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Improving research on parental involvement in sexuality education: Findings from the Irish Contraception and Crisis Pregnancy Survey – 2010

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Improving research on parental involvement in sexuality education: Findings from the Irish Contraception and Crisis Pregnancy Survey – 2010¹

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Introduction

Sexuality education research has highlighted the importance of parental involvement². Parents largely concur with the idea that they should play a fundamental role in their children's sexuality education; indeed, 95% of parents in one national UK study felt that discussing contraception with their children was primarily their responsibility³. However, only 58% of those parents had actually done so, suggesting that these beliefs are not always reflected in practice³. Investigating sexuality education frequently occurs via national sexual health surveys. For example both the Irish Study on Sexual Health and Relationships⁴ and the UK National Survey of Sexual Attitudes and Lifestyles II⁵ included questions that asked participants about learning about sex when they were growing up. Understanding the factors that influence parents in engaging in sexuality education would benefit from advances in research design and methods.

Aims

- To identify key parental characteristics that predict whether a parent reports providing sexuality education to his/her children, using data from a large national sexual health survey and the application of a novel statistical technique.
- To encourage debate on how information relating to parental involvement in sexuality education can be optimally investigated.

Method

Survey

The sampling frame was data from the Irish Contraception and Crisis Pregnancy Study-2010 (ICCP-10)¹ a nationally representative cross-sectional telephone survey of adult men and women living in Ireland in 2010 aged 18-45 years (N = 3002) which assessed knowledge, attitudes and behaviours in relation to sex, contraception and pregnancy. Quota sampling was used to ensure that the sample was representative of the general population. Detailed survey methodology is available elsewhere⁶. Respondents were interviewed using both landline and mobile telephones. Telephone numbers were randomly generated using random digit dialling (RDD). Interviews were conducted using computer-assisted telephone interviewing (CATI). Experienced and trained female researchers carried out the interviews. The overall response rate for the survey was 69% (79% for the landline strand and 61% for the mobile telephone strand).

Participants: Only respondents who were parents to a child/children aged 6 years or older at the time of the study (n=966) were included in analyses.

Variables of interest: A range demographic and background factors were investigated including: gender; current age; education level; current relationship status; number of children; locality; social class; religiosity; and sexuality education received. Whether parents provided sexuality education to their children was recorded by asking parents if they (or their partner) had ever talked to any of their children about sexual matters (binary coded as provided sexuality education versus did not provide sexuality education). It is important to note that even though the question asked whether the respondent or their partner had spoken to any of their children about sexual matters, the demographic information presented apply specifically to the respondent.

Statistical Analyses: Sample selection in cross-sectional design is not random. Propensity score analysis (PSA) was used to control for selection bias. Propensity score matching estimates a propensity score by combining all covariates of interest into a single (propensity) score using a binary logistic regression predicting 'treatment' group membership (receiving sex education). The new matched sample was used to investigate the study aims.

Results

Fewer parents reported that they or their partner *had* (n=475) spoken to their children about sexual matters compared with those that *had not* (n=488). Approximately two thirds (230/475, 67.4%) of the parents who reported providing sexuality education to their children were women. Almost eight in every ten parents (379/475, 79.8%) in the older age group (36-45 years) had spoken to their children about sexual matters. Both groups were broadly similar in terms of education level, those currently married and living with a spouse, locality, household social class and importance of religious beliefs. Parents who did not provide sexuality education to their children also had slightly smaller families in terms of the number of children.

Table 1. Post-matching hierarchical binary logistic regression on the predictors of provision of sexuality education

Model	Variables	B	Adjusted OR (95% CI)	SE
1	Sexuality education received	-0.09	0.91 (0.65-1.17)	0.13
2	Sexuality education received	-0.42	0.66 (0.12-1.18)	0.27
	Current age		1	
	21-35 years	0.48	1.63* (1.13-2.12)	0.25
	36-45 years			
	Sexuality education received by Age	0.58	1.79* (1.18-2.40)	0.31
3	Sexuality education received	-0.40	0.67 (0.14-1.99)	0.27
	Current age		1	
	21-35 years	0.62	1.87* (1.34-2.36)	0.26
	36-45 years			
	Sexuality education received by Age	0.53	1.70 (1.07-2.36)	0.32
	Gender		1	
	Men			
	Women	0.73	2.08*** (1.80-2.34)	0.14
	Education level		1	
	Leaving Cert. or higher			
	Pre-leaving cert	-0.12	0.88 (0.53-1.24)	0.18
	Relationship status		1	
	Married			
	Cohabiting	-0.07	0.93 (0.44-1.42)	0.25
	Steady relationship	0.34	1.41 (0.70-2.11)	0.36
	Casual relationship	0.75	2.12 (1.18-3.06)	0.48
	No relationship	-0.04	0.96 (0.49-1.43)	0.24
	Number of children	0.16	1.18** (1.06-1.29)	0.06
	Locality		1	
	Rural			
	Urban	0.17	1.18 (0.91-1.46)	0.14
	Social Class		1	
	Social Class 1-2			
	Social Class 3-4	0.15	1.16 (0.84-1.48)	0.16
	Social Class 5-6	0.30	1.35 (0.88-1.82)	0.24
	Social Class 7	0.34	1.41 (0.99-1.81)	0.21
	Religiosity	-0.04	0.96 (0.86-1.06)	0.05

Note. OR = Odds ratio; CI = Confidence interval; SE = Standard error; SC = Social class.

* p < .05; ** p < .01; *** p < .001

Conclusions

- Parents who reported that they or their partner had spoken to their children about sexual matters were more likely to be female, aged between 36-45 years and have a larger number of children. This supports previous research⁷⁻⁹.
- The limitations of the questions included on sexuality education in this survey highlight the limitations of embedding these in sexual health surveys in general.
- Future research should consider assessing parental involvement in sexuality education in a national stand-alone survey format that could generate novel and informative data in this area.
- The effective recruitment methodology demonstrates a successful way of securing robust sample numbers on a national level for sensitive research such as this, while the application of advanced statistical methods demonstrates a technique to overcome some of the limitations presented by cross-sectional data.
- Future research should incorporate these factors into the design of a national assessment of parental involvement in sexuality education with a view to elucidating a more comprehensive profile of parents and the level and nature of sexuality education they engage in.

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