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Parental support for teenage pregnancy prevention programmes in South Carolina public middle schools

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Teenage pregnancy is a major public health issue in the USA; this is especially true in the state of South Carolina (SC). Research shows that well developed, good-quality teenage pregnancy prevention (TPP) programmes can be effective in modifying young people's sexual behaviour. While several quantitative studies have examined parents' perceptions of TPP programmes in secondary schools, the purpose of this study was to qualitatively examine parents' perceptions of these school-based initiatives in SC public middle schools and investigate the role parents play in sustaining these programmes over time. The study employed a qualitative, phenomenological research design. Seven semi-structured focus groups were conducted with parents of SC middle school students ($n = 72$). Focus groups were audio recorded for transcription and thematic analysis. Thematic analysis revealed that parents support TPP programmes in schools and want students to learn about both abstinence and contraception. Parents want schools to provide greater access to the curriculum to reinforce TPP messages at home. Participants asserted it was their responsibility to ensure TPP programmes are sustained in schools. This study concludes that educating students about TPP is a collaborative process between parents and schools.

Keywords: teenage pregnancy prevention; parents; attitudes; middle schools; South Carolina; USA

Introduction

For decades, there has been controversy surrounding school-based teenage pregnancy prevention (TPP) efforts in the USA. This controversy has primarily been centred on what TPP content is appropriate for students (Dailard 2001, 2003; SIECUS 2009). Some believe that TPP programmes should only teach about abstinence, while others support programmes that not only teach about abstinence as the safest method to prevent unplanned pregnancy and the transmission of sexually transmitted infections (STIs), but also include information about contraceptive use (Santelli 2008). For the purpose of this research, a TPP programme is defined as: a programme that uses a curriculum taught during the school day that teaches facts about puberty, anatomy and how to avoid STIs and pregnancy. This programme also helps young people build their skills to refuse sex, to negotiate with their boyfriend or girlfriend about relationship boundaries and depending on the grade level, teaches about contraception and why it is important to use contraception correctly and consistently to avoid an unplanned pregnancy. At present, there is limited evidence that shows the effectiveness of programmes that teach solely about abstinence (Kohler, Manhart, and Lafferty 2008; Santelli et al. 2006; Stanger-Hall and Hall 2011), while carefully designed TPP programmes have been shown to impact risky sexual behaviours among young people (Kirby 2007; Office of Adolescent Health 2012).

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Douglas Kirby devoted many years of research and numerous publications to help practitioners, researchers and leaders in the field of TPP better understand what programmes work and why they worked – an effort that has evolved into a clearinghouse of evidence-based programmes (EBP) that have demonstrated effectiveness in preventing teenage pregnancy. However, bridging the gap from Kirby's legacy of research to implementing EBP in schools historically has been wrought with challenges; foremost in arguments against sexuality education in schools is the belief that parents should be the primary sexuality educators of their children, that school-based programmes may not instil the values of the parent(s) or worse, may actually contradict family values. The present study sought to better understand parental beliefs about and support for EBP in schools in order to provide decision-makers with some of the tools they may need to move forward with the implementation of sexuality education in the classroom.

National and state surveys have been published that demonstrate the general public and parental support for TPP programmes in US schools (Albert 2007; Alton, Oldendick, and Draughon 2005; Alton et al. 2009; Bleakley, Hennessy, and Fishbein 2006; Dailard 2001; Eisenberg et al. 2008; Heller and Johnson 2013). A survey administered to a nationally representative sample of US parents found that 77% of parents want school-based sexuality programmes to teach students how to negotiate with a partner about birth control, 68% want students to learn where to get and how to use birth control and 71% want students to learn how to properly use a condom (Dailard 2001). The results of this research have been supported by other studies (Albert 2007; Alton et al. 2009; Eisenberg et al. 2008). Using the Annenberg National Health Communication Survey, Bleakley, Hennessy, and Fishbein (2006) found that a large majority of US adults (82%) support TPP programmes in schools and that 66% of respondents support teaching students about how to properly use a latex condom. Research shows that demonstrated respect, open and direct communication, established boundaries, staying actively involved in their child's life, as well as allowing their child to participate in programmes that provide information about TPP are characteristics of parents of sexually healthy young people (SIECUS 1995).

