

## THE ROLE OF THE MIDWIFE IN SUPPORTING THE IMPLEMENTATION OF SEX EDUCATION IN A FAMILY ENVIRONMENT

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### ABSTRACT

Sex education is important in the prevention and control of diseases and problems such as HIV-AIDS, unwanted pregnancy, sexual harassment, abortion, love-related problems, and family planning problems. Starting from the beginning and continuing for the development of human sexuality, from the family then to the school and society. Midwives as health workers must provide reproductive health care by helping support parents in implementing sex education in the family. This study is a literature review that explores the role of midwives to support parents in sex education in the family environment through Pubmed, and Ebscohost in the form of research journals and literature studies of textbooks. The results showed that as people who are involved in sex education for their children, parents should have supporting characteristics, namely: knowledge, good relationships with their children, social maturity, modeling, self-esteem, morality, and freedom from sexual prejudice. In building communication with children, parents must create a family atmosphere without fear or embarrassment so that issues regarding sex can be discussed. Sexuality education training for parents shows that parents can increase their knowledge and abilities and are more confident to educate and communicate with their children better about topics related to sex. The role of the family in sex education is very important.

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### INTRODUCTION

Sex education is not only about sex, but also learning about how to make safe decisions, have high self-esteem, and be able to make important personal choices

(Gilly, A, 2009). Sex education is the backbone of the prevention and control of diseases and problems such as HIV-AIDS, unwanted pregnancies, sexual harassment, abortion, and problems related to love and family planning, (Fentahun N, 2012).

The development of sexuality is an important aspect

covering the way a child develops and is aware of his or her gender characteristics, forming a male or female identity. This refers to the attitudes and behaviors involved in sex. Sex education starts early and is best described continuously for the development of human sexuality, starting in the family and then in school and society. The family is considered an important influential thing where children develop and shape sexual identity and behavior early in life. In learning theory emphasizing the importance of imitation and identification, parents can be an important source of learning behavior and attitudes as social learning occurs through daily interactions with individuals and events (Kakavoulis A, 2016).

Parents can be the main source of information for their children and good communication between parents and children can reduce the number of free sex, create negative attitudes towards early pregnancy and increase the use of contraception (Sridawruang C, 2014). parents often do not explain but instead convey the message that sex is dangerous, embarrassing, or sinful. They believe that childhood is an inappropriate and inaccurate time to convey information about sex. Research in China showed that only 17.1% of male adolescents and 30.6% of female adolescents had discussed sex with their parents (Zhang L, 2011). While parents withhold information, social media spews out sexual misinformation. Wrong thoughts about sex

The role of families in sex education is very important and not easy because they are tasked with supporting the emotional and physical development of their children, namely to raise children to be sexually healthy people, able to be involved in respectable relationships, and with family values. Communication about sex and knowledge and comfort about sexuality. Midwives as health workers need to support parents in implementing sex education in the family environment. So it is important to understand the factors that influence the implementation of sex education in the family.

## **METHODS**

This study is a literature review that tries to find out more information about sex education in the family environment. Sources for conducting this literature review include systematic search with key word midwives, family, sex education studies of computerized databases (Pubmed, Ebcobhost) in the form of research journals and literature studies of textbooks.

## **RESULT AND DISCUSSION**

Midwives in carrying out their role to support parents in providing sex education in the family environment need to understand studies of both the needs needed and the obstacles that occur, namely:

