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Racial and Ethnic Differences in Young Men's Sex and Contraceptive Education



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ABSTRACT

Purpose: Racial/ethnic disparities exist in young men's contraceptive knowledge. This study examines whether the likelihood of receiving sexual health education varies by race/ethnicity.

Methods: We examined racial/ethnic differences in sex and contraceptive education both in school and from parents with multivariable logistic regression models among 4,104 men aged 15–24 years using data from the 2006–2010 National Survey of Family Growth.

Results: Nearly all respondents (96.6%) reported formal sex education. Fewer reported formal birth control education (66.6%), parental sex discussions (66.8%), and parental discussions specifically about birth control (49.2%). In multivariable analysis, black men were less likely than white men to report receiving formal contraceptive education (adjusted odds ratio [aOR], .70; 95% CI, .51–.96). Both black and U.S.-born Hispanic men reported more parental sex discussions than white men (aOR, 1.44; 95% CI, 1.07–1.94, aOR, 1.47; 95% CI, 1.09–1.99, respectively).

Conclusions: Nearly all respondents reported having received formal sexual health education. Fewer reported receiving education about birth control either at school or at home. Black men were less likely to report receiving formal contraceptive education.

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IMPLICATIONS AND CONTRIBUTION

In this study using nationally representative data from young men aged 15–24 years, most participants reported having received sex education before the age of 18 years. However, fewer young men, particularly black men, reported receiving contraceptive education specifically.

Both qualitative and quantitative data demonstrate that there are significant gaps in young men's knowledge about contraception, and that knowledge deficits may be particularly pronounced among men from racial/ethnic minority groups [1,2]. The literature also suggests that both structured sex education and parent–child communication about sexual health increase

contraceptive knowledge and use [3–7]. Whether differential exposure to sexual health education or parent–child sexual health communication may help to explain documented racial/ethnic disparities in young men's contraceptive knowledge remains unknown. We used nationally representative data to examine whether the likelihood of receiving sexual health education varies by race/ethnicity among young men.

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Methods

Data source and sample

This study used data from the 2006–2010 National Survey of Family Growth (NSFG), a cross-sectional survey that provides

Table 1
Demographic characteristics of the study sample by race/ethnicity

	White (%) (n = 2,067)	Black (%) (n = 801)	U.S.-born Hispanic (%) (n = 685)	Foreign-born Hispanic (%) (n = 295)	Non-Hispanic other (%) (n = 256)	p value
Total population (n = 4,104)	61.6	14.8	12.2	5.8	5.6	
Age, years						.0824
15–18	40.9	43.0	45.5	32.8	48.4	
19–24	59.1	57.0	54.5	67.2	51.6	
Federal poverty level, %						<.0001
<100	18.3	32.3	33.3	35.4	27.3	
100–199	22.0	25.7	26.3	34.5	28.0	
>200	59.7	42.1	40.4	30.1	44.7	
Residence						<.0001
City	28.7	55.6	42.0	38.9	38.7	
Suburban	45.2	34.4	51.1	46.6	40.2	
Rural	26.1	10.0	6.9	14.6	21.1	
Education level						<.0001
<High school	42.7	54.8	56.1	67.8	48.0	
GED or high school diploma	19.3	24.2	22.0	21.5	20.8	
Some college	31.9	19.2	20.5	10.6	23.4	
Bachelor degree or higher	6.1	1.9	1.4	7.7	7.8	
Has ever had sex						<.0001
Yes	59.8	72.2	64.8	74.9	45.5	
No	40.2	27.9	35.2	25.1	54.5	
Living situation at age 14						<.0001
Biological mother and father	70.4	40.3	63.9	69.6	70.1	
Biological mother and stepfather	9.5	10.3	9.1	8.8	6.7	
Other arrangement	20.2	49.5	26.9	21.6	23.2	
Mother's highest education level						<.0001
<High school	5.7	10.0	32.8	68.0	11.3	
High school or GED	29.6	39.0	31.9	21.1	31.6	
At least some college	64.1	50.5	34.5	10.9	56.9	
Unknown	.6	.5	.8	.1	.3	
Father's highest education level						<.0001
<High school	6.6	11.9	26.8	64.5	15.7	
High school or GED	28.7	35.3	29.3	14.7	26.6	
At least some college	58.9	36.8	32.3	12.5	51.6	
Unknown	5.8	16.0	11.7	8.3	6.1	
Religion raised						<.0001
None	14.5	11.5	6.3	5.0	14.5	
Catholic	24.3	9.4	71.4	78.0	22.3	
Protestant	49.9	74.6	17.8	13.3	33.7	
Other	11.2	4.5	4.5	3.7	29.5	
Current insurance						<.0001
Private	71.0	41.5	44.4	24.5	50.6	
Public	13.8	35.2	28.4	12.9	19.8	
None	15.3	23.3	27.2	62.6	29.5	

GED = general education development.

nationally representative estimates on male and female reproductive health measures. The methodology of the NSFG is described elsewhere [8]. Our study included only participants aged 15–24 years (n = 4,104) as questions about sexual health education were limited to this age group.

Measures

We examined a series of questions about sexual health education to determine if participants had received any sexual health and/or contraceptive education. Four items asked participants if they had any formal sex education, defined as “education at school, church, community center, or other place” before the age of 18 years on the following: (1) how to say no to sex; (2) methods of birth control; (3) sexually transmitted infections (STIs); and/or (4) HIV. For this study, participants who answered “yes” to any of the four items were considered to have received “any” formal sex education. As we were particularly interested in examining racial/ethnic differences in contraceptive education, we also specifically examined

participants’ responses to the item querying whether they had received any formal education on methods of birth control.

Another set of questions asked participants which of the following topics, if any, they had discussed with their parents before the age of 18 years: (1) how to say no to sex; (2) methods of birth control; (3) where to obtain birth control; (4) how to use a condom; (5) STIs; and/or (6) how to prevent HIV/AIDS. Participants who reported discussing at least one topic were considered to have had “any” parental discussion. Participants who indicated that they had discussed methods of birth control, where to obtain birth control, and/or how to use a condom were considered to have had parental discussions about birth control. Thus, our four main outcomes included the following: (1) any formal sex education; (2) formal education regarding birth control; (3) any parental sex discussion; and (4) parental discussion regarding birth control.

The primary independent variable was self-reported race/ethnicity. For this analysis, we used five race/ethnicity categories such as: white non-Hispanic, black non-Hispanic, U.S.-born Hispanic, foreign-born Hispanic, and non-Hispanic other.

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