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Parents and their support for school-based relationships and sexuality education

Western Australia **SNAPSHOT REPORT**

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We acknowledge the Traditional Custodians of the land on which we come together to conduct our research and recognise that these lands have always been places of learning for Aboriginal and Torres Strait Islander peoples. We honour and pay respect to all Aboriginal and Torres Strait Islander Elders – past and present – and acknowledge the important role of Aboriginal and Torres Strait Islander voices, their focus on family and community, and their continuing efforts to support the sexual health of young people.

Support for parents:

The **Talk Soon. Talk Often** website is a useful resource for parents in Western Australia who would like further support to talk to their kids 0-18 years about relationships and sex.

This resource is accessible here:

tsto.gdhr.wa.gov.au

Support for schools:

The **Growing & Developing Healthy Relationships** website is designed to support Western Australian teachers, school nurses and schools to provide positive and comprehensive sexual health and relationships education.

This resource is accessible here:

gdhr.wa.gov.au

This project and final report were commissioned by the Western Australian Department of Health, Communicable Disease Control Directorate, Sexual Health and Blood-borne Virus Program.

We acknowledge the parents and caregivers throughout Australia, in addition to the Western Australians captured in this report, for their willingness to participate in this research and share their perspectives. We also wish to thank the Canadian research team who shared their survey instrument, and Claudia Hodges who conducted the initial testing of the survey through cognitive interviews.

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Executive Summary

1.0 Executive Summary

A nationwide survey of Australian parents was conducted in 2021 and involved 2,427 participants across all states and territories. The survey included parents of children aged 4 to 18 across differing school systems, of which 643 were from Western Australia. This report summarises the data from Western Australian parents.

This project aimed to contribute to the current evidence base regarding the delivery of relationships and sexuality education (RSE) within schools. Specifically, the project sought to examine the attitudes of a national sample of parents (or other adults) with caring responsibilities for school-aged children. As the Western Australian Department of Health funded this work, oversampling was conducted to ensure a state-focused report could be generated.

Key findings from Western Australia (WA) show most parents are comfortable discussing RSE with their children, but the frequency of such discussions is low. Critically, the majority of WA parents support schools to deliver a comprehensive program of RSE topics across all grade levels. For some parents, the level of support for school-based RSE was associated with parents' political and religious affiliations.

The key findings from the survey are as follows:

Comfort discussing RSE

Most parents self-reported their level of comfort to discuss RSE with their child/children to be 'very comfortable' or 'comfortable' (73%, n=464). Comparatively, a small minority reported they were 'not very comfortable' or 'not at all comfortable' (9.6%, n=61).

Whilst most parents expressed comfort to discuss RSE with their children, the frequency of such discussions in the past year varied across the sample. Very few parents reported having these discussions 'very often' (7%, n=43) or 'often' (13.2%, n=81). Most parents indicated they had discussed RSE with their child 'a few times' (28.3%, n=174), 'once or twice' (24.8%, n=152), or 'not at all' (26.7%, n=164).

These findings highlight the need to provide families with greater support to engage in RSE conversations with young people. Schools also need to ensure they actively involve and inform families about the school-based RSE that is being delivered to maximise opportunities for at-home conversations.

General attitudes towards RSE

Parents felt strongly that access to age-appropriate sexual health education in schools is a basic right for all children and youth (90.3%, n=579) and staff who deliver sexuality education in schools should be supported through ongoing professional learning (92.4%, n=590).

Over 90% of parents 'strongly agreed' or 'agreed' with the following statements:

Sexual health education in school should...

- be provided by educators who have sufficient knowledge and skills to deliver effective sexual health education (92.9%),
- address the broad range of factors that impact relationships, sexual health, and overall social and emotional well-being (91.4%),
- be inclusive to all students, regardless of gender identity (91.0%),
- be relevant and responsive to the changing sexual health needs of young people (90.7%),
- should promote the right to autonomous decision-making and respect for others (90.6%),

- incorporate a balanced approach that includes the positive aspects of sexuality and relationships as well as the prevention of sexual health problems (90.5%), and
- be scientifically accurate and use evidence-based teaching methods (90.4%).

Attitudinal statements relating to gender equality, gender diversity, and sexual orientation garnered less support compared to the other statements.

Nearly half the sample (48.4%, n=311) provided an open-ended comment about school-based RSE. The majority of these comments (80%) were highly supportive of school-based RSE, or of a neutral nature. Most negative comments focused on issues regarding diverse genders and gender fluidity.

Support for school-based RSE

Parents were asked how supportive they were towards the provision of RSE in schools. They were also provided with a list of 40 RSE-related topics and were asked to indicate at what year level topics should first be introduced, if at all. Across all items, WA parents expressed significant support for RSE to be delivered by schools.

- When asked to indicate their level of agreement that RSE should be provided in schools, 92.6% (n=595) of WA parents either agreed or strongly agreed. Only 18 respondents (2.8%) disagreed or strongly disagreed with this statement.
- Most parents endorsed schools to address the broad range of RSE topics provided. For 32 of the 40 topics presented, parental support exceeded 95%.
- Eight topics were not supported as broadly. A percentage of WA parents indicated the following topics should *not* be taught in schools: sexual pleasure (15.3%); abstinence* (12.8%); gender identity (12.7%); masturbation (11.8%); sexual orientation (8.8%); the influence of sexually explicit media (e.g., porn) (6.8%);

* This finding should be interpreted with caution. As most parents wanted schools to deliver content regarding contraception (97.6%) and different types of sexual behaviour (95.5%), it is likely that parents meant that they did not want schools to provide an abstinence-only model.

gender roles and stereotypes (6.1%); and reasons to engage/not engage in sexual activity (5.1%).

- Most parents felt ten of the RSE topics provided should first be introduced during primary school. Six topics were recommended to be introduced from kindergarten to grade two, and four topics to be introduced in grades five to six. Parents wanted the remaining 30 topics to be introduced in secondary school, specifically in grades seven to eight.

The study also sought to identify if there were any differences in support for school-based RSE based on the parents' gender, age, religion, or political affiliation. Overall, there were no significant associations between support for school-based RSE and the gender or the age of the parent. There were some significant results relating to religion and political affiliation:

- Some religious groups were significantly less likely to support school-based RSE: Islamic (χ^2 30.10, $p < 0.001$), Greek Orthodox (χ^2 13.44, $p = 0.003$), and Baptist (χ^2 15.68, $p < 0.001$). Respondents with 'no religion' were significantly more likely to support RSE in schools (χ^2 16.40, $p < 0.001$).
- The strength of religious affiliation was also significantly associated with support for school-based RSE. If religion was 'not at all important', parents were more likely to support RSE (χ^2 15.59, $p < 0.001$). Comparatively, parents were less likely to support RSE if their religious views were 'very important' (χ^2 44.34, $p < 0.001$).
- Parents who indicated their voting preference was for Liberal/National coalition candidates (χ^2 7.35, $p = 0.03$) or 'other' parties (χ^2 20.89, $p < 0.001$), were significantly less likely to endorse RSE within school settings that parents who endorsed another political party.

