

Qualitative needs assessment: Iranian parents' perspectives in sexuality education of their children

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Abstract

Context: Parental education in sexuality plays a vital role in children's lives.

Aims: The purpose of this study was to explore Iranian parents' perspectives about the needs of children sexuality education.

Setting and Design: This qualitative study was done in 2016.

Materials and Methods: In this qualitative inquiry, seven sessions of community group interview and focus group discussions were conducted with the parents of Ghaemshahr, Iran, using purposive sampling ($n = 39$, 27 mothers and 12 fathers).

Statistical Analysis Used: We employed thematic analysis method to extract our findings.

Results: The findings were categorized into three essential needs: (1) parents' preparedness, (2) efficacious parental management, and (3) supportive environments. The sub-theme describing the theme 1 includes "the need for adequate knowledge to answer the sexual questions and the child's sexual curiosity" and "the need for awareness about the time of beginning an appropriate sexuality education for children." Moreover, the sub-theme describing theme 2 includes "the need for sufficient skills to begin proper and intimate communication," "the need for effective monitoring and care," and "the need for capability in managing the child sexual behavior." Moreover, the sub-theme describing theme 3 includes "the need to receive training from sexual health professionals," "the need for authorized sexuality education programs," "the need for national-wide policy-making and strategy planning in sexuality education," and "the need for a comprehensive and complete educational resource."

Conclusion: Our findings suggest that to address the goals in sexuality education for children, parents' need to be prepared in knowledge, and gaining positive attitude and practical skills. To achieve these goals, supportive environments must be provided by policy-makers and health providers with culturally appropriate strategy planning.

Keywords: Children, Nurturing, Parent, Qualitative study, Sexuality education

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INTRODUCTION

Sexuality education is one of the most difficult types of education. Parental education in sexuality plays a vital role in children's lives. The lack of consensus about appropriate approaches to sexuality education makes a systematic study necessary.^[1]

Health needs assessment process requires the use of a set of tools designed to understand the existing defects to achieve better performance. In the process of measuring needs, researchers and organizations use these tools to access the information they need. Policy-makers in the measurement process increase their ability to meet their macroneeds, communicate better with citizens, and allocate resources and facilities. Health needs assessment is one of the main points in promoting health systems. This will increase the use of healthcare provided by clients and help prioritize needs.^[2]

We are not aware of Iranian parents' needs, and in Iran, parents do not have the necessary sexuality education in relation to children sexuality issues. There is a little qualitative data about parental perspective of children's sexuality in Iran. Moreover, in addition, family-based sexuality education programs are being implemented recently in some parts of Iran.^[1]

Sexuality education is not given to children in schools, too.^[3] Parents respond to children's sexual questions based on their knowledge and attitudes. While studies have shown that without sufficient knowledge and skills in this field, parents would not be able to respond appropriately to their child's sexual behaviors and they would confront difficulties in managing, monitoring, and controlling children sexual behaviors.^[3,4] Researchers have argued that false beliefs and negative attitudes of parents about children's sexual behavior could prevent them from gaining adequate knowledge and consequently would prevent them from proper performance in dealing with their children sexual behavior.^[5-7]

Research has shown that for designing and implementing effective parenting education and training programs, each community needs to identify parents' needs regarding their children sexual behaviors.^[5,8] Having necessary information about childhood sexual growth and development could be effective in promoting the development of sexual health in children.^[8] Some researchers believe that parents have a central role in teaching sexuality issues to preschool children and school and community have only a supportive role.^[9] Studies have argued that parents need education. In a

few studies, the knowledge, attitude, and practice of parents in the field of children sexuality education have been investigated. In some of the studies, insufficient knowledge of sexuality education at early ages and parents' lack of knowledge as well as the lack of educational materials and appropriate solutions and strategies have been proposed as the reasons for the failure of early age nurturing and sexuality education.^[9] There is no qualitative study that examines the needs of children sexuality education. Therefore, the purpose of this study was to exploring Iranian parents' perspectives about the needs of children sexuality education.

