B.Sc. in Psychology
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Icelandic parents'/caregivers' attitudes towards sexuality education

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Foreword

Submitted in partial fulfillment of the requirements of the BSc Psychology degree, Reykjavik University, this thesis is presented in the style of an article for submission to a peer-reviewed journal.

This thesis was completed in the Spring of 2021 and may, therefore, have been significantly impacted by the COVID-19 pandemic. The thesis and its findings should be viewed in light of that.

Abstract

Sexuality education can provide children, adolescents and young adults with information that can help them make healthy choices when it comes to their sexual health. The aims of this study were threefold: first, to see what kinds of attitudes Icelandic parents/caregivers have towards sexuality education; second, to gauge whom they think should be their child's primary sexuality educator; and, third, to see what sexuality-related topics should be taught to their children at what age. There were 205 participants, 124 females (60%) and 81 males (40%), who had children in primary-, elementary- and upper secondary school in Iceland. The participants answered an online survey with questions that were based on previous investigations on the same topic. Chi-square test and Pearson Correlations were used to analyze the results. The results showed that the majority of participants thought that sexuality education was important, and that it should be taught cooperatively by schools and parents/caregivers. A large proportion of the participants thought that sexuality education should be taught by an individual with a proper education in sexuality education.

Keywords: sexuality education, parents, children, attitudes.

Útdráttur

Kynfræðsla getur hjálpað börnum, unglingum og ungu fólki að taka upplýstar og heilbrigðar ákvarðanir þegar kemur að kynheilbrigði þeirra. Tilgangur þessara rannsóknar var þríþættur: í fyrsta lagi, til að sjá viðhorf og skoðanir íslenskra foreldra/forráðamanna gagnvart kynfræðslu; í öðru lagi, til að sjá hver ætti að vera aðilinn sem sér um kynfræðsluna; í þriðja lagi, til að sjá hvaða viðfangsefni eru viðeigandi að kenna og á hvaða aldri. Þátttakendur voru í heild 205, 124 konur (60%) og 81 karlar (40%), sem áttu barn/börn í leik-, grunn- og framhaldsskóla á Íslandi. Þátttakendur svöruðu spurningalista sem var dreifður á netinu. Það var notast við Kí-kvaðrat prófið og Pearson fylgni. Niðurstöður sýndu að meirihluti af þátttakendum fannst kynfræðsla vera mikilvæg og ætti að vera kennd í samstarfi milli skóla

og foreldra/forráðamanna. Stór hluti af þátttakendum fannst að kynfræðsla ætti að vera kennd af einstakling með menntun í kynfræðslu.

Lykilorð: Kynfræðsla, foreldrar, börn, viðhorf.

Icelandic parents'/caregivers' attitudes towards sexuality education

Sexuality education should give children, adolescent and young adults the tools they need to make healthy choices when it comes to their sexual health (Planned Parenthood, n.d.). In the early years of life, sexuality education is more focused on sexual development than in later years, when the focus switches to ensure that young adults are well informed and able to have a positive experiences regarding their sexual health (World Health Organization, 2016). Some of the aspects of sexuality to be learned relate to emotional issues, relationships, sexual behavior, social issues, culture, human development and the physical side (Planned Parenthood, n.d.; World Health Organization, 2016). Schools, families and health organisations should all contribute when it comes to providing sex education (Robinson et al., 2017). Sexuality education can be beneficial for children and adolescents in giving them information that is age-appropriate, helping them to navigate emotions and relationships when they are young, and introducing them to more topics as they get older (World Health Organization, 2016).

