LOUISIANA
PARENT SURVEY
What Louisiana parents know, believe and perceive about school-based sex education
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REPORAT AT-A-GLANCE

YOUTH IN LOUISIANA NEED SEX EDUCATION...

Louisiana youth have some of the highest rates of teen births and sexually transmitted infections in the nation. Despite poor health outcomes among its youth, Louisiana state law does not require that schools offer sex education. This means that there is no guarantee that schools across the state offer sex education.

...AND THEIR PARENTS AGREE.

To find out what parents across Louisiana think about sex education, in 2016 the Louisiana Public Health Institute (LPHI) and the Institute of Women and Ethnic Studies (IWES) carried out a representative survey of 600 parents across the state. We collected extra parent surveys and conducted focus groups in the Greater New Orleans area (Public Health Region 1), the River Parishes region (Public Health Region 3), and the Monroe region (Public Health Region 8).

THE LOUISIANA PARENT SURVEY AND FOCUS GROUPS REVEAL THAT ACROSS LOUISIANA, PARENTS OVERWHELMINGLY SUPPORT SEX EDUCATION IN SCHOOLS.
LOUISIANA PARENTS SUPPORT SEX EDUCATION IN SCHOOLS

Statewide, a majority of Louisiana parents surveyed believe that sex education is an important part of school curriculum, and that schools should be required to offer it. During focus groups, parents confirmed that they are in favor of sex education being taught in schools and expressed concern that there is not enough being taught currently.

Focus group participants shared that sex education in schools is an important complement to discussions around sexual health that take place in the home. However, they also explained that many parents do not feel comfortable or equipped to talk with their children about sexual health, and that sex education in school might be the only opportunity for many children to learn factual information about sexual health.

"...it’s gotta be from us [parents] and from the schools, because they do listen to us in a way because we are their parents. But they also listen to the school in a different way because they are the educators. So I think it has to be in cooperation. Because I don't see how they going to get good information in the streets or from their friends that are the same age or from the media..." - Focus Group Parent, Region 1

"The majority of parents, I find, are uncomfortable and sometimes they are not going to address it...So to me the school is a great place for that. Instead of just relying on the parents because obviously according to the statistics we are not getting information out as parents." - Focus Group Parent, Region 3
LOUISIANA PARENTS THINK THEIR CHILDREN RECEIVE SEX EDUCATION IN SCHOOL, HOWEVER...

Despite the fact that a majority of Louisiana parents surveyed believe their child has received or will receive sex education in school, Louisiana law does not currently require that schools offer sex education. This means that students may or may not receive any type of instruction in sex education.

61% BELIEVE THEIR CHILD HAS RECEIVED OR WILL RECEIVE SEX EDUCATION IN SCHOOL

BUT: LOUISIANA LAW DOES NOT REQUIRE OR MONITOR SEX EDUCATION IN SCHOOLS

While Louisiana state law does not require instruction in sex education at any grade level, it does allow sex education to be taught in grades 7–12. The law states that sex education must emphasize abstinence, but can teach about other risk reduction methods, such as contraception and condoms.

LOUISIANA PARENTS BELIEVE THAT SEX EDUCATION SHOULD BEGIN BEFORE HIGH SCHOOL

Of surveyed parents who agree that sex education should be required in schools, a large majority (65%) believe that sex education should begin during middle school (grades 6-8). Twenty-one percent indicated that sex education should begin between grades K-5, and 14% stated that it should begin between grades 9-12. Focus group parents clarified that although sex education should begin early, it must be tailored to children’s age and developmental stage.

“At first I was…thinking it was a little too early but…girls are having their period at 9 and 10…if they [have] periods at that age then probably that’s the age to start talking to them about it because what comes next, it’s pregnancy.” - Focus Group Parent, Region 1

“I say as early as they can understand. I am not saying hit them with it all as soon as they can understand, but steps to it.” - Focus Group Parent, Region 3
LOUISIANA PARENTS ENDORSE THE TEACHING OF SEX EDUCATION TOPICS
ALIGNED WITH THE NATIONAL SEXUALITY EDUCATION STANDARDS

Surveyed Louisiana parents agree that sex education topics aligned with the National Sexuality Education Standards should be taught in schools (see Figure 1). Parents are most supportive of schools teaching about bullying (91%), sexual assault (90%), self-esteem and coping skills (89%), and HIV and other STDs (89%). While less supportive of schools teaching about how to access contraceptives or put on a condom, a majority of parents agree that schools should teach about these topics (72% and 57%, respectively). Louisiana parents are least supportive of schools teaching about sexual orientation and gender, although a majority support discussing these topics as well (54%).

