

**EXPLORATION OF THE  
FACTORS THAT AFFECT THE  
DELIVERY OF SEX AND SEXUALITY  
EDUCATION AND SUPPORT  
IN SCHOOLS**

Final Report

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*The prime responsibility for bringing up children rests with parents. Schools should therefore recognise that parents are key figures in helping their children to cope with the emotional and physical aspects of growing up and in preparing them for the challenges and responsibilities which sexual maturity brings. The teaching offered by schools should be complementary and supportive to the role of parents, and should have regard to parents' views about its content and presentation. The more successful schools are in achieving this, the less likelihood that parents will wish to exercise their right of withdrawal.* (Circular 5/94, DfE)

We would like to express our deepest thanks to all the staff and parents of the six schools who participated in this study for their invaluable support throughout.

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## ***Background***

### **1.0 Purpose of the Study**

This project was developed to explore the cultural, attitudinal and other factors that affect the content and delivery of sex and sexuality education in schools through studies conducted with parents, teachers and governors.

The work is relevant to both the previous and the current Governments' target of reducing unwanted teenage pregnancies, it will contribute to the sexual health needs of young people more generally, and, more specifically, it will assist in providing support for people adapting to the changing legislative climate.

The study addresses some of the issues identified in the literature review<sup>1</sup>. Through the systematic collection and analysis of quantitative and qualitative data from samples of parents, teachers and governors, those charged with the responsibility of devising services and education programmes will have a much stronger awareness of what other key players find acceptable and unacceptable, and will be able to plan their provision with greater levels of confidence. Additionally, such data will be of great assistance in devising appropriate and relevant training and development programmes for the key players involved.

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<sup>1</sup> Exploration of the factors that affect the delivery of sex and sexuality education and support in and out of schools (Carrera & Ingham 1997)

## 2.0 Methodology

### 2.1 Selection of sites

It was agreed that six sites would be drawn from high and low density areas with differing levels of social deprivation and that none of the schools taking part in the Wessex Healthy Schools Award Research would be selected.

Accordingly, data were obtained which provided Jarman scores (social deprivation) and density measures for over two hundred wards. After exploring which secondary schools were located in the selected wards, six sites were randomly selected and approached for their co-operation by sending a letter to the headteachers and the chairs of the governing bodies. The letter explained the aims of the project, gave some background information and addressed other issues such as sampling, confidentiality, funding and the Advisory Group.

Unfortunately, none of the originally selected schools agreed to take part in the study and the density criteria had to be extended in order to include more schools in the original list. Thirty-five schools had to be approached in order to obtain the six secondary schools that were needed. When no reply to the first letter was received within a couple of weeks, a second letter was sent out. Of the thirty-five schools approached, seven agreed to take part in the study (one did so after the six schools had already been selected), twenty refused and no replies were received from the remaining eight. Most of the refusals were based on the grounds of overwork or the fact that they were/had already been involved in similar projects.

For those schools that agreed to take part, relevant teachers were offered the opportunity to meet and learn about the project in more detail, and to explore the possibility of incorporating any particular issues that they identified as being important. This offer was taken up by two of the schools (namely, Schools C and D) and a visit was paid to them at a time of their convenience.

In order to fulfil the promise of confidentiality, letters (A to F) are used to identify the schools. Two schools are in each of Hampshire, Wiltshire and Dorset.

Deprivation and density details about the selected schools are as follows:

School	Density	Social Deprivation
A	9.6 Low	2.5 High
B	43.5 High	14.8 Medium
C	27.8 High	5.9 Medium
D	35.7 High	18.3 High
E	28.7 High	11.7 Medium
F	29.7 High	0.5 Medium

Schools B, C, E and F belong to the high density (>45.6 to 21.53) and medium social deprivation (0.01 to 15) category. School D belongs to the high density (>45.6 to 21.53)

and high social deprivation (15.01 to >50.01) category. School A belongs to the extended low density (21.52 to 0.385) and high social deprivation (-9.99 to 15) category.

## **2.2 Mixture of quantitative and qualitative methods**

The research involved a combination of questionnaires and individual semi-structured interviews with samples of parents, teachers and school governors drawn from the six sites. At each site large representative samples of parents were surveyed and interviews conducted with a smaller number. Some parents chose to take part in a group discussion instead. Additionally, interviews were conducted with representatives from the governing bodies and teaching staff. Each interview was tape-recorded (with permission) and semi-transcribed for analysis purposes.

### *1) Quantitative methods: questionnaires*

Questionnaires for parents were developed on the basis of the key issues that emerged from the pilot interviews and the literature review. Schools D, E and F expressed their wish to alter/add new questions in their questionnaires.

Parents' thoughts and opinions were sought in such areas as:

- (a) knowledge of, and satisfaction with, school's sex education programme
- (b) extent of, and satisfaction with, level of communication
- (c) withdrawal rights
- (d) responsibility for teaching/discussing selected topics
- (e) appropriate ages for coverage of selected topics
- (f) concerns regarding school sex education
- (g) extent of discussions at home
- (h) reactions towards selected activities related to sex education

Two questionnaires were included in each envelope, except for School D, who advised one per envelope. A letter of introduction to the project, a green sheet where respondents could choose to take part in an interview and/or a group discussion, and a FREEPOST return envelope were also enclosed. Schools C, D, E and F also enclosed a letter from their head teachers encouraging parents to co-operate with the study. Reminder letters were sent to the same addresses a few weeks after sending the questionnaires.

Sampling took place in NC years 8, 9 and 11. NC year 7 was used instead of NC year 8 in School A, which was the first one agreeing to participate and, consequently, the first school to receive the questionnaires, which were sent at the end of the 1995-96 school year. The other schools received them at the beginning of the next school year (1996-97). Staff from each school randomly selected a certain number of addresses from each year and posted the questionnaires to the relevant addresses.

The number of questionnaires sent and returned is as follows:

School	Addresses Used	Returned Questionnaires
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A	195	138
B	225	108
C	225	151
D	276	103
E	255	103
F	260	167
<i>Total</i>	<i>1,436</i>	<i>770</i>

## 2) *Qualitative methods: semi-structured interviews and group discussions*

Those parents who filled in the sheet agreeing to take part in an interview and/or group discussion were sent a letter where they were asked to choose a time of the day to do it (morning, afternoon or evening) and whether they objected to being interviewed at the school. Parents who did not reply to the first letter were sent another one a couple of weeks later. Both letters included FREEPOST return envelopes.

Once the replies were received, the parents' interviews were arranged by telephone and rooms were booked at the schools. Not all parents who chose a time of the day for the interview and/or group discussion ended up taking part in the study. The reasons for this are varied: unavailability on the date that the interview/group discussion was arranged, reduction in the initial interest in the project, forgetting the appointment, etc. Once a date and a time was agreed on the phone, a reminder was sent to every parent. All interviews and group discussions took place at the schools.

Teaching staff and members of the governing body (chairs of governors, parent governors and teacher governors) were approached by letters sent to the schools. FREEPOST return envelopes were also enclosed so that the governors could indicate what time of the day was the most convenient for them. Each school forwarded the letters to those people believed to be the most helpful for the purposes of the project and, when the replies were received, the interviews were arranged by telephone. None of the governors in School A was willing to be interviewed. The chair of governors in School F was not available.

Similarly to the questionnaires, the interview schedules were also developed on the basis of the key issues that emerged from the pilot interviews and the literature review. Seven pilot interviews were conducted in February and March 1996. The preliminary results of the questionnaires were used to develop the final interview schedules. The interviews started in February 1997 and finished in July 1997.

The numbers of the interviews and group discussions that took place were as follows:

School	Interviews	Group Discussions
A	12 parents, 1 teacher, no governors were willing to be interviewed	4 parents
B	11 parents, 1 teacher, 3 governors	None
C	7 parents, 2 teachers, 3 governors	7 parents
D	8 parents, 1 teacher, 4 governors	None

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E	8 parents, 1 teacher, 3 governors	None
F	5 parents, 1 teacher, 2 governors	5 parents

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## ***Introduction***

The aim of this report is to a) present the results of the sex education questionnaire that was issued to a sample of parents from six schools in the former Wessex Regional Health Authority area, and b) reveal the findings from the one to one interviews conducted.

Within this summary, parents' responses to each question are considered in turn with important findings and significant differences, between schools and different groups of individuals, being highlighted where necessary. Furthermore, in order that each school can compare their performance with that of other schools, supplementary tables and figures are included within the report and as an appendix.

Section One describes the demographic characteristics of the sample of parents who responded to the questionnaire, including age, sex, educational status and income group. Section Two presents the findings relating to parents' knowledge, consultation and satisfaction with their schools' sex education programme. The Third section presents the results from four questions based on parents' opinions about different sex education related topics and, in section Four, parents' responses to various potential activities are reported. The final section summarise the findings from the one to one in-depth interviews that were conducted with parents, teachers and governors following the distribution of the questionnaires.

It should be mentioned that many additional detailed analyses have been conducted on the data collected, including interactions between the age and sex of parents and the sex of their children; these are too detailed to be included within this report. If you should require further detailed information please contact the research team.

## 1.0 Demographic Characteristics

A random sample of parents of pupils in years 7, 9 and 11 were sent questionnaires, accompanied by a letter from the research team as well as, in most cases, a supportive letter from the headteacher or PSE co-ordinator.

In total, 1,436 pupils' addresses were used and 514 children's parents replied to the questionnaires. Fifty percent of children had both parents reply and the remaining only one parent. Seven hundred and seventy completed forms were therefore received back from the six schools participating in the study. Information was not collected on single parent status, so an exact response rate cannot be calculated.

Overall, 62 percent of all parents who responded were female; this varied from 58 to 75 percent between schools and the respondents' children were equally distributed between the two sexes. Ninety-seven percent of the female respondents and 89 percent of male respondents were their child's natural parent. Most of the remainder were step-parents.

Parents' ages ranged between 24 and 66 with a mean age of 42 years. Five percent of respondents were aged over 52 and five percent less than 32. Fathers' ages ranged between 31 and 66 with mean of 44 whilst mothers' ranged between 24 and 64 with a mean age of 41 years.

The respondents were distributed evenly between the three selected income categories, although variations were found between the schools. The responses given to the question regarding highest education qualification reflected these findings; 21 percent of respondents claimed their highest qualification to be degree level with 18 percent of parents claiming to have no formal qualifications at all.

Four hundred and eighty-eight parents expressed a response to the question concerning religion. Of those, however, only 15 percent reported attending church more than once a month.

Table 1 presents details of the sample characteristics for each of the six schools involved in the study.