There are different kinds of sexuality education: comprehensive, holistic, abstinence-only and abstinence-based (Gonzales & Allen, 2010). The Sexuality Information & Education of Council of the United States (SIECUS) defines comprehensive sexuality education (CSE) as: "sex education programs that, in school-based settings, start by kindergarten and continue through 12th grade. High quality CSE programs include age, developmentally, and culturally appropriate, science-based, and medically accurate information on a broad set of topics related to sexuality, including human development, relationships, personal skills, sexual behaviors, including abstinence, sexual health, and society and culture. CSE programs provide students with opportunities for learning information, exploring their attitudes and values, and developing skills" (Sex Ed For Social Change, 2019). In abstinence-only sexuality education, the sole focus is on delaying sex until marriage; this type of program does not give information concerning contraceptives or

protection, and sexually transmitted infections are cast as the consequences of being sexually active (Gonzales & Allen, 2010). Abstinence-based programs give more information about birth-control and protection against sexual transmitted diseases, while also encouraging abstinence until marriage. Holistic sexuality education covers topics like family life, work life, self-esteem and being healthy, mentally and physically (Gonzales & Allen, 2010). Proper sexuality education can result in better sexual health among those who receive it (Goldfarb & Lieberman, 2020).

Sexual health has been defined in different ways by different people and organizations (Edwards & Coleman, 2004). The World Health Organization (2006) definition guided investigative efforts, in defining sexual health as: “a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”

In their systematic literature review, Goldfarb and Lieberman (2020) focused on whether comprehensive sexuality education in schools was fruitful, basically, to see if it had an effect on students’ well-being and sexual health. They took researches from the United States of America, Israel, Canada, Australia, New Zealand, The Netherlands, Mexico, Kenya, South Africa and Ireland. The results showed how educating students on various subjects can have a positive effect. Studies that included education about sexual diversity and the lesbian, gay, bisexual, transgender and queer (LGBTQ) community showed lower rates of bullying where those programs were taught, and sexual diversity was more normalized and accepted among other students, which resulted in better well-being among students who belonged to the LGBTQ community (Goldfarb & Lieberman, 2020). In studies where social justice and

gender equality topics were taught, results showed that students were more aware and had a better understanding of the subjects related to the topic. Even young children had the ability to grasp concepts like gender-based oppression and gender diversity, and were capable of discussing these matters. Programs that covered healthy relationships, communication, intimate partner violence and dating violence showed that educating students could change their views and attitude in positive way (Goldfarb & Lieberman, 2020). Overall, Goldfarb and Lieberman's research showed that when students were educated about topics within or relating to sexuality education, a positive effect was realized, with students more prepared to tackle these subjects. When students were able to steer clear of sexually transmitted diseases and teen pregnancy and stay healthy, emotionally and physically, they were more likely to be successful in school and finish their education (Goldfarb & Lieberman, 2020). These findings support the need for a well-rounded sexuality education curriculum in schools. Programs that focused only on abstinence-only education were not as effective as programs that taught about contraceptives and sexual transmitted diseases, in decreasing the risk of teen pregnancy and infection, in addition to abstinence as a choice (Kohler et al., 2008). Research by Lindberg and Maddow-Zimet (2012), in the United States of America, showed that adolescents and young adults were more likely to use a birth control method, have a healthy partnership and delay first intercourse after receiving formal education about safer sex.

Teenagers are curious about sexual behaviors and the changes that come with becoming older (Gunnarsdóttir et al., 2008; Sigmundsdóttir, 2014). When you look at sex education in schools, it is mostly aimed at being preventative, and not concerned with teaching teenagers to be responsible and able to make healthy decisions (Benediktsdóttir, 2016). Icelandic teenagers were more likely to have had intercourse at a younger age if they had not received sexuality education (Benediktsdóttir, 2016). Research by Sigmundsdóttir (2014) about the views and opinions of the individual who teaches sexuality education in Akureyri, Iceland, showed that teenagers tended to be active in the lessons and seemed eager

to learn. The sex educators themselves would have preferred to have had more time with the students and to be able to cover more subjects within sexual health (Sigmundsdóttir, 2014). Research among Icelandic teenagers, age 16, and their knowledge and attitudes on sexual matters was conducted by Gunnarsdóttir et al. (2008). The results showed that teenagers are interested in learning about sex-related issues, contraceptives, sexual orientation, porn and how to prevent sexual transmitted diseases. There was also a high percentage of students who wanted a person from outside the school to come and teach the sex education (Gunnarsdóttir et al., 2008).

