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

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Introduction

Sexuality education research has highlighted the importance of parental involvement. 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 responsibility. However, only 58% of those parents had actually done so, suggesting that these beliefs are not always reflected in practice. Investigating sexuality education frequently occurs via national sexual health surveys. For example both the Irish Study on Sexual Health and Relationships and the UK National Survey of Sexual Attitudes and Lifestyles 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) 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 elsewhere. 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 applied 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 using a binary logistic regression predicting ‘treatment’ group membership (receiving sexuality education). The new matched sample was used to investigate the matched data.