



Research Summary: The importance of parental communication in supporting children's and young people's relationship and sexuality development

November 2022

For those in parental roles and those working with young people

About this booklet

This Research Summary has been developed by the Health Service Executive's (HSE) Sexual Health and Crisis Pregnancy Programme (SHCPP), [Health and Wellbeing](#). The Summary is part of a [series](#) designed to ensure that research findings are available in a short and easy-to-read format, which can inform decision-making and influence policy and practice.

This Summary is intended to support those in parental roles to initiate meaningful, useful and age-appropriate conversations with children and young people on relationships and sexuality¹. It presents up-to-date, factual and high-quality research on the importance of parental-child communication in supporting children's and young people's relationship and sexuality development. It describes the importance of these conversations, outlines challenges to communication, explores ways of overcoming these, and sets out how the SHCPP and key partners are developing resources and supports for parents, and those working with parents and young people.

Those in parental roles are the first educators of their children and can help shape how they learn about love, relationships, sexuality, sex and sexual health. Parents play a very big role in the development of their children's values, beliefs, attitudes and expectations and can influence their children's future decision-making and behaviours. They help children navigate their social world, impart necessary and factual information, and can help them develop the necessary skills to build respectful and supportive relationships throughout their lives.

¹ In this document, the terms 'parents' and 'those in parental roles' are used interchangeably. The usage of both terms is informed by Tusla's [definition](#) of the word 'parent' which refers to mothers, fathers, grandparents, stepmothers, stepfathers, carers and those adults with responsibility for caring for a child or young person including, but not limited to, those with responsibilities for children in residential care.



Key Messages:

- Young people exist in complex social environments and have access to many sources of information and messaging on relationships and sexuality.
- Parents are their children's earliest educators and often their most influential relationship in the early years of childhood and adolescence.
- Parents can help children develop a healthy sense of their own sexuality and ways to express it appropriately at different developmental stages.
- Those in parental roles can help protect their children from misleading or harmful information by giving them the skills to become critical consumers of information.
- Good conversations can mean young people make better sexual health decisions later in life, such as delaying when they decide to first have sex, and to practise safe sex when they do start.
- Parents face challenges such as embarrassment, fear or concern that they lack the appropriate skills or information to communicate effectively.
- Gender can also be a barrier to conversations, with fathers less likely to engage in discussions.
- Schools and youth work settings can build upon parents' work by providing young people with additional information and wider perspectives.
- The SHCPP resources support parents and those in parental roles to feel confident, comfortable, and knowledgeable enough to have ongoing conversations with their children.
- The SHCPP collaborates with key partners to provide reliable, evidence-informed resources and training programmes for those in parental roles, teachers, and youth workers.



1. Sexual health information sources

Children and young people live in complex, richly social environments and are exposed to many direct and indirect messages about relationships and sexuality. Friends, family, peers, teachers, health professionals, television, film, radio, gaming, advertising, and social media communicate stories, facts, information, and sometimes misinformation, on relationships and sexuality. Communities, cultures and religions also affect sexual health information and messaging, and the ways they are conveyed to children and young people. Societal forces affect how young people engage with and absorb this information, and how they pass on what they learn to others.

Children and young people have complex individual relationships, and in their early years the most significant relationship is likely to be the one they have with parents. Parents have a unique opportunity to help their children make sense of the many direct and indirect messages, stories and information, and to help their children develop their own healthy sense of sexuality.

How children and young people engage with information is not static and changes as they age. A large Irish survey found 13-year-olds rely on parents and family as their main source of information on sexuality and relationships (1). This reliance likely develops at a young age. By the time they reached 17 years of age they depended on friends, rather than parents, as their main information source. At 13, only 7% of young people relied on media as their main source of sexual health information, but by 17 years this had increased to 20% (1).

The relationship, community and social pathways through which children and young people receive sexual health information shifts and changes as they age. Understanding that this is a dynamic process can help parents adjust their discussions accordingly.

