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 Worksie 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 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
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.

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.

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**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
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:


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