<table>
<thead>
<tr>
<th>Subject</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bullying</td>
<td>91</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Rape, date rape, what to do if someone is sexually assaulted</td>
<td>90</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Self-esteem building, coping skills</td>
<td>89</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>How HIV/AIDS and other STDs are spread, how they can be prevented</td>
<td>89</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Talking to parents about sexual health concerns</td>
<td>88</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>How to deal with peer pressure to have sex</td>
<td>88</td>
<td>8</td>
<td>4</td>
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<tr>
<td>Healthy/unhealthy relationships, signs of abuse</td>
<td>87</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Benefits of abstinence</td>
<td>85</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Stress, how it affects the body</td>
<td>84</td>
<td>13</td>
<td>3</td>
</tr>
<tr>
<td>Basics of puberty/reproduction, including pregnancy/birth</td>
<td>84</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>How to use and where to get birth control, condoms</td>
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<td>15</td>
<td>13</td>
</tr>
<tr>
<td>How to put on a condom</td>
<td>57</td>
<td>23</td>
<td>20</td>
</tr>
<tr>
<td>Sexual orientation, gender</td>
<td>54</td>
<td>24</td>
<td>22</td>
</tr>
</tbody>
</table>

Numbers within bars indicate % of respondents.
Parents who participated in our focus groups helped to elucidate parental thinking around sex education topics. Focus group participants stated that sex education in schools should augment the discussions and education around sexual health that take place in the home. Parents supported schools teaching about sex education topics, as long as schools stick to the facts and do not address sexual values or morality.

Focus group participants explained that while they support sex education in school, the home is the place where parents should impart a value-based understanding of sex and sexuality. In the home, parents can teach about how they want their children to approach sex and sexuality.

“So some things I think aren’t the place of the school to bring up. I believe in treating everybody with love, but don’t teach my child that this is, you need to accept this like this…Even though it is reality on what is going on in the world. You let me train my child the way I want.” – Focus Group Parent, Region 3

“...while they are children I still think we [parents] need to emphasize more of doing what is morally right even though [schools] still have to educate you in case you choose to make a decision that is contrary to what we think may be best. Still being real.” - Focus Group Parent, Region 8
LOUISIANA PARENTS THINK SEX EDUCATION SHOULD BALANCE DISCUSSION OF ABSTINENCE WITH BIRTH CONTROL

An overwhelming majority of Louisiana parents surveyed agree that a sex education program which emphasizes abstinence (not having sex) and also includes information on birth control, including condoms, should be taught in schools in Louisiana. A majority of parents agree with this statement regardless of their race, how old their child is, how religious they are, or which region of the state they live in.

80% AGREE THAT A SEX EDUCATION PROGRAM WHICH EMPHASIZES ABSTINENCE BUT ALSO PROVIDES INFORMATION ON BIRTH CONTROL SHOULD BE TAUGHT IN LA SCHOOLS

During focus groups, parents discussed why it is important for sex education programs to balance discussion of abstinence with other topics such as contraception. Parents encouraged sex education programs to emphasize abstinence by framing sexual decision making in terms of the consequences of non-abstinence, but explained that a singular focus on abstinence is unrealistic and does not serve the needs of youth today.

“It is immaturity on our part to think that you could present one side and not the other and get the result you want. I mean no matter how we all feel, whatever we feel like… it is immature to think that only presenting one side is going to reward you with a better result.” - Focus Group Parent, Region 8

“We don’t just have to change with the times, we have to understand the new times and see how to structure it within my household…because the times are going to keep changing. We got Google, Internet now, no telling what we going to have.” - Focus Group Parent, Region 3
LOUISIANA PARENTS ARE WORRIED ABOUT KEY ISSUES FACED BY THEIR CHILDREN.

