Abstinence-Only vs Comprehensive Sexuality Education:
Parental Opinion about Sexuality Education in Public Schools in North Carolina

(A Research Study)

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Table of Contents

Acknowledgement........................................................................................................ iii

Abstract....................................................................................................................... iv

Introduction................................................................................................................ 1

Burden of Adolescent Pregnancy in United States...................................................... 1

Personal and Social costs of Risky Sexual Behaviors............................................... 1

Current Global Trends: U.S. vs other developed countries...................................... 2

Ablstinence-only vs Comprehensive Sexuality Education in Schools...................... 4

Does Abstinence-only education work? ................................................................. 5

What do parents want for their children? .............................................................. 5

Sexuality Education and Healthy Youth Act (2009) of North Carolina.................. 7

Role of parents in decision making about Sexuality Education.............................. 8

Data Analysis.............................................................................................................. 8

Methods.................................................................................................................. 8

Results..................................................................................................................... 9

Parents Demographics......................................................................................... 9

Sexuality Education in NC Public Schools............................................................. 11

Opinions about specific sexuality education topics.............................................. 14

Who should determine the content of Sexuality Education ............................... 15

Discussion............................................................................................................... 17

Conclusion.............................................................................................................. 19

References.............................................................................................................. 20

Appendix-A: Parents’ Opinion Questionnaire...................................................... 25
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Poonamjeet Hundal
ABSTRACT

OBJECTIVE: To describe the views of parents regarding school-based sexuality education programs, and examine how these views differ across demographic groups.

METHODS: Parents with children in public schools across North Carolina were surveyed telephonically (N = 1201; 52% participation) to assess their beliefs regarding comprehensive sexuality education in public schools.

RESULTS: A majority of respondents held supportive views about comprehensive sexuality education programs. Strongest support centered on statements about teenagers needing information about transmission and prevention of STDs (99.6%) and effectiveness of birth control methods including condoms (97.1%). 91.8% parents agreed that sexuality education should be taught in the schools. 93.5% parents believed that content of sexuality education should be determined by Public Health Professionals.

CONCLUSIONS: Public discourse regarding school-based sexuality education should include the viewpoints of parents of school-aged children as key stakeholders. Parents' perspectives provide unique and critical insights that school administrators and educators should consider as they develop educational curriculums.
Introduction

Burden of Adolescent pregnancy in U.S.

Adolescent pregnancy is pregnancy in girls age 19 or younger (1). The U.S. has the highest rates of adolescent pregnancies and sexually transmitted infections (STIs) of any industrialized country in the world (2, 3). Pregnancy rates among adolescents in the United States rose steadily from the early 1970s to the early 1990s. In 2000, there was a 35 percent fall in teen pregnancy rates from 116.8 in 1990 to 84.8 per 1,000. In 2006, the pregnancy rate was 71.5 pregnancies per 1,000 women aged 15–19 (4, 5). Among African-American women aged between 15-19 years the pregnancy rate was 126.3 per 1,000 women and among white women in the same age group, it was 44.0 per 1,000 in 2006(4). The remarkable reduction in the teen pregnancy rates from the year 1990 onwards are the result of changes in the adolescent sexual behaviors and contraceptive use (6, 7).

Personal and social costs of risky sexual behaviors

According to Youth Risk Behavior Surveillance System (YRBSS) Data 2007, 35.6% of the total female high school students were sexually active (who reported having had sex in the last 3 months) as compared to 45.9% of those who ever had sex (8). One in three sexually active teenagers will contract an STI by age 24 (4). STIs can lead to significant personal, social and economic consequences. Improperly treated STIs can cause infertility, spontaneous abortion, still births, reproductive cancers, and make women 3-5 times more vulnerable to HIV (4). There are other potential costs of unprotected sexual activity among teenagers. Research has shown that adolescent girls who become mothers are less likely to complete high school, more likely to face limited economic
opportunities, and less likely than older women to obtain timely prenatal and postnatal care (9). Babies of teenage mothers are also at a higher risk of serious and long term illness, developmental delays and death in the first year of life as compared to infants of older mothers (10). Children born to younger teens may also experience poorer health outcomes, lower educational attainment, and higher rates of adolescent childbearing themselves when compared to children born to older mothers (2).

Apart from having negative consequences for the teenage mother and the child, teenage pregnancy and childbearing also carry with them significant economic consequences in the form of higher welfare costs. Teen childbearing in the United States cost taxpayers (federal, state, and local) at least $10.9 billion in 2008 (11). Most of the costs of teen childbearing are associated with negative consequences for the children of teen mothers, including increased costs for health care, foster care, incarceration, and lost tax revenue.

**Current Global Trends – U.S. versus other developed countries**

The rate of STIs, teenage pregnancy and childbearing are much higher in U.S. than in most other developed countries(12). Nationally representative survey data are supplemented with data collected by various regional private organizations through studies on adolescent sexual behavior. These combined data are great sources to assess the cross-country differences in adolescent pregnancy and birth rates and to establish the variations across countries in sexual behavior and contraceptive use.

In spite of having a high per capita income and being highly developed and industrialized, there is a wide variation in adolescent pregnancy and birth rates among five developed countries: Canada, France, Great Britain, Sweden and the United States.
(13). The main difference lies in their government policies and programs that address social and economic inequalities, and their strong healthcare systems and provision of services to adolescents (Table-1). Teenagers seeking contraceptives from healthcare providers are guaranteed confidentiality in all the above mentioned countries. Providers’ attitudes have a great influence on the teenagers’ choice of contraceptive method. In all the countries other than United States, the providers consider pill to be the most effective method and most commonly offered to the teenagers(13).

