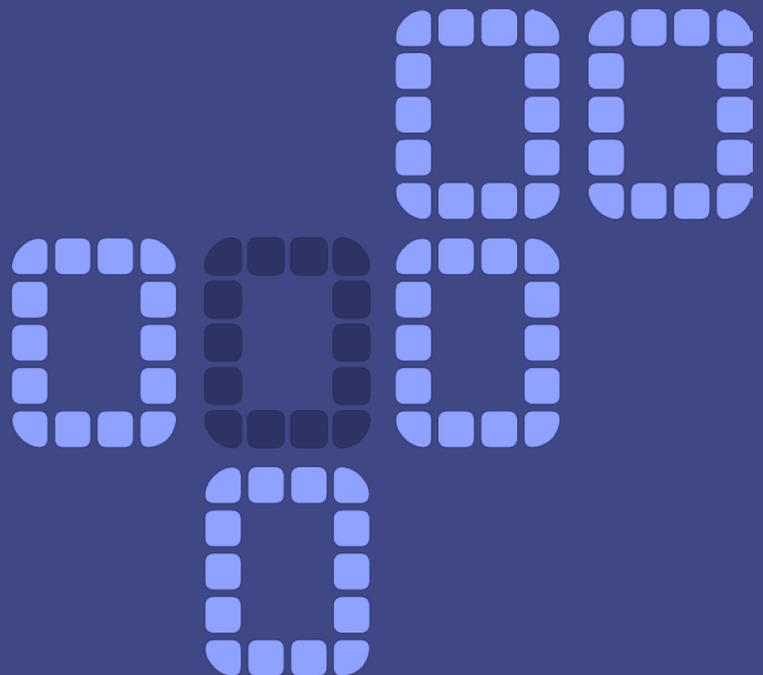




Government of **Western Australia**
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Parents and Sex Education

Parents' attitudes to sexual health education in WA schools



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Contents

Publishing and edition details	2
Acknowledgements	3
Executive summary	5
Purpose of report	6
Literature review findings	6
Methodology	8
Findings	9
Parent–school partnerships	12
The advantage of transparency and trust between school and home	16
Key learnings from the WA study	16
School–family relations	18
Recommendations	18
References	19

Executive summary

The *Parent Sexual Health Resources* project was commissioned by the Department of Health in Western Australia (WA), following consultative research with young people in WA about their own experience of sexual health education. This study concluded that there is a need for resources to support parents and family members as sexuality educators of their children [1].

This project undertook a literature review and extensive consultation with parents in the metropolitan and country regions to obtain views about what was needed in a resource for parents, as well as Western Australian parents' attitudes to the conduct of sexual health education in schools.

This research finds that it is important to understand that there is a wide range of parental values and attitudes to school involvement in sexual health education; however, most parents consulted in this research were supportive of sexual health education in schools, with some conditions:

- Parents want their children to be well informed about sex, sexual health and relationships; however, they want to be kept informed about school programs.
- Parents want to be assured that the educators who will be teaching their children about sexual health have the skills and qualifications to do their job well, and remain sensitive to the diversity of values among their students and their families.
- Parents believe schools need to take an active role in providing written communication about what will be covered in sexuality education programs and be open to meet with parents who have concerns.

Key recommendations for future action to support productive family–school relations:

- Schools and teachers be supported by the state department of education in order to provide high quality sexual health education for students at developmentally appropriate stages throughout their education.
- The state department of education and individual schools ensure that teachers receive specialised professional development and training in sexuality/sexual health education to enable them to be qualified, competent and confident sexual health educators, able to work in partnership with parents
- Schools should be supported by the state department of education to provide comprehensive and accessible information for parents about the content of programs their children will participate in across the year levels, and what approach is to be used.
- School staff teaching sexual health education make themselves available to parents who wish to meet to discuss the program in which their child will participate.
- School principals inform the school community that they are available to discuss any concerns parents have about the program or their child's participation.

Purpose of report

The purpose of this report is to inform and advise government policy and decision makers in health and education of community views about the provision of sex education in schools. It also aims to inform principals, teachers and school health educators about parents' views and to support teachers and school nurses in their task of teaching sexual health education in WA schools.

