New Brunswick Parents' Ideas

About Sexual Health Education

Report prepared for the New Brunswick Department of Education

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Second, we would like to thank the parents who participated in this survey. Their willingness to share their opinions has given us a clearer picture of parents' preferences for the content and timing of sexual health education. This information will be very useful in revising the sexual health education curriculum.

We also would like to express special appreciation to Alexander McKay of the Sex Information and Education Council of Canada for making available the surveys he used for his research in Ontario schools, as well as for his willingness to share his expertise.

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EXECUTIVE SUMMARY

Introduction

The New Brunswick health curriculum for elementary and middle schools, which includes sexual health education, is currently being revised. It is important that parents be involved in determining the content and timing of the sexual health education curriculum. This will increase parents' comfort with the sexual health education their children receive, as well as teachers' and administrators' comfort and willingness to provide sexual health education.

Survey Objectives

1. To assess parents' views on the provision of sexual health education in the schools as well as their opinions about which sexual health topics should be covered in the curriculum and at which grade level these topics should be introduced.
2. To inform revisions to the sexual health education curriculum by increasing the ability of educators to balance the desires of New Brunswick parents with the needs of teachers and students in order to promote students' sexual health.
3. To determine the extent to which parents are providing sexual health education in the home in order to identify ways in which schools and parents can share responsibility for the provision of sexual health education.

Method

Surveys were completed by 4206 parents of children in elementary and middle schools throughout New Brunswick.

Results

Parents overwhelmingly supported sexual health education in the schools, and felt that parents and schools should share responsibility for the provision of sexual health education. They also indicated that sexual health education should cover a wide range of topics and that some sexual health topics should be introduced in the elementary school grades. The majority of parents felt that almost all topics should be introduced by grades 6-8.

In addition, very few parents felt that they had done an excellent job providing sexual health education to their children at home. Few had frequently encouraged their children to ask questions about sexuality, some felt that they were lacking knowledge of or comfort with particular sexual health topics, and few had discussed sexual health topics in detail with their children.

Finally, parents want to be informed of the content of their child's sexual health education in advance. They would like to have information available related to this content as well as other resources that may help them provide sexual health education at home. Many parents are concerned about their child having a teacher who is not knowledgeable about and comfortable with sexual health topics.

Recommendations

Recommendation 1: Sexual health education should be provided in all New Brunswick schools.

Recommendation 2: The New Brunswick sexual health education curriculum should cover a wide range of sexual health topics.

Recommendation 3: Sexual health education should begin in grades K-3. Some topics should begin in later grades. With the exception of sexual pleasure/orgasm and pornography, all sexual health topics should be introduced by grades 6-8.

Recommendation 4: Schools should begin teaching about puberty and menstruation in grade 4.

Recommendation 5: Sexual health education should be a required part of the curriculum in grades 11 and 12 as well as grades 9 and 10.

Recommendation 6: The Human Growth and Development curriculum for students in grades 9 and 10 should be reviewed to ensure that the sexual health aspects of this curriculum build on the sexual health education required during the elementary and middle school years.

Recommendation 7: New Brunswick teachers should be made aware of the results of this study.

Recommendation 8: Schools should inform parents of the content of the sexual health education that will be taught to their children.

Recommendation 9: The Department of Education should provide a list of resources that schools could make available to parents, as well as access to some of these resources, to support parents in their efforts to provide sexual health education at home.

Recommendation 10: The Department of Education should assist schools in organizing workshops for parents. The workshops should inform parents of the content of the sexual health education curriculum and support them in their efforts to provide sexual health education at home.

Recommendation 11: Regular in-service training must be made available to teachers at all grade levels who are expected to teach sexual health. This training needs to address teachers' sense of comfort and competence as well as their knowledge about a broad range of sexual health topics, including sexual behaviour, masturbation, sexual orientation, sexual pleasure and orgasm, sexual problems and concerns, pornography, and teenage prostitution.

Recommendation 12: In revising the sexual health education curriculum, the results of this survey should be interpreted in conjunction with the results of surveys of New Brunswick teachers' and students' opinions about sexual health education.

INTRODUCTION

Recent epidemiological evidence suggests that Canadian youth are at risk for a variety of sexuality-related problems. Indicators of high risk include an early age of first intercourse, low rates of condom and contraceptive use, high rates of sexually transmitted infections and unwanted pregnancies, having multiple partners, and having unprotected sex while under the influence of alcohol or other drugs (Health Canada, 1999, 2000; King, Beazley, Warren, Hankins, Robertson, & Radford, 1988). However, research indicates that well-planned and effectively delivered sexuality education and school-parent cooperation can help young people make informed and responsible decisions about their sexual health (Baldwin, Whitely, & Baldwin, 1990; Barrett, 1990; Connell, Turner, & Mason, 1985; Mackie & Oickle, 1996; Munro, Doherty-Poirier, Mayan, & Salmon, 1994). Accordingly, all provinces and territories mandate that schools provide health and sexuality education (Barret, 1994; McCall, Beazley, Doherty-Poirier, Lovato, MacKinnon, Otis, & Shannon, 1999).

The Canadian Guidelines for Sexual Health Education (1994) define sexual health education as "… a broadly based, community supported enterprise in which the individual's personal, family, religious, and social values are engaged in understanding and making decisions about sexual behaviour and implementing those decisions" (p. 4). The Guidelines identify two main goals of sexual health education. The first goal is sexual health enhancement, such as enhancement of positive self-image and maintenance of physical/reproductive health. The second goal is prevention of sexual health problems, such as unintended pregnancy, sexual exploitation, abuse, and sexually transmitted infections, including AIDS.

Sexual health education is one of the most controversial topics in a child's education, with perhaps no other subject sparking as much debate. One of the main obstructions to providing children with adequate sexual health education is perceived parental objection. School administrators identify fear of community opposition as the single greatest barrier to sexual health education (Reis & Seidl, 1989; Scales & Kirby, 1983). Similarly, teachers in New Brunswick identified anticipated reactions from parents regarding specific topics as the greatest barrier to their willingness to teach sexual health education (Cohen, Byers, Sears, & Weaver, 2001). Moreover, parental support for programs has been shown to enhance sexual health education. Rienzo (1989) studied sexuality education programs in 54 U.S.

school districts and found that involvement of parents was the element common to the most successful programs.

It cannot be assumed that the results of surveys done in other provinces or in the United States accurately represent the climate of sexual health education attitudes in New Brunswick. It is important to assess the attitudes of New Brunswick parents with regard to sexual health education because no large-scale studies have yet been done. It is especially important to survey parents at this time because the health curriculum in New Brunswick, including sexual health education, is currently being revised. The Department of Education would like to ensure that the opinions of New Brunswick parents regarding the content and timing of the sexual health curriculum are reflected in these revisions.

Although schools have a responsibility to provide sexual health education, parents also have an important role in educating their children regarding sexuality. Several studies conducted in Ontario indicate that there is support for this view. For example, McKay, Pietrusiak, and Holowaty (1998) found that the vast majority of parents believe that parents and schools should share responsibility for sexual health education. When asked who should provide sexual health education, parents' most common responses were parents (88%), health professionals (88%), and teachers (77%). Similarly, in a study of 406 students in grades 7-12 in rural Ontario, students identified their parents and their school as two preferred sources of sexual health information (McKay & Holowaty, 1997). However, only 61% of these students agreed that their parents had done a good job providing sexual health education; 20% disagreed and 19% were unsure. Three quarters of parents (73%) in this school district felt that they had provided adequate sexual health education for their children. However, 70% of them felt that most parents do not give their children the sexual health education they need (McKay et al., 1998). Thus, it appears that a substantial percentage of Canadian students either are not receiving sexual health education in the home or are not satisfied with the quality of that education. If this is also the case in New Brunswick, there is a need for schools to take a substantial role in providing sexual health education and/or supporting parents' efforts to do so. Thus, it is important to assess parents' perceptions of the overall quality of the sexual health education they provide. It is also important to assess parents' perceptions of the steps schools could take in order to support them in their efforts to provide sexual health education at home.

Parents differ in their attitudes towards sexual health education and in the extent to which they provide sexual health education at home. If schools are to support parents' efforts to provide sexual health education to their children, it is important to identify factors associated with the provision of sexual health education by parents. For example, research has found that parents are less approving of teaching some topics to girls than to boys (Silverstein, & Buck, 1986). Previous research also suggests that mothers, parents with higher levels of education, and those living in urban areas are more supportive of sexual health education (Reddy, 1984; Welshimer, & Harris, 1994). Therefore, a number of questions regarding parent characteristics and family composition were included in this survey to investigate possible relationships between parent characteristics and parent attitudes towards sexual health education, and the extent to which they provide sexual health education at home. Marsman and Herold (1986) found that mothers who felt that their own sexuality education was inadequate were more supportive of, and preferred a more liberal approach to, sexual health education. Therefore, we felt it was important to assess the extent to which parents had received sexual health education as youths in order to evaluate whether this was related to their attitudes toward sexual health education.