Over 90% of parents surveyed believe that Louisiana youth face both major and minor problems related to sexual health (see Figure 2). Ninety-seven percent of surveyed parents view unwanted pregnancy, emotional abuse and neglect, and domestic violence as a major or minor problem, while the topics that most parents view as “major” problems were alcohol/illega drugs (81%) and unwanted pregnancy (80%). While over 90% of parents indicated that HIV/AIDS and suicide were a major or minor problem, a slight majority view these issues as major problems facing youth.
LOUISIANA PARENTS BELIEVE THAT A TRAUMA-INFORMED APPROACH TO SEX EDUCATION IS IMPORTANT

Traumatic experiences such as exposure to violence, living through a natural disaster, and other stressful events can affect the way youth think and the decisions they make, including decisions regarding their sexual health. Trauma-informed sex education programs take into consideration traumatic experiences youth may have had and provide them with emotionally safe environments in which to learn about their health.

72% OF PARENTS AGREE THAT YOUTH IN THEIR COMMUNITY ARE EXPOSED TO HIGH LEVELS OF VIOLENCE, DISASTERS, AND STRESS THAT MAY HAVE NEGATIVE EFFECTS ON THEIR HEALTH.

87% OF PARENTS WOULD BE INTERESTED IN A SEX EDUCATION PROGRAM THAT INCLUDES A FOCUS ON IMPROVING MENTAL HEALTH AND EMOTIONAL WELLNESS.

Focus groups helped to elucidate parents’ support for trauma-informed approaches to sex education. During focus groups, parents explained that they believe their children are emotionally vulnerable, and that adolescence is a particularly difficult period because of peer pressure and hormones. Parents believe that adolescents’ emotional vulnerability opens them up to being easily influenced—either negatively or positively—by a variety of sources including their peers and the media, all during a critical period of life characterized by identity exploration. This in turn impacts adolescents’ behavioral health and sexual decision making.

“We talked a lot about interventions that are needed and how we can approach teaching abstinence or sex education but one of the biggest things that I think is important is the character. Teaching the self-awareness and self-love and respect.” Focus Group Parent, Region 8

“I feel like when you really care about yourself and have goals and understand what it feels like to accomplish things, then making healthy decisions will be more likely.” Focus Group Parent, Region 8
REPORT SUMMARY

The Louisiana parent survey and focus groups reveal that across Louisiana, parents overwhelmingly support sex education in schools. A majority of Louisiana parents surveyed believe that sex education is an important part of school curriculum, and that schools should be required to offer it. While a majority of surveyed Louisiana parents believe their child has received or will receive sex education in school, Louisiana law does not currently require that schools offer sex education. Of surveyed parents who agree that sex education should be required in schools, a large majority believe that sex education should begin during middle school (grades 6-8). Surveyed Louisiana parents are concerned about major and minor problems related to sexual health that are faced by their children, including traumatic experiences, and agree that sex education topics aligned with the National Sexuality Education Standards should be taught in schools. Finally, an overwhelming majority of Louisiana parents surveyed agree that a sex education program which emphasizes abstinence (not having sex) and also includes information on birth control, including condoms, should be taught in schools in Louisiana, and endorse a trauma-informed approach to sex education.
AN APPROACH THAT WORKS

Research confirms that sex education programs which provide accurate, comprehensive, and developmentally-appropriate information on sexual health result in healthy behaviors among youth, including delayed initiation of sexual activity as well as increased contraceptive and condom use and monogamy among youth who choose to be sexually active. In addition to emphasizing abstinence and including discussions on other risk reduction methods, such as contraception and condoms, comprehensive sex education (CSE) teaches young people the skills they need to avoid negative health consequences. The National Sexuality Education Standards provide a roadmap for CSE by defining 7 topics as the minimum, essential content and skills for K–12 sex education: Anatomy & Physiology; Puberty & Adolescent Development; Identity; Pregnancy & Reproduction; Sexually Transmitted Diseases & HIV; Healthy Relationships; Personal Safety.

Children and adolescents often experience early and sometimes multiple and varied exposures to trauma. Experiences of trauma impact young people’s sexual health decision making and shape how they relate to and experience sex education. Thus, CSE must be delivered through a trauma-informed lens informed by SAMHSA’s principles of trauma-informed approaches (providing safety; optimizing trustworthiness and transparency; encouraging peer support and collaboration; allowing for empowerment – voice and choice; integrating cultural, historical and gender issues), and include screening and referrals for traumatic stress conditions. School-based CSE programs that utilize a trauma-informed lens validate young people’s lived experiences while providing them with the opportunity to explore their own emotional landscape and learn how to recognize and manage stressors.