Teenagers in the United States have the lowest level of contraceptive practice among teenagers of all five countries(14). Pill use appears to be less widespread among U.S. teenagers than among those in the other countries and this difference suggests that American teenagers are at a higher risk of accidental pregnancy, even if they are using a birth control method(14). As a result, United States has the highest teen birth rate (39 live births per 1000 females 15-19 years), followed by Great Britain at 24 live births per 1000; and Canada, Sweden, and France at 13, 8, 7 respectively (15).
Table-1: The cost of reproductive health care for teenagers varies by country and by type of service.

<table>
<thead>
<tr>
<th>Service</th>
<th>Sweden</th>
<th>France</th>
<th>Canada</th>
<th>Great Britain</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic Visit</td>
<td>Free</td>
<td>Free</td>
<td>Free</td>
<td>Free</td>
<td>Mostly free</td>
</tr>
<tr>
<td>Private Physician visit</td>
<td>Free</td>
<td>Pay full cost; Insurance will reimburse 80%</td>
<td>Free</td>
<td>Free</td>
<td>Pay full cost; Insurance may reimburse at varying levels</td>
</tr>
<tr>
<td>Pill prescription</td>
<td>Initial cycles free; then $1-3 per cycle</td>
<td>Free at clinic; $1-7 at pharmacy</td>
<td>Initial cycles free; then $3-11 per cycle</td>
<td>Free</td>
<td>Free or discounted at clinics; $5-35 per cycle at pharmacy</td>
</tr>
</tbody>
</table>

The Allan Guttmacher Institute, 2001

Abstinence-only versus Comprehensive Sexuality Education (CSE) in Schools

Teenagers can, in most cases, choose their sexual behavior. But the research demonstrates how those decisions are influenced by the world that surrounds them. Some types of Sexuality Education in the school setting are effective, aimed at reducing unintended teen pregnancies and STIs(16). In U.S., there are several adolescent pregnancy prevention programs. The most successful of these are multiple and varied approaches to the problem and include abstinence promotion and contraception information, contraceptive availability, sexuality education, school-completion strategies, and job training(16). Currently there are two options, CSE and Abstinence-only education, available to the school systems and health educators to bring about a positive change in the sexual behaviors of the teenagers.
Abstinence-only education is defined as an educational program which teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancies, STIs and other health related problems, and the importance of attaining self-sufficiency before engaging in sexual activity(17). CSE promotes abstinence as the most effective way to prevent pregnancy and STIs while also teaching evidence based, medically accurate, culturally sensitive and age appropriate information on healthy relationships, contraception and STIs(18). Providing this information to adolescents allows them to make responsible decisions about sexual activity(18).

Does Abstinence-only education work? From the result of a few studies, it is evident that abstinence-only education neither reduces the risk of teenage pregnancy nor does it affect the sexual risk-taking behavior of teenagers(11,19). Sexuality education in U.S. has always been a much politicized subject. During his tenure as the Governor of Texas from 1995-2000, President George Bush supported sexuality education as the means of teaching adolescents about abstinence-only rather than including information on other ways to prevent unintended pregnancies and STIs(20). Unfortunately, despite spending more than $10 million, the strategy didn’t show any effect in reducing teen pregnancy or halting the spread of STIs(21). The opinion surveys of the American parents, youth and medical and public health institutions have overwhelmingly supported CSE(22).

According to a survey conducted by Public Policy Institute of California (PPIC) in the year 2006, 78% of California adults feel that state’s public schools should teach CSE programs that include information on abstinence, condoms and contraception (23).

What Do Parents want for Their Children?
Country-wide parental opinion research has demonstrated support for Comprehensive
Sexuality Education (24,25, 26,27) but there are multiple factors associated with support for or opposition to comprehensive Sexuality Education and Abstinence-only Education. Significant differences emerged across religious groups, Born Again status, public/private school status, political orientation and income. Majority of supporters of CSE in all the aforementioned studies felt that it should start in middle school (for example, 55% in study by Ito et al and 63% in study by Eisenberg et al). There was a strong support for inclusion of all of the specific sexuality education topics, ranging from basics of reproduction to discussions of sexual orientation and classroom demonstrations of condom use. As compared to fathers, mothers strongly supported education about certain topics like, abstinence until marriage, effectiveness of birth control, where to get birth control. Majority of opponents of CSE felt that sexuality education should be taught at home by parents. More than 90% respondents in all the four studies felt that parents and public health professionals should determine sexuality education content and opposed the involvement of politicians.

In the study by Ito et al, parents with higher levels of education were more opposed to specific sexuality topics and more likely to support abstinence-only education (24). One possible hypothesis is that they felt better equipped to teach their children about sexuality and, equip them with the required skills to delay sexual activity. According to the Eisenberg et al study, beliefs about the effectiveness of CSE and abstinence-only education were strongly related to support for CSE, controlling for religion, political orientation and income. More positive beliefs about CSE were associated with approximately 14 times the odds of supporting CSE, and more positive beliefs about abstinence-only education were associated with approximately one-tenth the odds of
Sexuality Education and Healthy Youth Act (2009) of North Carolina

North Carolina adolescents report high rates of sexual activity, increasing their risk of unintended pregnancy, HIV/AIDS, and other STIs. In 2007 in North Carolina, 69.1% of high school students reported having had sexual intercourse as compared to the national average of 46%, and 46.8% of these didn’t use a condom at last sexual intercourse as compared to the national average of 39% (28, 29). Approximately 67% of STIs reported in North Carolina occur in people ages 15-24 (30). Sexuality education to adolescents in schools is one vehicle to provide information and skills that can help them make healthy choices.