SURVEY OBJECTIVES

The New Brunswick health curriculum for elementary and middle school students, which includes sexual health education, is currently being revised. The present survey is one of three studies that are being conducted to inform revisions to the sexual health curriculum. In the other two studies, teachers' and students' attitudes toward sexual health education were surveyed.

The results of this study will inform the revisions to the curriculum and aid the Department of Education in assessing what parents want their children to learn as part of school-based sexual health education. This will increase the ability of educators to balance the desires of New Brunswick parents with the needs of teachers and students in order to promote students' sexual health. The knowledge that most parents are supportive of the sexual health education curriculum would likely increase the comfort of teachers providing that education. Parents would also benefit from knowing that their opinions are valued and reflected in curriculum decisions.

To date, no large-scale surveys have been undertaken to assess the opinions of New Brunswick parents about sexual health education in the schools. Therefore, one of the objectives of this survey was to assess parents' general opinions about the provision of sexual health education as well as their opinions about the content and timing of sexual health education. A second objective was to determine the extent to which parents are providing sexual health education at home. Finally, the survey aimed to identify parental characteristics associated with their attitudes toward sexual health education and their provision of sexual health education at home.

Specifically, parents were asked to indicate:

- their views on the provision of sexual health education in the schools
- which sexual health topics should be covered in the curriculum and at which grade level these topics should be introduced
- their opinions regarding the sexual health education they have provided their children
- the extent to which they have talked to their children about a number of sexual health topics
- their views about the sexual health education they received as children

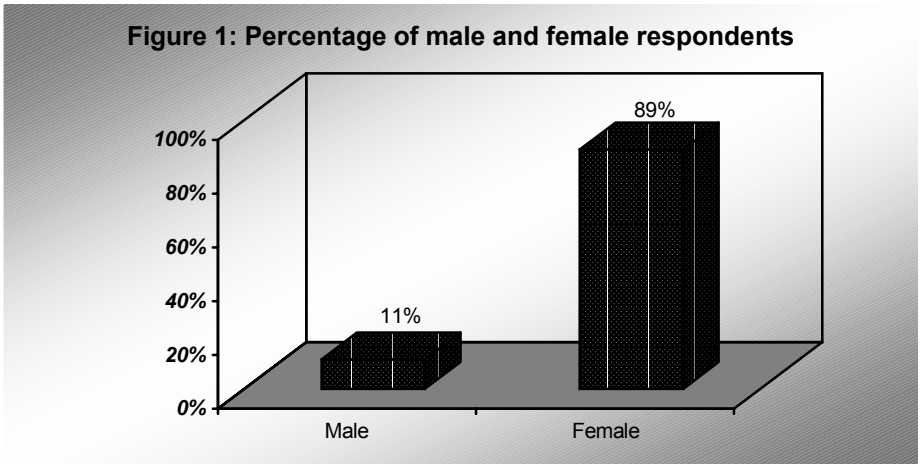
METHOD

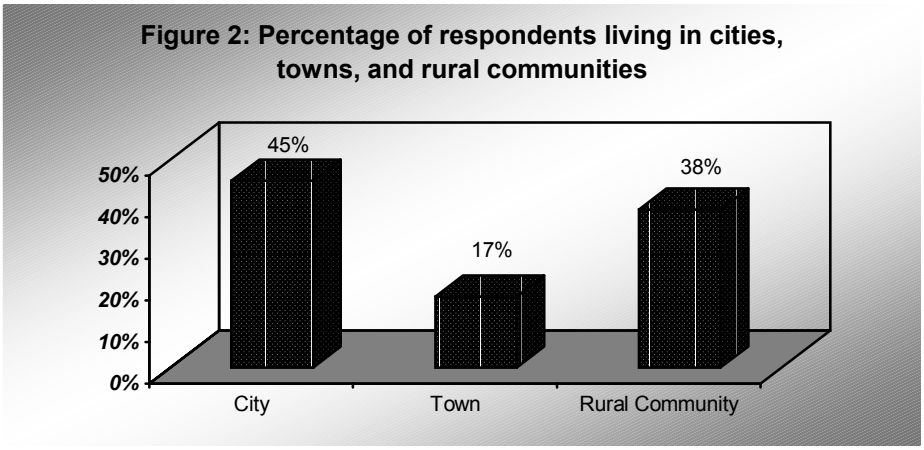
Participants

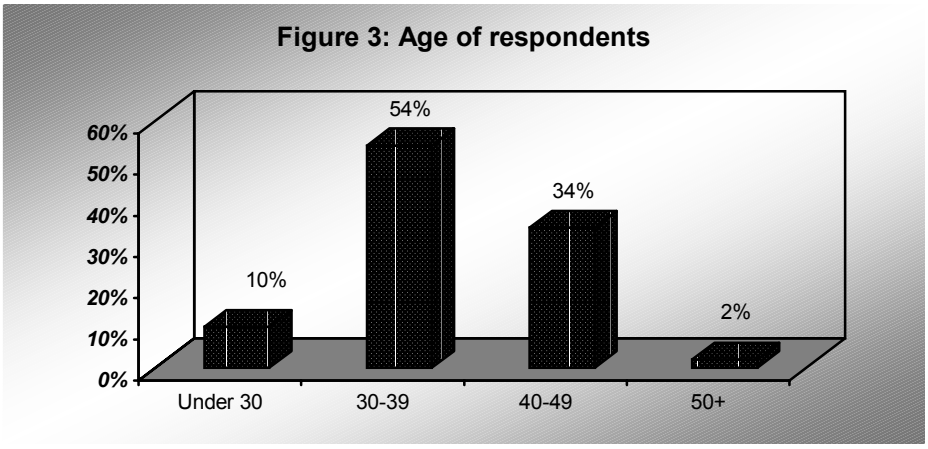
As approximately half of New Brunswick students attend school in an urban school district, half of the sample was recruited from two of the three primarily urban school districts. The other half of the sample targeted schools in rural school districts that were sampled geographically from around the province. Within each school district, an approximately equal number of elementary, middle, and combined elementary and middle (K-8) schools were selected. Thirty-three schools were selected in total; 30 of these agreed to participate. The same districts and schools were surveyed for the study of New Brunswick teachers' ideas about sexual health education (Cohen et al., 2001).

In total, 9533 surveys were distributed. Some of the schools distributed one survey per student and other schools distributed one per family. Parents who received multiple copies because they had more than one child enrolled in grades K-8 in the selected schools were instructed to fill out one survey only. They were asked to return the other copies indicating that they had already completed the survey and sent it back with another child. Only 427 parents opted to do this, suggesting that many may have simply discarded the extra surveys. Overall, 4206 completed surveys were returned. Because it is not known how many parents received more than one copy of the survey but did not return the extra copies, it is not possible to calculate an accurate response rate. The minimum estimate of the response rate is 46%. It is likely that this is an underestimate of the percentage of eligible surveys returned.

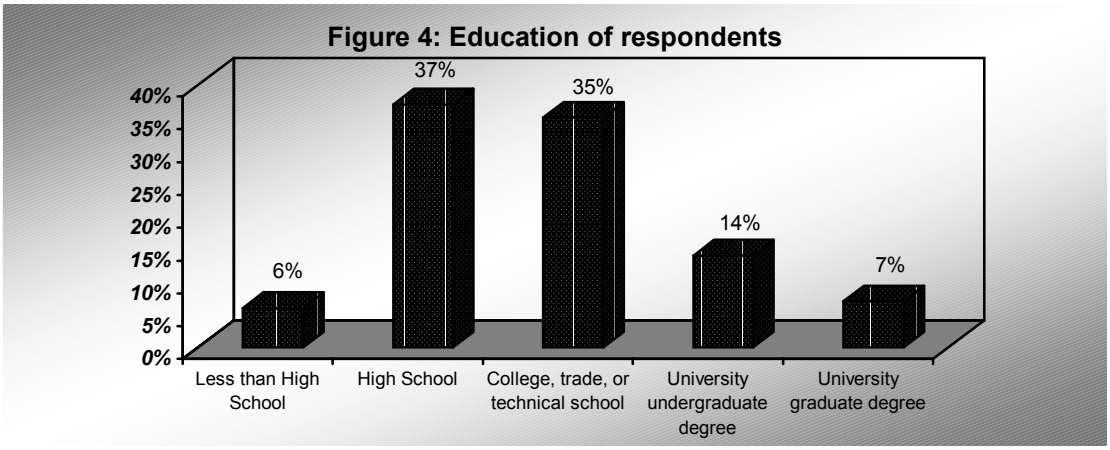
Of the parents who completed the survey, more than three-quarters (89%) were women (see Figure 1). Approximately half of participants resided in cities (45%), 17% lived in towns, and 38% lived in rural communities (see Figure 2). About half (54%) were in their thirties, 34% were in their forties, 10% were under 30, and 2% were over 50 (see Figure 3).



