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Receipt of Sexual Health Information From Parents, Teachers, and Healthcare Providers by Sexually Experienced U.S. Adolescents

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A B S T R A C T

Objective: To describe the extent to which sexually experienced adolescents in the United States receive sexual health information (SHI) from multiple of three sources: parents, teachers, and healthcare providers.
Design: Descriptive analysis.
Setting: 2006–2010 National Survey of Family Growth.
Participants: Heterosexually experienced, unmarried/non-cohabiting females (n = 875) and males (n = 1,026) ages 15–19 years.
Main Outcome Measures: Self-reported receipt of birth control, sexually transmitted infection/human immunodeficiency virus (STI/HIV), and condom information from parents, teachers, and healthcare providers.
Results: Parent and teacher SHI sources were reported by 55% and 43% of sexually experienced female and male adolescents, respectively, for birth control information; and by 59% and 66%, respectively, for STI/HIV information. For sexually experienced adolescents reporting both parent and teacher sources, about one-third also reported healthcare provider as a source of birth control information, and one-quarter of females and one-third of males reported a healthcare provider as a source of STI/HIV information, respectively. For sexually experienced adolescents reporting no SHI from either parent or teacher sources, only one in ten reported healthcare providers as a source of birth control information, with a similar proportion reporting healthcare providers as a source of STI/HIV information. SHI receipt was found to vary by gender with more females than males reporting birth control information receipt from parents and teachers, and about one in six males reporting no birth control or condom information receipt from either source.
Conclusions: Study findings highlight gaps in sexual health information receipt from parents, teachers, and healthcare providers among sexually experienced adolescents, as well as gender differences across information sources.

IMPLICATIONS AND CONTRIBUTION

Findings from this study support the need for improvements in sexually experienced adolescents' receipt of medically accurate SHI from multiple reliable sources. Study findings highlight the need for parents, educators, and healthcare providers to work together to reinforce SHI especially among sexually experienced youth.

Sexual development is an important, normal task of adolescence [1] but sexually experienced adolescents are at risk for unintended pregnancy and sexually transmitted infections (STI). Providing sexual health information (SHI) to adolescents reduces

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negative outcomes of sexual behaviors [2–5]. Thus, public health (e.g., Healthy People 2020), education, and medical organizations recommend parents, teachers, and healthcare providers educate adolescents about sexual health [5–8]. The receipt of reliable, accurate SHI by sexually experienced adolescents is critically important because this population is both more at risk for negative consequences of sexual behavior, and expresses more concern regarding sexual health topics than their sexually inexperienced counterparts [9]. It is therefore crucial to understand the extent to which sexually experienced adolescents receive SHI; however, little is known about the proportion of these youth in the United States who report SHI receipt that can be reinforcing from multiple sources including parents, teachers, and healthcare providers.

Ideally, sexually experienced adolescents should receive medically accurate, reinforcing SHI from multiple sources [10]. Past interventions show that adolescents who receive SHI from multiple reliable sources (e.g., parents and teachers) have improved sexual behavioral outcomes compared to those who do not [3,11–13]. However, most studies that have examined national samples of adolescents' SHI receipt describe single sources of SHI only [14–18]. For example, these studies have found that approximately half of sexually experienced adolescents reported SHI receipt from parents [19], up to two-thirds from a teacher [20], and less than one-third from a healthcare provider [14,19]. However, it is unclear whether the same adolescents are receiving this information from all sources or not. A few studies have reported on both parent and teacher sources of SHI and describe disparate results. One older study found that few (16%) sexually experienced 15-to-16-year-olds received SHI from both parents and teachers with one-third reporting no SHI receipt from either source [21]; whereas a more contemporary study found that a majority (73%) of all 15-to-19-year-old females reported SHI receipt from parents and teachers with only 3% reporting no SHI receipt from either source [22]. However, these studies did not differentiate their findings by sexual experience or only focus on females. Further, healthcare providers as an information source were not included.

Examination of SHI receipt by gender among sexually experienced adolescents is needed to appropriately address gaps in information delivery. The current state of SHI receipt among sexually experienced males is less than desirable. Although male adolescents are more likely than females to be sexually active and engage in risk behaviors [23], they are less likely than females to talk with a parent about sexual topics [19–24] and access related healthcare services [25]. Furthermore, limited attention has been given to gender patterns in the overall receipt of SHI, taking into account multiple sources. A recent study examining multiple sources of SHI among urban African-American youth found that males reported family and teachers as major SHI sources compared to females who reported health professionals in addition to family and teachers [26]. However, this smaller-scale qualitative study focused only on information sources rather than also including specific topics discussed, and its findings are not generalizable to a national sample. A recent study conducted among a national sample of adolescents found that only half of sexually experienced males reported receipt of birth control (e.g., hormonal method) information from teachers, compared to two-thirds of females [2]; however, this study did not specifically examine condom information receipt from teachers or other sources. Thus, to gain a better understanding of sexually experienced female and male SHI receipt in the United States, an examination of multiple SHI sources by gender and topic is needed.

Given the current gaps in the literature, the goals of this study are to describe the extent to which a nationally representative sample of sexually experienced 15-to-19-year-olds report SHI receipt from parents, teachers, and healthcare providers, and whether receipt of SHI from these sources varies by gender and topic. Based on past literature, we hypothesize that among sexually experienced adolescents, few will report SHI receipt from all three sources, and that female reports of SHI receipt will be higher than that of males.

Methods

Study procedures

Data for these analyses come from the 2006–2010 National Survey of Family Growth (NSFG), a nationally representative household survey that assesses reproductive health and contraception practices among 22,682 respondents aged 15 to 44 years. Among respondents, 2,284 females and 2,378 males were between the ages of 15 and 19. All respondents completed a face-to-face interview with NSFG personnel and an audio computer assisted self- interview to gather more sensitive data. The survey used a multi-stage, stratified, clustered sampling frame to collect interviews continuously from June 2006 to June 2010. Detailed survey methodology has been described elsewhere [27,28]. The current analyses include non-married, non-cohabitating, heterosexually experienced females (n = 875) and males (n = 1,026) aged 15-to-19-years old. All available data from 2006 to 2010 were needed to provide a sufficient sample for analyses with the subpopulation of sexually experienced adolescents. The Institutional Review Board approved this analysis.

Measures

Sexual health information sources and topics

Parent source. Respondents provided a dichotomous response to whether they had received information prior to age 18 from a parent regarding: (1) birth control methods and information about where to obtain birth control; (2) information on STI and/or how to prevent HIV; and (3) how to use a condom.

Teacher source. Respondents provided a dichotomous response to whether they had received information prior to age 18 at a school, church, community center, or some other place regarding (1) birth control methods; and (2) STI and/or preventing HIV/AIDS.

Healthcare provider source. Female respondents were asked whether they had received "counseling or information" from a healthcare provider on birth control, and "counseling for, or been tested or treated for a sexually transmitted disease" in the last year. Male respondents were asked whether they had received "advice or counseling" from a healthcare provider in the last year regarding methods of birth control, STI, and/or HIV/AIDS; each topic was measured separately.

Parent, teacher, and healthcare provider sources. First, in order to examine multiple sources of SHI, topics were identified that were assessed among females and males from three sources: parents, teachers, and healthcare providers. Parent and teacher sources were assessed in the NSFG using similar—but not always identical—language for both males and females, including