

Advisory Committee on Family Planning  
Sexual Health Education Survey

**Final Report Summary**

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Sexual Health Education Survey  
Urban and Rural Comparative

Final Report Summary

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# Executive Summary

## Overview

Increased sexual awareness is a normal and necessary part of adolescent development (Boyce, Doherty, Fortin, MacKinnon, 2003). At a time when puberty, intimate relationships, family dynamics, relationships with friends and other significant psychological and social changes are occurring, decisions about sexual and reproductive health are important.

In Saskatchewan, parental attitudes toward sexual health education have not previously been explored. The Parent/Caregiver Sexual Health Education Survey conducted by Fast Consulting for the Advisory Committee on Family Planning seeks to address this need.

To ensure that young people are equipped with accurate and age-appropriate sexual health information, many studies suggest that shared responsibility between parents/caregivers and the school system is not only necessary but also desired by the majority of parents and youth (Canadian Association for Adolescent Health, CAAH, 2006; McKay, 2005; Weaver, Byers, Sears, Cohen, Randall, 2001). Studies suggest that when it comes to the sexual and reproductive health of youth, the comfort level and knowledge base of parents/caregivers differs from family to family, and parents tend to underestimate their role as providers of sexual health education for their own children and adolescents (CAAH, 2006).

Although parents appear to be confident in their knowledge and ability to discuss sexual health information with their children, provincial studies indicate a parental preference to share the role of educator with the school system (McKay, 2005; Weaver et al., 2001). A province-wide, school-based, standardized sexual and reproductive health program would ensure that students are exposed to a variety of general sexual health topics, where parents/caregivers can provide education and continued discussion at home.

## Sexual Health Education Survey

The Parent/Caregiver Sexual Health Education Survey is designed to provide insight into the ideas about sexual health education, attitudes and expectations of Saskatchewan parents, as well as perceptions of their own knowledge and comfort with providing sexual health education to their school-aged children. The findings provide a basis for discussion regarding current school-based sexual health education approaches and whether these approaches are meeting the needs of Saskatchewan families with school-aged children.

Fast Consulting conducted the Sexual Health Education Survey for the Advisory Committee on Family Planning by telephone between October 25<sup>th</sup>, 2006 and February 25<sup>th</sup>, 2007. A representative cross section of 800 parents and primary caregivers of school-aged children in Saskatchewan was sampled. The questions were originally developed for the 2000 Parents' Ideas About Sexual Health Education survey conducted by the University of New Brunswick for the province's Department of Education.

The primary objectives of the survey are to gather feedback from parents and primary caregivers of school-aged children regarding:

- ✓ Opinions about sexual health education;
- ✓ Aspects of sexual health education;
- ✓ Sexual health education provided by parents;
- ✓ Additional comments.

With a sample of 800 we can say with a 95 percent level of certainty that the overall results of the survey are within plus or minus 3.5 percent of what they would be if the entire population of parents or primary caregivers of school-aged children in the province were polled. The margin of error will be larger for the regions and other sub-groups of the survey population.

## Highlights of Findings

Overall, the findings from this survey are strongly supportive of sexual health education in the schools. Parents feel that age appropriate sexual health education can begin in kindergarten and progress as the child develops.

### Opinions About Sexual Health Education

- The large majority (92%) of parents of school-aged children agree that sexual health education should be provided in the schools; 47% strongly agree.
- The large majority (93%) also agree that the schools and parents should share responsibility for providing children with sexual health education; the majority (60%) strongly agree.
- More than two thirds (69%) of parents think public health nurses should be delivering sexual health education in the schools.
- Approximately one half (49%) of parents rely on the school system for sexual health education for their child/children equally with other sources, 27% rely very little and 13% do not rely at all on the school system.

### Aspects of Sexual Health Education

- One third of parents (32%) think students should be taught about basic biological sexual health topics, including things like the proper names for body parts, in grades K-3, 37% think in grades 4-5 and 25% in grades 6-8.
- One half (50%) of parents think students should learn about biological health topics such as puberty and reproduction in grades 6-8 and 39% think these topics should be taught in grades 4-5.

- The majority (55%) of parents think students should be taught about the sexuality aspects of sexual health education, including healthy relationships, abstinence, sex as part of a loving relationship, etc., in grades 6-8; 25% think these topics should be taught in grades 9-12.
- More than two thirds (70%) think the topic of homosexuality should be included in sexual health education, although 'how' it should be included was not specified.
- Almost all parents think HIV / AIDS (98%) and sexually transmitted infection information (98%) should be taught as part of sexual health education.

### **Sexual Health Education Provided by Parents**

- The large majority (84%) of parents think they and/or their spouse or partner have done a good, very good or excellent job in providing sexual health education for their child/children; 53% think they have done a very good or excellent job.
- The majority (58%) of parents indicate they have encouraged their child/children to ask them questions about sexuality quite often or very often.
- The large majority (87%) of parents agree they have adequate knowledge to provide sexual health education for their child/children.
- Approximately one quarter (24%) of parents agree there are sexual health topics they are uncomfortable discussing with their child/children; the majority (62%) do not agree.

### **Additional Comments**

- The majority (55%) of parents rate the quality of sexual health education that their child/children has/have received in school as good, very good or excellent.
- Two thirds (67%) of parents indicate they would be interested in attending a sexual health education workshop for parents if it was offered at their child's school.

# Methodology

## Survey Objectives

Fast Consulting conducted the Sexual Health Education Survey for the Advisory Committee on Family Planning by telephone between October 25<sup>th</sup>, 2006 and February 25<sup>th</sup>, 2007. A representative cross section of 800 parents and primary caregivers of school-aged children in Saskatchewan was sampled. The primary objectives of the survey are to gather feedback from parents and primary caregivers of school-aged children regarding:

- ✓ Attitudes toward sexual health education;
- ✓ Aspects of sexual health education;
- ✓ Sexual health education provided by parents, and
- ✓ Overall ratings of sexual health education in schools.

## Questionnaire Design

Questions for this survey were derived from a similar survey conducted in New Brunswick during the spring of 2000. Paper copies of surveys for the New Brunswick study were distributed to parents of children in grades K-8, with approximately 4,200 completed surveys being returned.

The Advisory Committee on Family Planning, in consultation with Fast Consulting, modified the questionnaire to ensure the questions addressed the research objectives. The survey was divided into five sections.

Section A elicited parents' general opinions about whether sexual health education should be provided in the schools, whether the school and parents should share the responsibility for the provision of sexual health education, the general level at which they think sexual health education should begin and who they think should be providing sexual health education in the schools.

Section B asked parents at what grades they think more specific aspects of sexual health education should be taught in schools, whether specific topics such as homosexuality and STI / HIV / AIDS should be taught in schools and if there are any topics they think should be or should not be taught in sexual health education in schools.

In Section C, parents were asked about their confidence and comfort level in discussing sexual health with their children. In Section D, parents provided demographic information, including gender, age, education level and community type. Finally, in Part E, parents were asked to rate the quality of sexual health education that their children have received in school and whether they would be interested in attending a sexual health education workshop for parents if one was offered at their child's school.

Fast Consulting formatted the questionnaire into a telephone interview format and programmed the survey into our DASHcati (computer-assisted telephone interviewing) system. Prior to commencing the survey, the questionnaire was vetted and approved by the University of Saskatchewan's Behavioural Research Ethics Board. The final questionnaire was pre-tested to ensure that parents and primary caregivers of school-aged children understood all of the questions being asked in the interview.

## Geographic Distribution

To ensure proportionate representation from all areas of Saskatchewan, the province was divided into nine geographic sampling regions using the boundaries as shown in Appendix II Map of School Divisions. The table below details the number of surveys completed within each of the 16 public school divisions that make up the nine regions. The number of completed surveys required for each region was derived to proportionately represent the number of families in each region, based on 2001 Census data.

Region	School Division	Completed Surveys
1	South East Cornerstone	41
	Good Spirit	39
	<b>Sub-total</b>	<b>80</b>
2	Chinook	34
3	Prairie South	48
	Prairie Valley	28
	<b>Sub-total</b>	<b>76</b>
4	Sun West	20
	Horizon	28
	Prairie Spirit	44
	<b>Sub-total</b>	<b>92</b>
5	Saskatchewan Rivers	49
	North East	30
	<b>Sub-total</b>	<b>79</b>
6	Lloydminster	5
	Northwest	17
	Living Sky	32
	<b>Sub-total</b>	<b>54</b>
7	Northern Lights	15
8	Regina	179
9	Saskatoon	191
	<b>Total</b>	<b>800</b>

Interview respondents were selected using an electronic sample frame and standard polling practices to ensure random selection of parents of school-aged children. Fast Consulting's in-house professional research interviewers conducted the interviews using our computer-aided telephone interviewing (CATI) call centre.



## Call Outcome

In order to complete 800 surveys a total of 28,510 telephone numbers were attempted. Screening questions were asked to identify qualified respondents. Parents/caregivers of school-aged children were eligible. Eight thousand eight hundred and twenty nine (8,829) telephone numbers were disqualified. Two thousand seven hundred and seventy eight (2,778) calls were to numbers where a survey could not be completed because the number was not an appropriate residential number (i.e. not in service, business, fax, etc).

Another 9,124 were attempts without an answer or to an answering machine - not refusals outright. A minimum of five (5) calls were made to a household before classifying it as a 'no answer' and moving on to another randomly selected number. The 'refusals' (6,856) are numbers where a connection was made, but the potential respondent chose not to participate in the survey.

In an effort to increase the number of completed surveys, an online option to complete the survey was presented to respondents. It appears respondents may have been selecting the online option as a polite way to refuse, as there were no online surveys completed.

The effective response rate is 3%; that is, the number of completed interviews (800) divided by the total dialled sample (28,510). The actual completion rate is 10%; the number of completed interviews (800) divided by the number of qualified respondents contacted directly (7,656). The following table details the call outcome for completing the 800 surveys.

A. Total sample dialled .....	28,510
Household not eligible .....	8,829
Non residential/not in service .....	2,778
Language barrier .....	123
B. Subtotal .....	11,730
C. New base (A-B) .....	16,780
D. No answer/line busy/not available .....	9,124
Refusals .....	6,856
E. Subtotal .....	15,980
F. Net completions (C-E) .....	800

## Respondent Profile

The general profile of the respondents was female (67%), lived in a city with a population over 100,000 (37%), in her 30's (38%) or 40's (43%) and had at least some post-secondary training or education, including college, trade or technical school (35%), university undergraduate degree (21%) or university graduate degree (14%). Fifty-six (56%) percent of respondents had a child in grades K-5, 38% had a child in grades 6-8, 47% had a child in grades 9-12 and 27% had a child older than grade 12. For a more detailed breakdown of respondent demographics please see Section 7 Respondent Profile.

## Statistical Significance

With a sample of 800 we can say with a 95 percent level of certainty that the overall results of the survey are within plus or minus 3.5 percent of what they would be if the entire population of parents or primary caregivers of school-aged children in the province were polled. The margin of error will be larger for the regions and other sub-groups of the survey population.

This means that if the survey were to be conducted with a similarly constructed sample of parents/caregivers of school-aged children within Saskatchewan, the results would be within 3.5 percentage points of the values shown in this report, 19 times out of 20. For example, 47% of those surveyed strongly agree that sexual health education should be provided in schools. This means there is 95% certainty that between 43.5% (47% - 3.5%) and 50.5% (47% + 3.5%) of all parents/caregivers of school-aged children would strongly agree that sexual health education should be provided in schools. In short, this indicates that the survey is a very accurate representation of parents' or primary caregivers' opinions.

Fast Consulting designed and implemented programs to facilitate the statistical analysis using the industry standard SPSS computer program (Statistical Package for Social Sciences). Data checking procedures were used at all times to ensure accuracy of the data. Frequency charts for all opinion issues are illustrated in this report.

## DASHcati and SPSS

The DASHcati software program used by Fast Consulting moves data seamlessly into the industry standard SPSS (Statistical Package for Social Sciences) computer program. Fast Consulting utilizes the SPSS program for statistical analysis of all survey data. Statistical analysis of the survey data initially involves generation of frequency tables for all issues being explored. This is followed by a more detailed analysis and preparation of detailed tables that include cross-tabulation tables of all survey questions and issues by key variable of interest.

Data checking procedures were used at all times to ensure accuracy of the data. In addition, statistical tests were conducted on the demographics to check for reliability and validity of the survey data.