Perceived quality of RSE

A high proportion of parents reported their child had 'not received any relationships and sexual health education in school' (26.1%, n=168), and 11.2% (n=72) did not know enough about the RSE their child had received at school to respond. However, for parents who felt comfortable commenting, 27.7% (n=178) felt the quality of RSE at their current school was 'good.'



Introduction

Introduction

The national survey of Australian parents was conducted in November 2021 across a two-week period. During this time, data was collected from parents and caregivers of school-aged children across all states in Australia (herein referred to as parents). The survey aimed to build upon available evidence relating to parents' and caregivers' level of support and agreement for school-based relationships and sexuality education (RSE). It is the first exploration of parental attitudes towards school-based RSE conducted in Australia [1].

School-based RSE is fundamental to the personal and social development of children, adolescents, and young people [2, 3]. Three decades of collated evidence clearly demonstrate school-based RSE programs that are comprehensive and evidence-based, can influence issues such as an appreciation for sexual diversity, dating and intimate partner violence prevention, the development of healthy relationships, the prevention of child sex abuse, improved social or emotional learning, and increased media literacy [4]. This is in addition to the evidence that school programs can have positive outcomes regarding a delayed onset of sexual behaviour, the prevention of harmful sexual behaviours, and minimising unplanned pregnancies or sexually transmissible infections [5, 6, 7, 8, 9, 10, 11].

Parental perspectives towards RSE, real and perceived, are known to impact delivery within the school context [12, 13]. Prior qualitative research from Europe and North America suggested that RSE stakeholders often perceived parents to be a source of resistance to RSE implementation within a school environment [13]. However, international research has consistently found that parents support RSE in schools. This includes a systematic review of international studies [14] and later large-scale surveys conducted in the United States of America [15], Canada [16], and Croatia [17]; alongside traditionally conservative countries such as Bangladesh [18], Iran [19], Malaysia [20] and Oman [21].

Australian studies have reported similar results but have generally lacked nationally representative samples. In 2009, 97% of Australian parents surveyed (n=117) supported school-based delivery of RSE and wanted this education to commence in primary school [22]. In 2010, a qualitative study conducted in Western Australia found that most parents of adolescents wanted sexual health education covered in secondary schools but wanted to be informed about the content [23]. In 2017, Victorian parents with primary school children acknowledged that schools provide an ideal setting for RSE as not all families are willing or able to have at-home conversations [24].

More recently, a qualitative study involving parents living in Queensland found they were generally supportive of RSE in the primary school context [25]. A national online survey of fathers (n = 612) with children aged 3-12 years, even though it did not specifically focus on school-based RSE, found that they strongly valued several sexuality-related ideals for their children [26]. Finally, an online survey of 2,093 parents in Australia who had a child currently enrolled in a government school, found more than 80% supported the inclusion of school lessons to address diverse gender identities and sexualities [27].

This report shares the WA data from the broader National survey. Oversampling of parents in WA was specifically sought to enable separate analysis for this state.



Methodology, survey instrument and sample

3.0 Methodology, survey instrument and sample

Data for the WA parent survey was extracted from the 2021 National Parent Survey [1]. The cross-sectional survey was administered online. It closely replicated the methodology and items used in a recent survey of Canadian parents and guardians [10].

3.1 Recruitment and sample

Participants were recruited by The Online Research Unit (The ORU), a professional market research company that manages a proprietary panel of over 300,000 respondents across Australia who are incentivised to participate in online surveys. The ORU was contracted to provide a random sample of at least 2,000 survey responses from across Australia, with approximately half males and half females. Western Australian parents were oversampled to enable reliable statistical analyses for this state-based data.

Any panellist who had caring responsibilities for a child between the ages of 4 to 18 years was eligible to participate. A minimum sample of 2,000 responses was sought, with 2,427 responses recorded across Australia in the national survey. Based on the Australian Bureau of Statistics demographic breakdowns, the target number for WA was at least 211, and 643 responses were received.

3.2 Survey instrument

The Canadian instrument was replicated closely in this current study [10]. To confirm content validity, cognitive interviews testing the survey instrument were conducted with a diverse sample of ten parents. Male and female parents from across the country were interviewed, and they had children of varying ages, registered in different school sectors. Changes resulting from these cognitive interviews included minor amendments to the wording of some questions, and the replacement of the term *sexual health education*, with *relationships and sexual health*

education. Notably, these terms differ slightly from the phrase relationships and sexuality education, which is the nomenclature currently used in the WA school context.

The survey asked parents about their attitudes towards school-based RSE, including when different topics should be covered, the level of agreement for teaching RSE in schools, and their comfort in discussing RSE with their child. The survey also collected a range of demographic items (see Table 1.), and parents were also given the opportunity to provide open-text responses to these items.

The median length of time respondents took to complete the survey was 8.8 minutes.

Support for school-based RSE and specific RSE topics

Parents were asked to indicate their support for the statement: *relationships and sexual health education should be provided in schools*. Parents could respond with the following options: 'strongly agree', 'agree', 'neither agree not disagree', 'disagree', 'strongly disagree' or 'I don't know/prefer not to answer'.

A list of 40 relationships and sexual health education topics was shown to each parent. The order of this list was randomly generated for each respondent. Parents were asked to select the grade level at which they thought each topic should first be addressed by a school. Grade levels were grouped in mostly pairs, with the following available response options: kindergarten-2, 3-4, 5-6, 7-8, 9-10, and 11-12. This question also allowed parents to select 'this topic should not be taught' or 'I don't know/prefer not to answer'.

Attitudes towards RSE, comfort and perceived quality of school-based RSE

This section of the survey asked parents to indicate the extent to which they agreed or disagreed with various attitudinal statements regarding school-based RSE. This section asked parents to rate their level of comfort in discussing RSE related topics with their child/ren and how frequently these discussions had occurred over the last year. Parents were also asked to indicate the perceived quality of the RSE currently being provided at their child/ren's primary or secondary school. For each of these questions responses included a 5-point Likert scale. Parents were also provided the opportunity to make final comments they had which related to school-based RSE.

Demographics

Various demographic questions included parents' gender identity, age, ethnicity, highest level of education completed, and their religious and political affiliations. They were also asked if they had a child with a disability, and if so, had this been formally diagnosed.