2. The importance of parent-child communication

Parents and carers know their children best

Parents and carers are their children's first educators and know their children best. Children first learn about relationships in the home, often through direct observation of familial interactions, how parents themselves relate and talk to each other and those they have close relationships with. The relationship between parents and their children can be one of the most meaningful and influential in a young person's life. Where parents can offer continual support, healthcare professionals or educators might have only brief or episodic contact with a young person.

The fact that most 13-year-olds rely on their parents as their main source of information on relationships and sexuality shows the importance of these conversations and presents a unique opportunity for parents to provide factual and age-appropriate information. Parents can give individualised support to their children where they can match the content and tone of their discussions to account for their children's age, stage of development and their wider social environment.

Good communication can enable affection, build self-esteem, and help create an environment of support for the young person (2).



Parents can counter misinformation

Poor sexual health and relationship communication can be damaging. Sexual health messages that are factually incorrect, contradictory, or biased can lead young people to make poor health choices.

The accuracy and tone of the sexual health information young people receive through their friendship, community and societal networks affects their knowledge, attitudes, values, and sexual health behaviours. In a social world where there can be competing and rapidly changing information sources, parents can help counteract misleading information by helping their children develop critical appraisal skills to question the information they receive as they age through adolescence into young adulthood. Critical appraisal skills help children examine the information they are presented with in order to make their own judgement on its value and relevance, and to come to their own informed decision on its trustworthiness.

Parents can't in all cases prevent their children accessing or consuming certain forms of information such as what they see on television, what they consume online and through social media, or the information they receive from their friends and peers, and this becomes more difficult as they age through adolescence. Parents can help their children develop the skills to become critical consumers of information, enabling the development of skills which can help them contextualise and critique possibly harmful or misleading information.

Early parental conversations can become the benchmark against which young people later measure and assess the sexual health and relationship information they receive from other sources, and can help shape their future behaviour (3). In one real-world example, young women whose mothers had discussed contraceptive options were less likely to experience unplanned teenage pregnancy and sexually transmitted infections (4).

Parental communication has future health benefits

Families that have close parent-child relationships are more likely to talk about relationships and sexuality topics (1). Evidence from mother-daughter relationships showed that communication tends to be most effective if it occurs in the context of empathetic, open and warm parent-child relationships (1). These conversations help young people make healthier sexual choices later in life, for example when it comes to deciding when to have sex for the first time, and whether to use contraception and methods to protect themselves from sexually transmitted infections (STIs) when they do have sex.

The evidence shows good parent-child communication can:

Delay first sexual intercourse	Young people reporting good communication with their parents are less likely to have had sexual intercourse than those who reported poorer communication (5).
Lead to safer first sexual intercourse	Young people whose parents started conversations before 13 years of age were more likely to use contraception when they first had sex (1).
Lead to safer on-going sexual health decisions	More parental communication can lead to increased contraceptive and condom use amongst teenagers (6); similarly, if a young person said their parent was their main source of information on sexual health topics they were less likely to engage in unsafe sex when older (7).



3. Barriers to parent-child communication

There are challenges to good parent-child communication on relationships and sexuality.

Parents can express complicated feelings when it comes to talking to their children about their bodies, relationships and sexuality. In Ireland, parents have reported (8):

- Not wanting to frighten children about their changing bodies.
- Worry about their children passing information to others whose parents might not have yet started these conversations.
- Concern about altering how children view their parents once they learn about sexual intimacy.
- Fear of compromising their children's innocence.
- Other issues include embarrassment, lack of knowledge, gender roles and cultural barriers, which are outlined in more detail in the sections below.

Embarrassment and lack of knowledge

Parents can feel embarrassed when talking to their children (1), feelings that can be picked up by children leading to their own sense of embarrassment, for example teenagers may resist their parents' efforts to talk to them about these issues, claiming they already know all they need to know (9). Good communication in the early years can lay a foundation that can build trust and ease between parents and children that can help counter this resistance in the teenage years (10).