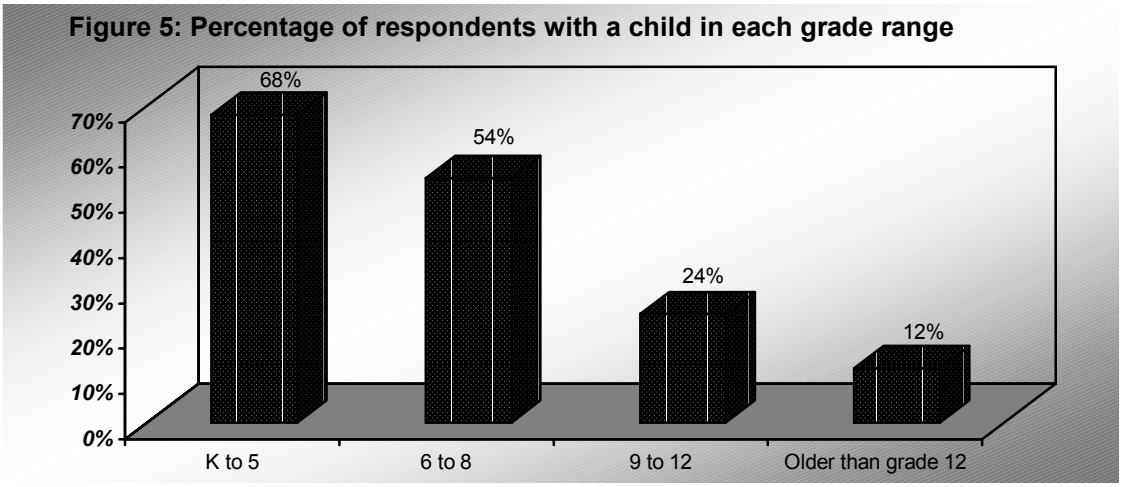




Most of the parents had completed either high school or a college, trade, or technical school education (37% and 35% respectively). Six percent of the sample had less than a high school education, 14% had an undergraduate university degree, and 7% had a graduate university degree (see Figure 4).



Parents also were asked to report the grade range of their children (see Figure 5). Sixty-eight percent of the sample had a child in grades K-5, 54% had a child in grades 6-8, 24% had a child in grades 9-12, and 12% had a child older than grade 12.



Survey

The survey was divided into six parts (see Appendix A for the items). Part A elicited parents' general opinions about sexual health education in the schools, such as whether sexual health education should be provided in the schools, whether the school and parents should share responsibility for the provision of sexual health education, at what grade level sexual health education should begin, and their perception of the quality of the sexual health education that their children have received in school. Part B asked parents to indicate how important each of 10 topics are to the sexual health

curriculum, and, in Part C, parents were asked to indicate the grade level at which schools should begin covering 26 sexual health topics.

Next, in Part D, parents were asked to evaluate the sexual health education they have provided their children and to indicate how thoroughly they feel they have covered specific topics with their child. In Part E, parents were asked to provide demographic information, such as their gender and age. They were also asked about the sex education they received growing up. For example, they were asked whether they felt that their parents had provided satisfactory sex education and to rate the importance of various sources of sexual health information in influencing their opinions on the topic. In Part F, parents were asked three open-ended questions. The first question invited parents to comment on sexual health education in schools. They were then asked to indicate how the Department of Education or their child's school could support their efforts to provide sexual health education at home. Finally, they were asked whether they would be interested in attending a workshop on sexual health education if their child's school was to offer one and about topics they would like to see included in this type of workshop.

Procedure

Following ethics approval from the University of New Brunswick, the New Brunswick Department of Education sent a letter describing the survey to the Directors of the selected school districts and notified them of the schools that had been selected to participate. The researchers then contacted the principals of the selected schools by telephone in order to obtain their consent to participate in the survey. The procedure was explained to those principals who agreed to participate and the number of students in each school was verified. Most principals informed parents that they would be receiving a survey by means of an announcement in the school newsletter that described the study. Surveys were then sent to principals of participating schools with a cover letter describing the procedure. The cover letter asked that individual teachers distribute the surveys to students in their class with the request that they take them home to be filled out by their parents. Each survey was distributed in a sealed envelope with the title of the survey printed on it. A cover letter explaining the nature and purpose of the survey, and that responses were confidential and anonymous, was printed on the front page of each survey (see Appendix A). The cover letter instructed parents to seal the completed survey in the enclosed envelope and to return it to the school with their child. Parents who had more than one child in the

school were instructed to complete one survey per family. The teachers collected the envelopes from the students and returned them to the principal. The principal then returned the surveys to the researchers.

Data Analysis

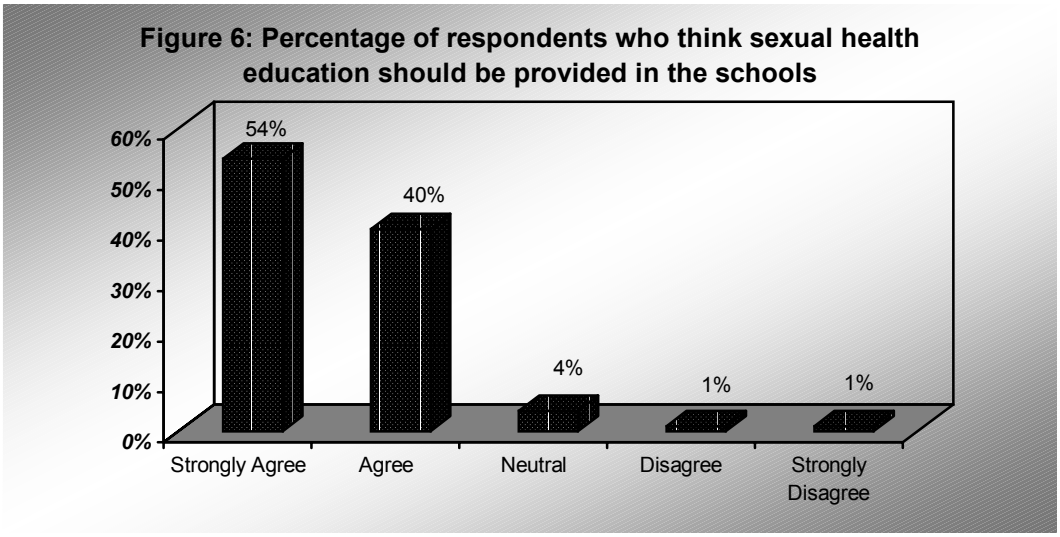
Frequencies were used to describe parents' responses to individual questions. Correlations were used to assess the relationships between specific variables. Analysis of variance (ANOVA) was used to evaluate significant differences between group means. However, because of the large sample size, only significant results that accounted for more than 4% of the variance in the criteria are described in this report. In general, there were no differences in attitudes based on a parents' gender, age, education level, community type, and the age of the youngest or oldest child.

RESULTS

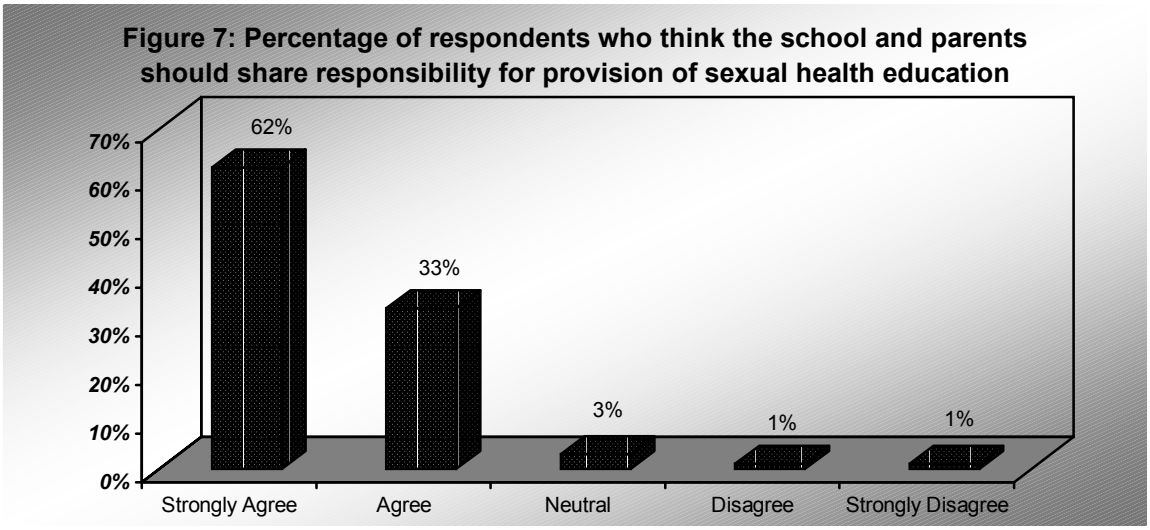
Parents' Opinions about Sexual Health Education

Parents were asked for their opinions about general aspects of sexual health education in the schools, including whether sexual health education should be provided in the schools, whether parents and schools should share responsibility for sexual health education, at what age sexual health education should begin, and how they would rate the quality of the sexual health education their children have received from their school. There were no significant differences in opinion based on parent gender, age, education level, community type, or the age of the oldest or youngest child.