## Sample Frame Design - ASDE

Survey residents were selected from telephone lists provided by ASDE Survey Sampler. ASDE provides methodologically sound, statistically accurate telephone samples to the majority of the best-known and most sophisticated market research companies in Canada. To ensure proportionate representation from all areas of Saskatchewan, the province was divided into nine geographic sampling regions using the boundaries as shown in Appendix II Map of School Divisions. Urban and rural telephone listings were pre-determined by postal codes.

# Survey Results

## General Overview

Overall, the findings from this survey are strongly supportive of sexual health education in the schools. Parents feel that age appropriate sexual health education can begin in kindergarten and progress as the child develops.

The vast majority of New Brunswick<sup>1</sup> and Saskatchewan parents overwhelmingly support sexual health education in the schools, and feel that parents and schools should share the responsibility for providing children with sexual health education. They further indicate that sexual health education should cover a wide range of topics.

Slightly more New Brunswick parents think sexual health education that is appropriate for the child's age and development level should start in grades K-3, while Saskatchewan parents are more likely to think they and/or their spouse or partner have done a very good or excellent job of providing sexual health education for their child/children.

Saskatchewan parents are more likely to have encouraged their child/children to ask questions about sexuality. The large majority of Saskatchewan parents feel they have adequate knowledge to provide sexual health education.

The majority of parents indicate they would be interested in attending a sexual health education workshop if one was offered at their child's school.

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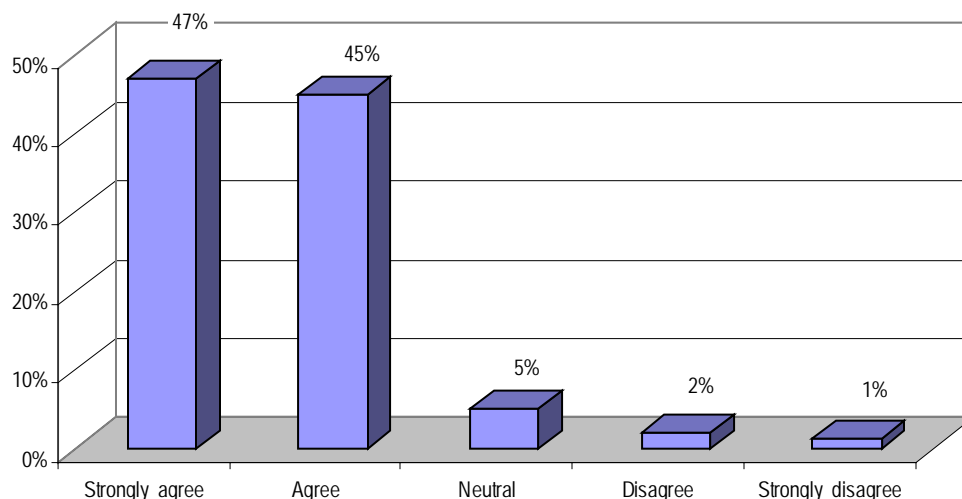
<sup>1</sup> Weaver, A. D., Beyers, E. S., Sears, H. A, Cohen, J. N., & Randall, H. E. S. (2002). Sexual Health Education at School and at Home: Attitudes and Experiences of New Brunswick Parents. *The Canadian Journal of Human Sexuality, 11*, 19-31.

# Opinions About Sexual Health Education

The questions in this section were designed to elicit parents' general opinions about sexual health education in the schools. Topics addressed in this section include:

- Whether sexual health education should be provided in the schools;
- Whether the school and parents should share the responsibility for the provision of sexual health education;
- General level at which they think sexual health education should begin;
- Who they think should be providing sexual health education in the schools.

**Question.** Sexual health education should be provided in the schools.

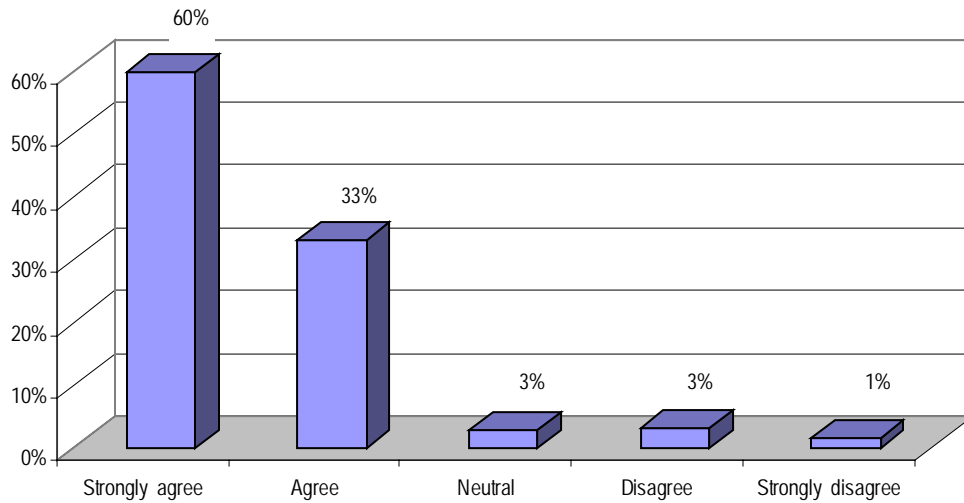


**Table 1: Regional Comparison  
Should Sexual Health Education be Provided in Schools**

Sexual health education should be provided...	Urban and Rural Distribution		
	Urban	Rural	Overall
Strongly agree	48%	46%	47%
Agree	45%	45%	45%
Neutral	4%	6%	5%
Disagree	2%	2%	2%
Strongly disagree	1%	1%	1%

- The large majority of urban (93%) and rural (91%) parents of school-aged children agree that sexual health education should be provided in the schools; 48% urban and 46% rural strongly agree. This compares to 92% overall, 47% strongly agree.

**Question.** The school and parents should share responsibility for providing children with sexual health education.



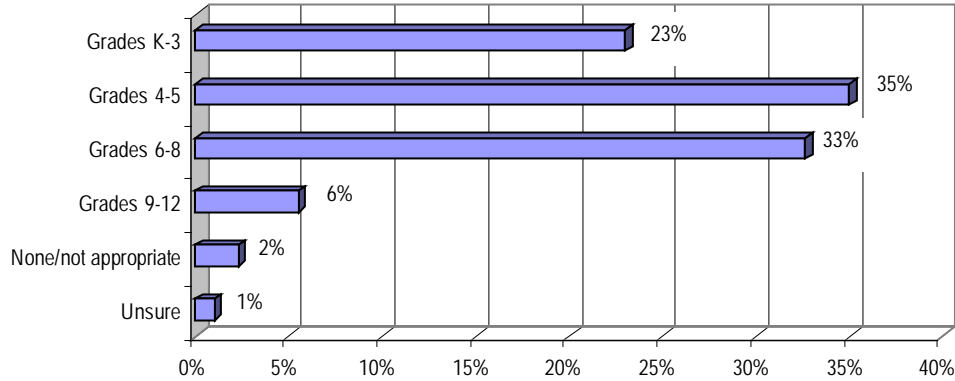
- Overall, the large majority (93%) also agree that the schools and parents should share responsibility for providing children with sexual health education; the majority (60%) strongly agree.

**Table 2: Regional Comparison  
 School and Parents Should Share Responsibility**

Sexual health education should be provided...	Urban and Rural Distribution		
	Urban	Rural	Overall
Strongly agree	61%	59%	60%
Agree	34%	33%	33%
Neutral	2%	4%	3%
Disagree	2%	3%	3%
Strongly disagree	1%	1%	1%

- When combining strongly agree and agree, almost all urban (95%) and rural (92%) respondents agree that the schools and parents should share responsibility for providing children with sexual health education. This compares to 93% overall.

**Question.** Sexual health education that is appropriate for the child’s age and development level should start in:



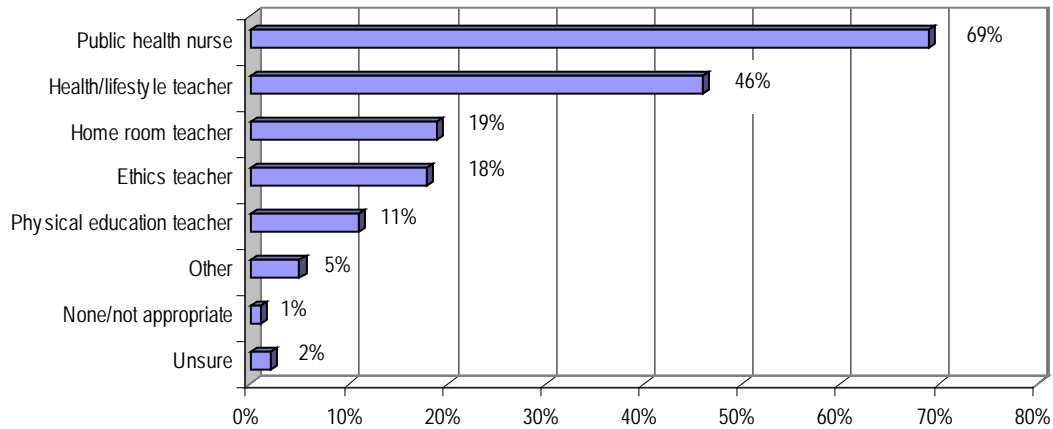
- Approximately one third of parents of school-aged children think sexual health education that is appropriate for the child’s age and development level should start in grades 4-5 (35%) or grades 6-8 (33%).

**Table 3: Regional Comparison  
 Grade Sexual Health Education Should Begin**

Sexual health education that is appropriate...	Urban and Rural Distribution		
	Urban	Rural	Overall
Grades K-3	25%	20%	23%
Grades 4-5	35%	35%	35%
Grades 6-8	32%	35%	33%
Grades 9-12	4%	7%	6%
None/not appropriate	2%	2%	2%
Unsure/don't know	2%	1%	1%

- More than one third (35%) of urban, rural and the overall population of parents of school-aged children think sexual health education that is appropriate for the child’s age and development level should start in grades 4-5.
- Approximately one third of urban (32%), rural (35%), and overall (33%) parents think sexual education that is appropriate for the child’s age and development level should start in grades 6-8.

**Question.** Who do you think should be delivering sexual health education in the schools?



*Note: Multiple responses allowed.*

- More than two thirds (69%) of parents think public health nurses should be delivering sexual health education in the schools.

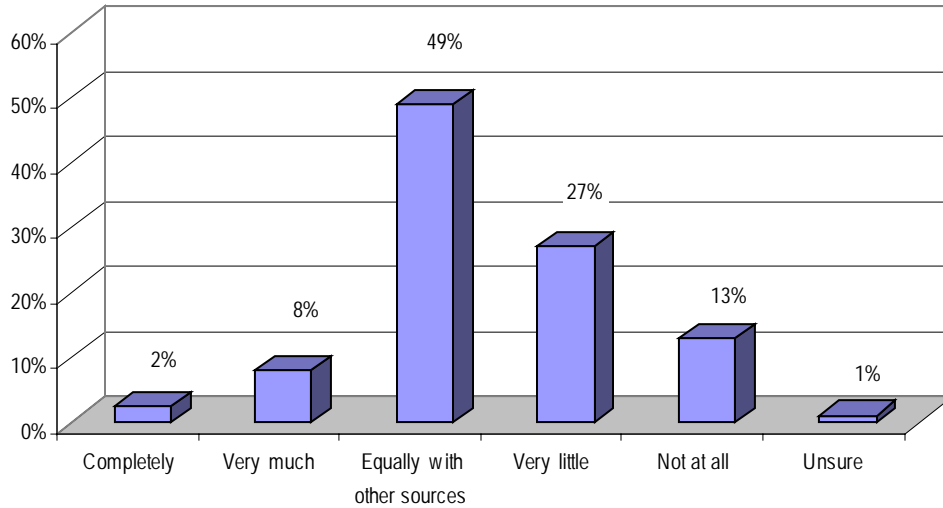
**Table 4: Regional Comparison  
 Who Should Deliver Sexual Health Education in Schools**

Who should deliver sexual health education...	Urban and Rural Distribution		
	Urban	Rural	Overall
Public health nurse	65%	72%	69%
Health/lifestyle teacher	51%	43%	46%
Home room teacher	20%	19%	19%
Ethics teacher	22%	15%	18%
Physical education teacher	13%	9%	11%
Other	5%	4%	5%
None/not appropriate	2%	1%	1%
Unsure/don't know	2%	2%	2%

*Note: Multiple responses allowed.*

- More than two thirds of urban (65%) and rural (72%) parents think health nurses should be delivering sexual health education in the schools, which is comparable with the overall results (69%).