Recent Irish research found parents of children aged four to nine often felt a lot of self-doubt about how to communicate and described, 'winging it', 'faltering' or 'fumbling through' these conversations, while also being highly motivated to develop greater openness with their children and instil a culture of conversation around the body, relationships and sexuality (11).

Parents can feel they lack the right knowledge or skills and can fear their children will assume that by having these conversations they are being given permission to engage in sexual activities. However, children can also worry that by asking questions their parents will suspect they are already sexually active (11).

The role of gender

The gender of the parent and young person can affect the sense of comfort and ease of discussions (8, 12). Traditionally, mothers often talked to daughters about sexual health and relationships, and fathers to their sons, or in some cases mothers were expected to take entire responsibility for these discussions.

Parents have reported that they are often more likely to have these discussions with daughters than their sons. Discussions with girls can be more cautious, more concerned with risk, and more focused on the negative effects of sexual activity, findings which may reflect how some parents may hold more stereotypical



or traditional assumptions about gender roles and behaviours (13). However, young men may be more likely to engage in risk-taking behaviours and may be less likely to seek out sexual health information or access sexual health services (14). It is important that boys' well-being, and that of their future partners, is not neglected by exclusion from these discussions.

Research indicates that Irish fathers may also need additional support in starting and continuing these conversations with their children. Less than 50% of fathers discussed relationships and sexuality with sons or daughters by the time their children had reached age 17. Rural fathers were even less likely to approach these conversations compared to their urban counterparts. Fathers' reservations are not lost on children. Young men in Ireland reported finding it difficult to talk about relationships and sexuality with their fathers (1).

All those in parental roles should feel equipped with the right resources and knowledge to have meaningful conversations, regardless of their or their children's gender.

Cultural barriers

Societal and cultural barriers can affect communication. Communities and families with more traditional values may see conversations about sex as inappropriate, and children and young people may not wish to engage in these conversations out of a sense of respect for their parents. Generational differences can affect communication, where parents and their children may feel disconnected or removed from each other's values and beliefs (11).

A study on the sexual health and sexuality education needs of young people aged 18-22 who left the Irish care system found that in some instances, where birth grandparents were also a young person's foster carer, there was a lack of discussion around sex and a disconnect where young people felt their grandparents were out of touch with the contemporary norms of adolescent sexuality. The teenage years are a sensitive time for all young people when they begin to understand and explore their sexuality, and those in foster care may be more vulnerable to a lack of communication or misinformation. Good quality communication is vital for all children, regardless of their foster status (15).



4. Supporting good quality parental communication

The role of parents

Parents want to support their children navigate the challenges of relationship and sexuality development, and want to create an open culture of communication in the home (8). Young people also want to talk to their parents about these issues (1). When those in parental roles are equipped to overcome barriers, they can make a difference in their children’s lives. Given the right support they can and will talk to their children about sexuality.

Young people at age 13 prefer their parents as their main source of information about their own sexuality, and so discussions on the topic should begin early and should be adapted to the age of the child, their understanding, family values, customs and the local culture within which they live. If a child is co-parented, both parents should be involved in preparing young people to understand the physiological, psychological and social components of their sexuality and sexual health.

Some concrete tips for those in parental roles on improving communication include (3):

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Education resources can support these conversations, like the ‘Making the ‘Big Talk’ many small talks’ from the HSE SHCPP (see Appendix)
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Parents should consider their own values and what is important to communicate
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A common language can be established when talking about relationships and sexuality, for example parents can decide to use the correct names for genitals from the start, along with the creation of conversational ground rules to foster a non-judgemental atmosphere such as encouraging children to be curious, to ask questions and to discuss many subjects and topics, such as death and birth, which, like sexuality, may have been traditionally viewed as taboo or subjects parents chose not to discuss with their children
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Parents should be clear and candid, and admit when they do not know the answer. Parents can work with the young person to find answers. It is okay to say, ‘I don’t know’
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Parents should pay attention to what their children are seeing and hearing in the media (television, movies, video games, social media, music, etc.) and should establish and openly monitor ground rules regarding social media and internet use.