3.3 Ethical considerations

Ethics was approved by Curtin University Human Research Ethics Committee (HRE2021-0483).

The ORU sent the direct survey link to their panellists based on their eligibility as determined by the selection criteria. To ensure participant information was correct, the profile information on each panellist was not used in the research data. Instead, each respondent was asked to verify their age, gender and state/territory when completing the survey. They were also asked to confirm if they had caring responsibilities for a child between the ages of four to 18 years. The ORU de-identified all data to maintain participant confidentiality prior to sharing the results with the research team.

Before commencing the survey, all panellists had previously provided explicit, informed consent to participate in research according to the terms and conditions of ORU panel membership. In addition, potential participants were provided a participant information sheet and provided online consent prior to being directed to the survey. Apart

from questions that confirmed their eligibility to participate in the study, parents could skip any question in the survey they did not wish to answer. 'Don't know/prefer not to answer' response options were included for most items.

3.5 Data management and analysis

During the data collection phase, all data was stored securely on ORU servers until collection was finalised. Data was then securely transferred to Curtin University and archived by the ORU.

Descriptive statistics were used to calculate frequencies for age groups and genders within the sample. Due to the low sample size of trans and gender-diverse people in the WA sample (n=1), data analysis was limited to 'man/male' and 'woman/female' responses. Descriptive statistics were also used to assess key variables, such as support for school-based RSE, comfort discussing RSE with their child, and perceived quality of the RSE their child has received. To examine levels of support for each of the 40 proposed RSE topics, topics were also ranked based upon the grade level at which the majority of parents felt a topic should first be addressed (percentages reported).

Cross-tabulations were conducted to identify any differences in responses based on religion, gender, age group, and political affiliation, using Pearson's Chi-square and Bonferroni adjustments as required. Qualitative responses to the open-text field questions were noted and grouped together inductively, based on recurrent themes [28].

3.6 Demographic characteristics of the sample

A total of 643 WA parents completed the survey. Demographics are described in Table 1. There were more female (70.3%) than male (29.5%) participants in the final sample. Most of the parents lived in the metropolitan area of Western Australia (n=552, 86%), whilst the rest lived regionally (n=90, 14%). Most parents or guardians had children who were enrolled in a government school (70.7% in a primary school, 63.6% in a secondary school), followed by children attending Catholic school (13.8% primary school, 19.7% secondary school) (see Table 1).

Most WA parents reported their ethnicity as Australian (n=422, 65.6%) (see Table 1). Other commonly identified ethnicities included British (31.1%, n=200), Asian (10.9%, n=70) and European (10.6%, n=68). Almost half of parents indicated they followed no religion (47%, n=302), followed by Catholic (18.5%, n=119) and Anglican (7.8%, n=50). Parents were most likely to indicate that if a general election was held tomorrow, they would vote for the Australian Labor Party (37%, n=238), whilst 26% (n=167) were undecided, and 16.3%

(n=105) indicated they would vote for the Liberal/National Coalition (see Table 1).

Some parents reported that they had a child with an intellectual/developmental disability (11.5%, n=74), a physical disability (2.3%, n=15), or both an intellectual/developmental disability and physical disability (1.6%, n=10). The majority (90.4%, n = 85) of these parents reported that their child's disability had been formally diagnosed (see Table 1).

Table 1. Demographics characteristics

	N	%
Gender		
Man/male	190	29.5
Woman/female	452	70.3
Other	1	0.2
Age group		
18-24	1	0.2
25-34	164	25.5
35-44	278	43.2
45-54	168	26.1
55-64	29	4.5
65+	3	0.5
Location		
Perth metropolitan	552	86
Regional Western Australia	90	14
Parents of primary school child, by school sector		
Government	354	70.7
Catholic	69	13.8
Independent – Faith-based	42	8.4
Independent – Not Faith-based	56	11.2
Parents of a secondary school child, by school sector		
Government	203	63.6
Catholic	63	19.7
Independent – Faith-based	46	14.4
Independent – Not Faith-based	20	6.3
Parents with a child in both primary and secondary school		
	177	27.5
Ethnicity		
European	68	10.6
Australian	422	65.6
Aboriginal and/or Torres Strait Islander	9	1.4
Asian	70	10.9
British	200	31.1
Middle Eastern	1	0.2

Continued on following page

Table 1. Demographics characteristics

	N	%
<i>Continued from previous page</i>		
Russian	3	0.5
African	5	0.8
South African	3	0.5
North American (USA, Canada)	3	0.5
Latin America	3	0.5
New Zealand	9	1.4
Other	3	0.5
Education		
I have never attended school	1	0.2
Year 7-9	5	0.8
Year 10	37	5.8
Year 11	19	3.0
Year 12	89	13.8
TAFE or apprenticeship	187	29.1
Undergraduate university degree	159	24.7
Postgraduate university degree	138	21.5
Other	7	1.1
I don't know/prefer not to answer	1	0.2
Disability		
Has a child with a physical disability	15	2.3
Has a child with an intellectual/developmental disability	74	11.5
Has a child with both a physical and an intellectual/developmental disability	10	1.6
This disability has been formally diagnosed	85	90.4
Religion		
No religion	302	47
Catholic	119	18.5
Anglican (Church of England)	50	7.8
Uniting Church	11	1.7
Presbyterian	10	1.6
Buddhism	11	1.7
Islam	13	2.0
Greek Orthodox	7	1.1
Baptist	15	2.3
Hinduism	13	2.0
Other	45	7.0
I don't know/prefer not to answer	47	7.3
Political Affiliation		
Australian Labor Party	238	37
Australian Greens	40	6.2
Liberal/National Coalition	105	16.3
Other	22	3.4
Undecided	167	26
I don't know/prefer not to answer	71	11

Note: For some items, multiple responses were possible and so totals may exceed 100%.