MATERIALS AND METHOD

This study was approved by the Ethics Committee of Shahrood University of Medical Sciences with the code of ethics IR.SHMU.REC.1394.48.

In this study, data analysis was performed using the Brown and Clark model and thematic analysis.^[10] The needs of parents in the field of children nurturing and sexuality education were explained and explored. This phase included a focused group discussion using semi-structured interviews. In this study, 39 parents (27 mothers and 12 fathers) participated in seven focus group discussions (FGD). The study was conducted by a researcher who was a PhD student in reproductive health. The researcher had experience in the field of qualitative study.

This study was a part of PhD thesis; the participants were invited to contribute in the interview using purposive sampling from among those who participated in the quantitative phase and had children under ages 12.^[11] Participants were recruited from health center.

The location and time of the interview were determined based on the opinions of the interviewees and their convenience. Informed written consent was obtained from the interviewees, the quiet environment was selected for this purpose, and the chairs were arranged in a semi-circular manner. At the meetings, it was tried to get the most participation of the members so that those who were less involved in the discussion have been requested to participate in the discussion and tried to avoid early termination of the discussion. The interview time lasted from 90 to 120 min. Data analysis started from the time of collection. This method is called synchronous analysis.^[12] In this way, the researcher implemented the data after each interview, and the code and the original content were achieved; then, the questions were revised for the next interview. The interviews were focused on the following three main questions:

What do you know about the sexual issues of children? How do you answer your child's question? What did you do about your child's sexuality education and education?

Sampling continued to reach the data saturation.^[13] In this study, thematic analysis approach was used to analyze the qualitative data. To ensure the rigor and reliability of the qualitative data, four criteria of credibility, confirmability, dependability, and transferability have been used.^[14] In this study, various methods have been used to improve the validity of the data; to achieve credibility, we employed a member-checking technique. For this purpose, transcripts, interviews, and units of analysis, along with initially extracted codes, were presented to participants to obtain their confirmation and complementary comments. In addition, the interviews, initial codes, and themes were reviewed by a co-researcher and faculty members in the field of qualitative research. Devoting sufficient time to collect data increased the reliability of the data.

RESULTS

The demographic characteristics of the participating parents are shown in Table 1. Parents ($n = 39$) aged between 21 and 45 years participated in the interview in this study. Parent perception of educational/skill needs was identified in three main themes and nine sub-themes [Table 2].

Theme 1: Parents' preparedness

According to the participants' parents, these sub-themes were "the need for adequate knowledge to answer the sexual questions and the child's sexual curiosity" and "the need for awareness about the time of beginning nurturing and sexuality education." Moreover, the lack of awareness to answer the sexual questions and the sexual curiosity of the children and the lack of awareness about the time of beginning nurturing and sexuality education indicated that parents needed enough knowledge about children growth and development.

Sub-themes 1-1: "Adequate knowledge to answer child's sexual curiosity"

Our findings suggest that parents are confronted with their children's sexual issues and sexual curiosity a lot, but some parents fail to respond, as they do not have enough knowledge and are ineffective in transferring sex information to their children, and in their children's sexuality education following an unspecified structural pattern. The following sentence is an example of a statement from one of the participants about this issue: Susan, who is 30 years old and has a 5-year-old child, indicated that she is incapable of answering her child's question of how he was born. She said:

Table 1: The sociodemographic characteristics of the participated parents ($n=39$), in Qaemshahr, Iran, 2015

Parents characteristics	n (%)
Parents age (years)	
21-25	3 (7.7)
26-30	17 (43.5)
31-35	9 (23)
36-40	10 (25.8)
Educational status parents	
Elementary and illiterate	2 (5.2)
Secondary and high school	12 (30.7)
Academic	25 (64.1)
The economic situation	
Low	10 (25.7)
Medium	13 (33.3)
High	16 (41)
The age of the children	
1-4	10 (25.7)
5-8	20 (51.3)
9-12	9 (23)

