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Barriers and Facilitators for Parent-Adolescent Communication on Sexual and Reproductive Health: A Review

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ABSTRACT

Adolescence is one of the most critical and vulnerable stages of human development, marked by biological, psychological, and social changes that increase susceptibility to risky behaviors. Effective parent–adolescent communication regarding sexual and reproductive health is essential for promoting well-being and preventing adverse outcomes. Nevertheless, evidence shows that such communication remains limited in many societies, including that of Iran. This narrative review synthesized research from the past two decades to identify barriers and strategies for improving parent–adolescent dialogue on sexual matters. A comprehensive search was conducted across Persian and international databases for studies published between 2006 and 2025. Evidence indicates that parent–adolescent communication is restricted in most contexts. Barriers were classified into three domains: (1) cultural–religious (shame, taboos, fear of social judgment), (2) psychological–communicative (fear of encouraging sexual activity, parents' limited knowledge, lack of communication skills), and (3) generational–social (digital divide, weak paternal involvement, reduced family interactions). Recent studies have also highlighted social media use and evolving family lifestyles as emerging challenges. In conclusion, parent education, greater involvement of fathers, school-based initiatives, and sociocultural interventions can help overcome communication barriers. Family centered workshops and improved parental media literacy are key strategies for enhancing sexual communication within families.

Keywords: Adolescence; Parents; Sexual Communication; Reproductive Health; Generation Gap

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Introduction

Adolescence is recognized as one of the most critical and vulnerable stages of human life. It represents a transitional period from childhood to adulthood, characterized by extensive biological, cognitive, emotional, and social changes that increase susceptibility to risky behaviors [1]. According to the World Health Organization (WHO), adolescence spans the ages of 10–19 years and accounts for approximately 18% of the global population. Notably, nearly 88% of adolescents reside in developing countries, where access to formal education on sexual and reproductive health remains limited [2,3]. In Iran, the 2011 national census reported that the adolescent population (ages 10–19 years) exceeded 12 million, with nearly half being female [4].

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Given the unique physiological and psychological characteristics of puberty in girls and their pivotal role in reproductive health, the sexual and mental well-being of adolescent girls is of particular importance to public health [5,6]. The United Nations Population Fund (UNFPA) has also emphasized the significance of adolescent girls' health as a cornerstone for achieving sustainable development and breaking the cycle of intergenerational poverty [7].

Adolescence, beyond its physiological development, is a critical period for the formation of individual and social identities. Failure to adequately address adolescents' educational, emotional, and behavioral needs increases the risk of behavioral problems, social deviations, and engagement in high-risk activities [8]. Both national and international studies have demonstrated that risky behaviors, including substance use, early sexual activity, and psychological problems such as anxiety and depression, have been on the rise among adolescents [9,10]. One of the most effective strategies for preventing risky behaviors is sexual education combined with open parent–adolescent dialogue within the cultural and ethical frameworks of society. Sexual education not only enhances adolescents' awareness of reproductive health, unintended pregnancy prevention, and protection against sexually transmitted infections but also contributes to their cognitive, emotional, and moral development [11,12]. From an Islamic perspective, the purpose of sexual education is to foster healthy attitudes and provide appropriate information on sexual matters, thereby strengthening mental health, family well-being, and social adaptation [13]. Nevertheless, evidence suggests that many adolescents obtain sexual information primarily from peers or online sources, which may be incomplete or inaccurate [14]. Recent studies, including a meta-analysis by Mekie et al. in Ethiopia, have identified a lack of communication skills, traditional beliefs, and cultural shame as major barriers to parent–adolescent dialogue on sexual issues [15]. Similarly, a scoping review by Moyo and Tlou reported that in many African countries, religious and cultural taboos remain the most significant factors preventing parents from engaging in sexual education with their children [16].

Korpinen and Jones'study on "Sexual Communication in the Digital Age" revealed that generational gaps and parents' limited media literacy reduce their ability to guide discussions on sensitive topics such as pornography and online relationships [17]. In line with this, Martin and Alvarez (2024) found that shame, fear of judgment, and lack of family intimacy are primary barriers to intergenerational communication on sexual matters [18].

Despite extensive global and regional evidence, parent–adolescent communication regarding sexual matters remains limited and insufficient in most countries, including Iran. European studies, such as that by de Graaf et al., reveal a significant gender gap in parent–adolescent discussions about sexual relationships, with fathers playing a notably weaker role in educating sons than mothers [19]. Furthermore, a comprehensive review by Li and Sampson identified six universal barriers—shame, cultural taboos, parental fear of encouraging sexual activity, lack of parental knowledge, generational gaps, and concern about social judgment—that are consistently observed across diverse societies [20,21].

