

Parents' Attitudes on Sexual Education – What and When?

Suzana Janković^{1,2}, Giulia Malatestini^{1,2} and Henrietta Benčević Striehl^{1,2}

¹ Institute of Public Health of Primorsko-Goranska County, Rijeka, Croatia

² University of Rijeka, School of Medicine, Department of Social Medicine and Epidemiology, Rijeka, Croatia

ABSTRACT

This study aims to detect opinions about what and when should be talked about in sexual education in schools respecting the role of parents. This study was conducted in 23 elementary schools in the town Rijeka, Croatia from March to May 2010. The sample consisted of parents of sixth grade elementary school pupils. There were 1,673 respondents, divided in groups of mothers and fathers. Both groups had answered what is the majority of topics to be talked about in the higher grades of elementary school. In lower elementary school grades children should be taught about the structure and differences of male and female genitalia. Topics that most parents find inappropriate to be talked about in sexual education, are sexual satisfaction and pleasure, masturbation, pornography and prostitution (5.01–7.7%). Results of this study can help in creating sexual education programs in schools where parents are considered of being equal accomplices.

Key words: adolescents, parents, sex education, school

Introduction

Sexuality is a key component of the development of youth with implication on mental and physical health. It is integral part of human life. These are also the facts stressed out by the United Nations and the World Health Organization (WHO)¹. It includes physical capability for specific sexual behavior, psychosocial values, norms, attitudes and learned procedures that affect that behavior. It also includes gender consciousness and a concept of relationship between genders, behavior and attitude about oneself and others as men or women in the context of social environment. Sexual behavior of adolescents is an important topic for the adults around the world. It is not the characteristic of the present time but the whole history of human kind. The only thing that has changed throughout the history was our capability and possibility to prevent serious negative consequences of sexual behavior². Promoting sexual literacy and sexual education can contribute psychosocial development and wellbeing during adolescence and adulthood. Deficiency and absence of sexual education can be originators of health and social hazards including sexually transmitted diseases (STD) and unwanted pregnancies¹.

Moreover, sexual education can result with delayed sexual activity or, if the person is already sexually active,

with the use of protection or contraceptives³. Despite the importance and recognition of sexual health, education that promotes it is a very sensitive and controversial area. The main source of social conflict is in the disagreement of general policy and sexual education within a family. Disagreements are generally found regarding the parental control of the education content; basic values included into the education, such as gender equality and personal responsibility, without clear definition of what kind of sexual behavior of adolescent is appropriate and acceptable¹.

Comprehensive sexual education includes three key components: complete and positive information about human sexuality as well as information adjusted to the development stage (including abstinence, contraception and STD protection with a purpose of reducing the risk behavior). It encourages development of personal and interpersonal skills and includes parents or caretakers as partners of the educators^{4,5}.

Central areas of disagreement about sexual education in professional practice are basic assumptions, educational contents and who should conduct it. Should parents be the primary educators or the school? Health pro-

motion is not an exclusive domain of parents or educators. Their cooperation should be supported because together they teach adolescents better to acquire skills which will help them to become sexually healthy adults⁶. There is an increasing interest for the role of the parents in sexual behavior of their children⁷. This role had been underestimated so far. If parents can be effective in decreasing risk behavior of their daughters and sons, than the family based approach can be combined with other strategies to reduce the problem. Parents play an important role in health promotion for their children⁸. Parents are the primary source of socialization and influence many aspects of psychological and social functions and adolescent behavior. Communication about sexuality between a parent and an adolescent may potentially positively influence their attitudes and behavior. In this way, adolescents would keep more conservative behavior with delayed sexual activity or use of the protection⁹. Parents and other family members have a power to guide the children through the phase of development of healthy sexuality as natural, normal and progressive life experience. They can help their children develop and practice responsible sexual behavior and capability of independent decision making¹⁰. Researches show that two thirds of adolescents share parental attitudes and values about sexuality, which emphasizes their influence¹¹. Half of the adolescents at the age of 14 had talked about sexuality with their parents¹². The remaining half of the adolescents should be a reason to be concerned about, because if they do not talk to their parents, researches show, they would mostly talk to their peers¹³. The fact is, even though parents play an important role in the reproductive health education of their children, many of them stand back when there is a time to talk¹⁴.

