

Rights, Respect, Responsibility

Summary of Results

Rights, Respect, Responsibility® Survey

Planned Parenthood of Southwestern Oregon, Oct 2003

INTRODUCTION

In 2001, Planned Parenthood of Southwestern Oregon, along with other regional offices of Planned Parenthood, began a five-year project (Rights, Respect, Responsibility) to bring European sex education methods and attitudes to the United States. As part of this project, Planned Parenthood asked Northwest Survey & Data Services (NSDS) to conduct two surveys of 400 households in a four-area region of Oregon. The goal of these surveys was to assess residents' attitudes on a wide variety of issues related to sexuality education and teenagers and to see how these attitudes evolved and changed over time. The results of the first survey in early 2002 formed a baseline from which changes in these attitudes were measured in late 2003. Readers of this report should familiarize themselves with the 2002 report summarizing the results of the first survey.

The 2003 survey replicates the questions asked in 2002, with the addition of a small number of new questions. The survey was conducted during late October, eighteen months after the conclusion of the first survey. The regions surveyed again included the metropolitan areas of Medford, Grants Pass, Springfield and Eugene. Each of these four cities were represented in their natural proportion, with every resident of the region having an equal chance of being called for an interview. The results represent the general public attitudes of these four areas, considered as a single service delivery area. The results can be generalized back to this service area with a maximum margin of error of $\pm 4.8\%$. For subsets of this general population, such as residents of Medford, or women respondents, the margin of error is larger than $\pm 4.8\%$ and varies for each specific subset,

but can be as high as $\pm 10\%$ for a small city like Grants Pass.

For the 2003 survey, the response rate (a measure of reliability) was a very high 55% and the refusal rate was a low 14%.

In addition to the household survey, a small survey of teens was conducted simultaneously. A total of 43 teens were surveyed, of which 33 were under the age of 18. In the first survey 44 teens were surveyed. For those teens under age 18 parental permission was obtained prior to the survey. The goal of the teen survey was to get impressions about possible teen attitudes toward sex education and communication between teens and their parents. The teenage results are not of scientific quality and do not generalize to the general population of teens in the service delivery area.

RESULTS

The following report summarizes the major results of this survey. Each set of questions in the survey was examined to see if the baseline results have changed since the first survey, when the entire survey population is looked at as a single unit, and for the differences that may have occurred when subsets of the survey population are examined.

In addition to the following summary, this report contains a copy of the survey with the question wording and the topline frequency results for each possible response. Included in this topline are the narrative responses given to open-ended questions, where respondents were asked to voice their opinions on specific issues.

Following the Questionnaire is a set of 93 banner-style tables that present cross-tabulations of each question in the survey with the individual information gathered on each respondent during the course of the interviews. This individual information includes: age; gender; area of residence; income; education; number of children; political affiliation; and whether or not the respondents are members of a religious community.

Following the banner tables there is a one-page summary of sample and response rate report which details dial attempt results from the survey.

GENERAL FINDINGS

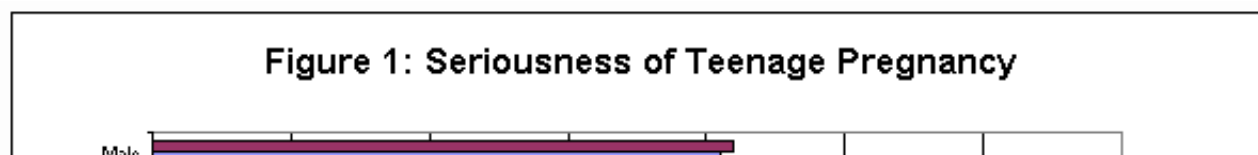
The results from the 2003 survey show some important areas where attitudes and behaviors toward teen sexuality and sexuality education have moved in the direction of the goals of the Rights, Respect, Responsibility Campaign. However, there are many results that are identical or very close to the results of the 2002 survey.

