

## Parental Communication on Sexual Health: An Integrative Review of Educational Content and Topics

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### ARTICLE

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### ABSTRACT

Parents play a pivotal role in the sexual health education of their children; however, the specific content and topics they communicate often vary. This study aimed to examine the educational materials and topics parents convey when providing sexual health education to their children. An integrative review was conducted following the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines and the CoCoPop (Condition, Context, and Population) framework. A systematic search was performed across the Cochrane, Scopus, and EBSCO Medline databases for peer-reviewed journal articles published between 2020 and 2024. Nine articles met the inclusion criteria, consisting of three quantitative, four qualitative, and two mixed-method studies. The findings indicate that the selection of educational topics is highly dependent on parental knowledge, perceived self-efficacy, and the socio-cultural stigmas associated with sex education. The most frequently discussed topics included puberty, safe touching, unintended pregnancy and abortion, premarital sex, contraception, sexually transmitted infections (STIs), reproductive anatomy, and protection from sexual violence. Parental communication regarding sexual health is often selective and influenced by individual and cultural frameworks. There is a manifest need for clear, standardized guidelines on age-appropriate sexual health education that are sensitive to diverse cultural and religious backgrounds to assist parents in providing comprehensive guidance.

#### Key Messages:

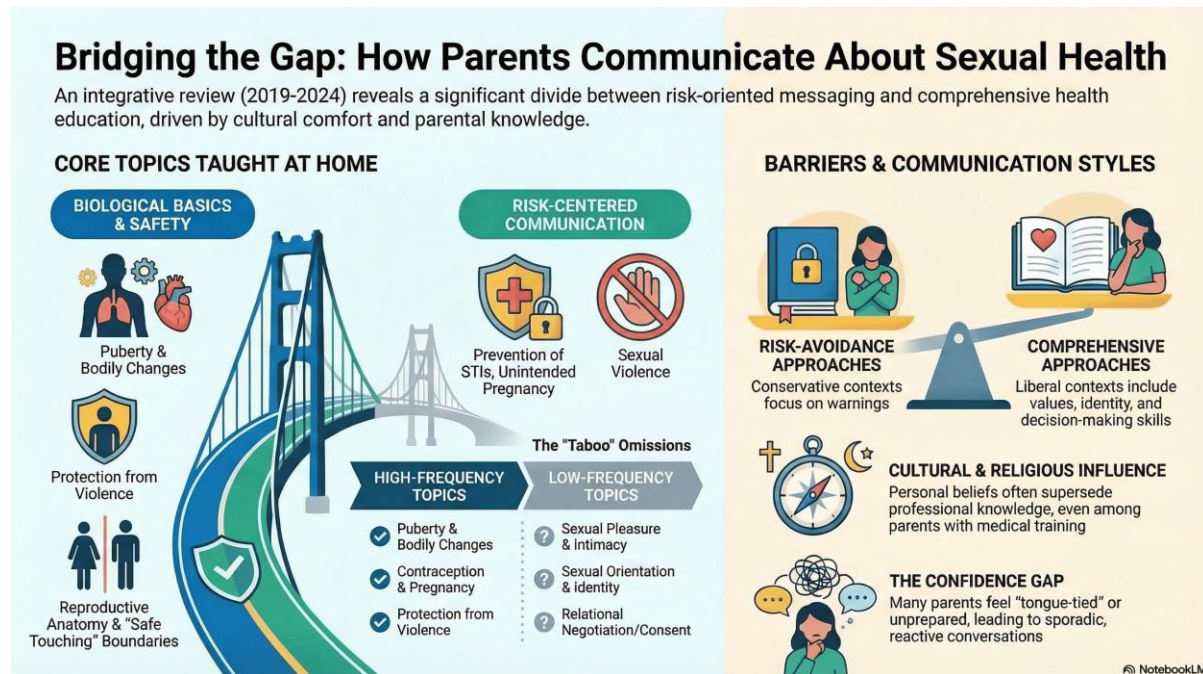
Effective parental communication regarding sexual health is significantly constrained by socio-cultural stigmas and varying levels of self-efficacy, highlighting a critical need for standardized, culturally sensitive educational guidelines to empower parents in delivering comprehensive and age-appropriate information to their children.