It is important to emphasize that talking about it or conduction of comprehensive program on sexuality, reproductive health or HIV does not increase sexual activity among adolescents. It actually decreases risk behavior by delayed sexual activities, reduction of sexual activities and increase of protection use, primarily condoms¹⁵.

In the Republic of Croatia, teaching curricula for primary or secondary school do not contain sexual education. Programs of nongovernmental organizations and health workers (school medicine) were conducted instead¹⁶.

Taking into account the role of a parent in support of a healthy lifestyle, and a role of guardianship, this study aims to obtain parents opinions on support for the content of sexual education at schools their children and timeliness of sexual education topics for the purpose of planning future sexual education programs or reorganizing the existing ones.

Participants and Methods

Participants were parents of the sixth grade elementary school pupils in the town of Rijeka in Primorsko-goranska County, Croatia. Out of 26 elementary schools in Rijeka, 23 have participated in the research with altogether 54 six grades with a total of 1179 pupils. These

subjects were chosen because the topic of sexuality is elaborated, starting from fourth grade and continued in the fifth grade. In the fifth grade, school medicine specialists are conducting systematic physical and psychological examinations with counseling and education for students and parents about puberty¹⁷.

In the sixth grade, in the subject »Nature«, sexuality or reproductive health are not any more elaborated¹⁸. Parents had, therefore, come across this topic already, and had a chance to talk to their children about it and build attitudes about it. Another reason is that majority of their children are twelve years old, that means pre-puberty or puberty, period of first menarche or nocturnal emissions. These events in children's life are often inducement for the first talk about sexuality or reproductive health.

The question was: »When should children be thought about a particular topic?«. Offered topics were: structure and the difference between male and female genitalia; puberty; menarche; nocturnal emissions; conception; pregnancy and birth; sexually transmitted diseases; peer pressure to engage in sexual activities; adolescent pregnancies/parenthood; sexual satisfaction and pleasure; masturbation; contraception; homosexuality; adolescent prostitution; pornography; romantic relationship with the person of opposite gender and infatuation. Proposed times to talk about these topics were: lower elementary school grades (6–11 year old children); higher elementary school grades (11–15 years old children); high school (15–18 years old children); and it should not be talked about this topic at all.

The question was in a form of table where parents were filling appropriate fields with an X sign. Parents were asked about age, marital status, level of education, the size of the settlement where they had spent the majority of life, the importance of religion, parental role (mother, father) and child's gender.

After the presentation of intentions and the content of the questionnaire, City government through its' Department of Education of the City of Rijeka gave support to enter elementary schools and conduct the questionnaire. All of the elementary schools principals had received the electronic letter and request for cooperation. Together with questionnaires, every principle, associate and class master had received detailed instructions and information on who is conducting the research and what is it going to be used for (with detailed information on the researcher).

School associates (pedagogues, psychologists) had distributed questionnaires to the class masters and class masters to the pupils. Questionnaires were in separate envelopes, two for each pupil. Those pupils who live with only one parent had received an envelope with one questionnaire. Pupils took the questionnaires home and returned them back to the class masters.

Subjects were surveyed anonymously and voluntarily, using bioethical standards and principles of privacy and confidence. The study lasted for two months, from March to May 2010.

Statistical analysis

The χ^2 -test was used to investigate preferences about time for education on certain topics. To estimate gender differences between categories, post-hoc test Comparison of proportion was used. Level of statistical significance was set at $p < 0.05$. Statistical analysis was performed with the statistical package Statistica 9.1. (StatSoft Inc., Tulsa, SAD).

Results

In 23 (out of 26) elementary schools in Rijeka, 1 673 questionnaires were collected from parents of 1 179 sixth grade pupils. There were 150 empty questionnaires. The

exact response rate is not possible to calculate because of the unknown marital status. It was estimated that response rate was minimally 70.9%. There were 940 (56.2%) mothers and 733 (43.8%) fathers.

Mean age of parents was 42. Youngest was 29, oldest was 67 (50% of parents' were in the age group of 39 to 46). Majority of parents have high school education 58.8%. Less than high school education has 9.8% of parents, whereas 31.4% has more than high school education.

