J. Socha & G. H. Stamp (Eds.), *Parents, children and communication: Frontiers of theory and research* (pp. 43-61). Mahwah, NJ: Lawrence Erlbaum.
- Dobbins, D. D. (2011). Sex Ed @ Church. Retrieved from <http://www.ministrytodaymag.com/index.php/ministry-leadership/counseling/14031-sex-ed-church>
- Donovan, P. (1998). School-based sexuality education: The issues and challenges. *Family Planning Perspectives, 30*, 188-194.
- Eastman, K. L., Corona, R., & Schuster, M. A. (2006). Talking Parents, Healthy Teens: A worksite-based program for parents to promote adolescent sexual health. *Preventing Chronic Disease, 3*, 1-10.

- Feldman, S. S., Turner, R. A., & Araujo, K. (1999). Interpersonal context as an influence on sexual timetables of youths: Gender and ethnic effects. *Journal of Research on Adolescence, 9*, 25-52.
- Fisher, T. D. (1986). An exploratory study of parent-child communication about sex and sexual attitudes of early, middle, and late adolescents. *The Journal of Genetic Psychology, 147*, 543-557.
- Fisher, T. D. (1990). Characteristics of mothers and fathers who talk to their adolescent children about sexuality. *Journal of Psychology and Human Sexuality, 3*, 53-70.
- Forehand, R., Miller, K. S., Armistead, L., Kotchick, B. A., & Long, N. (2004). The Parents Matter! Program: An introduction. *Journal of Child & Family Studies, 13* (1), 1-3.
- Fox, G. L., & Inazu, J. K. (1980). Patterns and outcomes of mother-daughter communication about sexuality. *Journal of Social Issues, 36*, 7-29.
- Geasler, M. J., Dannison, L. L., & Edlund, C. J. (1995). Sexuality education of young children: Parental Concerns. *Family Relations, 44*, 184-188.
- Geertz, C. (1973). *The interpretation of cultures: Selected Essays*. New York: Basic Books.
- Geldard, K., & Geldard, D. (1998). *Counseling children: A practical introduction*. Thousand Oaks, CA: Sage Publications.
- Guttmacher Institute. (2011). Facts on American teens' sexual and reproductive health. *In Brief: Fact Sheet*. Retrieved from: <http://www.guttmacher.org/pubs/FB-ATSRH.html>.

- Haffner, D. H. (2008a). *Beyond the big talk: Every parent's guide to raising sexually healthy teens- from middle school to high school and beyond*. New York: New Market.
- Haffner, D. H. (2008b). *From diapers to dating: Every parent's guide to raising sexually healthy teens- from infancy to middle school*. New York: William Morrow.
- Hampton, M., McWatters, B., Jeffery, B., & Smith, P. (2005). Influence of teens' perceptions of parental disapproval and peer behavior on their initiation of sexual intercourse. *Canadian Journal of Human Sexuality, 14*, 105-121.
- Heisler, J. M. (2005). Family communication about sex: Parents and college-aged offspring recall discussion topics, satisfaction, and parental involvement. *The Journal of Family Communication, 5*, 294-312.
- Hutchinson, M. K. (2002). The influence of sexual risk communication between parents and daughters on sexual risk behaviors. *Family Relations, 51*, 238-248.
- Hutchinson, M. K. (2003). The role of mother daughter sexual risk communication in reducing sexual risk behaviors among urban adolescent females: a prospective study. *Journal of Adolescent Health, 33* (2), 98-107.
- Hutchinson, M. K., & Cooney, T. M. (1998). Patterns of parent-teen sexual risk communication: Implications for intervention. *Family Relations, 47*, 185-194.
- Jaccard, J., Dittus, P. J., & Gordan, V.V. (1996). Maternal correlates of adolescent sexual and contraceptive behavior. *Family Planning Perspectives, 28*, 159-165.

