



# American Adolescents' Sources Of Sexual Health Information

## Adolescents' reports of formal sexual health education

- "Formal" sexual health education is instruction that generally takes place in a formal setting, such as a school, youth center, church or other community-based location. This type of instruction is a central source of information for adolescents.
- In 2011–2013, more than 80% of adolescents aged 15–19 had received formal instruction about STDs, HIV/AIDS or how to say no to sex. In contrast, only 55% of young men and 60% of young women had received formal instruction about methods of birth control.
- Between 2006–2010 and 2011–2013, there were significant declines in adolescent females' reports of having received formal instruction about birth control, saying no to sex, STDs and HIV/AIDS. There was also a significant decline in adolescent males' reports of having received formal instruction about birth control.
- The share of adolescents aged 15–19 who had received formal instruction about how to say no to sex but had received no instruction about birth control methods increased between 2006–2010 and 2011–2013, from 22% to 26% among females and from 29% to 35% among males.
- Declines in receipt of formal sex education were concentrated among young people residing in rural areas. For example, the share of rural adolescents who had received instruction about birth control declined from 71% to 48% among females, and from 59% to 45% among males.

- Formal instruction may not be skills-based; in 2011–2013, only 50% of females and 58% of males aged 15–19 reported having received formal instruction about how to use a condom.
- Many sexually experienced adolescents (57% of males and 43% of females) did not receive formal instruction about contraception before they first had sex; fewer received instruction about where to get birth control (31% of males and 46% of females).
- As of 2013, fewer than 5% of lesbian, gay, bisexual and transgender (LGBT) students aged 13–21 reported that their health classes had included positive representations of LGBT-related topics.

## Effectiveness of formal sex education programs

- Leading public health and medical professional organizations, including the American Medical Association, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American Public Health Association, the Institute of Medicine, the American School Health Association and the Society for Adolescent Health and Medicine, support a comprehensive approach to educating young people about sex.
- There has been a shift toward evidence-based interventions in the United States over the last few decades. The first dedicated federal funding stream for evaluation of adolescent sexual health programs was established in 2010 and has contributed to improvement in the quality and quantity of evaluation research.
- Strong evidence suggests that approaches to sex education that include information about both contraception and abstinence help young people to delay sex, and also to have healthy relationships and avoid STDs and unintended pregnancies when they do become sexually active. Many of these programs have resulted in delayed sexual debut, reduced frequency of sex and number of sexual partners, increased condom or contraceptive use, or reduced sexual risk-taking.
- The federal government currently provides funding to evaluate new and innovative adolescent pregnancy prevention approaches, both in and out of school, as well as to replicate existing programs. Evaluations of programs funded under this initiative have shown that roughly one in three had a positive impact—a larger proportion than typically found in evaluation efforts of this nature.
- "Abstinence education" programs that promote abstinence-only-until-marriage—now termed "sexual risk avoidance" by proponents—have been described as "scientifically and ethically problematic." They systematically ignore or stigmatize many young people and do not meet their health needs.
- Proponents of "sexual risk avoidance" programs have appropriated the terms "medically accurate" and "evidence-based," though experts in the field agree that such programs are neither complete in their medical accuracy nor based on the widely accepted body of scientific evidence.
- Abstinence-only-until-marriage programs threaten fundamental human

rights by withholding information about human sexuality and potentially providing medically inaccurate and stigmatizing information.

- Research finds that programs that promote abstinence until marriage while withholding information about contraceptive methods do not stop or even delay sex. Moreover, abstinence-only-until-marriage programs can actually place young people at increased risk of pregnancy and STIs.
- A large body of research has found no evidence that providing young people with sexual and reproductive health information and education results in increased sexual risk-taking.
- Most evaluations of sexual health programs focus on reducing levels of adolescent pregnancy, STIs and the behaviors that lead to them. But the broader goal of comprehensive sex education is to support young people's development into sexually healthy adults.

### School health policies and programs

- According to the Centers for Disease Control and Prevention (CDC), instruction on sexual health topics (including human sexuality and prevention of STDs and pregnancy) is more commonly required in high school than in middle or elementary school.
- In 2014, fewer than half of high schools and only 20% of middle schools provided instruction on all 16 topics that the CDC considers essential to sexual health education.

- In 2014, 72% of U.S. public and private high schools taught pregnancy prevention as part of required instruction; 76% taught that abstinence is the most effective method to avoid pregnancy, HIV and STDs; 61% taught about contraceptive efficacy; and 35% taught students how to correctly use a condom.

- At the middle-school level, 38% of schools taught pregnancy prevention as part of required instruction; 50% taught that abstinence is the most effective method to avoid pregnancy, HIV and STDs; 26% taught about contraceptive efficacy; and 10% taught students how to correctly use a condom.

- Among schools requiring instruction about pregnancy prevention in 2014, the average class time spent on this topic annually was 4.2 hours in high schools and 2.7 hours in middle schools.

