

American Teens' Sources of Sexual Health Education

TEENS' REPORTS OF FORMAL SEXUAL HEALTH EDUCATION

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

- Formal instruction may not be skills-based; only 50% of teen females and 58% of teen males received formal instruction about how to use a condom.
- Many sexually experienced teens (43% of males and 57% of females) do not receive formal instruction about contraception before they first have sex; fewer received instruction about where to get birth control (31% males, 46% females).

SCHOOL HEALTH POLICIES AND PROGRAMS

- According to the Centers for Disease Control and Prevention, instruction on sexual health topics (including human sexuality, HIV or STD prevention and pregnancy prevention) is more commonly required in high school than in middle or elementary school.
- In 2014, 72% of U.S. public and private high schools taught pregnancy prevention; 76% taught abstinence as the most effective method to avoid pregnancy, HIV and other STDs; 61% taught about contraceptive efficacy; and 35% taught students how to correctly use a condom as part of required instruction.
- At the middle school level, 38% of schools taught pregnancy prevention; 50% taught abstinence as the most effective method to avoid pregnancy, HIV and other STDs; 26% taught about contraceptive efficacy; and 10% taught students how to correctly use a condom as part of required instruction.
- Among schools requiring instruction about pregnancy prevention, the average

class time for this topic was 4.2 hours in high schools and 2.7 hours in middle schools.

- Eighty-eight percent of schools allow parents to exclude their children from sexual health education.
- The share of schools providing sexual health education declined from 2000–2014, across topics ranging from puberty and abstinence to how to use a condom.

ALTERNATIVE SOURCES OF SEXUAL HEALTH EDUCATION

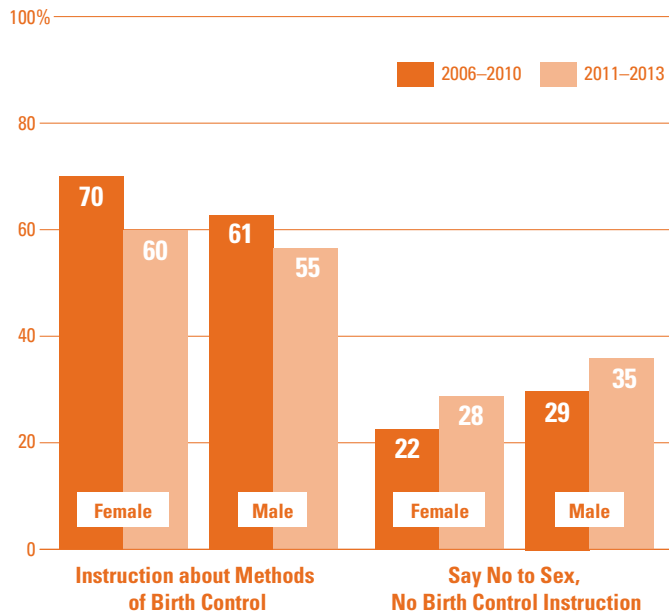
Adolescents may receive information about sexual health topics from a range of sources beyond formal instruction. Here we consider the role of parents, health care providers and the media as potential sources of sexual health information for teens.

Parents

- Seventy percent of male adolescents and 78% of female adolescents report talking with a parent about at least one of six sex education topics: how to say no to sex, methods of birth control, STIs, where to get birth control, how to prevent HIV infection and how to use a condom.
- Young women are more likely than young men to talk with their parents about all sexual health topics except how to use a condom, which is more common among males (45%) than females (36%).
- Despite declines in formal sex education between 2006–2010 and 2011–2013, the share of teens talking with parents

Declines in Birth Control Education

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



about most sex education topics has not changed.

- Even when parents provide information, their knowledge about contraception or other sexual health topics may often be inaccurate or incomplete.

Health Care Providers

- Both the American Medical Association and the American Pediatrics Association recommend that physicians provide confidential time during adolescent primary care visits to discuss sexuality and counsel teens about sexual behavior.

- Despite these recommendations, many health care providers do not talk with their teen patients about sexual health issues during primary care visits. When these conversations do occur, they are brief; in one study, these conversations lasted an average of 36 seconds.

- Many teens feel uncomfortable talking with their health care provider about sexual health issues, and many providers also have concerns about discussing these issues.

- Among sexually experienced adolescents who did not get birth control instruction from either formal sources or a parent, 7% of females and 13% of males ages 15–19 talked with a health care provider about birth control. Among those teens not getting instruction about STDs or HIV from formal sources or parents, fewer than 1 in 10 received instruction from a health care provider.

Digital Media

- More than half (55%) of 7th–12th graders say they have looked up health information online in order to learn more about an issue affecting themselves or someone they know.