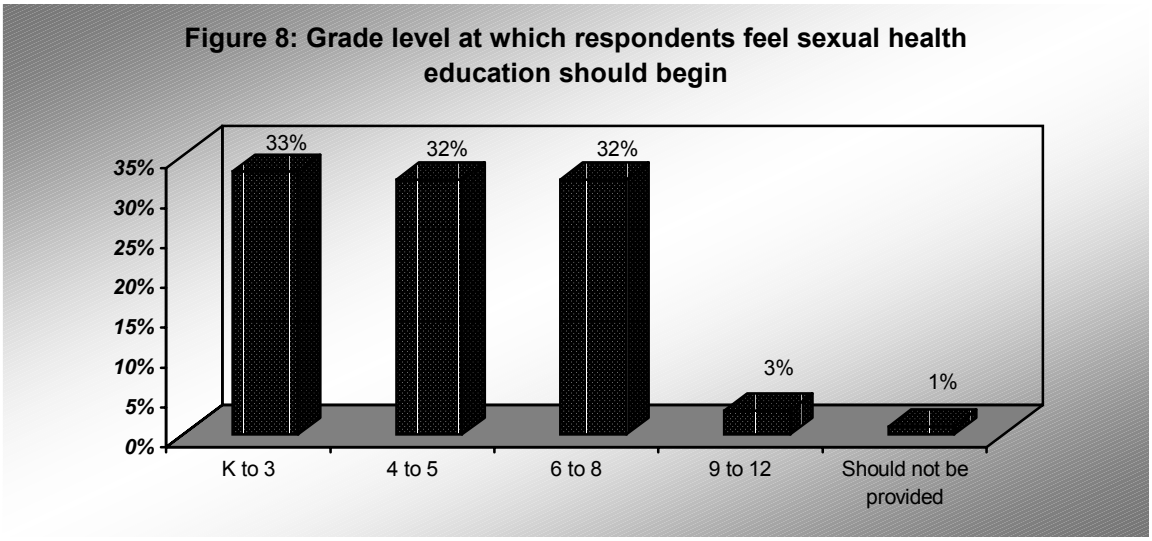
The results indicated that there is overwhelming support among New Brunswick parents for the provision of sexual health education in schools. Ninety-four percent of parents either agreed (40%) or strongly agreed (54%) that sexual health education should be provided in schools (see Figure 6).



Similarly, 95% of parents agreed (33%) or strongly agreed (62%) that schools and parents should share responsibility for providing sexual health education to students (see Figure 7).



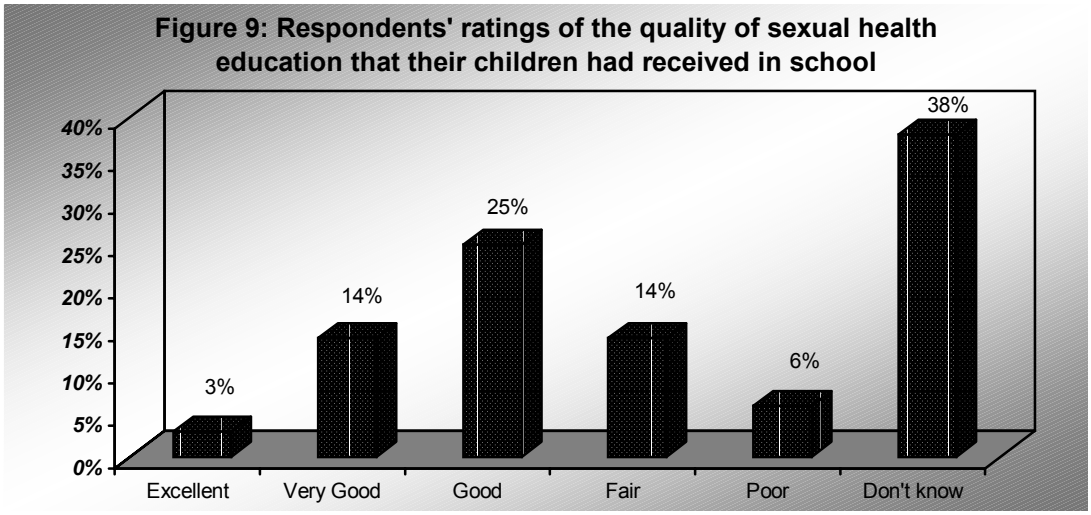
Approximately equal numbers of parents felt that sexual health education should start in grades K-3, 4-5, and 6-8 (33%, 32%, and 32% respectively). Thus, 97% of parents feel that sexual health education should begin in elementary or middle school. Only 3% of parents thought that sexual health education should not start until grades 9-12, and only 1% felt that sexual health education should not be provided in the schools (see Figure 8).



Parents who felt that sexual health education should be provided in the schools were more likely to report that sexual health education should be a shared responsibility between schools and parents ($r = .69$, $p<.001$) and that sexual health education should begin in earlier grades ($r = -.43$, $p<.001$).

Parents were also asked to rate the quality of the sexual health education that their children had received at school. Thirty-four percent of parents indicated that their children had not received any sexual health education. Parents whose oldest children were in younger grades were more likely to report that their children had not received sexual health education. Of parents whose oldest child was in grades K-3, 59% said that their child had not received sexual health education; in contrast, 15% of parents whose oldest child was in middle school indicated that their child had not received sexual health education.

Of those parents whose children had received sexual health education, 3% rated the quality as excellent, 14% as very good, 25% as good, 14% as fair, and 6% as poor. Thirty-eight percent of these parents reported that they did not know the quality of the sexual health education that their child had received in school (see Figure 9). For those parents who rated the quality of their child's sexual health education, parent gender, age, education level, community type, and the age of the youngest and oldest child were not related to ratings of quality.



Topics for the Sexual Health Education Curriculum

Parents were asked to indicate how important it is for each of 10 sexual health topics to be covered in the sexual health curriculum. Their ratings were made on a scale from 1 (not at all important) to 5 (extremely important). Parents rated all of the topics as important to the sexual health curriculum (see Table 1). Overall, parents thought that it was extremely important that the curriculum include information on personal safety, sexually transmitted diseases, sexual coercion/assault, birth control methods, and abstinence. They rated the topics of puberty, sexual decision-making, reproduction, and correct names for the genitals as very important. Although they placed less importance on sexual pleasure and enjoyment as part of the curriculum, parents still rated this as an important topic to cover.

Table 1: Importance parents assigned to possible topics in the sexual health curriculum.

Rating	Topic	Mean	Standard Deviation	Median
Extremely Important	Personal Safety	4.6	0.7	5
	Sexually Transmitted Diseases	4.6	0.7	5
	Sexual Coercion/Assault	4.5	0.8	5
	Birth Control Methods	4.3	1.0	5
	Abstinence	4.2	1.0	5
Very Important	Puberty	4.1	0.9	4
	Sexual Decision-Making	4.1	1.1	4
	Reproduction	4.0	0.9	4
	Correct Names for the Genitals	3.7	1.0	4
Important	Sexual Pleasure/Enjoyment	2.7	1.3	3

Overall, it appears that parents feel it is important to include a broad range of topics in the sexual health education curriculum.

Grade Level at which Schools Should Introduce Sexual Health Topics

Parents were asked to indicate the grade level at which they thought schools should **start** teaching each of 26 sexual health topics. The percentage of parents who endorsed each grade level is presented in Table 2. For example, 58% of parents felt that personal safety should be introduced in grades K-3. According to these results, there is strong support for the inclusion of all 26 topics in the sexual health curriculum.