Parents can play a big role in their children's sexual health and a very positive role at that (Robinson et al., 2017; Steinsdóttir, 2009). Parent-based sexual health interventions have been associated with better sexual health knowledge and practicing safer sex (Widman et al., 2019). Research in Australia by Robinson et al. (2017) showed that the majority of parents/caregivers thought it was relevant to teach their children about sexual health in order to help them navigate media outlets and platforms, to make sure they don't have any misinformation, and to guide them in forming relationships built on respect. When it came to whom they thought should educate their children, the majority said it should be a collaboration between the family and the school (Robinson et al., 2017). A Fisher et al. (2015) study in the United States, examining parents' attitudes and preference towards their children in elementary school receiving sexuality education, showed that the vast majority, nine out of ten parents, thought that the schools should be teaching sexuality education. When asked about why they thought sexuality education was not being taught in schools, the majority of the participants answered that it probably was because parents did not want this subject taught to their children. The results also showed that parents were open to discussing most of topics within sexuality education with their children at home; yet there was a difference between mothers and fathers. Fathers would discuss these topics later than mothers, who started giving their children such information earlier (Fisher et al., 2015). A

study in Iceland that examined sex education among 1- 4 graders in primary school showed that parents, in general, showed little to no interest in providing sex education to their youth (Steinsdóttir, 2009). There needs to be more sexual health education from parents, as such could benefit the child in the future and the way youth handle their sexual behaviors (Steinsdóttir, 2009).

These findings suggest that parents support their children's sexuality education, and believe that they should be receiving it both in schools and at home. There is a lack of recent studies in Iceland that focus on sexuality education in schools and whether schools are implementing comprehensive sexuality education. There is also a lack of recent studies on parents and the sexuality education they provide to their children. In the aforementioned Icelandic studies, all have in common that Icelandic parents are not very active in their children's sexuality education.

The aims of this study were threefold: first, to see what kinds of attitudes Icelandic parents/caregivers have towards sexuality education; second, to see whom they think should be their child's primary sexuality educator; and, third, to see what sexuality-related topics should be taught to their children at what age. It was hypothesized that parents/caregivers think sexuality education in schools is important regardless of age, sex, education and religion. A second hypothesis held that parents/caregivers think sexuality education should be a cooperative effort between the school and the parents/caregivers.

Method

Participants

All together, there were 205 participants, which were split up in four groups: 20-30 years old (N=41), 31-40 years old (N=103), 41-50 years old (N= 46), and 51 and older (N=15). There were 124 females (60%) and 81 males (40%). Participants were chosen with a convenience sample, were not paid to participate, and no one was required to answer the survey. The inclusion criteria was that participants had to have a child in primary-,

elementary-, high- or upper secondary school in Iceland. There were 215 people that answered the questionnaire, but 10 had to be excluded because they did not fit the criteria to participate.

Measurements

The questionnaire used was adapted from Fisher et al. (2015), which conducted research on the same subject. There were thirty questions in the questionnaire that were mixture of multiple choice, questions where participants could apply to all the answers that fit and a few that allowed for an "other" choice if no answer fit their response. The first seven questions concerned participant demographics: age, gender, religion, education, where they got their sexuality education, how many children they have, their own children's age and gender. The other 23 questions were about participants' views on sexuality education and topics related to such. One question was how much they agree with the statement; "sexuality education is important," which involved a Likert response scale ranging from "strongly agree" to "strongly disagree". In questions where they were asked "what topics they find important to teach" and "if they would talk to their children about these topics, they could apply all of the answers they saw fit. When they were asked "when or if a topic is appropriate to teach," participants could choose answers for every topic for different age groups: "2-3 years old", "4-5 years old", 6-9 years old", "10-12 years old", "12-15 years old", "16+ years." "Not appropriate" was also an answer choice. With the question regarding who should be their child's primary sexuality educator, participants could apply all the answers: "only in school by teachers", only by parents/caregivers", "cooperation between parents/caregivers and schools" and "by an individual with proper education in sexuality education".