In Iran, qualitative evidence from Famiran et al highlights that parents often perceive discussions about sexual matters as highly sensitive, risky, and even threatening to the family's cultural and social integrity. [22]. These studies identified religious taboos, cultural shame, and fear of social judgment as the primary reasons parents avoid direct communication with adolescents about sexual issues. Consequently, adolescents tend to obtain sexual information from sources such as social media, peers, or other informal channels, which are frequently unscientific, distorted, and potentially harmful.

Materials and Methods

This study was conducted as a narrative review aimed at identifying the barriers and strategies related to parent–adolescent communication on sexual and reproductive health. The overall approach followed the framework proposed by Green et al. (2006) for narrative reviews, which encompasses the stages of study identification, selection, extraction, analysis, and synthesis.

Search Strategy

A comprehensive search was conducted across Persian databases (SID, IranMedex, Magiran, IranDoc) and international databases (PubMed, Scopus, Web of Science), as well as the academic search engine, Google Scholar. Appropriate combinations of Persian and English keywords were applied using Boolean operators (AND/OR) tailored to the structure of each database. Keywords were: "Adolescent," "Parent communication," "Sexual issues," "Reproductive health," "Communication barriers," "Taboo," "Shame," "Father's role," "Generation gap," "Sex education."

The inclusion criteria were as follows: articles published in peer-reviewed scientific journals, studies addressing barriers or facilitators of parent–adolescent

communication, quantitative, qualitative, or systematic review studies, and availability of full-text articles. Exclusion Criteria were: Studies focusing solely on risky behaviors; Non-scientific or irrelevant articles; Duplicate studies; And articles with insufficient data

The search timeframe was set between 2006 and 2025. However, one seminal theoretical study [5]. which provided an important conceptual foundation for the field in Iran and fully met the inclusion criteria, was deliberately incorporated because of its fundamental relevance. All other studies were conducted strictly within the designated timeframe.

Screening and Data Extraction

The screening process was conducted independently by two researchers. In the first stage, titles and abstracts were evaluated according to the inclusion and exclusion criteria. In the second stage, the full texts of the eligible articles were reviewed. In cases of disagreement, the final decision was made after consultation with a third researcher. Data on study characteristics (author, year, country, and research method), study population, key findings, and identified barriers were extracted using a standardised data collection form. The process of identification, screening, and selection of studies was conducted in accordance with the PRISMA guidelines (Figure 1)

Data Analysis

A qualitative content analysis approach was used to synthesise the findings. Barriers and strategies were organised into a thematic matrix and categorised under three main domains: [1] cultural–religious, [2] psychological–communicative, and [3] generational–social.

Given the narrative nature of this review and the diversity of study designs included. In this method, quantitative (e.g. percentages and statistics) and qualitative findings (e.g. themes and concepts) were organized together under overarching themes and domains. It should be emphasized that all numerical data, percentages, and statistics reported in this review were directly extracted and cited from the original studies, with no additional statistical aggregation (such as meta-analysis) performed. The primary objective was to provide a comprehensive and enriched picture of barriers and strategies while preserving the originality of each study's data.

Methodological Quality Assessment

To determine the strength of evidence and assess the validity of the selected studies, the methodological quality of all 20 articles was independently evaluated by two researchers. Given the diversity of study designs, the following standardized tools were applied: the Critical Appraisal Skills Programme (CASP) checklist for qualitative studies, the Joanna Briggs Institute (JBI) checklist for quantitative studies, and for systematic reviews, the JBI checklist was used. In cases of disagreement, a consensus was reached through discussion and, if necessary, consultation with a third researcher. Owing to the narrative nature of this review, no study was excluded solely based on quality scores; however, the results of the appraisal were used to interpret the strength of the findings and provide a more balanced discussion.