The grade levels at which the majority of parents thought schools should introduce sexual health topics are summarized in Table 3. To arrive at this summary, we examined the mean, median, mode, and cumulative percentages of parents' ratings for each topic. In general, parents believed that a range of topics should be included in the sexual health curriculum and that most of these topics should be introduced in grades 6-8. However, there were some topics that parents felt schools should begin teaching in earlier grades.

For instance, the majority of parents indicated that schools should start to teach the correct names for genitals and personal safety in grades K-3. However, they were divided with respect to body image, with similar proportions of parents indicating that this topic should be introduced in grades K-3 and grades 4 to 5. With respect to sexual coercion and sexual assault, although 38% of the parents thought this topic should be introduced in grades 6-8, approximately half felt it should be taught earlier. On average, parents thought schools should start to teach sexual coercion and sexual assault in grades 4-5. Parents were also divided with respect to puberty and menstruation: Although the largest number of parents thought these topics should not be introduced until grades 6-8, nearly as many parents thought schools should start to teach these topics by grades 4-5.

The majority of parents felt that most of the other topics should be introduced in grades 6-8. Over 60% of parents indicated that reproduction and birth, birth control methods and safer sex practices, abstinence, sexually transmitted diseases/AIDS, teenage pregnancy/ parenting, and dealing with peer pressure to be sexually active should start to be taught in grades 6-8. More than half of parents indicated that wet dreams and sexual behavior should also be introduced in grades 6-8. Other topics that a significant majority of parents wanted covered by grades 6-8 include being comfortable with the other sex, communicating about sex, and masturbation. Although

the majority of parents thought that some other sexual health topics should be introduced in grades 6-8, there was less consensus over them: attraction, love, and intimacy, sex as part of a loving relationship, sexuality in the media, homosexuality, and teenage prostitution.

The largest number of parents thought that building equal romantic relationships and sexual problems and concerns should not be introduced until grades 9-12. However, nearly as many parents thought these topics should be introduced in grades 6-8. For the most part, parents thought that schools should start to teach about pornography and sexual pleasure and orgasm in grades 9-12.

A significant minority of parents (i.e., at least 15%) indicated that the following topics should not be included in the curriculum: masturbation, homosexuality, sexual behavior, sexual pleasure and orgasm, pornography, and teenage prostitution. Between 6 and 13 percent of parents indicated that being comfortable with the other sex, wet dreams, building equal romantic relationships, attraction, love, and intimacy, communicating about sex, sex as part of a loving relationship, sexuality in the media, and sexual problems and concerns should not be included in the curriculum. For each of the remaining topics, 3% or less of the parents reported that they should not be included.

Table 2: Percentage of parents who indicated that sexual health topics should be introduced at various grade levels.

Topic	Percentage of Parents Who Indicated Topic Should be Introduced in Each Grade Level				
	K to 3	4 to 5	6 to 8	9 to 12	Should not be included
Correct names for genitals	41.6	30.5	24.3	2.4	1.1
Personal safety	58.4	23.1	15.4	2.4	0.6
Body Image	37.3	33.8	24.8	2.3	1.8
Puberty	2.6	43.0	50.7	3.3	0.5
Being comfortable with the other sex	9.3	17.7	46.9	20.4	5.7
Wet dreams	1.5	17.7	55.6	14.1	11.1
Menstruation	1.4	41.7	51.3	4.2	1.3
Reproduction & birth	4.1	20.3	60.1	14.4	1.0
Birth control methods & safer sex practices	0.5	6.6	62.2	27.7	3.0
Abstinence	2.3	12.5	66.2	17.2	1.9
Sexually transmitted diseases/AIDS	2.3	14.7	67.5	15.0	0.5
Teenage pregnancy/parenting	1.4	8.2	67.1	22.1	1.3
Sexual coercion & sexual assault	24.9	25.8	38.3	10.1	0.9
Building equal romantic relationships	1.2	4.7	39.9	44.5	9.8
Attraction, love, intimacy	2.1	7.5	43.3	37.4	9.8
Communicating about sex	6.2	15.5	46.1	26.6	5.6
Dealing with peer pressure to be sexually active	1.3	13.5	66.3	16.8	2.0
Masturbation	1.9	9.6	48.3	20.9	19.4
Sex as part of a loving relationship	1.9	6.7	41.6	39.1	10.6
Sexuality in the media	1.8	10.8	41.8	32.2	13.4
Homosexuality	3.0	9.3	42.0	29.2	16.7
Sexual behaviour (e.g., French kissing, intercourse)	0.8	7.1	50.5	26.8	14.8
Sexual pleasure & orgasm	0.3	2.0	27.4	42.8	27.4
Sexual problems & concerns	1.2	5.3	39.2	42.7	11.6
Pornography	4.1	9.8	30.3	30.8	25.1
Teenage prostitution	0.9	6.3	41.5	34.5	16.8

Table 3: Grade levels at which the majority of parents think schools should introduce sexual health topics.

Grade Level	Topic
K to 3	Correct names for genitals
	Personal safety
Divided between K to 3 and 4 to 5	Body image
4 to 5	Sexual coercion & sexual assault
Divided between 4 to 5 and 6 to 8	Puberty
	Menstruation
6 to 8	Being comfortable with the other sex
	Wet dreams
	Reproduction & birth
	Birth control methods & safer sex practices
	Abstinence
	Sexually transmitted diseases/AIDS
	Teenage pregnancy/parenting
	Attraction, love, intimacy
	Communicating about sex
	Dealing with peer pressure to be sexually active
	Masturbation
	Sex as part of a loving relationship
	Sexuality in the media
	Homosexuality
	Sexual behaviour (e.g., French kissing, intercourse)
	Teenage prostitution
Divided between 6 to 8 and 9 to 12	Building equal romantic relationships
	Sexual problems & concerns
9 to 12	Sexual pleasure & orgasm
	Pornography

Parents' Opinions about the Sexual Health Education they have Provided their Children

Parents were asked about the quality of the sexual health education that either they or their partner have provided their children. Thirty-eight percent felt that they had done an excellent (9%) or very good job (29%), and 38% felt that they had done a good job. However, almost one-quarter of parents felt that they had done only a fair (19%) or poor (5%) job in providing sexual health education for their children.

Parents were also asked about the frequency with which they encouraged their children to ask them questions about sexuality. About one half of parents reported encouraging their child to ask questions quite often (32%) or very often (19%). Approximately one-third of parents encouraged their child to ask questions a few times (31%), 9% only once or twice, and 9% indicated that they had not encouraged their child to ask questions at all.

Parents' Knowledge of and Comfort with Sexual Health

Parents were asked if they felt that they had adequate knowledge to provide sexual health education to their children. Eighty-one percent of parents either strongly agreed (26%) or agreed (55%) that they had adequate knowledge. However, 16% were not sure, and 4% disagreed or strongly disagreed that they had enough knowledge to educate their children about sexual health.

Parents were also asked if there were sexual health topics that they would not feel comfortable discussing with their children. The majority of parents disagreed (34%) or strongly disagreed (21%) that there were topics they would be uncomfortable discussing. However, about a third agreed (28%) or strongly agreed (5%) that there were topics that they would be uncomfortable discussing with their children. Thirteen percent were not sure.

Parents with more education were more likely to report adequate sexual health knowledge than parents with less education, $F(4, 4009) = 43.32$, $p<.001$. Parent gender, age, community type, and the age of the oldest and youngest child were not related to knowledge of or discomfort with discussing sexual health topics.

Depth of Coverage of Sexual Health Topics

Parents were asked to indicate the extent to which they had discussed 10 sexual health topics with one of their children on a scale from 1 (not at all) to 4 (in a lot of detail). They were asked to respond to this question with respect to ONLY their oldest child enrolled in grades K-8 (see Table 4). In addition, they were asked to indicate the gender of this particular child and the grade in which the child was enrolled. Approximately equal numbers of boys and girls were referred to in this question. Twenty-eight percent of the children referred to were in grades K-3, 19% were in grades 4-5, and 53% were in grades 6-8.

Table 4: Depth of parent coverage of ten sexual health topics.