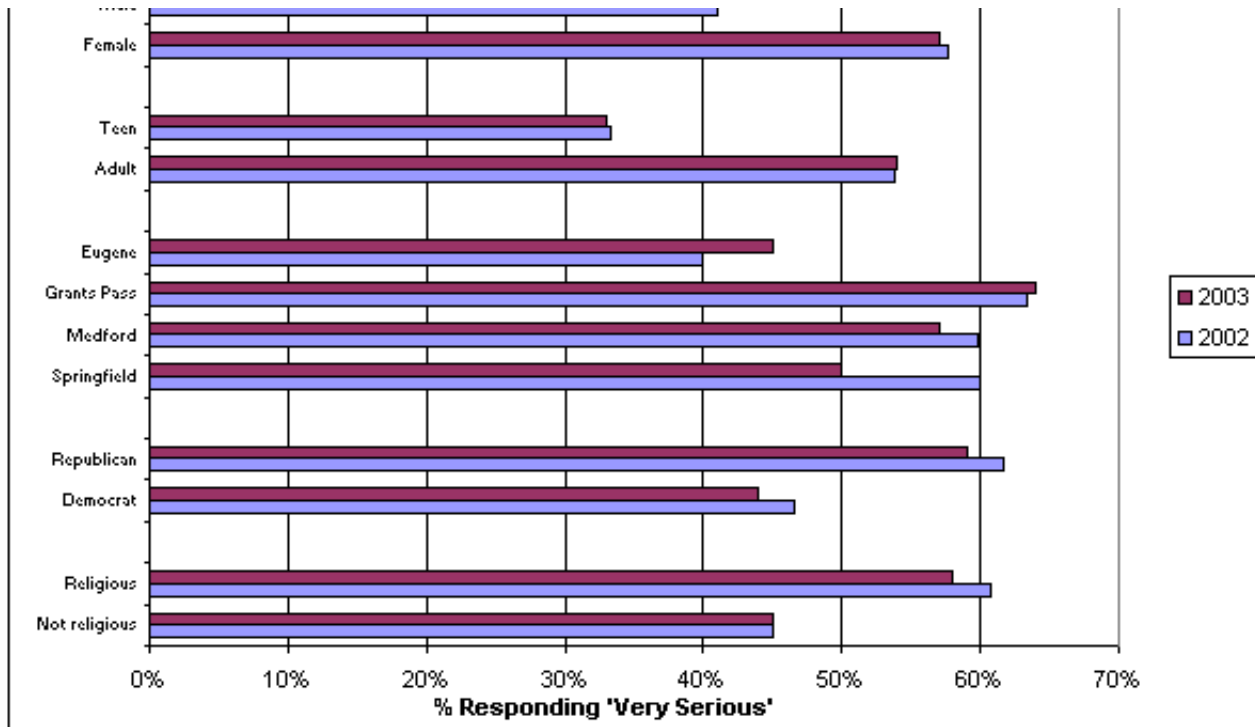
There are two reasons why one would expect the results for some items not to change. First, some of the content areas of the survey scored so "high" on the 2002 survey that it was unlikely that change in a "positive" direction could occur. In effect, the 2002 results already showed strong attitudes in support of the goals of Planned Parenthood. Second, some of the survey questions ask about opinions that would not necessarily be influenced by the Rights, Respect, Responsibility Campaign.

Nevertheless, even with these limitations, many items did see changes in how respondents felt, and those changes were always in the direction of the Rights, Respect, Responsibility Campaign mission. The following sections will examine each topic area and what was new from the 2003 survey.

TEEN PREGNANCY AND BIRTH CONTROL SERVICES

The survey started by asking respondents what the most important issue is facing young people today. In 2002, drugs or alcohol and education were the most common answers. However, also quite common were issues of morality, family, sexual issues, and peer pressure. Not surprisingly, these same issues were still thought to be the most important in 2003. When asked directly about teen pregnancy, almost all respondents continued to agree that teen pregnancy was a serious problem. Over half of all respondents again thought that teen pregnancy was a "very serious" problem. This year, another 43% of respondents thought that teen pregnancy was a "moderately serious" problem. Although most respondents feel teen pregnancy is a serious issue, the percentage of respondents who feel it is a "very serious" problem continues to vary considerably based on the respondents' personal characteristics. The following figure illustrates the differences between subgroups of respondents based on location, gender, education, political affiliation and religious membership. In addition, Figure 1 shows the changes between the two surveys.