In 1995, the North Carolina state legislature amended General Stature 115C-81, which required public schools to offer an Abstinence-until-Marriage program. These courses emphasized that a mutually faithful monogamous heterosexual relationship in the context of marriage is the best lifelong means of avoiding disease transmitted by sexual contact. According to the statute, statistical information on the effectiveness and failure rates must be provided along with the instructions concerning birth control.

In the 2009, the General Assembly of North Carolina passed House Bill 88, known as Healthy Youth Act (HYA) of 2009 (31). Along with emphasizing positive benefits of abstinence until marriage, the HYA also teaches the effectiveness of all federal Food and Drug Administration (FDA)-approved methods of reducing risks of contracting STIs and preventing unintended pregnancies. It also teaches about sexual abuse, sexual assaults and causes of these behaviors and risk reduction. The material used in these instructions
should be age appropriate, evidence-based and medically accurate.

**Role of Parents in Decision-making about Sexuality Education**

Parents of school age children can be instrumental in determining the content and type of pregnancy and HIV/STD prevention education programs that are provided within individual school districts. The state Statute 1995 as well as the HYA 2009 allows parents to review and comment on learning tools used by local school health systems prior to each school year. Parents may then withhold or provide consent for their child to participate in sexuality education each year.

**Secondary Data Analysis**

**Methods**

In November 2008, the Survey Research Unit at the University of North Carolina implemented a statewide telephone survey (Appendix-A). The purpose of the survey was to assess parental opinion about comprehensive sexuality education in public schools across North Carolina. A sample of 4,500 randomly selected telephone numbers was selected for the survey and the household was eligible to participate if it had a child in the NC public school system (K-12). Only parents/legal guardians, who were responsible for making educational decisions for their children, were eligible. For the purpose of this survey, parents and legal guardians included biological parents, step parents, foster parents, grandparents with custody of school age children, and kinship custody situations. The survey was conducted between November, 2008 and January, 2009 and interviewed 1201 parents of NC public school students. Only 52% of the eligible parents/legal guardians completed the survey.
A Computer Assisted Telephone Interviewer (CATI) system was used to conduct the interviews and to collect data. With CATI, data are entered directly into the computer by the interviewer, so that interviewing and data entry are done as a single step. The interviews took place Saturday through Thursday. The telephone survey lasted for approximately ten minutes. The calls were scheduled at different times of the day and week. A case was withdrawn from calling list after a minimum of ten unsuccessful calls, including at least one weekend call, one evening call and one day time call. Calls could be scheduled at times specified by the respondents. Several steps were taken as an effort to maximize cooperation of the respondents and to reduce the occurrence of refusal to take the survey or a part of it. The reasons for refusal, the point in the interview at which refusal occurred, and the gender and approximate age of the respondent were documented. Then the experienced refusal converters re-contacted the respondents who refused initially. Stata software was used to analyze the data and the data were weighted for non-response.

Results

Parents Demographics

Table-2 shows the weighted and unweighted demographics of the respondents. Of the survey respondents, 60.1% were females. Most respondents (88.7%) identified as White, and (11.3%) identified as a member of a minority group. Many parents (46.3%) were between 36-44 years of age, 41.4% were 45 or older, and only 12.3% were between 18-35 years of age. More than half of the parents (52.6%) had completed at least a college degree, 29.4% had completed some schooling past high school, and 18% had a high school degree or less. Many parents, 59.1%, reported a household income of $75,000 or
more, while 19.1% of parents reported a household income of $50,000-$74,999, and 21.8% reported a household income of less than $50,000.

Of parents surveyed, 32.9% had students enrolled only in elementary school, while 67.1% had at least one student in either middle school or high school. The majority of the parents, 93%, reported having voted in the last presidential election. The sample was proportionately divided in the state with regard to urban (61.6%) versus rural (38.4%) residency.

Table-2: Parents Demographics

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Count (n = 1201) (Unweighted)</th>
<th>Percent (Weighted)</th>
<th>Percent (Unweighted)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-35</td>
<td>147</td>
<td>12.3</td>
<td>13.3</td>
</tr>
<tr>
<td>36-44</td>
<td>552</td>
<td>46.3</td>
<td>42.6</td>
</tr>
<tr>
<td>&gt;45</td>
<td>493</td>
<td>41.4</td>
<td>44.1</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>479</td>
<td>39.9</td>
<td>43.8</td>
</tr>
<tr>
<td>Female</td>
<td>722</td>
<td>60.1</td>
<td>56.2</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>1052</td>
<td>88.7</td>
<td>70.8</td>
</tr>
<tr>
<td>Minority</td>
<td>140</td>
<td>11.3</td>
<td>29.2</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school or less</td>
<td>216</td>
<td>18</td>
<td>21.5</td>
</tr>
<tr>
<td>Some college</td>
<td>352</td>
<td>29.4</td>
<td>34.5</td>
</tr>
<tr>
<td>College graduate</td>
<td>631</td>
<td>52.6</td>
<td>44</td>
</tr>
<tr>
<td><strong>Household income</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; $50K</td>
<td>251</td>
<td>21.8</td>
<td>25.3</td>
</tr>
<tr>
<td>$50K - $75K</td>
<td>219</td>
<td>19.1</td>
<td>19.8</td>
</tr>
<tr>
<td>&gt; $75 K</td>
<td>679</td>
<td>59.1</td>
<td>54.9</td>
</tr>
<tr>
<td><strong>No. of school age children in household</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>470</td>
<td>39.1</td>
<td>39.6</td>
</tr>
<tr>
<td>2</td>
<td>544</td>
<td>45.3</td>
<td>45</td>
</tr>
<tr>
<td>3</td>
<td>161</td>
<td>13.4</td>
<td>12.9</td>
</tr>
<tr>
<td>4</td>
<td>15</td>
<td>1.2</td>
<td>1.6</td>
</tr>
<tr>
<td>&gt;5</td>
<td>10</td>
<td>0.8</td>
<td>0.9</td>
</tr>
<tr>
<td><strong>Grade level</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elementary</td>
<td>394</td>
<td>32.9</td>
<td>30.7</td>
</tr>
<tr>
<td>Middle &amp; High</td>
<td>804</td>
<td>67.1</td>
<td>69.3</td>
</tr>
<tr>
<td><strong>Voted in last Presidential election</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>1116</td>
<td>93</td>
<td>92.6</td>
</tr>
<tr>
<td>No</td>
<td>84</td>
<td>7</td>
<td>7.4</td>
</tr>
</tbody>
</table>
As shown in Figure-1, 41.9% of parents had one child enrolled in public schools, 44.9% had two children enrolled in public school and slightly more than 13% parents had three or more children enrolled in public schools.