Majority of parents are married 86.9% while 5.8% were divorced. Majority of parents, 62.9%, had lived most of their lives in a city with more than 50 000 inhabitants and 20.7% within towns between 5 000 and 50 000 inhabitants. Religion is highly important for 16.2% and impor-

TABLE 1
PARENTS' OPINIONS ON TIMING OF THE PARTICULAR TOPICS IN SEXUAL EDUCATION OF THEIR CHILDREN

Topic	Gender	N	Relative frequencies (%)				Statistics	
			Lower elementary school grades	Higher elementary school grades	High school	It shouldn't be talked about	χ^2	p
Puberty	Women	908	38.1*	61.6*	0.2*	0.1	28.2	0.000
	Men	709	28.2	69.5	1.8	0.4		
Sexually transmitted diseases	Women	904	3.3	71.2	24.8	0.6	3.2	0.519
	Men	703	4.1	70.0	24.8	1.1		
Structure and the difference between male and female genitalia	Women	901	64.4*	33.5*	1.3*	0.7	42.5	0.000
	Men	702	49.4	45.6	4.0	1.0		
Menarche	Women	900	36.3*	62.4*	0.8	0.4	35.9	0.000
	Men	694	23.3	73.5	2.2	1.0		
Conception, pregnancy and birth	Women	903	3.3	69.2	25.7	1.7	2.9	0.580
	Men	695	4.3	66.6	27.6	1.4		
Adolescent pregnancy/parenthood	Women	900	1.6	54.6	42.1	1.7	4.6	0.470
	Men	695	1.9	57.8	38.3	1.9		
Contraception	Women	902	1.8	61.3	35.1	1.8	1.7	0.646
	Men	695	2.3	61.6	33.7	2.4		
Nocturnal emissions	Women	884	19.2*	75.9	4.2	0.7	13.2	0.004
	Men	694	13.1	79.7	6.1	1.2		
Peer pressure to engage in sexual activities	Women	899	5.1	70.9	22.1	1.8	2.8	0.594
	Men	693	4.2	73.0	20.5	2.3		
Romantic relationship with the person of opposite gender and infatuation	Women	898	13.5	61.0	23.4	2.1	3.8	0.284
	Men	693	10.7	61.6	24.8	2.9		
Homosexuality	Women	898	3.2	57.9	34.2	4.5	6.0	0.310
	Men	695	4.7	59.1	30.8	5.3		
Adolescent prostitution	Women	898	1.9	46.9	46.0*	5.0	13.0	0.011
	Men	694	3.5	51.9	38.6	6.1		
Sexual satisfaction and pleasure	Women	895	1.2	49.4	43.7	5.7	5.8	0.123
	Men	692	1.7	54.8	38.6	4.9		
Masturbation	Women	894	1.7	58.3	32.3	7.7	3.4	0.331
	Men	693	2.6	60.9	29.9	6.6		
Pornography	Women	892	4.9	50.1	37.3	7.6	3.2	0.364
	Men	695	6.2	52.8	33.7	7.3		

* Post-hoc analysis, comparison of proportion, statistical significant difference found between men and women

tant for 52.7%. It is mostly unimportant for 23.2% and completely unimportant for 7.9% examinees.

The results shown in Table 1 were sorted by the number of parents who responded that the topic should be talked about. Respondents didn't answer all of the topics. The number of mothers answering different topics ranged from 908 for the question »puberty« to 892 for »pornography«. The majority of fathers, 709, had answered the topic of »puberty«, and the least number of fathers, 692, on the question on sexual satisfaction and pleasure.

For almost all of the topics, except the »structure and the difference between male and female genitalia« the majority of both groups of parents had chosen higher elementary school grades as the best time for the proposed education.

The opinion of 64.4% of mothers and the 49.4% of fathers is that the structure and the difference between male and female genitalia should be taught in the period of lower elementary school grades. More mothers than fathers recommend the topic »structure and the difference between male and female genitalia« in higher elementary school grades ($p < 0.0001$). The same topic is more recommended by fathers in the high school as a time category ($p < 0.0001$). Statistical difference within groups of parents is noticed for the topic »puberty« – more mothers than fathers recommended it for the lower elementary school grades ($p < 0.0001$), but still the majority of respondents recommend it for higher elementary school grades where the greater part is made of mothers again, 69.5% as *per* 61.5% of fathers.

Another statistical difference is noticed on the topic »menarche«. The percentage of mothers who would talk about it in lower elementary school grades is higher than fathers, 36.3% to 23.3% ($p < 0.0001$). At the same time 73.5% fathers is in favor of higher elementary school grades compared to 62.4% of mothers ($p < 0.0001$).