How much have you talked to this child about the following topics?		Mean	Standard Deviation	Median
In some detail	Personal safety	2.9	0.9	3
	Correct names for genitals	2.6	0.9	3
In general terms only	Puberty	2.4	1.0	2
	Reproduction	2.4	0.9	2
	Sexual coercion & sexual assault	2.3	1.1	2
	Sexually transmitted diseases	2.0	1.0	2
	Abstinence	1.9	1.0	2
Not at all	Birth control methods and safer sex practices	1.7	1.0	1
	Sexual decision-making in dating relationships	1.6	0.9	1
	Sexual pleasure & enjoyment	1.4	0.7	1

On average, parents had not discussed any of the topics in a lot of detail. Parents reported discussing personal safety and correct names for the genitals in more detail than the other topics, but even these topics were only covered "in some detail." Overall, parents had discussed puberty, reproduction, sexual coercion and sexual assault, sexually transmitted diseases, and abstinence in general terms only. Most parents had not discussed birth control methods and safer sex practices, sexual decision-making in dating relationships, or sexual pleasure and enjoyment at all.

For all of the topics, parents whose oldest child was in grades 6-8 were more likely to report having covered each of the topics in more detail than parents whose oldest child was in the lower grades. However, even for parents with children in grades 6-8, a minority (3% to 35%) had covered the listed topics in a lot of detail. For example, only 17% of these parents reported discussing sexually transmitted diseases in a lot of detail with their child.

In order to determine the extent to which parent and family characteristics influence the depth of coverage of sexual health topics, parent ratings for the 10 topics were averaged. Parents whose oldest child was in grades 6-8 reported discussing topics in more detail ($M = 2.43$) than those whose child was in grades 4-5 ($M = 2.00$) and those parents whose child was in grades K-3 ($M = 1.67$). A rating of 2 corresponds to discussing topics "in general terms only." Therefore, it appears that most children are not receiving detailed sexual health education at home, even when they are in middle school. Parent age, gender, education level, and community type were not related to the depth with which parents had covered these topics with their oldest child in grades K-8.

Parents' Own Sexual Health Education

Parents' Satisfaction with the Sexual Health Education they Received from their Parents

Parents, in general, did not feel that the sexual health education provided to them by their own parents was satisfactory. More than half (59%) of parents disagreed (38%) or strongly disagreed (21%) that their parents provided satisfactory sexual health education. Just over one-quarter agreed (22%) or strongly agreed (5%) that the sexual health education provided by their parents was satisfactory, and 14% were not sure.

Parents were also asked if they wished that their parents had talked to them more about sexuality. Sixty-six percent of parents agreed (40%) or strongly agreed (26%) that they wish their parents had talked to them more about sexuality, 18% were not sure, and 15% disagreed (13%) or strongly disagreed (2%). Parents who wished that their parents had talked to them more about sexuality were more supportive of sexual health education in the schools ($r = .23$, $p<.001$) than parents who did not wish their parents had talked with them more.

Important Sources of Sexual Health Education for Parents

Parents were asked to indicate how important each of six possible sources of information was in influencing their opinions about sexual health education on a scale ranging from 1 (not at all important) to 5 (extremely important). Parents rated friends and peers, schools, and the media as important influences on their opinions regarding sexual health education (see Table 5). Parents and other important adults were considered somewhat important, and religious leaders were considered not at all important in influencing their opinions about sexual health education. Parents who indicated that school was an important influence on their opinions were more likely to report that sexual health education should be provided in the schools ($r = .22$, $p<.001$).

Table 5: Important sources of sexual health information for parents

Rating	Source of Sexual Information	Mean	Standard Deviation	Median
Important	Friends/Peers	2.9	1.1	3
	Education in School	2.8	1.2	3
	Media	2.8	1.2	3
Somewhat important	My Parents	2.5	1.2	2
	Other Important Adults	2.4	1.2	2
Not at all important	Religious Leaders	1.9	1.1	1

Parents' Responses to Open-Ended Questions

To evaluate parents' responses to the open-ended questions, 1137 surveys were randomly selected from the overall sample of 4602 and were analyzed qualitatively. For each item, themes were identified. Then, responses were grouped according to theme so that percentages could be determined. Different parts of any given parent's response could be subsumed under different categories, such that one answer might contain several different themes.

General Comments about Sexual Health Education

Because similar themes emerged for the first two open-ended questions ("Please provide any comments you have regarding sexual health education in the schools" and "What more could the Department of Education or your child's school do to support your efforts to provide sexual health education in your home") responses to these items were analyzed together. Within the sample of 1137, 547 parents responded to one of these open-ended questions, for a response rate of 48%.

The most frequent comments made by parents focused on communication from the school. More than half of the parents (59%) who responded indicated that they would like to have more information from their child's school regarding sexual health education. Parents stated that they want to be informed of the content of the curriculum before their children receive sexual health education. Often they indicated that this would help them

better respond to questions at home. Many parents want the schools to provide them with information on sexuality as well as suggestions on how to discuss topics with their children. They felt that such information could be provided in the form of notices, newsletters, videos, guidebooks, or through courses or meetings for parents.

Many parents' comments included an overall evaluation of the existing sexual health education curriculum. More than one-third (38%) of these parents made positive comments about sexual health education in the schools. The most common positive comment by parents was that sexual health education is important and that they are pleased that it is being provided in the schools. Parents were concerned that children do not always learn the correct information at home and that they may be more comfortable learning about sexual health education from the schools than from parents. Some parents stressed the important role of sexual health education in the prevention of child abuse. Only 3% of parents made negative comments about the existing sexual health education curriculum, such as suggesting that sexual health education should not be provided in the schools.

Many parents expressed opinions about how the sexual health curriculum should be changed. About one-quarter (24%) of parents indicated that they wanted the current sexual health education program expanded in some way. Many parents felt that sexual health education should begin at an earlier age and should be more comprehensive than it currently is. Others wanted safer-sex information, such as disease prevention and birth control, to be provided in addition to information about abstinence. Many parents felt that sexual health education should be given higher priority in the curriculum and that a new program is needed.

One-quarter of parents (25%) suggested certain restrictions to the sexual health education curriculum. The most common concern expressed was that children might be provided with too much information at a young age. Other restrictions suggested by parents were promoting abstinence with less emphasis on safer sex, not teaching morals in the schools, and requiring parental consent for sexual health education.

About one-quarter (27%) of parents mentioned the teaching methods used for sexual health education in their written responses. They expressed concerns about wanting their children to have a comfortable and qualified

instructor. They were concerned that an uncomfortable teacher would impart negative messages to the children. Some parents suggested having professional workshops for teachers. Others suggested having the school nurse, guidance counsellor, or another health care professional teach sexual health education. Some parents suggested that some form of sexual health education homework could be assigned for parents and children to work on together.

Parents' Interest in Attending a Sexual Health Education Workshop

Parents were asked to indicate whether they would be interested in attending a sexual health education workshop for parents if it was offered at their child's school. Fifty percent of parents indicated that they would be interested in attending the workshop, 20% were not interested, and 30% were not sure.

Parents who indicated that they would be interested in attending a sexual health education workshop were asked to report what topics would especially interest them. Of the 569 parents who indicated an interest, 362 parents commented, resulting in a response rate of 64%. Nineteen percent of these parents indicated that they would like general information on *all* topics. Specific topics that parents frequently mentioned include sexually transmitted diseases and AIDS, puberty, menstruation, proper names for genitals, contraception, teen pregnancy, teen relationships, teen sexuality, dating, peer pressure, sexual decision-making, sexual coercion, sexual assault, sexual harassment, and personal safety issues. Almost half of parents (45%) expressed the desire to learn strategies for approaching and discussing specific sexual health topics with their children in the home, including peer pressure to have sex, how to answer children's questions in a way that is appropriate for their age, and how to communicate about sexual health information in a way that makes their child feel comfortable.

Among those parents who responded to the open-ended questions, there is obviously a strong desire to be informed about the sexual health education their children are receiving in school. Parents also asked that resources be made available to them to help them provide sexual health education at home. Parents want information on a wide range of specific topics. They also want information on strategies for conveying age-appropriate information to their children in a way that will make their child feel comfortable.

CONCLUSIONS AND RECOMMENDATIONS

One of the clearest conclusions of this study is that New Brunswick parents are overwhelmingly supportive of sexual health education in the schools. Ninety-four percent of parents are in favour of sexual health education in the schools, and there are no differences in opinion based on parents' gender, age, level of education, community type, or the age of their oldest or youngest child. This is consistent with McKay's (1998) study of parents in rural Ontario which found that 95% of parents supported sexual health education in the schools. Thus, it is clear that most New Brunswick parents want their children to receive sexual health education in school. Following from this finding, we strongly recommend that sexual health education begin or continue to be provided in all New Brunswick schools.

Further, parents rated each of 10 broad sexuality topics as important. These include birth control methods, abstinence, sexually transmitted diseases, sexual coercion/assault, personal safety, correct names for genitals, puberty, reproduction, sexual decision-making, and sexual pleasure/enjoyment. This result suggests that parents want a comprehensive sexual health education program.