Notably, Kirby (2006) emphasises that support of school-based TPP programmes is not limited to certain geographical areas of the USA (Constantine, Jerman, and Huang 2007; Eisenberg et al. 2008). Similar studies have been conducted in southern conservative states, such as South Carolina (SC), that have demonstrated strong support for school-based programmes that not only teach about abstinence, but also support teaching about contraceptives. A public opinion poll conducted in SC found that 83% of respondents support sex education that emphasises abstinence and teaches about condoms and contraception (Institute for Public Service and Policy Research 2013). Additionally, an earlier public opinion poll in SC found that registered voters generally support school-based TPP programmes and favour teaching a variety of sexuality education topics, regardless of political affiliation, parental status, or religion (Alton et al. 2009). While the aforementioned studies have quantitatively examined parents' support of TPP programmes in schools, there is limited qualitative research that examines parents' perception of such initiatives.

While numerous sexuality education programmes are available, there are only a few programmes that are evidence-based (Kirby 2007; Office of Adolescent Health 2012). In recent years, there has been a strong shift to implement EBP. In 2010, the Office of Adolescent Health contracted with Mathematica Policy Research[1] and identified 31 programmes that meet the criteria for rigorous evaluation and are now identified as EBP. There is empirical evidence that highlights the effectiveness of evidence-based TPP programmes in delaying sexual intercourse and reducing the number of sexual partners

among young people (Kirby 2007). EBP are important because these initiatives have been rigorously evaluated, clearly demonstrate behavioural change among programme participants and are an efficient use of limited resources because these programmes have been shown to be effective over time (Flay et al. 2005; Kirby 2007). When implemented with fidelity, EBP have the potential to result in one or more of the following outcomes: increase knowledge about risks associated with pregnancy and STIs; increase negotiation and communication skills with partners, peers and parents; increase knowledge and communication about values and attitudes related to sex and condom use; and increase intention to use contraceptives or abstain from sexual activity (Kirby 2007). However, the outcomes of EBP, specifically school-based TPP programmes, are only effective long term if these programmes are sustained over time (Stirman et al. 2012).

Several factors influence the sustainability of EBP (Derousie and Bierman 2011). Hernandez et al. (2011) found that external factors, like community and school support, have the ability to influence the continuation of school-based initiatives. Perceptions of how parents and the wider community will respond to sexuality education programmes were cited as potential barriers (Hernandez et al. 2011). Hernandez et al. (2011) conclude that parental and community buy-in are critical components to the maintenance of school-based programmes. Understanding this, it is imperative to examine parents' perceptions of these programmes and to investigate the role parents play in sustaining such initiatives.

According to the US Centers for Disease Control and Prevention (2012), teenage pregnancy is a winnable battle; however, SC has the 11th highest teenage birth rate in the USA, which highlights there is still work to be done (SC Campaign 2012). Additionally, in 2012, more than 5000 adolescent girls in SC, aged 15–19, gave birth (SC Campaign 2012). Given the high rates of teenage pregnancy in SC, it is important to assess parental support for TPP programmes in schools because schools have the potential to reach large numbers of young people (Kirby and Laris 2009). Furthermore, Story (1999, S43) notes that, 'no other institution has as much continuous and intensive contact with children during their first two decades of life' as schools do. Thus, the specific aim of this research was to examine parents' perceptions of TPP programmes in SC public middle schools and investigate the role parents play in sustaining these programmes over time.