The role of schools

In Ireland, Relationships and Sexuality Education (RSE) is taught in schools. It aims to develop skills, to cultivate healthy relationships, support young people to understand and express their sexuality in healthy ways, and includes topics related to sexual activity in the older years. The quality and quantity of RSE delivery can vary by school and the curriculum is being revised and updated to support consistent approaches.

Irish students believe RSE should be taught from a young age (16). Parents view schools as trusted sources and will often take their cue from the school regarding when and what to communicate with their children (8). Schools and youth work settings can build on the work in the home by providing additional information and offering young people opportunities to explore wider perspectives.

The role of the Sexual Health and Crisis Pregnancy Programme

The SHCPP aims to support those in parental roles to feel sufficiently confident, comfortable, and knowledgeable to have on-going conversations with their children. To achieve this, the SHCPP collaborates with key partners to develop resources and training programmes for parents. The information contained in these resources is appropriate for a range of ages, as specified by each resource. However, parents know their own child's needs and stage of development and are generally best placed to make decisions as to what is appropriate.

The SHCPP also collaborates with key partners to support professionals who work with children and young people to enhance their skills and knowledge for delivering RSE. A range of resources and training programmes developed and delivered by the SHCPP and our partners are available to professionals.



Appendix 1

About the HSE Sexual Health & Crisis Pregnancy Programme (SHCPP)

The SHCPP is a Policy Priority Programme in Health and Wellbeing, Strategy and Research, under the directorship of Healthcare Strategy in the HSE, and it is responsible for implementing the National Sexual Health Strategy 2015–2020. The aims of the national Strategy are to improve sexual health and wellbeing and to reduce negative sexual health outcomes among the Irish population. <https://www.sexualwellbeing.ie/about/corporate-publications/national-sexual-health-strategy/national-sexual-health-strategy.pdf>

The SHCPP and our partners offer a range of resources for young people, their parents, teachers and youth-workers. These resources include websites, booklets and publications, and training courses, to support young people through issues they may be facing and to protect themselves and their partners.

Helpful websites

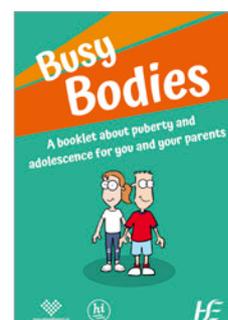
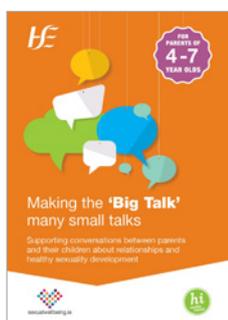
- www.sexualwellbeing.ie is the HSE SHCPP’s sexual health website and provides comprehensive information on sexual health and wellbeing, including information on STI prevention and treatment options, sexual consent information, contraception choices as well as a section with information for parents.
- www.Mychild.ie is the HSE site for parents of children 0-5 years old. It has a range of information and supports on all aspects of early development, including health sexuality development
- www.spunout.ie is a youth issues website for young people aged 16-25, which includes comprehensive sexual health and relationships information and links, in addition to wider resources.

Resources for parents, teachers and other professionals

The SHCPP has developed a range of resources for parents, carers and professionals to support them in their conversations about sex and relationships with young people.

The booklets below are available in English and Irish to download from www.sexualwellbeing.ie and from www.healthpromotion.ie. They can also be ordered; free of charge in hard copy from www.healthpromotion.ie. (verified professionals can order bulk copies for their service users).