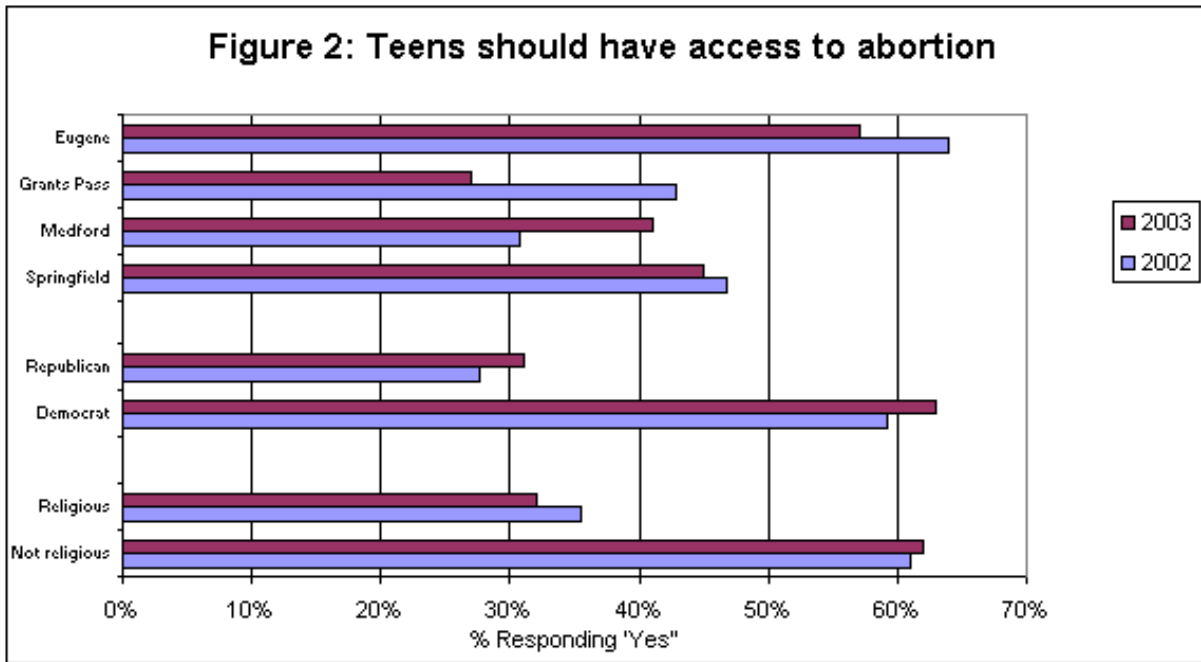


As you can see, there are substantial differences between men and women, adults and teens, Republicans and Democrats and between religious and non-religious respondents in how serious each group views teen pregnancy. However, for each group almost every person who did not see teen pregnancy as a "very serious" problem, did view the problem as at least "moderately serious." Almost all the changes in the results between 2002 and 2003 are so small that they may well be due to chance, with the exception of the decline in Springfield in the percentage who see the problem as "very serious", and the increase in the percentage in Eugene who see the problem as "very serious."

Perhaps in response to this large concern over teen pregnancy, respondents in both 2002 and 2003 also felt that teens need access to birth control and reproductive health services. Approximately 90% of respondents in both surveys felt that sexually active teens should have access to reproductive health and birth control services, including birth control supplies and condoms. In fact, a majority of respondents (68% in both surveys) felt that sexually active teens should have access to birth control and reproductive health services in their schools.

Both the 2002 and the 2003 surveys found similar levels of support for teen access to abortion. In both surveys respondents in Eugene were more supportive than in any of the other communities surveyed. In 2002 Medford was the least supportive, while in 2003 Grants Pass was the least supportive. The switch between Grants Pass and Medford was pretty dramatic, but given the relatively small samples for each community it is possible

that the two communities are actually similar in their attitude toward teen abortion. In addition, Democrats and respondents who are not members of a religious community are twice as likely to support teen access to abortion than Republicans or active religious respondents. See Figure 2 for the 2002 and 2003 results and see Banner Tables 1 through 8 for detailed information from 2003.



When asked in an open-ended question what respondents' felt was the most important thing teens were missing in the way of sexual health services or education; family support, guidance or counseling, education, and accurate information were the most common answers in both 2002 and 2003. See the Topline section for more detail.

WHEN DO CHILDREN NEED TO KNOW ABOUT SEXUALITY?

