



## Original article

## Changes in Adolescents' Receipt of Sex Education, 2006–2013

Laura Duberstein Lindberg, Ph.D.<sup>\*</sup>, Isaac Maddow-Zimet, and Heather Boonstra, M.A.*The Guttmacher Institute, New York City, New York**Article history:* Received July 22, 2015; Accepted February 10, 2016*Keywords:* Sex education; Sex information; Parent communication

## A B S T R A C T

**Purpose:** Updated estimates of adolescents' receipt of sex education are needed to monitor changing access to information.**Methods:** Using nationally representative data from the 2006–2010 and 2011–2013 National Survey of Family Growth, we estimated changes over time in adolescents' receipt of sex education from formal sources and from parents and differentials in these trends by adolescents' gender, race/ethnicity, age, and place of residence.**Results:** Between 2006–2010 and 2011–2013, there were significant declines in adolescent females' receipt of formal instruction about birth control (70% to 60%), saying no to sex (89% to 82%), sexually transmitted disease (94% to 90%), and HIV/AIDS (89% to 86%). There was a significant decline in males' receipt of instruction about birth control (61% to 55%). Declines were concentrated among adolescents living in nonmetropolitan areas. The proportion of adolescents talking with their parents about sex education topics did not change significantly. Twenty-one percent of females and 35% of males did not receive instruction about methods of birth control from either formal sources or a parent.**Conclusions:** Declines in receipt of formal sex education and low rates of parental communication may leave adolescents without instruction, particularly in nonmetropolitan areas. More effort is needed to understand this decline and to explore adolescents' potential other sources of reproductive health information.© 2016 Society for Adolescent Health and Medicine. Published by Elsevier Inc. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).IMPLICATIONS AND  
CONTRIBUTION

This study documents recent declines in adolescents' receipt of formal sex education about a range of topics. Parents do not fill these gaps. Further efforts to increase access to comprehensive reproductive health information are warranted.

Providing adolescents with sexual health information is an important means of promoting healthy sexual development and reducing negative outcomes of sexual behaviors [1–4]. National public health goals [5] and numerous medical and public health organizations [6,7] recommend that adolescents receive sex education on a range of topics. However, past research has found increasing gaps in sex education; analyses of data from the National Surveys of Family Growth (NSFG) indicate that from 1995 to 2006–2008, the proportion of U.S. teens who had received

formal instruction about birth control methods declined (males, 81% to 62%; females, 87% to 70%) [8,9].

National public health goals call for increasing the share of adolescents receiving formal instruction about abstinence, birth control methods, and prevention of HIV/AIDS and STIs and increasing the proportion of teens talking with their parents about these same topics [5]. These goals also establish objectives for reducing differentials in the receipt of sex education by gender, race/ethnicity, and other sociodemographic characteristics.

This analysis examines recent changes in adolescents' reports of receipt of formal sex education and instruction from parents, using nationally representative data from both females and males from the 2006–2010 and 2011–2013 NSFG. This extends previous work monitoring national trends in sex education since

**Disclaimer:** The conclusions presented are those solely of the authors.<sup>\*</sup> Address correspondence to: Laura Duberstein Lindberg, Ph.D., The Guttmacher Institute, 125 Maiden Lane, New York City, NY 10038.E-mail address: [llindberg@guttmacher.org](mailto:llindberg@guttmacher.org) (L.D. Lindberg).

1995 [8–11]. We test for differential patterns of receipt of instruction by adolescents' sociodemographic characteristics and place of residence. We also consider how formal instruction and the informal sex education provided by parents supplement each other. These analyses are descriptive, with the objective of providing ongoing national monitoring needed to inform related research and policy.

## Methods

### Data

This analysis used data from the 2006–2010 and 2011–2013 NSFG, a continuous national probability household survey of women and men aged 15–44 years in the United States (<http://www.cdc.gov/nchs/nsfg.htm>) [12]. The surveys used a multi-stage, stratified clustered sampling frame to collect interviews continuously from June 2006 to December 2010 and from June 2011 to June 2013. The National Center for Health Statistics Institutional Review Board approved data collection.

We limited the analyses to respondents aged 15–19 years at the time of the interview, resulting in samples of 2,284 and 1,037 females and 2,378 and 1,088 males in 2006–2010 and 2011–2013, respectively.