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## GRAPHICAL ABSTRACT



## INTRODUCTION

Risky sexual behavior and sexual violence have recently been experienced by children and young adults. Nationally, the incidence of risky sexual behavior can be seen from data from the Indonesian Demographic and Health Survey (2017), which reported that 9,971 women aged 15- 24 were unmarried but had already had sexual intercourse, while 12,612 men aged 15-24 were unmarried but had already had sexual intercourse(1). According to a World Bank report, an estimated 47 out of every 1,000 adolescent girls in Indonesia have given birth. This number exceeds the global average of 43 out of every 1,000(2).

The Indonesian Child Protection Commission (KPAI) released data showing that in 2015 there were 218 cases of sexual violence against children. The following year there were 120 cases, then in 2017, there were 116 cases(3). The Ministry of Social Affairs, the Ministry of Women's Empowerment and Child Protection (KPPPA), the National Development Planning Agency (Bappenas), and the Central Statistics Agency (BPS), with technical support from UNICEF Indonesia and the Center for Disease Control and Prevention (CDC), also conducted a similar survey in March-April 2014 in 25 provinces, with 11,250 respondents aged 13-24 years. The results showed that in 2014 alone, at least 1.5 million adolescents experienced sexual violence. One in 12 boys and one in 19 girls experienced violence(4). Furthermore, research conducted by Oktriyanto and Alfiasari in 34 provinces in Indonesia in 2015 showed that 58.2% of adolescents aged 15-19 had had sexual intercourse(5).

Many studies have proven the link between parental roles and children's sexual behavior. A study by Amayla et al. (2020) found that respondents whose parents played a significant role in providing sexual information and education had very low levels of risky sexual behavior. Utami et al. (2021) revealed that many teenagers engage in maladaptive behavior due to a lack of attention and communication with their parents regarding sexual health issues(6,7).

Furthermore, Rahayu, Noor, Yulidasari, Rahman, and Putri (2017) also conveyed a similar point, namely that families must also be capable and understand child sociology before explaining maladaptive behavior to their children and building a perspective of mutual trust between parents and children. Most adolescents with active sexual behavior often say that they have a bad relationship with their parents (8,9). The results of Mulya et al's (2020) study say that more than half of adolescents have a bad relationship with their parents, namely the absence of psychological control by parents and a lack of supervision and support for self-confidence in adolescents(10).

Not all parents understand their children's need for sex education. Parents are nervous and tongue-

tied when it comes to providing sex education to their children, compounded by the influence of a culture that considers sexuality a taboo subject that should not be discussed with children within the family.

Many factors influence parents in providing sexual health education to their children. Most mothers believe that sexual and reproductive health information is important for their children, but they are hesitant to convey or discuss these issues. People report feeling unprepared, uncomfortable, and unsure about discussing sexuality and sexual health with their teenagers(11).

Noorman et al. (2023) state that parents sometimes avoid conversations about sexual issues with their children when they feel uncomfortable communicating about certain topics and feel that they lack knowledge and skills(12). This is in line with the research by Astle et al. (2022), which states that parents tend not to discuss topics such as orgasm, sexual pleasure, masturbation, ejaculation, sexual behaviors other than vaginal-penile intercourse (e.g., oral sex, anal sex), and how to advocate for sexual desires and needs in a relationship(13). This statement differs slightly from the research by Bennet & Harden (2019), which found that all fathers realised they needed to talk to their children about their changing bodies, relationships, and reproduction because they felt it would protect their children(14). Topics commonly discussed by parents include their children's bodies based on their gender, both anatomically and physiologically, especially the changes that occur during puberty and explanations about maintaining body hygiene, particularly in the genital area(15).