**Table 1: Description of the sample in percentages**

|| Schools

		<b>Overall</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
<b>Respondent's Sex</b>	<b>Male</b>	38	38	42	42	25	39	39
	<b>Female</b>	62	62	58	58	75	61	61
<b>Child's Sex</b>	<b>Male</b>	50	45	58	59	42	38	50
	<b>Female</b>	50	55	42	41	58	62	50
<b>School Year</b>	<b>7/8</b>	37	30	40	45	41	38	30
	<b>9</b>	32	44	40	27	18	30	30
	<b>11</b>	31	27	20	28	41	32	40
<b>Ethnicity</b>	<b>White European</b>	98	99	98	97	97	97	100
	<b>Other</b>	2	1	2	3	3	3	0
<b>Religion</b>	<b>C of E</b>	70			64	77	66	73
	<b>RC</b>	6			4	7	9	8
	<b>Other</b>	24			32	16	25	20
<b>Regularity of Church Attendance</b>	<b>&lt; Once a month</b>	85			89	95	86	74
	<b>&gt; Once a month</b>	15			11	5	14	26
<b>Family Income</b>	<b>Up to £14,999</b>	33	21	33	22	68	35	30
	<b>£15,000 - £24,999</b>	33	27	34	33	32	35	38
	<b>£25,000 and over</b>	34	52	33	45	0	30	32
<b>Education</b>	<b>None</b>	18	28	12	28	9	16	18
	<b>O-Levels</b>	36	44	34	51	41	31	37
	<b>A-Levels</b>	14	13	15	10	16	10	14
	<b>Degree</b>	21	28	9	28	3	25	26
	<b>Other</b>	11	10	6	11	7	9	18
<b>No. of Children</b>	<b>1</b>	16	15	19	18	17	9	18
	<b>2</b>	48	53	40	52	23	55	55
	<b>3</b>	24	26	29	23	35	22	16
	<b>4+</b>	12	7	13	8	25	14	12
<b>Sample Size</b>		770	138	108	151	103	103	167

Note: Totals may not add to 100% due to rounding

## Questionnaire findings

It should be recognised that not all 770 parents provided a response for every question. The results below include only those respondents who provided an answer with respect to each individual question. The amount of missing data, due to non-response, was however generally very low.

### 1.0 Knowledge, Consultation and Satisfaction

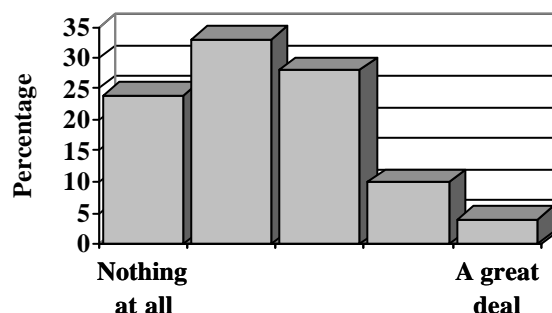
The first seven questions focused on the parents' knowledge of sex education taught in schools, the level of communication they feel they have had regarding its teaching and their satisfaction with both the consultation and the content of the schools' sex education programme.

#### *Question 1*

#### **How much do you feel you know about the sex education taught in your child's school?**

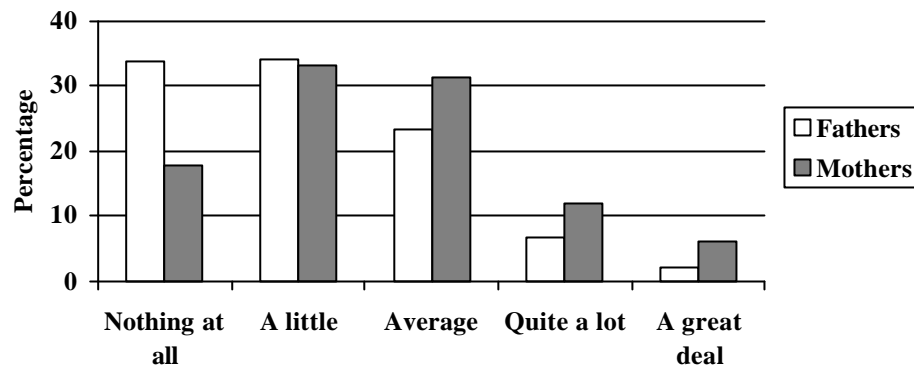
Overall, there is a general feeling that parents know very little of what is being taught to their children in their sex education classes. Over 50 percent of respondents gave a negative response to the question (a value of 1 or 2 shown in Figure 1 below) and the mean response given was 2.45, where a value of 1 equates to "nothing at all" and a value of 5 relates to "a great deal".

Figure 1: Parents' knowledge of the sex education taught in their child's school



There are, however, significant differences between the six schools in the amount of reported knowledge that parents have about the teaching of sex education. Parents in school C feel they know the most (mean response = 2.59) whereas parents in school E know the least (mean = 2.02) (Table 2). Evidence was also found that mothers know significantly more than the fathers as illustrated by Figure 2.

**Figure 2: Mothers' and fathers' reported knowledge of sex education taught**



**Table 2: Parents' reported knowledge of sex education by school**

		Schools						
		Overall	A	B	C	D	E	F
Knowledge of sex Education	1 Nothing at all	24%	22	29	19	18	34	25
	2	33%	34	25	31	39	38	35
	3	28%	37	31	31	37	21	31
	4	10%	11	8	15	10	6	8
	5 A great deal	4%	6	6	6	6	1	2
	<i>Mean Response</i>	2.37	2.45	2.39	2.59	2.46	2.02	2.27

## *Question 2*

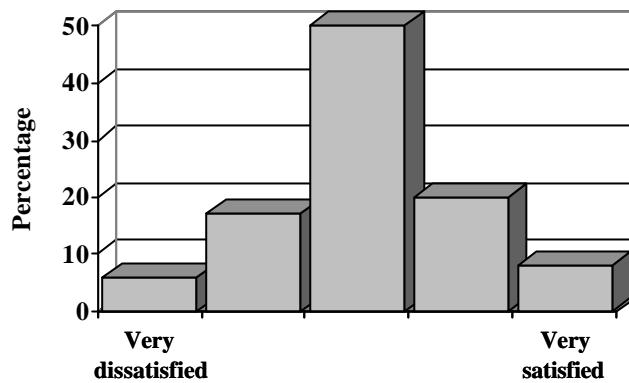
### **How satisfied are you with your child's sex education at school?**

The mean response given in this question was 3.05, where a value of 1 equates to “very dissatisfied” and a value of 5 relates to “very satisfied”. This was mainly due to a large proportion of parents believing that they do not actually know enough about what is being taught during the sex education classes to be able to express an opinion of satisfaction. Responses to this question are therefore found to be highly correlated with the responses given by parents in question one; the more parents know about sex education the more they are satisfied with it.

“As I have very little knowledge of my daughter's sex education, I can hardly be satisfied”

“Difficult to answer as I feel I do not really know enough to form an opinion on satisfaction”

**Figure 3: Parents' satisfaction with the sex education taught in their child's school**



Significant differences in satisfaction are again found between the 6 schools in the study (Table 3), and between mothers and fathers, where mothers are generally more satisfied. Furthermore, parents of male pupils tend to be more satisfied than the parents of female pupils.

Additional comments made by parents about their satisfaction included:

“They should be taught more. With today’s diseases everybody should be more aware”

“I think it should be started earlier in schools as some children are sexually active a lot earlier nowadays as reported in the media of 13 year old girls having babies”

“Text book sex education is not satisfactory”

**Table 3: Parents' satisfaction with the sex education by school**

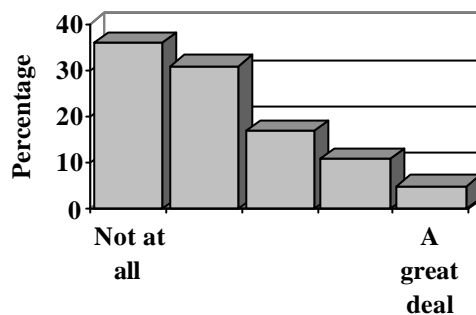
		Overall	Schools					
			A	B	C	D	E	F
Satisfaction with sex education	1 V. dissatisfied	6%	4	9	6	6	12	3
	2	17%	20	17	13	21	18	14
	3	50%	48	52	45	43	55	55
	4	20%	25	13	26	19	11	20
	5 V. satisfied	8%	3	10	10	11	4	7
	<i>Mean Response</i>		3.05	3.03	2.98	3.22	3.06	2.78

### Question 3

#### To what extent do you feel that you have been consulted about the delivery of sex education taking place at your child's school?

In general, parents feel that they have not been consulted about the delivery of sex education (mean response 2.17) with 36 percent of parents claiming not to have been involved in any consultation at all compared to five percent claiming to have been involved a great deal (Figure 4). As expected, the findings show that those parents who feel more consulted claimed to know a lot more about the sex education taught in the schools.

Figure 4: Parents' consultation about delivery of the sex education taught in their child's school



“I can recall one letter from school, otherwise nothing springs to mind”

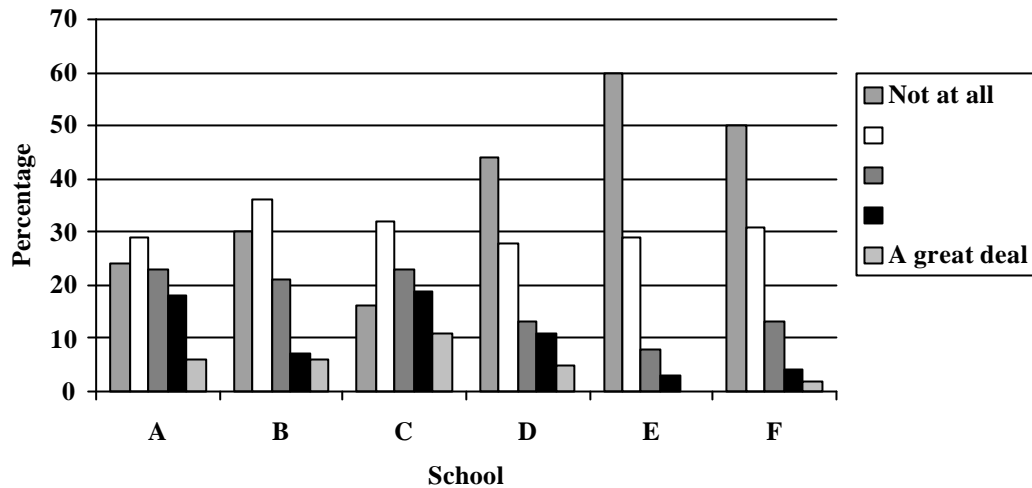
“I have never been consulted about the delivery of sex education. This does not bother me as I have not been consulted about the delivery of all the other subjects he is taught”

“We had the opportunity to view books and videos before the education classes started and ask any questions”

“Evening arranged to talk to us by teacher and health visitor. Not many went! Typical!!”

Figure 5 below shows there to be great variation in the level of consultation that the parents feel has been provided by each of the schools. Sixty percent of parents in school E claim never to have been consulted compared to only 16 percent of parents in school C.

