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DEVELOPING A SEXUALITY EDUCATION PROGRAM FOR PARENTS IN ROMANIA – PRELIMINARY ANALYSIS

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Abstract
The main purpose of this study is to contribute to the scientific knowledge regarding young people's sexual development and health by identifying and examining empirically validated theoretical models and parental interventions, which might be adequate to the specificity of a population in Romania (parents of young people aged 10 to 14 years). Specifically, the study proposes a concise summary of the literature on parents' contribution to the sexual competence and health of their children by reviewing psychological and social factors characterizing individuals and family processes which might be associated to young people's sexual health. It also suggests lines along which young people's sexual competence and health could be improved by future sexuality education parenting programs. There exist a considerable variety of parental sexuality education interventions and programs, designed and evaluated on a multitude of levels based on their approach to sexuality, health and education and available information about their effectiveness is analyzed here. The study also presents the situation regarding sexuality education and sexual health of young people in Romania and it outlines a few components of a future sexuality education program to be developed for parents in Romania aiming to prevent the sexual risk behavior for their children.

Keywords: sexuality education; parenting; children; young people; sexual risk behavior

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Introduction

The well-being of children and young people and their healthy development, both physical and psychological, are primary concerns for parents or caregivers, education and health professionals as well. Throughout their development, young people acquire (sexual) competencies (knowledge, capabilities and behaviors) which are related to the levels of sexual risk behavior they engage in and to their sexual and reproductive health and its associated outcomes (Kirby, Laris, & Rolleri, 2007).

Statistical data from around the world indicate that sexual risk behavior and lack of sexual knowledge are frequent in young people and they constitute vulnerability factors for negative outcomes associated to sexual health, such as unplanned pregnancies, high yearly incidence of sexually transmitted infections and HIV, sexually abusive and coercive relationships, exploitation and also associated emotional problems (Hirst, 2008; UNESCO, 2009).

Sexuality Education (SE) is one of the factors associated with better sexual and reproductive health in young people and it contributes to their general well-being (Bourke, Boduszek, Kelleher, McBride, & Morgan, 2014).

The main purpose of this study is to contribute to the scientific knowledge regarding young people's sexual development and health by identifying and examining empirically validated theoretical models or interventions which might be adequate to the specificity of a population in Romania, that is young people aged 10 to 14 years and their parents.

Sexuality education providers

School and family are the two providers of SE to which this responsibility is most commonly attributed throughout the time and the world although often accompanied by heated debates and supported by contested public policies (Zimmerman, 2015).

That is not to say that school and family are the only sexuality educators of young people or that their intervention alone grants optimal effects in this sense. There are other factors influencing young people’s sexual competence or having an arguably (mis)educating role such as: cultural context, media, the Internet, friends and peers, health/medical professionals, communities and public organizations (Yu, 2010).

The present study assumes the multi-dimensionality of SE and the complimentarily of formal (provided by school) and informal (provided by family/parents/caregivers and communities) SE and it offers a basis for a scientifically validated alternative intended to help parents in Romania in their efforts as primary sexuality educators of their children.

To this end, this study examines existing data in the literature regarding the psychological and social factors characterizing families, family processes and relationships which are associated by previous research with sexual competence, health and sexual risk behavior in young people. The study also looks at the available data regarding the effectiveness of existing parental SE programs.

Sexuality education in the family

In this study "family" refers to one or two adults (usually, although possibly more in some cases) who are raising one or more children, irrespective of the adults' biological relation to the children, their sexual orientation or their gender identity. Also, when used, the term "parent" signifies any adult person who is primarily responsible for raising a child, a caregiver.

A considerable part of the literature on this topic, parental contribution to SE and parental SE programs, is using the term parent or family in a more "traditional" way and adopt a more heteronormative perspective on family. More than often studies are not paying particular attention to these aspects. Moreover interventions frequently target a specific parent (e.g. mothers only), assume a heterosexual model of parent couples or ignore the specific needs of LGBT youth (Gowen & Winges-Yanez, 2014).

There is though, a certain amount of literature on single-parenting or same-sex parenting with results indicating the fact that raising children by single parents or same-sex parents is as likely to have positive outcomes as raising children by two heterosexual parents (Patterson, 2006; Meezan & Rauch, 2005).