**Question.** How much do you rely on the school system for sexual health education for your child/children?



- Approximately one half (49%) of parents rely on the school system for sexual health education for their child/children equally with other sources, 27% rely very little and 13% not at all.

**Table 5: Regional Comparison  
 Rely on the School System for Sexual Health Education**

How much do you rely on the school system...	Urban and Rural Distribution		
	Urban	Rural	Overall
Completely	3%	2%	2%
Very much	8%	8%	8%
Equally with other sources	50%	48%	49%
Very little	23%	29%	27%
Not at all	14%	12%	13%
Unsure/don't know	2%	1%	1%

- Approximately one half of urban (50%) and rural (48%) parents rely on the school system for sexual health education for their child/children equally with other sources, similar to the overall (49%) results.

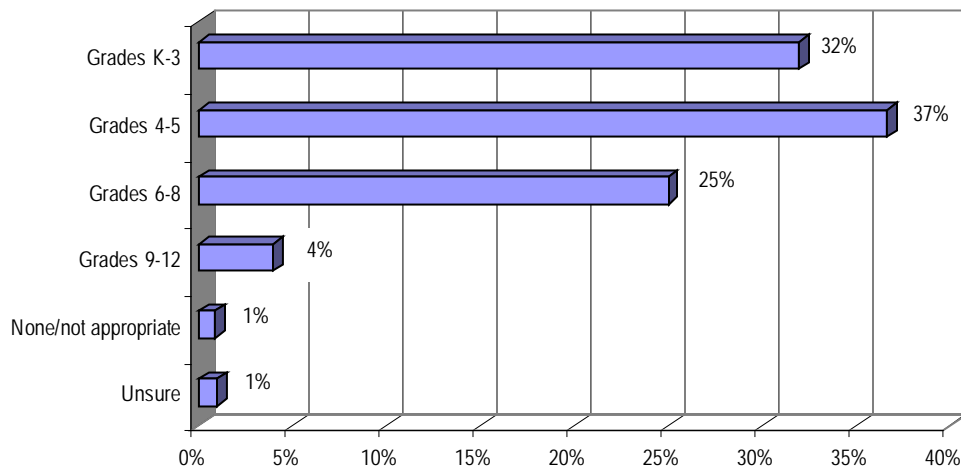


## Aspects of Sexual Health Education

*There are many aspects of sexual health education. One aspect is the teaching of the biology of sexual and reproductive body parts and related topics such as puberty and birth. Another aspect of sexual health education is teaching about healthy relationships, sex as part of a loving relationship, body image, gender identity, homosexuality, abstinence, birth control and so on. Questions in this section gather opinions from parents regarding:*

- *The grades at which they think more specific aspects of sexual health education should be taught in schools;*
- *Whether specific topics such as homosexuality and STI / HIV / AIDS should be taught in schools;*
- *If there are any topics they think should be or should not be taught in sexual health education in schools.*

**Question.** At what grade should students be taught about basic biological sexual health topics, including things like the proper names for body parts?



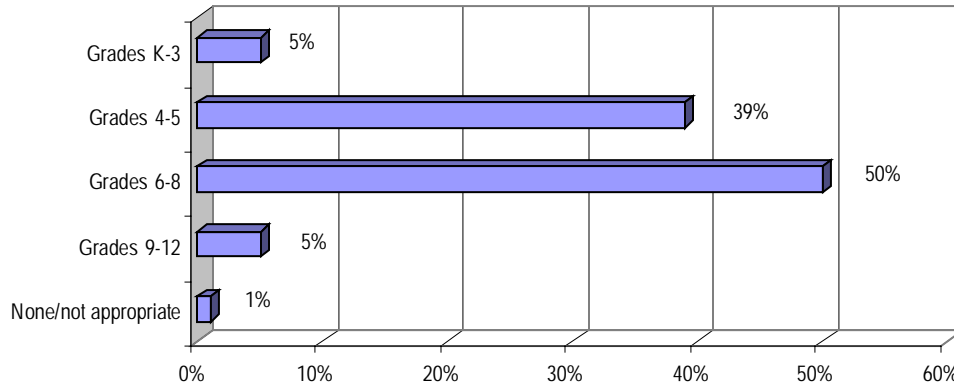
- One third (32%) of parents think students should be taught about basic biological sexual health topics, including things like the proper names for body parts, in grades K-3, 37% think in grades 4-5 and 25% think in grades 6-8.

**Table 6: Regional Comparison  
 Basic Biological Sexual Health Topic: Proper Name for Body Parts**

Grade to be taught basic biological sexual health...	Urban and Rural Distribution		
	Urban	Rural	Overall
Grades K-3	32%	31%	32%
Grades 4-5	38%	37%	37%
Grades 6-8	25%	25%	25%
Grades 9-12	3%	5%	4%
None/not appropriate	1%	1%	1%
Unsure/don't know	1%	1%	1%

- Approximately, one third of urban (32%) and rural (31%) parents think students should be taught about basic biological sexual health topics, including things like the proper names for body parts, in grades K-3, 38% of urban and 37% of rural think in grades 4-5 and 25% of urban and rural think in grades 6-8.
- The urban and rural results are comparable to the overall findings.

**Question.** At what grade should students learn about biological health topics such as puberty and reproduction?



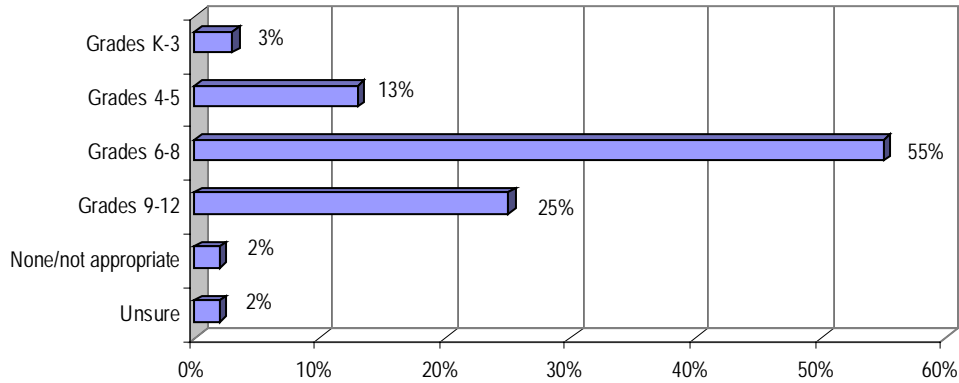
- One half (50%) of parents think students should learn about biological health topics such as puberty and reproduction in grades 6-8 and 39% think these topics should be taught in grades 4-5.

**Table 7: Regional Comparison  
 Basic Biological Sexual Health Topic: Puberty and Reproduction**

Grade to be taught health topics such as puberty...	Urban and Rural Distribution		
	Urban	Rural	Overall
Grades K-3	5%	5%	5%
Grades 4-5	41%	37%	39%
Grades 6-8	47%	52%	50%
Grades 9-12	5%	5%	5%
None/not appropriate	1%	1%	1%
Unsure/don't know	1%	-	-

- Roughly, one half of urban (47%) and rural (52%) parents think students should learn about biological health topics such as puberty and reproduction in grades 6-8, while 41% of urban and 37% of rural think these topics should be taught in grades 4-5. This is comparable to the overall results (50% and 39%, respectively).

**Question.** At what grade level should students be taught about the sexuality aspect of sexual health education, including healthy relationships, abstinence, sex as part of a loving relationship, etc.?



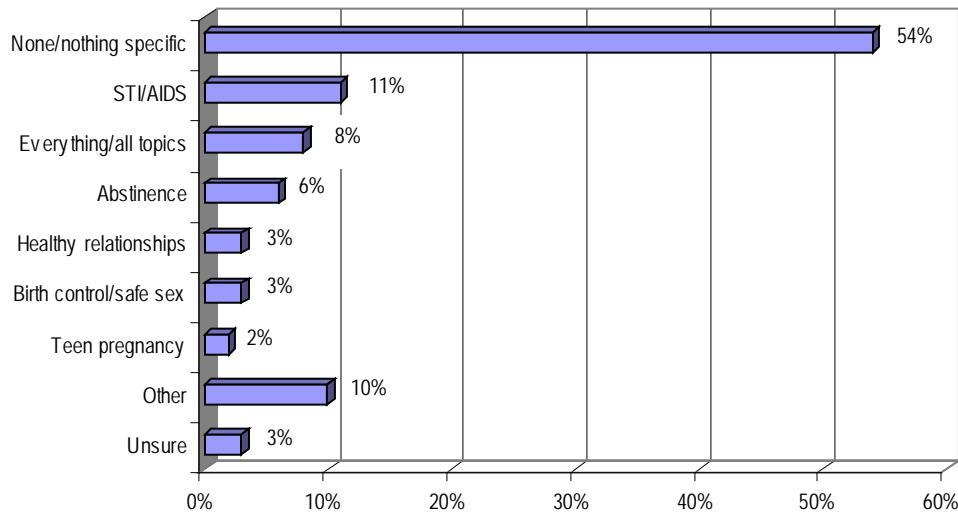
- The majority (55%) of parents think students should be taught about the sexuality aspect of sexual health education, including healthy relationships, abstinence, sex as part of a loving relationship, etc., in grades 6-8; 25% think these topics should be taught in grades 9-12.

**Table 8: Regional Comparison  
 Basic Biological Sexual Health Topic: Sexuality Aspects of Sexual Health**

Grade to be taught health topics such as puberty...	Urban and Rural Distribution		
	Urban	Rural	Overall
Grades K-3	4%	3%	3%
Grades 4-5	14%	12%	13%
Grades 6-8	54%	56%	55%
Grades 9-12	24%	25%	25%
None/not appropriate	2%	2%	2%
Unsure/don't know	2%	2%	2%

- The majority of urban (54%) and rural (56%) parents think students should be taught about the sexuality aspect of sexual health education, including healthy relationships, abstinence, sex as part of a loving relationship, etc., in grades 6-8; 24% of urban and 25% of rural think these topics should be taught in grades 9-12.

**Question.** What specific topics, if any, would you like to see included in sexual health education?



- The majority (54%) of parents do not mention any specific topics they would like to see included in sexual health education. Those that do, mention STI / AIDS (11%), all topics (8%), abstinence (6%), healthy relationships (3%) and birth control/safe sex (3%).
- Included among the 'other' category (10%) are peer pressure, proper names for body parts, responsibility/consequences, sexual abuse and sexual identity/self image.

**Table 9: Regional Comparison  
 Specific Topics in Sexual Health Education**

Specific topics included in sexual health education...	Urban and Rural Distribution		
	Urban	Rural	Overall
None/nothing specific	55%	54%	54%
STI/AIDS	13%	9%	11%
Everything/all topics	8%	9%	8%
Abstinence	4%	7%	6%
Healthy relationships	3%	2%	3%
Birth control/safe sex	2%	4%	3%
Teen pregnancy	2%	3%	2%
Other	10%	9%	10%
Unsure/don't know	3%	3%	3%

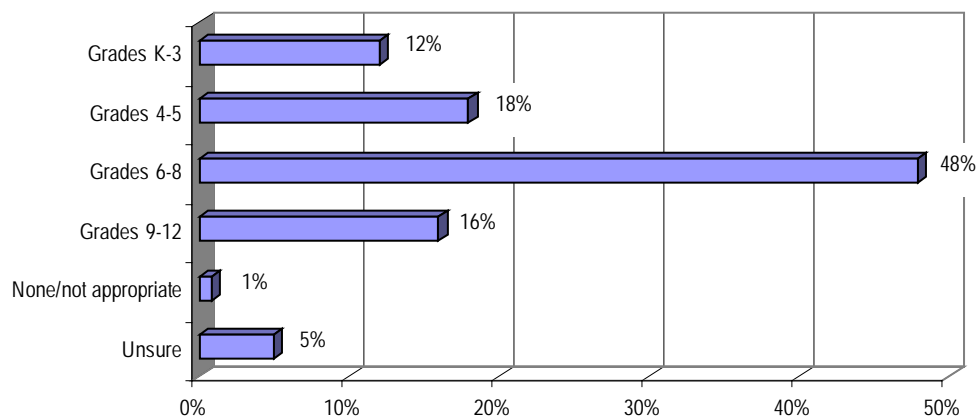
- The majority of urban (55%) and rural (54%) parents do not mention any specific topics they would like to see included in sexual health education.
- The specific topics urban and rural parents do mention are STI / AIDS (urban 13% and rural 9%), all topics (urban 8% and rural 9%), abstinence (urban 4% and rural 7%), healthy relationships (urban 3% and rural 2%) and birth control/safe sex (urban 2% and rural 4%).