Figure 5: Parents' level of consultation by school



### *Question 4*

#### **How satisfied are you with the consultation?**

The responses given by parents are slightly negative regarding their satisfaction with the consultation (a mean response of 2.51). Those parents who had not been consulted could not be satisfied; however, the results do show that the more parents feel they have been consulted the more they are express satisfaction.

“Although we have been advised we have no say in what is taught other than the option of withdrawing your child”

“I have had plenty of opportunity to discuss sex education but have not taken it up”

“Only real consultation is outlined in school prospectus. You usually put that away once you’ve read it!”

“Didn’t attend the consultation, so don’t know”

**Table 4: Parents’ satisfaction with consultation by school**

		<b>Schools</b>						
		<b>Overall</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
<b>Satisfaction with Consultation</b>	<b>1 V. dissatisfied</b>	<i>22%</i>	13	24	10	31	40	22
	<b>2</b>	<i>30%</i>	25	34	28	26	34	32
	<b>3</b>	<i>31%</i>	39	22	32	26	21	35
	<b>4</b>	<i>12%</i>	13	15	18	14	4	7
	<b>5 V. satisfied</b>	<i>6%</i>	9	5	12	4	1	4
<i>Mean Response</i>		<i>2.51</i>	<i>2.79</i>	<i>2.42</i>	<i>2.93</i>	<i>2.35</i>	<i>1.92</i>	<i>2.37</i>

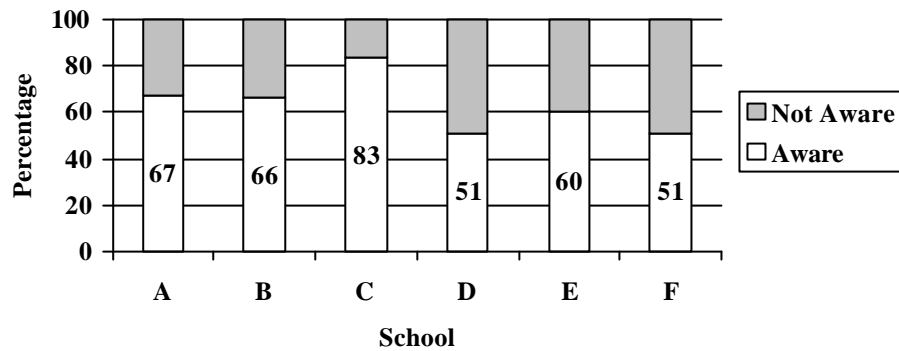
### *Question 5*



## Are you aware of your withdrawal rights regarding the sex education programme?

In total 63 percent of all parents were aware of their right to withdraw their children from sex education classes but the level of awareness varied significantly between the six schools (Figure 6). In school D and F only 51 percent of parents were aware of their rights compared to 83 percent in school C.

**Figure 6: Percentage of parents aware of their rights to withdraw their child from sex education classes by school.**

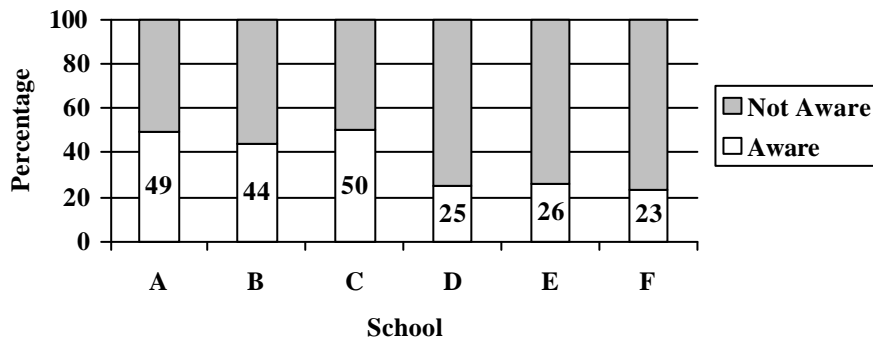


### *Question 6*

## Do you know what procedure to follow if you want to withdraw your child from sex education lessons?

Although 63 percent of all parents were aware of their right to withdraw their children from sex education classes, only 37 percent of all parents were aware of the procedure to follow should they want to. This figure rose to a maximum of only 50 percent in school C (see Figure 7).

**Figure 7: Percentage of parents aware of the procedure to withdraw their child from sex education classes by school.**



### *Question 7*

## **Have you made use of your withdrawal rights?**

In total only seven parents out of 770 had exercised their right to withdraw their children from sex education classes. This related to five children. Those parents who had not exercised their rights were asked under what conditions would they consider withdrawal. Many parents said they would not consider withdrawing their child under any circumstances, however the responses of those who said they would consider withdrawing can be classified into the following categories and are illustrated by the comments below:

- i. Content: too explicit/age inappropriate
- ii. Content: inappropriate/irrelevant
- iii. Incorrect information
- iv. No morals/values
- v. Too much emphasis on religion/morals
- vi. Negative impact on child
- vii. The manner in which subjects taught/handled
- viii. If homosexuality is to be taught

“If content of lesson was too explicit for age or child not mature enough”

“If it became heavily moral linked to specific religious or cultural view of the world”

“If my child said anything that caused me concern about the way it was presented”

“If my child was made to feel uncomfortable/worried or was misinformed at school”

“If homosexuality was taught as an alternative practice”

## 1.1 Summary

- ◆ Parents reported knowing little of what was being taught to their children in sex education classes.
- ◆ The more parents know about the schools' sex education programmes the more satisfied they are with them.
- ◆ Over a third of parents claim never to have been consulted about the delivery of sex education.
- ◆ Those parents who have been consulted are reasonably satisfied with the level of consultation.
- ◆ A third of parents did not know about their withdrawal rights regarding the sex education programme.
- ◆ Two thirds of parents did not know what procedure to follow should they want to withdraw their child from sex education lessons.

## 2.0 Nine Sex Education Related Topics

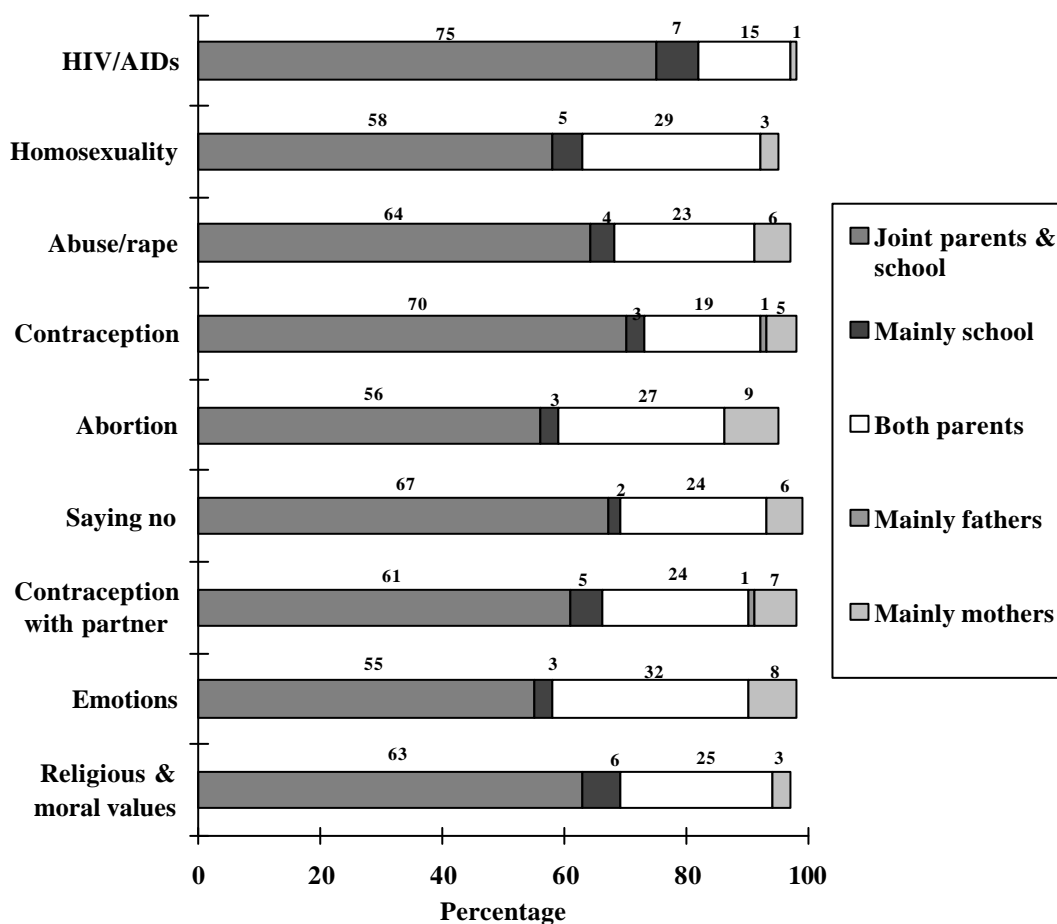
The results presented in this section focus on nine selected sex education related topics, covering both factual and emotional issues. Each parent was asked who they believed should be mainly responsible for the teaching of the topics, whether they themselves had ever spoken to their child about the topics, and what they considered to be the most appropriate age to starting teaching/discussing each issue.

### Question 8

**Who do you think should be mainly responsible for the teaching of the following topics?**

Figure 8 below shows whom the parents think should take the main responsibility for teaching each of the topics to their child. It clearly illustrates that over 50 percent of the parents believe it is the joint responsibility of both the school and the parents to teach their child about each subject. Furthermore, less than 10 percent of parents believe it to be solely the schools' responsibility.

**Figure 8: Who should be mainly responsible for the teaching of the topics**



The chart also shows that only 16 percent of parents think that the teaching of *HIV/AIDS* should be the main responsibility of the parents (mothers/fathers or both jointly) compared to, for example, 40 percent for the teaching of *the role of emotions* in a relationship.