Table 2: Sub-themes and themes related to the needs of parents in children nurturing and sexuality education

Theme	Sub-theme
Parent's preparedness	Adequate knowledge to answer the child's sexual curiosity Awareness about the time of beginning an appropriate sexuality education
Efficacious parental management	Sufficient skills to begin proper and intimate communication Effective monitoring and care Capability in managing the child sexual behavior
Supportive environments	Receive training from sexual health professionals Authorized sexuality education programs National-wide policy-making and strategy planning Comprehensive and complete educational resource

"As a mother, I really do not know many things. A similar teaching method should be for parents to be able to answer their children question. I do not know at all whether this question asking is normal or not. One day my child asked me; "You say that God gave you to us, how did God know that you want children?" I did not know what to say" (FGD2).

Sub-themes 1-2: "Awareness about the time of beginning an appropriate sexuality education"

Most parents indicated that due to the lack of necessary training, they do not know what kind of education, when and how they should give to their children. Acacia, who is 36 years old and has a 3-year-old child, seems to need to learn the characteristics of normal and abnormal sexual behavior in children; she has explained in this regard that:

"Children are all curious and are looking to discover and behave instantly, but I do not know exactly whether this

behavior at this age is normal or abnormal. It may be a good behavior at a certain age, but at another age, it may be abnormal behavior. We need to know exactly about it” (FGD4).

Theme 2: Efficacious parental management

According to the descriptions of participants’ parents, this theme consisted of three sub-themes, including “the need for sufficient skills to begin proper and intimate communication,” “the need for effective monitoring and care,” and “the need for capability in managing the child sexual behavior.”

Sub-themes 2-1: “Sufficient skills to begin proper and intimate communication”

Many parents expressed their sexual discourse limitations due to shame and embarrassment, worrying about the inappropriateness of discussing sexual issues with the child’s age, and lack of communication skills. As described by one of the participants, Alaleh, who is 40 years old and has a 6-year-old child, says that poor interaction between parents and children in terms of talking about sexual issues is an obstacle to the correct answer to their children’s questions. She explained:

“My relationship with my daughter is not good; I’m ashamed to talk about this with her” (FGD3).

Sub-themes 2-2: “Effective monitoring and care”

In the descriptions of most parents, lack of skills in the way of monitoring virtual networks and the inability of parents to monitor the use of the medium by the children were raised, and some participants stated that they did not monitor any child’s sexual behavior while playing with other children or in the privacy of their children. The statements of some of the participants confirm this issue:

Susan, who is 33 years old and has a 5-year-old child, is worried about her child’s exposure to inappropriate media content and does not know how to protect her child against sexually transmitted programs. She said:

“There are a number of sexually transmitted children programs. I’m always worried that if my child had a bad scene in children program, how can I deal with him because I didn’t have any education about this issue?” (FGD5).

Sub-themes 2-3: “Capability in managing the child sexual behavior”

The majority of parents had experienced sexual behaviors from their children and faced challenges in

responding to these behaviors. The sentences of some of the participants indicated this: Orchide, who is 27 years old and has a 4-year-old son, has experienced her son exhibitionism (being naked) does not know how to behave and how to react to his child behavior. She explained:

“When I encounter my child’s sexual behaviors, I really do not know if it’s just a childhood game that he’s doing or he saw it somewhere and now he’s doing it, for example, when my child pulls his pants down in front of peoples or reaches to his penis or pulls their pants down with his other friends, I really do not know what to do with this behavior, although I know this is normal behavior. I asked my friends, and they said most children seem to be doing this sort of behavior” (FGD6).

Theme 3: Supportive environments

Essentially, there is a strong need for comprehensive support from experts, authorities, and legislators to implement sensitive programs such as reproductive and sexual health in traditional societies such as Iran.

Sub-themes 3-1: “Receive education from sexual health professionals”

Parents believed that sexual health services to parents and children should be provided by professionals. The following is a statement by one of the participants: Susan, who is 28 years old said: “Schools’ psychologists are not professionals in the field of sexuality education for children; they must be professionals in this field” (FGD5).