- In 2014, 88% of schools allowed parents to exempt their children from sexual health education.

- The share of schools providing sexual health education declined between 2000 and 2014, across topics ranging from puberty and abstinence to how to use a condom.

- Within each state, relatively few high schools offered instruction on HIV, STDs or pregnancy prevention specifically relevant to lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ) youth in 2014; the proportion ranged from 11% in South Dakota to 56% in Vermont.

### Other sources of sexual health information

- Adolescents may receive information about sexual health topics from a range of sources beyond formal instruction. Here we consider the role of parents, health care providers and digital media as potential sources of sexual health information for adolescents.

#### Parents

- In 2011–2013, 70% of males and 78% of females aged 15–19 reported having talked with a parent about at least one of six sex education topics: how to say no to sex, methods of birth control, STDs, where to get birth control, how to prevent HIV infection and how to use a condom.

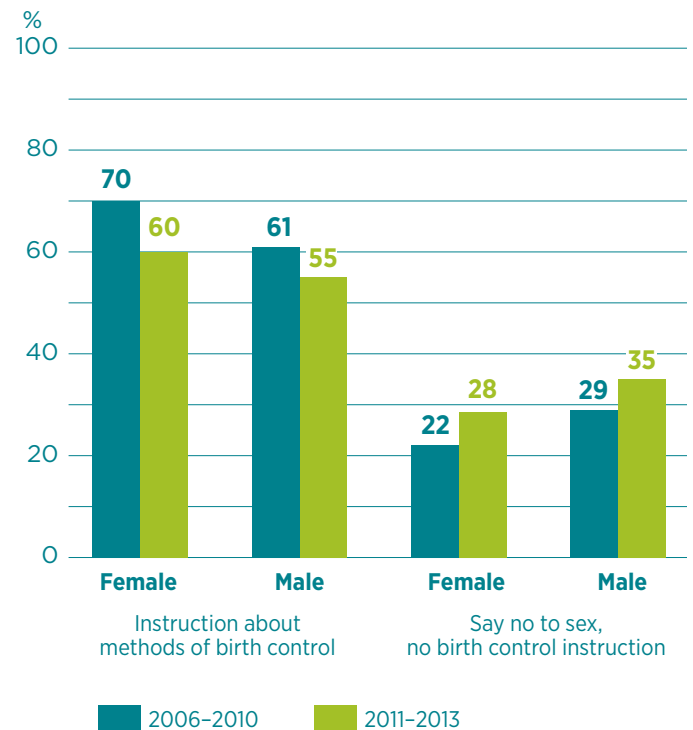
- Young women were more likely than young men to talk with their parents about each of these sexual health topics except how to use a condom, which was more commonly discussed among males (45%) than among females (36%).

- Despite declines in adolescents' receipt of formal sex education between 2006–2010 and 2011–2013, the share of adolescents who had talked with parents about most sex education topics did not change.

- Although most parents provide information about contraception or other sexual health topics, their knowledge of these topics may be inaccurate or incomplete.

### DECLINES IN BIRTH CONTROL EDUCATION

**Fewer adolescents are learning about methods of birth control from formal sex education sources, while more are being taught how to say no to sex without receiving any birth control information**



- More than 93% of parents say that sex education in middle and high school is important, and most think that sex education should include instruction about birth control.

### Health care providers

- Both the American Medical Association and the American Academy of Pediatrics recommend that physicians provide confidential time during adolescent primary care visits to discuss sexuality and counsel their patients about sexual behavior. The American College of Obstetricians and Gynecologists advises that contraceptive counseling be included in every visit with adolescents, including those who are not yet sexually active.
- Despite these recommendations, only 38% of young people aged 15–25 report spending time alone with a doctor or other health care provider during a visit in the past year.
- Many health care providers do not talk with their adolescent patients about sexual health issues during primary care visits. When these conversations do occur, they are brief; in one study, conversations with patients aged 12–17 lasted an average of 36 seconds.
- Many adolescents feel uncomfortable talking with their health care provider about sexual health issues, and many providers also have concerns about discussing these issues.
- Concerns about confidentiality limit access to care. In 2013–2015, 18% of adolescents aged 15–17 and 7% of those aged 18–19 reported that they would

not seek sexual or reproductive health care because of concerns that their parents might find out.

- Many young people fall through the information cracks. Among sexually experienced adolescents who did not get birth control instruction from either formal sources or a parent, only 7% of females and 13% of males aged 15–19 talked with a health care provider about birth control.

### Digital media

- Access to the Internet is nearly universal among adolescents in the United States. Digital media offer opportunities for youth to confidentially search for information on sensitive topics, and thus are a likely source of sexual health information for young people.
- Online sources may be particularly important for LGBTQ adolescents, whose needs may be left out of traditional sex education. The confidentiality of the Internet may also be particularly attractive for these adolescents, who may not be comfortable discussing sexual health topics with parents or friends.
- In 2010, 19% of heterosexual youth, 40% of questioning youth, 65% of bisexual youth and 78% of lesbian/gay/queer youth aged 13–18 reported that they had used the Internet to look up sexual health information in the past year.
- Seventy-three percent of adolescents aged 13–17 own a smartphone. More up-to-date research is needed to document how and to what extent adolescents access and utilize sexual health information

online with smartphones and other new mobile technologies.