Some parents did believe that certain issues should not be taught/discussed at all, or should be taught by someone other than the parents or the school, this is shown in Figure 8 by bars totalling less than 100 percent. A number of parents did state alternate sources not included in the list that they felt should be mainly responsible for the teaching of particular subjects:

“I think that a local GP or qualified nurse should be invited into schools to speak to children”

“Magazines, especially youth-orientated, enable young people to find out/learn about these important issues at their own pace”

“Generally within family - with older siblings”

### *Question 9*

#### **What do you think is an appropriate age for coverage of the following topics at school?**

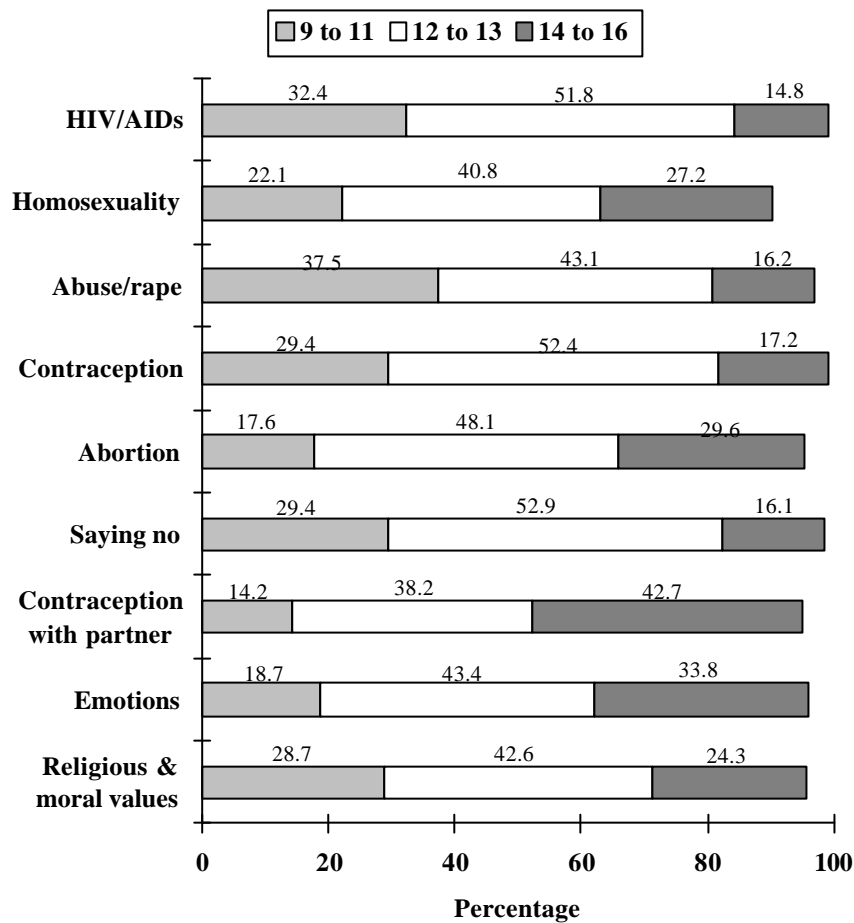
The parents were then asked at what age the same nine topics should be covered. Many parents thought the earlier the better, although the level of detail should increase with increasing age:

“I feel that each child is different and needs to know things at different ages, but I do think that the earlier they know most things the better”

“All topics could be introduced at an earlier age but in more detail at the ages suggested”

“I think sex education including most of these topics should start gently at primary school and continue throughout education”

**Figure 9: Parents' responses for age at which topics should be taught, aggregated into three age groups.**



**Table 5: Cumulative percentages of parents and age at coverage**

	Age 9	10	11	12	13	14	15	16
<b>HIV/AIDS</b>	4	10	32	61	84	94	98	99
<b>Homosexuality</b>	5	9	22	44	63	77	86	90
<b>Abuse/Rape</b>	13	20	38	59	81	90	95	97
<b>Contraception</b>	3	8	29	58	82	94	98	99
<b>Abortion</b>	2	4	18	42	66	84	91	95
<b>How to say no</b>	9	13	29	57	82	92	97	98
<b>Discuss contraception with partner</b>	2	4	14	30	52	71	86	95
<b>Role of emotions</b>	3	6	19	39	62	78	90	96
<b>Religious and Moral Values</b>	7	12	29	50	71	83	91	96

Over a quarter of parents of the six schools thought that *HIV/AIDS*, *rape/abuse*, *contraception*, *how to say no* and *religious and moral values* should all be covered by the time the child reached the age of 11 (Figure 9 & Table 5). Furthermore, over 80 percent of the parents believe that all but one of these five topics should have been covered by the age of 13, the exception being *religious and moral values*. On the other hand, less than 15 percent of parents thought that *discussing contraception with a partner* should have been covered by the age of 11, increasing to only just over 50 percent by the age of 13.

*Homosexuality* was found to be the most sensitive of the nine topics with around eight percent of parents believing that it should not be taught/discussed at all in school.

Using the average age response given by those parents who responded with an age between 9 and 16 (i.e. excluding all those who believed the issue should not be taught/discussed at all), one can order the topics by ascending age. As shown below, *sexual abuse and rape* is the topic which parents feel should be taught at the earliest age, whereas *discussing contraception with a partner* should be left until the child is older.

Topic	Average age
Sexual abuse/rape	11.92
HIV/AIDS	12.12
How to say 'No'	12.14
Contraception	12.24
Religious and moral values	12.41
Homosexuality	12.62
Abortion	12.78
The role of emotions	12.90
Discuss contraception with partner	13.26

### *Emotional and factual topics*

It is possible to combine the age responses given by parents into two categories, those dealing with the **factual** topics, such as *HIV/AIDS* and *contraception*, and those involving **emotions**. This grouping shows that parents tend to feel that the **factual** topics should be taught at earlier ages than those involving **emotions**, 12.2 years and 12.8 years respectively (all topics 12.7 years).

Using statistical analysis (regression analysis) and the calculation of a factor score one can compare the responses given by different groups of individuals with respect to the teaching of the two categories of topics. The mean value of the factor score is zero hence the more positive the group's score the higher the perceived age at teaching, the more negative the score the earlier the age.

Figures 10 and 11 below show that parents in schools C and F believe that factual and emotional topics should be taught at later ages than the parents of the remaining four schools. School F in particular has very high positive scores for both categories of topic.

**Figure 10: Factor score for age of teaching emotional topics by school**

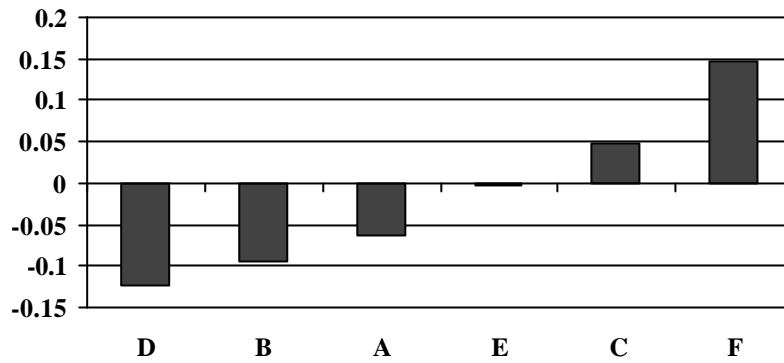
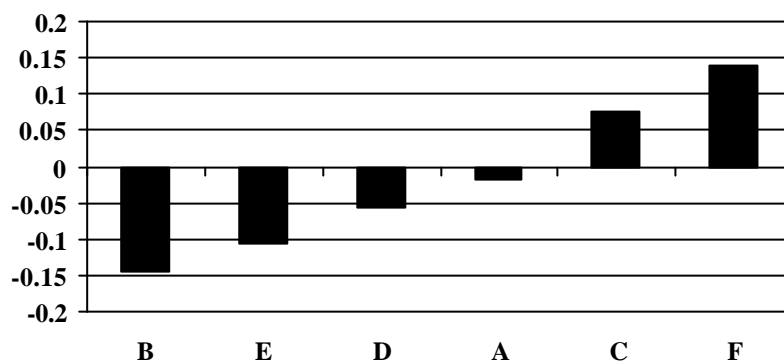


Figure 11: Factor score for age of teaching factual topics by school



The factor score findings also indicate that parents consider the teaching of emotional topics to female pupils should be later (a positive score of 0.035), than for male pupils (-0.036). However, for the teaching of factual topics, the score for females becomes negative (-0.024, representing a younger age) and for males strongly positive (0.360).

Putting this another way, parents on average wish their daughters to be informed about emotional topics at an older age than 12.8 years and factual topics before 12.2 years. Similarly they would like their sons to be taught factual after the age of 12.2 years but emotional topics before they reach 12.8 years.

Differences are also found between the factor scores of mothers and fathers. Fathers consider the teaching of both factual and emotional topics should be at a later age than mothers (0.098 and 0.073 compared to -0.064 and -0.046 respectively). Additionally, as the age of the parent increases so the factor score becomes more positive; the older the parent the later the age at which they think teaching these topics should commence.

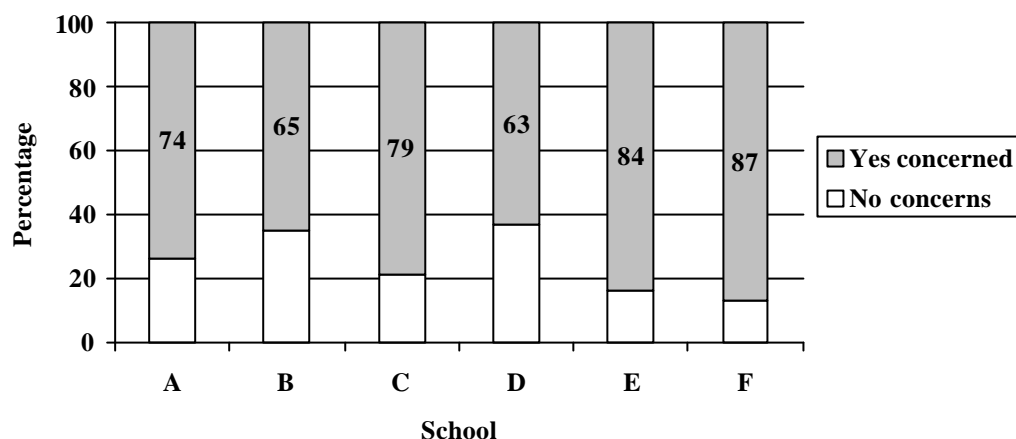
### *Question 10*

**What are your main concerns (if any) regarding the teaching of different sex education topics at school?**



Seventy-seven percent of parents expressed some concerns regarding the topics taught during sex education classes. This was found, however, to vary significantly between the six schools, with parents at school F expressing most concern (87%) and school D's parents expressing the least (63%) (Figure 12).

**Figure 12: Percentage of parents expressing concerns about topics taught during sex education classes by school**



Concerns that were raised most frequently include the following.

### 1) *Who teaches the topics during sex education classes*

Many parents expressed concerns over the amount of specific sex education training which teachers receive. Others were concerned that other professionals are not involved enough.

“That teachers may not be adequately trained to teach/discuss all the above”

“I feel that professionals or others experienced in the particular topic should be invited into the school to discuss the topics with the young people, rather than just a teacher”

“The ordinary form teacher being asked to deal with some of these topics, with no training, in a limited, decontextualised one hour PD session. Should be dealt with by trained staff”

### 2) *The moral and religious context in which sex education is taught*

Parents expressed concerns on both sides regarding the teaching of sex education in a religious and moral context. Some felt that morals need to be emphasised more whilst others felt quite the opposite, believing that it is up to the family to develop attitudes and beliefs.

“I don't think that morals should come into it. There's not right or wrong, just different”

“Religion and sex education are very different subjects and should not be mixed. However, sex education should include moral information”

“Teachers may not have the same moral standards as myself”

“That it is taught with proper moral and emotional context”

“Failure to teach sex education in a family environment”

“The ‘mechanics’ of sex can be easy to learn but the need to incorporate strong family values is essential to give marriage/relationships a good chance of success”

### 3) *The age at teaching*

Parents seemed to be worried about teaching particular topics to children before they are mature enough to handle them, although they accepted that children mature at different rates making it difficult to define an age at which specific topics should be taught. Additionally, a number of parents were concerned that providing young children with certain knowledge could encourage them to experiment at earlier ages.