Introduction

The first part of the report outlines the findings of Australian and international research concerning parents and sexuality education in schools. Only limited peer-reviewed literature published in Western Australia was identified, but this has been drawn on where possible. The research methodology is described, and the findings of the research pertaining to school sexual health education are discussed. Some of the findings about parents' own experiences of and attitudes to sexuality education are discussed as background. Key learnings about school–family relations are identified and recommendations for future directions proposed.

Literature review findings

The World Health Organization (WHO) has stated that sexuality is an integral part of the personality of everyone: man, woman and child. It is a basic need and aspect of being human that cannot be separated from other aspects of life and it influences thoughts, feelings, actions and interactions and thereby our mental and physical health [2].

Young people need to learn to know their own personal values and beliefs about relationships and sex. Whether sexuality education occurs in school or in the context of the family, it should be more comprehensive than the simple provision of information. It is therefore important that young people develop skills so that they:

- make sound decisions about sex and relationships and are able to stand up for those decisions
- have the insight to recognise situations that might turn risky or violent, and know how to avoid them and how to deal with them if they do arise
- know how to find accurate information from reliable sources
- know how and where to ask for help and support
- know how to negotiate protected sex and other forms of safe sex including safety and refusal skills [2].

These skills are particularly relevant in the hyper-sexualised environment of modern, developed societies. Magazines, television, the internet, movies and billboards are commonly highly sexualised and influence the conceptualisation and lived experience of sexuality and gender among people of all ages. This in turn directly influences children, young people, their parents and teachers.

It has been acknowledged that the cooperation of parents and their involvement in their children's education can enhance academic achievement in schools [3]. This can be seen particularly in social education, for example, in a US study about nutrition in schools, the active involvement of parents was shown to reduce risk factors [4]. This study reported that, as a sole strategy, information sent home to parents by schools was unlikely to impinge on health to any great extent.

Obviously, sexuality education is a more contested and complex field than nutrition. Perceptions of parental support for sexuality education in schools can be influenced by a number of factors, and those who oppose sexuality education in schools may be highly vocal and persistent in promoting their point of view, thereby giving the impression that they represent a large proportion of community opinion. Large-scale Australian and international research has shown that opposition to school sexuality education actually represents a minority opinion, and that the majority of parents do support some form of sexuality education in schools. Two Canadian surveys of parents' attitudes towards the provision of sexuality education in schools reported that most parents supported both school-based sexual health education, and parental involvement [5, 6]. A large Australian survey of parents also reported similar findings [7]. Although there is strong support from parents for school sexuality education, parents want to know what is being taught. A British study reported that many parents feel they do not know enough about what is being taught. Only 35% of secondary students' parents in this study felt they knew enough, and less than 11% said they had been given the opportunity to express their views about the program [8].

The report of a three-year sexuality education intervention in 15 schools in South Australia found that, prior to the introduction of the program, many parents were uncertain or concerned about the program content [9]. Their concerns were alleviated by attendance at public information sessions provided in all schools, which appeared to increase parents' understanding and acceptance of the program. This project reported that efforts to involve parents in school health and wellbeing committees to oversee the project were largely unsuccessful, and recommended that further research was required to establish why parents did not get involved [9].

In Victoria, an evaluation of a sexuality education intervention in 50 primary and secondary schools that used a whole-school approach reported that the least successful aspect of the program in secondary schools was engagement with parents. A prerequisite for funding the interventions, which were carried out by school staff, was parent involvement. Even schools that were able to recruit parents to committees to oversee the program reported that the committees played a limited role [10]. This lack of involvement may not have been entirely due to parents being reluctant to become involved. In the evaluation, Dyson reported that, in at least one school, the principal decided not to communicate with parents about the program for fear of a negative reaction. The report concluded that more research is needed to understand the complex relationship between parents, schools and young people in terms of sexuality education.

In summary, the literature suggests that, overall, most Australian parents do want sexual health to be taught in schools, but that they also want to know about the content, approach and how it will be taught.

Research report: consultation with WA parents

Methodology

A qualitative approach was adopted for this project in order to provide evidence to extend current understandings about the role of parents' sexuality education at home and the connection with school programs. The research also sought to inform the development of a resource to support parents in their role as sexuality educators of their own children. Qualitative research is used to gain insight into people's attitudes, behaviours, values, concerns, motivations, aspirations, cultures and lifestyles. Thus, the aim is not to collect data able to be reproduced (as is the case in quantitative research), but to continue data collection until no new themes or ideas are apparent. This technique is known as 'saturation'. Qualitative research is based on the concept that there are many realities in lived experience.