- Making the ‘Big Talk’ many small talks: 4-7 year olds (for parents)
- Making the ‘Big Talk’ many small talks: 8-12 year olds (for parents)
- Making the ‘Big Talk’ many small talks: Healthy Ireland Library Collection (for parents)
- Making the ‘Big Talk’ many small talks: 13-18-year-olds (for parents)
- Busy Bodies – a booklet for children on the topics of puberty and adolescence
- [Healthy sexuality and relationship development: The education and support needs of children and young people in care](#) - This sexuality and relationship development resource has been developed by Tusla for foster parents and practitioners who work with children and young people in care. Content is also relevant to professionals working with other groups of young people.





Training for parents, carers and, professionals who work with young people

The SHCPP works with partners across the HSE, professional bodies and NGOs to provide training programmes to enable them to support young people.

Parents and carers

- [Parenting: Supporting your child to build healthy friendships and relationships](#) – This online course, run by the National Parents Council Primary, aims to help parents or guardians in their role in supporting their children to have healthy friendships and relationships at home and in their personal lives*.
- [Speakeasy Programme](#) – Speakeasy is the Irish Family Planning Association's (IFPA) eight-week programme designed to provide parents with the information, skills and confidence needed to talk to their children about relationships, sexuality and keeping safe. Youth workers are also eligible to participate.*
- [Speakeasy Plus](#) – The IFPA's six- to eight-week programme designed to provide parents, guardians and carers of a child with a physical or intellectual disability or with extra support needs with the skills, knowledge and confidence needed to talk to their child openly about relationships, sexuality and keeping safe.*

Professionals

- [Foundation Programme in Sexual Health Promotion](#) – This HSE course aims to build the capacity of health, education, youth and community professionals to incorporate sexual health promotion into their core work. It provides a safe and engaging environment in which participants can develop their confidence, knowledge and skills in relation to sexual health.
- [REAL U \(Relationships Explored and Life Uncovered\)](#) – REAL U facilitator training is Foróige's interactive 2-day training course on the delivery of their Real U Programme for young people.*
- The National Youth Council of Ireland provides a number of relationship and sexuality courses for youth workers.*

See [here](#) for up-to-date information on courses *

*The HSE SHCPP funds and supports the IFPA, the NYCI, the National Parents' Council – Primary, and Foróige to deliver the above RSE training.

Information on contraceptive choices and STIs

The HSE SHCPP has produced an information leaflet outlining a range of contraceptive choices available to prevent unplanned pregnancy.

- [What You Need To Know About Contraception](#) – A Plain English guide to the main types of contraception available in Ireland.

Information on contraception choices is also available [here](#).

Information on what to do if you think you have an STI, STI testing, how to prevent STIs, types of STIs and their treatment is available on the SHCPP website [here](#).

HSE SHCPP Research

The SHCPP commissions and supports research of relevance to the National Sexual Health Strategy. The full research reports and more research summaries are available online for download at <https://www.sexualwellbeing.ie/for-professionals/research/>

This Summary is accessible on <https://www.sexualwellbeing.ie/for-professionals/research/research-reports/>



