

# ASK ME ANYTHING

Results of the New Brunswick Sexual Health Education Survey –  
For Key Stakeholders

**Horizon Public Health | Vitalité Public Health**

**With support from:**  
Maritime SPOR SUPPORT Unit and The Office of Research Services

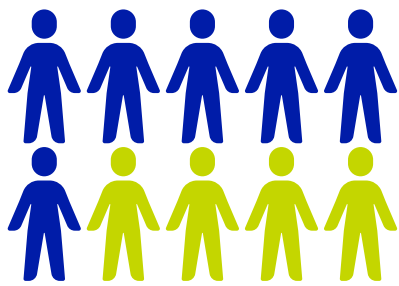


# ASK ME ANYTHING

## A NEW BRUNSWICK SEXUAL HEALTH EDUCATION SURVEY - RESULTS

### BACKGROUND

New Brunswick (NB) youth have a high incidence of sexually transmitted infections and unplanned pregnancies. Furthermore, children and youth account for most sexual violations reported to the police, and a significant proportion of adolescents are exposed to dating violence. These statistics suggest that NB youth participate in high-risk sexual behaviors and may lack knowledge regarding sexual consent, personal safety, and healthy relationship characteristics.



**6 OUT OF 10  
SEXUALLY ACTIVE  
YOUTHS REPORTED  
USING A CONDOM  
DURING THEIR LAST  
SEXUAL INTERCOURSE**

**NEW BRUNSWICK HAD THE**

**Third  
Highest**

**AVERAGE RATE OF ALL  
SEXUAL OFFENCES  
AGAINST CHILDREN  
AND YOUTH ACROSS  
ALL PROVINCES  
BETWEEN 2009-2016**



**OF STUDENTS IN  
GRADES 7 TO 12  
REPORTED BEING  
VIOLATED SEXUALLY  
AT LEAST ONCE IN  
THEIR LIFETIME**

These statistics also illustrate a substantial need for sexual health education in New Brunswick, and parents are best suited to meet this need.



















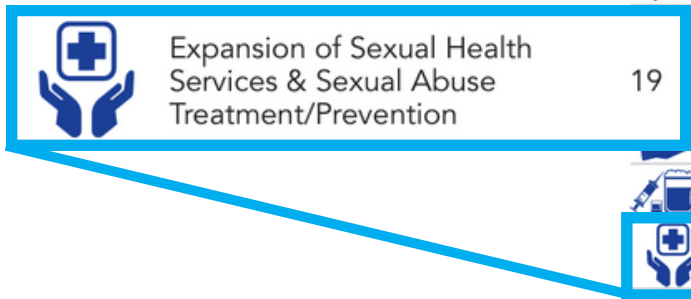
**POSITIVE SEXUAL HEALTH  
COMMUNICATION BETWEEN  
PARENTS AND CHILDREN IS AN  
ENABLING FUNCTION FOR  
HEALTHY SEXUALITY AND SEXUAL  
BEHAVIOUR IN ADOLESCENCE.**

Nevertheless, parental communication about sex often consists of providing brief answers and shutting down future conversations. Barriers to parent-child communication about sexual health can include demographic factors and limitations in the knowledge and comfort to facilitate these conversations.

Community stakeholders across Horizon Health Network and Vitalité Health Network regions have determined a lack of available resources to support parents and other caregivers in this context.

TABLE 6: Horizon's Regional Priorities (not in any order of priority)

REGIONAL PRIORITY	PAGE	REGIONAL PRIORITY	PAGE
 Food Insecurity	17	 Awareness of Services & System Navigation	21
 Transportation	17	 Social Supports to Help Individuals Move Out of Poverty	22
 Mental Resiliency and Coping Skills Among Children & Youth	17	 Housing	22
 Addictions & Mental Health Services	18	 Collaboration with First Nations	23
 Alcohol and Drug Use/Abuse	18	 Supporting the New Family Reality	23
 Expansion of Sexual Health Services & Sexual Abuse Treatment/Prevention	19	 Senior Isolation and Lack of Community/Social Supports for Seniors	24
 Access to Primary Health Care Services	19	 Senior Home Care and Outreach Services	24
 A Shift to More Comprehensive, Team Based Primary Health Care	20	 Recreation	24
 More Focus on Chronic Disease Prevention	20	 Enhanced Collaboration, Communication & Connectedness	25
 Healthy Eating & Physical Activity	21	 Continual Community Engagement	25



from *Broadening Our Focus: Identifying Regional Priorities from the Needs of Our Communities*.

