

Original article

Adolescents' Reports of Communication With Their Parents About Sexually Transmitted Diseases and Birth Control: 1988, 1995, and 2002

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Abstract

Purpose: We examine trends in adolescents' reports of discussion with parents about sexually transmitted diseases (STDs) and birth control methods from 1988 to 2002.

Methods: Data from the 1988 and 1995 National Survey of Adolescent Males, and the 1988, 1995, and 2002 National Survey of Family Growth were analyzed to evaluate changes in discussions of female adolescents with parents about birth control methods and STDs, and changes in male adolescent discussions with parents about birth control methods. The sample includes never married males and females aged 15–17 years.

Results: In 2002, fewer female adolescents reported discussion with a parent about STD or birth control methods than in 1995. The share of female adolescents in 2002 reporting no discussion of either topic with their parents increased by almost half compared to 1995. Patterns across time in male adolescents' discussions of birth control methods with their parents appear stable.

Conclusions: The recent decline in female adolescent reports of parent-communication about birth control and STDs, and the increase in female adolescent reports of no discussion of either topic suggest that public health officials, educators, and clinicians should invigorate their efforts to encourage parents to talk with their children about STDs and birth control. © 2010 Society for Adolescent Health and Medicine. All rights reserved.

Keywords:

Adolescent; Sex education; Communication; Parents; United States

Recent news about sexual risk taking among youth in the United States is troubling. The 2007 Youth Risk Behavior survey reports no change since 2005 in levels of sexual experience and condom use at last sex among high school students. These statistics indicate a possible plateau in the continuous improvement in teens' sexual risk taking observed between 1991 and 2003 [1,2]. After 15 years of decline in teen birth rates in the United States, the National Center for Health Statistics recently reported an increase in birth rates, in teenagers aged 15–19-years, up by 3% from 2005 to 2006 and up by 1% from 2006 to 2007 [3,4]. Persons aged 15–24 years account for half of all new sexually transmitted diseases (STD), and a recent report showed that one in

four adolescent females is infected with a STD [5,6]. Given the poor reproductive health statistics for teens in the United States, it is important to understand whether adolescents' sources of sexual health information are shifting.

The growth in federal funding for abstinence-only sex education and the restrictions placed on programs that receive this money, has generated concern about the content of sex education that adolescents receive. In 2002, fewer teens learned about birth control methods in school and more received information about how to say no to sex compared to 1995 [7]. Assessments of abstinence-only programs have shown some shifts in attitudes and intentions to remain abstinent [8,9]. However, the only evaluation of abstinence-only education programs that included random assignment and followed up adolescent behavior over time, showed that they did not persuade teens to abstain or wait to have sex [10]. The same evaluation also found that all teens in both the intervention and control groups generally lack

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understanding of the risks of STDs and how to protect themselves from disease.

Although the debate about what adolescents should learn in publicly funded sex-education programs continues, little attention has been paid to whether changes have occurred in the content of information that adolescents receive from the one source of sex education that is most commonly available to them—their parents. The familiarity and access that parents have to their adolescents are much more than that of programs. Parents are available during the summer months unlike school-based health centers or sex-education classes. Unlike clinicians, parents have more than a 15-minute time slot to talk to their adolescents about sex. Although most people would acknowledge that parents matter when it comes to talking about sex with their child, studies of the effect of parental communication on adolescent sexual behavior have difficulty establishing a causal link [11,12]. However, studies have found that parent communication about sexual topics is associated with delayed sexual initiation and increased birth control method and condom use [13–18]. Past research has shown that mothers talk to teens about sex more than fathers, daughters are more likely to be the targets of sexual communication, and communication about sexual topics is more effective if it takes place before teens engage in sexual activity. It is important that parents should be open and comfortable while talking to their teens [16,19–22].

This study looks at the trends in male and female adolescents' reports of parent-communication about birth control methods and female adolescents' reports of parent-communication about STDs, between 1988 and 2002 by using data from the 1988 and 1995 National Survey of Adolescent Males (NSAM) and the 1988, 1995, and 2002 National Survey of Family Growth (NSFG). We examine differences in what teens report hearing from their parents from 1988 to 2002, a period when the content of sex education in the schools shifted to increased focus on abstinence.

Methods

Sources of data

Data are analyzed from five nationally representative surveys: the 1988 and 1995 NSAM which recruited 15–19-year-old males, the 1988 and 1995 NSFG, which recruited 15–44-year-old females, and the 2002 NSFG, which recruited 15–44-year-old males and females. The surveys have been described in detail elsewhere [23–27]. In brief, they are all nationally representative household surveys that utilized face-to-face interviews to investigate fertility patterns and sexual behavior. The NSAM was created as a complementary survey to the NSFG to collect data on teen males with a focus on sexual behavior and condom use.

The five surveys each interviewed a specific population. To make the study samples consistent across these data sets, we limited them to never-married males and females, who were between the ages of 15 and 17 years at the time of interview.

These samples include 1,211 males and 706 females from the 1988 NSAM and NSFG respectively, 1,146 males and 804 females from the 1995 NSAM and NSFG, respectively, and 630 males and 673 females from the 2002 NSFG.

Measures

All of the surveys asked teens to retrospectively report discussions of STDs and birth control methods with parents, guardians, or the people who raised them. Questions that were consistent across all time periods and surveys were used for the trend analysis. For males, the questions about discussions of STDs in the 1988 and 1995 NSAM were not consistent with the questions in the 2002 NSFG. As a result, trends in male reports of STD discussions could not be analyzed. The females were categorized into four overlapping groups as follows: those who had ever discussed STDs with a parent, those who ever discussed birth control methods with a parent, those who discussed both STDs and birth control methods, and those who did not discuss either STDs or birth control methods with a parent. These groups overlap and are not mutually exclusive. This grouping provides information about the share of female teens overall who discuss STDs with their parents and the share of female teens who discuss birth control with their parents. In addition, we show the share of female teens who have discussed both topics and the share who have discussed neither. As noted earlier in the text, because of inconsistency of questions about discussions of STDs with parents in the surveys on males, the males were categorized into only one group of those who ever discussed birth control methods with a parent. For males, we only investigate trends in reports of discussions with a parent about birth control methods.

Analysis

We examine changes in teen reports of discussion with their parents about birth control methods and female discussion of STDs in 1988, 1995, and 2002 by gender, race/ethnicity, and age. We stratify by these demographic variables because the published data indicate higher levels of sexual risk among males versus females, African Americans versus other groups, and older versus younger teens [28]. In order to account for the complex survey designs, STATA 9.0 was used to calculate the individual standard errors and to weight each proportion using the *svy* commands [29]. Subsequent *z*-tests for differences of proportions were performed (Standard errors for the 1988 NSFG were calculated as previously recommended by Judkins et al. [30]). To reduce type I error because of the multiple comparisons made, differences in proportions were considered statistically significant if $p < .01$.

Results

Sample description

As can be seen from Table 1, the racial make-up of the final samples varies slightly from year to year. Generally,

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