Sub-themes 3-2: “Authorized sexuality education programs”

The majority of participants in the research indicated that government and authorities’ support from the sexuality education services is an important factor in facilitating the use of these services by parents and children. The 30-year-old Sonbol explained in this regard: “If these programs would be supported by the government, it would surely help the sexual future of the country a great deal” (FGD7).

Sub-themes 3-3: “National-wide policy-making and strategy planning”

Some participants stated in their descriptions that providing books, animations, cartoons, telephone counseling, and formal education at schools and universities could help the sexual ability of people in the community. The following sentence is an example of a parent’s remarks in this area:

Mr. Davoodi, who is 38 years old, describes: “books, graphics, animations, or cartoons adapted to the age of

children, such as 3–5 years, 5–7 years must be designed or, or for the elementary school, a very nice book in plain language should be designed” (FGD5).

Sub-themes 3–4: “The need for a comprehensive and complete educational resource”

In the majority of participants’ descriptions, the provision of an appropriate educational resource at different levels of age and culture based on the needs of children with an emphasis on the role of parents has been raised. The 36-year-old Rose statement expressed:

“If educational packages would be prepared and something ready would be available, then they’re welcome to all parents. When they do not have anything, everyone says what we should teach. It is important that these packages would be prepared” (FGD2).

DISCUSSION

The findings of this study were categorized into three essential needs include parents’ preparedness, efficacious parental management, and supportive environments.

Researchers often rely on quantitative data to assess healthcare utilization. However, qualitative research which is designed to reveal a target population’s behaviors and perceptions can provide further insight into community priorities for effective community health planning and improvement.

According to the results of our study, it seems that the necessary education in the field of children nurturing and sexuality education is not provided for parents.

In line with other studies, the results of this study showed that parents have needs in terms of knowledge enhancement.^[5] The majority of participants needed to be efficient in transferring the correct information to their children in terms of gender differences and answering the children’s sexual question. Moreover, they considered the lack of their knowledge because of the shortcomings and challenges of sexual education in Iranian culture. Studies have shown that reducing parents confidence and lack of comfort in the expression of sexuality issues to children, as well as inadequate skills and knowledge and lack of proper resources for establishing this connection were the reasons for parents inability to respond to children’s questions and failure to communicate.^[6,15] Based on our results, parents generally acknowledge that they did not have adequate knowledge necessary to face children curious questions. While in developed societies, gaining knowledge in the field of children nurturing and sexuality education is the

first step in the provision of sexual health needs. Parents need adequate knowledge and positive attitudes to nurture and sexuality educate their children to be able to function properly in their children’s sexuality health.^[16] Children’s sexuality growth and development is the most important process for children and their parents.^[17] Therefore, the level of parent’s knowledge and awareness should be increased so that based on adequate knowledge it would be able to improve children’s sexual health.

By thematic analyzing the results, most Iranian parents stated that they lack family- and school-based sexuality education programs, were not trained in sexual matters, and do not have the adequate skills to deal with their children’s sexual behavior;^[2,18] in fact, sexuality education should be established before entering the school within the family and the child enters the school with a specific structure.^[19] Our study revealed that most of the parents stated that formal and informal education is not being implemented in the country. In addition, in the community, there is not a native, valid, and relevant source of education that could be used to educate children.

Therefore, similar to other findings,^[14] we found that empowering parents, especially mothers, in knowledge, attitude, performance, parental participation, and support are among of children’s sexuality education priorities. In the field of sexuality education, creating proper habits especially at an early age is very important because of its stability in adulthood. Regarding that, good habits are part of human nature; therefore, best behaviors should be institutionalized. Considering the fact that changing habits is difficult, consequently, parents must first try to prevent the development of undesirable habits in their children.^[20] That correct way of parents in dealing with their child’s sexual behaviors is very important in children’s sexual health and well-being.^[8] Thus, it is necessary for the children’s sexual behavior to be guided and managed in the correct direction. The normal and natural sexual behavior of the children would play a significant role in the rest of their life. With this look, children sexuality education by parents is a topic, which is emphasized in sexology as one of the foundations of healthy sexual behavior in adulthood.