Indeed, Horizon Health Network identified sexual health education in communities as one of its Top 20 Regional Priorities.

To determine what resources are needed, this study investigated the sexual health education needs of parents and guardians in NB. These results will help inform the development or adaptation of resources to support parents in their role as primary sexual health educators for their children.

## WHAT WE DID

From December 2019 to March 2020, we recruited over 5,000 participants to complete the Ask Me Anything survey, which included questions about participants' demographic characteristics, current sexual health education practices, and sexual health education needed.

More than  
**5000**  
Parents and guardians  
completed the survey!

Participants included French and English respondents who represented a diverse range of demographic and cultural perspectives.

# WHAT WE FOUND

## GENERAL FINDINGS

The majority of participants (95%) believed that parents and guardians were primarily responsible for their children's sexual health education. Many also felt that teachers (75%) and healthcare providers (59%) shared this responsibility.



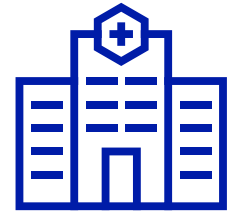
95% agree it is primarily a parent or guardian responsibility

And feel this responsibility is shared with:



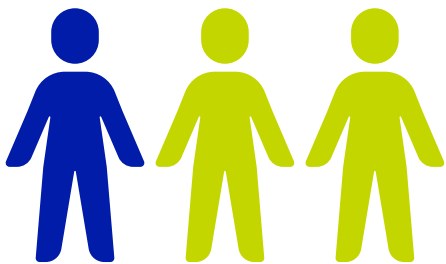
Teachers (75%)

&



Healthcare Staff (59%)

Most participants agreed that they had sufficient knowledge to educate their children about sexual health (88%). Similarly, participants tended to agree that they were comfortable discussing sexual health with their children (85%). Most participants reported engaging in a moderate amount of communication on this subject (i.e., a few times or quite often).



More than 1 in 3 New Brunswick parents and guardians expressed a need for more resources to educate their children about sexual health.

*We asked these people more questions about the type of help they would want...*

# 87%

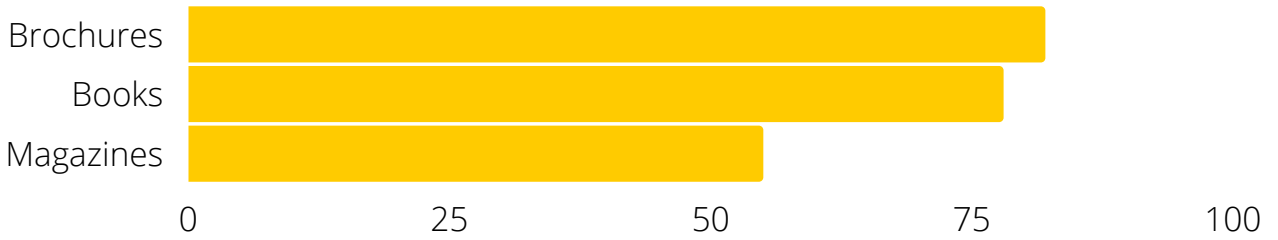
said they would like more resources to support school sexual health education.

# 76%

said they want resources to help them understand what sexual health topics are age-appropriate for their children.