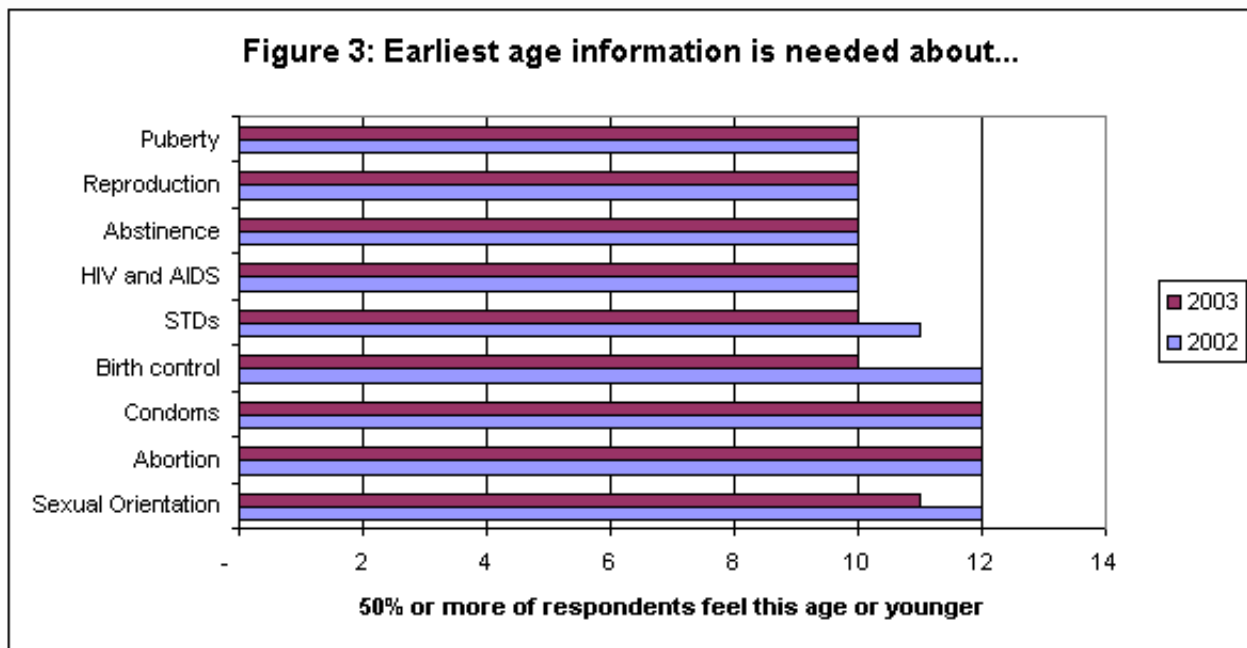
Respondents were asked for their estimation of the earliest age when children need to be given information about nine issues related to sexuality and reproduction. The issues were: puberty; reproduction; abstinence; HIV and AIDS; sexually transmitted diseases; birth control; condoms; abortion; and sexual orientation. In both 2002 and 2003, for the first seven of these nine issues, the majority of respondents (from 52% to 59%) thought that information should first be given to children on these issues starting at between the ages of

8 and 11. For the other two issues, abortion and sexual orientation, the majority of respondents thought that information should first be given at the ages of 10 and 12.

It is important to realize here that some respondents felt that information should first be given younger than age 10 for all nine issues, and that for every issue a majority of respondents felt information should start prior to the teenage years.

Between 2002 and 2003 the percentage of respondents who wanted information given to children at early ages increased for six of the nine issues, showing movement toward increasing sexuality education for younger children. However, all changes were relatively small.

Another way to look at the results is to find the lowest age by which 50% or more of respondents felt that should already have been given. This means that respondents either choose this age, or a younger age. Figure 3 illustrates the result.



As Figure 3 shows, the nine issues are not all thought of the same way. Some issues are less politically charged (puberty, reproduction, abstinence, HIV/AIDS), and are seen by the majority as important for sexuality education at an earlier age, by age ten. Three of the issues (STD's, birth control, and sexual orientation) were originally seen in 2002 as appropriate at a slightly older age, but in the current survey, two have joined with the previous four issues and are now also seen as appropriate by age ten, while sexual orientation is seen as appropriate by age 11. The final two issues (condoms, and abortion)

are still seen as appropriate at a slightly older age, by age 12.