“Topics may be introduced before the child is emotionally mature enough for comprehension”

“The age for sex education is needed a lot younger now although I would rather it was needed as they were older, but times have changed”

“That it does not arm children with concepts and ideas that they are not emotionally ready to experiment with and that their childhood can be preserved as long as possible”

“Age - they have to be emotionally aware to cope with each subject”

“Children may become too sexually aware at a young age”

“If the child is taught too early he/she may be inclined to try certain things for themselves”

### 4) *The way in which sex education is taught*

A high proportion of respondents were concerned that sex education is delivered in the correct manner. It should be non-biased and presented sensitively and in such a way that children feel confident to ask questions and are not frightened or embarrassed.

“That children/young adults are advised sensibly and without prejudice”

“That it is taught objectively”

“That up-to-date unbiased information is given”

“That is must be taught in a very sensitive, caring way so not to embarrass or frighten the students”

“That many questions remain unanswered. Teachers must encourage children to talk about issues which may concern than or what they do not understand with out fear of embarrassment”

### 5) *Homosexuality*

The teaching of homosexuality was the topic most frequently mentioned by concerned parents.

“That homosexuality be pushed into a prominent part of the curriculum”

“That homosexuality and lesbianism may be given the OK”

**Table 6: Tally of the five most commonly mentioned concerns regarding the teaching of sex education.**

	Overall	Schools					
		A	B	C	D	E	F
Who teaches sex education	32	4	-	9	2	8	9
Moral & religious context	52	7	3	13	7	5	17
Age at teaching	55	5	7	13	8	11	11
Way it is taught	62	10	5	17	4	7	19
Homosexuality	19	5	2	5	-	3	4

### *Question 11*

Included in only school E’s questionnaire. See supplement for results.

### *Question 12*

#### **To what extent do you discuss the following topics with your child?**

Each parent was asked in the questionnaire which of the nine topics they have actually discussed with their child. Their responses were classified into two groups, those who have discussed the subject a little or not at all (responses 1-2, white bars) and those parents who have spoken to their child more than just a little (responses 3-5, shaded bars).

**Figure 13: Level of discussion of topics by the parents**

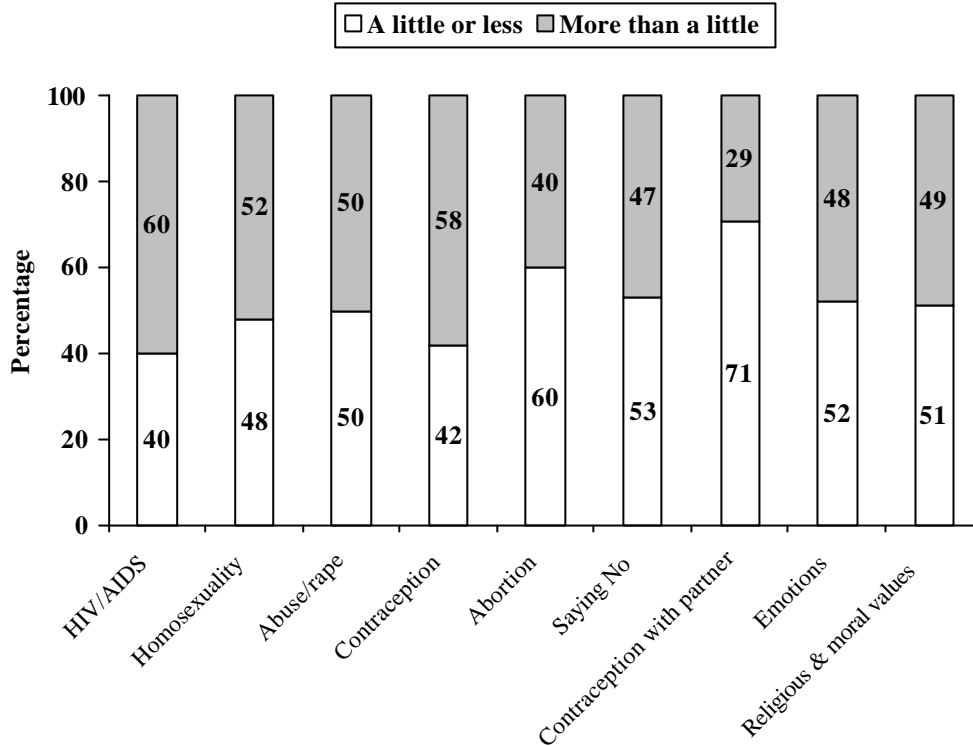
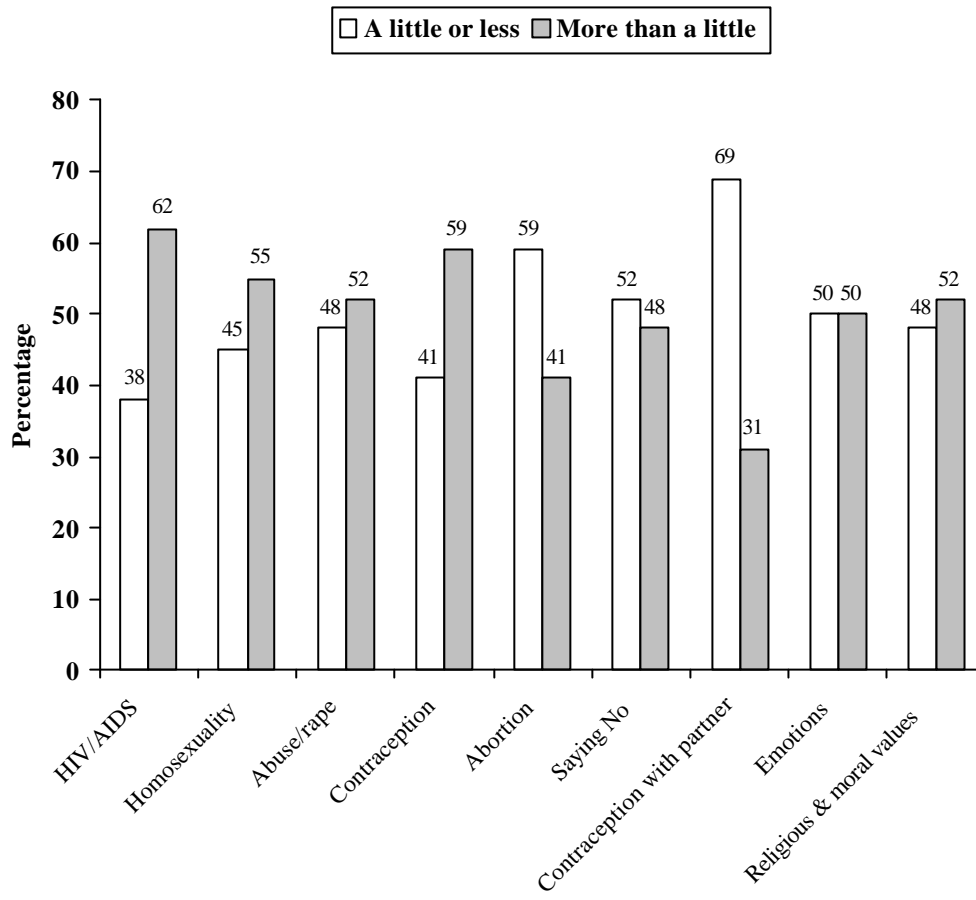


Figure 13 above shows clearly that there is great variation in the level of discussion that parents have with their children about particular topics. Sixty percent of parents have spoken to their child more than just a little about the risk of *HIV/AIDS* and other STDs and 58 percent about *contraception*. On the other hand, very few parents, about 29 percent, have spoken about *discussing contraception with a partner*. Furthermore, a significant difference was found between the amount of time mothers spend talking to their children compared to fathers; in all cases, mothers were found to spend longer.

We can compare the parents' responses to this question to those given in question 8 (responsibility for teaching the topics) to identify if parents are actually putting into practice what they believe they should be doing regarding educating their children about particular topics.

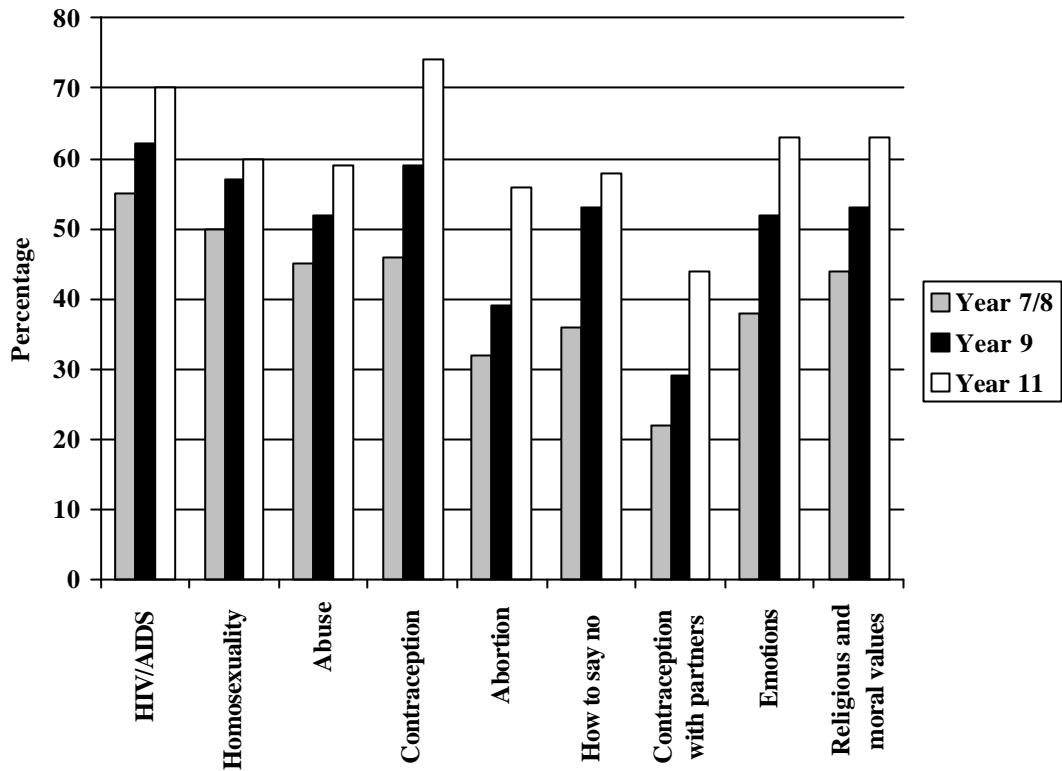
Figure 14 below shows the percentage of parents claiming to have discussed a topic more or less than just a little with their child, who originally claimed in question 8 that they should take some of the responsibility for the teaching of that particular subject (ticked responses *mothers, fathers, both parents equally or joint parents and school*). For example, 91 percent of respondents claimed parents should take the main responsibility for the teaching of *HIV/AIDS* (question 8); however, only 62 percent of those parents have spoken to their child more than just a little on the subject. Similarly, 91 percent of parents claimed they should take some of the responsibility for teaching about *discussing contraception with a partner* but only 31 percent of them have actually talked to their child. For every topic stated below, more than 90 percent of parents said that it was their (sole or joint) responsibility to teach their child about the subject.

