METHODS

The survey questions and sampling plan were developed between fall 2005 and spring 2006. The survey instrument and protocol were reviewed by the Public Health Institute’s institutional review board and declared exempt. The protocol for obtaining informed consent followed standard practice for telephone surveys.

Interviewers were trained in spring 2006. Two rounds of pilot testing were conducted to assess and improve question wording and interviewer performance. This involved audio recording of 18 pilot interviews, each of which was reviewed by two researchers, who assessed potential issues in question presentation, follow-up and comprehensibility. Some questions were subsequently reworded or eliminated, and additional training was provided to interviewers as necessary. Data collection took place in the spring and summer of 2006, during which supervisors and study staff monitored interviewers and provided further feedback.

Sampling

We conducted a list-assisted, random digit dial survey of California parents. The sample was derived from the population of all households in California, and was classified into five regions consisting of groups of contiguous counties organized by demographic similarity (North/Mountains, Central Valley, San Francisco Bay Area/Central Coast, Los Angeles County and South—Figure 1). The person answering the phone was asked the numbers of adults and children in the household; if a child aged 18 or younger answered, the interviewer asked the youngster to identify a parent in the household. If a parent was available, he or she was read the informed consent script and then invited to participate. Follow-up appointments were made if the respondent was unable to complete the interview at that time. Initial calls were conducted in English; Spanish-speaking interviewers called back respondents who spoke Spanish. At least 10 calls were made to consistently unanswered or busy phone numbers and answering machines.

A total of 1,284 parents completed interviews. An overall household response rate of 53% was calculated using the RR3 method of the American Association for Public Opinion Research. This method divides the number of completed interviews by the estimated number of eligible households called, which is estimated by a formula involving known eligible and ineligible households, and those of unknown eligibility. Phone numbers with follow-up calls not yet completed when a region’s quota was reached were not included in the calculations. Our response rate is near the maximum that can be expected for rigorous large-scale random digit dial surveys, in which nonresponse bias is typically minimal.

To enhance statistical efficiency for estimates within each region, sampling rates were higher for the smaller regions. To compensate for the resulting difference in selection probabilities, we used stratum weights in all statewide analyses that pooled data across regions. The resulting design effect attributable to weighting was minimal (1.13). For statewide estimates (N=1,284), 95% confidence intervals were plus or minus 2–3 percentage points; for regional estimates (N=253–262), plus or minus 5–6 percentage points. Confidence intervals for subgroup estimates were larger.

Measurement and Analysis

The primary survey question asked about a respondent’s preference for sex education policy: “What do you think teenagers should be taught in sex education classes? (a) only about abstinence, that is, not having sex until marriage, (b) only about how to prevent pregnancies and the spread of sexually transmitted infections if they do decide to have sex, (c) both about abstinence and about how to prevent pregnancies and the spread of sexually transmitted infections if they do decide to have sex.” We refer to these options as abstinence-only, protection-only and abstinence-plus-protection, respectively.

For most of our analyses, we combined the protection-only and abstinence-plus-protection categories into one called comprehensive sex education. This categorization is consistent with the key policy debate distinction of