# SEXUAL HEALTH EDUCATION NEEDS

Many participants (93.1%) reported that paper-based resources would help discuss sexual health with their children, such as:



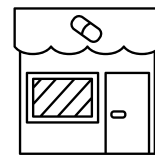
Accessed through:



Schools  
(87%)



Healthcare  
Facilities  
(83%)

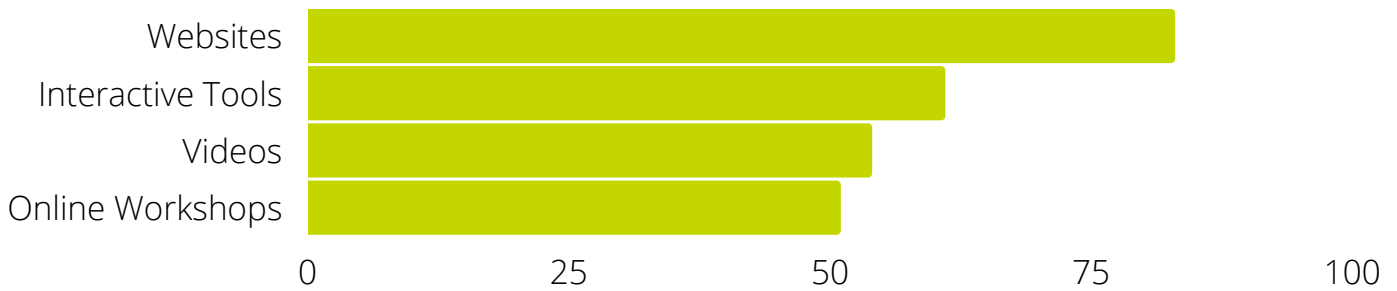


Pharmacies  
(70%)



Resource  
Centers  
(52%)

Most participants (90.7) also indicated that online resources and interactive tools would be helpful, like:



Accessed through:



Schools  
(92%)



Healthcare  
Facilities  
(79%)



Social  
Media  
(64%)

Fewer participants (55.2%) expressed interest in in-person resources,



Accessed through:



Schools  
(76%)



Healthcare  
Facilities  
(67%)



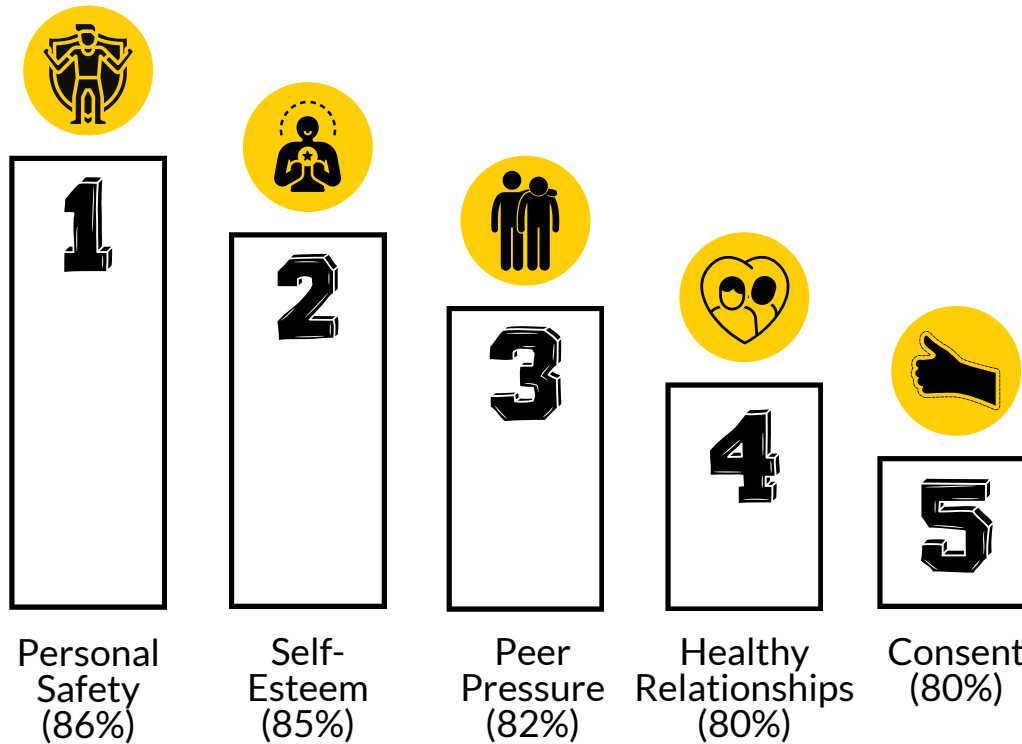
Libraries  
(61%)