Based on this phenomenon, it appears that there are no standard guidelines regarding the material or topics of sexual health education that parents can convey. Each parent has their own perception of the educational content they want to convey to their children. While the problem is framed within the Indonesian context, an international review is necessary to identify global best practices and compare parental strategies across different cultural settings.

## **METHODS**

### **Design**

This study used an integrative review design with the CoCoPop (condition, context, and population) framework. The flow diagram used was PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses).

### **Inclusion Criteria**

Based on the CoCoPop framework, researchers determined that the condition (Co) was sexual health education, the context (Co) was sexual material or content or topics, and the population (Pop) was parents with children aged 0-18 years as well as school-aged children and adolescents. The inclusion criteria were articles with abstracts and full texts, research articles with qualitative, quantitative, and mixed-method designs, published in English from 2019 to 2024.

### **Search Strategy and Data Sources**

The search was conducted in three databases, namely Cochrane, Scopus, and EBSCO Medline. The search in Cochrane used the keywords ((sexual AND topics) AND (sexual AND communication) AND (parent)). In the Scopus database, the keywords used were (sexual AND content) AND (sexual AND education) AND parents. The search in EBSCO Medline used the keywords (sexual AND content or topic) AND (sexual AND education) AND parents. Articles were selected using the COCOPOP framework and inclusion criteria.

### **Study Selection Criteria**

The search results found 13 articles from Cochrane, 415 from Scopus, and 824 from EBSCO Medline. Of these articles, 17 were excluded because they were not in English, 102 did not have full text, 729 did not have topics relevant to the study, and 395 were not original research articles. The titles and abstracts were independently reviewed by two researchers using predetermined criteria to determine which articles were eligible for inclusion in the study. Articles with full text were further reviewed to determine their suitability for inclusion in the study. There were no significant differences between the two

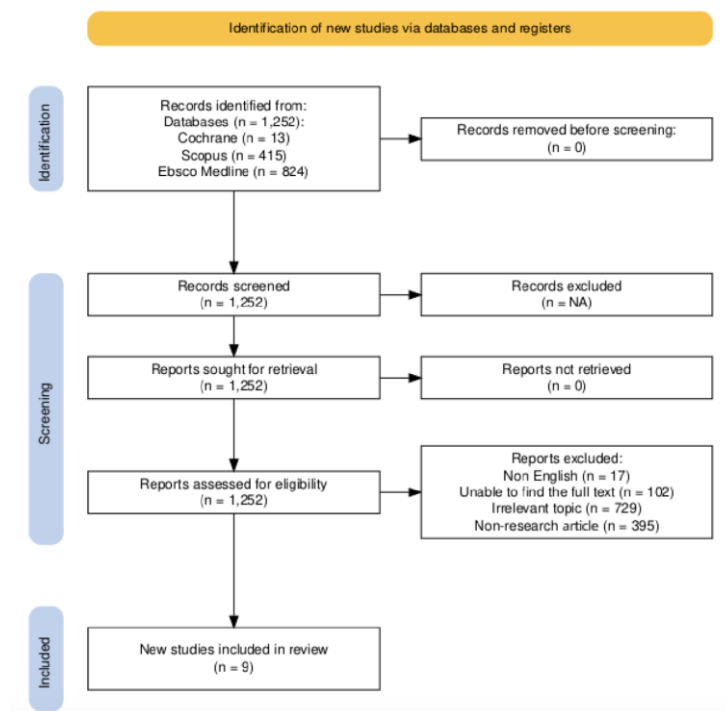
researchers' findings. Finally, nine articles that met the inclusion criteria were selected.

**Data Extraction**

Articles that met the inclusion criteria were then reviewed using JBI research critique tools for quantitative, qualitative, and mixed-method research. The results of the review or critique using JBI tools found that all 9 articles met the JBI tools critique criteria, meaning that the articles were reliable and could be reviewed further. Data extraction and article quality assessment were carried out independently by the researchers. Data from each article was extracted into a table in Microsoft Word (see Table 1). This table displays information about the database source, author name, article title, journal source, research objectives, research design, sample size, and research results.