**Figure 14: Extent to which parents have actually discussed a topic if they believe they should be responsible for its teaching**



Although high proportions of parents have not spoken to their child about particular topics even when they believe they should take some responsibility (white bars), the proportion does decrease with the increasing age of the child. Taking the *HIV/AIDS* example once again, the proportion of parents who report having discussed the issue with their child increases with the age of the child; 55, 62 and 70 percent respectively for years 7/8, 9 and 11 (Figure 15).

**Figure 15: Percentage of parents who report having spoken more than a little to their child about a topic by year of child**



It should be pointed out that even though the proportion of parents talking about a subject increases with the age of the child, Figure 15 clearly shows that only one topic, *contraception*, is discussed by more than 70 percent of parents by the time the child reaches year 11.

## 2.1 Summary

- ◆ The majority of parents believe it is the joint responsibility of both schools and parents to teach students about most sex education related topics.
  
- ◆ *Sexual abuse and rape* is the topic which parents feel should be taught at the earliest age, whereas teaching of *discussing contraception with a partner* should be left until the child is older.
  
- ◆ Parents tend to feel that factual topics should be taught at earlier ages than those involving emotions.
  
- ◆ Almost 80 percent of parents expressed some concerns regarding the topics taught during sex education classes.
  
- ◆ Sixty percent of parents have spoken to their child about the risk of *HIV/AIDS* compared to only 29 percent having spoken about *discussing contraception with a partner*.
  
- ◆ The proportion of parents who report having discussed topics with their child increases with increasing age of the child.

### 3.0 School Visits and Visitors

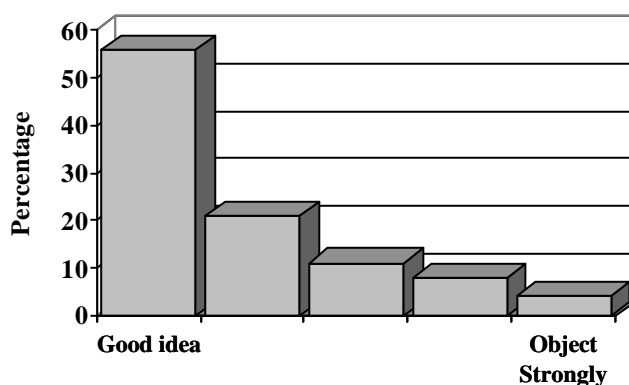
The final section of the questionnaire posed five different scenarios. Each parent was asked whether they would object to their child taking part in such activities as part of their sex education classes, for example, a visit to a family planning clinic or watching a theatrical performance relating to HIV/AIDS. Their responses to each visit and/or visitor are presented below.

#### Question 13

#### How would you feel if the school took your child's class to the local FP clinic?

Parents in general believe that taking their child to the local family planning clinic during sex education lessons would be a good idea (mean response = 1.78, 1 = good idea, 5 = object strongly). Over 77 percent of respondents thought it would be a *good* or *quite a good* idea and responded positively (1 or 2) compared to only four percent of parents who would *object strongly* to the idea (Figure 16). Significant differences are, however, found between the parents in the six schools, with the mean parental response ranging from 1.98 (school F whose parents show more objection) to 1.52 (school D whose parents think it is a very good idea) - see Table 7.

Figure 16: Parents' opinions about their child being taken to a local family planning clinic as part of their sex education



Differences are also found between the objections of mothers and fathers, with fathers expressing more concern with the visit. Moreover, the sex of the child is found to have a significant impact on whether or not parents think it would be a good idea to visit the local family planning clinic. Parents have fewer objections for their son visiting a clinic than their daughters (9% and 17% negative responses respectively).

Table 7: Parents' opinions about their child being taken to a local family planning clinic as part of their sex education by school



		Schools (%)					
		A	B	C	D	E	F
Visit Family Planning Clinic	1 Good Idea	61	54	48	76	60	46
	2	18	18	22	12	22	28
	3	7	19	16	4	7	13
	4	9	6	13	3	8	8
	5 Object Strongly	4	4	1	6	4	5
	<i>Mean Response</i>	1.78	1.88	1.97	1.52	1.74	1.98

Even though parents thought it to be a good idea on the whole, a number did express concern over the age of the child at the time of visit; age 14 or 15 was seen to be appropriate by many of the parents.

“It would show them first hand that it’s not a place to be scared or embarrassed about”

“Great” “Good idea”

“No objections at all except for the age group concerned. I feel yr 8 is too young”

“OK, as my child is male. If it was for my daughter I may feel less happy in case it encouraged her to consider sex as an option. Also depends on age of child”

“The children have access to these places without parents or school”

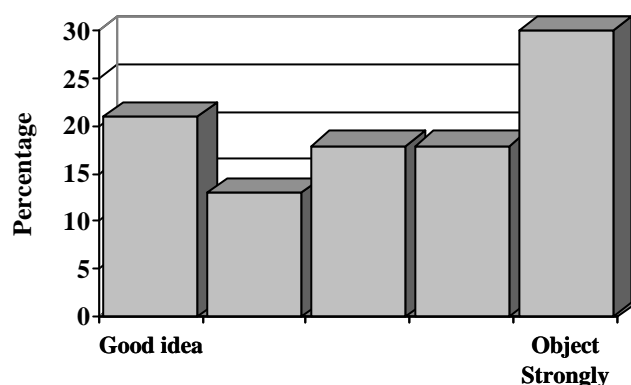
“It might lead to a lowering of moral attitudes by the group”

### *Question 14*

#### **How would you feel if the school invited gay men and women to talk to your child’s class?**

Parents seem to be divided in their opinions about inviting a gay man or woman to talk to their child. More than half of the parents expressed very strong views on the subject choosing either the *object strongly* option (30%) or the most positive *good idea* option (21%), illustrated clearly by Figure 17 as two peaks either end of the scale. Overall the response was slightly negative with a mean of 3.2 (1 = *good idea*, 5 = *object strongly*). Again, there are significant differences between the parents in the schools; parents in school F objecting more (mean = 3.6), whilst parents in school D being more open to the idea (mean = 2.3).

**Figure 17: Parents’ opinions about inviting a gay person to talk to their child as part of their sex education**



**Table 8: Parents' opinions about inviting a gay person to talk to their child as part of their sex education by school**

		Schools (%)					
		A	B	C	D	E	F
Gay Visitor	1 Good Idea	19	18	15	41	24	16
	2	13	8	13	14	22	10
	3	16	19	20	26	18	15
	4	18	23	20	10	12	20
	5 Object Strongly	35	32	32	10	24	40
	<i>Mean Response</i>	3.36	3.43	3.42	2.35	2.90	3.56

Many of the parents who expressed dissatisfaction with the idea did not actually follow up their answer with a reason. Those who did, felt that it could influence young minds at a time when they are vulnerable, others thought that it should be used in conjunction with talks from heterosexuals in order to provide a balance of views. Parents also expressed a concern about the possible content of such a lesson and how the topic would be dealt with in class. They felt that if such a topic were to be taught they would wish to be fully informed first.

“Prejudice often comes from the fear of the unknown - seeing gay men and women are real people, ‘normal’ people, in fact would do much to break down barriers and dangerous perceptions”

“Homosexuality exists, it can’t be swept under the carpet”

“I would be happy as long as it was balanced by inviting heterosexual men and women to talk”

“I would need a great deal of information regarding content of discussion”

“Homosexuality is becoming too acceptable”

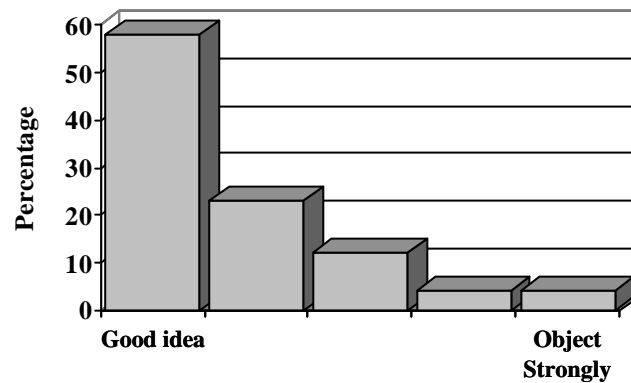
“While in their teenage years children could become confused by their emotions”

“Would feel school was condoning this as normal. Whilst they need to know it exists, would not want to suggest it as normal. School definitely wrong place”

### *Question 15*

#### **How would you feel if a visiting theatre group was used to discuss HIV/AIDS?**

**Figure 18: Parents’ opinions about inviting a theatre group to visit to talk about HIV/AIDS as part of sex education**



Parents tend to believe that inviting a theatre group to talk about HIV/AIDS would be a very good idea (mean = 1.7). Over three-quarters of parents responded positively to the idea (options 1 or 2) compared to only seven percent of parents who gave negative responses to a group visiting (options 4 or 5). In one of the schools such an activity had already taken place and received a very positive response from the parents who knew about it.

“Visual aids are always better than leaflets, discussions etc. Drama always has an impact”

“Drama is an excellent way of getting messages over to young people in a way which does not embarrass them”

“I don’t think it hurts to be fully aware of all facts on diseases however they are presented”

“Theatre groups are for entertaining”

**Table 9: Parents’ opinions about inviting a theatre group to visit to talk about HIV/AIDS as part of sex education by school**

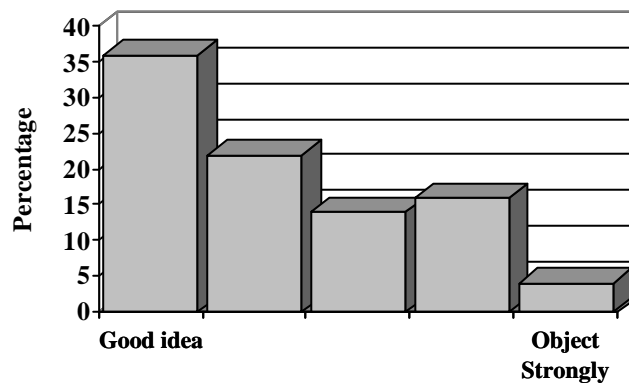
		Schools (%)					
		A	B	C	D	E	F
Theatre Group	1 Good Idea	65	62	49	76	62	46
	2	19	24	28	14	27	26
	3	9	10	18	5	6	19
	4	3	3	3	3		7
	5 Object Strongly	4	2	2	3	5	2
	<i>Mean Response</i>	<i>1.63</i>	<i>1.59</i>	<i>1.82</i>	<i>1.44</i>	<i>1.58</i>	<i>1.93</i>

### Question 16

#### How would you feel if the school took your child to a STD/GUM clinic?

The majority of parents were inclined to think that it is good idea for the school to take their child to a sexually transmitted disease clinic (mean = 2.5) but a sizeable minority were not too enthusiastic. Over a third of parents' thought it would be a *very good idea* but a reasonable proportion did have their reservations about a visit. Parents were, however, happier for their sons to attend a clinic than their daughters.