3.7 Limitations of the survey

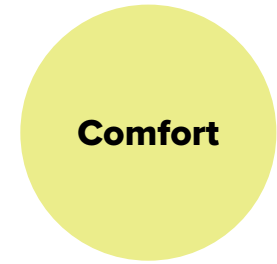
Whilst the sample of parents for the WA parent survey was diverse and surpassed the number suggested to the ORU, we cannot say it is truly representative of all parents in Western Australia. The results presented in this report therefore should be interpreted in the context of the following limitations:

- Self-selection bias.** As this study relied on volunteers and self-report, it is possible those who participated in the study differ from the wider population of parents and caregivers of school-aged children. For example, the survey was advertised to explore attitudes towards school-based RSE. Some parents who either had impartial attitudes towards RSE or were not comfortable with RSE as a topic, may have decided not to participate. In contrast, the survey may have garnered responses from those who had strong support for, or strongly opposed RSE. There is no data available for the ORU panellists who were approached but opted not to participate.
- Sampling bias.** All the participants learnt about the survey through the link sent out by the ORU. This meant all parents in the survey were members of the ORU research panel. Not all parents or caregivers of school-aged children in WA are involved in the ORU research panel, and some may not have been active users at the time the survey was disseminated. However, the ORU research panel includes over 300,000 members across Australia. This large number of potential participants minimises the risk of sampling bias in this study but does not eliminate it completely.
- Although the survey asked parents and caregivers to indicate their support for 40 RSE topics, the survey instrument did not provide an explanation of what could be covered within these topics. Limited knowledge or understanding of each RSE topic, and what content and activities could be included, may have influenced the responses and, therefore the perceived support for each topic. Furthermore, no information was provided on how each topic may be delivered across different year groups and how topics may be tailored to be age-appropriate. It is therefore possible parents were unsure how the range of RSE topics could be tailored and adapted across different school grades.
- When parents were asked to rate the overall quality of RSE provision, this item did not account for multiple children, who would likely sit across different grade levels and may attend different educational institutions.



Parental comfort to discuss RSE with their child/children

4.0 Parental comfort to discuss RSE with their child/children



This chapter covers WA parents' responses to items assessing their comfort related to RSE. For most items, 'I don't know/prefer not to answer' responses have been excluded from the analysis.

Overall, most parents indicated they were either 'comfortable' or 'very comfortable' (73%, n= 464) discussing RSE with their child or children (see Table 2).

Male parents were significantly less likely to select that they were 'very comfortable' discussing RSE with their child ($\chi^2=9.89$, $p=0.008$) in comparison to females. Parental age was not associated with comfort to discuss RSE. Parents who self-identified as Islamic were also less likely to be comfortable discussing RSE with their children ($\chi^2=8.42$, $p=0.04$) than parents who identified with any other religion. Furthermore, voters who were 'undecided' were significantly more likely to report being 'very comfortable' discussing RSE with their children ($\chi^2=5.32$, $p=0.04$) in comparison to parents with a specific political affiliation.

Although many parents reported feeling comfortable discussing RSE with their child/children, the frequency of these discussions in the past year was relatively low (see Table 3). Very few parents reported engaging in these discussions 'often' (13.2%, n=81), or 'very often' (7%, n=43). Less than one-third of parents reported having discussions about RSE with their children 'a few times' (28.3%, n=174). Notably, 26.7% (n=164) of parents reported they had never engaged in conversations about RSE with their children.

Table 2. Parental comfort to discuss RSE with child

Generally, how comfortable are you having discussions with your child/children about relationships and sexual health?

	N*	%
Very comfortable, comfortable	464	73
Neither	111	17.5
Not very comfortable, not at all comfortable	61	9.6

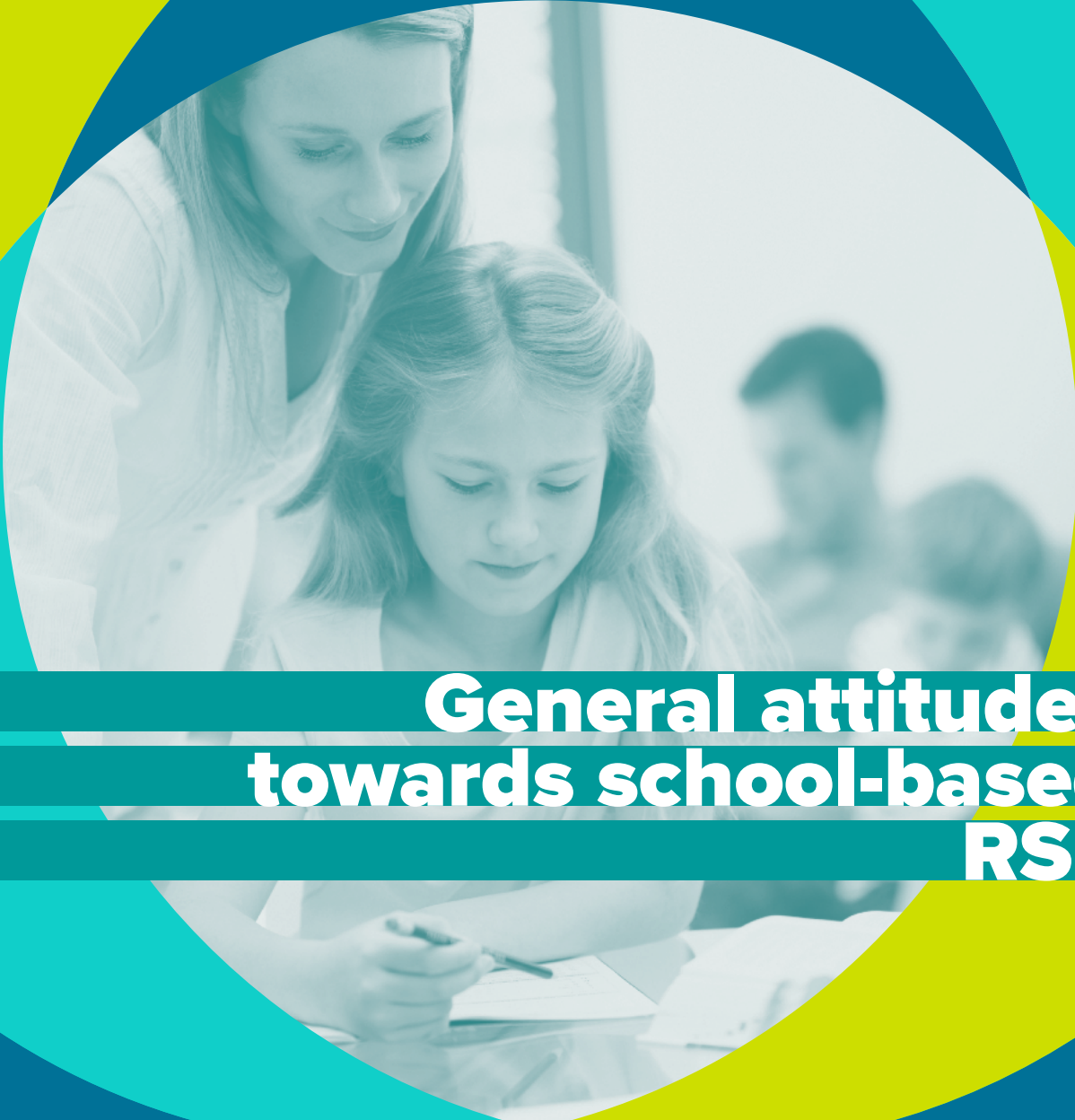
* I don't know/prefer not to answer responses excluded from the analysis.