**RESULTS**

The search results from three databases (Cochrane, Scopus, EBSCO Medline) yielded 1,252 articles. These articles were then screened using the PRISMA diagram, resulting in 9 articles that were suitable for review. The PRISMA diagram can be seen in the chart below (Figure 1).



**Fig. 1 PRISMA flow diagram**

**Table 1: Characteristics of Included Studies**

No	Author (Year) & Country	Design & Sample	Key Topics Discussed (Parent-Child)	Conclusion/Implication
1	Chinyere Ojiugo Mbachu, Ifunanya Clara Agu, Irene Eze, Chibuike Agu, Uche Ezenwaka, Nkoli Ezumah and Obinna Onwujekwe (16)  Year: 2020 Country: Nigeria	Mixed-method study comprising quantitative and qualitative methods <ul style="list-style-type: none"> <li>• 1057 adolescents aged 13-18 years</li> <li>• 12 focus group discussions with adolescents aged 13-18 years</li> <li>• In-depth interviews with 8 parents and caregivers</li> </ul>	Parents and teenagers discuss topics including: <ul style="list-style-type: none"> <li>• information about puberty</li> <li>• warnings against inter-sex relationships and premarital sex</li> <li>• promotion of abstinence</li> <li>• warnings against teenage pregnancy and unsafe abortion</li> </ul>	Sex-related discussions between parents and adolescents are sporadic, mostly triggered by unpleasant occurrences. When it does, it mostly consists of strict warnings.
2	Jeffrey L. Hurst, Laura Widman, Juli Brasileiro,	Quantitative	Sex education topics were grouped into three content areas:	While found that most parents are supportive of the three content areas being