Literature also indicates that "[...] it is family processes (such as the quality of parenting and relationships within the family) that contribute to determining children's well-being and 'outcomes', rather than family structures, per se, such as the number, gender, sexuality and co-habitation status of parents" (Short, Riggs, Perlesz, Brown, & Kane, 2007, p. 4).

Sexual health in young people

Improving sexual health in adolescents (and adults) constitutes a priority for families as well as communities and societies at a global level, given the effects of the lack of competence and of sexual risk behavior (e.g., unsafe/unprotected sex) in which (young) people engage and the costs they entail at personal but also at societal level (Kirby, 2011).

Among these costs or consequences the most serious threats to the health and to the quality of young people's lives are the sexually transmitted infections (STIs), HIV infections and AIDS, unplanned or unintended pregnancies and/or births especially at a very young age, abortions, sexual abuse and violence, sexual dysfunctions (Widman, Choukas-Bradley, Noar, Nesi, & Garrett, 2016).

Global statistics indicate that young people (aged 15 to 19 years and 20 to 24 years) are the most vulnerable to such outcomes. On average, 25% of the young people aged 15 years in the world are sexually active. Young people constitute the most significant percentage of the approximately 1 million people acquiring an STI every day in the world. 5% of the adolescents in the world get infected with an STI annually (they constitute more than 50% of the STIs cases each year) and this is excluding HIV and other viral infections (Dehne & Riedner, 2005; Barnekow, 2014).

The number of pregnancies in adolescents (15 to 19 years old) in Eastern Europe ranges between 8 and 54 per 1000 (UNFPA, 2013).

Another sexual health related aspect is young people’s vulnerability to being victims of abusive intimate relationships. Intimate partner abuse entails costly physical and psychological consequences and threatens the future wellbeing of the victim (Lormand et al., 2013; Hickman, Jaycox, & Aronoff, 2004).

The last couple of decades also brought about a shift in the perspective on sexual health and its preoccupation with negative and unwanted outcomes of sexuality. Such a shift is also becoming visible in the literature where there is an increase in the number of studies on approaches and programs concentrating on sexual and not only reproductive rights (especially for women and other marginalized categories) and on other sexuality-related positive aspects (e.g., eroticism, pleasure, comfort with own body and sexuality, emotional

attachment) and their contribution to sexual and general well-being (WHO, 2006; Ponzetti, 2016).

Sexual health and education in Romania's young people

In Romania's case pregnancies in 15 to 19 year-olds are approx. 40 per 1000 and the number of abortions is approx. 500 for each 1000 births (UNFPA, 2013).

Romania recorded during the last decade some of the largest numbers of births in Europe in adolescents aged10 to 14 and 15 to 19 years old (Sedgh, Finer, Bankole, Eilers, & Singh, 2015).

Available data about Romania indicate different mean ages of first intercourse depending on study, with 15.5 years in one study (Abraham et al., 2013) and approx. 17 years in another (Rada, 2014). Regarding sexual knowledge and sexual risk behavior, less than a quarter of the participants to one survey reported having practiced safe sex at first intercourse and the mean age at which they first received information about sexuality and SE was 15.39 years, less than 10% of them receiving this type of information in school (Rada, 2014).

Young people's access to formal SE programs in Romania, similar to many other parts of the world, is very limited and strongly debated. In Romania, according to statistics provided by the Ministry of Education and Scientific Research the percentage of pupils taking the elective Health Education classes or taking part in related activities has been less than 15% for the last several years. Family and Reproductive Health constitutes a topic in these Health Education classes, sometimes with little or no attention dedicated to it. It is very difficult to quantify how much or, more to the point for us, how little this topic is being taught in Romanian schools (from elementary schools to colleges).

Having said this, it is parents/caregivers who, as primary educational agents, are preponderantly left with the often difficult task of facilitating and organizing their children's development of sexual competence (Wooden & Anderson, 2012).

Improving sexual health for young people

The above mentioned statistics are just a few of the data pointing towards the need for developing effective SE programs, both formal and informal, contributing to the prevention and reduction of the levels of sexual risk behaviors in which young people engage. That helps avoid or minimize negative sexual health outcomes but it also helps maximize positive sexuality-related aspects and quality of life in general.

This study looks at the existing data regarding effective parental SE programs and the factors contributing to their effectiveness which literature revealed to be not as high as expected. Existing results on the effectiveness of parental SE programs indicate a moderate improvement with regard to sexual knowledge and a modest one with regard to sexual risk behaviors of children and young people (Wight & Fullerton, 2013).