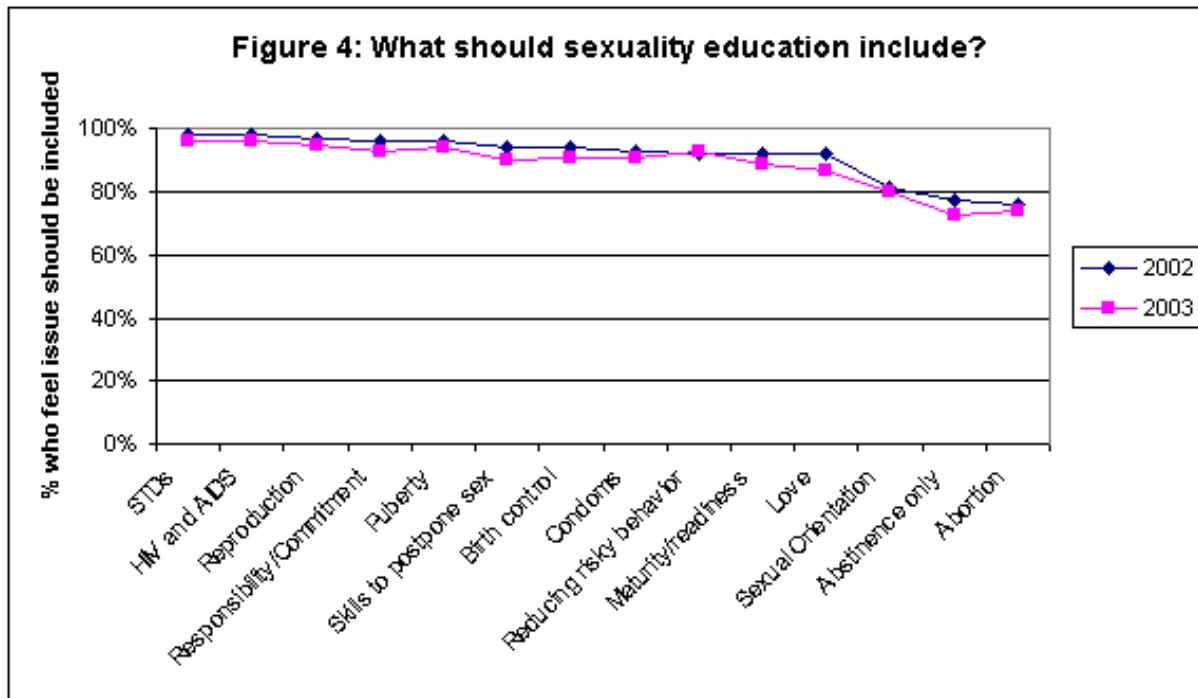
Not surprisingly, the issues respondents don't want taught until children are older is generally higher in politically controversial content than the other issues and is in a sense showing political differences between the respondents. Because of this there was great support for teaching children about sexually transmitted diseases and pregnancy at an early age, but less support for teaching them about condoms, and particularly birth control at that same age.

In general both surveys found very few differences between respondents on the issue of when to first give children information. The only real exception to this was where small minorities of republicans, members of religious communities, and residents of Medford and Grants Pass were more willing to give out information on abstinence, STD's and HIV at a young age, but less willing to see information given out at the same age on birth control or condoms. In addition, small minorities of these same groups felt that information on abortion and sexual orientation should never be given to children, even as old as 18. However, the number of respondents who felt this way was very small, never reaching over 3% of respondents.

See Banner Tables 9 through 17 for more information.

SEXUALITY EDUCATION

The survey next asked about sexuality education. Respondents in both surveys overwhelmingly felt that such education should take place in public schools, that such education should be medically accurate, and should be funded by tax money. A set of 14 possible issues was then presented to each respondent and they were asked to say whether or not it should be part of the curriculum for sexuality education. The support levels for these 14 items were so high that it is almost impossible for the support to grow. Almost all respondents felt that eleven out of fourteen issues should be included. The final three issues, "sexual orientation," "abortion," and "abstinence only until marriage," were still felt by the vast majority of respondents to be items that should be included in sexuality education, however support for these items fell to the range of 73 to 81%. Interestingly, support for "abstinence only until marriage" was the lowest in either survey, with 73% support in 2003. Figure 4 shows the varying levels of support for all 14 items.



The differences among respondents on issues of sexuality education were again primarily associated with the political orientation of the respondent and whether or not they were members of a religious community. For both surveys, Democrats were about one and a half times as likely to feel that sexuality education should be taught in public schools. Similarly, respondents from religious communities were significantly less likely to feel that sexuality education belonged in the public schools than non-members. This same difference also occurred with the three potential items in a sexuality education curriculum that had the smallest level of support in the previous figure (Figure 4). These items (abstinence only education, abortion, and sexual orientation) all had approximately 20 percentage points difference in support levels between Republicans and Democrats, and between members of religious communities and nonmembers. In addition, people in Medford and Grants Pass tend to be less supportive of abortion being included in sexuality education, with 15% to 20% lower support levels than those in Eugene and Springfield.

The question of "abstinence only" was further explored by asking respondents for their level of agreement with the idea that sexuality education should focus **only** on abstinence until marriage. Under these conditions the support for "abstinence only" declined, with only 36% of respondents in 2002 and 35% in 2003 agreeing with that position. This is less than half the level of support that was shown above for the idea of including "abstinence only" as a part of sexuality education.