More mothers would like education on nocturnal emissions in lower elementary school grades, 19.3% compared to 13.1% of fathers ($p = 0.004$). The difference is noticed as well in the topic of »prostitution« where more mothers (46.0%) than fathers (38.2%) would like it to be talked about in high school ($p = 0.0011$).

Topics that most parents would not like to be talked about at all were »sexual satisfaction and pleasure«, »masturbation« and »pornography« for mothers and »pornography«, »masturbation« and »prostitution« for fathers.

Parent's attitudes according to the child's gender were shown in Table 2. The total number of mothers and fathers is differs between Table 1 and Table 2 because some parents did not declare the child's gender. Topics shown represent five topics where significant statistical difference was found between mothers and fathers, independent of child's gender. The opinion about the best time to elaborate these topics mostly did not change in relation to child's gender, except for the mothers of daughters who are in higher percentage suggesting the topic of adolescent prostitution to be talked about in high

school. Analyzing answers according to the child's gender, significant statistical difference is lost between mothers and fathers for the topic of nocturnal emissions.

Discussion

Results of this study are pointing out the fact that parents recognize and support the need of their children for the wide spectrum information in the field of sexual education.

They also support the education appropriate to the age of the child, which means that basic information about sexuality the child should receive in the lower elementary school grades and later on, according to the child's development. The child receives new information as a building block to the basics received^{19,20}.

Some other studies in the world had shown the same parental attitudes that the education should be conducted mostly in the higher elementary school grades, except for the basic information (the difference between male and female genitalia) which should be conducted in the lower grades^{21,22}.

All this is in favor of international standards set by the World Health Organization whose recommendation is to start sexual education in elementary schools. These recommendations are pointing out that, especially in the developing world, girls in the first grade of high school are facing the biggest risk of the consequence of sexual activities²³.

When examining the overall difference in answers between mothers and fathers there is no statistical significance when it comes to the proposed periods best for their children's education on the topics of sexual education. There were differences within some educational periods, for example, mothers would educate children on puberty earlier than fathers, as well on the difference between male and female genitalia, menarche and nocturnal emissions, but they would also educate later on adolescent prostitution, which is specially noted by the mothers of daughters. Perhaps mothers are more aware of the new societal influences and the biological changes that make puberty an earlier event in their children's life. They may also be more aware that some events and body changes in the puberty are easier for the child to accept if the child receives earlier education on these topics. In conclusion, after all, it all implies that we should not make differences between mothers and fathers when approaching them regarding the sexual education of children. It may, however, imply that educators should always, when preparing for the education, present the educational plan and explain to parents the importance of some topics and the importance of proposed timeframe.

The majority of Rijeka's parents of the elementary school sixth graders support the education on all the proposed topics and they had sorted them into one of the proposed periods of time. The examples of similar research in the world also speak in favor of the fact that parents want their children to be educated in the topics

TABLE 2
PARENTS OPINIONS IN RELATION TO CHILD'S GENDER ON TIMING OF THE PARTICULAR TOPICS IN SEXUAL EDUCATION OF THEIR CHILDREN

Topic	Parental role*	N	Relative frequencies (%)				Statistics	
			Lower elementary school grades	Higher elementary school grades	High school	It shouldn't be talked about	χ^2	p
Puberty	MD	436	40.1	59.6	0.2	0.0	33.58	<0.001
	MS	460	37.0	62.6	0.2	0.2		
	FD	390	26.2	71.5	2.1	0.3		
	FS	315	30.8	67.0	1.6	0.6		
Structure and the difference between male and female genitalia	MD	434	64.1	33.4	1.6	0.7	45.954	<0.001
	MS	455	64.8	33.4	1.1	0.7		
	FD	387	48.3	47.3	3.4	1.0		
	FS	310	50.6	43.9	4.5	1.0		
Menarche	MD	434	39.9	59.7	0.5	0.0	46.57	<0.001
	MS	453	33.1	65.1	1.1	0.7		
	FD	379	23.5	72.6	2.9	1.1		
	FS	311	23.2	74.6	1.3	1.0		
Nocturnal emissions	MD	420	21.0	74.5	4.0	0.5	16.86	0.051
	MS	452	17.7	77.4	4.2	0.7		
	FD	382	12.3	81.4	5.2	1.0		
	FS	308	14.3	77.6	6.8	1.3		
Adolescent prostitution	MD	430	1.4	43.7	48.6	5.8	24.73	0.016
	MS	456	2.2	50.0	43.6	4.2		
	FD	382	3.7	53.9	37.2	5.2		
	FS	308	3.2	49.7	39.9	7.1		