Figure 19: Parents' opinion about their child being taken to a STD clinic as part of their sex education



Many parents who expressed reservations think that the subject could be handled by alternative methods and a visit to a clinic would therefore be unnecessary and possibly frightening for young children.

“Good idea to see what happens if not careful”

“This would be unnecessary but explanations about STDs should be given”

“Too harsh a solution”

“A well produced video on the subject would probably be more beneficial”

**Table 10: Parents' opinions about their child being taken to a STD clinic as part of their sex education by school**

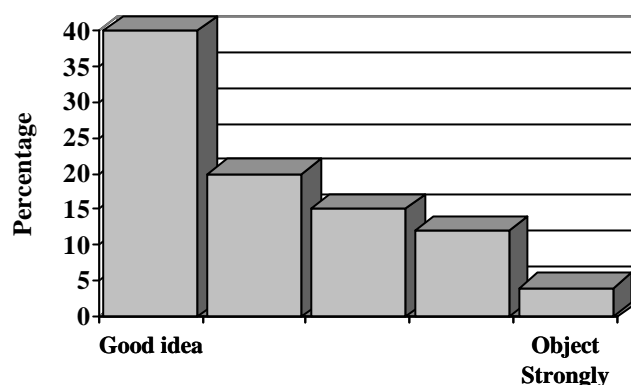
		Schools (%)					
		A	B	C	D	E	F
STDs/GUM Clinic	<b>1 Good Idea</b>	47	32	28	48	33	31
	<b>2</b>	18	26	24	18	15	26
	<b>3</b>	12	12	11	15	17	15
	<b>4</b>	10	18	22	10	23	16
	<b>5 Object Strongly</b>	13	12	15	11	13	12
	<i>Mean Response</i>	2.22	2.52	2.75	2.18	2.67	2.26

### *Question 17*

#### **How would you feel if pupils were told where to get free condoms?**

The idea of telling pupils where to obtain free condoms produced a good response from parents (mean response = 2.4). Overall 40 percent of respondents thought it would be a *very good idea* compared to 13 percent of parent who said they would *object strongly* (Figure 20). Parents in school C put up most objection (mean response = 2.7) whereas parents from school D gave least (mean response = 2.1) (Table 11). The parents were however more comfortable with the idea for their sons knowing rather than their daughters being told.

**Figure 20: Parents' opinions about their child being told where to obtain free condoms**



Nevertheless parents were concerned that telling pupils where to obtain free condoms may lead to early experimentation; this was especially of concern if the children were under the age of 16.

“In today’s society I feel this would be a good way of getting an essential message across. Besides a form of contraception it helps prevent STDs”

“I would prefer safe sex rather than an unwanted child or STDs to deal with even if the child was underage. I do not condone underage sex but would rather youngsters knew how to get hold of condoms rather than risking sex without.”

“If it stopped an unwanted pregnancy but not to encourage sexual activity”

“We should be encouraging our children to be responsible and refrain from under age sex, not assisting”

“It may promote promiscuity”

**Table 11: Parents' opinions about their child being told where to obtain free condoms by school**

		Schools (%)					
		A	B	C	D	E	F
Where to get free condoms	1 Good Idea	47	44	30	50	42	32
	2	17	18	18	16	18	28
	3	16	13	21	18	10	13
	4	9	9	17	8	15	13
	5 Object Strongly	11	15	15	9	16	13
	<i>Mean Response</i>	2.21	2.33	2.69	2.11	2.44	2.49

### 3.1 Summary

- ◆ Over 50 percent of parents thought that taking the pupils to the local family planning clinic would be a *good idea*.
  
- ◆ Parents were divided in their opinions about inviting a gay man or woman to school to talk to their child.
  
- ◆ Over three-quarters of parents responded positively to the idea of inviting a theatre group to visit and discuss HIV/AIDS.
  
- ◆ Over a third of parents thought it would be a *good idea* to take the pupils to a STD/GUM clinic but a reasonable proportion had reservations.
  
- ◆ Forty percent of respondents thought it would be a *good idea* to tell pupils where to obtain free condoms compared to 13 percent who said they would *object strongly*.

## 4.0 One To One Interviews

### 4.1 Parents

A number of parents from the six schools took the opportunity to be involved in one to one in-depth interviews regarding the teaching of sex education. The aim of the interview was to investigate their own personal experiences of sex education, their openness regarding sexual matters at home, their perceptions regarding pressures on young people today, and their views on such issues as teenage magazines and sex on television. In total, 53 parents were interviewed and the main issues raised are summarised below.

#### *Personal experiences of sex education*

Almost two thirds of parents interviewed had very low satisfaction with the sex education received during their own time in education. Almost a third learnt the facts of life from friends and over half of parents claimed that they had received no sex education when at home. The topics which parents felt they would have liked more information on included *emotions and relationships, risk awareness and basic mechanics*.

#### *Openness at home*

When asked about their own openness regarding sexual matters at home just over half claimed they were very open (a similar percentage to that found on the questionnaires). They tended to talk about sex mainly as issues arose spontaneously, e.g. on the television, or when their child asked questions, say, following sex education classes at school. Nevertheless, a sizeable proportion did state they have felt/do feel uncomfortable or embarrassed to some extent with the most difficult topic to talk about being homosexuality and sexual preference. At home, over 40 percent of interviewees claimed it was mainly the child's mother who discussed sexual issues, with about one third reporting both parents equally.

The parents interviewed generally felt that young people nowadays have greater pressures on them than when they were their age, particularly regarding age at intercourse. Slightly more than a quarter of respondents felt that these increased pressures were the same for both girls and boys.

#### *Monitoring of child's reading*

In general, the respondents claim not to monitor which and what type of magazines their children are reading. However, they believed there are some positive aspects to children reading and having access to such literature for it provides a further source of information and facts about sex. On the other hand, many believed that teenage magazines could be a source of pressure, possibly encouraging experimentation. A higher proportion of parents claim to monitor what sex their child witnesses on the television, for almost a fifth of interviewees stated that they have felt embarrassed by the sex portrayed in certain television



programs. Fewer felt that sex on the television could possibly encourage experimentation than reading teenage magazines.

### *Views on school sex education*

When asked about their feelings and opinions about the current sex education programme taught in school, almost a quarter responded that they would like to see some changes made. Suggestions that were made included more talks from outsiders, the availability of someone to talk to/with, more practical information, and more discussion. Furthermore, a substantial proportion of parents felt it would be beneficial if they could be given information in advance of coverage of particular topics so that they could be prepared.

### *Sex education delivery*

The majority of respondents felt that classes should be a mixture of single sex and mixed gender teaching for there were advantages to both methods of teaching. For example, with regards to single sex classes, advantages mentioned included less embarrassment and the opportunity to go into more depth about certain topics. Advantages to mixed sex classes included hearing others' viewpoints, development of interaction skills and learning about the opposite sex.

## **4.2 Teachers and School Governors**

One of the aims of the one to one in-depth interviews conducted with teachers and school governors was to attempt to identify any differences of opinion that may exist between those who are involved, or can influence, the teaching of sex education in schools.

In total 22 individuals agreed to be interviewed, 7 members of staff and 15 members of governing bodies (4 chairs of governors, 5 parent governors and 6 teacher governors). Each was asked a series of questions about their knowledge of, involvement, and satisfaction with, the sex education taught in their particular school. Their responses were tape recorded and coded for analysis.

The interviewees are grouped into 3 categories; teachers, including both staff and teacher governors, parent governors and chairs of governors. Any differences that exist are identified between these 3 groups. It should be noted that one can expect inter-school and group differences in opinions to exist, as have previously been identified in the findings of the questionnaire issued to parents. Additionally, it should be reported that no governors were interviewed from school A.

### *Interpretation of the term 'sexual health'*

The respondents were initially asked about their understanding of the term 'sexual health'. Their responses fell into 2 categories, the physical elements such as HIV/AIDS, STDs and methods of contraception, and the emotional aspects such as responsibility and relationships.

Parents and teachers were inclined to put almost equal emphasis on both elements of sexual health. Without the need for prompting they mentioned both the physical and emotional aspects of what they understood by the term. On the other hand, chairs of governors mentioned the physical elements, such as STD awareness and prevention, to a lesser extent, in turn being less specific mentioning more general aspects and using phrases such as 'The health of the whole person' and 'The well-being of the person'.

Out of the 22 individuals interviewed two had never heard of the phrase sexual health before (1 chair of governors, 1 parent governor).

### *Important aspects of sex education*

The interviewees were then asked what they deemed to be the most important aspects of sex education, whether delivered at home or at school. Their responses can once again be grouped into two categories, the physical and the emotional.

Respondents in all three groups mentioned both aspects in their replies, although, as before, it tended to be the teachers and the parents who increasingly mentioned the more physical issues such as reproduction. Members in all groups did feel that the sex education pupils receive should be such that they can make informed decisions, take responsibility for their actions and understand the possible consequences. An additional aspect, referred to frequently by respondents, was the importance of children obtaining information appropriate for their age and development. Furthermore, a number of teachers and parents mentioned that they felt it is important that pupils should be taught where to obtain further help and advice.

### *Own experiences of sex education*

When asked about their own experiences of sex education at home and at school there was a definite consensus of opinion. Nearly all the respondents claimed that their sex education was more or less non-existent and of very poor quality. School biology lessons seemed to play a leading role; however, rabbits featured quite heavily instead of humans!

### *Understanding of the role they play*

All the members of staff who were interviewed felt they had a clear understanding of their role in the teaching of sex education to the pupils. Heads of years were interviewed along with PSE co-ordinators who tended to have clearly defined roles; to provide accurate information so pupils can make informed decisions and to make sure the curriculum is appropriate and effectively delivered. The teachers who were additionally governors also

claimed to have a clear understanding of the role they play as teachers with regards sex education.

Governors were of the understanding that their role was to review the sex education being taught in school and to ensure it is delivered according to the legal requirements. Teacher governors mentioned frequently about their role in the agreement, implementation and monitoring of the sex education policy in the school, more so than either parent or chairs of governors. Some parent governors appeared to have less of an understanding; a number interviewed seemed unclear because they were not on the appropriate sub-committee.