See Banner Tables 18 through 35 for more information.

TELEVISION AND CONDOMS

In recent years, television advertising for condoms has become more common especially on networks that appeal to teens, such as MTV. Because this advertising is relatively new and because issues around teens and condoms are controversial, we asked respondents about television and condoms in 2002 and 2003.

In 2002, we started by asking if respondents thought television should advertise condoms. This was followed up by asking if they thought television advertising would encourage sexually active teens to use condoms and if television advertising would encourage teens to start having sex. Respondents were fairly evenly split on the question of whether or not television should advertise condoms, with a slight majority in favor of such advertising (51%). A large majority (70%) felt such advertising would encourage the use of condoms by sexually active teens, while only half as many (35%) felt condom advertising would encourage teens to become sexually active.

In 2003, we added an additional question to this series, and started the questioning with a new question about whether or not print media and radio should advertise condoms. We believed that support for condom advertising in media other than television might be much higher. This turned out to be partially true, a majority of respondents felt print and radio should advertise condoms (56%), but this was only slightly higher than the slim majority who supported television advertising (51%).

In addition, the opinion on television advertising had not changed since 2002. For the original three questions the responses from 2003 were almost identical to the 2002 results.

On a demographic level there were some substantial differences of opinion that also remained the same for both surveys, with residents of Eugene and Springfield more likely to support television advertising of condoms than residents of Grants Pass or Medford. Democrats were also more likely to support such advertising, as were people who did not belong to religious communities. These same differences also occurred on the question of whether or not television advertising would encourage teens to become sexually active.

The explanation for support or opposition to condom advertising on television hinges

primarily on the position respondents held on this last question about whether condom advertising encourages teens to start having sex. Almost all respondents who felt condom advertising would lead to teens starting to have sex oppose such advertising (75-77%). Conversely, only a small number of respondents who support television advertising of condoms feel that such advertising leads teens to start having sex (15%).

See Banner Tables 36 through 39 for more information.

CONVERSATIONS BETWEEN PARENTS AND TEENS ABOUT SEXUALITY

Adult respondents were asked if they have teenage children. These respondents and the teenagers (ages 13-19) who were interviewed, were asked about their history of talking with their teen or parent, about a variety of sexuality issues. In 2002, we asked about 11 different issues or possible topics of conversation. For every issue or topic, over 50% of all respondents said that they had talked with their teen or parent about the issue. For six of the issues, over 80% of respondents said they had talked about the issue. Not surprisingly, the issues that might be seen as more graphic or possibly embarrassing, such as using condoms, or risky sexual behavior, were less likely to be talked about than issues such as sexual health, or values.