![Figure-1: Number of Children Enrolled in Public Schools](image)

**Sexuality Education in Public Schools in North Carolina**

Of all the parents of elementary, middle and high school students, 70.6% answered that sexuality education is being taught in their school system, 9.1% answered that it is not being taught and 20.3% were unsure about it. (Figure-2). Table-3 shows the responses of the parents, by their demographic characteristics, when asked if sexuality education was being taught in their child’s school. 91.8% parents thought that sexuality education should be taught in school. Only 8.2% of parents interviewed responded that they were opposed to teaching sexuality education in public schools (Figure-2).
Is sexuality being taught in school?

- No: 9.1%
- Don't know: 20.3%
- Yes: 70.6%

Should sexuality education be taught in schools?

- No: 8.2%
- Yes: 91.8%

Figure-2: Sexuality Education in Public Schools
Parents who supported sexuality education in public schools thought it should start early in the students' education. More than 70% of parents thought that sexuality education should start by the 6th grade (Figure-3). Parents were asked how much class time should be devoted to sexuality education beginning with the grade in which they believe sexuality education should be introduced. Depending upon their choice of grade at which sexuality education should be introduced, they were asked how much class time should be devoted to sexuality education at that grade level. Therefore, the number of respondents was different for each of the three levels, namely elementary, middle and high schools. Nearly one third of parents believed that 36 hours of class time should be devoted to sexuality education in elementary school, 31.3% believed 36 hours per year
should be devoted to sexuality education in middle school and 25.9% supported 36 hours per year should be devoted to sexuality education in high school.

![Pie chart showing percent responses to grade level at which sexuality education should be introduced.](chart)

**Figure-3: Percent responses to grade level at which sexuality education should be introduced**

**Importance of Specific Sexuality Education topics**

When parents were asked about their opinion regarding the importance of sexuality education topics, there was a variation in their opinion. Parents were asked to indicate how important specific sexuality education topics were. Possible answers ranged from "Very Important," "Somewhat Important," "Not too Important," to "Not at all Important," or they could respond they were "Opposed to teaching" the topic. Parents who thought sexuality education should be taught in public schools also thought it was important that their children learn about a variety of sexuality education topics. **Table- 4** shows the twenty topics about which questions were asked and more than 85% of parents responded that these topics were important and their child needs to learn about them in sexuality education classes.
Table-4: Parental support to specific sexuality education topics

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Topic</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Transmission and prevention of sexually transmitted diseases (STDs)</td>
<td>99.6%</td>
</tr>
<tr>
<td>2</td>
<td>Transmission and prevention of HIV/AIDS</td>
<td>99.5%</td>
</tr>
<tr>
<td>3</td>
<td>What to do if one has been raped or sexually assaulted</td>
<td>99.4%</td>
</tr>
<tr>
<td>4</td>
<td>The basics of reproduction or how babies are made, pregnancy, and birth</td>
<td>98.6%</td>
</tr>
<tr>
<td>5</td>
<td>How to deal with pressure to have sex</td>
<td>99.4%</td>
</tr>
<tr>
<td>6</td>
<td>How to talk with a girlfriend, boyfriend, or partner about not having sex</td>
<td>98.2%</td>
</tr>
<tr>
<td>7</td>
<td>How to talk with parents about sex and relationship issues</td>
<td>98.7%</td>
</tr>
<tr>
<td>8</td>
<td>How to deal with the emotional issues and consequences of being sexually active</td>
<td>97.8%</td>
</tr>
<tr>
<td>9</td>
<td>How to talk with a girlfriend, boyfriend, or partner about birth control and STDs</td>
<td>97.1%</td>
</tr>
<tr>
<td>10</td>
<td>Abstinence until marriage</td>
<td>94.0%</td>
</tr>
<tr>
<td>11</td>
<td>Waiting to have sex until after graduating from high school</td>
<td>96.2%</td>
</tr>
<tr>
<td>12</td>
<td>Effectiveness and failure rates of birth control methods, including condoms</td>
<td>97.1%</td>
</tr>
<tr>
<td>13</td>
<td>How to get tested for HIV/AIDS and STDs</td>
<td>94.4%</td>
</tr>
<tr>
<td>14</td>
<td>Risks of oral sex</td>
<td>92.9%</td>
</tr>
<tr>
<td>15</td>
<td>How to use other birth control methods, such as birth control pills, or Depo-Provera</td>
<td>91.0%</td>
</tr>
<tr>
<td>16</td>
<td>How to use condoms</td>
<td>91.3%</td>
</tr>
<tr>
<td>17</td>
<td>Risks of anal sex</td>
<td>89.5%</td>
</tr>
<tr>
<td>18</td>
<td>Talking about what sexual orientation means</td>
<td>86.9%</td>
</tr>
<tr>
<td>19</td>
<td>Where to get birth control, including condoms</td>
<td>87.0%</td>
</tr>
<tr>
<td>20</td>
<td>Classroom demonstrations of how to use a condom correctly</td>
<td>76.7%</td>
</tr>
</tbody>
</table>