- There is little data on adolescents' use of the Internet for looking up sexual health information specifically; research is needed to document how and to what extent teens access and utilize sexual health information online.

- Yet with access to the Internet nearly universal among teens, digital media offers opportunities for confidentially searching sensitive topics, making it a likely source of sexual health information. The Internet is also a potential source for interactive education interventions and outreach to support sexual health.

- The websites teens may turn to for sexual health information often have inaccurate information. For example, of 177 sexual health Web sites examined in a recent study, 46% of those addressing contraception and 35% of those addressing abortion contained inaccurate information.

SEX EDUCATION POLICY

- Currently, 22 states and the District of Columbia mandate both sex and HIV education; two states mandate sex education alone, and another 12 states mandate only HIV education.

- A total of 37 states require that sex education include abstinence: Twenty-six require that abstinence be stressed, while eleven simply require that it be included as part of the instruction.

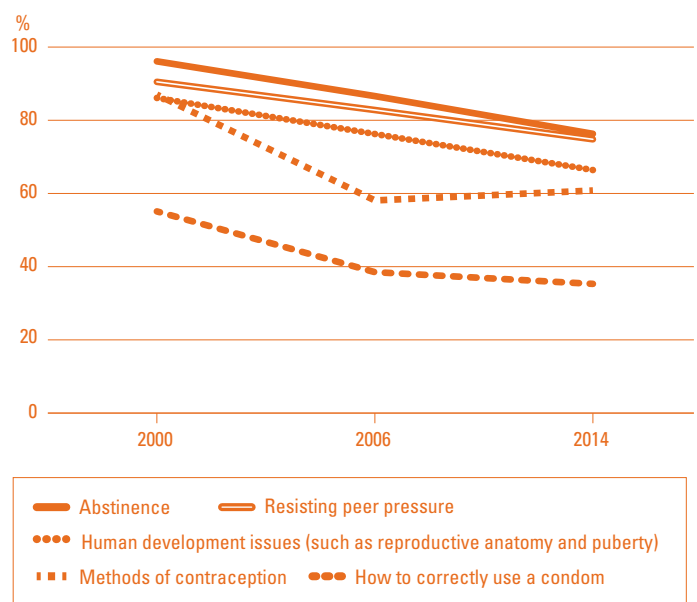
- Eighteen states and the District of Columbia require that sex education programs include information on contraception; no state requires that it be stressed.

- Thirteen states require that the information presented in sex and HIV education classes be medically accurate.

- Twenty-six states and the District of Columbia require

Sex Education in Schools

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



that sex education be age-appropriate.

- Thirteen states require discussion of sexual orientation in sex education classes. Nine of these states require inclusive discussion of sexual orientation, and the remaining four require that classes provide only negative information about sexual orientation.

- In fiscal year 2016, Congress provided \$85 million for abstinence programs. This includes \$10 million to community-based groups for abstinence-only-until-marriage programs and \$75 million for the Title V abstinence education program, the grant program that enables states to provide abstinence education.

- The Title V abstinence education program includes an extremely narrow eight-point definition of abstinence-only education that 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.

- Congress also provided \$176 million in FY 2016 for medically accurate and age-appropriate sex education programs. This includes \$101 million for the Teen Pregnancy Prevention Program, a competitive grant program geared toward community-based groups to support evidence-based and innovative teen pregnancy prevention approaches; and \$75 million for the Personal Responsibility Education Program (PREP), the grant program that goes mostly to states for activities that educate adolescents about both

abstinence and contraception for the prevention of pregnancy and STIs.

EFFECTIVENESS OF SEX EDUCATION PROGRAMS

- Leading public health and medical professional organizations, including the American Medical Association, the American Academy of Pediatrics, the American Public Health Association, the Institute of Medicine, the American School Health Association and the Society for Adolescent Medicine, support a comprehensive approach to educating young people about sex.

- The last few decades have seen a proliferation of curriculum-based interventions, and the quality and quantity of evaluation research of sex education programs has also improved.

- The federal government provides funding to evaluate new and innovative approaches to prevent teen pregnancy, as well as replicate existing programs in hopes of contributing to the relevant evidence-base.

- Strong evidence suggests that comprehensive approaches to sex education help young people to delay sex and also to have healthy, responsible and mutually protective relationships when they do become sexually active. Many of these programs resulted in delayed sexual debut, reduced frequency of sex and number of sexual partners, increased condom or contraceptive use, or reduced sexual risk-taking.

- Research suggests that strategies that promote abstinence-only outside of marriage while

withholding information about contraceptives do not stop or even delay sex. Moreover, abstinence-only programs can actually place young people at increased risk of pregnancy and STIs.

- No study of comprehensive programs to date has found evidence that providing young people with sexual and reproductive health information and education results in increased sexual risk-taking.

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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