Families and sexual health of young people

The psychological and social factors characterizing families and family processes are influencing the development of sexual competence in young people and their sexual and reproductive health in multiple ways, both direct and indirect, explicit and implicit (Bersamin et al., 2008; Stone, Ingham, & Gibbins, 2013).

There are a lot of factors characterizing families which, in their role as primary education agents for children, contribute initially to their sexual socialization and sexual literacy as well as later to their acquiring attitudes, beliefs and values influencing their sexual behavior (Shtarkshall, Santelli, & Hirsch, 2007; Parkes, Wight, Hunt, Henderson, & Sargent, 2013).

Some of the factors more frequently associated with individual characteristics or with family processes, with possible effects on young people's sexual competence and health and on their propensity towards sexual risk behavior are: genetic factors; socio-economic status of family; family atmosphere (conflictual or harmonious); parenting style; attachment style; communication style; family dynamics and management; level of parental monitoring and connectedness; sex/gender of parent providing SE and sex/gender of child receiving it; parental attitudes, beliefs, values and knowledge; certain personality traits/characteristics (Bersamin et al., 2008; de Graaf, Vanwesenbeec, Woertman, & Meeus, 2011; Vidourek, Bernard, &

King, 2009; Kelleher, Boduszek, Bourke, McBride, & Morgan, 2013). Of these associations some enjoy more empirical support (e.g. socio-economic status, communication, gender difference in SE providers) while others less or inconsistent (e.g. attachment style, parental attitudes) and many of the existing studies are of a qualitative nature (Bangpan & Operario, 2012).

There are data indicating the fact that there is a positive association between daily evaluations of the quality of the couple relationship made by the parents and their daily evaluations of the quality of the parent-child relationship. These results were obtained controlling for relationship satisfaction, relationship conflict and the type/level of parenting (Kouros, Papp, Goeke-Morey, & Cummings, 2014). We might hypothesize about a relation between these evaluations and parents' expectations, motivation and self-perceived efficacy as sexual educators and their effect on the quality and effectiveness of the SE provided by them.

The majority of the parenting interventions or programs which aim to improve young people's sexual competence or to prevent/reduce the level of sexual risk behavior they engage in have parent-child communication and ways of improving it as a central component.

A meta-analysis (Widman et al., 2016) of the studies about communication on sexual topics between parents and children revealed that although communicating on sexual topics with parents, especially with mothers, has a protective effect when it comes to young people engaging in sexual risk behavior, the effect is only a small one.

Usually it is mothers who communicate more about sexual topics with the children (Widman et al., 2016; Angera, Brookins-Fisher, & Inungu, 2008) but regarding parents in general there are a lot of barriers (e.g. attitudes, expectations, beliefs, lack of information, family processes, individual characteristics, perception of lack of support and resources) which affect the quality of communication and its effects (Bangpan & Operario, 2012).

Of the self-perceived barriers by parents as sex educators, literature mentions: incomplete and inaccurate knowledge; personal discomfort of talking about sex topics; beliefs about childhood innocence and the appropriate age, time and content; low self-efficacy as sex educators; lack of support and resources; concern with being judged by others (Wooden & Anderson, 2012; Stone et al., 2013; Widman et al., 2016).

Sexual health education in schools

The main approaches characterizing parental SE programs are largely similar to the ones on which formal SE programs are based. Four major types of formal SE programs appear in the literature: (1) Abstinence-only-until-marriage SE programs; (2) Abstinence-plus SE programs; (3) Comprehensive SE programs and (4) Holistic SE programs (Heller & Johnson, 2013; Yankah, 2016). There is though, a certain degree of over-lapping between abstinence-plus, comprehensive and holistic approaches categorization in the literature and comprehensive is the most used term for non-abstinence-only programs.

The *abstinence-only SE approach* is solely concerned with the negative consequences of sexual activity and proposes abstinence as the only way of avoiding them. The abstinence-plus approach is sometimes (inaccurately) equated by the literature with the comprehensive approach. *Abstinence-plus SE* programs still recognize the role of abstinence in preventing unwanted outcomes but they also recognize the importance of teaching young people about contraception and condoms in the eventuality they decide to become sexually active. The degree of comprehensiveness regarding sexuality knowledge and skills that comprehensive programs offer is diverse, depending on many factors. *Comprehensive SE programs* center around acquiring knowledge and developing attitudes and skills that contribute to the sexual and reproductive health of a person throughout the entire life and they provide information on topics such as human development, relationships, personal skills, sexual behavior, sexual health, society and culture (SIECUS, 2004; Lehmiller, 2013; Heller & Johnson, 2013).