*MD – mother of a daughter; MS – mother of a son; FD – father of a daughter; FS – father of a son

of sexual education. McKeon²⁴ cites couple of studies in the United States where 89–94% adults consider that it is important for young people to receive information on sexuality and reproductive health, especially on contraceptives and prevention of sexually transmitted diseases (STD). These examinees also think that the main focus should be on the prevention of unwanted pregnancies and STD. Opara et al.²⁵, studied opinions of 148 Nigerian Christian mothers where 80% of them were in favor of sexual education for their children. Even though researches show the emerging need for this kind of education, the comprehensive programs of sexual and reproductive health education for youth are alarmingly inappropriate or completely lacking in many countries around the world²⁴.

A number of parents have the opinion that some of the topics should not be covered at all as a part of the sexual education. These topics are sexual satisfaction and pleasure, orgasm, masturbation, pornography and adolescent prostitution^{4,21}. These topics were among the majority of »not to be talked about« topics for examinees in this study as well, but only within 8% of parents. Even topics of great controversy like homosexuality, adolescent prostitution, masturbation, pornography, sexual sa-

tisfaction and pleasure were supported by the great majority of both mothers and fathers. These are interesting findings, knowing the attitudes of Catholic Church towards the mentioned topics and the influence that Catholic Church may have on the inhabitants of the Republic of Croatia. In fact, 85% of inhabitants of Croatia are noted as Catholics by the last census in 2001 and only 5.21% as agnostic or not religious^{25–27}. However, the intention of this study was not to reveal the way, religious or secular, that should be applied in the education about mentioned topics in sexual education.

Conclusion

In Croatia, there is a number of papers on sexuality knowledge and attitudes of children and youth of different age, but papers dealing with parental attitudes in this topic, according to available sources (MEDLINE), do not exist. The most important conclusion that we had drawn out of this short research is the parent's approval of significance of sexual education at schools for their children. Another two important results were the approval of topics covered and their timelines. This paper is a contribution to the further research on attitudes of

parents on sexual education of children and a point of comparison for the research in the other Croatian towns.

Results of this research can help improving the existing and creating new programs for sexual education in

schools where parents should be the contributors and sometimes even the audience together with the students and experts.