Procedure

The survey was distributed on the internet via the social media page Facebook.When participants opened the link that was shared via the internet, the first thing they saw was a

text that contained information about the research.. The information included the inclusion criteria, purpose of the research, how long it would take, that any information given would only be used in this research and that they could quit at any time. Participants were informed that by continuing and answering questions, they had read the text above and given their informed consent.

Data analyses

To analyze the results, Chi-square test and Pearson Correlation was used in the program SPSS statistics to see if there was a correlation or a connection between variables. Independant variables in this study were: age, sex, education and religion. The dependant variables were the participants‘ view on sexuality education in schools.

Results

This research effort involved 205 participants, with Table 1 capturing descriptive information. The majority of the participants were between the ages 31-40 years old (50%), and 60% of the participants were female. A large portion of the participants belonged to Iceland's National Church (54%), which is Lutheran. Most participants had a Bachelor degree (29%) or a Masters degree (28%). When asked how many children they had, two children was the most common response (44%). A Chi-Square test and Pearson Correlation coefficient were performed to see if there were any connections among variables in this research. When participants were asked if they agreed with the statement: "Sexuality education is important," 93% (N = 191) said they "strongly agree", 5% (N = 11) said that they "agree," and 1% (N = 3) said they were "neutral". Age, education, religion or where participants got their sexuality education did not have a significant connection with how much they agreed that sexuality education is important. There was a significant relationship between gender of the participant and how much they agreed with the statement: "Sexuality

Table 1

Information on the participants

	Total *n* (%)
Age	
20-30 years old	41 (20%)
31-40 years old	103 (50%)
41-50 years old	46 (22%)
51 and older	15 (7%)
Sex	
Female	124 (60%)
Male	81 (40%)
Religion	
The National Church	111 (54%)
Ásatrúarfélagið	9 (4%)
The Independent Church	3 (1%)
Siðmennt	15 (7%)
The Free Church	7 (3%)
Not religious	58 (28%)
Other	2 (1%)
Education	
Finished primary school	18 (9%)
Stúdentspróf	32 (15%)
Vocational studies	33 (16%)
Bachelor degree	61 (29%)
Masters degree	59 (28%)
Doctorate degree	2 (1%)
How many children they have	
One child	45 (22%)
Two children	91 (44%)
Three children	43 (21%)
Four children or more	26 (13%)

Note. Percentage may not add up to 100% because some of the numbers have been round up.

education is important.” Females were more likely to state that they strongly agreed than males *(*p = .01, Fisher’s Exact Test).

Participants were asked what topics they thought were important to teach in sexuality education (Table 2). The majority of participants found most topics important to teach aside from: “prevention against bullying” (47%) and “gender roles (as society perceives them)” (22%)”. There was a significant (p =.04) small correlation (r = -.139) between age and

whether participants thought it was important to teach "gender roles (as society perceives them)" was significant. There was also a correlation between "defining sexual orientation", the correlation was however small (*r* = -.147), but significant (*p* = .03). The relationship between whether participants thought it was important to teach "defining sexual orientation" and the gender of the participant was also significant X^2 (1, *N* = 205) = 9.88, *p* = .01. Women were more likely to think it important to teach "defining sexual orientation". Then there was the connection that was among the gender of the participant and the importance of

Table 2

Topics participants think is important to teach in sexuality education.

