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Original article

Support for Comprehensive Sexuality Education: Perspectives from Parents of School-Age Youth

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Abstract

Purpose: Controversy about school-based sexuality education in public schools has continued over the past decade, despite mounting evidence that comprehensive sexuality education effectively promotes sexual health and that parents support these programs in public schools. The present study replicates and expands upon previous findings regarding public views on school-based sexuality education.

Methods: One thousand six hundred five parents of school-age children in Minnesota responded to telephone surveys in 2006–2007 (63% participation rate), including items regarding general sexuality education, 12 specific topics, the grade level at which each should be taught, and attitudes toward sexuality education.

Results: The large majority of parents supported teaching about both abstinence and contraception (comprehensive sexuality education [CSE]; 89.3%), and support was high across all demographic categories of parents. All specific sexuality education topics received majority support (63.4%–98.6%), even those often viewed as controversial. Parents believed most topics should first be taught during the middle school years. Parents held slightly more favorable views on the effectiveness of CSE compared to abstinence-only education, and these views were strongly associated with support for CSE (odds ratio $[OR]_{CSE} = 14.3$; $OR_{abstinence} = 0.11$).

Conclusions: This study highlights a mismatch between parents' expressed opinions and preferences, and actual sexuality education content as currently taught in the majority of public schools. In light of broad parental support for education that emphasizes multiple strategies for prevention of pregnancy and sexually transmitted infections (including abstinence), parents should be encouraged to express their opinions on sexuality education to teachers, administrators, and school boards regarding the importance of including a variety of topics and beginning instruction during middle school years or earlier.

Keywords: Sex education; Parents

Controversy about school-based sexuality education in public schools has continued over the past decade, fueled in part by the 1998 Social Security Act (Section 510) that provided $50 million in annual grants for abstinence-only education—specifically, teaching that abstinence is the only effective way to prevent pregnancy and sexually transmitted infections (STIs) and providing no information about other prevention methods. Language in the Act specifies that funds cannot be used to discuss contraceptives, except to describe and emphasize their failure rates [1,2]. Evidence suggests that abstinence-only education policies have changed the nature of sexuality education in the United

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States [2]. For example, the Centers for Disease Control and Prevention's School Health Policies and Programs Study found that 92% of middle schools and 96% of high schools taught abstinence as the best way to avoid pregnancy, transmission of HIV/AIDS, and STIs [3]. Although this may be an appropriate starting point for sexuality education, only 21% of middle school teachers and 55% of high school teachers also taught the correct use of condoms, despite the fact that 34% of adolescents report having had sexual intercourse by the 9th grade, and 63% by the 12th grade [4].

The focus on abstinence-only messages has expanded over time: from 1995 to 2002, the proportion of youth who received formal abstinence-only education increased from 9%–24% among males and 8%–21% among females; simultaneously, the proportion receiving education about birth control fell from 81%–66% among males and 87%–70% among females [5]. A 2000 study found that almost one in four sex education teachers had been told *not* to teach about contraception in their sexuality units [6]. Consequently, approximately one-quarter to one-third of adolescents had not received any formal instruction about birth control methods.

Mounting evidence demonstrates the effectiveness of comprehensive sexuality education (CSE)—that is, education that includes abstinence as the best prevention strategy, but also provides medically accurate information about contraceptives and condoms—in promoting abstinence along with protective behaviors. Two recent reviews of CSE programs included only those with evaluations that met strict criteria for scientific rigor. Few abstinence-only program evaluations met these criteria; of these, none were found to delay initiation of sexual intercourse [7,8]. Newly released evidence from a rigorous review of federally funded abstinence-only programs, sponsored by the Department of Health and Human Services, found that although these programs may lead to improvements in several psychosocial variables (e.g., intentions to remain abstinent, social norms supportive of abstinence, and perceived consequences of premarital sex [9]), youth in the programs were no more likely than controls to abstain from sex, and among those who were sexually active, they had similar numbers of sexual partners and the same mean age of sexual debut [10].

The irony of the controversy around sexuality education in public schools is the incompatibility between current federal policies and prevailing opinions among adults and youth. Several recent peer-reviewed studies have demonstrated extensive support for CSE [11–15]. In studies of attitudes of the general population of adults [12,13,16], registered voters [11], and parents [14,15], upward of 80% favor sexuality education that includes both abstinence and prevention messages. Interestingly, youth themselves have been asked relatively infrequently about their views on school-based sexuality education. One qualitative study found that students valued an open and straightforward presentation of comprehensive information [17]. More recently, a survey by the National Campaign to Prevent Teen Pregnancy found that 56% of adolescents themselves want to receive more information about both abstinence and birth control/protection, and an additional 9% wish for more information about birth control/protection [16].

The present study replicated and expanded upon previous findings regarding public views on school-based sexuality education in four ways. First, this study focused on parents of school-aged children rather than a general sample of adults, thereby targeting key stakeholders in educational policy. Second, previous studies with parents have been conducted in the Southern and Western United States. To our knowledge, this is the first in-depth exploration of parents' views in the upper Midwestern region. Concurrent findings among these three studies could suggest greater generalizability of parental views on sexuality education across the United States. Third, this study went beyond most previous studies by asking detailed questions on the content of sexuality education to identify specific topic areas parents would like to have taught at each grade level. Finally, this study assessed attitudes toward sex education and explored their associations with support for CSE, which has not been reported previously.

Methods

Sampling design

Data came from a telephone survey of parents of school-age children throughout Minnesota. Telephone number lists were obtained from Genesys Sampling Systems, with the goal of maximizing the number of households with children and youth in the sample. The sampling frame was stratified to achieve equal representation from Minnesota's eight legislative districts.

Study investigators developed the telephone survey instrument through a systematic review of items that have been used in various state and national surveys of parents [11,15,18]. A preliminary version of the instrument was reviewed by experts in adolescent health and survey methodology. Extensive pilot-testing of a revised version with 28 eligible parents resulted in several minor changes in question wording, order, and survey length to minimize respondent burden and maximize question clarity.

Data collection

Data were collected from September 2006 to March 2007 by trained interviewers at the University of Minnesota's Center for Survey Research in Public Health, using a computer-assisted telephone interview program. Completion of the telephone interview implied consent to participate. The University if Minnesota's Institutional Review Board approved all study protocols. The average length of time to complete the survey was 18 minutes.