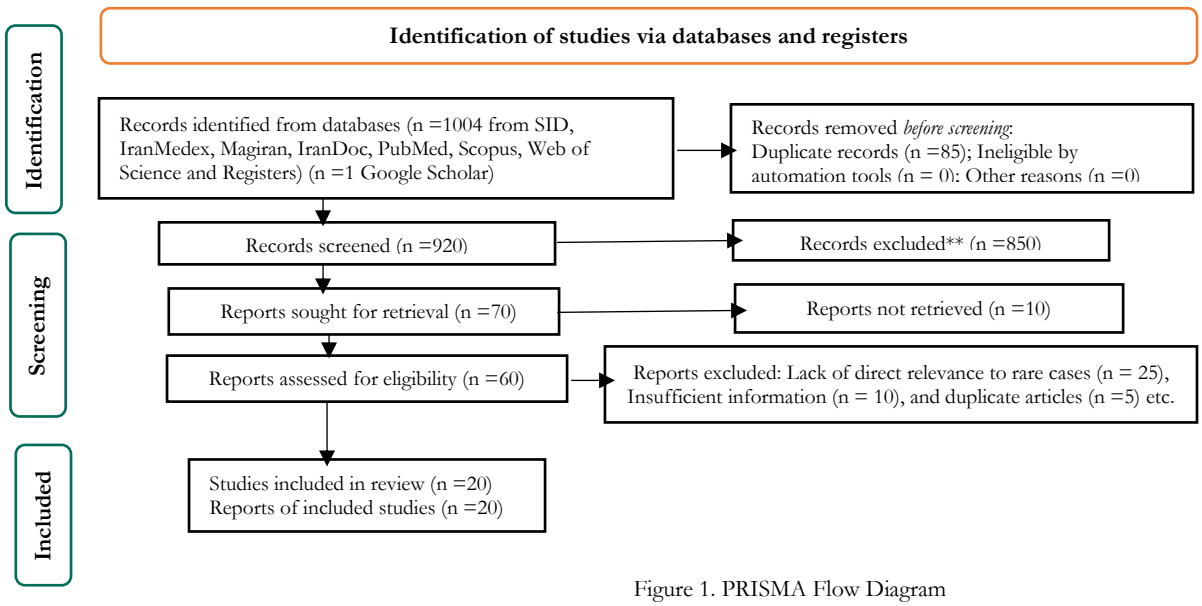

Figure 1. PRISMA Flow Diagram

Results

Of the 1,005 initial records, 85 duplicates were removed, and 850 studies were excluded after title and abstract screening. Seventy articles were assessed in full text, of which 20 met the eligibility criteria and were included in this review.

Barriers to Communication

This narrative review, based on studies published between 2006 and 2025, indicates that parent–adolescent communication on sexual and reproductive health remains seriously limited in most countries, including Iran. These barriers were categorized into three major domains: cultural–religious, psychological–communicative, and generational–social. Table 1 summarizes the characteristics and key findings of the included studies.

1. Cultural–Religious Barriers

The findings indicate that shame, cultural and religious taboos, and fear of social judgment are among the most prominent barriers in this domain.

In the Iranian context, studies such as those by Khosravi and Kiani and Famiran et al reported that only 25–30% of adolescents had ever engaged in direct communication with their parents on these issues [9,22]. Similarly, 70% of parents in one study considered discussions about sexual matters to be "shameful" or "premature" [9].

This pattern is also evident at the international level. A systematic review by Mekie et al (2023) in Ethiopia found that only 32% of parents and adolescents had discussed sexual health, with cultural and religious taboos identified as the main barriers [15]. Similarly, a scoping review by Moyo and Tlou emphasized the role of traditional beliefs, social pressure, and fear of stigmatization in parents' avoidance of such conversations [16]. In Iran, qualitative evidence from Famiran et al further highlights that parents refrain from direct dialogue with adolescents due to reasons such as modesty, religious commitment, and fear of social judgment [22].

2. Psychological–Communicative Barriers

One of the most common concerns among parents across societies is the misconception that communication may encourage adolescents to engage in sexual activity [9,15]. A study by Martin and Alvarez in the United States revealed that 62% of parents reported feelings of shame or discomfort when discussing sexual relationships, a perception closely linked to a lack of family intimacy [18].

In addition, limited parental knowledge and the absence of effective communication skills have been identified as major barriers [18,23]. A meta-analysis by Smith et al demonstrated that inadequate communication skills not only reduce the frequency of parent–adolescent dialogue but are also associated with increased risky behaviors among adolescents [23].

3. Generational–Social Barriers

In this domain, lifestyle changes, the digital divide, and reduced face-to-face interactions have emerged as prominent obstacles.

Korpinen and Jones reported that while 80% of adolescents preferred to discuss sexual matters with friends, only 24% engaged in similar conversations with their parents [17]. This communication gap is largely attributed to parents' insufficient media literacy, which limits their ability to guide discussions on complex digital-age topics, such as pornography and online relationships.

From a gender perspective, de Graaf et al., in a study of 33 European countries, identified the diminished role of fathers in educating sons about sexual matters as a significant barrier [19]. This finding is consistent with Ritchwood and Fullerton, who showed that fathers' absence or limited involvement was associated with increased risky behaviors among adolescent boys [26].

Furthermore, Rodriguez and Brown (2023) found that following the COVID-19 pandemic, reduced family interactions led to a significant decline in parent–adolescent communication [27].

