

# Sex and relationships education within families affected by HIV in London: A mixed methods study of parental perspectives

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## Study Background and Aims

Parents are in a unique position to give support to their children on sex and relationships as they are able to start communicating when children are still young, can adapt the content and timing of delivery to suit each individual and their own values, and can provide the information little by little on an on-going basis.<sup>1-3</sup> Many parents however, find this topic difficult and the presence of HIV in a family can add complexity.

Body&Soul is a registered charity that supports children, young people and families living in London who are affected by HIV. This study was undertaken to inform future interventions at Body&Soul and aimed to explore attitudes towards sex and relationships education (SRE) among parents from families living with HIV.

## Methods

In 2011, three focus group discussions (FGD) and a survey were used to interview parents about their experiences of SRE, desires for their children and additional support needed.

The first two FGD were advertised by Body&Soul and interested parents signed up. For the third group purposive sampling was used to identify parents with at least one HIV-positive child. FGD were analysed thematically.

All parents attending Body&Soul during the study period were invited to self-complete the questionnaire and telephone interviews were undertaken to access non-attenders. The survey data was entered into STATA version 11.0 for descriptive analysis, t-test, Chi<sup>2</sup><sub>a</sub> and regression analysis. Comparisons were made between parents with and without an HIV+ child.

## Results

### Sample

66 parents completed the survey, 16 had one or more HIV+ child. Over 95% of the sample was black African and had moved to the UK as adults.

### Culture and context of SRC

The majority of focus group participants reported receiving little SRE themselves and spoke of a cultural taboo around discussing sex with children where they grew up. They also commented on how things are different in the UK: many said that on arrival the open discourse around sex was a shock to them, but also indicated that they have adapted to this difference.

### Desire to communication about SRE

82% of survey respondents wanted to communicate openly with their children about SRE and 72% felt able to do so. Key reasons parents gave for wanting to discuss this topic included preparing the child for the future, protecting them against negative sexual and reproductive health outcomes and to override messaging from other sources.