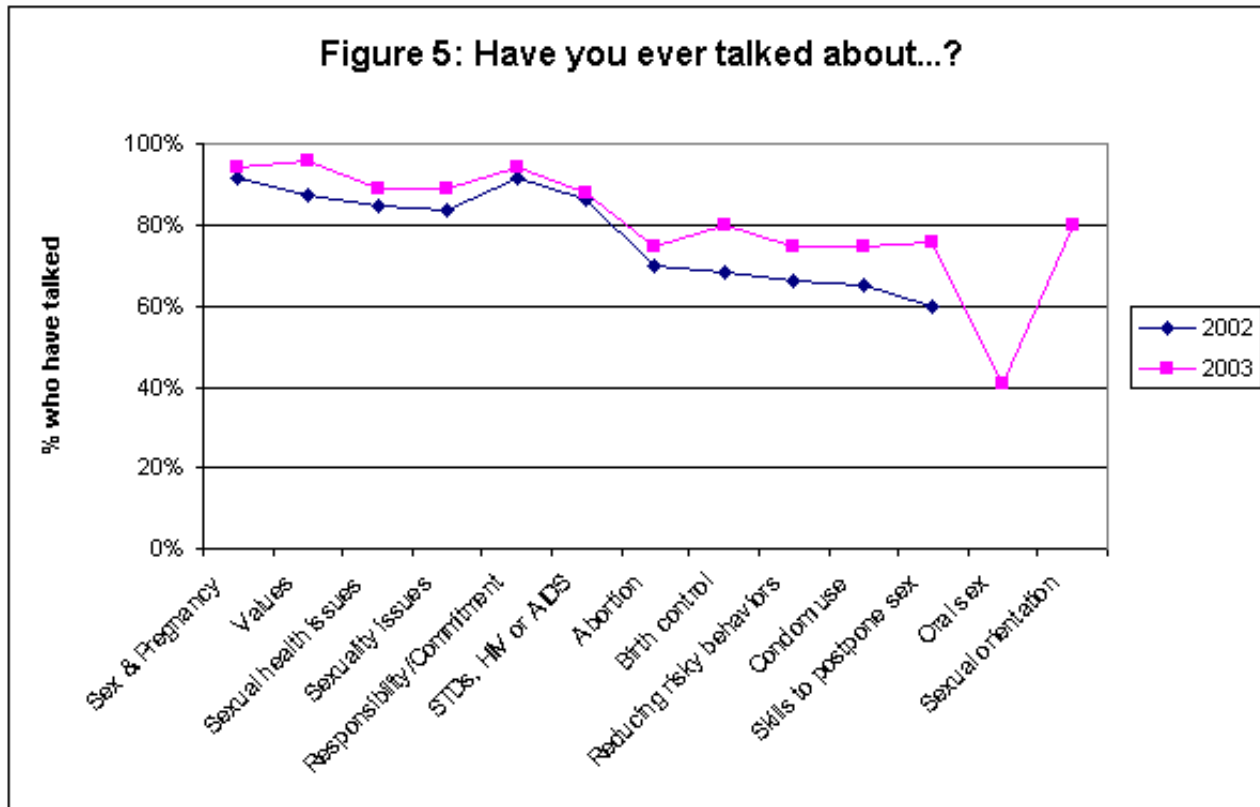
In 2003, we expanded the list of conversation topics to 13, with the addition of 'sexual orientation' and 'oral sex'. The percentage of respondents who said they had talked about sexual orientation was reasonably high at 80%. However, oral sex was much more difficult to talk about and received the lowest score in either survey, with only 41% of respondents having discussed it.

However, the important finding in 2003 was that the percentage of respondents who said they had talked about specific issues rose significantly for all seven of the issues that in 2002 were the least likely to be talked about. The four least talked about issues of 2002: skills to postpone sex; condom use; reducing risky behavior; and condom use all rose by at least 10%. At the same time discussions about abortion, sexually transmitted diseases (including HIV and AIDS) and responsibility & commitment rose by 4% - 6%. The remaining issues, which almost everyone had talked about in 2002 stayed at a high level (89% - 96%).

Many things might explain this large increase in talking about sexuality, however it is clear that teens and adults are talking about a broader range of sexuality topics than they were

18 months ago.

Figure 5 shows what percentage of these respondents who had ever talked about each of the 13 issues and the changes that occurred from 2002 to 2003.



After responding 'Yes' to whether or not the respondent had ever talked about a specific sexuality issue, respondents were then asked how easy or difficult it was to talk with their teen or parent about that issue. In every case from the 2002 survey, a very large percentage of respondents said that it was either "very easy" or "easy", (80% to 90%) to have this discussion. In 2003 this percentage rose for all 11 of the issues asked in 2002, (86% to 96%). Of the two new questions, sexual orientation was "easy" or "very easy" for 85% of people to talk about. However, for oral sex only 62% of respondents felt the same levels of ease in talking about the subject.

The major differences among the respondents to these questions were between adults and teens. For almost every issue in both surveys a higher percentage of adults said they had talked to their teens about these issues, than teen respondents said they had talked to their parents. In addition, for 11 of the 13 issues, a higher percentage of adults claiming it was "very easy" to talk to their teens than teens who claimed it was "very easy" to talk to their parents. The only issues for which a higher percentage of teens claimed it was "very easy"

to talk in both 2002 and 2003 was abortion, where the percentage of teens who said it was "very easy" was 12% - 15% higher than the percentage of adults. In 2003, more teens than adults thought it was "very easy" to talk about responsibility and commitment.

Respondents were next asked about their confidence in their ability to address sexual issues accurately and how often they talked with their teens or parents about sexuality. In both 2002 and 2003, over 95% of respondents were either "very confident" or "somewhat confident" in their ability to answer questions about sexual issues. Over 80% of respondents also claimed to talk about sexuality issues with their teen or parent on at least a monthly basis.

Respondents were also asked where they currently get the majority of their information about sexuality. Books, magazines, media, and personal experience were the most common answers in both 2002 and 2003. However, some respondents also mentioned Planned Parenthood as a source of their information. See the Topline and Banner Tables 40 through 71 for more information.