No	Author (Year) & Country	Design & Sample	Key Topics Discussed (Parent-Child)	Conclusion/Implication
3	Anne J. Maheux, Rei EvansPaulso & Sophia Choukas-Bradley (17) Year: 2023 Country: USA Camille J. McCallister B Aletha Y. Ake MD, MPH, Ashley D. Worlds, Penelope K. Morrison PhD MPH (18) Year: 2019 Country: Pennsylvania	881 parents who had children aged between 13 and 17 years old  Qualitative grounded theory  14 mother-daughter dyads and 11 mother-son	<ul style="list-style-type: none"> <li>Factual knowledge (e.g., STI transmission)</li> <li>Practical skills (e.g., how to access condoms)</li> <li>Pleasure and identity (e.g., the pleasurable aspects of sex).</li> </ul> Parents and teenagers discuss topics including: <ul style="list-style-type: none"> <li>Focused on general facts about condoms and contraceptive methods, how each works, and how to obtain them</li> <li>Emphasized the impact of sexual behavior and the benefits of safe sex</li> <li>Conveyed the effectiveness of condoms and contraceptive methods in preventing pregnancy and sexually transmitted infections</li> </ul> Explained where adolescents could obtain further information about condoms and contraception.	taught in sex education, parents who are politically conservative and highly religious showed the least support  Mothers convey a broad range of information about contraceptives and condoms to young adolescents.
4	Alvin Salim Evelyn Hemme Tambunan (19) Year: 2022 Country: Indonesia	Descriptive qualitative study  Six male and female nursing lecturers aged 40–65 years old, with children aged 10 to 18 years old	Sex education topics encompassed five subthemes: <ul style="list-style-type: none"> <li>Physical autonomy,</li> <li>Health and safety,</li> <li>Reproductive anatomy</li> <li>Puberty-related changes</li> <li>Health maintenance</li> </ul>	Providing sex education to adolescents at home should not be considered taboo by parents. These topics may be sensitive in eastern culture, but all are important to improve children's knowledge about themselves
5	Areej Othman, Jamila Abuidhail, Abeer Shaheen, An Langer & Jewel Gausman (20) Year: 2021 Country: Jordania	Qualitative study  Ninety mothers and fathers (20 FGD groups)	Topics frequently discussed by parents with their children include puberty and protection from sexual harassment.	The scope of topics parents described discussing during PCSC (parent– child sexual communication) was primarily limited to issues related to pubertal development and protection from sexual harassment and abuse
6	Dilini Mataraarach hi, P.K. Buddhika Mahesh, T.E.A. Pathirana and P.V.S.C Vithana (21) Year: 2024 Country: Sri Lanka	Quasy experiment  Sample size: 135 mothers of adolescent girls aged 14-19 years in both the intervention and control areas	The intervention material focused on adolescent physiological changes and the prevention of sexual violence	An appropriate intervention model can improve the ability of mothers receiving the intervention to have good knowledge and communication with their children on the topic of physiological changes in adolescents and the prevention of sexual violence.
7	Zbigniew Izdebski, Joanna Dec- Pietrowsk, Alicja Kozakiewicz and Joanna Mazur (22) Year: 2022 Country: Poland	Cross sectional  296 females and 299 males	The topics of satisfaction with sexual life and masturbation were the least frequently discussed, while the topics of sexual maturity, pregnancy prevention, and teenage love were the most frequently discussed. The topic of masturbation was discussed more often among boys than girls.	Parents have limited knowledge and comfort in communicating sexual health topics, so training is needed to increase their comfort with the subject matter and improve communication of sexual education content with children.
8	Nawal Nabilah Kamaludin, Rosediani Muhamad, Zainab Mat Yudin and Rosnani Zakaria (23) Year: 2022 Country: Malaysia	Qualitative phenomenogy Twenty mothers with children aged 10-19 years diagnosed with mild to moderate intellectual disabilities and/or other cognitive disabilities	Parents and teenagers discuss topics including: <ul style="list-style-type: none"> <li>Safe body touch</li> <li>Friendship</li> <li>Gender identity and role</li> <li>Care for breasts and pubic hair</li> <li>Care during menstruation</li> <li>Sexual relationship between different genders</li> </ul>	Sex education covers a broad range of aspects that are tailored to the child's age and developmental stage. All mothers agreed that safe body touch, friendship, and gender identity and role are a few topics that a preschool-aged child needs to learn about.
9	Danielle Fernandes, Elizabeth Kemigisha, Dorcus Achen, Cecilia Akatukwasa Gad Ndaruhutse Ruzaaza, Gily Coene, Peter Delobelle, Viola N. Nyakato, an Kristien Michielsen (24) Year: 2024 Country: Uganda	Mixed method  287 primary caregivers (biological parents, step-parents, aunts, uncles, or grandparents) of children aged 10–14 years	The material presented was related to puberty, sexually transmitted infections, and pregnancy prevention.	As adolescent sexuality was highly stigmatised, open discussions about sexual health were limited, with many parents describing “fear” to discuss the topic with their children. Furthermore, the negative attitudes towards sexuality influenced the way parents discussed SRH with their children, with many using a risk-focused perspective and emphasising the potential dangers of sexual activity.

## DISCUSSION

This integrative review synthesizes evidence from nine primary studies conducted across diverse sociocultural settings—including Nigeria, the United States, Indonesia, Jordan, Sri Lanka, Poland, Malaysia, and Uganda—to examine the content and orientation of sexual and reproductive health (SRH) education delivered by parents to children and adolescents (16,18,19,24,25). A consistent pattern emerges across studies: parental communication about SRH is profoundly shaped by cultural norms, religious beliefs, and parents' own comfort with sexuality topics, resulting in wide variation in both the scope and depth of topics addressed (20–23).

In many developing or culturally conservative contexts, parental communication emphasises risk avoidance and protective messaging, particularly regarding unintended pregnancy, sexually transmitted infections, and sexual violence (26,27). These findings suggest that sexuality within family settings is often portrayed primarily as a source of risk that must be prevented or controlled, rather than a dimension of adolescent development that merits comprehensive discussion. This pattern aligns with broader evidence from Indonesian health research demonstrating that family and community norms strongly influence how sexual health topics are discussed, if at all, within households (28).

