

Interventions aimed at parents and kids boost safe sex practices

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Many parents are reluctant to talk with their kids about sex. But a new study shows that interventions involving parents and children lead to safer sexual practices—and do not make adolescents more likely to engage in sexual activity.

"People have been studying parent-based sexual health interventions for decades, and we wanted to know how effective they are; as well as whether there are specific features of these interventions that make them more effective," says Laura Widman, first author of a paper on the work and an assistant professor of psychology at North Carolina State University.

Parent-based interventions are programs aimed at working with parents, and often their children, to address issues such as communicating about sex, providing sexual health information, and encouraging safer sex behavior.

The new study was a meta-analysis of 31 randomized controlled trials, involving 12,464 adolescents between the ages of 9 and 18, with a mean age of just over 12 years. Twenty-nine of the studies were longitudinal, 16 of which had follow-up periods of more than a year.

One of the strongest effects the [meta-analysis](#) identified was an increase in condom use by adolescents whose parents took part in an intervention, compared to adolescents whose parents didn't participate in an intervention. And the study found that there were several features that increased the size of that effect.

Specifically: interventions that focused on adolescents aged 14 or younger had a stronger effect than interventions aimed at older adolescents; interventions that were targeted to Black or Hispanic youth had a stronger effect on those youth than interventions that were not culturally specific; interventions that targeted

parents and adolescents equally, rather than focusing primarily on either audience, were more effective; and programs that lasted for 10 hours or more were more effective than shorter interventions.

"These are variables that make sense intuitively: reaching kids when they're younger and, often, more willing to listen; involving both parents and adolescents; spending more time on the subject matter—none of those are particularly surprising," Widman says. "However, it's good to see that the data bears this out."

Another interesting finding was that interventions did not affect the age at which adolescents became sexually active.

"In other words, the kids who were taught about sexual health did not become sexually active any earlier than kids who were not part of the interventions—but kids who were part of the interventions were more likely to use condoms when they did become sexually active," Widman says.

"This highlights the value of parent-based interventions, and makes clear that certain features are especially valuable when developing interventions," says Reina Evans, a Ph.D. student at NC State and co-author of the study.

The researchers also noted some areas that may be worth exploring for future intervention research.

"For example, we found only one intervention that targeted fathers, and it worked very well," Widman says. "Similarly, there was only one [intervention](#) aimed specifically at parents of sons, which also worked very well. This suggests that it may be worthwhile to pursue broader efforts to assess the effectiveness of gender-specific interventions for [parents](#) and adolescents."

"What's more, we found that there is a dearth of information on the effectiveness of online interventions. That's definitely an area ripe for future study."

More information: "Parent-based interventions to improve adolescent sexual health: A meta-analysis," *JAMA Pediatrics* (2019). DOI: [10.1001/jamapediatrics.2019.2324](https://doi.org/10.1001/jamapediatrics.2019.2324)

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