Methods

School selection

Fifteen of 86 SC school districts responded to a letter of invitation to participate in a 5-year, randomised control trial (RCT) measuring the effectiveness of an evidence-based TPP programme. Thirteen school districts representing 31 schools agreed to participate in the study; two school districts representing 14 schools declined to participate. After 24 memoranda of agreement were secured, the recruitment process was closed. Participating schools are spread throughout the state. The rate (per 1000 15–19-year-old females) of teenage births in 2010 by county in which the school districts were located ranged from 37.9 to 68.6. The SC teenage birth rate is 42.6. Eight of the 10 counties had higher rates of teenage births than the state average. The average percentage of the population living in poverty in SC is 18.2%. The range of percent of population living in poverty across the 10 school districts was 10.5–25.6%. Seven of the school districts had higher percentages of population living in poverty than the state average. The state of SC, while racially diverse, is predominately white (67%). In our sample, three school districts had student populations that were greater than 65% white. Randomisation occurred at the school level and random assignment conditions minimised the difference between the treatment and control groups.

Programme description

The programme, *It's Your Game, Keep it Real* (IYG), is a two-year comprehensive EBP designed to delay the initiation of sex and decrease sexual risk factors including the number of sexual partners and the frequency of sexual activity. IYG consists of 12, 50-minute lessons delivered in 7th grade and 12, 50-minute lessons delivered in 8th grade. This programme uses a life skills decision-making paradigm (*Select, Detect, Protect*) and integrates group activities, personalised journaling and tailored computer-based instruction. Additionally, IYG includes parent–child homework activities designed to encourage dialogue between parents and children about TPP (Tortolero et al. 2010).

Participants

Of the 24 schools in the RCT, 12 schools from seven school districts implemented IYG (treatment group) during the 2012–2013 school year. Parents from one treatment school in each school district were selected to participate in the study. Parents selected to each focus group must have been residents of SC, English-speaking and willing to participate in a recorded focus group discussion. The final study sample included 72 parents of middle school students. The majority of the parents were mothers (83.3%). More than half (54.2%) of the parents self-identified as African American and 40.2% self-identified as White.

To select participants, respondent-driven sampling was employed (Creswell 2007; Johnston and Sabin 2010). Using this sampling technique, the site coordinator (e.g. guidance counsellors, assistant principals, etc.) in each school district for the IYG programme was contacted to assess their interest in recruiting parents for the study. This strategy was an integral part of respondent-driven sampling given that school personnel already had an existing relationship and work closely with the study population. Respondent-driven sampling allows the researcher to recruit participants from a social network (i.e. community, school, etc.) that is considered hard-to-reach (Johnston and Sabin 2010). Study authors did not have access to contact information for parents in the seven school districts and had to rely on social networks of those who were asked to recruit. Because participants were recruited from seven different districts, it was imperative to use this sampling technique to reach a large number of parent participants.

Instruments

A semi-structured focus group discussion guide was developed based on the study's specific aims and relevant literature. The discussion guide was created to allow for optimal participation and individual perspectives to emerge while keeping the interactions focused (Patton 2002). To ensure face validity and participants' comprehension of the discussion questions, the focus group discussion guide was pilot tested with a sample of 12 parents with similar characteristics as the study population. Participants provided feedback on discussion guide length, focus group protocol and instructions and question comprehension. Based on the results of this pilot test, discussion guide items were modified, eliminated or retained. The final instrument was approved by all authors to ensure the instrument captured the phenomenon of interest. Sample discussion guide questions include: 'How would your child's school inform you if your child was scheduled to take a teen pregnancy prevention class?'; 'How would you feel about this teen pregnancy prevention class if it provided information about condoms and contraception?'; and 'If you supported the teen pregnancy prevention class at your child's school, how would you show your support?'

Additionally, a demographic survey was administered to all participants to examine the characteristics of the study sample. Demographic measures included age, race, ethnicity, marital status, education and religion. Additional characteristics about the study sample are presented in Table 1.

Table 1. Characteristics of the study sample ($N = 72$).