References

1. Nolan, A. & Smyth, E. (2020). Talking about Sex and Sexual Behaviour of Young People in Ireland. Dublin: Economic and Social Research Institute. <https://www.sexualwellbeing.ie/for-professionals/research/research-reports/talking-about-sex-and-sexual-behaviour-of-young-people-in-ireland.pdf>
2. Horstman, H.K., Hays, A. & Maliski, R. (2016). Parent–child interaction. Oxford: Oxford University Press.
3. Ashcraft, A.M. & Murraray, P.J. (2017). Talking to parents about adolescent sexuality. *Paediatric Clinics of North America*, 64(2), 305–320. <https://doi.org/10.1016%2Fj.pcl.2016.11.002>
4. Pluhar, E.I. & Kuriloff, P. (2004). What really matters in family communication about sexuality? A qualitative analysis of the effect and style among African American mothers and adolescent daughters. *Sex Education*, 4(3), 303–321. <https://doi.org/10.1080/1468181042000243376>
5. Karofsky, P.S., Zeng, L. & Kosorok, M.R. (2001). Relationship between adolescent-parental communication and initiation of first intercourse by adolescents. *Journal of Adolescent Health*, 28(1), 41–45. [https://doi.org/10.1016/S1054-139X\(00\)00156-7](https://doi.org/10.1016/S1054-139X(00)00156-7)
6. Widman, L., Choukas-Bradley, S., Noar, S.M., Nesi, J. & Garrett, K. (2016). Parent-adolescent sexual communication and adolescent safer sex behavior: A meta-analysis. *JAMA Pediatrics*, 170(1), 52–61. <https://doi.org/10.1001/jamapediatrics.2015.2731>
7. MacDowall, W., Jones, K., Tanton, C., Clifton, S., Copas, A.J., Mercer, C.H., et al. (2015). Associations between source of information about sex and sexual health outcomes in Britain: Findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3). *BMJ Open*, 1–10. <http://dx.doi.org/10.1136/bmjopen-2015-007837>
8. Conlon, C. (2018). Supporting Parents Communicating with Children Aged 4–9 Years about Relationships, Sexuality and Growing Up. Dublin: HSE Sexual Health & Crisis Pregnancy Programme. <https://www.sexualwellbeing.ie/for-professionals/research/pdfs/supporting-parents-communicating-with-children-aged-4%E2%80%939-years-about-relationships-sexuality-and-growing-up-research-report.pdf>
9. Hyde, A. et al. (2010) ‘The silent treatment: parents’ narratives of sexuality education with young people’, *Culture, Health & Sexuality*, 12(4), 359–371. <https://doi.org/10.1080/13691050903514455>
10. Conlon, C. & Mannion, A. (2022). ‘Winging it’, ‘Faltering’ and ‘Fumbling through’: Parents Accounts of Sexuality Education at Home in Children’s Early Years. *In Submission*
11. Mullis, M.D., Kastrinos, A., Wollney, E., Taylor, G. & Bylund, C.L. (2021). International barriers to parent-child communication about sexual and reproductive health topics: A qualitative systematic review. *Sex Education*, 21(4), 387–403. <https://doi.org/10.1080/14681811.2020.1807316>
12. Grossman, J.M. & Richer, A.M. (2021). Parents’ perspectives on talk with their adolescent and emerging adult children about sex: A longitudinal analysis. *Sexuality Research and Social Policy*. <https://doi.org/10.1007/s13178-021-00656-w>
13. Goldfarb, E., Lieberman, L., Kwiatkowski, S. & Santos, P. (2015) Silence and censure: A qualitative analysis of young adults’ reflections on communication with parents prior to first sex. *Journal of Family Issues*, 39(1): 28–54 <https://doi.org/10.1177/0192513X15593576>
14. Buston, K. & Wight, D. (2006). The salience and utility of school sex education to young men. *Sex Education*, 6(2), 135–50. <https://doi.org/10.1080/14681810600578818>



15. Hyde, A., Fullerton, D., Dunne, L., Lohan, M. & Macdonald, D. (2016). Sexual health and sexuality education needs assessment of young people in care in Ireland (SENYPIC). The perspectives of care leavers: A qualitative analysis. Dublin: HSE Sexual Health and Crisis Pregnancy Programme. <https://www.sexualwellbeing.ie/for-professionals/research/research-reports/senypic-report-5-final.pdf>
16. National Council for Curriculum and Assessment (2019). Report on the Review of Relationships and Sexuality Education (RSE) in Primary and Post-Primary Schools. Dublin: Department of Education. <https://ncca.ie/media/4462/report-on-the-review-of-relationships-and-sexuality-education-rse-in-primary-and-post-primary-school.pdf>