The focus group, or consultation, was chosen as the research methodology to enable participants to express their ideas in an interactive and participatory setting. A series of themes and prompt questions was developed to guide discussions in the consultations. Participants were recruited using WA school health education networks. Key people in school parent associations in both suburban and rural schools were recruited to host a consultation, and invite participants with school-aged children from within their networks to attend. Contact was made with parents' associations in seven schools, four of which agreed to organise consultations.

Thirty-one parents aged 31 to 56 years were involved in four focus groups; 28 were female and three were male. Parent participants had a total of 77 children (age range: four months to 22 years) breaking down to 45 children aged up to 11 years; 30 aged 12 to 18 years; and two people with children over 18 (20 and 22 years). Many in the groups were already known to each other, since participants were recruited through their child's school parent association. Three consultations were organised through primary schools and one through a secondary school.

Two groups were held in suburban Perth and two in rural areas west and south of Perth. The suburban groups worked with 15 participants, and the rural groups had 16 participants. Around 65% of participants had secondary education, the remaining 35% had graduate-level education (two were postgraduates). The majority were Australian born (24), two were Aboriginal Australians and six participants were born outside of Australia. The majority of families consisted of two parents living together, There were three single parents and two families with two parents living apart.

Although the gender breakdown of participants was somewhat disappointing, given the scope of the research, it was not unexpected. As reported in the review of literature, research has repeatedly found that communication about sex in the home is predominantly the domain of female parents, so a lack of participation by men was not surprising.

While attempts were made to ensure that diversity was achieved within the scope of the project, it is important to note that qualitative research only represents a sub-section of the community being researched, and is not meant to be extrapolated to the whole population. Saturation was achieved after four consultations, and recruitment proved difficult within the available timeframe and resources, so no further consultations were held. Findings of qualitative research often indicate further areas for investigation [11]. The findings of this research suggest that further research with men, culturally and linguistically diverse groups and with same-sex parents and parents of same-sex attracted children is indicated.

Findings

Discussion of parent attitudes towards sexual health education in schools requires an understanding of the context in which parents approach this issue including factors which impact on their relationship with their children, sexuality education itself and the ways in which parents engage with their children's school sexual health education. Attitudes to these matters vary widely, so no one-size-fits-all approach can be advocated. However, the common factor emerging from this research is that, regardless of diverse personal values and experiences, raising sexually healthy children capable of engaging in respectful relationships was a prime concern for all parents.

Parents and sexuality education

A wide range of views about sexuality education was represented among the parents who attended the consultations. Some indicated that they had discussed human sexuality with their children from a young age, and were open to answering questions, while others waited until they thought it was the 'right time' to raise the subject. Those at this latter end of the spectrum tended to express the view that they would only answer questions when they arose, and were concerned about protecting their children from too much information about sex. This approach was recognised as problematic because some children never ask questions. Despite the range of views, discussion in all the consultations was cordial and respectful, and took the form of an exchange of views and an opportunity to learn and share information without being polarising.

Parents' own experiences of sex education and of finding their own way as a sexual adult were relevant to their attitudes about their children's sexuality education both at home and at school. Most participants reported that they had no, or very limited, sex education as children. Some felt the way sex had been taught to them had been too clinical, and not particularly useful. Others still expressed a sense of anger and betrayal because they had been told 'lies' about reproduction and birth, and had been left to find out the facts for themselves. Many participants talked about how their lack of education made it difficult for them to educate their children.

... with our generation, our parents, a lot of them were like—you know, it was just a taboo subject. Whereas this generation now, we're more open about it. But because we weren't taught properly—you see, back when I went to school you had to have

permission to have sex education, and a lot of people wouldn't sign it. So you've got the people who had it and people that didn't. It makes it easier if you had something. Because you weren't, like, explained to you properly. (suburban consultation #1)

There were indications that many men's education about sex was also limited. One woman related what she knew about her husband's education.