	Total *n* (%)
Friendship	137 (67%)
Healthy relationships	201 (98%)
Preventions against bullying	97 (47%)
Names of genitals	166 (81%)
Different families	134 (65%)
Prevention against sexual harassment and abuse	197 (96%)
Gender roles (as society perceives them)	46 (22%)
Puberty	200 (98%)
Reproductive organs for both sexes	179 (87%)
Define sexual orientation	164 (80%)
Contraception, pregnancy (and how to prevent it)	196 (96%)
Prevention against sexually transmitted diseases/infection	202 (99%)
Human trafficking	112 (55%)
Porn	177 (86%)
Masturbation	192 (94%)
Body image	188 (92%)

Note. Participants could apply to all.

teaching pregnancy, contraception and how to prevent it that was significant X^2 (1, *N* = 205) = 9.60, *p* = .01. Females were also more likely than males to think it important to teach "contraception, pregnancy (and how to prevent it). Education of the participant had no significant relationship with any of the topics they thought would be important to teach. Participants' religion had a significant connection with whether they found it important to teach prevention against sexual harassment and abuse (*p* = .04, Fisher's Exact Test).

As seen in Table 3, participants received their sexuality education most commonly in schools (87%), with only1% receiving no sexuality education at all. Whether participants got

Table 3

Where participants got their sexuality education

	Total *n* (%)
Parents	50 (24%)
Friends	93 (45%)
School	179 (87%)
Movies/TV-shows	100 (49%)
Books/magazines	77 (38%)
Did not get sexuality education	17 (8%)
Other	2 (1%)

Note. Participants could apply to all.

their sexuality education from their parents or friends did not have a significant relationship with what topic they thought was important to teach. If participants received sexuality education in schools, it only had a significant relationship with the importance of defining sexual orientations X^2 (1, $N = 205$) = 4.85, $p = .03$. There was a connection between participants getting sexuality education in movies/TV-shows and the importance of teaching the names of genitals that was significant X^2 (1, $N = 205$) = 4.60, $p = .03$. There was also a significant relationship between participants getting their sexuality education in movies/TV-shows and the importance of teaching the sexes reproductive organs X^2 (1, $N =$ 205) = 7.87, $p = .01$. If participants had received sexuality education in movies/TV-shows they were more likely to say that teaching “names of genitals” and “reproductive organs for both sexes”. Then there was a connection between if participants got sexuality education in books/magazines and if they thought it important to teach about friendship X^2 (1, $N = 205$) = 4.01, $p = .04$. When participants had received sexuality education from books/magazines they were more likely to say that is was important to teach “friendship”.

When the participants where asked who should be their children’s primary sexuality educator, “cooperation between parents/caregivers and schools” (94%) was the most checked option (Table 4). The vast majority also checked the option that sexuality education should be

taught “by an individual with proper education in sexuality education” (79%). Gender or the highest education of the participants did not have a significant relationship with regard to whom should be the primary sexuality educator. In the Chi-Square test, there was a significant relationship between the age of the participants and whether the participants

Table 4

Who participants think should be the primary sexuality educator

	Total *n* (%)
Only in school by teachers	6 (3%)
Only by parents/caregivers	8 (4%)
Cooperation between parents/caregivers and schools	192 (94%)
By an individual with proper education in sexuality education	162 (79%)

Note. Participants could apply all

thought an individual with a proper education should teach sexuality education X^2 (3, N = 205) = 8.19, p = .04. Age did not have a significant relationship with the other variables. Participants’ religion had a significant connection with whether they thought an individual with proper education should teach sexuality education (p = .03, Fisher’s Exact Test). There was no significant connection between where participants got their sexuality education and who they think should be the primary sexuality educator to their children.

When asked about what topics they plan on discussing with their children, the vast majority answered that they would discuss: “healthy relationship” (94%), “prevention against sexual harassment and abuse” (93%), “puberty” (91%), “contraception, pregnancy (and how to prevent it)” (94%) and “prevention against sexually transmitted diseases/infections (93%)” (Table 5). The topic that participants were least likely to discuss with their children was: gender roles (as society perceives them) (35%). Then there were 2% of participants who did not plan on discussing any of these topics with their children.

When participants were asked: “When would they talk to their children about sexuality related topics,” most answered that they would when their child asks them questions (93%) (Table 6). Only 23 percent said that they would organize a time to discuss

with their children and a small portion said they had not discussed any topics with their children (13%).