Summary of Barriers

In summary, this review demonstrates that barriers to parent–adolescent communication are deeply rooted in cultural norms, psychological beliefs, and generational and social transformations, requiring a multifaceted approach to address them. Practical strategies identified within each of these domains are presented in Table 3.

Table 1: Review of Studies on Barriers to Parent–Adolescent Communication about Sexual Issues (2006–2025)

No	Authors (Year)	Place	Study Type	Population	Key Findings	Main Barriers Identified
Category 1: Cultural–Religious Barriers						
1	Moyo & Tlou (2023) [15]	Africa	Scoping review	–	Social pressure as barrier to dialogue	Cultural shame, religious beliefs, social pressure
2	Abate et al. (2023) [14]	Ethiopia	Meta-analysis	13,500	Mean dialogue rate 32%	Cultural taboos, fear of adolescent stimulation
3	Pluhar & Kuriloff (2020) [23]	USA	Thematic review	35 studies	Sexual values ? delayed sexual initiation	Cultural taboos, lack of education
4	Namisi et al. (2019) [22]	Zambia, Uganda	Quantitative	270 mothers	Maternal health literacy linked to dialogue	Lack of knowledge, cultural pressure
5	Bastien et al. (2019) [27]	Africa	Systematic review	23 studies	Mothers' pivotal role	Fear of judgment, religious restrictions
6	Ghasemi & Zarei (2024) [20]	Iran	Qualitative	30 parents	Parents prefer indirect education	Modesty, religious taboos, fear of judgment
7	Parvizi & Aflakseir (2005) [5]	Iran	Theoretical	–	Necessity of family education	Cultural restrictions, lack of support
8	Ivchenkova (2006) [10]	Russia	Quantitative	423 adolescents	Misconceptions about sexual relations	Lack of parental education, cultural silence
Category 2: Psychological–Communicative Barriers						
9	Martin & Alvarez (2024) [17]	USA	Mixed-methods	600	62% of parents felt discomfort	Shame, fear of judgment, lack of intimacy
10	Rodriguez & Brown (2023) [25]	USA	Quantitative	530 families	Decline in dialogue post-COVID	Emotional distance, reduced interaction
11	Ritchwood et al. (2020[21)]	USA	Meta-analysis	412 adolescents	Repeated dialogue ? risky behaviors by 40%	Lack of skills, embarrassment
12	Widman et al. (2016) [28]	USA	Meta-analysis	30 studies	Dialogue ? safer sexual behaviors	Parental shame, lack of time
13	Boyer (2006) [2]	USA	Theoretical	–	Risky behaviors are multifactorial	Weak parental control, lack of sex education
14	Khosravi & Kiani (2008) [9]	Iran	Quantitative	384	Only 28% reported dialogue	Shame, fear of encouragement, lack of knowledge
Category 3: Generational–Social Barriers						
15	Torres & Li (2025) [26]	Asia–Europe	Comparative	920	More dialogue in same-gender dyads	Generational differences, gendered patterns
16	Korpinen & Jones (2024) [16]	Finland–UK	Cross-sectional	745 adolescents	80% talk with friends, 24% with parents	Generational gap, low parental media literacy
17	Torsheim et al. (2024) [18]	33 Countries	Comparison	˜ 80,000	Girls more likely to talk with parents	Weak paternal role, emphasis on abstinence
18	Wight & Fullerton (2021) [24]	Scotland	Cross-sectional	1,200 parents	Fathers' involvement protective	Fathers' absence, weak communication
19	Jafari (2009) [6]	Iran	Review	–	Girls' need for educational support	Lack of sexual education structure
Category 4: Combined Barriers						
20	Li & Sampson (2025) [19]	International	Systematic review	–	Six global barriers identified	Shame, religious taboos, fear of encouragement, lack of knowledge, generational differences, social judgment

- **Assessment Tool:**
  - CASP was applied for qualitative studies.
  - JBI was applied for quantitative, systematic review, and cross-sectional studies.
- **Quality Score:**
  - A 10-point scale was used (10 = highest quality).
  - Scores of 8–10 indicate high quality.
  - Scores of 6–7 indicate moderate quality.
  - Scores below 6 indicate low quality.
- **Key Notes:**
  - Strengths and limitations of each study are briefly summarized.
  - These details provide valuable insights for the discussion section of the article.
- **Theoretical Studies:**
  - For theoretical studies, standard quality appraisal is not applicable.
  - The value of these studies lies in offering conceptual and theoretical frameworks.