Characteristics	*N* (%)
Gender	
Female	60 (83.3)
Male	12 (16.7)
Age (years)	
Under 25	2 (2.8)
25–34	13 (18.1)
35–44	34 (47.2)
45–54	23 (31.9)
55–64	1 (1.4)
Race	
White	29 (40.3)
African American	39 (54.2)
Native American	2 (2.8)
Asian/Pacific Islander	2 (2.8)
Marital status	
Married	56 (77.8)
Separated	2 (2.8)
Divorced	6 (8.3)
Widowed	1 (1.4)
Never married	7 (9.7)
Education	
High school graduate/General Educational Development (high school equivalence) diploma	13 (18.1)
Some college	20 (27.8)
2-year college degree (associates)	12 (16.7)
4-year college degree (BA/BS)	12 (16.7)
Some graduate school	3 (4.1)
Masters degree	11 (15.3)
Doctoral degree	1 (1.4)
Current teenage pregnancy prevention sources[a]	
Interpersonal	
Spouse	31 (43.1)
Other family members	24 (33.3)
Peers	31 (43.1)
Physicians	24 (33.3)
Teachers/school	43 (59.7)
Church	35 (48.6)
Media	
Internet	35 (48.6)
Pamphlets/brochures	35 (48.6)
Television	25 (34.7)
Radio	12 (16.7)
Newspaper	19 (26.4)
Magazine	23 (31.9)

[a] Totals may not equal 100% for sources because participants were able to select more than one option.

Procedure

This study employed a qualitative, phenomenological research design, a method used to explore the meaning that several individuals place on a phenomenon of interest (Creswell 2007). The phenomenon of interest in this study was parents' perception of TPP programmes in schools. Data were collected from October to December 2012. The study procedure and protocol were approved by the Institutional Review Board at ETR Associates. Focus groups were conducted at the middle school from which the participants were recruited and lasted no longer than two hours. Prior to the start of each focus group, informed consent was obtained from study participants. To ensure confidentiality, participants were able to use an alias name during the focus group. At the conclusion of the focus group, each participant received a US$50 gift card to compensate for travel and time.

Data analysis

Focus groups were audio recorded for transcription and thematic analysis. Audio files were transcribed verbatim by an online transcription company. The primary author reviewed all transcripts to ensure they were transcribed accurately and correctly. Transcripts were imported into QSR NVivo 9, qualitative data management software, for thematic analysis (QSR 2010). The initial coding schema was developed using the specific aims and focus group discussion guide. To ensure consistent and accurate coding, a percentage of transcripts were analysed independently by two coders (IR and MP). Intercoder reliability was assessed using Cohen's kappa (Cohen 1960). The kappa measure can range from 1 to -1, with 1 indicating perfect agreement. The kappa measure for the double-coded sample of transcripts almost reached perfect agreement, with a kappa measure of 0.90. Discrepancies in coding were discussed and the codebook was modified accordingly. Once sufficient intercoder reliability was achieved, the remaining transcripts were coded using the final codebook. Through open and axial coding, the primary author coded the data, examining the relationships among codes that were suggestive of themes (Strauss and Corbin 1997). Focus group data were coded until saturation was reached. Saturation is the point at which no new information emerges from the data (Glaser and Strauss 1967). Quotations representing themes were compiled to demonstrate study findings. Furthermore, descriptive statistics were conducted, including frequencies and measures of central tendency, on the demographic data using Statistical Package for the Social Sciences software (SPSS), version 19.0 (SPSS 2010).

Results

Thematic analysis revealed there was overwhelming support for TPP programmes in schools. Several recurrent themes emerged during the focus groups and were categorised into the following thematic areas: (1) TPP is a collaborative process; (2) information about condoms and contraceptives are a core component of TPP programmes; (3) parents want to reinforce TPP messages at home; (4) parents want schools to serve as condom access points; (5) parents' role in sustaining TPP programmes in schools; (6) parental concerns about TPP programmes in schools. These six thematic areas will now be explored in depth.

TPP is a collaborative process

Across all seven focus groups, parents felt that educating students about TPP is a collaborative process. One parent said, 'As parents, we should work with the schools to be

sure our children are learning the information they need to know in order to protect themselves from diseases and pregnancy.' In all seven focus groups, parents expressed the view that schools are the ideal location to educate students about teenage pregnancy prevention because students spend so much time at school:

> The school is the best place to teach about teen pregnancy prevention because our kids are there from 7am to 4pm.
>
> The school teaches our children about everything else. Why not let the school educate them about teen pregnancy prevention?