Table 3. Frequency of RSE discussions

In the past year, how often have you encouraged your child/children to ask questions about relationships and sexual health?

	N*	%
Not at all	164	26.7
Once or twice	152	24.8
A few times	174	28.3
Often	81	13.2
Very often	43	7

* I don't know/prefer not to answer responses excluded from the analysis.



General attitudes towards school-based RSE



5.0 General attitudes towards school-based RSE

Parents' attitudes towards school-based RSE were considered by asking them to rate their level of agreement towards a series of statements. Most of the responses to these statements were 'strongly agree' or 'agree' (see Table 4).

The most strongly endorsed statements were that: *sexual health education in school should be provided by educators who have sufficient knowledge and skills to deliver effective sexual health education* (92.9% agreement); *staff who deliver sexuality education in schools should be supported*

through ongoing professional learning (92.4% agreement); and *education should address the broad range of factors that impact relationships, sexual health, and overall social and emotional well-being* (91.4% agreement).

Various statements related to diverse genders or sexualities were not as comprehensively endorsed. For these four items, the level of agreement ranged from 77.9% to 89.8%. Parents were also more likely to be ambivalent towards these questions than to express disagreement with them.

Table 4. Level of agreement to attitudinal statements regarding school-based RSE

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Access to age-appropriate sexual health education in schools is a basic right for all children and youth	291(45.4%)	288(44.9%)	49(7.6%)	8(1.2%)	5(0.8%)
Sexual health education in school should...					
Be provided by educators who have sufficient knowledge and skills to deliver effective sexual health education	360(56.2%)	235(36.7%)	37(5.8%)	6(0.9%)	3(0.5%)
Staff who deliver sexuality education in schools should be supported through ongoing professional learning	359(56.2%)	231(36.2%)	40(6.3%)	5(0.8%)	4(0.6%)
Be scientifically accurate and use evidence-based teaching methods	321(50.2%)	257(40.2%)	49(7.7%)	10(1.6%)	2(0.3%)
Be inclusive to all students, regardless of sexual orientation	319(50%)	253(39.7%)	50(7.8%)	12(1.9%)	4(0.6%)
Be inclusive to all students, regardless of gender identity	318(49.8%)	263(41.2%)	40(6.3%)	14(2.2%)	4(0.6%)
Incorporate a balanced approach that includes the positive aspects of sexuality and relationships as well as the prevention of sexual health problems	319(49.8%)	261(40.7%)	48(7.5%)	9(1.4%)	4(0.6%)
Promote the right to autonomous decision making and respect for others	303(47.5%)	275(43.1%)	48(7.5%)	7(1.1%)	5(0.8%)
Reduce homophobia (i.e., prejudice and discrimination against lesbian, gay, and bisexual people)	303(47.4%)	237(37.1%)	69(10.8%)	21(3.3%)	9(1.4%)
Address the broad range of factors that impact relationships, sexual health, and overall social and emotional wellbeing	302(47.1%)	284(44.3%)	43(6.7%)	10(1.6%)	2(0.3%)
Promote gender equality and the prevention of gender-based violence	300(47%)	273(42.8%)	47(7.4%)	13(2%)	5(0.8%)
Be relevant and responsive to the changing sexual health needs of young people	285(44.7%)	293(46%)	42(6.6%)	13(2%)	4(0.6%)
Seek to include gender diversity and reduce transphobia (i.e., prejudice and discrimination against transgender or gender diverse people)	253(40%)	240(37.9%)	89(14.1%)	34(5.4%)	17(2.7%)

* I don't know/prefer not to answer responses excluded from the analysis.

5.1 Commentary regarding RSE

Parents were given the opportunity to share any comments they had regarding relationships and sexual health education in schools. Overall, 311 (48%) parents opted to provide an open-ended response.

The direct quotes that are presented have been edited for clarity (i.e., spelling mistakes corrected) and grouped into themes. The gender, age group, religion and political affiliation of each parent has also been noted.

Supportive of schools providing RSE

Many (75%, n=231) of the open-ended responses were highly supportive of schools delivering RSE. Some parents highlighted that schools are important source of RSE, as some families may not be open to discuss this topic at home. Many parents also appeared happy with the quality of RSE education their child/children are receiving.

“I have two daughters and I can say it’s a difficult topic to discuss with them. I’m glad the school does a lot of this.”

(Male, aged 45-54yrs, Catholic, Labor voter)

“All schools should have sex education class ... it helps all students to understand this very important lesson.”

(Female, aged 45-54yrs, Anglican, Labor voter)

“Must be a compulsory part of the curriculum.”

(Female, aged 55-64yrs, Anglican, Labor voter)

“For parents who cannot or unable to provide sexual health information to their children, school information can be the only way they get the information.”

(Female, aged 45-54yrs, No religion, Labor voter)

“This topic is so very important, and I strongly support more education in schools surrounding these areas.”

(Female, aged 35-44yrs, Anglican, Undecided voter)

“Just keep educating them. The more they know the better they can make decisions.”

(Female, aged 35-44yrs, No religion, Undecided voter)

“The school my daughter goes to have run workshops after school for kids and parents to attend, which my wife and daughter have done.”

(Male, aged 55-64yrs, Catholic, Undecided voter)

“I am happy with what my children have been taught so far.”

(Female, aged 25-34yrs, No religion, Labor voter)

Keep parents informed

Twenty-nine parents (n=9% of open-ended responses) mentioned the importance of schools keeping families and parents informed and involved. Many wanted to be forewarned about school programs, to ensure consistency in messaging across home and school, and to provide families with an opportunity to raise particular issues at home. Some parents specifically requested detailed information to be provided prior to the school program, so that they knew what was being taught at school and they could be prepared for any questions which might arise.

“I believe schools should provide parents with details of what has been taught to enable parents to understand where kids are at and ensure consistency in messaging.”

(Male, aged 35-44yrs, No religion, Labor voter)

“Parents should be provided resources to be empowered to provide some of that education, removing the sole burden being on schools.”

(Male, aged 55-64yrs, No religion, Labor voter)

“Whatever sex ed policy is in schools, it MUST have parental approval and MUST go hand in hand with parental wishes.”

(Female, aged 45-54yrs, Other religion, Other voter)

“Education is so important, and parents need more tips on how to discuss with children 10/11 years old.”

(Female, aged 25-34yrs, No religion, Undecided voter)

“We need support from the school to be able to continue the discussion at home with our kids.”