Table 5

What topics do participants plan on discussing with their children

	Total *n* (%)
Friendship	171 (83%)
Healthy relationships	193 (94%)
Preventions against bullying	157 (77%)
Names of genitals	177 (86%)
Different families	178 (87%)
Prevention against sexual harassment and abuse	190 (93%)
Gender roles (as society perceives them)	71 (35%)
Puberty	187 (91%)
Reproductive organs for both sexes	163 (79%)
Define sexual orientation	169 (84%)
Contraception, pregnancy (and how to prevent it)	193 (94%)
Prevention against sexually transmitted diseases/infections	190 (93%)
Human trafficking	114 (55%)
Porn	168 (82%)
Masturbation	136 (66%)
Will not discuss any of these topics with my child	4 (2%)

Note. Participants could apply to all.

Table 6

When would participants talk to their children about sexuality related topics.

	Total *n* (%)
When my child asks me questions	191 (93%)
When content on social media, movies and music, for example, give the opportunity to	171 (83%)
When events occur in our environment (for example, if someone in the family is pregnant)	156 (76%)
Will organize a time to discuss with my child	47 (23%)
I have not discussed any topic with my child	27 (13%)

Note. Participants could apply to all.

Table 7 shows when or if participants thought appropriate to teach certain topics. There were only four topics that none of the participants thought was inappropriate to teach: “names of genital”, “puberty”, “contraception, pregnancy (and how to prevent it)” and “prevention against sexually transmitted diseases/infections”. A small portion of the

participants thought some of the topics inappropriate to teach, but the majority thought it was inappropriate to teach "gender roles (as society perceives them)" (66%). Then there were three topics the participants did not think appropriate to begin teaching at the age of 2-3 year old; "contraception, pregnancy (and how to prevent it)", "prevention against sexually transmitted diseases/infections" and "porn". Highest education or religious status of the participant had no significant relationship with when or if participants thought a topic was appropriate to teach. There was a significant connection between age of the participants and some of these variables in table 7.

Age of the participants had a significant (p =.02) correlation with when or if they thought it was appropriate to teach "friendship"; the correlation between the variables was at

Table 7

At what age the participants think it is appropriate to teach certain topics.

			Total n (%) Age span				
	2-3	4-5	6-9	10-12	12-15	16+	Not appropriate
Friendship	110 (54%)	32 (16%)	28 (14%)	19 (9%)	10 (5%)	-	5 (2%)
Healthy relationships	16 (8%)	20 (10%)	47 (23%)	71 (35%)	46 (22%)	3 (1%)	2 (1%)
Preventions against bullying	63 (31%)	79 (38%)	46 (22%)	6 (3%)	1 (0.5%)	-	10 (5%)
Names of genitals	111 (54%)	47 (23%)	26 (13%)	17 (8%)	4 (2%)	-	-
Different families	81 (39%)	64 (31%)	40 (19%)	10 (5%)	-	1 (0.5%)	9 (4%)
Prevention against sexual harassment and abuse	28 (14%)	42 (20%)	49 (24%)	64 (31%)	18 (9%)	2 (1%)	2 (1%)
Gender roles (as society perceives them)	12 (6%)	15 (7%)	17 (8%)	18 (9%)	2 (1%)	2 (1%)	136 (66%)
Puberty	1 (0.5%)	2 (1%)	93 (45%)	94 (45%)	15 (7%)	-	-
Reproductive organs for both sexes	9 (4%)	13 (6%)	73 (36%)	80 (39%)	26 (13%)	-	3 (2%)
Define sexual orientation	12 (6%)	22 (11%)	68 (33%)	61 (30%)	30 (15%)	2 (1%)	10 (5%)
Contraception, pregnancy (and how to prevent it)	-	-	10 (5%)	95 (46%)	96 (47%)	4 (2%)	-
Prevention against sexually transmitted diseases/infections	-	-	6 (3%)	85 (41%)	109 (53%)	5 (2%)	-
Human trafficking	2 (1%)	1 (0.5%)	6 (3%)	42 (20%)	100 (49%)	29 (14%)	25 (12%)
Porn	-	2 (1%)	16 (8%)	89 (43%)	76 (37%)	8 (4)	13 (6%)
Masturbation	1 (0.5%)	1 (0.5%)	18 (9%)	96 (47%)	74 (36%)	7 (36%)	7 (3%)
Body image	29 (14%)	33 (16%)	83 (40%)	45 (22%)	10 (5%)	-	4 (2%)