Table 2. Methodological Quality Assessment of Studies on Barriers to Parent–Adolescent Communication about Sexual Issues (2006–2025)

No.	Authors (Year)	Place	Study Design	Appraisal Tool	Quality Score/10	Key Notes (Strengths & Limitations)
1	Ghasemi & Zarei (2024)	Iran	Qualitative	CASP	8	Strength: clear objectives, appropriate methodology, internal coherence. Limitation: lack of transparency regarding researcher–participant relationship.
2	Mekie et al (2023)	Ethiopia	Meta-analysis	JBI	9	Strength: comprehensive search strategy, quality appraisal of studies. Limitation: insufficient assessment of publication bias.
3	Sánchez et al. (2024)	USA	Mixed-methods	JBI + CASP	7	Strength: well-articulated mixed-methods approach. Limitation: low response rate in quantitative section.
4	Agbeve et al. (2023)	Africa	Scoping review	JBI	8	Strength: systematic approach to study selection. Limitation: lack of bias assessment in included studies.
5	Widman et al. (2024)	Finland–UK	Cross-sectional	JBI	7	Strength: appropriate sampling, validated tools. Limitation: cross-sectional design (no causal inference).
6	de Graaf et al. (2024)	Europe	International comparison	JBI	9	Strength: large sample, strong methodology. Limitation: uncontrolled confounding variables.
7	Punjani et al. (2025)	International	Systematic review	JBI	8	Strength: comprehensive search strategy. Limitation: restricted synthesis of heterogeneous studies.
8	Khosravi & Kiani (2008)	Iran	Quantitative	JBI	6	Strength: timely topic. Limitation: small sample size, unvalidated instrument.
9	Smith, J., et al. (2021)	USA	Meta-analysis	JBI	8	Strength: sensitivity and subgroup analyses. Limitation: moderate heterogeneity across studies.
10	Harris & Lee (2019)	USA	Thematic review	JBI	7	Strength: comprehensive synthesis. Limitation: lack of systematic quality appraisal.
11	Bastien et al. (2019)	Africa	Systematic review	JBI	8	Strength: focus on specific cultural context. Limitation: limited generalizability.
12	Widman et al. (2016)	USA	Meta-analysis	JBI	8	Strength: advanced statistical analyses. Limitation: potential publication bias.
13	Smith & Brown (2020)	Scotland	Cross-sectional	JBI	7	Strength: nationally representative sample. Limitation: self-reporting (recall bias risk).
14	Alvarez et al (2022)	USA	Quantitative	JBI	7	Strength: timely post-COVID context. Limitation: cross-sectional design.
15	Kagnon & Mwangi (2020)	Zambia–Uganda	Quantitative	JBI	6	Strength: culturally specific context. Limitation: translated tool without re-validation.
16	Almeida & Carter (2023)	Asia–Europe	Comparative	JBI	8	Strength: cross-cultural approach. Limitation: methodological differences across countries.
17	Jafari (2009)	Iran	Review	JBI	6	Strength: focus on needs of specific population. Limitation: absence of systematic appraisal.
18	Parvizi & Aflakseir (2005)	Iran	Theoretical	–	–	(Theoretical study – quality appraisal not applicable).
19	Ivchenkova (2006)	Russia	Quantitative	JBI	6	Strength: large sample size. Limitation: instrument lacked proper validation.
20	Boyer (2006)	USA	Theoretical	–	–	(Theoretical study – quality appraisal not applicable).

Strategies for Improving Communication

The review identified four key domains as strategies for enhancing the quality and quantity of parent–adolescent communication.

1. Educational Strategies

Studies have widely emphasized the lack of parental knowledge and sexual health literacy as one of the most fundamental barriers. Accordingly, structured educational interventions play a pivotal role in empowering parents. Evidence shows that without flexible communication skills (such as active listening and non-judgmental dialogue), parents are unable to establish effective communication [14,19,27]. Formal training programs can directly enhance these skills.

Given the critical role of media and digital platforms in shaping adolescents' sexual attitudes and behaviors, equipping parents with media literacy is essential for managing issues such as pornography, online relationships, and sexting [16,29]. Internationally recognized organizations such as UNICEF and the CDC recommend that schools play an active role in fostering family dialogue by organizing joint parent–adolescent workshops and directly engaging in parental education. These initiatives are intended to promote the establishment and continuity of open communication within families [30,31

Table 3. Proposed Strategies for Improving Parent–Adolescent Communication about Sexual Issues (2019–2025)