Who Should Determine the Content of Sexuality Education in Schools

When asked a question about who should determine the content of sexuality education in schools, 93.5% of parents thought that public health professionals and 86.2% of parents thought that parents should determine how sexuality education is taught. Additionally, parents thought that school administrators (79.1%), religious leaders (46.6%), students (39.3) and politicians (13.4%) should determine how sexuality education is taught at various levels (Figure-4). 8.2% of parents who did not believe sexuality education should be taught in North Carolina public schools were asked which reason best
described their opposition. Most of these parents (86.5%) believed sexuality education should be taught in the home by parents. Due to the small sample size, the percentages were not statistically reliable, and the differences between demographic groups were not meaningful.

**Figure-4: Percent responses to who should determine the content of Sexuality Education**

Table-5 shows the distribution of parents who were against sexuality education in schools by their reasons for being against it.
Table-5: Reasons why sexuality education should not be taught in schools

<table>
<thead>
<tr>
<th>Reason</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is not important to teach adolescents about human sexuality under any circumstances</td>
<td>3</td>
<td>2.5</td>
</tr>
<tr>
<td>Sex education should be taught in the home by the parents</td>
<td>96</td>
<td>86.5</td>
</tr>
<tr>
<td>Sex education will encourage adolescents to have sex</td>
<td>3</td>
<td>2.3</td>
</tr>
<tr>
<td>My children don’t need sex education</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>My religious beliefs are against teaching sexuality in the schools</td>
<td>5</td>
<td>4.4</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>4.3</td>
</tr>
</tbody>
</table>

Discussion

North Carolina’s Healthy Youth Act determines which topics should be taught in sexuality education classes, at specific age appropriate grade levels. The results of this survey indicated that Healthy Youth Act may not reflect what parents believe are the needs of their children regarding sexuality education. Discrepancies include the grade at which sexuality education begins, the amount of time devoted to instruction, and the inclusion of topics such as classroom demonstrations of how to use a condom correctly and talking about what sexual orientation means. Over forty percent of parents agreed that sexuality education should start during elementary school (K-5). Parents also supported a considerable amount of time for sexuality education. Many parents thought that thirty-six hours per year of instruction should be devoted to sexuality education in elementary, middle and high school. The Healthy Youth Act doesn’t provide guidelines on class time spent teaching sexuality education.

Under the Healthy Youth Act 2009, all sexuality education must be provided within the context of Abstinence Until Marriage. Results of the survey indicated that parents wanted their children to learn more about prevention strategies than Abstinence Until Marriage
alone. While 12.3% of parents who thought sexuality education should be taught in
schools were opposed to classroom demonstrations on how to use condoms, 76.7% of
parents thought that such demonstrations were important. In addition, oral and anal
sexual activities are two significant means of transmission of HIV/AIDS and other STDs.
Of parents who thought sexuality education should be taught in schools, 92.9% thought
that it was important their children learn the risks of oral sex and 89.5% of parents
thought that it was important to teach the risks of anal sex.

The Objective of the Healthy Youth Act is to teach about different methods of
contraception, their effectiveness and failure rates and the risks of unintended pregnancy
and HIV/STDs. Majority of parents said that it was important that their children learn
about the effectiveness and failure rates of birth control and condoms.

Parents who supported sexuality education in schools believed public health
professionals, parents and school administrators should determine how sexuality
education should be taught. Although only 13.4% of parents believed politicians should
determine how sexuality education should be taught, in North Carolina this topic is
currently mandated by state statute. Parent opinions in North Carolina reflect national
trends regarding sexuality education in that parents thought it was important that their
children learn many strategies for protecting themselves against STDs and unintended
pregnancy (32). Public health and educational organizations, such as the American Public
Health Association, the American Medical Association, the American Academy of
Pediatrics, the National Institutes for Health, and the American Association for
Health Education advocate for a more comprehensive approach to sexuality education
The Parents Opinion Survey had a few limitations. North Carolina has a population of 31.1% with school age children who belong to minorities, whereas minority survey respondents accounted for only 11.3% of the total number of respondents. In addition to that, North Carolina has a large Spanish speaking population whereas the survey was conducted in English. This means the Spanish speaking population may have been under-represented.

**Conclusion**

Majority of parents have positive opinions about Comprehensive Sexuality Education, and believe that their children should get CSE in school. Sexual activity is a reality for teenagers in United States and hence the need of the day is to implement responsible programs, which are medically accurate and meet the needs of the teenagers at the same time, by preventing unintended pregnancies and STIs. The federal government’s support of abstinence-only education is in contrast to the broad parental support for comprehensive sex education demonstrated by the research study results. Finally, the parental opinion about Comprehensive Sexuality Education should be made known to educators, decision makers and funding agencies so that the political tone of the current discourse could be shifted to a more public health oriented perspective, based on evidence rather than ideology.
References:


Accessed on October 29, 2011


Accessed on September 21, 2011


Accessed on September 21, 2011


Accessed on Nov 08, 2011

   Responsible Sexual Behavior. Available at:

   Accessed on Oct 21, 2011


   Roadblocks Imposed by the Federal Government's Abstinence-Only-Until-Marriage Education Program. Washington, DC. Available at: [http://www.SIECUS.org](http://www.SIECUS.org)
   Accessed on October 23, 2011
Appendix-A: Parents Opinion Survey Questionnaire

How many school age children kindergarten through 12\textsuperscript{th} grade are you the legal guardian of in your household?