The *holistic SE* approach ("positive approach") is based on the view that SE is supposed to and it could help young people acquire knowledge and develop skills which would contribute to leading healthy, satisfactory and respectful lives, not only from a sexual perspective (Frans, 2016).

Literature indicates that both abstinence-only SE programs and the comprehensive ones are similarly effective at delaying the onset of sexual activity for young people (Kirby, Laris, & Rolleri, 2007). However, the only ones that proved successful at protecting them from unintended/unplanned pregnancies and STIs, both at first intercourse and later, are the comprehensive programs (which also help young people acquire competencies related to other aspects of human sexuality). There is also empirical evidence that abstinence-only SE programs are associated with unwanted outcomes related to unsafe sex,

such as an increased prevalence of STIs and unplanned pregnancies (Kirby, Laris, & Rolleri, 2007; APA, 2005; Haberland & Rogow, 2015).

Although formal SE programs which treat various sexuality-related topics besides abstinence have been found to produce positive changes in knowledge and interest towards information, the data indicate that, despite some encouraging result, the effect of these programs on young people's behavior is not yet of the expected magnitude (Kirby, 2011).

Another important aspect when it comes to SE provided by schools is that although many parents agree that schools should be involved in teaching young people about sexuality there are also many parents who think that SE is primarily parents' responsibility and that it should be parents deciding and approving everything related to SE in schools. Parents have and express reservations regarding the timing, the content and the approach schools use in SE but also regarding the efficacy and competence of teachers and of other professionals involved in providing it (Dyson & Smith, 2012; Fisher, Telljohann, Price, Dake, & Glassman, 2015).

These parental concerns and sometimes strong objections are constraining schools into tailoring, when allowed by school or public policies, programs that need to get parental approval and this turns out to be a difficult task given the numerous differences between parents' attitudes and values regarding sexuality and SE (Zimmerman, 2015; Steadman, Crookston, Page, & Hall, 2014).

Success of sexuality education parenting programs

The global landscape of parental SE programs is very diverse in terms of approaches, objectives, structure and design, methodology, content and resources, duration, frequency and intensity, target population, providers, and most importantly effectiveness (Wight & Fullerton, 2013; Haberland & Rogow, 2015). Many of the experts in health and educational sciences propose a "multi-systemic/dimensional" approach (involving state/public policies, communities, schools, families and individuals) in order to maximize the success/effectiveness of these interventions (Yu, 2010; Mabray & Labauve, 2002).

World Health Organization recommends "training and continuing education" to SE providers and "accurate, evidence-based, appropriate and free from discrimination, gender bias and stigma" information (WHO, 2010).

The interventions aimed at helping parents improve the outcomes of the SE they provide to their children in general or on a specific topic can be very different. They can be based on an abstinence-only approach or on a more comprehensive one. They can target the general population or populations at risk (e.g. young people in rural Kenyan areas) and they can be addressed to individuals or to groups. They can involve only parents or parents and children. They can be delivered in various settings such as schools, community locations, at home, on-line or even at the workplace. They can be provided by trained facilitators, by teachers, by health professionals, by community volunteers or by peers. They can be supported by public policies or by individual initiatives. They can be delivered to a specific type of parent (e.g. mothers) or a specific type of young people (e.g. children aged 10 to 14 years) based on risk assessment or intervention aims (Wooden & Anderson, 2012; Wight & Fullerton, 2013; Downing, Jones, Bates, Sumnall, & Bellis, 2011; Woody, Randall, & D'Souza, 2008; Eastman, Corona, Ryan, Warsofsky, & Schuster, 2005; Vandenhoudt et al., 2010; DiIorio, Pluhar, Pines, & Jennings, 2006).

Despite this variety of interventions the effectiveness of parent/family-centered programs aimed at preventing or reducing sexual risk behavior and poor sexual health outcomes in young people is still a modest one as indicated by the existing empirical evidence (Downing et al., 2011).

