



Let's Talk about Sex: Addressing Information Gaps to Improve Youth Sexual Health Literacy

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Background

Sex education can influence youth sexual behaviors, including:

- Age at first sex
- Use of contraception
- Use of sexual health services
- Likelihood of engaging in unsafe sexual practices¹

Incomplete or inaccurate sex education can contribute to:

- Teen pregnancy and childbearing
- The spread of sexually-transmitted infections
- Unrealistic expectations about sex and relationships²

Study Aim

- The purpose of this study is to better understand what and from whom young people learn about sex in the United States.

Methods

Study Population:

- Nationally-representative sample of 15-24 year-old male and female youth

Data Source:

- 2011-2013 National Survey of Family Growth

Sources of sex education:

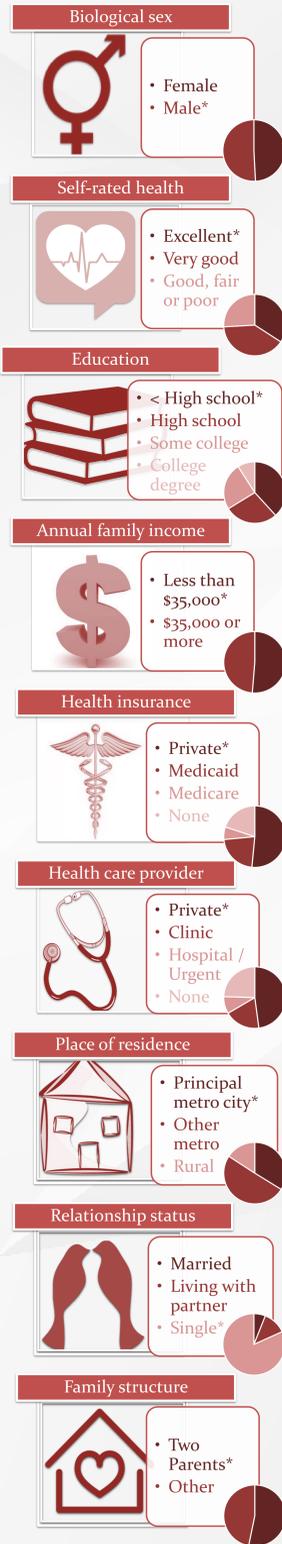
- Formal
 - Schools
 - Faith-based organizations
 - Community-based organizations
- Parents / guardians
- Health care providers

Topics covered with each source:

- Abstinence
 - Saying 'no' to sex
 - Waiting until marriage for sex
- Sexually-transmitted infections (STIs) and HIV
- Safe sex
 - Condom use
 - Where to find birth control

Data Analysis:

- Significant correlates of each sex education source and topic were assessed using logistic regression analysis for complex samples.



Results

- The final weighted sample (N=3,895) represents over 40 million youth aged 15- 24 years old in the United States.

Sources and Topics of Sex Education

	Formal	Parents	Health Care Providers
Any sex ed	97.3%	71.6%	37.1%
Abstinence	83.6% No to sex 75.6% Wait until marriage	69.8% No to sex	56.1% No to sex
STIs	92.5% STIs 88.6% HIV/AIDS	71.6% STIs 57.9% HIV/AIDS	92.3% HIV or STIs
Safe sex	65.4% Where to get BC 60.4% Condoms	44.7% Where to get BC 56.5% Condoms	85.0% Safe sex

Significant Findings

- The text boxes below report the odds ratios associated with each topic and source of sex education. All reported results are significant at p<0.05 or better. The reference groups for each independent variable are marked with an asterisk (*) in the descriptive sidebars. See handout for detailed statistical tables.

Female

- ↓ Condoms from a formal source (OR=0.77) or parents (OR=0.49)
- ↑ Where to get birth control from a formal source (OR=1.76) or parents (OR=2.26)
- ↑ Abstinence from parents (OR=2.62) or HCP (OR=2.13)

Rural residence

- ↓ From formal source, HIV/AIDS (OR=0.55) or where to get birth control (OR=0.66).
- Living with partner**
- ↑ Condoms from parents (OR=1.49)
- Other family structure**
- ↑ STIs from formal source (OR=1.71)

Higher education

- ↓ Condoms from parents (College degree OR=0.41)
- ↓ STIs from parents (College degree OR=0.56) or HCP (Some college OR = 0.45)
- ↑ Condoms from formal source (College degree OR = 1.73, Some college OR=1.54, High school grad OR=1.41) or HCP (College degree OR = 4.45)
- Higher income**
- ↑ Condoms from formal source (OR=1.29)