### **1. Parents Characteristics**

The role of the family in the development and sexual education of children is considered very important because from the family children begin to develop and form sexual identities and behaviors from the beginning of their lives (Kakavoulis A, 2016). So that parents can be an important resource in the sexual education of their children, as people who are involved in sex education, namely teachers in schools and parents must have some special personal characteristics and good training. These characteristics include knowledge, good relationships with children, social maturity, modeling, self-esteem, morality, and freedom from sexual partners. But research shows that families do not have sufficient requirements to provide proper sex education, 82% of families have those tasked with supporting the emotional and physical development of their children namely to raise children to be sexually healthy people, able to engage in respectable relationships, family values, communication about sex and knowledge and comfort about sexuality (Dyson S, 2015) Midwives as health workers need to support parents in implementing sex education in the family environment. So it is important to understand the factors that influence the implementation of sex education in the family (Kakavoulis A, 2016). 2015) Midwives as health workers need to support parents in implementing sex education in the family environment. So it is important to understand the factors that influence the implementation of sex education in the family (Kakavoulis A, 2016). 2015) Midwives as health workers need to support parents in implementing sex education in the family environment. So it is important to understand the factors that influence the implementation of sex education in the family (Kakavoulis A, 2016).

### **2. Sex Education Goals**

Parents expressed a variety of views about what might be the long-term goal of sex education, which is to prepare for marriage and underscore the need for sexual morality. 96% of parents agree that relevant information about the basics of genital function should be complemented by a deeper understanding of meaning, and 98% also agree that the relationship between the sexes is governed by moral principles. 64% of parents also believe that concern for children's sexual development must start from the preschool years and 86% stated that immodest scenes will harm children's sexual behavior (Kakavoulis A, 2016).

### **3. Communication Approach**

Qualitative research on information on attitudes, values, concerns, motivations, and aspirations of parents toward sex education for their children was conducted by Suzanne Dyson. In the communication approach, parents who describe their own experience in sex

education as positive are more able to create an open and relaxed atmosphere about sexuality with their children whereas shy or shy will continue the tradition of secrecy and closure. Therefore, parents must create a family atmosphere so that issues regarding sex can be discussed without fear or shame (Nambambi, 2011). Research by Nambambi aims to explore the communication between parents and children about sex, the content of communication, and the difficulties encountered in communication (Nambambi, 2011). The findings show that difficulties in communicating about sex are due to feeling taboo, embarrassed or uncomfortable. Research that explains parents' attitudes toward experiences by communicating with their children about sex, shows the results that parents believe it is important to talk to their children about sex and believe that it is effective, but many do not do it (Ellen K Wilson, 2010).

Communication about sexual matters between parents and adolescents functions as a protective factor and has a positive influence on adolescent behavior. Many studies show sex communication with parents is rare. Parents must have better communication, knowledge, and skills besides the sex education of their child. They must be able to communicate on issues related to sex with their children. The results of the study showed that there were significant gender differences in sexual communication patterns, with boys more likely to talk to their fathers and girls to their mothers. Adolescents who perceive mothers as the main source of sexual knowledge are 1.8 times more likely to discuss issues related to sex with their mothers than those who do not.

#### 4. Obstacle

Qualitative research in Thailand by Sridawrung et al, on the attitudes of adolescents and parents regarding the barriers that prevent parents from providing sex education to their children. The results of the research show that most parents do not teach their children about sex education. Barriers to parents in providing sex education, namely restrictions on traditional beliefs, sex education is not the obligation of parents, limitations of parents. This provides evidence that parents' knowledge and perceptions are related to the ability and willingness to discuss sexual problems with their children. The main obstacle is the perception of parents that their children are too young and do not know how to talk to their children about sexuality (Sridawruang C, 2014). People express barriers in talking about sex, namely: 39% feel uncomfortable, 37% think other people can do better, 32 can encourage bad behavior, 18% don't have enough knowledge, 15% have bad communication, 14% are too busy and 11% feel child is still too young. Parents find it easiest to talk to their children about sex if they have good relationships (Nambambi, 2011). Another study

showed all participants expressed their desire for children to receive information about sex, sexual health, and relationships. Yet many feel inadequate to provide high-quality sex education to their children, particularly their lack of belief in sexual education that is limited to themselves. Parents tend to express the view that they will only answer children's questions if they ask them, the problem is that some parents report their children never asking questions. Parents also revealed that the lack of sex education made it difficult for them to educate their children (Dyson S, 2015).