In all seven focus groups, parents believed that TPP is an essential component of school-based health education because it is 'proactive instead of reactive'. Most importantly, parents in six of the seven focus groups believe that TPP is just as important as other subjects taught in school:

> I would love to see sex education taught as a curriculum year round just like English, math, science. I think they just get so much information in two weeks, and just like someone said, there's a flood of information, and they just – I don't know if they have the time to process it. Some kids may, some kids may not. And I know, you know, how school and teachers and – you know, you already have enough on your plate, but I understand about adding something else to it, but I think it's just that important. If we could find a way just to see it a year-round curriculum.

In six of the seven focus groups, participants felt that some students are not receiving information about preventing teenage pregnancy at home. So it is the school's responsibility to ensure students receive this information. Participants acknowledged that in some households there is limited parent–child communication about TPP because parents or students may not feel comfortable discussing sensitive health topics:

> It's good that the schools give some of these children the opportunity to learn this versus learning it on the streets.
>
> It's hard many times, especially with teenagers, to come to their parents and talk about sex.
>
> A lot of kids don't feel comfortable speaking to their parents about it [preventing teenage pregnancy]. I would rather for them [students] to get it at school versus going to one of their friends.

Information about condoms and contraceptives are a core component of TPP programmes

Parents in all seven focus groups felt that schools should serve as a resource for disseminating accurate sexual health information to students, including information about condoms and contraception. Participants in six of the groups did not mind their children learning about condoms and contraception so long as abstinence was taught first. Moreover, parents in five of the groups did not believe that disseminating information about condoms and contraception encouraged students to engage in sexual behaviour, but simply prepares them. Specifically, parents believed that providing this information prepares students to make healthy decisions:

> These classes prepare our young people to make wise choices and healthy decisions about life. These classes help prepare our children because sometimes we are unable to.
>
> By providing them that information, whether it's in school or as a parent at home, I feel like we're not encouraging them [to engage in sexual behaviour].
>
> I would rather be the type of parent that has a child that's prepared, rather than a child that is pregnant.

> I also think that not only the sex education part of it [class], but just the information that these kids get as far as becoming responsible individuals, refusing sex, having boundaries, learning about their bodies and the different changes that they're going through. It's not just teaching them, okay, this is how you put on a condom, but it's more than that that they learn in these classes.
>
> It's actually titled Comprehensive Health Education, so it's a comprehensive approach. It's more than just, you know, just teaching them about sex. It's teaching them [students] personal rules, respect and responsibility, knowing your body.

Across all seven groups, parents felt that discussing condoms and contraceptives with students is a core component of sex education and essential for educating students about TPP. Most parents believe there should be a balance of abstinence education as well as information about condoms and contraceptives. One parent concluded, 'You can't teach bits and pieces. You can't teach sex education without teaching about condoms and contraception.'

Parents want to reinforce TPP messages at home

Across all groups, participants asserted that schools and parents should work together to reinforce the messages sent to students about TPP. Parents suggested using online resources, such as email or the school's online webpage, to disseminate information about the curriculum. Some participants mentioned 'reviewing the curriculum' at the beginning of the school year, but felt they had limited access to the curriculum after that. Furthermore, parents expressed the importance of parental engagement and shared their interest in learning more about the curriculum, so they can reinforce prevention messages at home:

> It [teenage pregnancy prevention class] reinforces what I have already started on my own, showing her how to use [protection], making sure she carries [protection], because we live in a day and time where we cannot fool ourselves and think that they're [students] not doing anything.
>
> So if you've got both of those things [communication at home and comprehensive sex education] working, I think that sets the kids up for the best possible chance to make the right decisions.
>
> I think reinforcement is so important and that's why I want to know what's being talked about before the class is actually taken, so that when they [students] get home, I can ask questions and they'll have that reinforcement there.