### Measures

**Formal instruction:** in both surveys, respondents were asked “Before you were 18, did you ever have any formal instruction at school, church, a community center or some other place about” the following topics: “how to say no to sex,” “methods of birth control,” “sexually transmitted diseases,” and “how to prevent HIV/AIDS.” Additionally, in the 2011–2013 survey, respondents were also asked about formal instruction on “waiting until marriage to have sex,” “where to get birth control,” and “how to use a condom.” The survey added these latter topics to address concerns that the earlier survey's measures did not provide adequate information about the specific instructional content.

Respondents answering that they had received instruction in a particular topic received follow-up questions about whether instruction occurred before the first vaginal intercourse.

**Informal instruction from parents:** respondents were asked whether they had talked with their parent or guardian about the following six topics before they were aged 18 years: “how to say no to sex,” “birth control methods,” “where to get birth control,” “how to use a condom,” “sexually transmitted diseases,” and “how to prevent HIV/AIDS.”

## Analysis

To examine changes over time in adolescents' receipt of formal and informal instruction, the 2006–2010 and 2011–2013 NSFG data sets were merged, and each period was weighted accordingly. For each period, we calculated the weighted prevalence of the receipt of formal instruction by topic, separately for male and female adolescents; additional topics of instruction measured in only the 2011–2013 survey were also examined. For each gender, simple logistic regressions were estimated to test for significant differences between the two periods in the prevalence of each topic by age (15–17 vs. 18–19), race/ethnicity (non-Hispanic white, non-Hispanic black, Hispanic), household poverty status (<200% of poverty line vs. ≥200% of poverty),

place of residence (central city, other metropolitan area, nonmetropolitan area), and religious attendance at age 14 years (often, sometimes, never); overall differences in receipt by gender were also tested.<sup>1</sup> We also used simple logistic regression to test for significant differences between periods in the proportion of adolescents who had received instruction in each topic before the first sex and changes in the proportion of adolescents talking with their parents about each of the six reproductive health topics and differences by key demographic groups. Finally, we estimated the proportion of teens receiving instruction on each topic from both formal sources and parents, only one source, or not at all. All analyses accounted for the complex survey design of the NSFG data using the *svy* commands in Stata 13.0 [13], and we report only differences with a *p* value <5%.

## Results

### Sample characteristics

Among the weighted sample of respondents aged 15–19 years in 2006–2010 and 2011–2013, the majority were non-Hispanic white, aged 15–17 years and attended religious services often when they were aged 14 years (Table 1). About one-third resided in a central city, half in other metropolitan areas, and the remaining share in nonmetropolitan statistical areas. There was no significant change over time in any of these demographic traits for either gender. In contrast, the share of teens living in households with income <200% of the household poverty line increased significantly over time for both females and males.

### Formal instruction

**Trends by gender.** Between 2006–2010 and 2011–2013, there were significant declines in adolescent females' reports of the receipt of formal instruction about birth control (70% to 60%), saying no to sex (89% to 82%), sexually transmitted disease (STD, 94% to 90%), and HIV/AIDS (89% to 86%) (Table 2). There was a significant decline in males' reports of instruction about birth control (61% to 55%). Both genders had significant increases in the share reporting formal instruction in saying no to sex without instruction about birth control (22% to 28% females, 29% to 35% males).

In 2006–2010, there were significant gender differences in multiple topics of formal instruction, but differential declines resulted in no significant differences by gender in 2011–2013 for the same topics. By 2011–2013, receipt of instruction about STDs or HIV/AIDS was most common (near 90% for each gender), and adolescents were less likely to receive instruction about birth control than about saying no to sex.

**Trends by other demographics.** Among girls, declines over time in instruction about saying no to sex and declines in instruction about birth control were concentrated among whites, with no significant changes among black or Hispanic girls. Significant declines between periods in instruction about how to say no to sex, STDs, and HIV/AIDS occurred only among girls aged 18–19

<sup>1</sup> Within each period, we also tested for differences between demographic groups within each gender; these results are presented but not discussed as the primary focus was on change over time.

Download English Version:

<https://daneshyari.com/en/article/10511334>

Download Persian Version:

<https://daneshyari.com/article/10511334>

[Daneshyari.com](https://daneshyari.com)