

A Worksite Parenting Program That Works

Parents can play a unique role in promoting their children’s healthy sexual development. Adolescents who talk with their parents about sex are more likely to initiate intercourse later, use contraception, and have fewer sexual partners. But many parents find it hard to have such discussions, feeling embarrassed, uninformed, or unsure of where to begin. Programs that promote parent-child communication can help to overcome barriers. But how can such programs be made readily accessible to parents who are juggling work and family? The answer: Take the program to parents where they work.

Talking Parents, Healthy Teens is a theory-based worksite program designed by researchers at the RAND Corporation and the University of California at Los Angeles to help parents become more skilled at communicating with their adolescents about sexual health. A rigorous evaluation of the program showed that it has substantial positive effects on parent-child communication that were sustained even after the program ended.

Feasibility and Content of a Worksite Parenting Program

Since 84 percent of parents of 12–17-year-olds are employed, the worksite seemed a promising location for a program focused on adolescent health. However, such a program would address sensitive issues, and it was unclear how parents, adolescents, and employers would react.

To determine the feasibility and content of the program, RAND conducted focus groups with about 30 parents and 40 adolescents and interviewed executives at seven worksites ranging in size from 125 to 4,000 employees. Discussion topics included parents’ experiences talking with their adolescents about sensitive issues and their feelings about their child’s sexuality; teenagers’ communication with parents and teachers about such issues as dating, sex, and substance use; topics that parents and teenagers wanted the program to include; and employers’ reactions to

Key findings:

- A worksite-based parenting program improves communication between parents and their adolescents on sexual topics.
- Parents and adolescents in the program reported discussing significantly more new sexual topics, as well as more previously discussed topics.
- Compared with nonparticipating counterparts, more adolescents in the program reported receiving instructions from their parents about condom use.
- For program participants, improvement in communication actually increased after the program ended.
- The program appears to have changed the basic dynamics of parent-adolescent communication.

a worksite program to promote healthy adolescent sexual development.

Parents, employers, and adolescents were enthusiastic about a worksite-based program. Parents wanted the program to help them communicate more effectively with their children; to provide information on specific topics, such as sexual behavior, contraception, sexually transmitted diseases (STDs), and abstinence; and to help them teach their adolescents morals and values. Employers anticipated potential benefits (better employee morale), although they noted some privacy concerns. Teenagers wanted the program to help parents listen to and understand them; to avoid making assumptions about teenagers’ behavior; and to provide specific information on sexual issues, such as how to use condoms. The worksite parenting program that RAND

This product is part of the RAND Corporation research brief series. RAND research briefs present policy-oriented summaries of published, peer-reviewed documents.

Corporate Headquarters
 1776 Main Street
 P.O. Box 2138
 Santa Monica, California
 90407-2138
 TEL 310.393.0411
 FAX 310.393.4818

© RAND 2011

designed and evaluated reflected these views. The sidebar lists the sex-related discussion topics included in the program.

Evaluation of Talking Parents, Healthy Teens

The worksite-based program provides eight weekly one-hour sessions during the lunch break to groups of about 15 parents who have children ages 11–16; the program provides free lunch as an incentive for parents to participate and to reduce late arrivals. The curriculum includes discussions about sex-related issues, role-plays, and videotaped examples to teach parents how to start a conversation about sensitive topics; hints to help parents really hear what their child is saying and understand what he or she is feeling; and home assignments and material to strengthen parents' bonds with their children and enable review of program content.

The program was evaluated in a randomized controlled trial that included 569 parents and 683 adolescent children and was conducted in 13 large for-profit and nonprofit worksites in Southern California. The adolescents filled out surveys but did not participate in the program sessions. The evaluation examined how the program affected the number of sex-related topics that parents discussed with their children, the ease with which parents and children communicated about sexual topics, and the openness of that communication. Adolescents were also asked whether a parent had discussed with them how to use a condom. Both parents and adolescents completed a baseline survey before the program began and follow-up surveys one week, three months, and nine months after the program ended.