Raised Catholic

- ↓ Where to get birth control from parents (OR=0.64)
- ↑ Where to get birth control from formal source (OR=1.53)
- Raised Protestant**
- ↓ Where to get birth control from parents (OR=0.63)
- ↓ HIV/AIDS from parents (OR=0.68)
- Raised in other religion**
- ↑ Abstinence from parents (OR=2.60)
- ↑ Where to get birth control from formal source (OR=1.81)

Poorer self-rated health

- ↓ Abstinence from parents (OR=0.62)

Hispanic ethnicity

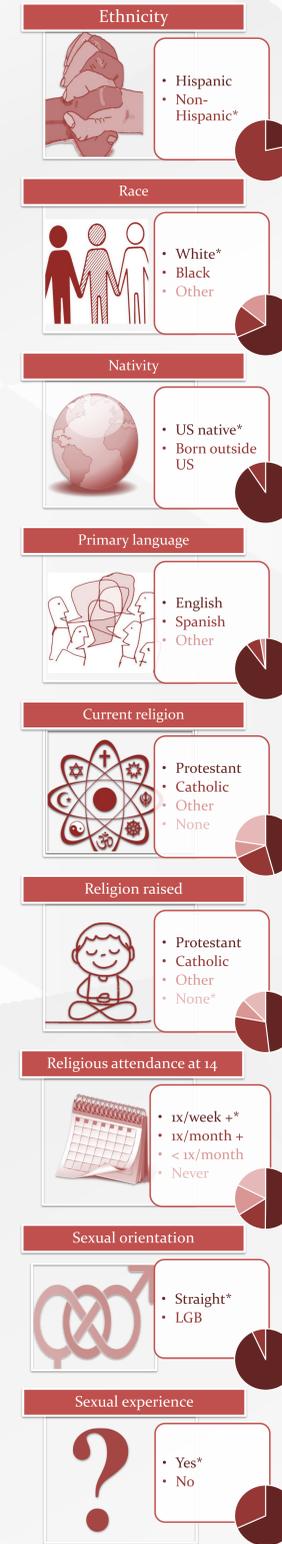
- ↓ Waiting until marriage from formal source (OR=0.68)
- ↑ From parents, STIs (OR=1.58) or HIV/AIDS (OR=1.47)
- ↑ From HCP, safe sex or condom use (OR=1.75)
- Black race**
- ↓ No to sex from parents (OR=0.62)
- ↑ From parents, HIV/AIDS (OR=1.51) or condoms (OR=1.58)
- ↑ From HCP, safe sex or condom use (OR=1.73)
- Other race**
- ↓ Where to get birth control from parents (OR=0.64)
- ↑ HIV/AIDS from formal source (OR=1.95)

Religious attendance 1x/month+

- ↓ Abstinence from formal source (OR = 0.50) or parents (OR=0.70)
- ↑ STIs or HIV from formal source (OR=2.18) or HCP (OR=2.27)
- Religious attendance <1x/month**
- ↓ Abstinence formal source (OR=0.39)
- ↑ Where to get birth control from parents (OR=1.51)
- No religious attendance**
- ↓ Abstinence from formal source (OR=0.35)

Gay, Lesbian, or Bisexual

- ↓ Abstinence from formal source (OR=0.52)
- No sexual experience**
- ↑ Abstinence from parents (OR=1.40)
- ↓ STIs from formal source (OR=0.42) or parents (OR=0.61)
- ↓ HIV/AIDS from formal source (OR=0.57) or parents (OR=0.64)
- ↓ STIs or HIV/AIDS from HCP (OR=0.47)
- ↓ Condoms from a formal source (OR=0.47) or parents (OR=0.40)
- ↓ Where to get birth control from a formal source (OR=0.61) or parents (OR=0.57)
- ↓ Safe sex or condom use from HCP (OR=0.49)



Conclusion

Although this study did not include peers or media as sources of sex education, it does show that authority figures in the United States educate youth differently about sex based on their social location.

- **Biological sex.** Females had higher odds of learning about abstinence and birth control, males more likely to learn about condoms.
- **Education.** Higher education (= older age) associated with higher odds of sex education from any source.
- **Race and ethnicity.** Respondents of Black race or Hispanic ethnicity had higher odds of receiving sex education on topics other than abstinence from parents and health care providers.
- **Religion and frequent religious attendance at 14.** Both were highly associated with exposure to abstinence-based messages.
- **Sexual experience.** Those without sexual experience consistently received less sex education.

Sexual health literacy empowers youth to make informed decisions about their sexual health. The results of this study can be used to address disparities in sex education. Future studies may explore the relevance of authority figures as sources of sexual health information compared to peers and media.

References

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