1 1
2 2
3 3
4 4
5 5 OR MORE
9 DON’T KNOW/NOT SURE
8 REFUSED TO ANSWER

How many of these children are enrolled in public school?

1 1
2 2
3 3
4 4
5 5 OR MORE
9 DON’T KNOW/NOT SURE
8 REFUSED TO ANSWER

Which grades are these public school students in?

CHOOSE ALL THAT APPLY:
1 ELEMENTARY SCHOOL (K-5)
2 GRADE 6
3 GRADE 7
4 GRADE 8
5 HIGH SCHOOL (9-12)
9 DON’T KNOW/NOT SURE
8 REFUSED TO ANSWER

How many of these children are enrolled in private school?

0 NONE
1 1
2 2
3 3
4 4
5 5 OR MORE
9 DON’T KNOW/NOT SURE
8 REFUSED TO ANSWER

Which grades are these private school children in?

CHOOSE ALL THAT APPLY:
1 ELEMENTARY SCHOOL (K-5)
2 GRADE 6
3 GRADE 7
SECTION B (AMOUNT OF SEX ED)

For this survey, sex education includes classes referring to sexual behavior and sexual health, which includes human development, relationships, and communication skills.

Is sex education taught in your public school system?
0 NO
1 YES
9 DON’T KNOW/NOT SURE
8 REFUSED TO ANSWER

In your opinion, should it be taught in the North Carolina public school system?
0 NO
1 YES
9 DON’T KNOW/NOT SURE
8 REFUSED TO ANSWER

In your opinion, at what grade level do you think sex education should first be taught?
1 ELEMENTARY SCHOOL (K-5)
2 GRADE 6
3 GRADE 7
4 GRADE 8
5 HIGH SCHOOL (9-12)
9 DON’T KNOW/NOT SURE
8 REFUSED TO ANSWER

In your opinion, how much classroom time should be given to sex education for the entire school year in elementary school?
1 36 hours (or one hour each week for the entire school year)
2 18 hours (or one hour each week for half the school year)
3 9 hours (or one hour each week for one quarter of the school year)
4 4 to 5 hours (or one hour every other week for one quarter of the school year)
5 2 to 3 hours (for the entire school year)
6 One hour (for the entire school year)
7 Less than one hour (for the entire school year)
0 NONE
9 DON’T KNOW/NOT SURE
8 REFUSED TO ANSWER

In your opinion, how much classroom time should be given to sex education for the entire school year in middle school?
1 36 hours (or one hour each week for the entire school year)
In your opinion, how much classroom time should be given to sex education for the entire school year in high school?
1 36 hours (or one hour each week for the entire school year)
2 18 hours (or one hour each week for half the school year)
3 9 hours (or one hour each week for one quarter of the school year)
4 4 to 5 hours (or one hour every other week for one quarter of the school year)
5 2 to 3 hours (for the entire school year)
6 One hour (for the entire school year)
7 Less than one hour (for the entire school year)
0 NONE
9 DON’T KNOW/NOT SURE
8 REFUSED TO ANSWER

NC Sex Ed Survey 2008

SECTION C (TOPICS)

C10. How important do you think it is that your child learn about the basics of reproduction or how babies are made, pregnancy, and birth at some point during their schooling? Would you say…
1 Very Important
2 Somewhat Important
3 Not too important
4 Not at all important
5 or are you opposed to it being taught at any point?
9 DON’T KNOW/NOT SURE
8 REFUSED TO ANSWER

How important do you think it is that your child learn about how to talk with parents about sex and relationship issues at some point during their schooling? Would you say…
1 Very Important
2 Somewhat Important
3 Not too important
4 Not at all important
5 or are you opposed to it being taught at any point?
9 DON’T KNOW/NOT SURE
8 REFUSED TO ANSWER
HOW IMPORTANT DO YOU THINK IT IS THAT YOUR CHILD LEARN
ABOUT… How to deal with pressure to have sex? WOULD YOU SAY…
1 V E R Y I M P O R T A N T
2 S O M E W H A T I M P O R T A N T
3 N O T T O O I M P O R T A N T
4 N O T A T A L L I M P O R T A N T
5 O R A R E Y O U O P P O S E D T O I T B E I N G T A U G H T A T A N Y P O I N T?
9 D O N ’ T K N O W / N O T S U R E
8 R E F U S E D T O A N S W E R

HOW IMPORTANT DO YOU THINK IT IS THAT YOUR CHILD LEARN
ABOUT… Waiting to have sex until after graduating from high school? WOULD YOU SAY…
1 V E R Y I M P O R T A N T
2 S O M E W H A T I M P O R T A N T
3 N O T T O O I M P O R T A N T
4 N O T A T A L L I M P O R T A N T
5 O R A R E Y O U O P P O S E D T O I T B E I N G T A U G H T A T A N Y P O I N T?
9 D O N ’ T K N O W / N O T S U R E
8 R E F U S E D T O A N S W E R