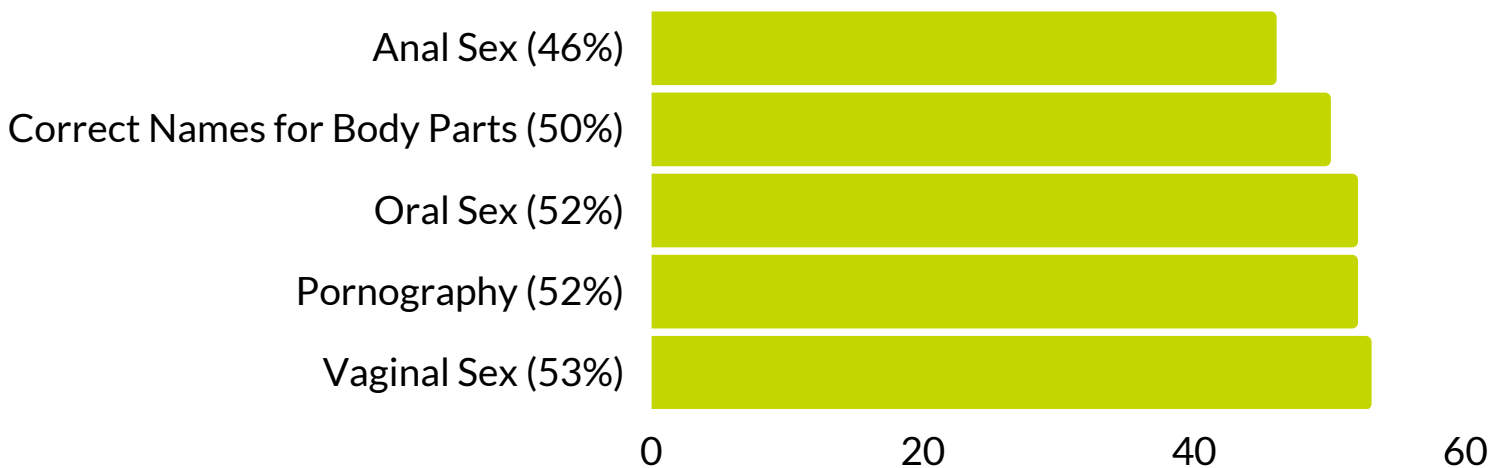
Community  
Centers  
(61%)

Participants were also asked to specify which topics they would like more resources to talk to their children about.

## MOST COMMON TOPICS REQUESTED



In answering this, participants also let us know which topics they were least interested in.



**Sexual health education resources should move beyond simply providing knowledge that could be found online and aim to fill gaps in this information or tailor messages to meet the needs of New Brunswickers.**

## DEMOGRAPHIC COMPARISONS

Finally, we used inferential statistics to compare demographic groups on their levels of knowledge and comfort and their need for resources. Notably, all participant groups reported high levels of knowledge and comfort and, unless stated otherwise, the size of these differences is small.

### **Parental Gender:**

Individuals identifying as men and women reported similar amounts of knowledge to talk to their children about sexual health, but men reported moderately lower comfort than women. More women however indicated that they would like additional resources to talk to their children.

### **Parents Age:**

Parental age was unrelated to their levels of knowledge or comfort or need for resources.

### **Age of Oldest Child:**

There was no relationship between the age of a parent's oldest child and their level of knowledge or comfort. However, parents of children aged 6-12 were more likely than expected to express a need for resources, whereas parents of children aged 13-18 were less likely than expected to report needing resources.

### **Number of Children:**

The number of children was not related to parental knowledge or comfort or the need for resources to discuss sexual health with their children.