(Female, aged 35-44yrs, Catholic, Labor voter)

RSE should start early, be age appropriate and incremental

Twenty-six parents (n=8% of open-ended responses) indicated that they felt RSE should start early, in order to provide children with the knowledge and tools they would need in the future. Others (n=34, 11% of open-ended responses) also raised the importance of building on topics in an incremental and age-appropriate manner.

“It definitely needs to be age-appropriate, but I also believe the earlier the better. Children need to be able to advocate for themselves and their privacy.”
(Female, aged 25-34, No religion, Undecided voter)

“Yes, the education needs to be age appropriate and I do believe it should start at an early age with basic, age-appropriate information and be built on throughout the child's school life.”
(Female, aged 55-64, Catholic, I don't know/prefer not to answer voter).

“Children are entering puberty at younger ages so need to start learning about these things at a younger age.”
(Female, aged 45-54yrs, No religion, Labor voter)

“I wish I knew about stuff a lot earlier as I felt very naïve growing up and that it was something to be ashamed of because nobody talked about it.”
(Female, aged 35-44yrs, No religion, Labor voter)

“It should be spoken about taking into account maturity.”
(Female, aged 45-54yrs, Catholic, Labor voter)

“The earlier the better.”
(Female, aged 55-64yrs, Catholic, Labor voter)

“As long as the education is age-appropriate I am all for it.”
(Female, aged 45-54yrs, Catholic, Liberal/National coalition voter)

“All schools should teach age-appropriate sexual education. It's realistic.”
(Female, aged 45-54yrs, Anglican, Liberal/National coalition voter)

Content needs to be contemporary

Eighteen parents (6% of open-ended responses) noted that society was constantly changing and were concerned that current RSE provision was outdated. Some parents noted that children are maturing earlier, and others also mentioned the prominence of social media. Overall, parents wanted the curriculum to be contemporary and address current trends.

“Needs to focus on the times – social media consent etc.”
(Female, aged 45-54yrs, No religion, Labor voter)

“It seems kids are maturing far earlier than we did at their age and without proper education on this subject I think kids could be in real danger.”
(Female, aged 25-34yrs, Other religion, Undecided voter)

“They are...growing up faster than the older generation due to being more informed via social media.”
(Female, aged 55-64yrs, Catholic, Undecided voter)

“I cannot understand why the education system is seriously lagging behind with sex education. This is having such a damaging impact.”
(Female, aged 35-44yrs, No religion, Undecided voter)

“Needs to be updated regularly.”
(Female, aged 45-54yrs, No religion, Undecided voter)

“With children going through puberty earlier and having social media and the internet at their fingertips daily we need our children to have the right information and normalise talking about it, so they don't feel ashamed for feeling different or a certain way.”
(Female, aged 25-34yrs, No religion, Undecided voter)

“Seems to be behind with what is current and required for kids.”
(Female, aged 45-54yrs, Catholic, Liberal/National coalition voter)

Trained teachers or specialists are needed

The need for school staff who delivered RSE to be adequately trained was highlighted by 18 parents (6% of open-ended responses). Some parents suggested that RSE should be delivered by an external facilitator, to ensure opinions are kept neutral. Others stated the importance of teachers delivering RSE and highlighted the importance of regular training to ensure teachers had current knowledge and skills.

“This is an essential part of the curriculum and should be fully explored with students by experienced trained educators.”

(Male, aged 45-54yrs, Hindu, Labor voter)

“I think it would be a good idea for specialist sex educators to visit schools as an incursion each year from kindy.”

(Female, aged 35-44, No religion, Labor voter)

“Have a teacher trained in sexual health, and make sure they have all up to date info.”

(Female, aged 25-34yrs, No religion, Labor voter)

“I like the idea of them learning all of the above but would prefer a specialist teacher to teach them.”

(Female, aged 45-54yrs, Catholic, Labor voter)

“More support for teaching staff. Money, resources etc.”

(Female, aged 35-44yrs, I don't know/prefer not to say religion, Greens voter)

“A really tough gig for the teachers that would do it. They would need to be very well trained.”

(Female, aged 55-64yrs, No religion, Liberal/National coalition voter)

Content warning

The research findings below include comments regarding gender diversity that may cause distress to some readers. Please connect with support services such as Kids Helpline, Lifeline or QLife if necessary.

Some reservations about the inclusion of gender diversity

Seventeen parents (5% of open-ended responses) provided a comment that focused negatively on the inclusion of sexuality and gender diversity within RSE programs. Of these, 14 parents specifically focused on the inclusion of gender diversity in school-based RSE, and used terms such as confusion, fad, promotion, not healthy, politics, and cultural push. For these parents, there was a general sense that lessons about gender diversity, including gender fluidity and non-binary identities was actively endorsing these perspectives or at least encouraging experimentation.

Negative perspective regarding gender diversity were expressed by a diverse range of parents. They included both males and females, of varying ages, with affiliations to a range of religious institutions and political preferences.

“Too much information, especially relating to non-binary etc, seems to lead to confusion and kids questioning what they are and forcing choices instead of it occurring naturally.”

(Female, aged 25-34, Anglican, Labor voter).

“Promotion of children to identify as non-binary at a young age should not be allowed, speaking to my children's it has almost become a fad driven by social media.”

(Male, aged 35-44yrs, No religion, Liberal voter)

“I strongly disagree with teachers ‘promoting’ gender identity as a choice children can make before puberty... The “normalisation” of gender diverse roles amongst school aged children is not healthy in my opinion.”

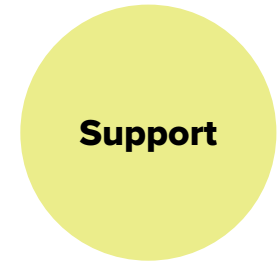
(Male, aged 55-64yrs, Other religion, Undecided voter)

“I hope schools don't confuse the kids with their gender, better leave that to parents.”

(Female, aged 25-34yrs, Other religion, Undecided voter)



Support for school-based RSE



6.0 Support for school-based RSE

The majority of WA parents either ‘agreed’ or ‘strongly agreed’ that relationships and sexual health education should be provided in schools (92.6%, n=595). Notably, only 2.8% of WA parents (n=18) ‘disagreed’ or ‘strongly disagreed’ with this statement (see Table 5).

Statistical tests were conducted to identify if support for school-based RSE was associated with gender, age, religion, or political affiliation. Results indicated that there was no significant association between the level of support for school-based RSE, and the gender or age of the parent.