- Jaccard, J., Dittus, P. J., & Gordan, V. V. (2000). Parent-adolescent communication about premarital sex: Factors associated with the extent of communication. *Journal of Adolescent Research, 15*, 187-208.
- Jaccard, J., Dittus, P. J., & Gordan, V. V. (2002). Parent-adolescent communication about sex and birth control: A conceptual framework. *New Directions for Child and Adolescent Development, 2002*, 9-42.
- Jordan, T. R., Price, J. H., & Fitzgerald, S. (2000). Rural parents' communication with their teenagers about sexual issues. *Journal of School Health, 70*, 338-345.
- Kaiser Family Foundation (2011). Sexual health of teenagers and young adults in the United States. Retrieved from: <http://www.kff.org/womenshealth/upload/Sexual-Health-of-Teenagers-and-Young-Adults-in-the-US.pdf>.
- Kirby, D., & Miller, B. C. (2002). Interventions designed to promote parent-teen communication about sexuality. *New Directions for Child and Adolescent Development, 97*, 93-110.
- Keyton, J. (2005). *Communication research: Asking questions* (2<sup>nd</sup> ed.). New York, NY: McGraw-Hill.
- Ku, L., Sonenstein, F. L., & Pleck, J. H. (1993). Neighborhood, family and work: Influences on the premarital behaviors of adolescent males. *Social Forces, 72* (2), 479-503.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic Inquiry*. Sage Publications.
- Lindlof, T. R. (1995). *Qualitative communication research methods*. Thousand Oaks, CA: Sage Publications.

- Lindlof, T. R., & Taylor, B. C. (2002). *Qualitative communication research methods* (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage Publications.
- Lutheran Church Missouri Synod - LCMS. (1981). Human sexuality: A theological perspective. Retrieved from <http://www.lcms.org/page.aspx?pid=685>.
- Medical Institute for Sexual Health. (2007). *Questions kids ask about sex: Honest answers for every age*. Revell Publishing.
- Miller, B. C. (2002). Family influences on adolescent sexual and contraceptive behavior. *Journal of Sex Research, 39* (1), 22-26.
- Miller, K. S., Kotchick, B. A., Dorsey, S., Forehand, R., & Ham, A. Y. (1998). Family communication about sex: What are parents saying and are their adolescents listening? *Family Planning Perspectives, 30*, 218-224.
- Morse, J. M., & Richards, L. (2002). *A user's guide to qualitative methods*. Thousand Oaks, CA: Sage Publications.
- Neer, M., & Warren, C. (1988). The relationships of supportive communication to sex discussion in the home. *Communication Research Reports, 5*, 154-160.
- Oliver, D. P. , Leeming, F. C., & Dwyer, W. O. (1998). Studying parental involvement in school-based sex education: Lessons learned. *Family Planning Perspectives, 30* (3), 143-147.
- Pardun, C. J., L'Engle, K. L., & Brown, J. D. (2005). Linking exposure to outcomes: Early adolescents' consumption of sexual content in six media. *Mass Communication & Society, 8*, 75-91.

- Phetla, G., Busza, J., Hargreaves, J. R., Pronyk, P. M., Kim, J. C., Morison, L. A., Watts, C., & Porter, J. D. H. (2008). "They have opened our mouths": Increasing women's skills and motivation for sexual communication with young people in rural South Africa. *AIDS Education & Prevention, 20* (6), 504-518.
- Pluhar, E., & Kuriloff, P. (2004). What really matters in family communication about sexuality? A qualitative analysis of affect and style among African American mothers and adolescent daughters. *Sex Education, 41*, 303-321.
- Resnick, M. D., & Bearman, P. S. (1997). Protecting adolescents from harm. *Journal of the American Medical Association, 278* (10), 823-833.
- Robinson L. K., & Telljohann, S. K. (1999). Predictors of sixth graders engaging in sexual intercourse. *Journal of School Health, 69*, 369-376.
- Rosenthal, D. A., & Feldman, S. S. (1999). The importance of importance: Adolescents' perceptions of parental communication about sexuality. *Journal of Adolescence, 22*, 835-851.
- Rosenthal, D. A., Feldman, S. S., & Edwards, D. (1998). Mum's the word: Mothers' perspectives on communication about sexuality with adolescents. *Journal of Adolescence, 21*, 727-743.
- Rossi, A. (1997). The impact of family structure and social change on adolescent sexual behavior. *Children and Youth Services Review, 19*, 369-400.