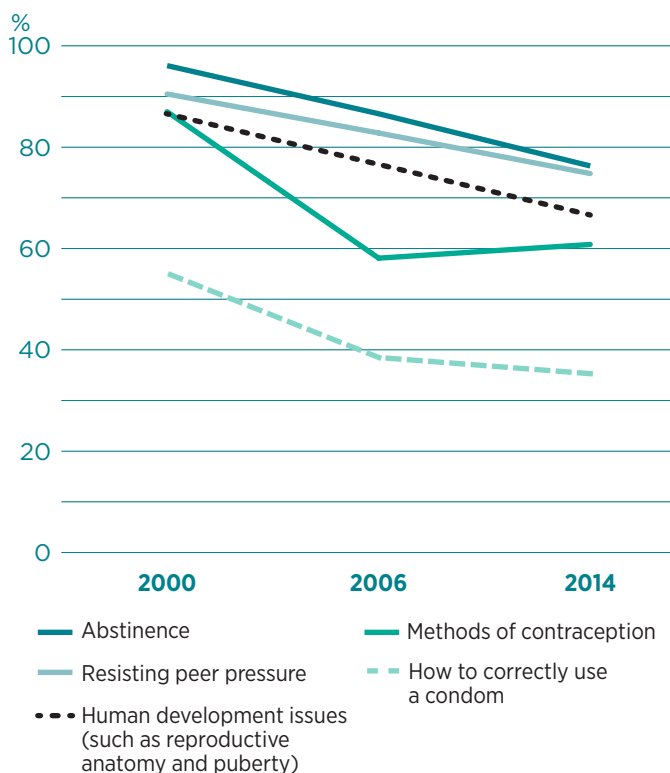
- Digital media, including social networking sites, apps and text messaging services, are increasingly being used to reach adolescents with sexual health interventions, and studies have demonstrated efficacy in improving knowledge and behavior across a range of sexual health outcomes.
- The websites adolescents may turn to for sexual health information often have inaccurate information. For example, of 177 sexual health websites examined in a recent study, 46% of those addressing contraception and 35% of those addressing abortion contained inaccurate information.

### Sex education policy and funding

- Currently, 22 states and the District of Columbia mandate education about both sex and HIV; two states mandate sex education alone, and another 12 mandate only HIV education.
- A total of 37 states require that sex education programs include information about abstinence; 26 require that abstinence be stressed, while 11 simply require that it be included as part of the instruction.
- Eighteen states and the District of Columbia require that sex education programs include information about contraception; no state requires that it be stressed.
- Thirteen states require that the information presented

## SEX EDUCATION IN SCHOOLS

### The percentage of schools teaching sex education has declined across a range of topics



in sex and HIV education classes be medically accurate.

- Twenty-three states and the District of Columbia require that sex education be age-appropriate and three states require age-appropriate HIV education.
- Twelve states require discussion of sexual orientation in sex education classes. Nine of these states require inclusive discussion of sexual orientation, while the remaining three require that classes provide only negative information about sexual orientation.
- In fiscal year 2017, Congress provided \$176 million for medically accurate and age-appropriate adolescent pregnancy prevention programs, the same amount provided in the previous fiscal year. This funding includes \$101 million for the Teen Pregnancy Prevention Program (TPPP), a competitive grant program geared toward community-based groups to support the implementation and evaluation of evidence-based and innovative adolescent pregnancy prevention approaches, and \$75 million for the Personal Responsibility Education Program (PREP), a grant program that primarily funds state programs to inform adolescents about both abstinence and contraception for the prevention of pregnancy and STIs.
- Congress also provided \$90 million for abstinence-only-until-marriage programs in fiscal year 2017, an increase of \$5 million over the previous year's funding. This funding includes \$15 million to community- and faith-based groups for "sexual risk avoidance," which must be used exclusively for the implementation of programs that promote "voluntarily abstaining from non-marital sexual activity," and \$75 million for the Title V state-grant "abstinence education" program, whose extremely narrow eight-point definition sets forth specific messages to be taught, including that sex outside of marriage—for people of any age—is likely to have harmful physical and psychological effects.
- President Trump's fiscal year 2018 budget proposal recommended eliminating TPPP entirely, and administrative action in July 2017 shortened the grant period for existing projects funded by the program. Congress has a deadline of September 30, 2017 to make decisions about TPPP funding for fiscal year 2018, as well as whether to extend PREP and both abstinence-only-until-marriage programs.

## SOURCES

*These data are the most current available. References are available in the HTML version: <https://www.guttmacher.org/fact-sheet/facts-american-teens-sources-information-about-sex>*



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