Affiliation with some religious groups was associated with reduced support for school-based RSE. Respondents who were ‘Islamic’ (χ^2 30.1, $p < 0.001$), ‘Greek Orthodox’ (χ^2 13.44, $p = 0.003$), or ‘Baptist’ (χ^2 15.68, $p < 0.001$) were significantly less likely to support the provision of RSE within schools. Those who indicated they had ‘no religion’, were significantly more likely to support RSE (χ^2 16.40, $p < 0.001$). Parents in WA who identified as Catholic (18.5%, n=119) were also significantly more likely to support RSE being taught in schools (χ^2 9.03, $p = 0.03$) than to hold neutral or negative viewpoints.

The strength of a parent’s religious affiliation was also associated with their support of school-based RSE. Those who indicated that religion was ‘not at all important’ to them were more likely to support the inclusion of RSE within a school environment (χ^2 15.59, $p < 0.001$). In contrast, parents were less likely to support school-based RSE if their religious beliefs were ‘very important’ to them (χ^2 44.34, $p < 0.001$).

Respondents’ political affiliations were found to be significant in two cases. Parents who reported they would vote for the ‘Liberal/National coalition’ parties at the next election were significantly less likely to endorse school-based RSE (χ^2 7.35, $p = 0.03$). Additionally, those who reported they would vote for ‘other’ parties were also significantly less likely to support RSE within schools (χ^2 20.89, $p < 0.001$). In both cases, these groups were compared to all other political affiliations collectively.

Table 5. Parental agreement that relationships and sexual health education should be provided in Western Australian schools

<i>Relationships and sexual health education should be provided in schools...</i>		
	N*	%
Strongly agree	336	52.3
Agree	259	40.3
Neither agree nor disagree	29	4.5
Disagree	10	1.6
Strongly disagree	8	1.2

* I don’t know/prefer not to answer responses excluded from the analysis.

6.2 Support for specific RSE topics and grade level for implementation

Parents endorsed schools to address a wide range of RSE topics. For 32 of the 40 topics listed, parental support exceeded 95%. The topics which garnered the most support from parents included *self-esteem and personal development* (99.7%), *personal safety (e.g., abuse prevention)* (99.4%), and *communication skills* (99.2%) (see Table 6).

Eight topics were not supported as broadly as the others. These topics had the highest percent of ‘schools should not teach this topic’ responses: *sexual pleasure* (15.3%), *abstinence* (12.8%), *gender identity* (12.7%), *masturbation* (11.8%), *sexual orientation* (8.8%), *the influence of sexually explicit media (e.g., porn)* (6.8%), *gender roles and stereotypes* (6.1%), and *reasons to engage/not engage in sexual activity* (5.1%). The high proportion of parents not wanting abstinence to be addressed by schools should be interpreted with caution. It is likely that many parents did not want RSE lessons to be guided by an abstinence-only perspective, as a significant number expressed support for contraception (97.6%) and different types of sexual behaviours (95.5%) to be delivered by schools.

Parents were also asked at what grade level certain topics should first be introduced. Most parents felt 10 of the topics should first be introduced in primary school (see Table 6). Six topics were suggested to be introduced from kindergarten to year two. These topics included: *correct names for body parts, including genitals, bodily autonomy, personal safety (e.g., abuse prevention), communication skills, decision-making skills, and supporting and helping peers* (see Table 6). The four other topics suggested to be introduced at a primary school level were: *body image, self-esteem and personal development, changes associated with puberty, and the impact of peer pressure*. Most parents wanted the 30 remaining topics to first be introduced in grades seven and eight.

Table 6. Topic introduction agreement by grade

Topic	Percentage of endorsement of RSE topic (%) *										Not taught
	K-2	3-4	5-6	7-8	9-10	11-12					
Introduce in K-2											
Correct names for body parts, including genitals	32.6	18.2	20.5	16.7	6.3	4.7					1.1
Bodily autonomy and personal boundaries	36.5	17.8	17.8	14.3	8.0	4.4					1.1
Personal safety (e.g., abuse prevention)	24.6	16.2	24	18.3	10.1	6.2					0.6
Communication skills	29.6	15.9	26.7	14.3	8.5	4.2					0.8
Decision making skills	24.6	14.6	23.8	20.1	10.3	5.5					1.1
Supporting and helping peers	26.2	14.7	24.4	19.4	9.1	5.2					0.9
Introduce in 5-6											
Body image	18.4	16.3	26.8	23.0	8.2	5.1					2.2
Self-esteem and personal development	23.8	18.3	25.2	18.5	8.8	5.2					0.3
Changes associated with puberty (e.g., physical, biological, psychological, emotional, social)	1.3	10.7	46.6	26.0	8.5	5.8					1.1
The impact of peer pressure	11.2	15.0	28.3	27.8	11.5	4.7					1.4
Introduce in 7-8											
Reproduction	3.5	8.8	27.4	35.3	14.0	9.9					1.1
Information about masturbation	0.8	2.3	16.0	38.1	21.1	10.0					11.8
Contraception	0.6	0.5	16.8	41.7	24.4	13.5					2.4
Safer sex methods (e.g., condom use)	0.3	0.8	15.4	41.6	23.7	15.3					2.9
Gender identity	8.6	10.1	22	28.7	11.4	6.4					12.7
Sexual orientation	4.4	6.2	20.9	31.7	18.2	9.9					8.8
Attraction, love, and intimacy	3.8	4.0	23.6	35.7	18.6	9.7					4.6
Sexual consent (e.g., communicating about consent for any/all sexual activity)	5.0	6.6	22.5	38.6	16.1	8.7					2.5
Gender roles and stereotypes	10.8	9.9	24.4	28.5	12.9	7.3					6.1
Sexually transmitted infections (STIs), including HIV	0.9	1.4	15.3	44.3	24.1	12.4					1.6
How to access sexual and reproductive health services	0.8	2.4	14.9	41.1	24.4	14.1					2.2
Nonviolent conflict resolution in relationships	11.5	8.0	20.3	31.8	16.8	10.1					1.4
Emotional components of sexual relationships	1.3	2.9	18.2	40.0	23.4	11.0					3.2
Abstinence	1.5	3.4	17.3	35.4	18.5	11.1					12.8
Dealing with pressure to be sexually active	0.5	1.4	18.7	43.2	21.4	11.7					3.2
Sexual pleasure	0.7	1.2	11.1	31.0	25.4	15.3					15.3
Media literacy skills related to sexual content in advertising, TV, pornography etc.	1.9	5.1	21.9	36.2	20.1	10.1					4.7
Sexuality and communication technology (e.g., "sexting")	1.0	3.5	25.2	40.6	16.6	8.7					4.4
Sex and the law	1.3	2.8	19.3	43.8	18.4	12.0					2.4
Sexual and gender-based violence/harassment/coercion	4.0	6.5	21.7	37.9	18.1	10.0					1.7
Sexual behaviour (i.e., different types of sexual behaviour such as kissing, intercourse)	1.3	5.4	23.1	38.5	18.1	9.1					4.5
Sexuality and disability (e.g., physical disabilities, developmental disabilities)	3.9	6.2	19.7	34.6	20.0	10.7					4.9
Reasons to engage or not engage in sexual activity	1.1	2.9	17.9	41.3	21.5	10.1					5.1
Sexual problems and concerns	1.0	1.8	16.8	35.5	25.6	14.7					4.8
Prevention of sexual exploitation	6.9	5.5	22.8	34.7	16.9	10.8					2.4
Healthy and unhealthy relationships	13.0	11.2	22.8	28.5	15.3	7.4					1.7
The influence of sexually explicit media (e.g., pornography)	1.0	3.1	16.3	39.1	23.1	10.7					6.8
Common/"popular" language related to relationships and sexual health	3.8	4.0	24.7	37.7	16.8	9.0					4.0
Understanding and appreciation of different cultural approaches to relationships and sexual health	3.2	5.2	19.3	39.6	18.3	10.5					3.9
How power differences influence relationships	5.0	7.9	23.6	31.0	19.3	10.0					3.2