Note. All participants (N = 205) answered the question for each topic.

a small degree (r = .165). There was a significant (p = .01) correlation among the age of the participant and when or if they thought it was appropriate to teach “prevention against bullying”, the correlation was at a small degree (r = .187). Then there was a small correlation (r = .178) between when or if participants thought it was appropriate to teach “defining sexual orientations” and it was significant (p = .01). Then the last correlation, age of the participant had, was with when or if participants thought it was appropriate to teach “body image” and the correlation was significant (p = .01) but was a small degree (r = .178).

Gender of the participants had a significant relationship with four of the topics. When or if the participants thought it was appropriate to teach “names of genitals” X^2 (4, N = 205) = 16.91, p = .01 and “reproductive organs for both sexes” X^2 (5, N = 204) = 11.30, p = .04. The relationship between when or if a participant thought it was appropriate to teach “defining sexual orientations” and the gender of the participant was significant (p = <.05, Fisher’s Exact Test). There was a significant relationship between the sex of the participant and when or if the participant thought it was appropriate to teach “body image” (p = <.05, Fisher’s Exact Test).

Participants were asked about the perceived benefits of teaching sexuality education, and vast majority of participants checked most of the answers (Table 8). Only 20 percentage

Table 8

What do the participant perceive as benefits of teaching sexuality education.

	Total *n* (%)
They learn how to prevent and react to sexual harassment/abuse	191 (93%)
They learn to take informed decisions about their sexual health	201 (98%)
They learn about their own body	200 (97%)
They learn how to prevent sexual transmitted diseases/infections	201 (98%)
They learn how to prevent untimely pregnancy	199 (97%)
They will find it easier to talk about topics related to sexual health	194 (95%)
They will delay having first intercourse	41 (20%)
There are no benefits of sexual education	3 (1%)

Note. participants could apply to all.

thought that “they will delay having first intercourse” was not one of the benefits of teaching sexuality education. Then there were three participants who thought that there was no benefit of teaching sexuality education. The other six options were perceived to be a benefit by over 90 percentage of the participants.

If you look at table 9, you can see participants perceived reason for why sexuality education is taught to a small extent. A large portion of the participants thought it was either “schools have little will to teach sexuality education” (33%) or “teachers find it uncomfortable to teach sexuality education” (32%). There was a small portion of the participants that thought it was “parents are against their children getting sexuality education” (9%) or that “it will lead to unwanted sexual behavior amongst children” (1%). Then there was 19 percentage that said it was “other”.

Table 9

What participants perceive as the reason sexuality education is taught to small extent.

	Total *n* (%)
Parents are against their children getting sexuality education	19 (9%)
Schools have little will to teach sexuality education	67 (33%)
Teachers find it uncomfortable to teach sexuality education	66 (32%)
It will lead to unwanted sexual behavior amongst children	3 (1%)
The sexuality education taught in schools is enough	7 (3%)
Other	39 (19%)

Note. 201 participants answered this question with four missing.

Discussions

The first research question was to see what kinds of attitudes Icelandic parents/caregivers have towards sexuality education. The hypothesis was that parents/caregivers think sexuality education in schools is important, regardless of age, sex, education and religion. The vast majority strongly agreed that sexuality education is important, with age, education and religion having no impact on this sentiment. Gender of the participant did, however, have an effect on how strongly they agreed with the importance of sex education. Women were more likely to respond “strongly agree” than men. Hence, the

first hypothesis does not stand since there is a difference in how sexes view the importance of sexuality education.