HOW IMPORTANT DO YOU THINK IT IS THAT YOUR CHILD LEARN
ABOUT… How to talk with a girlfriend, boyfriend or partner about not having sex? WOULD YOU SAY…
1 V E R Y I M P O R T A N T
2 S O M E W H A T I M P O R T A N T
3 N O T T O O I M P O R T A N T
4 N O T A T A L L I M P O R T A N T
5 O R A R E Y O U O P P O S E D T O I T B E I N G T A U G H T A T A N Y P O I N T?
9 D O N ’ T K N O W / N O T S U R E
8 R E F U S E D T O A N S W E R

HOW IMPORTANT DO YOU THINK IT IS THAT YOUR CHILD LEARN
ABOUT… How to talk with a girlfriend, boyfriend or partner about birth control and sexually
transmitted diseases? WOULD YOU SAY…
1 V E R Y I M P O R T A N T
2 S O M E W H A T I M P O R T A N T
3 N O T T O O I M P O R T A N T
4 N O T A T A L L I M P O R T A N T
5 O R A R E Y O U O P P O S E D T O I T B E I N G T A U G H T A T A N Y P O I N T?
9 D O N ’ T K N O W / N O T S U R E
8 R E F U S E D T O A N S W E R

HOW IMPORTANT DO YOU THINK IT IS THAT YOUR CHILD LEARN
ABOUT… How to deal with the emotional issues and consequences of being sexually active?
WOULD YOU SAY…
1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NOT TOO IMPORTANT
4 NOT AT ALL IMPORTANT
5 OR ARE YOU OPPOSED TO IT BEING TAUGHT AT ANY POINT?
9 DON’T KNOW/NOT SURE
8 REFUSED TO ANSWER

HOW IMPORTANT DO YOU THINK IT IS THAT YOUR CHILD LEARN
ABOUT… Abstinence until marriage? WOULD YOU SAY…

1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NOT TOO IMPORTANT
4 NOT AT ALL IMPORTANT
5 OR ARE YOU OPPOSED TO IT BEING TAUGHT AT ANY POINT?
9 DON’T KNOW/NOT SURE
8 REFUSED TO ANSWER

HOW IMPORTANT DO YOU THINK IT IS THAT YOUR CHILD LEARN
ABOUT… Transmission and prevention of HIV or AIDS? WOULD YOU SAY…
INTERVIEWER NOTE: IF NECESSARY, DEFINE ‘TRANSMISSION’ AS HOW ONE
GETS HIV/AIDS
1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NOT TOO IMPORTANT
4 NOT AT ALL IMPORTANT
5 OR ARE YOU OPPOSED TO IT BEING TAUGHT AT ANY POINT?
9 DON’T KNOW/NOT SURE
8 REFUSED TO ANSWER

HOW IMPORTANT DO YOU THINK IT IS THAT YOUR CHILD LEARN
ABOUT… Transmission and prevention of other sexually transmitted diseases? WOULD YOU SAY…
INTERVIEWER NOTE: SOME EXAMPLES ARE SYPHILIS, HERPES, AND GONORRHEA
1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NOT TOO IMPORTANT
4 NOT AT ALL IMPORTANT
5 OR ARE YOU OPPOSED TO IT BEING TAUGHT AT ANY POINT?
9 DON’T KNOW/NOT SURE
8 REFUSED TO ANSWER

HOW IMPORTANT DO YOU THINK IT IS THAT YOUR CHILD LEARN
ABOUT… How to use other birth control methods, such as birth control pills, or Depo-Provera? WOULD YOU SAY…
1 VERY IMPORTANT
2 SOMewhat IMPORTANT
3 NOT TOO IMPORTANT
4 NOT AT ALL IMPORTANT
5 OR ARE YOU OPPOSED TO IT BEING TAUGHT AT ANY POINT?
9 DON’T KNOW/NOT SURE
8 REFUSED TO ANSWER

HOW IMPORTANT DO YOU THINK IT IS THAT YOUR CHILD LEARN
ABOUT… How to use condoms? WOULD YOU SAY…
1 VERY IMPORTANT
2 SOMewhat IMPORTANT
3 NOT TOO IMPORTANT
4 NOT AT ALL IMPORTANT
5 OR ARE YOU OPPOSED TO IT BEING TAUGHT AT ANY POINT?
9 DON’T KNOW/NOT SURE
8 REFUSED TO ANSWER

HOW IMPORTANT DO YOU THINK IT IS THAT YOUR CHILD LEARN
ABOUT… Classroom demonstrations of how to use a condom correctly? WOULD YOU SAY…
1 VERY IMPORTANT
2 SOMewhat IMPORTANT
3 NOT TOO IMPORTANT
4 NOT AT ALL IMPORTANT
5 OR ARE YOU OPPOSED TO IT BEING TAUGHT AT ANY POINT?
9 DON’T KNOW/NOT SURE
8 REFUSED TO ANSWER

HOW IMPORTANT DO YOU THINK IT IS THAT YOUR CHILD LEARN
ABOUT… Effectiveness and failure rates of birth control methods, including condoms? WOULD YOU SAY…
1 VERY IMPORTANT
2 SOMewhat IMPORTANT
3 NOT TOO IMPORTANT
4 NOT AT ALL IMPORTANT
5 OR ARE YOU OPPOSED TO IT BEING TAUGHT AT ANY POINT?
9 DON’T KNOW/NOT SURE
8 REFUSED TO ANSWER

HOW IMPORTANT DO YOU THINK IT IS THAT YOUR CHILD LEARN
ABOUT… Where to get birth control, including condoms? WOULD YOU SAY…
1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NOT TOO IMPORTANT
4 NOT AT ALL IMPORTANT
5 OR ARE YOU OPPOSED TO IT BEING TAUGHT AT ANY POINT?
9 DON’T KNOW/NOT SURE
8 REFUSED TO ANSWER

