

The Association Between Sexual Risks Taught in School and Sexual Risk Perception in Adolescence Ava Samson, Applied Data Analysis, Wesleyan University

Introduction

Sex education in, and out of the classroom, has been shown to decrease negative sexual health outcomes for adolescents (Fisher, Kerr, Ezer, Pelster, Coleman and Tibbits, 2018)

About half of the sexually transmitted disease cases in the United States are reported to be from the 15-24 year old age group (Kirby and Laris, 2009)

The United States lacks a required comprehensive curriculum on sexual education despite the well documented association between it and reduced risky sexual behavior among adolescents (Cuoto, Oliveira, Fernandes and Mark 2023)

Research Questions

Do students who receive sexual education have a skewed perception of sexual risk? Does this relationship differ between those of different genders?

Methods

Sample

This study examined responses from the first wave of the U.S. National Longitudinal Study of Adolescent Health (ADDHEALTH). The sample included 4,465 students that were ages 15+ and was conducted through an in-home questionnaire in 1994-1995.

Measures

- The sexual education received by the sample included if they were taught about pregnancy and AIDS in school ("Please tell me whether you have learned about each of the following things in school") which was coded 1 as yes 0 as no
- * Perception of sexual risks from the sample was evaluated by asking how much the students agree or disagree with various statements ("Getting (If R is male, add: someone) pregnant at this time in your life is one of the worst things that could happen to you," (statement 1) "It wouldn't be all that bad if you got (IF R is male, add: someone) pregnant at this time in your life," (statement 2) "If you got the AIDS virus, you would suffer a great deal," (statement 3)). Responses were recorded on a scale of strongly agree to strongly disagree which was coded 1-5 respectively

Biological Sex

Male Female

Results

Discussion

Being taught about pregnancy does not impact whether students think it would be a one of the

Bivariate

Chi-Square analysis showed that being

Figure 1: Number of Responses by Pregnancy

taught about pregnancy in school does not significantly affect students opinions on statements 1 and 2 (p=0.103), (p=0.129)

Chi-Square analysis showed that biological sex does significantly affect students opinion on statement 2 (p=0.02) Chi-Square analysis showed that being taught about AIDS does significantly affect students opinion on statement 3 (p=0.002)

Regression Analysis

Logistic regression analyses showed that individuals who disagree with statement 1 have **significantly lower** log-odds of being taught about pregnancy in school (p = 0.0172)(OR=0.64)