Although 74% of surveyed Louisiana parents believe that schools should be required to offer sex education, Louisiana state law does not require sex education instruction at any grade level. However, state law allows sex education to be taught in grades 7–12 and permits the use of CSE curricula that emphasize abstinence. Since sex education is allowed—but not required—in Louisiana, there is great variation in what schools offer, with some schools teaching CSE, some teaching only abstinence, and many teaching nothing at all. Parents who believe that sex education should be taught (like 84% of those surveyed) can talk to their child’s school about the topics they would like covered.
APPENDIX

METHODOLOGY

The Louisiana Public Health Institute and the Institute of Women and Ethnic Studies developed a statewide Internet panel survey of parents and caregivers of Louisiana children between kindergarten and 12th grade. The survey was created using standardized survey questions identified from similar studies conducted in other states as well as nationally. Data collection took place during November and December of 2016. The project team utilized quota sampling to achieve a statewide sample of n=600 reflective of the Louisiana population on the basis of race and income at the state and regional levels.

A regional survey over-sample was conducted in public health regions 1, 3, and 8 to achieve an increased (non-representative) sample size (n=187 additional surveys) in those three regions (See Figure 3). Region 1 is the greater New Orleans area and includes Orleans, Jefferson, St. Bernard, and Plaquemines Parishes. Region 3 is the River Parishes region and includes St. Charles, St. John, St. James, Lafourche, Assumption, Terrebonne, and St. Mary Parishes. Region 8 is the Monroe region and includes Ouachita, Caldwell, Richland, Franklin, Tensas, Madison, East Carroll, West Carroll, Morehouse, Union, Lincoln, and Jackson Parishes.

Online survey panels are increasingly used to conduct quantitative research. Panel participants for this project were: recruited to complete surveys in exchange for points to use toward goods; contacted and invited to take the survey online via computer or mobile device; and screened to confirm that they were a Louisiana resident and parent/caregiver of a school-age child. Incomplete surveys and those identified as “speeders” were disqualified. The survey was conducted by Market Dynamics Research Group (MDRG) of New Orleans.

Focus groups with parents and/or caregivers of Louisiana children enrolled in kindergarten through 12th grade were conducted in Public Health Regions 1, 3 and 8 during February 2017. One focus group was conducted in each region (3 participants in Region 1, 17 participants in Region 3, 12 participants in Region 8).
OVERVIEW OF THE SURVEY SAMPLE

Demographics for the representative survey sample (n=600) are shown below. Our sampling methodology produced a survey sample representative of the state of Louisiana on the basis of race and income (see Figures 4 and 5). Numbers inside pie chart slices indicate percentages.

Figure 4
Survey Demographics - Race

- White: 65
- Black: 29
- Other: 6

Figure 5
Survey Demographics - Household Income

- $0-$22,499: 27
- $22,500-$42,499: 22
- $42,500-$62,499: 18
- $62,500+: 32
The survey sample is overwhelmingly female, with a mean household size of 4. The mean age of respondents is 36 years. On average, respondents had 2 children in grades kindergarten through 12 living in their household. A majority of respondents reported that their oldest child attends public school, and 54% of parents stated that their oldest child is female. Just under half of the survey participants report that they attend religious services monthly, weekly or more than once a week.
ABOUT THE LOUISIANA PUBLIC HEALTH INSTITUTE (LPHI)

LPHI, founded in 1997, is a statewide 501(c)(3) nonprofit and public health institute that translates evidence into strategy to optimize health ecosystems. Our work focuses on uncovering complementary connections across sectors to combine the social, economic, and human capital needed to align action for health. We champion health for people, within systems, and throughout communities because we envision a world where everyone has the opportunity to be healthy. For more information, visit www.lphi.org.

ABOUT THE INSTITUTE OF WOMEN AND ETHNIC STUDIES (IWES)

Founded in 1993, IWES is a national, non-profit health organization, domiciled in New Orleans, formed to improve the physical, mental and spiritual health and quality of life for women of color and their families, particularly among those socio-economically disadvantaged. For more information, visit www.iwesnola.org.

CONTRIBUTING PARTNERS

Other contributing partners include the Ouachita Youth Coalition, the Children’s Coalition of Northeast Louisiana, and the Youth Empowerment Project in St. Charles Parish.
SOURCES