New topics discussed. Both parents and adolescents participating in the program reported discussion of significantly more new topics than occurred in the control groups, and the differences between intervention and control participants persisted at a similar level and significance three and nine months after the program. The differences were substantial. For example, 38 percent of parents in the program reported discussing seven or more new topics, compared with 8 percent among control parents; adolescent reports were similar.

Expanding the range of topics that parents and adolescents discuss could be instrumental in helping parents educate their adolescents about sexuality in a timely fashion. Analysis of reports from a subset of parents and adolescents in the program found that more than 40 percent of adolescents have intercourse before they have any discussion with their parents about STDs, condom use, a partner's refusal to use condoms, or birth control.

Repeated topics. On average, intervention parents and adolescents also repeated more previously discussed topics. Surprisingly, subsequent follow-up surveys showed that the differences between program participants and controls grew over time.

Sex-Related Discussion Topics Included in the Talking Parents, Healthy Teens Program

How girls' bodies change physically as they grow up
How boys' bodies change physically as they grow up
Menstruation (having menstrual periods)
Wet dreams (parents and boys only)
How women get pregnant and have babies
Masturbation (parents only)
What qualities are important in choosing close friends
How to ask someone out on a date
How [you/your child] will make decisions about whether or not to have sex
What it feels like to have sex
Homosexuality/people being gay
Consequences of getting pregnant/getting someone pregnant
How well birth control can prevent pregnancy
How well condoms can prevent STDs
How to choose a method of birth control
How to use a condom
How people can prevent getting STDs
Symptoms of STDs
What to do if a partner doesn't want to use a condom
The importance of not pressurizing other people to have sex
Reasons why people like to have sex
Reasons why [you/your child] should not have sex
How [you/your child] will know if [you/he/she] is in love
How to say no if someone wants to have sex and [you/your child] [don't/doesn't] want to

Repeated discussion of topics appears to be even more important than discussing more new topics. Additional analyses of data from the evaluation showed that adolescents whose sexual conversations with parents included greater repetition of topics felt closer to their parents and viewed both their general ability to communicate with their parents and their ability to communicate on sexual topics as better, compared with adolescents who had conversations over a broader range of topics.

Teaching condom use. More adolescents in the program reported just after the program ended that they received instructions from their parents about condom use, compared with adolescents in the control group (18 percent versus 3 percent). Again, the differences between program participants and controls grew over time (29 percent versus 5 percent at nine months).

Communication ability. At baseline, parents and adolescents in both groups rated their ability to communicate about sexual topics as “fair.” However, at follow-up surveys, both parents and adolescents in the program viewed their communication as significantly improved, and improvements were sustained over time. Parents and adolescents in the control group did not report any improvement in the follow-up surveys, and adolescents in the control group actually reported a decline in communication ability over the follow-up period.

Openness of communication. Ratings on a scale measuring openness of communication about sexual matters showed patterns similar to those of other outcomes: Parents and adolescents in the program reported significantly higher scores than those in the control groups, and for the adolescents, the difference between the two groups was greater at each follow-up.

The Program’s Longer-Term Payoff

Talking Parents, Healthy Teens is a worksite-based parenting program that really improves communication. Parents and adolescents in the program reported significant immediate improvements on multiple dimensions, including the number and frequency of sexual topics discussed and perceptions of their ability to communicate with each other on sensitive issues. These improvements not only endured over time but actually increased. The program appears to have achieved the remarkable effect of changing the basic dynamics of parent-adolescent communication. ■

This research highlight summarizes RAND Health research reported in the following publications:

Beckett MK, Elliott MN, Martino S, Kanouse DE, Corona R, Klein DJ, and Schuster MA, “Timing of Parent and Child Communication About Sexuality Relative to Children’s Sexual Behaviors,” *Pediatrics*, Vol. 125, No. 1, January 1, 2010, pp. 34–42 (EP-201000-69, http://www.rand.org/pubs/external_publications/EP20100069.html).

Eastman KL, Corona R, Ryan GW, Warsofsky AL, and Schuster MA, “Worksite-Based Parenting Programs to Promote Healthy Adolescent Sexual Development: A Qualitative Study of Feasibility and Potential Content,” *Perspectives on Sexual and Reproductive Health*, Vol. 37, No. 2, June 2005, pp. 62–69 (EP-200506-08, http://www.rand.org/pubs/external_publications/EP20050608.html).