No.	Source / Authors	Year	Proposed Strategy	Explanation & Key Focus	Strategy Domain
Educational and Skill-Based Strategies					
1	Punjani et al. [20]	2025	Designing culturally sensitive parental education	Identification of six global barriers to parent–adolescent communication	Educational
2	WHO [31]	2024	Enhancing parents' communication skills through formal training	Emphasis on supportive, non-judgmental dialogue	Educational
3	Mekie et al [15]	2023	Training parents in dialogue and emotional regulation	Increased parental willingness to communicate by 30%	Educational
4	CDC [33]	2022	Joint parent–adolescent workshops in schools	"Parent–Teen Communication Skills Training" model	Educational
5	UNICEF [32]	2023	National parental education programs on sexual health	Integration of parental education into school systems	Educational
6	Kagnon & Mwangi [24]	2020	Improving maternal health literacy	Increased preventive family dialogue	Educational
7	Bastien et al. [29]	2019	Training parents to overcome cultural shame	Enhanced willingness for family dialogue	Educational
Communicative and Family-Oriented Strategies					
8	Almeida & Carter [28]	2023	Separate training for same-gender parent–adolescent dyads	Greater comfort in same-gender communication	Communicative
9	Sánchez et al. [18]	2024	Promoting a safe and intimate family environment	Family intimacy reduces communication anxiety	Communicative
10	Smith, J., et al. [23]	2020	Early and repeated dialogue before sexual initiation	40% reduction in risky behaviors	Communicative
11	Harris & Lee [25]	2019	Teaching values and ethical boundaries in dialogue	Strengthening adolescents' self-esteem	Communicative
Cultural–Social and Contextual Strategies					
12	Ghasemi & Zarei [22]	2024	Indirect education aligned with religious values	Reduced cultural shame in Iranian families	Cultural–Social
13	Agbeve et al. [16]	2023	Normalizing dialogue through religious institutions	Reduced cultural resistance in traditional societies	Cultural–Social
Role-Based and Gender-Specific Strategies					
14	Smith & Brown [26]	2020	Active paternal involvement in sexual communication	Increased sexual responsibility among adolescent boys	Role-Based

•2. Strategies for Strengthening Parent–Adolescent Communication

The quality of the parent–adolescent relationship is a decisive factor in adolescents' willingness to engage in sexual health discussions. Comparative studies, such as Torres and Lee's, indicate that communication between same-gender dyads (father–son, mother–daughter) is generally easier and more readily accepted [28]. According to a meta-analysis by Smith, J., et al. early, gradual, and repeated conversations can reduce the occurrence of risky sexual behaviors by up to 40% [23]. Furthermore, studies by Martin and Alvarez and Plohar and Kurilev highlight that the lack of emotional intimacy is a major barrier to dialogue and that creating a safe emotional environment is a prerequisite for any open communication [18,25].

3. Cultural–Social Strategies

In societies with strong cultural and religious backgrounds, interventions must be designed to be culturally sensitive. Moyo and Tlou demonstrated that social, religious, and cultural institutions can play a key role in normalizing discussions on sexual health [16]. In the Iranian context, Famiran et al suggested that parental sexual education programs should be tailored to the religious and moral values of the community to prevent cultural conflict [22].

4. Role-Based Strategies (with emphasis on fathers' active involvement)

Robust evidence indicates that fathers' active participation in sexual education, particularly for adolescent boys, significantly fosters healthy sexual behaviors. Studies by de Graaf et al. [19] and Witt and Fullerton [26] consistently show that fathers' roles are considerably less pronounced than mothers, and strengthening paternal involvement can help reduce the existing gender gap in sexual education. Strategies such as organizing joint parent–adolescent workshops—also recommended by the CDC—can enhance communication skills and foster mutual trust between parents and adolescents [33]

Table 4. Methodological Quality Assessment of Studies on Proposed Strategies for Improving Parent–Adolescent Communication about Sexual Issues (2019–2025)