*Note: The following three (3) questions are asked only of those 363 parents/caregivers who mention specific topics they would like to see taught in sexual health education.*

**Question.** Why would you like to see these specific topics included in sexual health education?

- ✓ The most commonly mentioned reason parents give for wanting to see a specific topic taught in sexual health education is that it is important for children to learn. Urban and rural parents agree on this issue.

**Question.** At what grade should these specific topics be taught?



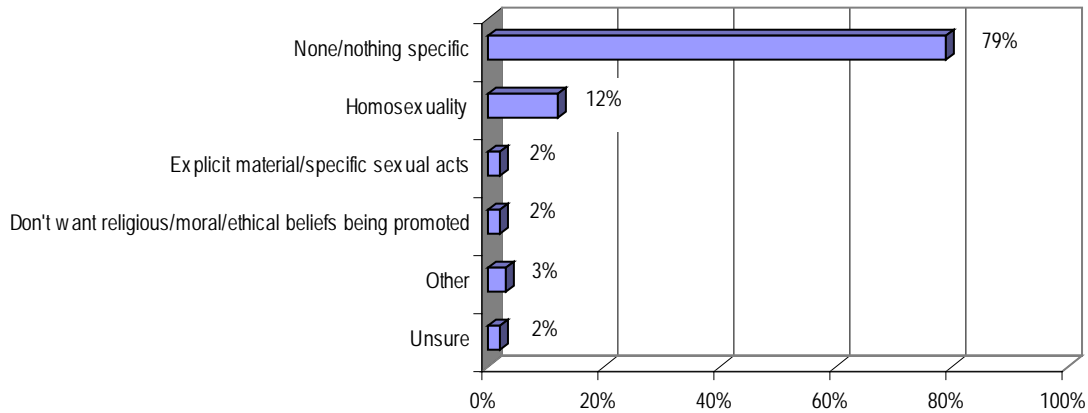
- Close to one half (48%) of those parents who want to see specific topics included in sexual health education think these topics should be taught in grades 6-8 (21% of all respondents).

**Table 10: Regional Comparison  
 Grades Specific Topics Should be Taught**

At what grade should these topics be taught...	Urban and Rural Distribution		
	Urban	Rural	Overall
Grades K-3	11%	13%	12%
Grades 4-5	15%	21%	18%
Grades 6-8	49%	47%	48%
Grades 9-12	18%	14%	16%
None/not appropriate	2%	1%	1%
Unsure/don't know	5%	4%	5%

- Of those parents who want to see specific topics included in sexual health education, close to one half of urban (49%) and rural (47%) of those parents think these topics should be taught in grades 6-8.

**Question.** What specific topics, if any, would you **NOT** like to see taught in sexual health education?



- More than three quarters (79%) of parents do not mention any specific topics they would **not** like to see included in sexual health education. Approximately 12% say they would not like to see homosexuality taught in sexual health education.

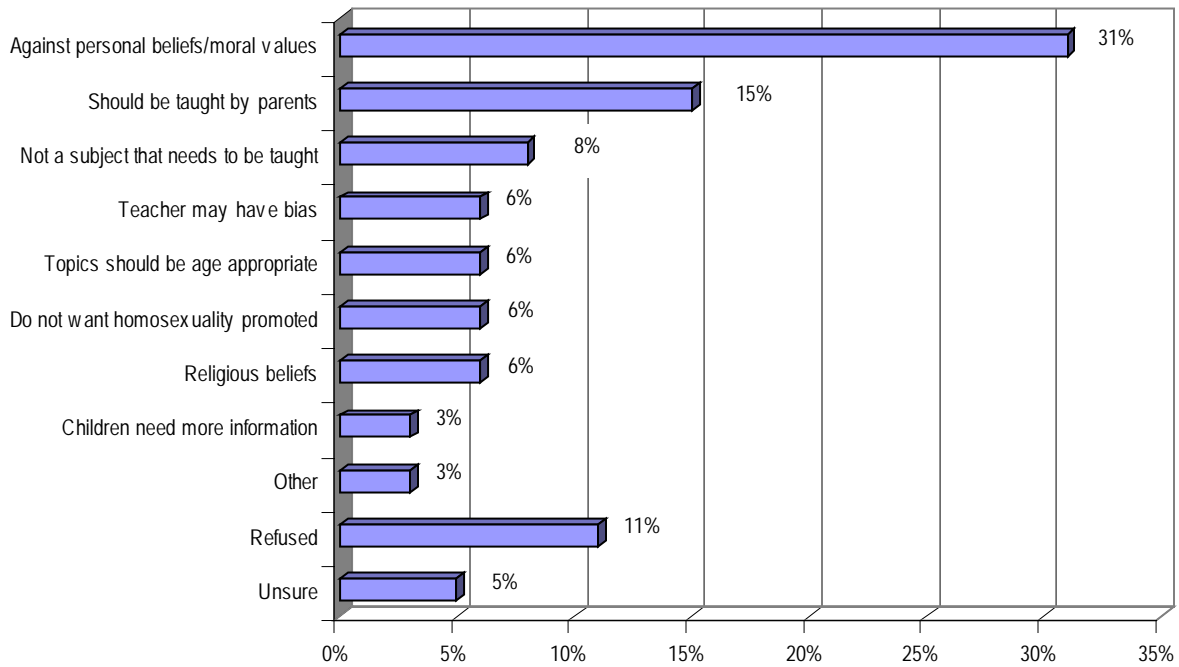
**Table 11: Regional Comparison  
 Specific Topics NOT to be Taught in Sexual Health Education**

Specific topics NOT to be taught in health...	Urban and Rural Distribution		
	Urban	Rural	Overall
None/nothing specific	82%	77%	79%
Homosexuality	10%	14%	12%
Explicit material/specific sexual acts	2%	2%	2%
Don't want religious/moral/ethical beliefs being promoted	1%	2%	2%
Other	3%	2%	3%
Unsure/don't know	2%	3%	2%

- Most urban (82%) and rural (77%) parents do not mention any specific topics they would **not** like to see included in sexual health education, which is comparable to the overall population results (79%).
- Approximately, 10% of urban and 14% of rural parents would **not** like to see homosexuality taught in sexual health education.

*Note: The following question is asked only of those 143 parents/caregivers who mention specific topics they would not like to see taught in sexual health education.*

**Question.** Why would you **NOT** like to see these specific topics included in sexual health education?



- Approximately 31% of those parents say these topics are against their personal beliefs and moral values (6% of all respondents), 15% think these topics should be taught by parents (3% of all respondents) and 8% think these topics do not need to be taught (2% of all respondents).

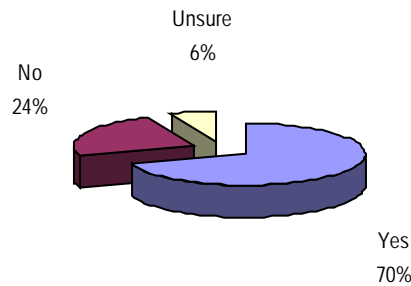


**Table 12: Regional Comparison  
Reasons Why Specific Topics Should NOT be Taught in Sexual Health Education**

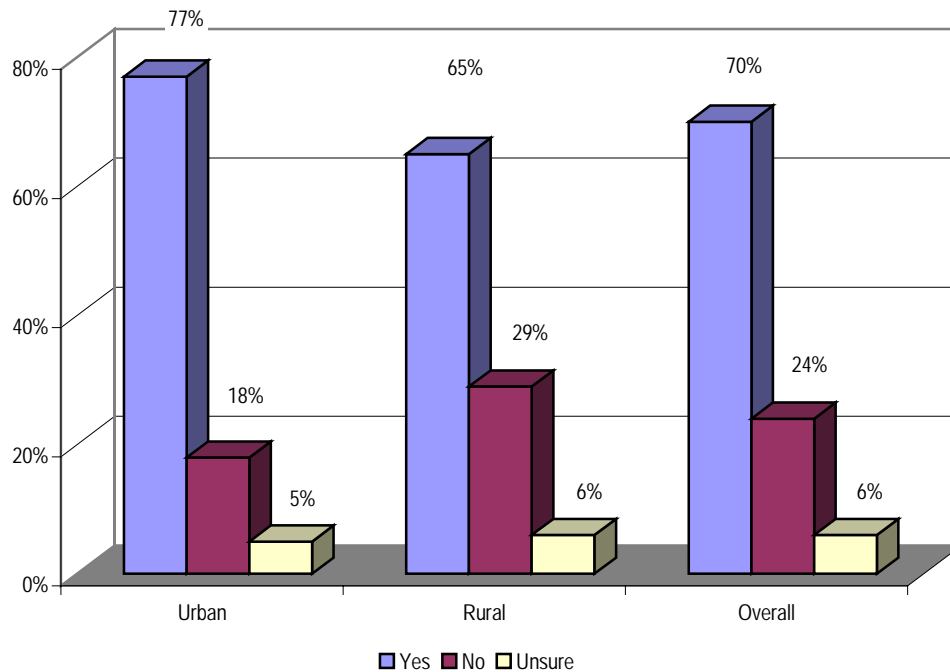
Reasons for specific topics not to be included...	Urban and Rural Distribution		
	Urban	Rural	Overall
Against personal beliefs/moral values	32%	31%	31%
Should be taught by parents	9%	19%	15%
Not a subject that needs to be taught	14%	5%	8%
Teacher may have bias	4%	8%	6%
Topics should be age appropriate	7%	5%	6%
Do not want homosexuality promoted	2%	8%	6%
Religious beliefs	5%	7%	6%
Children need more information	5%	1%	3%
Other	7%	-	3%
Refuse to answer	12%	11%	11%
Unsure/don't know	3%	5%	5%

- Approximately 32% of urban and 31% of rural parents say these topics are against their personal beliefs and moral values.
- Approximately, 14% of urban parents feel these are subjects that do not need to be taught, while 5% of rural parents and 8% of the overall population agree.
- Nineteen percent of rural and 15% of the overall population believe the parents should teach these topics, while 9% of urban parents agree.

**Question.** Do you think the topic of homosexuality should be included in sexual health education?

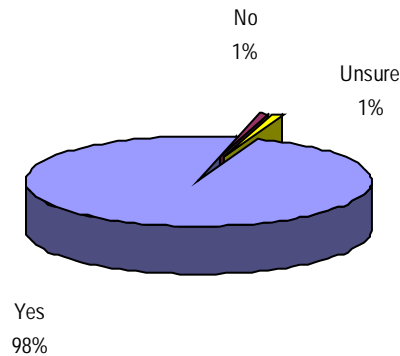


- More than two thirds (70%) think the topic of homosexuality should be included in sexual health education, although 'how' it should be included was not specified.
- Reasons parents give for not wanting homosexuality included in sexual health education (191 respondents) include: homosexuality is against their personal beliefs (8%), it is a topic that should be taught at home (3%) and homosexuality is against their religious beliefs (3%).



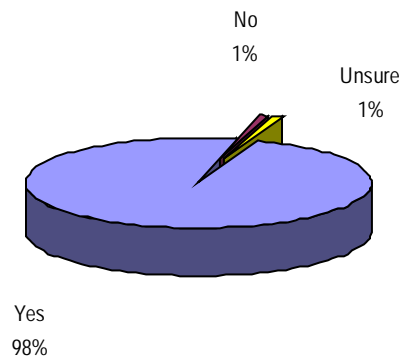
- The majority of urban (77%) and rural (65%) parents think the topic of homosexuality should be included in sexual health education, which is comparable to the overall results (70%).
- Reasons urban and rural parents give for not wanting homosexuality included in sexual health education include: homosexuality is against their personal beliefs (5% and 11%, respectively), it is a topic that should be taught at home (4% and 2%, respectively), and homosexuality is against their religious beliefs (3% and 2%, respectively).

**Question.** Do you think HIV / AIDS information should be taught as part of sexual health education?



- Almost all (98%) parents think HIV / AIDS information should be taught as part of sexual health education.
- In comparison to the overall results, 98% of urban parents and 99% of rural parents also think HIV / AIDS information should be taught as part of sexual health education.

**Question.** Do you think sexually transmitted infection information should be taught as part of sexual health education?