Recommendation 1: Sexual health education should be provided in all New Brunswick schools.

Recommendation 2: The New Brunswick sexual health education curriculum should cover a wide range of sexual health topics.

Another conclusion of this study is that the majority of parents want sexual health education to begin in elementary school. In response to a question about the grade level in which sexual health education should begin, 97% of parents reported wanting age-appropriate sexual health education to begin by grades 6-8, 65% wanted it to begin by grades 4-5, and 33% by grades K-3. Given that this survey did not provide details about what topics and what depth of coverage would be considered "age-appropriate" sexual health education at each of these levels, it is possible that some additional parents would support sexual health education in the younger grades if they knew more about what is considered age-appropriate. Thus, it appears that there is substantial support for introducing sexual health education in the early elementary grades.

Interestingly, many parents reported that their child has not received sexual health education. More than half of parents whose oldest child was in grades K-5, 20% of those whose oldest child was in grades 6-8, 15% of those whose oldest child was in grades 9-12, and 18% of those whose oldest child was older that grade 12 reported that their child had not received sexual health education. Thus, it appears that New Brunswick schools are not consistently meeting the wishes of parents.

There is less agreement about the grade levels at which certain topics should be introduced. However, when asked about the appropriate timing for specific topics in the curriculum, 42% of parents felt that the correct names for genitals should be taught in grades K-3, 58% felt that personal safety should be covered in grades K-3, and 38% felt that body image should be covered in grades K-3. This suggests that more than 33% of parents want age-appropriate sexual health education to begin in grades K-3.

Recommendation 3: Sexual health education should begin in grades K-3. Some topics should begin in later grades. With the exception of sexual pleasure/orgasm and pornography, all sexual health topics should be introduced by grades 6-8.

Parents were divided with respect to when they thought schools should start to teach puberty and menstruation. Although the largest number of parents thought these topics should not be introduced until grades 6-8, nearly as many parents thought that schools should start to teach these topics in grades 4-5. Many girls are going though puberty and start menstruating in grade 4; even more girls start menstruating in grade 5. We believe that some of the parents who indicated that puberty and menstruation should not be introduced until grades 6-8 may only have sons, who generally go through puberty later than girls. Further, there is a wide range of ages at which puberty starts, and those parents whose daughters did not start going through puberty until they were in grades 6 or 7 may not realize that many girls start puberty much earlier. Moreover, the results of the present study indicate that, for the most part, parents talk to their children about puberty in general terms only. Thus, there is a clear need to introduce the topics of puberty and menstruation as early as grade 4.

Recommendation 4: Schools should begin teaching about puberty and menstruation in grade 4.

Some parents wanted certain topics covered in high school but currently human growth and development is required only at the grade 9/10 levels. It is important to recognize that even if specific sexual health education topics are covered in one grade, many of these topics and the issues that they raise for youth need to be revisited through their middle school and high school education. Adolescents experience cognitive and emotional changes across the middle and high school grades as well as changes in their family and peer relationships, so it is likely that their understanding of, and questions about, sexual health topics change as they develop (Baker & Rosenthal, 1998; Brooks-Gunn & Paikoff, 1993).

Recommendation 5: Sexual health education should be a required part of the curriculum in grades 11 and 12 as well as grades 9 and 10.

Recommendation 6: The Human Growth and Development curriculum for students in grades 9 and 10 should be reviewed to ensure that the sexual health aspects of this curriculum build on the sexual health education required during the elementary and middle school years.

New Brunswick teachers reported that fear of anticipated reactions from parents is the greatest barrier to teaching sexual health education (Cohen et al., 2001). Therefore, it is important that teachers be made aware of the results of this study. It would help teachers to know that there is very strong support among parents in New Brunswick for the provision of sexual health education in the schools.

Recommendation 7: New Brunswick teachers should be made aware of the results of this study.

New Brunswick parents feel strongly that both parents and schools should have a role in sexual health education, with 95% agreeing or strongly agreeing that the school *and* parents should share responsibility for sexual health education. Clearly, parents in New Brunswick want sexual health education to be provided to their children in the schools, but also want to take an active role in their child's sexual health education.

More than half of parents who responded to the open-ended questions indicated that they want to be informed of the content of their child's sexual health education curriculum in advance. A number of parents also suggested that information be sent to them to inform them of the content of the sexual

health education provided in the schools and to support their efforts to provide sexual health education at home.

Recommendation 8: Schools should inform parents of the content of the sexual health education that will be taught to their children.

Recommendation 9: The Department of Education should provide a list of resources that schools could make available to parents, as well as access to some of these resources, to support parents in their efforts to provide sexual health education at home.

Very few parents felt that they had done an excellent job of providing sexual health education to their children in the home and less than one-third had frequently encouraged their children to ask questions about sexuality. Further, some parents felt that they were lacking knowledge of or comfort with particular sexual health topics, and few, including parents of middle-school-aged children, have discussed sexual health topics in detail with their children. Thus, it appears that, despite parents' desire to share a role in their child's sexual health education, many are not doing so. Although we await the survey results for New Brunswick students to determine their perspectives on the sexual health education they have received from parents, other research has shown that less than two-thirds of students report that their parents have done a good job providing sexual health education (McKay et al., 1997). In short, many parents are not providing comprehensive sexual health education at home.

When asked about their interest in attending a sexual health education workshop, 50% of parents indicated that they would be interested in attending such a workshop. Interested parents identified a wide range of sexual health topics that they would like information on.

Recommendation 10: The Department of Education should assist schools in organizing workshops for parents. The workshops should inform parents of the content of the sexual health education curriculum and support them in their efforts to provide sexual health education at home.

Many parents are concerned not only with the content of the sexual health curriculum, but also with teacher preparation, training, and comfort. Consistent with these concerns, New Brunswick teachers reported that they feel only somewhat knowledgeable and even less comfortable and willing to

teach sexual health. Further, teachers' knowledge of and comfort with sexual health topics influence their willingness to teach those topics (Cohen et al., 2001). It should be noted that teachers identified lack of training as one of the main barriers to providing sexual health education.

Recommendation 11: Regular in-service training must be made available to teachers at all grade levels who are expected to teach sexual health. This training needs to address teachers' sense of comfort and competence as well as their knowledge about a broad range of sexual health topics, including sexual behaviour, masturbation, sexual orientation, sexual pleasure and orgasm, sexual problems and concerns, pornography, and teenage prostitution.

There is remarkable consensus between the attitudes of New Brunswick parents and teachers, which makes a strong statement about the climate of attitudes towards sexual health education in New Brunswick. As with parents, the vast majority of teachers support sexual health education in the schools, feel that it should be a shared responsibility between parents and the schools, rate each of 10 sexual health topics as important to the curriculum, and feel that at least some sexual health topics should be introduced in grades K-3 (Cohen et al., 2001).

Recommendation 12: In revising the sexual health education curriculum, the results of this survey should be interpreted in conjunction with the results of surveys of New Brunswick teachers' and students' opinions about sexual health education.

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APPENDIX A

New Brunswick
Department of Education

UNB
Fredericton

Dear Parent or Guardian,

The health curriculum designed for students in grades K-8, including sexual health education, is being revised. The Department of Education would like to take parents' opinions into account as they do this revision. Therefore, the Department of Education in conjunction with the University of New Brunswick is conducting a survey of parents' attitudes toward sexual health education.

To assist us, we would like you to take a few minutes to fill out our questionnaire. It is important that you answer each question honestly. All the information you provide is confidential and anonymous, so please do NOT put your name on the survey. Once you have completed the questionnaire, please seal it in the envelope provided and send it back to school with your child. **Please complete only one questionnaire per family.**

While completing our survey, please keep in mind that sexual health education has two goals. The first goal is to promote sexual health. Sexual health includes positive self-image and maintenance of physical/reproductive health. The second goal is to prevent sexual health problems, such as unintended pregnancy, AIDS and other sexually transmitted diseases, or sexual exploitation. The curriculum tries to accomplish these goals by providing students in each grade with sexual health information that is appropriate for their age and developmental level and builds on the information they received in previous years.

We appreciate your participation. The information we receive will help us to better understand how parents feel about sexual health education and to make appropriate revisions to the curriculum. If you have any questions about the survey, please contact Dr. Sandra Byers or Dr. Heather Sears at the University of New Brunswick by telephone (453-4707) or e-mail (p735a@unb.ca).

Thank you for your assistance.

Please indicate whether you…

- ◯ will be completing this questionnaire
- ◯ have chosen not to complete this questionnaire
- ◯ have already completed a questionnaire and have sent it back with another child

Please complete only ONE questionnaire per family.