... my husband's sex talk was, you know, 'Keep your dick in your pants and everything will be fine.' You know, that was basically it. And, always carry a condom in your wallet, just in case. (rural consultation #2)

There was a strong feeling among most of the participants in all consultations that they wanted sex education with their own children to be better than their own parents' attempts with them. In rural consultation #4, the following exchange took place between female participants:

R1: ... now, I'm looking at it, being a parent, yes, I'm going to talk and I'm going to give [my kids] as much information as I can.

R2: Yeah, we've also gone the total opposite. My mum just absolutely switched off when I started menstruating. It was just, if you need something, let me know, and don't have sex. Right, fine. And so, yeah, and what I had to teach or find out for myself, and stuff, I just thought, I'm not putting my kids through that.

Others talked about how formal their own experience of sexuality education had been. For example, one woman said, 'My talk—my original talk—was very formal. We sat down, and book laid out and everything we worked through.' (rural consultation #4)

This mother had consciously attempted to make talking about sex with her own children more relaxed. Another woman talked about how she had followed her own parents' example, because it had been positive for her.

I think, for us, I've gone exactly the way my parents have gone. It's all pretty—not off the cuff, but we haven't made it an issue. So it's just information, and it's there to be asked, and [my attitude is] I'll tell you, to the best of my knowledge. If not, I'll find out for you and then we can work through it. (rural consultation #4).

The ways in which parents drew on their own family experiences of sex education with their children suggest that many people are floundering, but that positive role models produce positive results. If their own experience was easy and positive, parents appeared more able to create an open, relaxed atmosphere about sexuality with their own children. If it had been negative or uncomfortable, there were two possible outcomes. One was to attempt to change the experience for their children; the other was to reproduce their own experience, although this latter approach is unlikely to be conscious. It does suggest that a parent's reflection about how to communicate with

children about sexuality is likely to lead to a more relaxed approach, whereas embarrassment or avoidance of the subject continues a tradition of secrecy and silence on the matter.

Family values and parental attitudes

Many parents expressed the view that their children are exposed to a great deal more sex than they had been when they were young, and that this impacted on their communication (or lack thereof) with their children about sex. One woman said:

'Kids have access to so much more information than what we ever did, and what we do now.' (suburban consultation #1)

Participants indicated that 'sex is in your face all the time' on billboards, television, songs and music videos. Family values were also important, and there was discussion in each consultation about how these were shaped, and the task that parents faced in communicating them to their children. For many, early experiences with sex education, such as those discussed above, shaped their values concerning when, what and how to tell their children about reproduction, puberty and sexuality. A number of fears and concerns underpinned some families' values, for example, the effects of exposure to too much sexually explicit information, or the threat of sexual predators. Others expressed a desire to protect their children's innocence. Magazines marketed to young women that contained explicit sexual content were seen as problematic.

R1: You know what really pisses me off? Is in Dolly magazine, 'Should I have anal sex?' 'Oh yes, well that's fine, as long as,' you know, 'you're consenting.' And I'm thinking, no. Because I just think, for me personally, I think that is some sort of a put-down to women. That's just me personally.

R2: I think parents need to be made aware that it's OK for us to all go, 'No, this is not OK. We can talk about it.' (suburban consultation #1)

Similarly, prime-time television shows aimed at young people were seen as a problem by some in rural consultation #4.

R1: And look at Home and Away, when girls get out of bed with their boyfriends and they put on their school uniforms and go to school.

R2: Yes! [The character] Matilda did that all the time.

R1: I know.

R2: And it's shocking.

R1: I know.

R2: I mean, how much pole dancing can [the character] Martha do? And how many are pregnant? And they go, 'Oh, damn it, which father was it again? I think it was you, but I was with you at the time.'

However, one participant in this consultation saw television shows as creating opportunities for discussion with her children.

But it is great because you get the questions coming back. And I thought, Oh, this is a great opportunity to get on to this subject and follow on like that. Yeah.

A diversity of values was expressed, but each consultation was characterised by respect for these differing values. A number of anecdotes were related that suggest that conflict can arise within families when children reach an age at which they start to question or challenge their family's values. For example, families who had adopted a strict 'no sex until marriage' position found their adolescent children overtly or covertly challenged this at some stage. These parents found they reached a point at which they had to choose between holding to these values or 'losing' their child.