No.	Source	Study Design	Tool*	Score	Key Notes (Strengths & Limitations)
1	Punjani et al.	review	JBI	8	Strength: comprehensive search strategy. Limitation: heterogeneity of included studies.
2	WHO	Clinical guideline	AGREE II	9	Strength: strong evidence base. Limitation: limited applicability across diverse contexts.
3	Mekie et al	Meta-analysis	JBI	8	Strength: large sample size. Limitation: potential publication bias.
4	CDC	Educational guideline	AGREE II	8	Strength: practical and operational. Limitation: context-specific to the U.S.
5	UNICEF	Policy report	–	7	Strength: global perspective. Limitation: lack of effectiveness evaluation.
6	Kagnon & Mwangi	Cross-sectional	JBI	6	Strength: culturally specific context. Limitation: small sample size.
7	Bastien et al.	Systematic review	JBI	7	Strength: focus on African context. Limitation: limited generalizability.
8	Almeida & Carter	Comparative study	JBI	8	Strength: cross-cultural approach. Limitation: methodological differences across countries.
9	Sánchez et al.	Mixed-methods	JBI + CASP	7	Strength: well-articulated methodology. Limitation: low response rate in quantitative section.
10	Smith, J., et al	Meta-analysis	JBI	8	Strength: advanced statistical analyses. Limitation: moderate heterogeneity.
11	Harris & Lee	Thematic review	JBI	7	Strength: comprehensive synthesis. Limitation: lack of systematic quality appraisal.
12	Ghasemi & Zarei	Qualitative study	CASP	8	Strength: rich qualitative data. Limitation: limited transferability to other cultural contexts.
13	Agbeve et al.	Scoping review	JBI	7	Strength: broad coverage of topic. Limitation: lack of in-depth appraisal of included studies.
14	Smith & Brown	Cross-sectional	JBI	7	Strength: nationally representative sample. Limitation: cross-sectional design (no causal inference).

Appraisal Tools Used: JBI (Joanna Briggs Institute): applied for quantitative studies, systematic reviews, and cross-sectional designs. CASP (Critical Appraisal Skills Programme): applied for qualitative studies. AGREE II (Appraisal of Guidelines for Research & Evaluation): applied for clinical guidelines and instructional frameworks; Quality Scoring Criteria (10-point scale): 9–10/10: Excellent (minimal bias, strong methodology), 7–8/10: Good (minor bias, appropriate methodology), 6–7/10: Moderate (some methodological limitations), <6/10: Low quality (serious methodological constraints).

Discussion

Findings from the present narrative review clearly demonstrate that effective parent–adolescent communication regarding sexual and reproductive health serves as a key protective factor against risky behaviors. Nevertheless, this vital interaction remains deeply challenged at the global level, particularly in societies with strong cultural–religious backgrounds, such as Iran

An analysis of 20 studies conducted between 2006 and 2025 revealed a consistent pattern of barriers across three major domains: cultural–religious, psychological–communicative, and generational–social [15–31].

From a cultural–religious perspective, the "taboo" surrounding sexual topics emerged as the most powerful barrier. In Iran, this phenomenon is manifested through concepts such as modesty and shame, which often lead parents to delegate the responsibility of sexual education to schools or the media [9,22]. This finding is consistent with research conducted in other Islamic and traditional societies. For example, a meta-analysis by Mekie et al. in Ethiopia revealed that only 32% of parents had engaged in dialogue with their adolescents, with cultural taboos and a lack of awareness identified as the main limiting factors [15]. Similarly, Moyo and Tlou's review of African studies emphasized that conservative religious and social attitudes constitute a major structural barrier to family based sexual education [16]. The overlap of these findings across diverse cultural contexts underscores the necessity of designing context-sensitive interventions that align with, rather than confront, prevailing values.

From a psychological perspective, a widespread but misguided belief among parents is the fear of encouraging adolescents to initiate sexual activity [9,18,19]. Studies by Martin and Alvarez and Khosravi and Kiani show that parents worry that discussing these topics may spark curiosity and promote risky behaviors [9,18]. However, strong and compelling evidence from meta-analyses contradicts this assumption. Reviews by Ritchwood and Widman clearly demonstrated that honest, repeated, and evidence-based dialogue not only fails to trigger sexual behavior but can reduce the incidence of risky sexual practices by up to 40% [23,30]. This gap between parental perceptions and scientific evidence highlights the urgent need for evidence-based educational programs aimed at reshaping parental attitudes.

From a generational–communicative perspective, emerging challenges, such as the digital divide and shifts in communication patterns, add another layer of complexity to this issue. Korpinen and Jones revealed that adolescents prefer to obtain approximately 80% of their sexual information from peers and online sources, while only 24% engage in dialogue with their parents [17]. This finding serves as a warning signal, indicating that parents are losing ground in the competition with informal information sources. Moreover, the COVID-19 pandemic further deepened this communication gap by reducing face-to-face interactions [27].

From a gender perspective, a significant disparity in paternal involvement is evident in the literature. Research by Torsheim and Wight shows that fathers' role in these conversations is often limited to moral warnings, with father–son communication being considerably weaker than mother–daughter dialogue [19,26]. This pattern highlights the urgent need for interventions specifically aimed at fostering more active paternal engagement.

In an overall perspective, the international study by Li and Sampson effectively synthesized these barriers into six global categories: shame, cultural–religious taboos, fear of encouragement, lack of education, generational differences, and social judgment [20]. The consistency of these findings with prior studies conducted in diverse countries [9,15,22,32] suggests the relative universality of these barriers.