SURVEY ON PARENT ATTITUDES TOWARD SEXUAL HEALTH EDUCATION

USING AN HB PENCIL, PLEASE FILL IN THE CIRCLE CORRESPONDING TO YOUR ANSWER
PLEASE DO NOT FOLD THIS FORM. THANK YOU FOR YOUR ASSISTANCE.

ACCEPTABLE MARKS	UNACCEPTABLE MARKS
● ● ● ●	✓ ◒ ✗ ◔

Part A. We are interested in your general feelings about sexual health education. For each of the following questions, please mark the ONE response that best describes your opinion.

A1. Sexual health education should be provided in the schools.

- ○ Strongly Agree
- ○ Agree
- ○ Not Sure/Neutral
- ○ Disagree
- ○ Strongly Disagree

A2. The school and parents should share responsibility for providing children with sexual health education.

- ○ Strongly Agree
- ○ Agree
- ○ Not Sure/Neutral
- ○ Disagree
- ○ Strongly Disagree

A3. Sexual health education that is appropriate for the child's age and development level should **start** in:

- ○ Grades K-3
- ○ Grades 4-5
- ○ Grades 6-8
- ○ Grades 9-12
- ○ There should be no sexual health education in schools

A4. Overall, please rate the quality of the sexual health education that your child/children has/have received in school.

- ○ Excellent
- ○ Very Good
- ○ Good
- ○ Fair
- ○ Poor
- ○ Don't know
- ○ My child/children has/have not received any sexual health education.

Part B. There are many topics that could be covered in the sexual health curriculum. We would like to know how important you feel it is for each of the following topics to be covered in the sexual health curriculum. For each topic, please mark the option that best represents your opinion.

	Not at all important	Somewhat important	Important	Very important	Extremely important
Correct names for genitals	○	○	○	○	○
Puberty	○	○	○	○	○
Reproduction	○	○	○	○	○
Birth control methods & safer sex practices	○	○	○	○	○
Abstinence	○	○	○	○	○
Sexually transmitted diseases	○	○	○	○	○
Sexual coercion & sexual assault	○	○	○	○	○
Personal safety (to prevent child sexual abuse)	○	○	○	○	○
Sexual pleasure & enjoyment	○	○	○	○	○
Sexual decision-making in dating relationships	○	○	○	○	○

Part C. Below is a list of sexual health education topics that could be covered in the classroom. For each topic, mark the grade level at which you think schools should start teaching about that topic. For example, if you feel schools should teach the correct names for the genitals in grades K-3, fill the circle in the K-3 column beside that topic. If you feel that a topic should not be mentioned until grades 9-12, fill the circle for that topic under the 9-12 column. If you feel a topic should not be mentioned at all, fill the circle under the "this topic should not be included" column.

Grade level at which schools should start teaching this topic:

	K-3	4-5	6-8	9-12	This topic should not be included
Correct names for genitals	○	○	○	○	○
Body image	○	○	○	○	○
Puberty	○	○	○	○	○
Wet dreams	○	○	○	○	○
Menstruation	○	○	○	○	○
Reproduction and birth	○	○	○	○	○
Birth control methods & safer sex practices	○	○	○	○	○
Abstinence	○	○	○	○	○
Sexually transmitted diseases/AIDS	○	○	○	○	○
Teenage pregnancy/parenting	○	○	○	○	○
Personal safety (to prevent child sexual abuse)	○	○	○	○	○
Sexual coercion & sexual assault	○	○	○	○	○
Building equal romantic relationships	○	○	○	○	○
Homosexuality	○	○	○	○	○
Attraction, love, intimacy	○	○	○	○	○
Communicating about sex	○	○	○	○	○
Being comfortable with the other sex	○	○	○	○	○
Dealing with peer pressure to be sexually active	○	○	○	○	○
Masturbation	○	○	○	○	○
Sexual behavior (e.g. French kissing, intercourse)	○	○	○	○	○
Sex as part of a loving relationship	○	○	○	○	○
Sexual pleasure & orgasm	○	○	○	○	○
Sexual problems & concerns	○	○	○	○	○
Sexuality in the media	○	○	○	○	○
Pornography	○	○	○	○	○
Teenage prostitution	○	○	○	○	○

Part D. We realize that many parents are concerned about the information their children receive about sexual health topics. In order for us to better understand the kind of sexual education parents are providing at home, please respond to the following questions.

D1. Do you have a child in grades K-5? ◯ Yes ◯ No

D2. Do you have a child in grades 6-8? ◯ Yes ◯ No

D3. Do you have a child in grades 9-12? ◯ Yes ◯ No

D4. Do you have a child older than grade 12? ◯ Yes ◯ No

D5. In your opinion, how good a job do you think you and/or your spouse or partner have done in providing sexual health education for your child/children?

- ◯ Excellent
- ◯ Very Good
- ◯ Good
- ◯ Fair
- ◯ Poor

D6. I have encouraged my child/children to ask me questions about sexuality.

- ◯ Not at all
- ◯ Once or twice
- ◯ A few times
- ◯ Quite often
- ◯ Very often

D7. I have adequate knowledge to provide sexual health education for my child/children.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Not Sure
- ◯ Disagree
- ◯ Strongly Disagree

D8. There are important sexual health topics that I do not feel comfortable discussing with my child/children.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Not Sure
- ◯ Disagree
- ◯ Strongly Disagree

Even if you have a child in high school, please respond to the following questions with respect to ONLY your oldest enrolled in elementary or middle school (grades K-8).

D9. Is this child male or female? ◯ Male ◯ Female

D10. What grade is he or she in? ◯ K-3 ◯ 4-5 ◯ 6-8

D11. Please indicate the extent to which you have talked about each of the following topics with this child.

How much have you talked to this child about:

	Not at all	In general terms only	In some detail	In a lot of detail
Correct names for genitals	◯	◯	◯	◯
Puberty	◯	◯	◯	◯
Reproduction	◯	◯	◯	◯
Birth control methods & safer sex practices	◯	◯	◯	◯
Abstinence	◯	◯	◯	◯
Sexually transmitted diseases	◯	◯	◯	◯
Sexual coercion & sexual assault	◯	◯	◯	◯
Personal safety (to prevent child sexual abuse)	◯	◯	◯	◯
Sexual pleasure & enjoyment	◯	◯	◯	◯
Sexual decision-making in dating relationships	◯	◯	◯	◯

Part E. Although we do not wish to know who you are, it is important that we know some of the characteristics of the people who complete this questionnaire. Please provide the following information about yourself by marking the appropriate answer. If both parents completed the questionnaire together, please provide information about only one parent.)

E1. Are you male or female? ◯ Male ◯ Female

E2. How old are you?

◯ Under 30 ◯ 30-39 ◯ 40-49 ◯ 50 +

E3. What is the highest level of education you have completed?

◯ Less than high school
◯ High school
◯ College, trade, or technical school
◯ University (undergraduate degree)
◯ University (graduate degree)

E4. Do you live in a: ◯ Rural community ◯ Town ◯ City

Sometimes our life experiences influence our attitudes towards sexual health education. Please respond to the following questions, keeping in mind that the information you provide is <u>confidential and anonymous</u>.

E5. In general, I feel that the sexual health education provided to me by my parents was satisfactory.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Not Sure/Neutral
- ◯ Disagree
- ◯ Strongly Disagree

E6. I wish my parents had talked more to me about sexuality.

- ◯ Strongly Agree
- ◯ Agree
- ◯ Not Sure/Neutral
- ◯ Disagree
- ◯ Strongly Disagree

E7. The following are sources of sexual information. Please indicate below how important each source has been in influencing your opinions about sexual health education.

	Not at all important	Somewhat important	Important	Very important	Extremely important
My parents	◯	◯	◯	◯	◯
Other important adults in my life	◯	◯	◯	◯	◯
Education in school	◯	◯	◯	◯	◯
Friends / peers	◯	◯	◯	◯	◯
Religious leaders	◯	◯	◯	◯	◯
Media (books, magazines, movies, videos)	◯	◯	◯	◯	◯

Part F.

F1. Please provide any comments you have regarding sexual health education in the schools.

F2. What more could the Department of Education or your child's school do to support your efforts to provide sexual education in your home?

F3. Would you be interested in attending a sexual health education workshop for parents if it was offered at your child's school?

◯ Yes ◯ No ◯ Not sure

If Yes, what topic especially interest you?

Thank you very much for taking the time to complete our questionnaire. Your answers will help us revise the sexual health education curriculum. Please seal this questionnaire in the envelope provided and send it to school with your child.

To request a copy of the results of this survey, please contact Dr. Sandra Byers or Dr. Heather Sears by telephone (453-4707) or e-mail (p735A@unb.ca).

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