Parent–school partnerships

Most of the parents in this study agreed that they do want schools to provide sexuality education, and this is consistent with the findings of the literature review. Parents are concerned about who will be doing the teaching as well as the content and approach to be used at different ages and stages. Sexual health education in school remains somewhat controversial among many parents; however much of this controversy appears to stem from hearsay or misconceptions about the content of school programs or teaching styles. For example:

R1: ... my friend was telling me—and this was at another school—that her daughter was asked in her class to write down every single thing they knew about sex on a piece of paper. And then, you know, everything they knew about the penis and all the names that it was called. And the teacher was going around saying, well, what about this? What about this?

R2: That stirred up a bit of controversy?

R1: Well, it did, actually. And it was very confronting—well, this is, what, Year 6. And it was very confronting. Because, I mean, she has an open relationship with her parents, and they—I mean, they're normal people and that. But it was very, very confronting. And I don't think they were prepared for that. (suburban consultation #1)

The interviewer suggested that this might have been a misunderstanding, because a teaching technique in sexuality education called 'body parts brainstorm' is sometimes used in school programs. In response to this the following exchange took place:

R1: Well I don't think that's a problem. I don't have a problem with that, but I'd like to know.

R2: But I don't see why someone else should be educating my child about something so personal. So I probably—I would like to—before my child gets spoken to about sex I would like to know what the teachers are going to say first, and get my

consent first. Because I am really open and I want them to have certain ideas about it. And I think that's my role.

R1: And I don't think it's the state's role to take over that for me.

R3: We do get notification.

R2: I do think there is a role, though, for the state to do it, though, because there's a lot of parents that aren't comfortable.

R:3 We do get notification that sex ed is going to come up, and if you have some concerns, you can see the teacher. And if you need to say anything first, before that starts, you give them a good few weeks.

R4: I have had two boys go through that thing of putting everything on the board, and they've come home just so excited and filled with respect for their teacher that, you know, she has been so open about recording all of the different names and all of that.

R5: I'm a bit ambivalent. Like, on the one hand it's a really good idea for everyone to be educated about sex ... (suburban consultation #1)

It is clear that there is a wide range of feelings among parents about sexual health education in schools, but concern is not so much about the knowledge to be acquired, as about the manner in which it is imparted. One issue that came up in several different consultations was regarding a session that is conducted in schools about condoms.

My niece just recently had to put a condom on a piece of fruit, or vegetable, I think. And her parents knew nothing of it. They weren't informed in any way that this is what is going to happen in health. She came home quite embarrassed and shocked by the whole affair, you know, because that's not something she's ever had to do before. And especially in a classroom with all the other children. You know, the parents should have been informed, and she came home—yeah, a bit upset by the whole thing. So yeah, more information from parents before these things happen. (suburban consultation #2)

In one consultation there was discussion about what was seen as inappropriate behaviour on the part of teachers. Some consultations were attended by parents who also happened to be teachers, so a teacher's opinion was expressed in the following exchange:

R1: Up at the high school, I found it very hard. They just sent home a consent form, no information, and when [my son] was coming home and—you know, because they do. They discuss what goes on in the classroom. And I found that this teacher in particular was advocating his personal views. And that is what I had a problem with. They need to keep it professional in the high school, stick to ...

R2: Don't give your personal views, because then you are then imposing.

R3: (teacher) It's a real trap with these kids, and especially at high school, they will ask you and want to know. And they're looking for more than just the nuts and bolts. But that is, you know? That's the fine line.

R1: But this teacher in particular really overstepped the mark.

R3: Mm, it happens.

R1: Yeah, I have issues with that, because he was advocating one thing. And he basically said, whatever your parents tell you on the subject, just don't listen to them. And I said, no, that's not right. I don't mind my son getting an education, you know? Teach him about the body, teach him what's going to happen. We've already done that—but don't bring your personal—you know, if they pull you aside quietly, that's fine. But not to get up in front of the classroom and say—you know, and demean, undermine parents. (rural consultation #3)

As previously described there were a few participants in each group who worried that school sexual health programs might usurp their rights as parents. In suburban consultation #2 this issue also came up. One participant said she wanted to know what would be taught and would prefer to remove her child if she thought the proposed content was inappropriate for her child. The following discussion ensued:

R1. Yeah, [I'd like to be able to say] I don't think my child's ready for that, you know, I don't really want them to be involved in that. Or, I'd like to be the one that gives them that information, or whatever else, so that you can really have some tailored skills being given out rather than just a general—because we know all our kids are different. They're not all ready for the same things at the same time.