- Santelli, J. S., Lindberg, L. D., Abma, J., McNeely, C. S., & Resnick, M. (2000). Adolescent sexual behavior: Estimates and trends and from four nationally representative surveys. *Family Planning Perspectives, 32* (4), 156-194.
- Shoveller, J. A., Johnson, J. L., Langille, D. B., & Mitchell, T. (2004). Socio-cultural influences on young people's sexual development. *Social Science and Medicine, 59*, 473-487.
- SIECUS. (2004). Guidelines for Comprehensive Sexuality Education. (3<sup>rd</sup> Ed.). National Guidelines Task Force.
- Sonenstein, F. L. (2001). Sexual activity and contraceptive practices among teenagers in the United States, 1988 and 1995. *Vital Health Statistics: Series 23, Data from the National Survey of Family Growth, 21*, 1-79.
- Stake, R. E. (1995). *The art of case study research*. Thousand Oaks, CA: Sage Publications
- Taylor, L. (2005). Effects of visual and verbal sexual television content and perceived realism on attitudes and beliefs. *The Journal of Sex Research, 42*, 130-137.
- Taris, T. W., & Semin, G. R. (1997). Parent-child interaction during adolescence, and the adolescent's sexual experience: control, closeness, and conflict. *Journal of Youth and Adolescence, 26*, 373-398.
- Troth, A., & Peterson, C. C. (2000). Factors predicting safe-sex talk and condom use in early sexual relationships. *Health Communication, 12* (2), 195-218.

- Weinstock, H., Berman, S., & Cates, W. (2004). Sexually transmitted diseases among American youth: Incidence and prevalence estimates, 2000. *Perspectives on Sexual and Reproductive Health* 36, 6-10.
- West, R., & Turner, L. H. (2010). *Understanding interpersonal communication: Making choices in changing times* (2<sup>nd</sup> ed.). Boston, MA: Wadsworth Publishing.
- Whitaker, D. J., Miller, K. S., & Clark, L. F. (2000). Reconceptualizing adolescent sexual behavior: Beyond did they or didn't they? *Family Planning Perspectives*, 32, 111-117.
- Whitaker, D. J., Miller, K. S., May, D. C., & Levin, M. L. (1999). Teenage partner's communication about sexual risk and condom use: The importance of parent-teenager discussion. *Family Planning Perspectives*, 31, 117-122.
- Wood, J.T. (2009). *Interpersonal communication: Everyday encounters* (6th ed.). Boston, MA: Wadsworth Publishing.
- Wyckoff, S., Miller, K., Forehand, R., Bau, A. Fasula, A., Long, N., & Armistead, L. (2008). Patterns of sexuality communication between preadolescents and their mothers and fathers. *Journal of Child & Family Studies*, 17, 649-662.

## APPENDIX A

Reflect on your answers for each question, share them with your co-parent and be ready to address them with your child. Re-visit these questions at every new stage of development to refresh your memory and determine if your responses have changed now that your child is older.

**About the Body**

1. When do you think it's the appropriate time to learn about genitals?

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2. What terms did you use growing up to describe your genitals?

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3. What early lessons did you learn about the body (spoken or unspoken)? Were you taught to be open about your body or cover it up? How has this influenced how you think about your body as an adult?

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**About Good and Bad Touching**

1. What kinds of touch do you consider bad? (review behavior worksheet)

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2. How important do you think affectionate touch is in relationships?

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3. What things make you uncomfortable as your child starts to explore the body?

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4. Do you think masturbation is an appropriate form of sexual release?

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5. Do you think masturbation should be discussed as part of your child's sex education?

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6. How would you react if you found your child “playing doctor” or exploring the body with friends?

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**About Communication**

1. Do you find it easy to actively listen to others? Do you think this is important?
2. As a child, how did you receive criticism from your parents? How has this affected your communication style as an adult/parent?
3. How involved do you think parents should be in the child’s sexual decision making process?

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**About the Media**

1. In what ways do you think the media has a positive or negative impact on your self-esteem and perspective of the world?
  2. How aware are you of current musical trends (lyrics, style, influence on pop culture)?
  3. What do you think about the impact of facebook on our culture?
  4. What do you think about how the media portrays body image?
  5. How does that portrayal affect you? Your child?
  6. How does the media affect your perception of sex and relationships?
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7. How do you think it affects your child's perception of sex and romance?
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### **About Friendships**

1. What qualities are valuable to you in a friend?
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2. What type of friendships are most important to you?
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3. What lessons, consciously or subconsciously, have you taught your child about friendships?
- 
- 
4. How aware are you of the trends/activities/interests for your child's age group?
- 
- 
5. What rules do you think should be in place when your child has friends over?
- 
- 
6. What consequences should be in place if they break those rules?
- 
- 
7. Should rules be different for friends of the opposite sex?
- 
- 
8. At what age do you think it's appropriate for your child to make his own decisions about friends, staying out late, parties, etc?
- 
- 
9. How important do you think it is for your child's friends to come from families with similar rules and expectations about social activities? How do you find this out?
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**About Romantic Relationships**

1. What are your own memories about your own first romantic relationship?

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2. What level of maturity (what age) do you think is necessary before it is okay to start dating?