Note: Valid percentage shown, I don't know, prefer not to answer responses have been excluded from this analysis. Topics have been ordered based upon the grade level at which the majority of parents felt a topic should first be addressed.

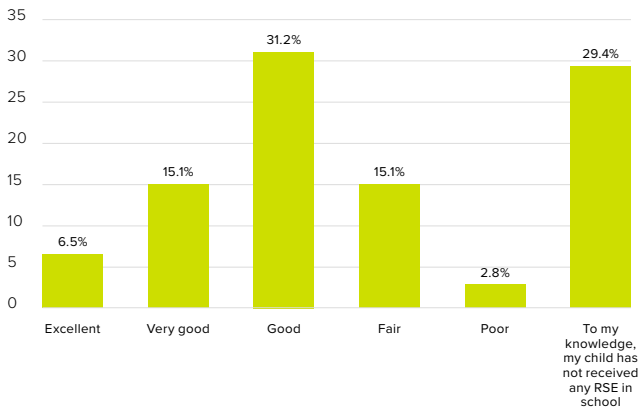


Perceived quality of school-based RSE

7.0 Perceived quality of school-based RSE

Overall, many parents (27.7%, n=178) rated the quality of their child/ren's RSE as 'good'. However, the next common response was 'to my knowledge, my child has not received any relationships and sexual health education in school' (26.1%, n=168) (see Figure 2). Importantly, 11.2% (n=72) of parents did not know enough about the relationships and sexual health education their child had received at school to provide a response.

Figure 2. Parent perceptions of the quality of RSE their child has/have received in school (%)



Note: I don't know enough about the relationships and sexual health education my child has received response is excluded from the analysis.



Conclusion

8.0 Conclusion

The national survey was the first study in Australia to explore parental attitudes towards school-based delivery of relationships and sexuality education (RSE) [1]. This report provides insight into the perspectives of Western Australian parents. The sampling frame enabled a diverse range of WA parents to be surveyed, and the large sample size meant that meaningful statistical analyses were conducted. These findings should provide schools with evidence that WA parents are supportive of them to deliver a comprehensive RSE program. Furthermore, it should help to shape future policies and procedures related to school-based RSE, informed by a parent perspective.

Western Australian parents show overwhelming support for school-based RSE across both primary and secondary school. Nearly 93% of WA parents agreed that RSE should be provided in schools. Furthermore, WA parents supported schools in addressing a breadth of RSE topics. Although some areas were less highly supported, at least 80% of parents supported a wide variety of RSE topics to be included between kindergarten to year 12. Furthermore, the majority of parents preferred most topics to first be introduced in primary school, or years seven and eight.

Whilst support was high, parents with some religions and political affiliations did not support RSE as broadly. Those subscribing to Greek Orthodox, Baptist, and Islamic religions, and anyone who reported that religion was 'very important' to them, were less likely to support the provision of school-based RSE. Those whose voting preference was the Liberal/National coalition parties, and 'other' parties not listed were also less likely to endorse including RSE in school education. These findings highlight the need for further exploration to ensure school programs can strive to be comprehensive while considering the viewpoints of different faiths and political affiliations.

As the WA school system has a specific Catholic school sector, it was useful to consider Catholic families separately. The large proportion of Catholic parents in the WA sample (18.5%, n=119) were highly supportive of school-based RSE

and shared many positive open-ended comments regarding its delivery. Furthermore, parents in WA who identified as Catholic were statistically more likely to support RSE being taught in schools than to hold neutral or negative perspectives.

Parents expressed a strong desire for school programs to be delivered by trained experts and to be informed about the content being delivered so that they could engage in at-home conversations. They wanted materials to be contemporary and programs to build incrementally in an age-appropriate way. The *International Technical Guidance on Sexuality Education (Revised Edition)* [7] addresses these issues and provides clear guidance for schools regarding how they deliver a variety of RSE topics in age-appropriate ways. This sort of guidance document might help schools to alleviate the reservations that some families or schools have about certain RSE topics being addressed in the earlier years of primary school.

Most parents were supportive of schools addressing diverse genders and sexualities, with over 85% supporting the inclusion of these topics. These findings echo a recent national study of Australian parents who had a child currently enrolled in a government school [27]. Together, these findings illustrate that whilst there is support to affirm diversity in schools, the level of support is not as high as in other areas. Based on the findings of this study, schools should feel confident that they have significant parental support to affirm non-heteronormative perspectives. However, continued work is required to better understand those holding dissenting viewpoints.

Overall, most parents reported to be comfortable discussing RSE with their children. However, the self-reported frequency of these discussions was relatively low, with very few parents reporting having these conversations with their child or children in the past year. Many parents were also unsure if their school delivered RSE or did not know enough about current school programs to comment on them. Many open-ended responses also focused on the importance of strong communication between families and

schools. Schools should therefore strive to keep families informed and involved in RSE programs. Further investment in programs, such as the *Talk Soon. Talk Often.*, resource [29] can help to enhance parents' knowledge, skills and confidence that they need to speak to their children about relationships and sex.

Findings from this WA report, together with the broader national data [1], clearly demonstrate that parents want all school sectors to deliver a comprehensive relationships and sexuality education program, across all year levels. They want school staff to be well-trained in this area, and they are keen to be informed about school programs so that they can support them. We hope these findings help to support the ongoing work that families, teachers, schools, and the wider community are doing to provide comprehensive, contemporary and age-appropriate relationships and sexuality education to young people.

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