Wight and Fullerton's recent systematic analysis (2013) of the success of SE interventions (having at least a parenting component to them)revealed that even though many of the interventions had a positive outcome in terms of improved knowledge, changed attitudes and improved communication skills, of the total of 44 SE parenting interventions the studies evaluated, only 3 proved to have had any success, even if moderate, regarding positive behavioral outcomes (e.g. sexual risk behavior reduction, lower number of pregnancies) related to sexual health. These successful interventions turned out not to have a common component to be associated with their positive effect. The authors point out the need for further research in this area in an effort to identify and investigate the factors and relations which contribute the most to the effectiveness of SE parenting interventions (Wight & Fullerton, 2013).

Regarding the effectiveness of parenting programs and interventions in general, there are some characteristics that literature proposes as essential for increasing the chances of success for such a program: being culturally appropriate and having a theoretical basis that is scientifically validated; having

a comprehensive, preventative and long-time-effect orientation; being flexible and accessible; being family-centered and involving communities as well as trained and competent experts; having an adequate timing and duration (Phillips & Shonkoff, 2000).

Another potentially relevant aspect regarding the effectiveness of parental SE programs could be the exploration of more effective ways of educating adults. Hase and Kenyon's (2000) concept of heutagogy centers on self-determined learning and on learning as a result of learners' experiences. Literature suggests that this approach on adult learning, as an active and pro-active process, is particularly suited for developing skills and accessing information in the current global digital-and-technical-media-dependent age (Blaschke, 2012).

Also, if SE programs are addressed to groups of parents, their success might be affected by the group processes and dynamics. Adults in learning groups might interact with and impact others in the group and the evolution of the group might be affected by their common educational goals but also by individually-specific or by hidden goals. Nevertheless, groups usually facilitate access to a wider knowledge repertoire and provide chances for normalization of experience and for support to/from others (Connolly, 2008).

Sexuality education parenting programs in Romania

Given the lack of scientific literature exploring parental SE programs (or SE programs in general) in Romania it is difficult to analyze the specificity and effectiveness of these programs, if and as they exist. It is the purpose of an extended project, comprising also this study, to undertake the task of closing this specific knowledge gap and to identify and examine possible relevant factors contributing to the effectiveness of parental SE programs in Romania.

Our study is interested in young people aged 10 to 14 years and their parents for reasons that are of a more general nature but also for more specific ones, such as: it is an age at which the majority of children in the world are going through pubertal changes or are witnessing them in their peers; it is an age by which the majority of children in the world have been exposed to a considerable amount of sex-related information and situations; it is an age at which SE should be available for every person (given UNESCO's recommendations); it is an age by which a certain percentage of young people in the world have already started being sexually active (UNESCO, 2009).

These reasons are accurately applying to Romania as well together with the specific but not unique facts that there are almost no formal SE programs available for young people in Romania, there is no national policy in Romania regarding SE and sexual health for young people, there are no programs training SE teachers and there is considerable lack of public support for SE programs in schools.

Our search returned no results consisting of published or unpublished studies (in Romanian or other language) evaluating a SE program for parents in Romania. Moreover, there are no available studies evaluating SE programs or interventions for children and young people in Romania, formal or informal. There might be individual organizations or professionals offering parents help with providing SE to their children but these interventions remain to be evaluated, if eventually possible, in a scientific manner.

Conclusion

In conclusion, there are a multitude of factors and processes (e.g., socio-economic, genetic, psychological, educational, explicit and implicit, intra- and inter-individual, direct and indirect) which might influence the outcome of a parental SE program. Scientific literature indicates that a multidisciplinary perspective might be the most appropriate in approaching such a complex theoretical and practical endeavour. All the more so given the fact that many programs are being concerned with primary effects (e.g., sexual health-related outcomes for young people) as well as with secondary ones (e.g., for parents and family relationships) and these could be best understood by using complementary models from various domains (e.g., developmental psychology, health psychology, educational psychology). However, systematic analyses of SE programs with parental components, such as the one performed by Wight and Fullerton (2013), are instrumental in identifying the factors related to the effectiveness of the programs on the sexual behaviors of the young persons and of their parents who are open to education (both formal and informal). The present project wishes to be a contribution in this regard, especially when referring to Romania, where no scientific literature on parental SE programs is yet available. There are though several questionnaires on sexuality-related knowledge and attitudes of young people, which are currently being used in

Romania and which might provide valuable information on the role of parents as sexual educators.

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