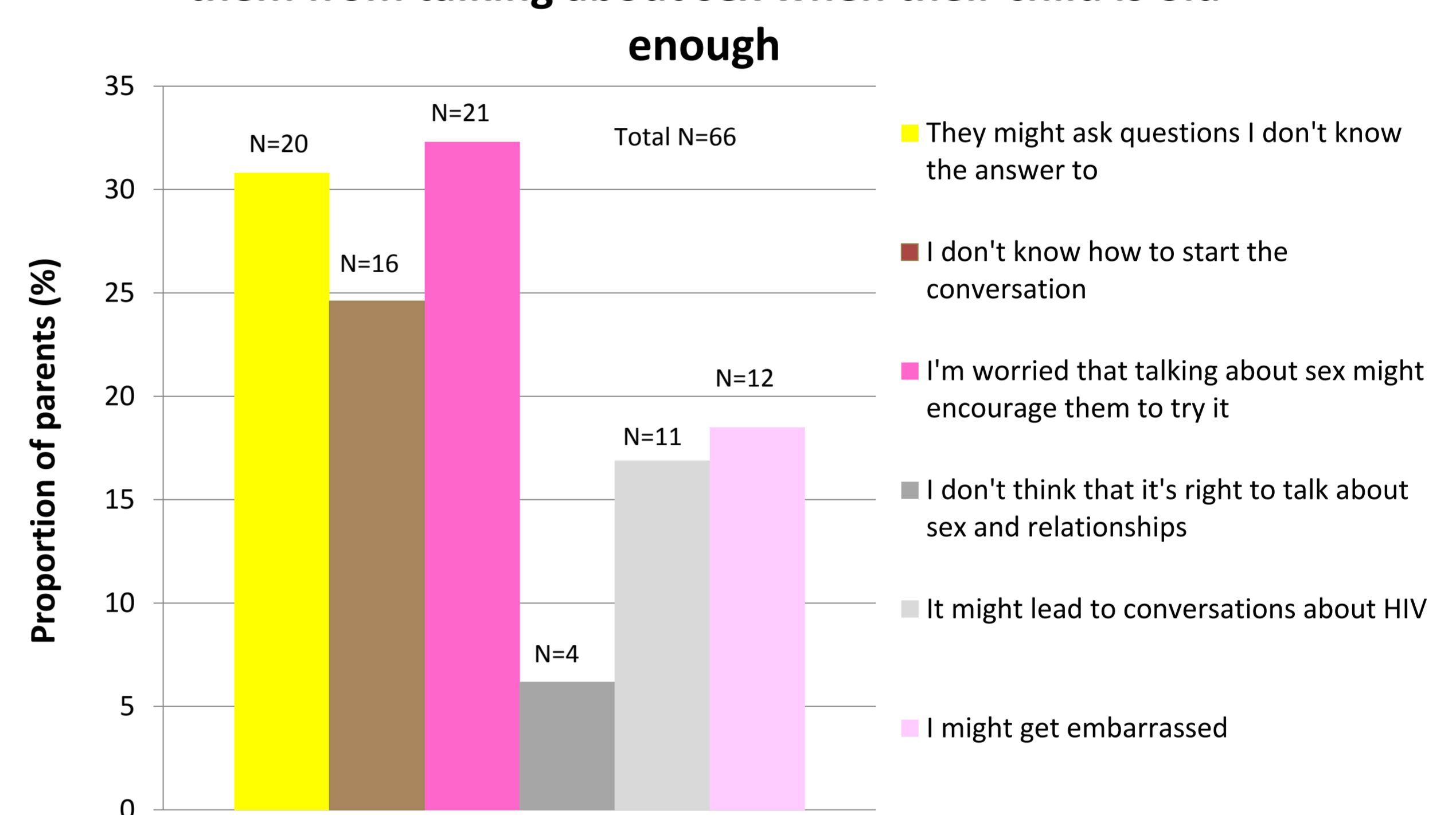
### Support

Not all parents of HIV+ children felt able to discuss all areas of SRE with their child. 71% of all parents wanted support from the charity sector in communicating with their child about SRE. Parents of HIV+ children expressed strong concern that their communication alone wasn't sufficient and wanted medical and charity sector staff to address SRE with their children.

### Barriers to communication on SRE

Parents were asked what might stop them from talking to their children about sex and relationships (when their children are old enough). 36.9% of parents felt uninhibited (i.e. did not select or give any reason). Figure 1 opposite shows the proportion of parents who selected suggested barriers.

Figure 1: Perceived factors that parents agree might stop them from talking about sex when their child is old enough



### Differences between parents with and without an HIV+ child

The survey sample was not big enough to show statistically significant differences between responses from parents with and without HIV+ children.

While the respondents may not be representative of all parents affected by HIV, qualitative data from parents of HIV+ children suggested close relationships, open dialogue on SRE and a permissive attitude towards boy/girlfriends. Children's questions about the virus had led to explanations of transmission routes and also prompted parents to discuss their own sexual history with their children.

## Conclusions

There has been little research into parent's views on talking to their children about sex and relationships in families living with HIV. This study gives some insight into factors that shape the communication practices of a small sample of London based families affected by the virus.

Parents report that they want to communicate openly with their children about sex and relationships and believe that it is the right thing to do but they express a need for support to help them do so effectively.

This is especially so among parents of HIV-positive children. Although such parents report that they have communicated with their children about topics such as sex and HIV-transmission the best they can, they remain anxious about this matter and request that other organisations work with them to support their children as they grow up.

## Limitations

The sample size was very small and as it was taken from individuals with contact to Body&Soul it may not be representative of the wider HIV-affected population in London. Many parents spoke of how the culture in London was approving of open discussions about sex and may have wanted to demonstrate that they are part of this society or seek approval from an organisation which gives them support.

## Recommendations

1. Medical and charity sectors should continue to provide SRE for HIV+ children to reinforce positive parental messaging and give details that parents feel unable to address.
2. The charity sector can also support parents affected by HIV through developing their skills in communicating with their own children on SRE.
3. Further research is needed to establish whether the practices reported by this small sample of parents with HIV-positive children are representative of the wider population in London.
4. HIV-positive children need to be consulted both to establish their needs and preferences for SRE, and to validate the reports of dialogue given by parents.

### References

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