### **Language:**

Anglophone and Francophone participants reported similar levels of knowledge, but Francophone participants had slightly lower comfort discussing sexual health. The linguistic groups did not differ significantly in their need for resources.

## Diverse Learning:

Parents of children with and without diverse learning needs reported similar amounts of knowledge and comfort, but more often, parents of children with diverse learning needs said they would like more resources to support sexual health education with their children.

## Religion:

There was a significant relationship between following a religion and levels of knowledge and comfort to discuss sexual health; however, the magnitude of this relation was trivial.

## Sexual Orientation:

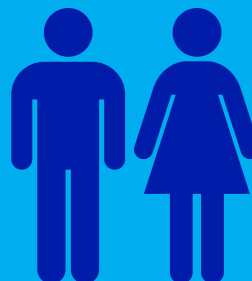
Parents who did not identify as heterosexual reported higher levels of knowledge and comfort than heterosexual parents. There was no difference between these two groups in the proportion of individuals who would like more sexual health education resources.

## Ethnicity:

Only three ethnic groups had adequate sample sizes to conduct these analyses: European, North American Other, and North American Indigenous. There were significant differences between these groups, such that both North American groups reported lower levels of knowledge than participants of European descent. There were no differences between these groups in level of comfort or the proportion of participants who need more resources.



Creating tools specifically for parents with children with diverse learning needs to help them have sexual health conversations could be helpful.



Resources to improve men's comfort levels in talking with their children could be helpful.



# RECOMMENDATIONS

Based on the results of the present study, the following recommendations are made for the development or adaptation of resources.

## **1 Collaborate with school districts and healthcare staff to develop resources for parents that complement the sexual health education in schools.**

The role of the education and healthcare systems seemed to be valued by parents. They saw teachers and healthcare staff as sharing in the responsibility to educate their children and wanted to find resources at schools and clinics, among other areas. Furthermore, most participants indicated they would like additional resources to support sexual health education in schools. Therefore, any resources developed should consider NB sexual health curriculum and utilize schools as a dissemination avenue. This approach may draw parents' attention to the education happening in schools and contribute to greater satisfaction with this education.

## **2 Create resources to share information with parents on what sexual health topics are age-appropriate for their children.**

Many parents indicated that they needed resources to understand age-appropriate topics for their children. Moreover, parents tended to be more interested in “less sensitive topics” (e.g., personal safety) than “more sensitive topics” (e.g., pornography). Therefore, resources to educate parents about age-appropriate topics and instructions for initiating these conversations in a developmentally appropriate manner would be beneficial.

## **3 Develop a primarily online dissemination strategy with supplementary paper materials**

Participants in our study were equally interested in online and paper-based resources, but online resources are preferred in the literature for their cost-effectiveness and reach. Nevertheless, our results suggest there is still a place for paper resources (e.g., brochures) to be shared at schools and health facilities. Conversely, there does not seem to be a place for in-person resources, given the relative disinterest and the costs and logistics associated with such resources.

## **4 Co-develop materials between Horizon and Vitalité Health Networks.**

There were minimal differences between linguistic groups regarding their needs. As such, it would be effective and efficient for Horizon and Vitalité Health Networks to co-develop resources. Previous research suggests there is variability in the context and scope of sexual health education in NB schools. Consequently, providing consistency in other resources would be valuable for parents throughout the province.

## **5 Use the results of this study to create resources tailored to the needs of specific populations who said they require more support resources or who were less knowledgeable or comfortable.**

Overall, parents in our study reported high levels of knowledge and comfort. However, there were some demographic differences in these outcomes and the need for resources. Although the magnitude of these differences was small, they may provide some insight into how to tailor resources to the needs of specific populations. For example, Indigenous parents may benefit from culturally-sensitive resources to increase knowledge which are co-developed with Indigenous parents. In addition, parents identifying as men could utilize resources conveying the benefits of man-identifying parent-child communication, and parents of children with diverse learning needs may favor resources to help them understand what is developmentally appropriate for their children.

**We will share the results with the people who make sexual health education resources so they can use them to inform the creation of resources to help parents talk to their children about sexual health.**

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