Parents want schools to serve as condom access points

While not all parents were in agreement, parents in four of the seven focus groups indicated that schools should be a resource for students to obtain prevention information and contraceptive methods, like condoms. Parents in these groups mentioned the school would be 'the best place for kids to get condoms'. Participants identified school personnel, such as nurses and counsellors, as potential contacts within the school for students to obtain condoms from. One parent shared, 'They [students] should be able to go to a nurse or a counselor and get a condom, or get information about contraceptives for females and it be private.' Other parents mentioned:

> I do feel whether they are ready, whether they are not, that condoms should be made available to them [students].
>
> You should be able to go get a condom from your counselor, from your gym teacher, from whoever, if you can't go to your parents.

Several parents stressed the importance of students being protected and commented that providing condoms to students encourages safer sexual practices and does not encourage young people to have sex:

> If more parents had the idea that just because I provide you with this [condom] does not necessarily mean that you're engaging [in sexual intercourse], it just means that if that happens, you will protect yourself.

> I understand how some parents feel, [but] personally if my son or daughter went to go get a condom from a school nurse, I would rather for them to do that than to not do that because we are trying to protect them [students].

> It wouldn't bother me at all if schools made condoms available to kids because ultimately, whether or not they having access to that is really not going to be what protects them from Chlamydia or teen pregnancy. It's the decision before that decision.

Parents' role in sustaining TPP programmes in schools

Parents were asked a series of questions to assess their role in sustaining TPP programmes in schools. In our sample, an overwhelming majority of parents felt they played a major role in doing so. This theme emerged across all seven focus groups. Parents reported a variety of actions that they would take if these programmes were in jeopardy of being cancelled. These actions included: contacting school leadership (i.e. principal), speaking with members of the school board, sharing their concerns with other parents and voicing their support of the programme with local news media.

Parents felt it was their responsibility to ensure the school is providing their child with appropriate information about preventing teenage pregnancy. One parent said, 'It is my job to make sure I stay on top of the school to be sure they are teaching my son about safe sex.' Another parent commented, 'If we as parents don't fight for these programmes, then who will?' One participant mentioned her desire to be involved in the planning process: 'Schools should let us [parents] know when they are picking these programmes, so we can voice our concerns then. Don't select the programme and then ask us [parents] what we think. We [parents] should be involved from the start.' Parents asserted that the school has an obligation to fulfil and it is up to parents to ensure this obligation is met. Several participants discussed the role and influence that parents have within the school system:

> I think if enough parents stand up and make their feelings known, then we can make a difference. One lone soldier may not move a mountain, but a group of mad mothers and fathers can.

> Schools are afraid of us [parents]. If we [parents] start complaining about this sex programme being gone, then they [the school] start listening.

> The school board has to listen to what we [parents] say because if they don't then they won't be elected for another term.

> Parents have a lot of power in the school . . . more than teachers and sometimes even more power than the principal.

Parental concerns about TPP programmes in schools

The final theme relates to parents' concerns about TPP programmes in schools. Several parents showed some opposition to schools educating students about TPP. This opposition was evident in two of the seven focus groups. Some parents felt that TPP is a topic that should be discussed at home first and then reinforced by schools. While not all parents felt this way, some parents did express concerns about their child learning about condoms and

contraception at school and believed that by discussing this issue, schools were encouraging risky sexual behaviour.

Furthermore, thematic analysis revealed the primary concern that influenced parents' support of TPP programmes in schools was related to the credentials and credibility of the class instructor. Parents across all seven focus groups expressed concerns, not about the content of the class, but instead about the credentials of the class instructor. One parent stated, 'I don't want it to be some coach [teaching the class], I want it to be someone that actually got training in this field.' Other parents echoed the importance of the instructor being 'trained', 'qualified to teach the programme' as well as 'knowledgeable of sexually transmitted diseases and teen pregnancy prevention'. Another parent talked of the importance of the instructor having knowledge, training and expertise specifically in sexuality education: 'Just because a teacher can teach math doesn't mean that they're, you know, ready to teach my child about sexual education.' Other parents described the importance of having trained class instructors:

> I think that the educators should be trained and they should know about all the sexually transmitted diseases. That would be helpful.
>
> Something that I would probably fear most is who's teaching my child.
>
> How can I allow someone to educate my child [about teenage pregnancy prevention] and I don't know who they are?
>
> Make sure that whomever you have that's going to be teaching the programme is qualified.