#### 5. Training and Education for Parents

Understanding the effectiveness of sexuality education training for parents about sex knowledge, awareness of sexuality education, attitudes towards sexuality education, self-efficacy in sexuality education, and the effectiveness of communication, and communication behavior with the hope of being able to talk to children about sexuality issues. Communication of sex problems between parents and adolescents has a potentially positive influence on sexual attitudes and behavior. Adolescents will maintain an attitude towards sex and delay first sexual intercourse or will use contraception. the results of subjects who did 6 weeks of sexuality education training scored higher than the control group in the knowledge of sex, awareness of sexuality education, attitudes towards sexuality education, self-efficacy in sexuality education, effectiveness in sexuality education, communication effectiveness, and communication behavior. ( $F=6.22$ ,  $p<0.01$ ;  $F=7.11$ ,  $p<0.01$ ,  $F=17.07$ ,  $p<0.001$ ,  $F=8.65$ ,  $p<0.01$ ,  $F=11.59$ ,  $p<0.0001$ ). They also have more ability to conduct sex education. Parents can apply the knowledge learned and have the ability to more confidently educate and communicate with their children about topics related to sex (Ellen K Wilson, 2010). Midwives can play a role in providing information about education to increase parents' knowledge so that sex education can be carried out properly. They also have more ability to conduct sex education. Parents can apply the knowledge learned and have the ability to more confidently educate and communicate with their children about topics related to sex (Ellen K Wilson, 2010). Midwives can play a role in providing information about education to increase parents' knowledge so that sex education can be carried out properly.

#### 6. Parent-Child Discussion Topics

Adolescents and parents differ in their perceptions about

engaging in sexual activity and protecting themselves from pregnancy and sexually transmitted infections (STIs). The findings show that parents and adolescents agree that the most appropriate time for sexual activity among adolescents is determined by socioeconomic viability. However, in practice, there is tension between adolescents and parents as a communication barrier. So parents must be educated to discuss broader issues about sexuality that affect adolescents and the reproductive health they need. Parents should discuss issues of sexuality more broadly, including adolescent sexuality and the reproductive health they need. Failure to provide accurate information about this can place adolescents at risk of negative outcomes, especially if they seek such information from peers which often leads to misinformation. This situation can encourage early dating, parents need to be knowledgeable, approachable, and open when starting a conversation, willing to listen, encourage questions from teenagers, understand the feelings behind questions, and respond to those questions. This is to avoid a unidirectional communication process from parents who provide information (Asampong E, 2015). This situation can encourage early dating, parents need to be knowledgeable, approachable, and open when starting a conversation, willing to listen, encourage questions from teenagers, understand the feelings behind questions, and respond to those questions. This is to avoid a unidirectional communication process from parents who provide information (Asampong E, 2015). This situation can encourage early dating, parents need to be knowledgeable, approachable, and open when starting a conversation, willing to listen, encourage questions from teenagers, understand the feelings behind questions, and respond to those questions. This is to avoid a unidirectional communication process from parents who provide information (Asampong E, 2015).

All parents say that sex education is the backbone of the prevention and control of diseases such as HIV-AIDS, unwanted pregnancies, sexual harassment, abortion, love-related conflicts, and family planning problems (Fentahun N, 2012). The qualitative study shows that almost all parents say the content of sex education in schools must include abstinence and other problems based on the student's mental maturity. That means that at the beginning of the age of basic education sex education in schools contains only taboos and at an advanced age in secondary schools, other sexual problems are added (Swartzendruber A, 2016), as well as sex education in the family environment. Unfortunately, the prevalence of STIs

among pregnant adolescents is increasing,

## CONCLUSION

To carry out sex education in the family environment, midwives need to support parents by providing the necessary information, because as people who are involved in sex education for their children, parents should have certain characteristics to be able to carry out their duties. In the communication approach, parents must create an appropriate family atmosphere so that issues concerning sex can be discussed without fear or embarrassment. Obstacles for parents in providing sex education are restrictions on traditional beliefs, sex education is not the obligation of parents, parents' perceptions that their children are too young, and parents' limitations.

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