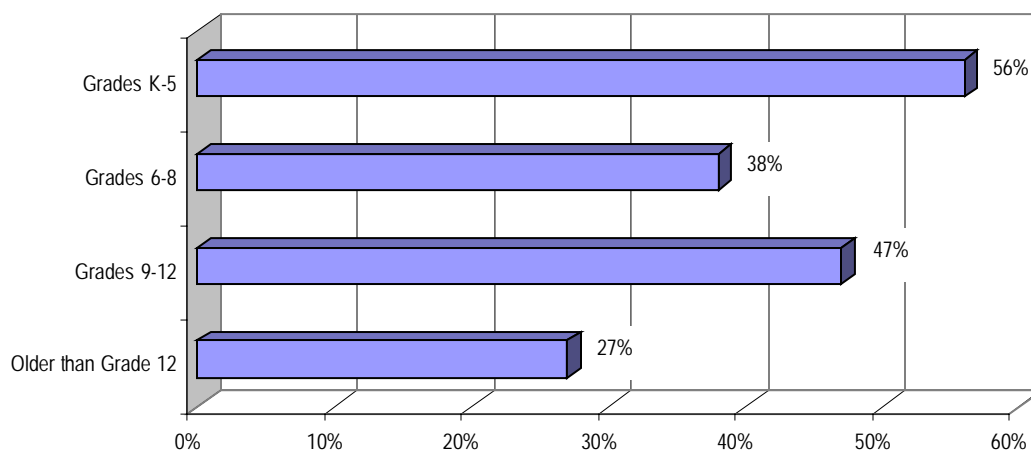


- Almost all (98%) parents think sexually transmitted infection (STI) information should be taught as part of sexual health education.
- The vast majority of urban and rural respondents (98%) think sexually transmitted infection information should be taught as part of sexual health education.

## Sexual Health Education Provided by Parents

*In an effort to better understand the kind of sexual education parents are providing at home, this section asked parents about their confidence and comfort level in discussing sexual health with their children.*

**Question.** Do you have a child in grades K-5, grades 6-8, grades 9-12, and older than grade 12?



*Note: Multiple responses allowed.*

- Parents who completed the survey have children in grades K-5 (56%), 6-8 (38%), 9-12 (47%) and older than grade 12 (27%).

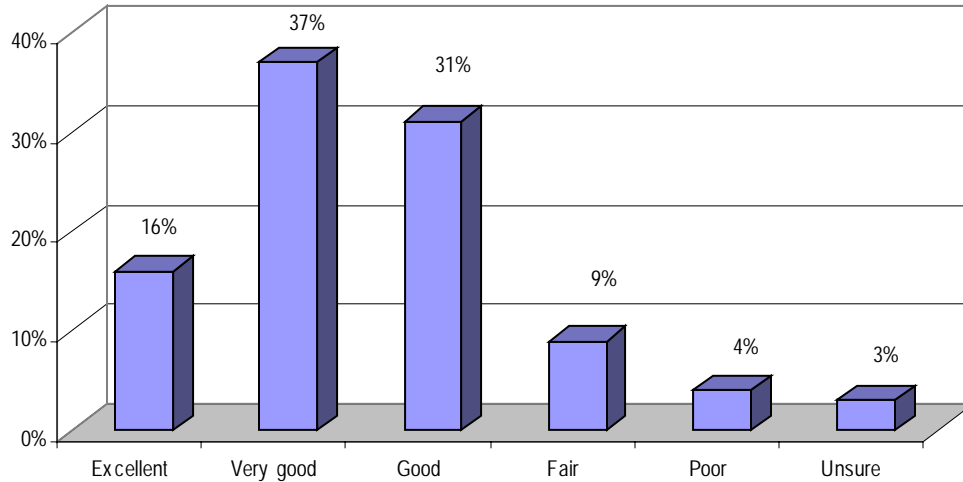
**Table 13: Regional Comparison  
Parents With a Child / Children in Grades**

Do you have children in grades...	Urban and Rural Distribution		
	Urban	Rural	Overall
Grades K-5	54%	57%	56%
Grades 6-8	39%	38%	38%
Grades 9-12	48%	44%	47%
Older than Grade 12	26%	28%	27%

*Note: Multiple responses allowed.*

- Urban parents who completed the survey have children in grades K-5 (54%), 6-8 (39%), 9-12 (48%), and older than grade 12 (26%).
- Rural parents who completed the survey have children in grades K-5 (57%), 6-8 (38%), 9-12 (44%), and older than grade 12 (28%).

**Question.** In your opinion, how good a job do you think you and/or your spouse or partner have done in providing sexual health education for your child/children?



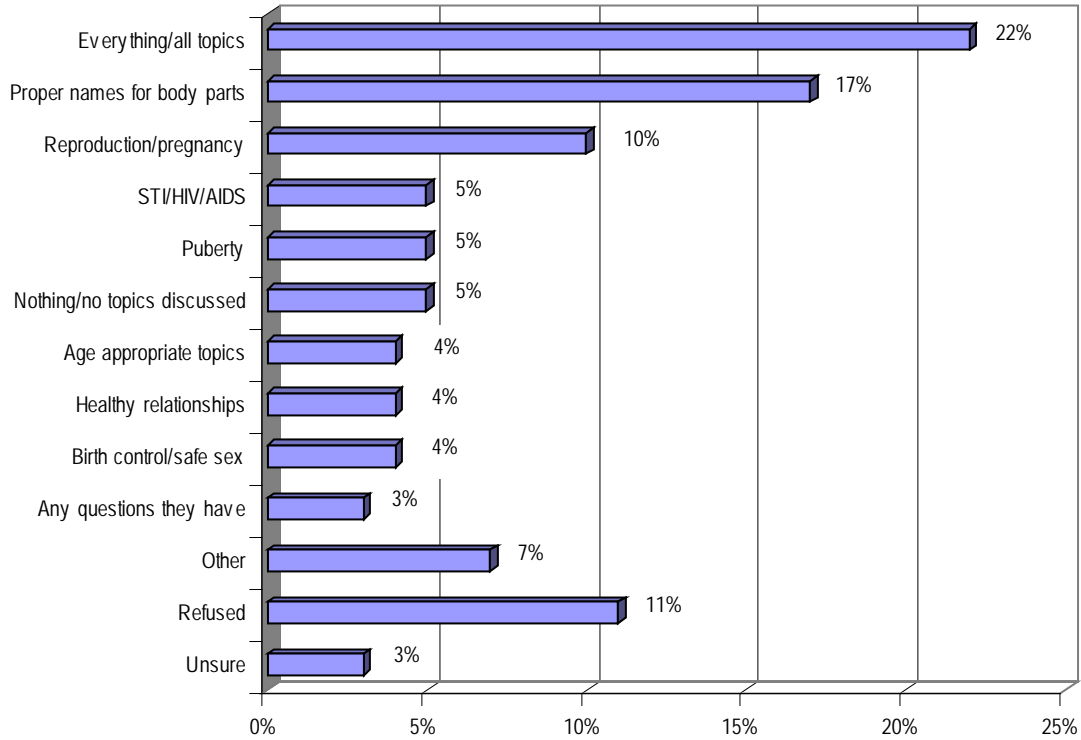
- The large majority (84%) of parents think they and/or their spouse or partner have done a good, very good or excellent job in providing sexual health education for their child/children; 53% think they have done a very good or excellent job.

**Table 14: Regional Comparison  
 Parents Providing Sexual Health Education**

How good of a job do you think you have done...	Urban and Rural Distribution		
	Urban	Rural	Overall
Excellent	15%	17%	16%
Very good	36%	37%	37%
Good	33%	30%	31%
Fair	7%	10%	9%
Poor	4%	4%	4%
Unsure/don't know	5%	2%	3%

- The large majority (84%) of urban and rural parents think they and/or their spouse or partner have done a good, very good or excellent job in providing sexual health education for their child/children.
- More than one half of urban (51%) and rural (54%) parents think they have done a very good or excellent job.

**Question.** To date, what have you discussed with your child/children?



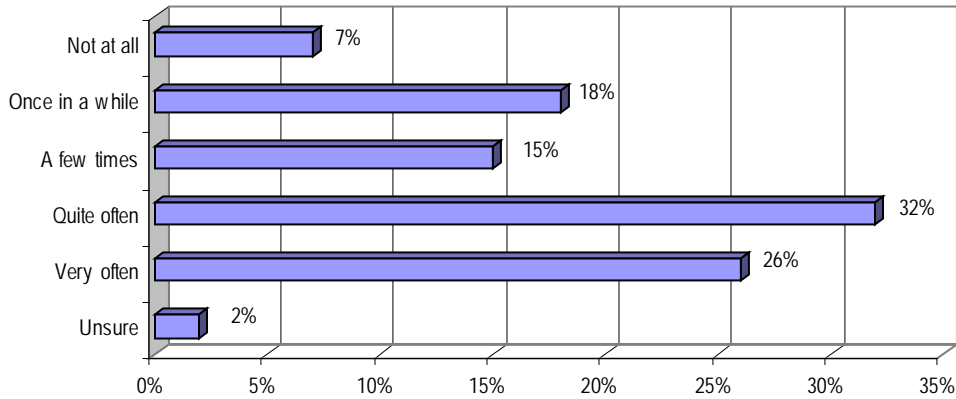
- Approximately one in five (22%) parents indicate they have discussed everything or all sexual health topics with their child/children, 17% have discussed proper names for body parts and 10% have discussed reproduction and pregnancy with their child/children.

**Table 15: Regional Comparison  
What Parents Have Discussed with Their Child / Children**

What have you discussed with your child/children...	Urban and Rural Distribution		
	Urban	Rural	Overall
Everything/all topics	24%	20%	22%
Proper names for body parts	17%	16%	17%
Reproduction/pregnancy	10%	10%	10%
STI/HIV/AIDS	4%	5%	5%
Puberty	5%	5%	5%
Nothing/no topics discussed	5%	5%	5%
Age appropriate topics	4%	4%	4%
Healthy relationships	5%	3%	4%
Birth control/safe sex	4%	4%	4%
Any questions they have	4%	3%	3%
Other	5%	10%	7%
Refused	10%	12%	11%
Unsure/don't know	3%	3%	3%

- Slightly less than one-quarter of urban (24%) and rural (20%) parents indicate they have discussed everything or all sexual health topics with their child/children, 17% of urban and 16% of rural have discussed proper names for body parts and 10% have discussed reproduction and pregnancy with their child/children.

**Question.** I have encouraged my child/children to ask me questions about sexuality.



- The majority (58%) of parents indicate they have encouraged their child/children to ask them questions about sexuality quite often or very often.

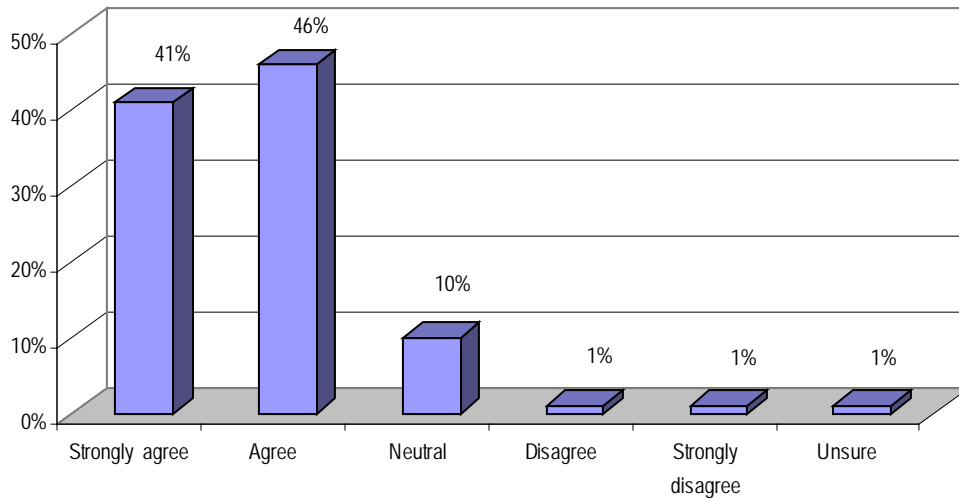
**Table 16: Regional Comparison  
 Encourage Child / Children to Ask Questions**

I have encourage my child/children to ask questions...	Urban and Rural Distribution		
	Urban	Rural	Overall
Not at all	7%	8%	7%
Once in a while	18%	18%	18%
A few times	13%	16%	15%
Quite often	33%	30%	32%
Very often	27%	25%	26%
Unsure/don't know	2%	3%	2%

- The majority (60%) of urban and rural (55%) parents indicate they have encouraged their child/children to ask them questions about sexuality quite often or very often. This is comparable to the overall results (58%).



