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At the beginning of the 21st century Sex and Relationship Education (SRE) guidance (DfEE, 2000) was introduced in England, Scotland and Wales providing the pathway for teaching comprehensive sex education in Britain. The government document encouraged schools to take a coordinated approach to teaching SRE with the involvement of sexual-health workers, health professionals and more importantly, parents.

In my experience, as an SRE Development Coordinator and SRE Consultant, some schools used the sexual health resources available to support in their individual approach to teaching sex education. However, parents are often not included in the SRE that is provided to their children. This was highlighted in my PhD research revealing that 100% of parents (N=24) who participated in the research had never seen the SRE policy for the school their child(ren) attended, nor were they told by schools as to what sex education was delivered, and when. Although this is in contrast to how SRE should be taught, based on government guidance, the important role of parents in teaching sex education has been well documented through the research I have undertaken with colleagues at Teesside University (Turnbull, van Schaik & van Wersch, 2011a; 2011b; Turnbull, van Wersch...
Parental involvement

Recent inspections by the Office for Standards in Education, Children Service and Skills (Ofsted) support my findings to suggest that the sex education provided in some schools is not enough and more involvement of parents is needed (Ofsted, 2010). However, where do we go from here and what more needs to be done to ensure children and teenagers receive the SRE that they so rightly deserve?

Initially, SRE needs to be taught using a structured and consistent approach in schools, regardless of faith. My research found that, regardless of religious beliefs, parents wanted better SRE to be given to their children, including the teaching of contraception and information on pregnancy and sexually transmitted infections (Turnbull et al. 2011a; 2011b; Turnbull et al. 2010). Children also expressed dissatisfaction in that they felt “teachers do not always explain things properly” (Turnbull et al. 2011b), which is why children preferred to talk to their parents about sexual matters. However, it was found that communication would be greatly increased if a) parents had the sexual knowledge to teach their children; b) if parents and their children spent time together as a family; c) if children respected and trusted their parents and d) if children perceived their parents to be a role model.

Conversations about sexual matters also arose through media content and through parents asking their children what SRE had been taught at school. However, because parents were not informed of the SRE content by schools they felt they were not prepared with the necessary knowledge to educate their children. Taking into consideration the views and wishes of parents and their children, I believe that the way forward when teaching SRE within schools is to a) have specialist teachers to teach effective SRE who do not become embarrassed or hesitant when discussing sexual topics; b) SRE needs to be aimed at the individual needs of boys and girls, and c) it is fundamental that parents are included in the SRE that is given to their children.

Parent programmes

Although parents can help instil attitudes, beliefs and values upon their children, they also have a key role to play in determining their children’s development, growth and health (Turnbull et al. 2008). This occurs through children mimicking their parents and via communication within families. Research suggests parents demur from discussing sexual matters with their children (Gabb, 2004; Jordan, Price & Fitzgerald, 2000), especially sexuality (Goldman and Bradley, 2004; Kirkman, 2003; Lehr, Demi, Dilorio, & Facteau, 2005). However, my research found that parents do talk to their children about sexual matters, and vice versa. Parents felt that they did not always have the most up-to-date knowledge to teach their children. To address this issue, parents welcomed the opportunity for parents programmes that taught about sexual matters so they could then in turn teach their children and communicate more openly within the family context (Turnbull et al. 2011a; 2011b, 2010a; 2010b). My research demonstrated that this can be done by using computers with SRE content to increase knowledge. For example it was found that by using a computer programme, that was specific to providing SRE facts, the knowledge of both parents and their children increased, which subsequently led to sexual matters being discussed more openly within families. Designed correctly this approach to teaching sex education can act as a firm basis for solving the problems that exist in the current climate when teaching sex education.

Increasing sexual knowledge

I am consulting with the Durex Network to increase sexual knowledge in families and
inturn educate young people in a bid to prevent, or at least reduce unplanned pregnancies and sexually transmitted infections.

Over the past 5 years, the Durex Network’s research activity has used statistical analysis to explore global sexual health issues, including the predictors of unprotected sex, the factors influencing condom use at first sex and the variables affecting perceived need for further sex education. Findings have provided new direction for further research on sexual health, including the involvement of parents in the sexual education of young people. For example, the ‘2008 Face of Global Sex’ report explored the effectiveness of sex education. It found that parents and guardians are the most effective source of knowledge to help young people go on to achieve higher levels of sexual confidence.

**Effective sex education**

Criticisms exist surrounding the SRE given to children but more attention needs to be paid to research about parents’ understanding of sex education and why they do not address this topic. There are no clear indications of what, if any, cultural, educational, social, demographic, and economic obstacles exist. It is therefore important to address these issues as a means of achieving a structured and coordinated approach to providing effective sex education to children.

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**References**