The focus on risk, while understandable as a protective instinct, may inadvertently constrain adolescents' access to information that supports informed decision-making and psychological well-being. In contrast, studies from the United States and Poland highlight a broader thematic range in SRH communication, encompassing not only risk and prevention, but also contraceptive knowledge, condom effectiveness, decision-making, and aspects of values and identity (18,22,25). These findings align with constructs described in the literature as “Pleasure and Identity,” which incorporate holistic elements of sexual health, including relationships, intimacy, and individual development (22,25).

The juxtaposition between risk-oriented narratives and more comprehensive approaches underscores the role of cultural contexts in shaping parental communication. In conservative settings such as Nigeria, Jordan, Malaysia, and Indonesia, prevailing social norms and religious values not only influence what parents deem appropriate to discuss but also how comfortable they feel when broaching these topics (16,19,20,23). In Indonesia specifically, Salim and Tambunan reported that even nurse educators—individuals with professional training in health—navigate a complex interplay of biomedical knowledge and culturally derived expectations when communicating with their own children about SRH issues (19). This indicates that parental sociocultural frameworks often supersede professional knowledge in determining communication content and style.

Parental beliefs, particularly religiosity and moral orientations, have been identified as key determinants of both the presence and nature of sexuality education at home. For example, Hurst et al. found that in the United States, parental support for comprehensive versus restrictive sex education content was closely associated with levels of religiosity and political orientation (17). Similarly, in Jordan and Malaysia, cultural and religious norms constrained discussions about contraceptive decision-making, sexual autonomy, and gender relations (20,23). These findings suggest that personal belief systems not only influence parents' attitudes toward sexuality education but also modulate the openness and comprehensiveness of their communication.

Self-efficacy and knowledge have also been identified as important factors influencing whether and how parents engage in SRH communication with their children. In many contexts, parents report *omitting or not addressing* certain topics—such as consent, sexual orientation, or pleasure—not necessarily due to negligence, but because of discomfort, embarrassment, or fear of encouraging early sexual activity (16,18,25). This selective communication pattern reflects gaps not only in topic coverage but also in parents' confidence and skills to navigate complex SRH conversations effectively.

The findings of this review resonate with evidence from recent research published in the *Journal of Health and Nutrition Research*. A study conducted among Indonesian parents found that higher parental knowledge and positive attitudes toward sexual abuse prevention were positively correlated with greater parental self-efficacy in addressing sensitive topics related to child sexual abuse prevention (28). This suggests that enhancing parents' knowledge and confidence may be a critical pathway for improving communication quality and expanding the breadth of SRH topics parents feel able to discuss.

Furthermore, Fitri et al. reported that adolescent health services play an important role in promoting sexual health in Indonesia, particularly by providing youth-friendly information and support that complements family-based education (29). These services contribute to increased awareness and preventive behaviours among youth, indicating that health system support can alleviate some of the limitations inherent in family dialogue alone. In addition, Mangundap et al. demonstrated that parenting practices, social interaction, and social values were significantly associated with adolescent mental health outcomes in an Indonesian sample, underscoring how broader family dynamics influence adolescent well-being in ways that intersect with SRH communication (30).

The selective nature of parental communication about SRH is further illustrated by qualitative studies from several contexts. McCallister et al. found that mother–adolescent conversations in the United States commonly focused on knowledge, risks, and condom effectiveness, but did not uniformly cover broader aspects such as relational dynamics or emotional readiness (18). Likewise, Izdebski et al. reported that young adults in Poland perceive discrepancies between their informational needs and what they received in parental sexuality education, highlighting the limitations in relevance and comprehensiveness of parental messaging (22). These findings imply that adolescents increasingly seek or require information beyond what family communication alone provides, which may be particularly true in environments where formal school-based sexuality education is limited or constrained by policy and cultural norms.

