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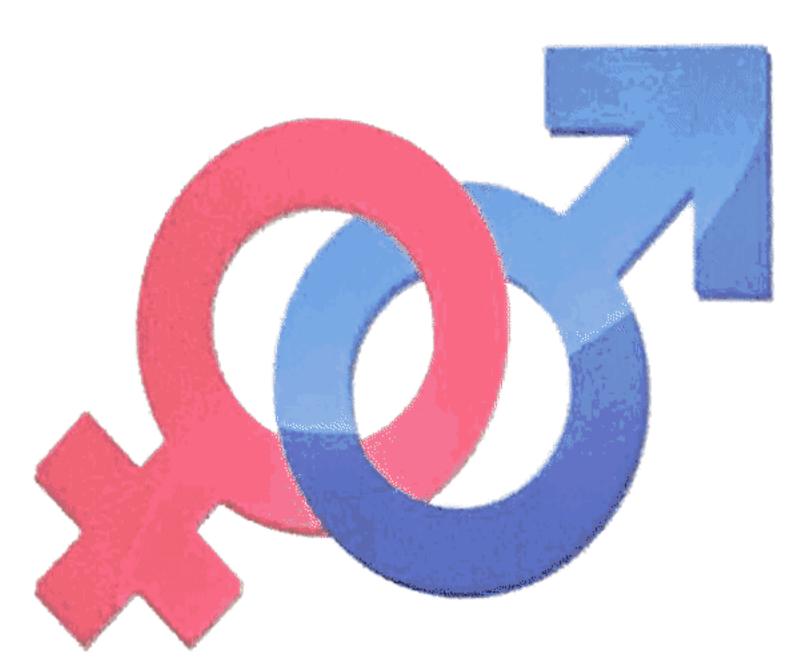
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Sex Education and Risk-Taking Behavior

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Introduction

Nearly 50% of all new cases of sexually transmitted infections (STIs) in the United States can be found among adolescents aged 15-24, despite only making up 25% of the sexually active population in the country (Kohler, Manhart, & Lafferty, 2008). In addition, the United States is highest in rates of teen pregnancy and births among industrialized countries (Kohler et al., 2008). Current research seems to suggest that comprehensive sex education, as well as formal sex education, as opposed to informal and/or abstinence-only sex education, is more effective at preventing risk-taking behaviors for adolescents (Kohler, Lafferty, & Manhart, 2008; Vivancos, Abubakar, Phillips-Howard, & Hunter, 2008; Bourkea, Boduszeka, Kellehera, McBridea, & Morgana, 2012).

Participants

- 188 Students, primarily from the University of Texas at Tyler
- 34 students enrolled in a Human Sexuality course at UTT
- 38 men, 146 women, 4 unknown gender
- Participants ranged in age from 18-52 years (M=21.43, SD= 5.0)
- · 40% of the participants were non-white

Method

Participants took part in a 65-item online survey. The survey had five main sections divided among the content type of each question: demographics, sexual knowledge, risk-taking behavior, sexual attitudes, and evaluative.

Terminology

Comprehensive sex education: sex education programs in which students are taught the ins and outs of various topics of sex (including contraception, STIs, etc.). Comprehensive sex education is not completely incompatible with practicing abstinence, as is the case with programs like Abstinence Plus.

Abstinence-Only-Until-Marriage sex education: sex education programs in which the primary goal is to teach students to abstain from sexual activity until they are married.

Formal sex education: structured sex education programs that are taught in a formal setting (such as a church or school).

<u>Informal sex education</u>: sex education that is garnered piecemeal from various sources that may or may not be reliable (i.e. peers, parents, the internet, etc.)



Results

- Type of sex education had no significant effect on scores of knowledge, risk-taking behavior, or attitudes about sex.
- •Age at first sexual intercourse was found to negatively predict risk-taking behavior (r = -.37, p < 0.01).
- Higher sexual knowledge scores predicted a higher levels of risk-taking behavior (r = .24, p < 0.01).

Discussion

- The largely non-significant effect of sex education type may be explained by the fact that many participants had more than just one type of sex education (i.e., 70 participants, or 37% had both abstinence-only and comprehensive sex education).
- Despite the fact that the type of sex education one receives can vary wildly, by the time people enroll in college, many of them may have had exposure to a lot of information from a lot of different sources.
- •Additionally, because our data could only focus on a small region of the country, this data may reflect a poor state of sex education in general in East Texas, rather than a relative equality in efficacy of all types of sex education.
- Follow-up research could focus on the <u>primary</u> sex education type received by adolescents to avoid the problem of people indicating having received sex education which may only constitute a marginal amount of their total sexual knowledge.