### *Level of involvement*

The interviewees were questioned about the level of involvement each of them feel they have in the decisions taken regarding sex education. The chairs of governors and parent governors felt that they are not deeply involved in the decisions made. They believe that members of staff make major decisions on such issues as the development of the sex education policy and, as governors, their job is to approve what the staff have collectively decided upon. They did comment that they felt they could discuss certain issues and make small amendments to the policy but, overall, involvement is small. A number of parent governors did admit to being quite ignorant to what is going on and would like to be made more aware, even though they claimed to be happy that the school is doing a good job. Furthermore, some felt that the topic is discussed too infrequently, arising only occasionally on the agenda.

Teachers, including teacher governors, on the other hand reported full involvement in the decision-making processes regarding the teaching of sex education in their schools. They all work very closely with other members of staff in the development and creation of the schools' sex education policies. One individual mentioned having complete freedom to define the programme before consulting other governors and parents. There was a general belief that if other governors and parents wished to be more involved or were not happy about what the staff were proposing they would raise the issue.

All those interviewed were also asked to what extent have other groups (i.e. parents, teachers or governors) influenced what can and cannot be taught. There was a consensus of opinion that other parents (i.e. those not governors) are involved very little, if at all, even though it was thought that they should take more of an active role. Lack of pupil involvement was additionally mentioned by a couple of parent governors.

### *Understanding of the legislative changes*

The question of legislative changes then arose. Teachers, chairs of governors and parent governors tended not to know the exact details of the most recent legislative changes that have occurred regarding the teaching of sex education. Comments made included such phrases as 'Couldn't quote them' and 'I think so'. Respondents from all three groups mentioned about parental rights of withdrawal but it was only the chairs of governors who reported that there is a legal need for each school to have a written policy and it is a requirement that sex education is taught within the context of moral considerations and the

value of family life. Nobody interviewed mentioned that HIV/AIDS and STDs should be taught as a legal part of sex education although earlier in the interviews many had referred to these subjects being an important aspect of sex education.

### *The sex education policy*

The questioning then turned to the sex education policy and the interviewer asked about the process which was undertaken to develop the schools current sex education policy. Expanding on this issue the interviewees were asked about the amount of information available to parents and the satisfaction they think parents have with their consultation. Many respondents mentioned that parents were issued with a copy or a summary of the sex education policy, letters were frequently sent home informing parents of arising issues and further documentation was readily available in the school prospectus and handbooks. Having said that they assumed that parents must be satisfied with the level of consultation in view of the lack of complains or contacts they have had from parents regarding the issues.

### *Visits and visitors*

Similar to the parents' questionnaire the governors and teachers were asked if they would object to certain visits being made as part of the school sex education programme. Initially they were asked whether or not they thought a visit to a family planning clinic would be beneficial. Respondents from all three groups generally gave positive responses to the idea of the pupils being taken to the local family planning clinic. A few reservations were, however, expressed for they felt that parents would need to be fully informed beforehand.

People were more divided in their opinions about a visit to a sexually transmitted disease clinic. Many, although not saying no outright, gave negative responses claiming not to be *too sure*. Others mentioned that perhaps a visitor to the school would be a better idea. Opinions were again quite evenly divided as to whether inviting a homosexual to come and speak to the pupils was a good idea or not. Many could see that such a visit could well be problematic and parents would have to be informed well in advance so they could exercise their rights of withdrawal. Others felt that such a sensitive topic might be better handled when the child is older, over the age of 16.

Everyone interviewed believed that inviting a theatre group to visit the school to teach about HIV/AIDS would be a good idea, although some did say that they would have to see the play being performed beforehand to check the content. Surprisingly parent governors and chairs of governors of particular schools did not mention or did not know that their school had already organised such a visit.

Opinions were once again divided with regards to pupils being told where to obtain free condoms. Some respondents felt that school is not the place for such learning; however, overall, more positive comments were made than negative. There tended to be an emphasis placed on other agencies and groups taking the responsibility rather than the teacher, or informing them indirectly by letting them know where the nearest young person's health clinic was or handing out leaflets. Although divided on a number of other issues the respondents were unified in their response to the question concerning the installation of a condom

machine at school. All felt that a machine placed in school would not be a good idea. There would be an out-cry from parents and it could be open to abuse.

### *Age at teaching*

Views were then sort regarding the age at which particular topics should first be taught and the age at which they think parents would want them taught. Teacher governors believed that parents would want all the topics taught at either a later, or similar age, than they themselves believed. Furthermore, in only a very few cases did teachers think that parents would want topics taught at an earlier age than they considered appropriate. Though, one teacher did believe that parents would want all the topics taught at an earlier age than she personally felt appropriate. Governors appeared to think that parents would want topics to be taught either at the same or at an older age than they thought suitable with similar findings being reported by the parent governors.

The table below displays the average age for teaching selected topics as reported by parents in the questionnaire and the governors during their interviews (where NC years reported average age taken i.e. age 11.5 for NC year 7):

Topic	Parents	Governors
HIV/AIDs	12.1	12.8
Homosexuality	12.6	13.8
Abuse/rape	11.9	13.4
Contraception	12.2	12.5
Abortion	12.8	13.7
Saying no	12.1	12.2
Discussing contraception with partner	13.3	13.6
Role of emotions	12.9	12.1
Religious and moral values	12.4	11.9

The results displayed clearly show that for all bar two of the topics the governors report a later age at teaching than the parents and in some cases a much later age. The teaching of *emotions* and *religious and moral values* are the only topics that the governors believe should be taught earlier than the parents.

### *The balance between facts and morals*

Only one chair of governors claimed that they did not know what the position was regarding the current balance between facts and morals at their school and one teacher governor thought that a bit more emphasis was put on the teaching of facts. The remaining respondents believed the balance between facts and morals was 50/50, an even balance, with many referring to facts being taught in a moral context, in a family setting. The major criticism people had with the moral stance was that the definition of family was not wide enough, for what is right for someone may not be for another.

### *Time spent*

People tended to be divided in their responses to the question 'Do you feel sufficient time is being spent dealing with matters relating to sex education?' During the meetings of governing bodies, individuals were divided in their opinion as to whether enough time was spent discussing the matter. Many respondents claimed that the subject rarely arose during such meetings.

Teachers were more concerned with the amount of time spent on sex education in the classroom than in the governors meetings. Around half of the teachers interviewed felt that not enough time was being allocated to sex education during lesson time, often being cut to make way for other lessons; whilst others felt that sufficient time was being spent on the subject.

### *Conflicts and disagreements*

It was investigated whether conflicts and disagreements were common given that representatives from different groups with different points of view form governing bodies. The majority claimed that there had been no major disagreements or conflicts during meetings. They accepted that there were differences in opinions but they would not class them as conflicts. One parent governor did reveal, however, that on the board they sat upon conflicts were common, caused by different values and an on-going battle between the sexes. The problem was associated with the sex ratio of attendants. Only 20 percent were female so the women had to fight much harder to have their opinions heard. The age range in this particular group was also very broad consequently it was sometimes hard to obtain full agreement from everyone. Thus, majority votes seemed to be the way to deciding outcomes.

### *Parental reactions*

The overwhelming majority of both teachers and governors claimed not to be either frightened, anxious or worried about the possible reactions from either parents or the media concerning what was being taught. They were following the set guidelines and complying with the law. They did accept that they have to be aware of possible objection but are not concerned. Additionally, none of the respondents seemed particularly concerned about parents withdrawing their children from classes, mainly on account of the very low proportion of parents who had ever done so. Concern was expressed nevertheless for the well being of the child involved.

### *Resources and training*

Finally the respondents were asked about their knowledge and opinions on the resources, training and materials provided for sex education. Generally the chairs of governors and parent governors knew very little about the resources available. Teachers, on the other hand, were informed to a greater extent apropos the provision of resources. Despite this however, very few of the staff had actually been on a training course specialising in the teaching of sex education and those who had, reckoned that all staff should receive some formal training instead of relying on one member of staff disseminating information to others on their return. Similarly very few of the chairs of governors and parent governors had been on any training courses, although, some had attended governor training sessions not specific to sex education. The main reason given for not attending was time constraints.

## ***In Conclusion***

The results have illustrated that there is a long way to go before parents feel completely informed, consulted and satisfied with the sex education being taught in schools. They have also shown, however, that substantial differences currently exist in parental satisfaction and knowledge between the six schools studied, with parents in a number of schools already feeling well informed. Furthermore, the study has found that the more parents' feel consulted and informed the more satisfied they are with the sex education programme.

Saying that, an overall positive attitude towards the sex education taught in school was expressed by parents irrespective of gender, age, social status or religion with many expressing dissatisfaction due only to the fact that not enough is actually being taught.

The research has also exposed the fact that many parents still are not fully aware of their rights to withdraw their children from sex education classes and even fewer are aware of the procedure to follow if, for some reason, they did wish to. Awareness levels were however found to increase with increasing socio-economic status and age of the parent.

The parental belief that it should be the joint role of both parents and school to teach children about certain sex education topics has been highlighted. Furthermore, the results of the study have shown that parents feel that they should take more responsibility for the teaching of emotional topics, such as the *role of emotions in sexual relationships*, whereas factual topics such as *HIV/AIDS* should receive more school involvement. This could possibly be linked with parents' lack of knowledge of the most up to date facts, particularly as older parents tended to place more emphasis on the schools' role in teaching such subjects.

Although parents generally believe they should take an active role in their child's sex education there still remains a substantial proportion who never discuss certain subjects, even by the time their child reaches the age of 15-16. Many parents commented that it would be beneficial to their teaching at home if they could receive information about topics covered at school in order that they can supplement the teaching and be prepared for possible questions. Although not expanded upon in this report, an underlying gender pattern of teaching was found, mothers tending to talk more about topics to their daughters and, similarly, fathers to their sons. Furthermore, evidence was found to suggest that step-parents and other guardians take less responsibility for discussing sexual matters than children's natural parents.

Parents tend to feel that the earlier their children are exposed to particular topics the better, although there is a general agreement that topics should be first discussed superficially, possibly at primary level, and then expanded upon and covered in more depth as the child gets older. Thirteen years appeared to be the age by which the vast majority of parents felt most topics should have been covered.

Concerns tended only to be expressed by parents about the way in which topics were presented to the children rather than the subject themselves. Although not covered within



this report, some parents with strong religious convictions did show concern with the moral stance which schools took when teaching particular topics especially when it conflicted with their own teachings.

The idea of involving outside groups in the teaching of sex education was well received as long as a balance of perspectives was provided. Nevertheless, many parents still felt that homosexual and gay visitors would be inappropriate and should not be portrayed as an acceptable alternative lifestyle. The notion of taking the class to visit clinics and providing them with information about where to obtain advice and help was embraced by the parents, even though many parents thought that the child could and should come to them for such advice.

Hopefully, the findings of this study have highlighted a number of issues which need to be addressed by schools in order that the sex education their pupils receive, both at home and within the classroom, is appropriately delivered and meets the needs of young people, whilst still receiving the full support of the young persons' parents.