Research further indicates that structured interventions can improve parental SRH communication. For instance, the worksite-based intervention in Sri Lanka showed that mothers improved their knowledge, attitudes, and communication skills related to preventing sexual violence with their adolescent daughters following the program (21). Similarly, Fernandes et al. demonstrated in Uganda that structured parent–child communication interventions enhanced both the frequency and quality of discussions about adolescent SRH (24). The success of these interventions suggests that parental practices are modifiable and that targeted support can facilitate more comprehensive and effective communication.

These intervention findings mirror conclusions from Indonesian adolescent health research suggesting that supportive programs can strengthen family communication and foster healthier outcomes. Specifically, youth-friendly service models and parent-focused educational initiatives have been shown to increase adolescents' SRH knowledge and adoption of preventive behaviours when paired with supportive health system engagement (29). For nursing professionals—particularly those working in maternal–child health, community health centres, and school settings—these models provide practical frameworks for developing culturally sensitive educational programs that enhance parents' SRH communication skills.

Another important consideration emerging from this review is the balance between biological, preventive, and psychosocial components of sexual health education. While many parents emphasise biological risks and moral guidance, fewer address critical psychosocial aspects such as consent, negotiation, gender identity, and healthy relationships (16,18,19,24,25). A narrow focus on biological risk, while important for the prevention of negative health outcomes, may not fully equip adolescents to navigate the complexities of interpersonal relationships and personal development. Research has shown that incorporating psychosocial elements into sexuality education is associated with improved decision-making, reduced risky behaviours, and greater overall well-being among adolescents.

The cultural and social diversity evident across the reviewed studies also highlights issues of equity and access to accurate SRH information. In settings where parents are the primary or preferred source of information, limitations in parental knowledge, comfort, or cultural acceptability may exacerbate disparities in adolescent SRH education (20,24). This reinforces the strategic role of health systems and nursing services in supporting families, particularly in low- and middle-income countries where comprehensive school-based sexuality education may be limited or controversial.

From a methodological perspective, the diversity of study designs—including qualitative explorations, cross-sectional surveys, and intervention evaluations—adds depth to the evidence base while illustrating the complexity inherent in researching parent–child communication about SRH (16,18,19,24,25). Qualitative methods provide nuanced insights into beliefs, emotions, and cultural influences, whereas quantitative and interventional designs offer measurable evidence of associations and program impact. For future research in Indonesia and similar contexts, mixed-methods designs may be

particularly useful in capturing both cultural subtleties and outcomes of parent-focused SRH educational interventions.

Taken together, the evidence synthesised in this review indicates that parental SRH education remains highly context-dependent, with a persistent divide between risk-oriented, abstinence-focused messaging and more comprehensive, developmentally informed approaches [16-27]. This divide reflects broader cultural, religious, and social dynamics that shape family communication, but it also represents an opportunity for strategic intervention. For Indonesia, the findings support culturally adapted, nurse-led educational strategies that respect family values while expanding the scope of SRH communication to include psychosocial and developmental aspects.

In practical terms, this may involve integrating parent education modules into existing community health programs, training nurses in culturally sensitive communication techniques, and developing context-appropriate educational materials that support parents in addressing sensitive SRH topics with their children(16,18,19,24,25). Such efforts would not aim to replace family values, but rather to empower parents to provide accurate, balanced, and supportive SRH information.

## CONCLUSION

The nine reviewed articles presented different topics related to sexual health education. This was influenced by the characteristics of the parents and children. The characteristics of the parents in this case were age, education, occupation, gender, ethnicity, beliefs, and readiness. The characteristics of the children included their age and gender. The topics most frequently discussed by parents are puberty, safe touching, unsafe pregnancy and abortion, premarital sex, contraception, sexually transmitted infections, reproductive anatomy, and protection from sexual violence. The results of this study can serve as a reference for developing sexual health education materials or topics that are culturally and religiously appropriate and well-received by parents, children, and the community. Taken together, the findings of this review suggest that strengthening parent-child communication about SRH requires integrated efforts involving families, health systems, and education sectors. Nurses and other health professionals, particularly in community and maternal-child health settings, are well-positioned to play a central role in facilitating this process.

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