REFERENCES

1. SHTARKSHALL R A, SANTELLI J S, HIRSCH J S, *Perspect Sex Reprod Health*, 39 (2007) 116. — 2. BROWN RT, *Adolesc. Med*, 11 (2000) 19. — 3. FAMILY HEALTH INTERNATIONAL, *Sex Education Helps Prepare Young Adults*. Network: 20 (2000), accessed 12.12.2010. Available from: URL: http://www.fhi.org/en/RH/Pubs/Network/v20_3/NWvol20-3youthed.htm — 4. CONSTANTINE NA, JERMAN P, HUANG AX, *Perspect Sex Reprod Health*, 39 (2007) 167. — 5. KANN L, TELLJOHAN SK, WOOLEY SF, *J School Health*, 77 (2007) 385. DOI:10.1111/j.1746-1561.2007.00228. — 6. LAGINA N, *The Facts: Parent-child communication: promoting sexually healthy youth*. Advocates for Youth, 2002, accessed 12.12.2010. Available from: URL: <http://www.advocatesforyouth.org/storage/advfy/documents/parent%20child%20communication%202010.pdf> — 7. JACCARD J, DITTUS PJ, GORDON VV, *Child Dev*, 69 (1998) 247. DOI: 10.2307/2136192. — 8. INTERAGENCY YOUTH WORKING GROUP, *Youth Lens. Helping Parents Improve Adolescent Health*. USA Network: (The Group, 2007). — 9. LIN YC, CHU YH, LIN HH, *Education*, 127 (2006) 16. — 10. RAMSEY C, PURDY P, *Involving Parents in Reproductive Health Education for Youth*. In Focus Series. Washington DC, Focus on Young Adults, 1998. — 11. OGLE S, GLASIER A, RILEY SC, *Contraception*, 77 (2008) 283. DOI: 10.1016/j.contraception.2007.12.003. — 12. JACCARD J, DITTUS P, GORDON VV, *Child Dev*, 69 (2000) 247. — 13. JANKOVIĆ S, *Needs and expectations of adolescents in acquiring knowledge in reproductive health promotion*. MS Thesis. In Croat. (University of Zagreb, Zagreb, 2005). — 14. SUGLAND BW, LEON J, HUDSON R, *Engaging Parents and Families In Adolescent Reproductive Health: A Case Study Review*, Baltimore: Center for Applied Research and Technical Assistance (CARTA), (2004) — 15. KIRBY D, *Adolesc Med*, 10 (1999) 195. — 16. BIJELIĆ N, *Eur J Womens Stud*, 15 (2008) 329. DOI: 10.1177/1350506808095273. — 17. NARODNE NOVINE, 126, *Plan i program mjera zdravstvene zaštite iz obveznog zdravstvenog osiguranja* (Zagreb, 2006), Accessed 15.03.2011. Available from: URL: <http://narodne-novine.nn.hr/> — 18. DŽAPO J, TONŠETIĆ J, ZADRAŽIL L, *Priroda 5*, (Profil International, Zagreb, 2007). — 19. WEAVER AD, BYERS ES, SEARS HA, COHEN JN, HILARY ES, *CJHS Journal*, 11 (2002) 19. — 20. ČUK M, *Obnovljeni život*. 59 (2004) 199. — 21. COX MF, SCHARER K, BALIKO B, CLARK A, *J Pediatr Nurs*, 25 (2010) 187. DOI: 10.1016/j.ped.2008.09.004. — 22. BURGESS V, DZIEGIELEWSKI SF, EVANS GREEN C, *Brief Treatment and Crisis Intervention*, 5 (2005). DOI: 10.1093/brief-treatment/mhi023. — 23. ZAMPAS C, KABRIAEI P, *Interlights. Bulletin* 15 (2007) 185. — 24. MCKEON B, *The Facts: Sex Education: Programs and Curricula Advocates for Youth*, (2002). Accessed 12.12.2010. Available from: URL: <http://www.advocatesforyouth.org/storage/advfy/documents/fssexcur.pdf> — 25. OPARA PI, EKE GK, AKANI NA, *Niger J Med*, 19 (2010) 168 379. DOI: 10.4314/njm.v19i2.56513. — 26. CATHOLIC FAITH. FRANJO CARDINAL SEPER. *Sacred Congregation for the doctrine of the faith. Persona humana*, (1975). Accessed 12.12.2010. Available from: URL: http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19751229_persona-humana_en.html — 27. CROATIAN CENTRAL BUREAU OF STATISTICS, *CENSUS 2001*. Accessed: 20.01.2011. Available from: URL: http://www.dzs.hr/default_e.htm.dzs.hr

S. Janković

Institute of Public Health of Primorsko-Goranska County, Krešimirova 52a, 51000 Rijeka, Croatia
e-mail: suzana@zzjzpgz.hr

STAVOVI RODITELJA O SPOLNOM ODGOJU – ŠTO I KADA

SAŽETAK

Ovom istraživanju cilj je otkriti mišljenje roditelja o tome što i kada treba govoriti u spolnoj edukaciji poštujući ulogu roditelja. Uzorak se sastojao od roditelja učenika šestih razreda osnovne škole. Istraživanje je provedeno u 23 osnovne škole u Gradu Rijeci, Hrvatska, od ožujka do svibnja 2010. Bilo je 1673 ispitanika koji su podijeljeni u grupe majki i očeva. Obje grupe izjasnile su se da bi o većini tema trebalo govoriti u višim razredima osnovne škole. U nižim bi razredima osnovne škole trebalo govoriti o građi i razlikama muških i ženskih spolnih organa. Teme o kojima najveći broj roditelja ne bi razgovarao u spolnoj edukaciji jesu spolno zadovoljstvo i užitak, samozadovoljavanje, pornografija i prostitucija (5,01% – 7,7%). Rezultati ovog istraživanja mogu pomoći kreiranju programa spolne edukacije u školama u kojim su roditelji ravnopravni suučesnici.