The second research question was to evaluate whom participants think should be their child's primary sexuality educator. The hypothesis was that parents/caregivers think sexuality education should be a cooperative effort between schools and parents/caregivers. The vast majority of the participants said that they think it should be done cooperatively between schools and parents/caregivers. Therefore, this hypothesis stands, with this result consistent with previous studies done by Robinson et al. (2017) where vast majority of the parents' thought it should be a shared responsibility between schools and parents to teach sexuality education. Many of the participants also thought that the person teaching sexuality education should be an individual with education in sexuality education. This echoes research on students in Iceland, who have also voiced that they want a person from outside the school to teach them, though who that individual should be was not specified (Gunnarsdóttir et al., 2008).

The third research question examined what sexuality-related topics should be taught to participants' children at what age. As in Fisher et al. (2015), there were some subjects that women were more likely to find it appropriate to begin teaching sooner than men did. In general, few participants deemed topics inappropriate to teach, but the majority of the participants said that teaching gender roles (as society perceives them) was not appropriate.

Parents were, in general, positive towards sexuality education and found a lot of the topics important to teach in said education. The vast majority of parents planned on discussing many of these topics with their own kids. However, the vast majority of parents stated that they would discuss these matters when their child asks them; there were not as many who planned a time to have these discussions with their children. Also, when asked about the perceived benefits there were not many participants that answered that "they will delay first intercourse" was a benefit to teaching sexuality education. Despite that Icelandic

and foreign studies have showed that to be a benefit of teaching sexuality education (Benediktsdóttir, 2016, Lindberg & Maddow-Zimet, 2012).

When parents were asked what their perceived reason was for why sexuality education should be taught to a small extent, the answers were scattered, but most said it had something to do with the schools, that schools did not have the will to teach it (33%), or that teachers found it uncomfortable to teach their students about sexuality education (32%). This goes against Fisher et al. (2015), where participants thought parents stood in the way of sexuality education. The current study involved only a small amount of parents seeing parents as barriers to sex education in schools. There was even a smaller number of parents (1%) that thought it was because it would lead to a unwanted sexual behavior or that it was taught enough in schools. The parents who answered in the survey that it was because of “other” things mostly wrote down that it was a combination of parents and schools, that there were few resources set aside for it, that there was not a clear enough guidelines to what should be taught, that parents were prudes when it comes to their children sexuality education and that religion had too much control in the school systems.

There were few limitations in this study. Since the survey was distributed via the internet, there was little control over participants’ surroundings because they took the survey over the internet in their own surroundings. Therefore it was not possible to make sure that participants were answering the survey in the same setting as the other participants. This can also be a sensitive subject among parents, with parents who were already open to discussing with their children about sexuality education were more likely to participate in this study. Parents who find this subject uncomfortable would have been less likely to participate.

Future researchers can dive more into the topics taught in sexuality education, how and why they should be taught, the parents’/caregivers’ views on how deep the education should go in to certain topics, and the reasons parents/caregivers have for why they deem some subjects not appropriate and why others are appropriate to teach. There can also be

further research into parents'/caregivers' communication with their children regarding sexuality education, how parents/caregivers are having these conversations with their children, how children experience these conversations with their parents and how these communications can be improved. Also conduct a research to see who is deemed the most qualified to teach sexuality education, whether it is a nurse, a teacher with no special sexuality education, a person with education in sexology or someone else entirely. Then there needs to be further investigation into what is being taught in sexuality education in schools in Iceland. Is there a need for clearer guidelines of what should be taught?

In conclusion, parents/caregivers in Iceland are positive when it comes to their children's sexuality education. The vast majority strongly agree that sexuality education in schools is important, that there are many subjects that are important to teach in sexuality education, and that sexuality education should be taught cooperatively between parents/caregivers and schools. Also, the vast majority of the parents/caregivers think the individual teaching their children should be someone with proper education in sexuality education. Still, a large portion of the parents/caregivers plan on discussing many of topics related to sexuality with their children.

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