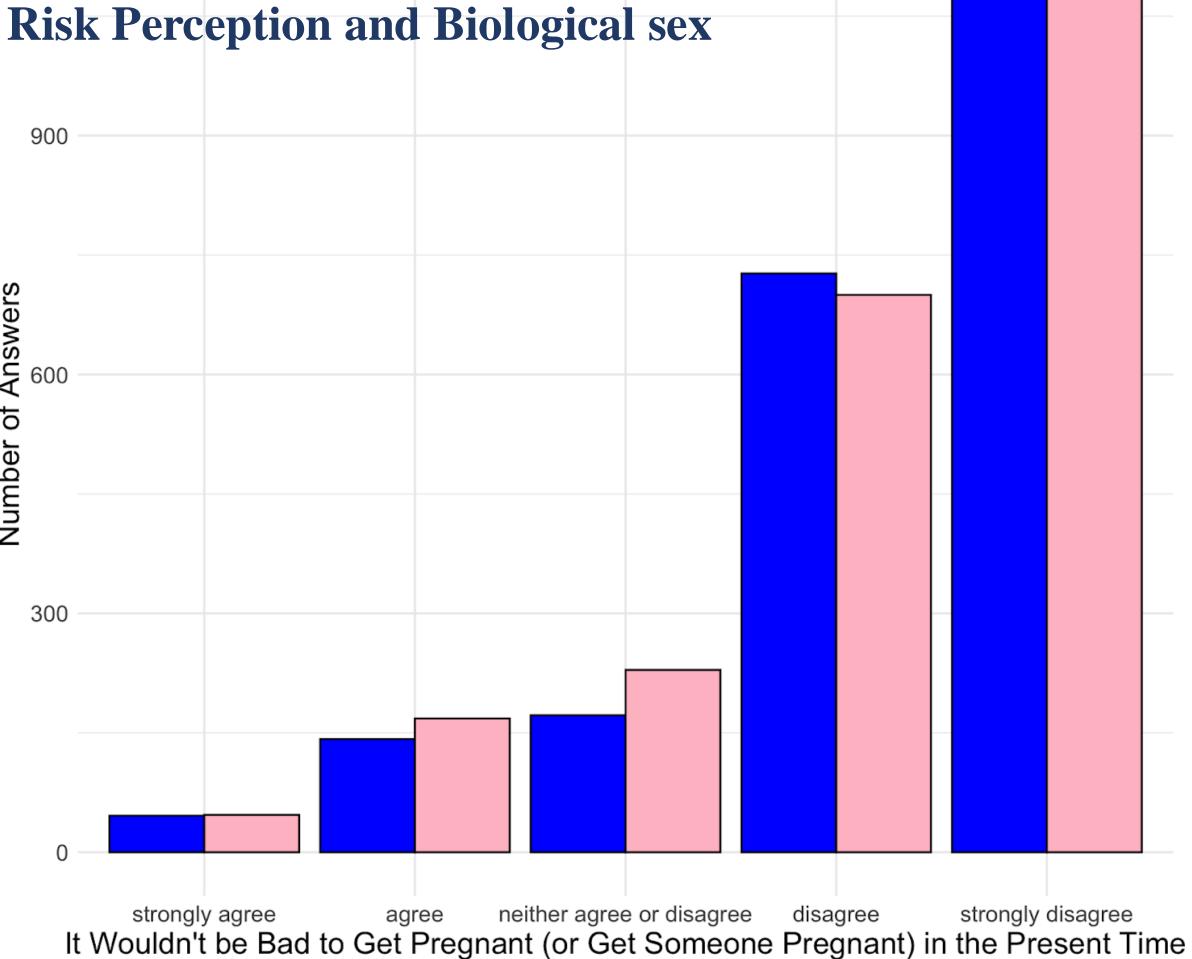


Figure 2: How Being Taught About AIDS Affects **AIDS Risk Perception**

worst things to get, or get someone else, pregnant, but students who disagree with this statement are less likely to have been taught about pregnancy in school When controlling for gender this affect no

- longer exists, indicating that biological sex is a moderating variable
- Males and females have differing perceptions regarding aspects of pregnancy risk Students who have do not have strong opinions about AIDS are less likely to have received education about AIDS

• Further research is needed to determine if there are other covariates such as unequal access or retention for pregnancy education between

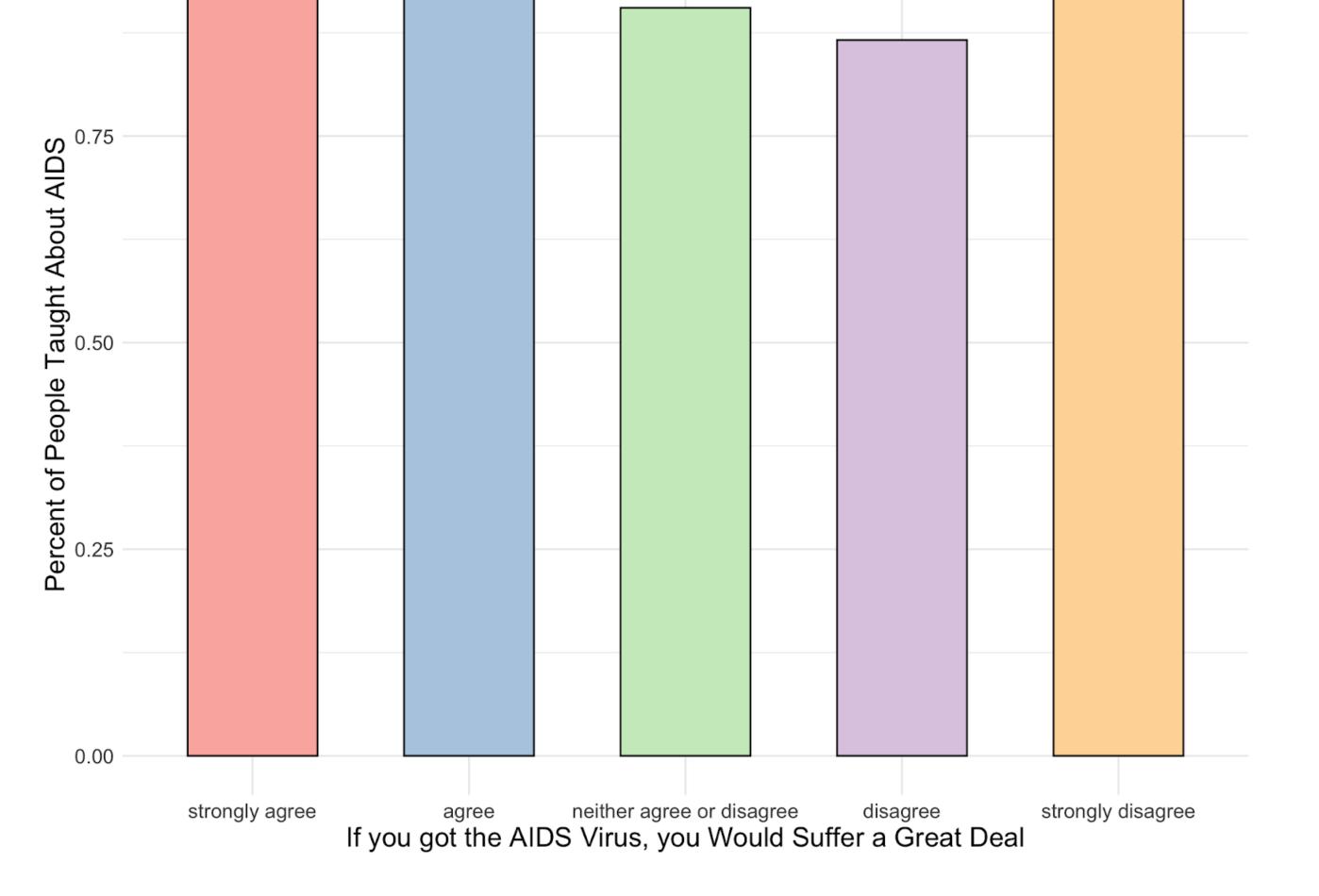
sexes

Individuals who agree, neither agree or

disagree, and disagree with statement 3 have **significantly lower** log-odds of being taught about AIDS in school (p=0.046, 0.030,0.0008) (OR=0.76, 0.65, 0.44)

Multivariate

When biological sex is controlled for, individuals who disagree with statement 1 have **do not significantly lower** log-odds of being taught about pregnancy in school (p=0.304)



References

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