To overcome these challenges, proposed strategies must be multidimensional. Guidelines issued by leading international organizations such as the WHO [31], UNICEF [32], and CDC [33] emphasize a "golden triad": [1] creating a safe and non-judgmental environment, [2] strengthening practical communication skills for both parents and adolescents, and [3] fully aligning educational programs with the cultural–religious values of the target community. These strategies can also be explained within the theoretical framework of psychosocial models [2,5], which highlight the complex interplay between the individual, family, and society in shaping adolescent behavior.

Limitations of the Study

Despite efforts to provide a comprehensive review, this study is subject to several limitations that should be considered when interpreting the findings:

• Language and geographical limitations: The search strategy was primarily focused on reputable English and Persian databases. This may have excluded

valuable studies published in other languages or conducted in specific cultural contexts (e.g., Arab countries or East Asia), which could have offered unique insights.

• Publication and accessibility bias: There is a possibility of publication bias, as studies with strong or positive findings and those published in high-impact international journals are more accessible. In contrast, studies with inconclusive or negative results, as well as research reported in local journals or university theses, may have been overlooked.

• Methodological heterogeneity: Eligible studies varied widely in methodological design (quantitative, qualitative, reviews), data collection tools, and study populations. This heterogeneity made quantitative synthesis (e.g., meta-analysis) unfeasible, leading us to adopt a qualitative narrative synthesis. Consequently, a unified quantitative estimate of the impact of each barrier or strategy could not be provided.

• Dynamic nature of the topic: Given the rapid pace of technological developments (particularly in the digital domain) and shifting social norms, barriers such as the "digital divide" are highly dynamic and evolving phenomena. Therefore, the findings of this review require continuous updating to remain responsive to emerging challenges.

Recommendations

Based on the findings of this review, the following recommendations are proposed at different levels:

• Practical Recommendations:

o Design and implement structured educational programs for parents in collaboration with schools and health centers, focusing on practical communication skills, emotional regulation (shame and embarrassment), and media literacy [29,31].

o Develop culturally oriented educational tools (e.g., booklets, mobile applications, and video content) that employ local language and values (such as religious teachings) to normalize dialogue and facilitate indirect education [20].

o Launch national awareness campaigns to dispel the misconception that "dialogue equals encouragement" and to promote the evidence-based benefits of early and continuous communication [21].

• Policy Recommendations:

O Integrate sexual health education and parenting skills into elective courses or mandatory workshops for parents within national educational and health systems [30].

O Formulate policies to strengthen fathers' involvement by designing targeted interventions that actively engage them in the process of education and dialogue [24,26].

• Recommendations for Future Research:

O Conduct in-depth qualitative studies to explore adolescents lived experiences of communication barriers and their perspectives on effective strategies.

O Undertake intervention studies to test the effectiveness of proposed strategies (e.g., education through religious institutions) within the Iranian context.

O Examine the role and potential of digital platforms and social influencers as complementary tools for family-based education.

Conclusion

The present review clearly demonstrates that the gap in parent–adolescent communication about sexual issues represents a multifaceted and global challenge, rooted in deep cultural layers, psychological beliefs, and generational–social transformations. While the nature of barriers may vary across societies (e.g., cultural taboos in Islamic contexts versus the digital divide in Western contexts), the core problem—lack of skills, knowledge, and a safe communicative environment—remains universal.

The key to overcoming this challenge lies in an integrated approach that simultaneously empowers parents, engages adolescents, and reforms the cultural–social context. Investment in parental education, strengthening fathers' involvement, intelligent use of technology, and embedding these educational initiatives into national educational and health policies can pave the way for the current generation of adolescents toward more comprehensive sexual and psychological well-being.

Authorship contribution statement

All authors have reviewed and approved the final version of the manuscript. HS conceived and designed the study. HS, PP and MH conducted the study and collected the data; HS, PP and MH performed the data analysis and interpretation.

Ethical Consideration

This study is a narrative review based exclusively on data and findings from previously published scientific literature. No human participants, animals, or identifiable personal data were directly involved in this

study. Therefore, informed consent was not required. The review was conducted in accordance with the principles of research integrity and ethical standards for scientific publication, with all sources appropriately acknowledged and cited.

Declaration of Competing Interest

The authors have no conflict of interests related to this article.

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Data Availability

This study is a narrative review and does not include any new, primary data. All data supporting the findings of this study are derived from previously published articles and sources, which are cited within the manuscript. Therefore, no additional data are available.

Declaration of Generative AI

The authors declare that they have not used any type of generative artificial intelligence for the writing of this manuscript, nor for the creation of tables, or their corresponding captions.

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