Researches have shown that without sufficient knowledge and skills in the field of children nurturing and sexuality education, parents would not be able to respond appropriately to their children’s sexual behaviors and would face difficulty in managing, monitoring, and systematic control of children sexual behavior.^[3,4] Other researches in this field have shown that informing parents of sexuality development process of children and empowering them to

establish a good and desirable relationship would lead to a family's proper behavior toward growth and development of sexual behaviors, children sexual issues, and problems. Sexual psychosocial growth education would help children to have a good and positive attitude towards sexual issues, which would lead to the identification of the gender role in society and its adaptation, and would protect them from concealing and sexual abuse in children,^[21] and is also effective in identifying behaviors suitable to gender, identification, and gender and desirable patterns.^[22] Therefore, children nurturing and education would have undeniable effects on their adult sexual behavior. Hence, it should be acknowledged that the more comprehensive, logical, and rational methods and programs used by parents in children's nurturing and sexuality education, the healthier children they would have.

Of course, it should be noted that in the area of sexual health, if the programs focus solely on parental shifts, they would not affect the change in the structural barriers and sociocultural norms directly affecting individual behavioral change. Basically, there is an urgent need to create a supportive environment for implementing sensitive programs such as sexual health in traditional societies like Iran. Research has shown that, the existence of a supportive environment is vital for designing and implementing sexual health programs.^[23]

The majority of parents in the research indicated that government support from providing sexuality education services is an important factor in facilitating the use of these services by parents and children, although we did not directly assess the role of government support in children's sexual health, but other studies have shown the impact of government support on promoting children sexual health.^[20] As our findings confirm this, it would require the support of policy-makers and planners at macrolevel to create a suitable platform for conducting sexual education. Prioritizing children's sexual health and adopting evidence-based measures could greatly enhance children sexual health.^[2]

Most participants stated that lack of experts and trained staff, lack of skills, inadequate expertise, and performance of school counselors in the field of childhood sexual issues are the problems in this area. Studies have shown that parents and teachers trained by specialists would improve the quality of child sexuality education. Parents and teachers need to be trained by specialists.^[24] That parents and teachers do not have access to appropriate resources.^[25] Many resources focused on the role of parents as sexuality educators.^[25,26] Moreover, the training and educating parents

by professional people have been emphasized as the first way to promote children sexual health.^[9]

Most parents have agreed on the lack of an educational package for children sexuality education. These parents believed that it would be better for them to have specific guidelines for empowering them so that they would have the skills to express these issues in the children language to be able to answer their sexual questions correctly. Moreover, in their view, specific planning is required for parents' skills acquisition and empowerment. In this regard, they considered the role of the Ministry of Health and Education as an important key and believed that when there is a confirmed educational source and is part of the organizational tasks, all health centers and school instructors and managers would be required to implement this instruction.^[27]

Therefore, parenting education and empowerment should be done in accordance with the educational and skill needs of parents in the field of children nurturing and sexuality education. In addition, to empower parents, public support strategies should be used.

One of the strengths of this study was that the participants were selected from among those who participated in our quantitative previous study, so we were able to better understand their needs with greater depth. The limitation of this study was due to the fact that the study is qualitative and its generalizability is low to the whole society.

CONCLUSION

Our findings suggest that to address the goals in sexuality education for children, parents' need to be prepared in knowledge, and gaining positive attitude and practical skills. To achieve these goals, supportive environments must be provided by policy-makers and health providers with culturally appropriate strategy planning.

Conflicts of interest

J.G., M.H. A., R.M., A.K. and E. M.K; contributed to the design and implementation of the research, to the analysis of the results and to the writing of the manuscript.

Author contributions

All authors contributed to this research.

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