R2: I mean, but that's the thing [if your child is excluded from school programs]. I mean, they're going to be talking in the playground anyway. But as long as you know what's coming up.

R1: Perhaps beforehand, even.

R2: Yeah, yeah.

R3: Like, if you know it's coming in Year 3 then you go ...

R2: That's right.

R1: I'd like it to be me that gives them that information first.

R4: Yes.

R3: Then you can give it in a way that you're comfortable with them getting it, so that you know ... (suburban consultation #2)

Despite these concerns, most parents supported the provision of sexual health education in schools, but on the proviso that they are informed about what would be addressed at different times in school programs, in order to be prepared. For example:

R1: ... parents [need to] know that certain things are going to be broached in different year levels as the children go through. Ready or not, these things will come up in conversation.

R2: I think possibly just, you know, letting you know what the children will be taught at certain levels so that you are aware of what's going to be going on, so that you can either complement that, or ...

R3: What questions you're going to ask.

R1: Yeah, that's right. So that you can get some information for yourself to complement what's going on, so that you're ahead of the game a bit. Or, you know, if you have real issue with something that's going to be taught, you have an opportunity to say, Well, I'm really not comfortable with my child being taught this, that, or something else. Because, I mean, we know our children the best, you want to have that option of saying whether it's religious beliefs or whatever, that you can say, that doesn't go with my family ... (suburban consultation #2)

While this kind of discussion arose in each consultation, there was also general agreement that parents did not want to be burdened by meetings about what would be included in school programs, but would prefer to be informed in writing about what to expect and when. However, those parents who do want to discuss content or approach with educators should also be offered the opportunity to meet with teachers.

A participant who was also a teacher commented:

As a teacher I've never had anyone withdraw their child from my lessons, but they have appreciated knowing, and having the opportunity beforehand, to put their moral perspective to it, or their beliefs to it. And raise, if they hadn't already, with the child, prior to the child getting the nuts and bolts version at school. (suburban consultation #2)

While parents appear likely to stay engaged in their children's school life during the primary school years, there is a diminution of this involvement when they reach secondary school, which may not be entirely due to parents. In adolescence many young people appropriately start to separate from their parents, and parental involvement in school life may be seen as an intrusion into 'personal' space. This issue was raised by the parents of a number of older children. Given the degree of discomfort and embarrassment experienced by many parents and young people in relation to sexuality education, it is not surprising that difficulties arise when attempting to engage parents. This does not necessarily mean that they are uninterested, but that they are trying to negotiate their child's transition through adolescence the best way they can.

The advantage of transparency and trust between school and home

There were indications in the literature that some schools or teachers are concerned about parents objecting to teaching sexual health in schools, and as a result, these educators may avoid the provision of full and open disclosure about their programs. Parents who are not otherwise opposed to this subject could interpret such an approach as trying to take over their role as the primary values and sexuality educator of their children. Schools need to work towards a genuinely collaborative and open approach with parents about their sexual health curricula at all stages of primary and secondary school. Partnerships between the school and the home can be developed and would increase the potential benefits and outcomes of sexual health education programs.

It is interesting to note the different findings of research in this area of school–home cooperation. Parents in the WA consultations, particularly those with children in secondary schools, did not recommend the instigation of school meetings to discuss the sexual health curriculum but instead favoured provision of an explanatory letter plus the opportunity to meet individually with school staff if necessary. However, other research produced results that conflicted with this, and research conducted in South Australia demonstrated that most parents attended parent information forums on sexuality education when they were provided, and were reassured about the proposed program (Dyson et al., 2006). It should be noted that there was public controversy surrounding the South Australian program, which may have contributed to the high level of parent attendance.

Parents in this study in WA indicated that they want to know more about what their children will be taught, which is the same finding reported by Denman (1998) as a result of research undertaken in the UK.

Key learnings from the WA study

Three key points emerged from this research about parental attitudes towards the provision of sexual health education in schools:

- Parents want their children to be well informed about sex, sexual health and relationships through education at school; however, they want to be kept informed about these programs.
- Parents want to be assured that those educators who will be teaching their children about sexual health have the skills and qualifications to do their job well, and will remain sensitive to the diversity of values among their students and their families.
- Schools need to take an active role in providing written communication about what will be covered in sexuality education programs and be open to meet with those parents who express concerns.