PERSONAL EXPERIENCES WITH SEXUALITY EDUCATION

Respondents were asked if they themselves had ever received any type of sex education. Those respondents who had received sex education were then asked an additional set of specific questions about the content of that education. The results in 2002 and 2003 were almost identical. The majority of respondents (70% - 72%) had received some form of sex education. This education was primarily in school although 17% - 20% had received sex education in their place of worship. In most cases, the education at a place of worship was in addition to the sex education they had received at school.

When asked about the content of this education, most sex education included information about abstinence (66% - 68%), information about birth control (62%), and information about condoms (53%). However, for approximately 10% of respondents in both surveys, their sex education had only discussed abstinence until marriage. Most of these people were members of religious communities.

See Banner Tables 72 through 77 for more information.

WHAT IS ABSTINENCE?

Because abstinence plays a prominent role in current debates about sexuality education, the surveys attempted to explore what people think constitutes abstinence. With this goal in mind, respondents were asked about a series of behaviors of increasing intimacy and whether or not someone practicing abstinence would engage in these behaviors. In both the 2002 survey and the 2003 survey, the results were almost identical.

Starting with "hand-holding", most respondents (96% and 95%) thought that holding hands would not be a violation of abstinence. Additionally, most respondents (94% and 93%) felt that kissing was also acceptable while still practicing abstinence. However, when asked about "oral sex," a much smaller percentage of respondents (16% and 12%) thought that this would fit with their understanding of abstinence. We did not ask about intercourse, assuming that virtually everyone would consider this to be outside the practice of abstinence.

The interesting result here is not the strong majorities who view hand-holding or kissing as practices unrelated to abstinence, but the small percent who feel that oral sex is also abstinence. Since oral sex carries a high risk for STD's this "exception" for what most people would see as a potentially risky sexual activity carries large ramifications. Adding to this concern is the fact that when the older teens (ages 18 and 19) are looked at, around half of them feel that oral sex is acceptable within the practice of abstinence. Admittedly, this survey has far too few respondents in this age-range (only 22 in both surveys) to say anything conclusively about how widely this opinion is held. Nevertheless, this is clearly an issue that needs attention.

See Banner Tables 78 through 80 for more information.

RIGHTS, RESPECT, RESPONSIBILITY

Both surveys finished by asking respondents if they had heard about European approaches to sexuality education, and if they were aware of the phrase, "Rights, Respect, Responsibility." In 2002 a sizeable minority of respondents (36%) had heard or read about European approaches to sexuality education. By the time of the 2003 survey, this number was up to 42%. Awareness of European approaches increased in the demographic group of having a higher education and residence in Eugene, where half the respondents have heard something about the approach

A larger percentage of respondents, 45% in 2002 and 43% in 2003, claimed to have heard the "Rights, Respect, Responsibility" phrase. Awareness of this phrase was fairly evenly distributed across all subsets of respondents, except among older teens, where awareness was much higher and growing, 66% in 2002 and 71% in 2003.

See Banner Tables 83 and 84 for more information.

CONCLUSION

This second survey documents continued widespread support for sexuality education that is broad-based and includes topics such as abortion, birth control and sexual orientation. The majority of residents in the geographic areas examined continue to think that education on issues of sexuality should start at an early age, even for difficult topics, such as abortion, and that such education should begin prior to the teenage years. Additionally, on some of these difficult topics, support is increasing for starting this education at an even earlier age.

This second survey also shows that adults have increased their willingness to talk to teens about sexuality issues that might be considered a challenge. Such discussions are fairly frequent and adults claim little adversity in having such conversations, although abortion and oral sex remain difficult issues.

Abstinence is explored in both surveys as a component of sexuality education and as a personal behavior. Abstinence as a part of sexuality education continues to be broadly supported, but "abstinence only" sexuality education is not widely supported. However, the surveys show some differences of opinion over what constitutes abstinence, with a small but significant number of respondents feeling that oral sex is not prohibited by abstinence.

The surveys also looked at the issue of television advertising for condoms and found an almost evenly divided opinion on whether or not such advertising should be allowed. Those who oppose condom advertising generally hold to the belief that such advertising will encourage teens to start having sex.

Finally, the surveys showed that there is growing awareness and understanding of European approaches to sexuality education and the phrase, "Rights, Respect, Responsibility." Whether or not this awareness is due to the efforts of Planned Parenthood was not measured directly by this survey. However, the increase from the first survey to the

second is most likely the result of Planned Parenthood's continuing educational program on this topic.

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