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3. What level of maturity (what age) do you think is necessary before becoming physically intimate (see behavior worksheet)?

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4. What dating activities are acceptable?

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5. How much privacy do you think your child should be allowed to have when it comes to personal relationships?

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6. What will you do if you discover your child is being sexually intimate?

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**About Sexual Thoughts and Activity**

1. What lessons did your parents teach you about sex and sexuality, verbally and nonverbally?

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2. What moral guidelines help direct YOUR OWN sexual decisions?

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3. What do you remember about your sexual thoughts as a teenager?

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4. What do you think are the benefits of waiting until adulthood to have sex?

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5. How did you react emotionally to your first sexual encounter?

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6. Do you think men and women have different emotional connections to sex?

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7. How aware of the emotional side of sex were you before you became sexually active?

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### **About Sexual Intimacy**

1. What qualities do you think should be present in a relationship before any level of sexual intimacy occurs?

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2. Do you have any negative feelings regarding your own sexual history or the age you chose to be intimate for the first time?

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3. What are your major fears concerning your child's sex life (heartbreak, pregnancy, etc)?

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4. What information do you want your child to know about contraception?

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5. How realistic do you think abstinence is for teenagers? How do plan to discuss this?

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6. What is your motivation for encouraging your child to be abstinence (religious, health concerns, etc)?

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7. What goals will you help your child set about sex (don't have sex until you are married, until you are in college, until you are in a committed relationship)?

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8. Are you in favor of buying condoms or contraception for your teenager?

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9. Do you think it's important to talk to your child about safer sex practices as they apply to other forms of sex (oral sex)? Why or why not?

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### **About Sexual Decision-Making**

1. How much were you affected by your peers as a child?

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2. What do you think are valid reasons to enter into a s

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3. Have you ever set sexual goals for yourself or your relationship?

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### **About Sexual Communication**

1. If your child asks you about your sexual history, how much information do you feel is appropriate to share?

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2. If you know your child is sexually active in any way, do you think you have a responsibility to tell the other person's parents?

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## APPENDIX C

1. How much have you talked to your child(ren) about sexual topics?
  - a. Not at all
  - b. A little
  - c. Somewhat
  - d. A lot
  
2. How comfortable are you talking to your child(ren) about sexual topics?
  - a. Not at all comfortable
  - b. Uncomfortable
  - c. Comfortable
  - d. Very comfortable
  
3. How confident are you in your ability to talk with your child(ren) about sexual topics?
  - a. Not at all confident
  - b. Slightly confident
  - c. Moderately confident
  - d. Very confident
  
4. What are your primary concerns or questions about communicating to your child(ren) about sex and sexuality?

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## APPENDIX D

Reflecting on the information you heard today, and in considering your future sexual communication with your child(ren), please respond to the following questions.

1. How comfortable are you (will you be after today) communicating about sex with your child(ren)?
  - a. Not at all comfortable
  - b. Uncomfortable
  - c. Comfortable
  - d. Very comfortable
  
2. How confident are you (after today) in your ability to communicate about sex with your child(ren)?
  - a. Not at all comfortable
  - b. Slightly confident
  - c. Moderately confident
  - d. Very confident
  
3. After today, how much do you think you will talk about sex with your child(ren)?
  - a. Not at all
  - b. A little
  - c. Somewhat
  - d. A lot

Please respond to the following questions regarding the structure and content of the program today.

1. This program encouraged me to communicate more about sex with my child(ren).
  - a. Strongly disagree
  - b. Disagree
  - c. Neither disagree or agree
  - d. Agree
  - e. Strongly agree
  
2. This program helped increase my confidence in my ability to talk about sex with my child(ren).
  - a. Strongly disagree
  - b. Disagree
  - c. Neither disagree or agree
  - d. Agree
  - e. Strongly agree

3. I would recommend this program to other parents.
- a. Strongly disagree
  - b. Disagree
  - c. Neither disagree or agree
  - d. Agree
  - e. Strongly agree

4. This was a valuable program.
- a. Strongly disagree
  - b. Disagree
  - c. Neither disagree or agree
  - d. Agree
  - e. Strongly agree

5. My favorite part of the program today was:

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6. One thing I would have liked to see done differently was

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7. Additional comments are appreciated...

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