HOW IMPORTANT DO YOU THINK IT IS THAT YOUR CHILD LEARN ABOUT… How to get tested for HIV or AIDS and sexually transmitted diseases? WOULD YOU SAY…
1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NOT TOO IMPORTANT
4 NOT AT ALL IMPORTANT
5 OR ARE YOU OPPOSED TO IT BEING TAUGHT AT ANY POINT?
9 DON’T KNOW/NOT SURE
8 REFUSED TO ANSWER

HOW IMPORTANT DO YOU THINK IT IS THAT YOUR CHILD LEARN ABOUT… What to do if one has been raped or sexually assaulted? WOULD YOU SAY…
1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NOT TOO IMPORTANT
4 NOT AT ALL IMPORTANT
5 OR ARE YOU OPPOSED TO IT BEING TAUGHT AT ANY POINT?
9 DON’T KNOW/NOT SURE
8 REFUSED TO ANSWER

HOW IMPORTANT DO YOU THINK IT IS THAT YOUR CHILD LEARN ABOUT… Talking about what sexual orientation means? WOULD YOU SAY… INTERVIEWER NOTE: SEXUAL ORIENTATION IS WHO WE HAVE SEXUAL OR ROMANTIC FEELINGS FOR. THIS MAY BE A MEMBER OF THE SAME OR OPPOSITE SEX
1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NOT TOO IMPORTANT
4 NOT AT ALL IMPORTANT
5 OR ARE YOU OPPOSED TO IT BEING TAUGHT AT ANY POINT?
9 DON’T KNOW/NOT SURE
8 REFUSED TO ANSWER

HOW IMPORTANT DO YOU THINK IT IS THAT YOUR CHILD LEARN ABOUT… How about the risks of oral sex? WOULD YOU SAY…
1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NOT TOO IMPORTANT
4 NOT AT ALL IMPORTANT
5 OR ARE YOU OPPOSED TO IT BEING TAUGHT AT ANY POINT?
9 DON’T KNOW/NOT SURE
8 REFUSED TO ANSWER

HOW IMPORTANT DO YOU THINK IT IS THAT YOUR CHILD LEARN ABOUT… How about the risks of anal sex? WOULD YOU SAY…
1 VERY IMPORTANT
2 SOMEWHAT IMPORTANT
3 NOT TOO IMPORTANT
4 NOT AT ALL IMPORTANT
5 OR ARE YOU OPPOSED TO IT BEING TAUGHT AT ANY POINT?
9 DON’T KNOW/NOT SURE
8 REFUSED TO ANSWER

-SECTION E (REASONS FOR OR AGAINST)

1 Should parents determine how sex education should be taught in public school systems in North Carolina?
2 Should students?
3 Should school administrators such as principals or school boards?
4 Should public health professionals?
5 Should religious leaders?
6 Should politicians?

Sex education should not be taught in the public schools because?
1 It is inappropriate to teach adolescents about human sexuality under any circumstances.
2 Sex education should be taught in the home by the parents.
3 Sex education will encourage adolescents to have sex.
4 My children don’t need sex education.
5 My religious beliefs are against teaching sexuality in the schools.
6 Or is there some other reason?
9 DON’T KNOW/NOT SURE
8 REFUSED TO ANSWER

SECTION F (DEMOGRAPHICS)

Did you vote in the last election?
0 NO
1 YES
9 DON’T KNOW/NOT SURE
8 REFUSED TO ANSWER

What is your age?
ENTER AGE IN YEARS
9 DON’T KNOW/NOT SURE
8 REFUSED TO ANSWER

Are you Hispanic or Latino?
0 NO
1 YES
9 DON’T KNOW/NOT SURE
8 REFUSED TO ANSWER

Which one or more of the following would you say is your race? CHOOSE ALL THAT APPLY.
1 White
2 Black or African American
3 Asian
4 Native Hawaiian or Other Pacific Islander
5 American Indian or Alaska Native
6 OTHER
9 DON’T KNOW/NOT SURE
8 REFUSED TO ANSWER

Which one of these groups would you say best represents your race?
1 White
2 Black or African American
3 Asian
4 Native American or Other Pacific Islander
5 American Indian, Alaska Native
6 OTHER (SPECIFY)
9 DON’T KNOW/NOT SURE
8 REFUSED TO ANSWER

What is the highest grade or year of school you completed?
1 NEVER ATTENDED SCHOOL OR ONLY ATTENDED KINDERGARTEN
2 GRADES 1 THROUGH 8 (ELEMENTARY)
3 GRADES 9 THROUGH 11 (SOME HIGH SCHOOL)
4 GRADE 12 OR GED (HIGH SCHOOL GRADUATE)
5 COLLEGE 1 YEAR TO 3 YEARS (SOME COLLEGE, TECHNICAL SCHOOL, OR ASSOCIATES DEGREE)
6 COLLEGE 4 YEARS OR MORE (COLLEGE GRADUATE)
9 DON’T KNOW/NOT SURE
8 REFUSED TO ANSWER

Is your annual household income from all sources less than $25,000?
0 NO
1 YES
9 DON’T KNOW/ NOT SURE
8 REFUSED TO ANSWER
F71. Is it less than $20,000?
0 NO
1 YES
9 DON'T KNOW/ NOT SURE
8 REFUSED TO ANSWER

F72. Is it less than $15,000?
0 NO
1 YES
9 DON'T KNOW/ NOT SURE
8 REFUSED TO ANSWER

Is it less than $10,000?
0 NO
1 YES
9 DON'T KNOW/ NOT SURE
8 REFUSED TO ANSWER