Eastman KL, Corona R, and Schuster MA, “Talking Parents, Healthy Teens: A Worksite-Based Program for Parents to Promote Adolescent Sexual Health,” Santa Monica, Calif.: RAND Corporation, RP-1238, 2006 (reprinted from *Preventing Chronic Disease*, Vol. 3, No. 4, October 2006, pp. 1–10; <http://www.rand.org/pubs/reprints/RP1238.html>).

Martino SC, Elliott, MN, Corona R, Kanouse DE, and Schuster MA, “Beyond the ‘Big Talk’: The Roles of Breadth and Repetition in Parent-Adolescent Communication About Sexual Topics,” *Pediatrics*, Vol. 121, No. 3, March 2008, pp. e612–e618 (EP-200803-09, http://www.rand.org/pubs/external_publications/EP20080309.html).

Schuster MA, Corona R, Elliott MN, Kanouse DE, Eastman KL, Zhou AJ, and Klein DJ, “Evaluation of Talking Parents, Healthy Teens, A New Worksite Based Parenting Programme to Promote Parent-Adolescent Communication About Sexual Health: Randomised Controlled Trial,” *BMJ: British Medical Journal*, Vol. 337, No. 7664, August 2, 2008, pp. 1–9 (EP-200808-09, http://www.rand.org/pubs/external_publications/EP20080809.html).

Schuster MA, Eastman KL, Fielding JE, Rotheram-Borus MJ, Breslow L, Franzoi LL, and Kanouse DE, “Promoting Adolescent Health: Worksite-Based Interventions with Parents of Adolescents,” Santa Monica, Calif.: RAND Corporation, RP-943, 2001 (reprinted from *Journal of Public Health Management and Practice*, Vol. 7, No. 2, 2001, pp. 41–52; <http://www.rand.org/pubs/reprints/RP943.html>).

Abstracts of all RAND Health publications and full text of many research documents can be found on the RAND Health website at www.rand.org/health. This research highlight was written by Mary E. Vaiana. The RAND Corporation is a nonprofit institution that helps improve policy and decisionmaking through research and analysis. RAND's publications do not necessarily reflect the opinions of its research clients and sponsors. **RAND**® is a registered trademark.

RAND Offices

Santa Monica, CA • Washington, DC • Pittsburgh, PA • New Orleans, LA/Jackson, MS • Boston, MA • Doha, QA • Abu Dhabi, AE • Cambridge, UK • Brussels, BE



HEALTH

- CHILDREN AND FAMILIES
- EDUCATION AND THE ARTS
- ENERGY AND ENVIRONMENT
- HEALTH AND HEALTH CARE
- INFRASTRUCTURE AND TRANSPORTATION
- INTERNATIONAL AFFAIRS
- LAW AND BUSINESS
- NATIONAL SECURITY
- POPULATION AND AGING
- PUBLIC SAFETY
- SCIENCE AND TECHNOLOGY
- TERRORISM AND HOMELAND SECURITY

The RAND Corporation is a nonprofit institution that helps improve policy and decisionmaking through research and analysis.

This electronic document was made available from www.rand.org as a public service of the RAND Corporation.

Support RAND

[Browse Reports & Bookstore](#)

[Make a charitable contribution](#)

For More Information

Visit RAND at www.rand.org

Explore [RAND Health](#)

View [document details](#)

Research Brief

This product is part of the RAND Corporation research brief series. RAND research briefs present policy-oriented summaries of individual published, peer-reviewed documents or of a body of published work.

Limited Electronic Distribution Rights

This document and trademark(s) contained herein are protected by law as indicated in a notice appearing later in this work. This electronic representation of RAND intellectual property is provided for non-commercial use only. Unauthorized posting of RAND electronic documents to a non-RAND website is prohibited. RAND electronic documents are protected under copyright law. Permission is required from RAND to reproduce, or reuse in another form, any of our research documents for commercial use. For information on reprint and linking permissions, please see [RAND Permissions](#).