**Question.** I have adequate knowledge to provide sexual health education for my child/children?



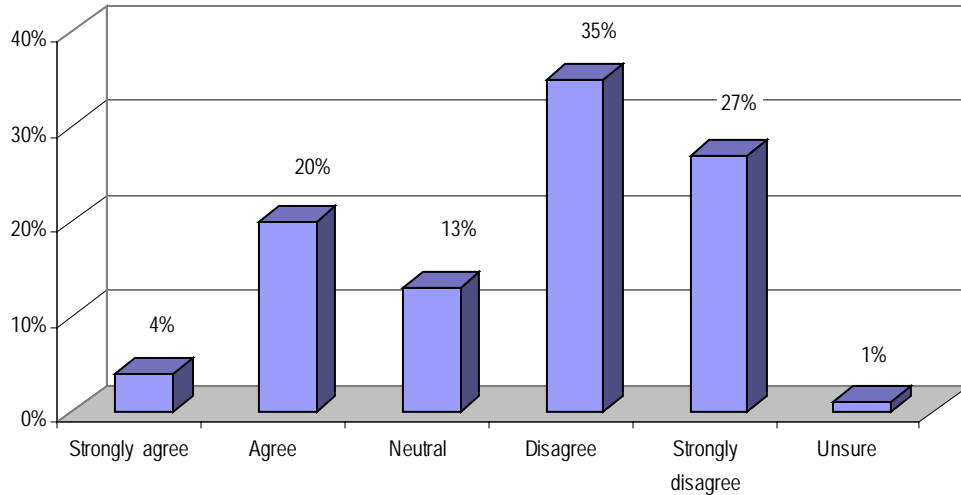
- The large majority (87%) of parents agree they have adequate knowledge to provide sexual health education for their child/children.

**Table 17: Regional Comparison  
 Adequate Knowledge to Provide Sexual Health Education**

I have adequate knowledge to provide...	Urban and Rural Distribution		
	Urban	Rural	Overall
Strongly agree	42%	40%	41%
Agree	43%	48%	46%
Neutral	11%	9%	10%
Disagree	1%	1%	1%
Strongly disagree	1%	1%	1%
Unsure/don't know	2%	1%	1%

- The large majority of urban (85%) and rural (88%) parents agree they have adequate knowledge to provide sexual health education for their child/children, similar to the overall results (87%).

**Question.** There are important sexual health topics that I do not feel comfortable discussing with my child/children.



- The majority (62%) of parents disagree that there are important sexual health topics they do not feel comfortable discussing with their child/children.
- Approximately one quarter (24%) of parents agree.

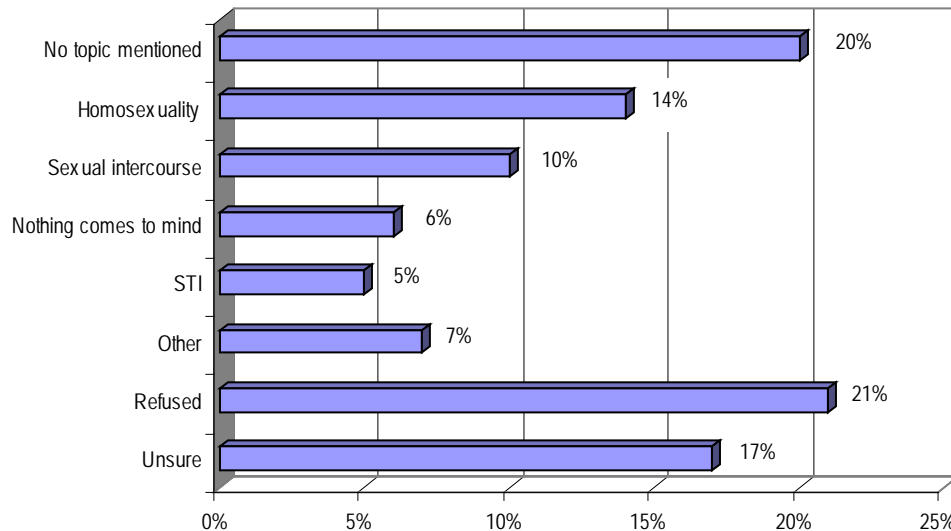
**Table 18: Regional Comparison  
 Level of Comfort Discussing Sexual Health Topics**

Important sexual topics I do not feel comfortable...	Urban and Rural Distribution		
	Urban	Rural	Overall
Strongly agree	4%	4%	4%
Agree	17%	23%	20%
Neutral	15%	11%	13%
Disagree	35%	34%	35%
Strongly disagree	27%	27%	27%
Unsure/don't know	2%	1%	1%

- The majority of urban (62%) and rural (61%) parents disagree that there are important sexual health topics they do not feel comfortable discussing with their child/children.

*Note: The following question is asked only of those 293 parents/caregivers who agree there are sexual health topics they do not feel comfortable discussing with their child/children.*

**Question.** What topics would they be?



- Topics mentioned by parents include homosexuality (14%, or 5% of all respondents), sexual intercourse (10%, or 4% of all respondents) and STI's (5%, or 2% of all respondents).

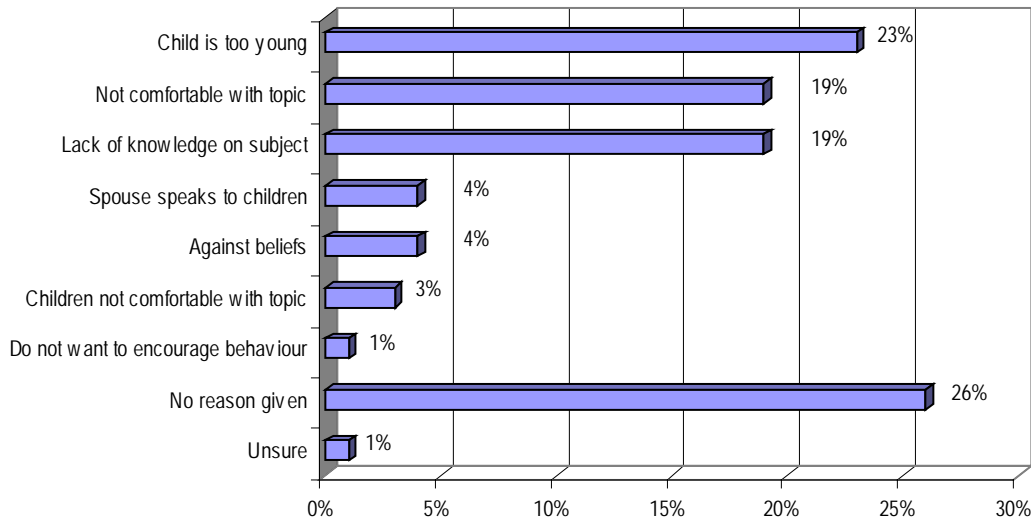
**Table 19: Regional Comparison  
 Sexual Health Topics Uncomfortable Discussing**

What topics would they be...	Urban and Rural Distribution		
	Urban	Rural	Overall
No topic mentioned	23%	18%	20%
Homosexuality	14%	14%	14%
Sexual intercourse	12%	9%	10%
Nothing comes to mind	6%	7%	6%
STI	6%	4%	5%
Other	8%	6%	7%
Refuse	16%	24%	21%
Unsure/don't know	15%	18%	17%

- The topics mentioned by urban and rural parents are the same as those mentioned by the overall population. Homosexuality (14%), sexual intercourse (urban 12% and rural 9%), and STI's (urban 6% and rural 4%).

*Note: The following question is asked only of those 164 parents/caregivers who mention a sexual health topic they do not feel comfortable discussing with their child/children.*

**Question.** Why do you feel uncomfortable discussing it with them?



- Reasons parents give for being uncomfortable discussing sexual health topics with their child/children include: child is too young (23%, or 5% of all respondents), not comfortable with the topic (19%, or 4% of all respondents) and lack of knowledge on the subject (19%, or 4% of all respondents).

**Table 20: Regional Comparison  
 Reasons Sexual Health Topics Are Uncomfortable Discussing**

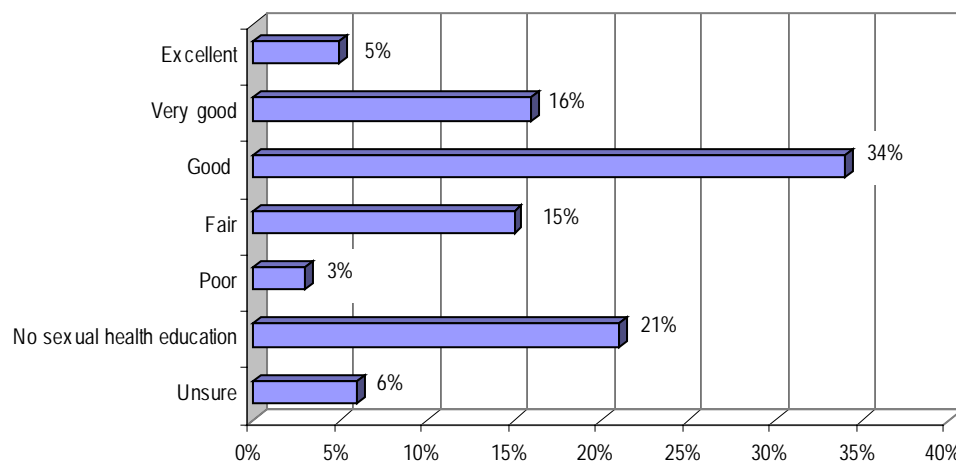
Why do you feel uncomfortable discussing...	Urban and Rural Distribution		
	Urban	Rural	Overall
Child/children are too young	20%	27%	23%
Not comfortable with the topic	21%	17%	19%
Lack of knowledge on subject	19%	18%	19%
Spouse speaks to the child/children	5%	4%	4%
Against beliefs	4%	5%	4%
Child/children not comfortable with topic	4%	2%	3%
Do not want to encourage behaviour	1%	1%	1%
No reason given	26%	25%	26%
Unsure/don't know	-	1%	1%

- The reasons urban and rural parents give for being uncomfortable discussing sexual health topics with their child/children are the same as the overall population. Child is too young (urban 20% and rural 27%), not comfortable with topic (urban 21% and rural 17%), and lack of knowledge on subject (urban 19% and rural 18%).

## Additional Comments

*Questions in this section were designed to gather opinions from parents and primary caregivers regarding the quality of sexual health education that their children have received in school and whether they would be interested in attending a sexual health education workshop for parents if one was offered at their child's school.*

**Question.** Overall, please rate the quality of the sexual health education that your child/children has/have received in school.



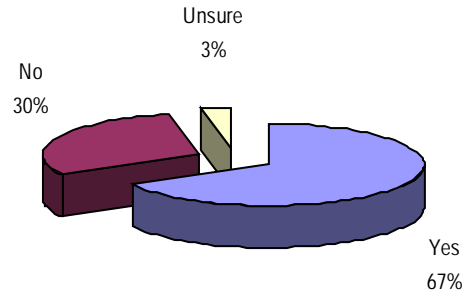
- The majority (55%) of parents rate the quality of sexual health education that their child/children receive in school as good, very good or excellent. One in five (21%) say no sexual health education has been received in school. The large majority of these parents have a child or children in grades K-5.

**Table 20: Regional Comparison  
Quality of Sexual Health Education Received**

Quality of sexual health education received...	Urban and Rural Distribution		
	Urban	Rural	Overall
Excellent	4%	5%	5%
Very good	16%	16%	16%
Good	33%	34%	34%
Fair	16%	15%	15%
Poor	4%	3%	3%
No sexual health education	20%	21%	21%
Unsure/don't know	7%	6%	6%

- The majority of urban (53%) and rural (55%) parents rate the quality of sexual health education received in school as good, very good or excellent. One in five of urban (20%) and rural (21%) parents say no sexual health education has been received in school. These results are consistent with the overall population.

**Question.** Would you be interested in attending a sexual health education workshop for parents, if it was offered at your child's school?



- Two thirds (67%) of parents indicate they would be interested in attending a sexual health education workshop for parents if it was offered at their child's school.

**Table 22: Regional Comparison  
 Interested in Attending a Sexual Health Workshop**

Interested in attending a sexual health workshop...	Urban and Rural Distribution		
	Urban	Rural	Overall
Yes	68%	66%	67%
No	28%	32%	30%
Unsure/don't know	4%	2%	3%

- Two thirds of urban (68%) and rural (66%) parents indicate they would be interested in attending a sexual health education workshop for parents if it was offered at their child's school. This is consistent with the overall population (67%).