Discussion

This study sought to examine parents' perception of TPP programmes in SC public middle schools and our findings further support and reinforce what statewide surveys have demonstrated over the past decade; namely that parents support sex education programmes that discuss abstinence and provide information about condoms and contraception. The credentials and credibility of the class instructor were major concerns mentioned by parents. Our study found that parents were concerned that teachers were not qualified or trained to teach sexuality education. This finding is consistent with previous research that found that teachers are not perceived as credible sources of sexuality information (Masatu, Kvale, and Klepp 2003). This is perhaps not surprising given national research in the USA which shows that teachers do not feel properly equipped to teach sexuality education and want additional training in areas related to pregnancy, HIV and STI prevention (Dailard 2001).

Despite parents' concerns about the credibility of the class instructor, parents believe that school is the ideal location to educate students about TPP. Parents indicated that educating students about TPP should be a collaborative approach between the school and parents. An earlier study found that involving parents is a critical component for selecting, maintaining and sustaining school-based sex education programmes (Hernandez et al. 2011). Additionally, parents felt that teaching about condoms and contraception should be an essential component of school-based sex education programmes. In our sample, parents indicated that abstinence should be taught as a first option, but information should also be provided to students about condoms and contraception. A recent Guttmacher Institute report (2012) found that many sexually active students had not received any formal instruction about contraception before they first had sex. Parents discussed the importance of TPP programmes in schools and asserted that sex education should be mandatory and taught year-round. These findings are consistent with previous research in SC that found

an overwhelming majority of parents support TPP programmes in schools and want students to learn not only about condoms and contraception, but also about sexually transmitted diseases, sexual abuse, parenting responsibilities, puberty and reproductive anatomy (Alton, Oldendick, and Draughon 2005).

In their responses, parents stressed the importance of knowing the content of the TPP curriculum, so they can reinforce prevention messages at home. This is a noteworthy finding because previous research shows that parent–child communication has the potential to significantly improve youth health behaviours including delaying sexual intercourse and increasing condom use among teenagers (Dittus, Jaccard, and Gordon 1999; Dutra, Miller, and Forehand 1999; Kotchick et al. 1999; Kirby 2002; Kirby and Miller 2002; Levine 2011). In addition to reinforcing prevention messages, several parents indicated that they want schools to serve as condom access points. Clinic-based programmes and school condom availability programmes were designed to improve access to condoms and other contraceptive methods (Kirby 2007). Despite the controversies surrounding school condom availability programmes, our study found that a great majority of parents wanted schools to provide this resource to students. Parents identified school counsellors and nurses as potential contacts for students to access condoms and other contraceptive resources. A recent study found that school nurses could serve as a point of contact for high school students who may not have access to a healthcare system for STI screening and contraception (Dittus et al. 2011). Previous research shows that students in schools with condom availability programmes are more likely to reduce sexual activity and increase their condom use in comparison to students at schools without condom access points (DeRosa et al. 2012; Furstenberg et al. 1997; Smith, Novello, and Chacko 2011).

Additionally, the present study found that parents understood the role they play in sustaining TPP programmes in schools. Parents were aware that their opinions and influence are critical to the successful adoption, implementation and maintenance of school-based programmes. Our findings are supported by previous research (Hernandez et al. 2011). This study found that parents will respond in a variety of ways to show they support or disapprove of TPP programmes including contacting the school board or the local media. Parents emphasised their desire to be involved in the planning and implementation of school programmes. This finding highlights the importance of school administrators being aware of parents' support of TPP programmes and allowing parents to be engaged in the adoption and implementation of such initiatives.