Active engagement with parents about school sexual health programs may overcome some of the misunderstandings expressed by participants in this research, and foster greater levels of trust. It is important to acknowledge that this kind of engagement may prove difficult, and creative

approaches are indicated. Schools can also benefit from sharing information with each other about what works and what does not.

Family values, communication and knowledge emerged from this research as the main issues that concerned parents. There were a variety of approaches to sex education within the families in this study. Some parents worry about too much information being provided for their children, others about providing too little. Whatever parent uncertainties are, the fact is that children do need to understand how sex fits into their world in age-appropriate ways. Children are now so regularly and pervasively exposed to sex within the general environment, through entertainment and among their peers that good positive sex education has become essential.

Though abstinence until marriage is desirable for many, if not most parents, it is unrealistic to ignore the fact that young people are likely to become sexually active to some extent in their mid-teens [12]. The need to plan how to manage family life when an adolescent child chooses not to comply with adult rules is a sensible 'risk management' strategy for parents. Adolescence is a time of growing independence, and many children choose a different path to that of their parents around this time in their lives. Some families in this study expressed the anguish of feeling they may lose their child if they maintained their position on abstinence in the face of their child choosing to engage in a sexual relationship. For young people, school may fill a gap left if they are unable to communicate with their parents, or feel estranged from them.

Research has shown that young people from families that maintain good communication about sex and relationships are more likely to delay sexual initiation than those whose families do not communicate well. It is therefore incumbent on parents to work towards creating the kind of family atmosphere where sex can be discussed without fear or embarrassment. It is also important to acknowledge that many parents feel that they need support in doing this. One unexpected outcome of this research was the degree of support participants gained from discussing these matters openly with their peers and this was expressed both during the consultations, and afterwards (via the hosts, who passed the messages back to the researchers). Schools could play a role in bringing together experienced facilitators with an understanding of what it is like to raise children. One of the consultations was held in a primary school library. Parents at this group suggested to the librarian that a parents'-only corner could be provided in the library for books to help them to find trustworthy information to pass on to their children. Creative and positive ideas about parent-school and school-parent engagement could be generated if more dialogue were opened.

Many parents are time-poor, and did not want to be involved in school meetings, but they do want to know what and when their children will be taught in school sex education. If such information is provided, parents would have the opportunity to raise the subject matter with their children in advance and within the context of their own family values. It would also provide favourable conditions for parents to engage their children in discussions about what they have learned at school and help facilitate improved family communication. This would also be advantageous in complementing and consolidating the school education program. Most parents in the consultations

preferred written communication in the first instance, and the opportunity to make an appointment to discuss their concerns with the principal or teacher if necessary.

School–family relations

Most parents support sexual health education in school; however, both the literature regarding school–parent partnerships and the findings of this study clearly indicate that school–parent partnerships require more attention if they are to work effectively to benefit children. A few parents felt strongly that their family values about sex should be conveyed first by them, at a time of their own choice, and expressed concern that schools might pre-empt them. However, these same parents were amenable to and flexible about school programs if they were provided with program information and gained confidence that the subject would be taught responsibly.

The findings of this research strongly show that parents do want to be informed about this area of education and that more work is needed to foster trust between parents and those school staff responsible for sexual health education.

Recommendations

Many parents, particularly of children at the secondary school level, have limited time to commit to active involvement in school committees or meetings. This report therefore recommends that:

- Schools and teachers be supported by the state department of education to provide high quality sexual health education for students at developmentally appropriate stages throughout their education.
- The state department of education and individual schools ensure that teachers receive specialised professional development and training in sexuality/sexual health education to enable them to be qualified, competent and confident sexual health educators, able to work in partnership with parents.
- School staff teaching sexual health education make themselves available to parents who wish to meet to discuss the program in which their child will participate.
- Efforts are made by schools, supported by the state department of education, to provide comprehensive and accessible information for parents about the timing and content of programs in which their children will participate at different year levels, and the approach that will be used.
- School principals make it known to the school community that they are available to discuss any concerns parents have about the program or their child's participation.

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