## Respondent Profile

*This section profiles the demographic distribution of survey respondents, including gender, age, level of education, community type, child's school enrolment and First Nation, Métis and Inuit ancestry.*

The Parent/Caregiver Sexual Health Education survey is designed to provide insight into the ideas about sexual health education, attitudes and expectations of Saskatchewan parents, as well as perceptions of their own knowledge and comfort with providing sexual health education to their school-aged children. The findings provide a basis for discussion regarding current school-based sexual health education approaches and whether these approaches are meeting the needs of Saskatchewan families with school-aged children.

Fast Consulting conducted the Sexual Health Education Survey for the Advisory Committee on Family Planning by telephone between October 25<sup>th</sup>, 2006 and February 25<sup>th</sup>, 2007. A representative cross section of 800 parents and primary caregivers of school-aged children in Saskatchewan was sampled. The primary objectives of the survey are to gather feedback from parents and primary caregivers of school-aged children regarding:

- ✓ Opinions about sexual health education;
- ✓ Aspects of sexual health education;
- ✓ Sexual health education provided by parents;
- ✓ Additional comments.

With a sample of 800 we can say with a 95 percent level of certainty that the overall results of the survey are within plus or minus 3.5 percent of what they would be if the entire population of parents or primary caregivers of school-aged children in the province were polled. The margin of error will be larger for the regions and other sub-groups of the survey population.

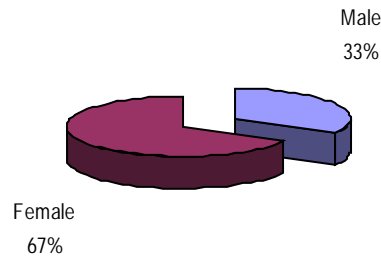
### Respondent Profile

The general profile of the respondents was female (67%), lived in a city with a population over 100,000 (37%), was in her 30's (38%) or 40's (43%) and had at least some post-secondary training or education, including college, trade or technical school (35%), university undergraduate degree (21%) or university graduate degree (14%). Fifty-six (56%) percent of respondents had a child in grades K-5, 38% had a child in grades 6-8, 47% had a child in grades 9-12 and 27% had a child older than grade 12.



## Gender Distribution

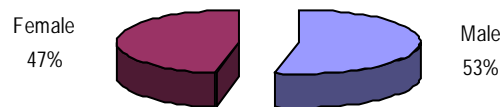
Survey sample parent/caregiver gender



**Table 23: Regional Comparison  
 Parent / Caregiver Gender Distribution**

Parent/caregiver gender distribution...	Urban and Rural Distribution		
	Urban	Rural	Overall
Male	37%	30%	33%
Female	63%	70%	67%

Survey sample child's gender

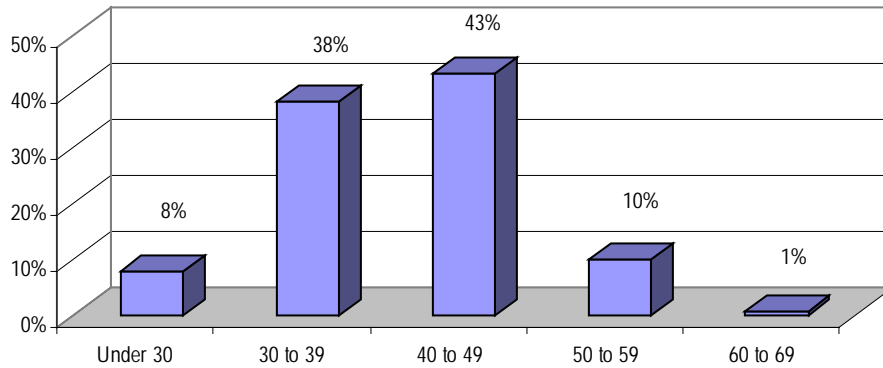


**Table 24: Regional Comparison  
 Survey Sample Child's Gender Distribution**

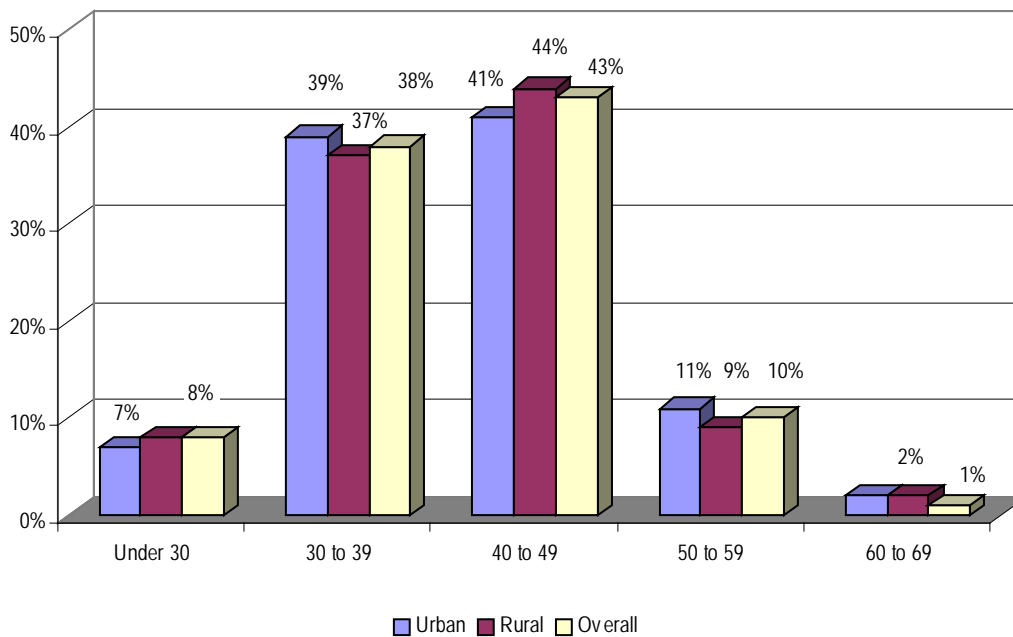
Child's gender distribution...	Urban and Rural Distribution		
	Urban	Rural	Overall
Male	52%	53%	53%
Female	48%	47%	47%

## Age Distribution

Survey sample parent/caregiver age distribution

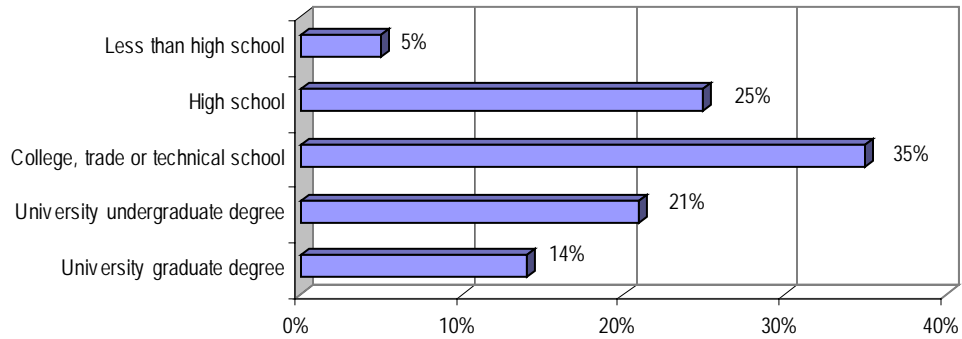


Survey sample parent/caregiver age distribution



## Education

Survey sample parent/caregiver level of education

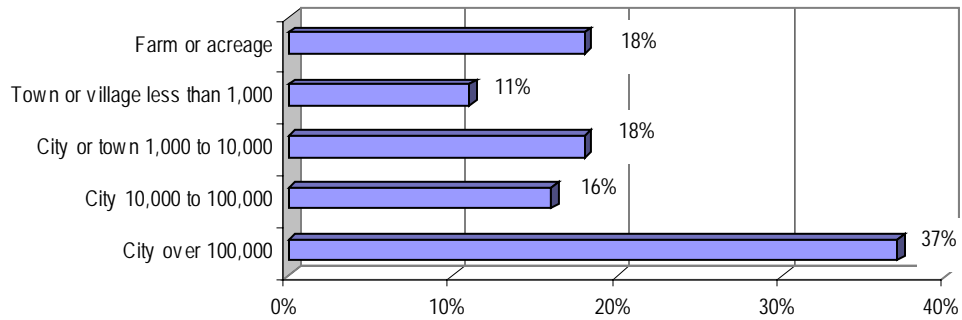


**Table 25: Regional Comparison  
 Survey Sample Level of Educational**

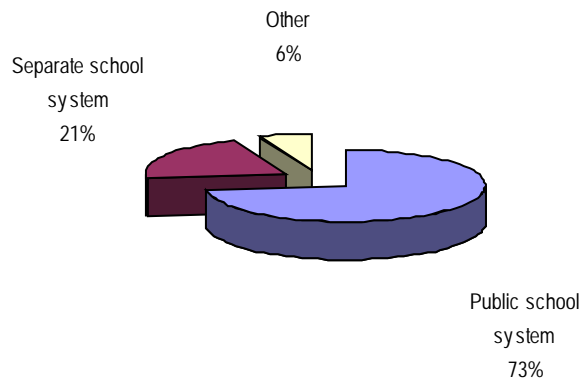
Educational distribution...	Urban and Rural Distribution		
	Urban	Rural	Overall
Less than high school	3%	8%	5%
High school	20%	29%	25%
College, trade or technical school	33%	37%	35%
University undergraduate degree	25%	17%	21%
University graduate degree	19%	9%	14%

## Residency

Survey sample residency distribution



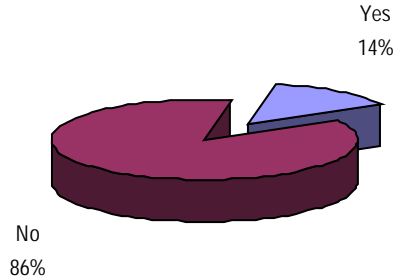
## Children Enrolment Distribution



**Table 26: Regional Comparison  
 Child / Children Enrolment Distribution**

Children enrolment distribution...	Urban and Rural Distribution		
	Urban	Rural	Overall
Public school system	63%	82%	73%
Separate school system	32%	12%	21%
Other	5%	6%	6%

## First Nations, Métis or Inuit Descent



**Table 27: Regional Comparison  
 First Nations, Métis or Inuit Descent**

First Nations, Métis or Inuit decent...	Urban and Rural Distribution		
	Urban	Rural	Overall
Yes	13%	14%	14%
No	87%	86%	86%

### Aboriginal Identity

By definition, Aboriginal persons are further divided into Aboriginal groups, based on their responses to the 2001 Census form. Included in the Aboriginal population are those persons who reported their identity with at least one Aboriginal group, that is "North American Indian", "Métis" or "Inuit", and/or who reported being a Treaty Indian or a Registered Indian, as defined by the Indian Act of Canada, and/or who reported they were members of an Indian Band or First Nations.

**Source:** Statistics Canada. 2001 Community Profile.

# Appendix I - Survey Instrument

Hello, my name is \_\_\_\_\_ and I'm calling from Fast Consulting. We're a professional research firm located in Saskatoon that gathers opinions from individuals. Today we are calling on behalf of the Advisory Committee on Family Planning to conduct a survey about exploring issues surrounding attitudes toward sexual health education. Your participation is important and confidential and will help us make informed recommendations about sexual health education in Saskatchewan. In no way are your responses connected to you.

As a side-note to add legitimacy for the survey and increase your level of comfort, this study has received approval from the University of Saskatchewan's Behavioural Research Ethics Board.

Are you 18 years of age or older?

Yes – continue

No – May I speak with some one who is – repeat introduction

Do you have 10 minutes to complete this survey?

Yes – proceed to the screening process – **skip to qual.1**

No – schedule an interview or if the respondent isn't interested ask – **skip to qual.2**

## Qual.1 Screening of Participants

Before beginning the survey, I need to ask a couple of simple questions to see if you qualify.

Qual1.1 Do you have school-aged children...that is a child or children attending school from K to 12?

1. Yes – continue with screener
2. No – explain to the respondent that we are looking to speak with parents or primary caregivers who have a child or children attending school K to 12. Thank the respondent for their time and politely end the interview.

Qual 1.2 Are you the parent or primary caregiver?