Study limitations

This study is not without its limitations. Due to inherent constraints, the results of qualitative research are not generalisable. However, this study was able to examine the subjective experiences of SC parents and investigate their perceptions of TPP programmes in schools. It is noted that IYG schools may not be representative of all public middle schools in SC. Additionally, the parents of middle school students involved with IYG may differ from parents in other school districts or schools that implement abstinence-only curricula which has major implications for practice. Parents who support their child's participation in IYG may also be more likely to support TPP programmes and communicate about TPP with their child. Another limitation was that participants were purposively selected to participate in this research. Because participation was voluntary, results may be biased because the study sample only included parents who were willing to participate in this research. While the study sample was relatively diverse, it was limited to

the seven school districts in SC currently implementing IYG. Additionally, the use of respondent-driven sampling is a limitation in this research and future studies should employ a different sampling technique that allows participants to be randomly selected which will result in a more diverse and representative sample. Future research should also track individual responses in an effort to quantify study findings based on participants' demographic attributes.

Conclusions

Despite these limitations, this study found that a sample of SC parents is broadly supportive of TPP programmes in schools. While several studies and public opinion polls have examined parents' opinion of comprehensive sex education programmes in schools, this study was one of the first to qualitatively examine why parents support these school-based initiatives. Parents believe educating students about TPP is a collaborative process and feel it is the school's role to educate students about abstinence and condoms and contraception. The study also found that parents perceive themselves to play an integral role in the sustainability of TPP programmes in schools and want to have greater access to the curriculum, so they can reinforce prevention messages at home. Further exploration is warranted and needed to examine what other resources parents need in order to educate their child about TPP.

Implications for practice

Our study findings have major implications for school health and highlight the importance of examining parents' perception of TPP programmes in schools. This study found that parents perceive they have the ability to derail school-based initiatives if they do not support such programmes. Understanding the influence that parents have, schools should ensure that future programmes are examined by parents prior to being implemented to ensure parental buy-in and support. This study also found that the primary reason that parents did not support TPP efforts in schools was because they were concerned about the credentials and qualifications of the class teacher. Previous research found that educators were not receiving adequate training to teach sex education, which often left them feeling unprepared to teach this subject (Donovan 1998). Donovan concludes, 'the problems stem from both inadequate instruction during the teachers' undergraduate preparation and from a dearth of staff development and training opportunities once they are in the classroom' (Donovan 1998, 191). Our study findings emphasise the need for schools to select qualified, trained and skilled professionals to teach TPP as well as provide staff development opportunities focused on sex education.

The need to better engage parents is related to the third implication for school health. Parents want schools to provide them with greater access to the TPP curriculum. Several parents expressed their desire to reinforce prevention messages at home, but reported having limited access to curriculum materials. Participants suggested providing this information using online resources, such as email or the school's website. Understanding the influence that parent–child communication has on young people's sexual behaviour, schools should ensure that parents have adequate access to the curriculum, so parents can integrate prevention messages into daily conversations with their child.

The final implication for school health is that parents want schools to provide condom availability programmes for students. Although current SC laws and school policies prohibit these programmes, it was interesting that this study found that parents want

schools to serve in this capacity. This finding has political implications and highlights the need to rethink existing state laws and school policies that prohibit contraceptives from being distributed on school property, or as a possible starting point, refer students who are or are thinking about becoming sexually active to local clinics providing teenage-friendly sexual health services (Kavanaugh et al. 2013; Secura and McNicholas 2013; Smith, Novello, and Chacko 2011). The aforementioned implications of this research underscore the need for a collaborative approach between schools and parents to implement TPP programmes in schools in an effort to effectively address the issue of teenage pregnancy in the state of SC.

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Note

1. Mathematica Policy Research is a company that delivers high-quality research and evaluation and is dedicated to improving the public well-being by bringing the highest standards of quality, objectivity and excellence to bear on information collection and analysis.

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