1. Yes – continue
2. No – explain that we are looking to speak with a parent or primary caregiver. Is there someone in the household who we can speak with? If not, thank respondent for their time and politely end the interview.

## Qual 2.1 Call Outcome Disposition

**Interviewer:** If the respondent opts out of participating in the survey, please ask...

**Is there any particular reason why you're NOT interested in participating in the survey?** Read if necessary.

1. I'm not comfortable with the subject matter
2. I do not participate in telephone surveys
3. Too busy – **do not read**
4. I have no particular reason – **do not read**
5. Other (please specify) \_\_\_\_\_

## Respondent's Participation

Now I'm going to pass along some important points that will assist in the surveying process:

1. The survey will cover a number of topics. I will be asking you a series of questions about different aspects of the sexual health education offered in schools, including which sexual health related topics you may feel should or should not be covered.
2. Your participation (respondent's) in the survey is entirely voluntary. You may at any point, refuse to answer individual questions – please feel comfortable to pass on such questions.
3. **I CAN NOT** stress enough that your individual responses are strictly confidential and that the results of the survey are reported as a group, not individually.
4. If, at any time, you have any questions regarding the study, I will provide you with contact information to verify the survey.

If, at any point you have any questions or concerns regarding the validity of this research project, please do not hesitate to call Saskatchewan Prevention Institute at 306-655-2512 and ask for Noreen.

## 5. Definitions:

Throughout the survey a number of terms and phrases have been used. In order to assist the parents in understanding, Fast Consulting interviewers will have access to the definitions:

Primary caregiver: the individual who has consistently assumed responsibility for the housing, health, or safety of that person.

Peer pressure: social pressure on somebody to adopt a type of behaviour, dress, or attitude in order to be accepted as part of a group.

Sexual health: is the combination of emotional, intellectual, and social aspects of sexual being, in ways that are positively enriching and that enhance personality, communication, and love.

Sexual health education: promotes behaviours that help individuals to achieve positive results and avoid negative outcomes.

Puberty: is when the child experiences physical, hormonal, and sexual changes and becomes capable of reproduction. It is associated with rapid growth and the appearance of secondary sexual characteristics.

Healthy relationships: Healthy relationships are characterized by respect, sharing and trust. They are based on the belief that both partners are equal, that the power and control in the relationship are equally shared.

Sexually transmitted infections: infections that are passed on during sexual activity (not necessarily intercourse).

HIV – Human Immunodeficiency Virus: a viral infection that currently has no cure. HIV is passed through bodily fluid transfer.

AIDS – Acquired Immunodeficiency Syndrome: a condition caused by the HIV virus that weakens the immune system. Most people with HIV develop AIDS.

Gender identity: a person's inner sense of being male or female.

Abstinence: not having sexual intercourse.

## Introduction

With this survey, please respond to all the questions with respect to only your oldest child enrolled in grades K to 12.

Intr 1. Is this child a male or female?

1. Male
2. Female
3. I wish NOT to respond, please pass - **do not read**

Intr 2. What grade is he or she in?

1. Record verbatim response \_\_\_\_\_
2. I wish NOT to respond, please pass - **do not read**

## Section A: Introduction

I'm going to begin by asking some general questions regarding sexual health education. We are interested in your general feelings about sexual health education.



For each of the following questions, please choose one response that best describes your opinion.

- A1. Sexual health education should be provided in the schools.
1. Strongly agree
  2. Agree
  3. Neutral
  4. Disagree
  5. Strongly disagree
  6. I wish NOT to respond, please pass - **do not read**
  7. Unsure/dk - **do not read**
- A2. The school and parents should share responsibility for providing children with sexual health education.
1. Strongly agree
  2. Agree
  3. Neutral
  4. Disagree
  5. Strongly disagree
  6. I wish NOT to respond, please pass - **do not read**
  7. Unsure/dk - **do not read**
- A3. Sexual health education that is appropriate for the child's age and development level should start in:
1. Grades K-3
  2. Grades 4-5
  3. Grades 6-8
  4. Grades 9-12
  5. There should be no sexual health education in schools
  6. I wish NOT to respond, please pass - **do not read**
  7. Unsure/dk - **do not read**
- A4. Who do you think should be delivering sexual health education in the schools? **Read and select as many as apply.**
1. Health/lifestyles teacher
  2. Physical education teacher
  3. Home room teacher
  4. Public health nurse
  5. Ethics teacher
  6. Other (please specify) \_\_\_\_\_
  7. I wish NOT to respond, please pass - **do not read**
  8. Unsure/dk - **do not read**

A5. How much do you rely on the school system for sexual health education for your child/children?

1. Completely
2. Very much
3. Equally with other sources
4. Very little
5. Not at all
6. I wish NOT to respond, please pass - **do not read**
7. Unsure/dk - **do not read**

### Section B: Aspects of Sexual Health Education

There are many aspects to sexual health education. One aspect is the teachings of the biology of sexual and reproductive body parts and related topics such as puberty and birth. Another aspect of sexual health education is teaching about healthy relationships, sex as part of a loving relationship, body image, gender identify, homosexuality, dealing with peer pressure, abstinence, birth control, sexuality in the media, and so on.

B1. At what grade should students be taught about basic biological sexual health topics including things like the proper names for body parts?

1. Grades K-3
2. Grades 4-5
3. Grades 6-8
4. Grades 9-12
5. I wish NOT to respond, please pass - **do not read**
6. Unsure/dk - **do not read**

B2. At what grade should students learn about biological health topics such as puberty and reproduction?

1. Grades K-3
2. Grades 4-5
3. Grades 6-8
4. Grades 9-12
5. I wish NOT to respond, please pass - **do not read**
6. Unsure/dk - **do not read**

B3. At what grade level should students be taught about the sexuality aspect of sexual health education, including healthy relationships, abstinence, sex as part of a loving relationship, etc.?

1. Grades K-3
2. Grades 4-5
3. Grades 6-8
4. Grades 9-12
5. I wish NOT to respond, please pass - **do not read**
6. Unsure/dk - **do not read**

- B4. Do you think the topic of homosexuality should be included in sexual health education?
1. Yes
  2. No - why do you say that \_\_\_\_\_?
  3. I wish NOT to respond, please pass – **do not read**
  4. Unsure/dk - **do not read**
- B5. Do you think HIV/AIDS information should be taught as part of sexual health education?
1. Yes
  2. No
  3. I wish NOT to respond, please pass - **do not read**
  4. Unsure/dk - **do not read**
- B6. Do you think sexually transmitted infection information should be taught as part of sexual health education?
1. Yes
  2. No
  3. I wish NOT to respond, please pass - **do not read**
  4. Unsure/dk - **do not read**
- B7.1 What specific topics, if any, would you like to see included in sexual health education?
1. Record verbatim response \_\_\_\_\_
  2. No/nothing comes to mind/none - **do not read** - skip to question B9.1
  3. I wish NOT to respond, please pass - **do not read** - skip to question B9.1
  4. Unsure/dk - **do not read** - skip to question B9.1
- B7.2 Why would you like to see these specific topics included in sexual health education?
1. Record verbatim response \_\_\_\_\_
  2. Unsure/dk – **do not read**
- B8. At what grade should these topics be taught?
1. Grades K-3
  2. Grades 4-5
  3. Grades 6-8
  4. Grades 9-12
  5. I wish NOT to respond, please pass – **do not read**
  6. Unsure/dk – **do not read**

B9.1 What specific topics, if any, would you **NOT** like to see taught in a sexual health education?

1. Record verbatim response \_\_\_\_\_
2. No/nothing comes to mind/none - **do not read** - skip to question C1
3. I wish NOT to respond, please pass - **do not read** - skip to question C1
4. Unsure/dk - **do not read** - skip to question C1

B9.2 Why would you NOT like to see these specific topics included in sexual health education?

1. Record verbatim response \_\_\_\_\_
2. Unsure/dk - **do not read**

### Section C: Sexual Education Provided by Parents

In order for us to better understand the kind of sexual education parents are providing at home, please respond to the following questions with yes or no.

C1. Do you have a child in grades K-5?

1. Yes
2. No
3. I wish NOT to respond, please pass - **do not read**
4. Refuse - **do not read**

C2. Do you have a child in grades 6-8?

1. Yes
2. No
3. I wish NOT to respond, please pass - **do not read**
4. Refuse - **do not read**

C3. Do you have a child in grades 9-12?

1. Yes
2. No
3. I wish NOT to respond, please pass - **do not read**
4. Refuse - **do not read**

C4. Do you have a child older than grade 12?

1. Yes
2. No
3. I wish NOT to respond, please pass - **do not read**
4. Refuse - **do not read**

- C5. In your opinion, how good a job do you think you and/or your spouse or partner have done in providing sexual health education for your child/children?
1. Excellent
  2. Very good
  3. Good
  4. Fair
  5. Poor
  6. I wish NOT to respond, please pass - **do not read**
  7. Unsure/dk - **do not read**
- C6. To date, what have you discussed with your child/children?
1. Record verbatim response \_\_\_\_\_
  2. I wish NOT to respond, please pass - **do not read**
  3. Unsure/dk - **do not read**
- C7. I have encouraged my child/children to ask me questions about sexuality.
1. Not at all
  2. Once in a while
  3. A few times
  4. Quite often
  5. Very often
  6. I wish NOT to respond, please pass - **do not read**
  7. Unsure/dk - **do not read**
- C8. I have adequate knowledge to provide sexual health education for my child/children.
1. Strongly agree
  2. Agree
  3. Neutral
  4. Disagree
  5. Strongly disagree
  6. I wish NOT to respond, please pass - **do not read**
  7. Unsure/dk - **do not read**
- C9. There are important sexual health topics that I do not feel comfortable discussing with my child/children.
1. Strongly agree
  2. Agree
  3. Not sure/neutral
  4. Disagree
  5. Strongly disagree - **skip to question D1**
  6. I wish NOT to respond, please pass - **do not read - skip to question D1**
  7. Unsure/dk - **do not read - skip to question D1**

C10. What topics would they be and why do you feel uncomfortable discussing them?

1. Record verbatim response \_\_\_\_\_
2. I wish NOT to respond, please pass - **do not read**
3. Unsure/dk - **do not read**

#### Part D: Demographics

Although we do not wish to know who you are, it is important that we know some of the characteristics of the people who complete this questionnaire. Please provide the following information about yourself by answering appropriately.

D1. Gender **DO NOT ASK - Record**

1. Male
2. Female

D2. Please stop me when I reach the category under which your age falls.

1. Under 30 years of age
2. 30 to 39 years
3. 40 to 49 years
4. 50 to 59 years
5. 60 to 69 years
6. 70 years and plus
7. Refuse - **do not read**

D3. What is the highest level of education you have completed?

1. Less than high school
2. High school
3. College, trade or technical school
4. University undergraduate degree
5. University graduate degree
6. Refuse - **do not read**

D4. Which of the following best describes where you live?

1. A farm or acreage
2. A town or village of less than 1,000 people
3. A town or City of 1,000 to 10,000 people
4. A city of 10,000 to 100,000 people
5. A city of over 100,000 people
6. Unsure/dk - **do not read**
7. Refuse - **do not read**

If respondent is unsure of the description of their community, please ask...

If you are unsure of the description of your community you live in, could you please provide me your postal code?

Postal Code: \_\_\_\_\_

D5. Are your children currently enrolled in...?

1. Public School System
2. Separate School System
3. Other (please specify) \_\_\_\_\_
4. Refuse - **do not read**
5. Unsure/dk - **do not read**

D6. Are you an individual of First Nations, Métis and Inuit descent?

1. Yes
2. No
3. Refuse - **do not read**

### Section E: Additional Comments or Concerns

In closing I would like to ask a couple more questions to end of the interview.

E1. Overall, please rate the quality of the sexual health education that your child/children has/have received in school.

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
6. My child/children has/have not received any sexual health education.
7. I wish NOT to respond, please pass - **do not read**
8. Unsure/dk - **do not read**

E2. Do you have any comments you would like to make regarding sexual health education in the schools?

1. Yes, record verbatim response \_\_\_\_\_
2. No further comments

E3. Would you be interested in attending a sexual health education workshop for parents, if it was offered at your child's school?

1. Yes
2. No
3. I wish NOT to respond, please pass - **do not read**
4. Unsure/dk - **do not read**

**END OF SURVEY**

Thank you for taking the time to answer this survey. Your answers will help us make informed recommendations about sexual health education in Saskatchewan.



# Appendix II - Map of School Divisions

