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Sex education, first sex and sexual health outcomes in adulthood: Findings from a nationally representative survey.

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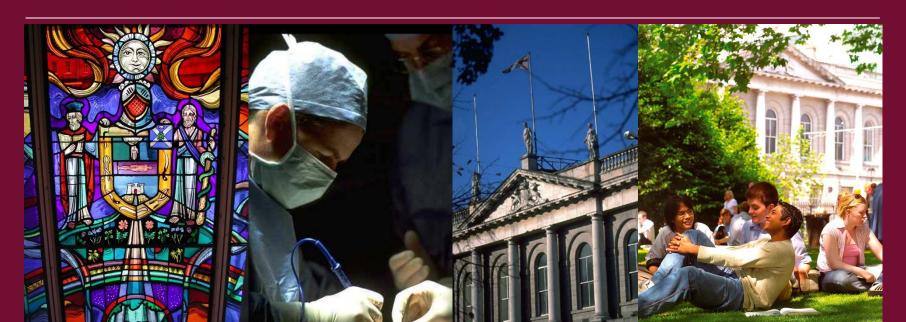
RCSI Research Day 2013

Royal College of Surgeons in Ireland Coláiste Ríoga na Máinleá in Éirinn



Sex education, first sex and sexual health outcomes in adulthood: Findings from a nationally representative survey

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Project Aims



• **Project title:** Exploring trends in sexual activity, contraceptive use, and pregnancy experiences in Ireland: a secondary analysis of national survey data from the last decade

Two main questions we aim to answer...

- 1. Is sex education effective in delaying first sexual intercourse and encouraging contraception use on this occasion?
- 2. Is receiving sex education related to sexual health outcomes/behaviours in later life and does the context of first sex have any role in this relationship?

Definitions



- *Formal sex education* sex education received either at home and/or school
- Age of consent in Ireland the age of consent is 17 years
- *Early first sex* heterosexual intercourse before the age of consent
- Context of first sex age and use of contraception at first sex
- *Crisis pregnancy* a pregnancy that represents a personal crisis or emotional trauma for the individual

Is early first sex common?



- Average age of first sexual intercourse is similar across developed countries, approximately 17.5-18 years of age (Darroch et al., 2001, Hawes et al., 2010)
- UK 30% of men and 26% of women had their first heterosexual experience prior to the age of consent in UK 16 years (Wellings et al, 2001)



• Ireland – 28% of men and 17% of women had their first heterosexual experience prior to the age of 17 years (i.e., the legal age of consent) (McBride, Morgan & McGee, 2012)

Why is early sexual activity a concern?



- Research indicates:
 - a link between *early* first sexual intercourse and negative sexual health behaviours and outcomes in later adulthood
 - increased number of partners
 - inconsistent condom use
 - unintended pregnancy
 - diagnosis of sexually transmitted infections (STIs) (Coker et al., 1994; Sandfort et al., 2008)
 - In Ireland, early first sex has been linked with
 - inconsistent contraception use in past year
 - experience of crisis pregnancy (Rundle et al., 2004)



Is sex education effective?



Sex is ...

- Research indicates:
 - Receiving sex education while growing up:
 - ✓ Delays timing of first sex
 - ✓ Improves the likelihood of using contraception

 on this occasion (Kirby, Laris & Rolleri, 2007; Mueller, Gavin & Kulkarni, 2008)
- Less consistent findings for a link between sex education and later sexual health behaviours
 - may be dependent on type of education (Yu, 2010)
- Relationship between sex education and longer term outcomes may operate through older age at the time of first sex (Lindberg & Maddow-Zimet, 2012)

Survey: Irish Contraception and Crisis Pregnancy Study 2010 (ICCP-2010)





- Irish cross-sectional telephone survey of adults aged 18-45 years (n = 3002) (McBride et al, 2012)
- Designed to assess knowledge, attitudes and behaviours in relation to sex, contraception and pregnancy
- Quota sampling i.e. sample representative of the general population
- Recruitment via mobile and landline telephones using random digit dialling (RDD)
 - 69% response rate

Analyses



- * Research qtn 1: Multinomial regression
- Formal sex education
- Context of first sex
 - Age and contraception use
- *Research qtn 2: Structural Equation Modelling
- Formal sex education & Context of first sex
- Adult sexual health behaviours
 - Contraception use in past year
 - History of STI testing
 - Experience of crisis pregnancy



Results: Sex Education Profile



• 70% (n=2123) adults reported receiving formal sex education

• 53% were women

• 63% received sex education from school and 32% in the home and 5% said both



Research Question 1:

Is sex education effective in delaying first sexual intercourse and encouraging contraception use on this occasion?



Regression Analyses: Sex education and first sex



- Multinomial Regression: 4 risk categories:
 - 1. <u>Before age 17:</u> contraception not used (n=414) (reference group)
 - 2. <u>Before age 17</u>: contraception used (n=397)
 - 3. Age 17+: contraception not used (n=429)
 - 4. Age 17+: contraception used (n=1758)

Unweighted relative risk ratios from multinomial regression analysis explaining association between receipt of sex education and age and contraception use at first sex (n=2,998)



	Relative Risk Ratio	95% CI	P value
Before 17 years: contraception not used (n=414) (reference)			
Received sex education			
Before 17 years: contraception used $(n=397)$	1.62	1.16-2.26	.005
Age 17+ years: contraception not used $(n=429)$	0.90	0.66-1.21	.471
Age 17+ years: contraception used $(n=1758)$	1.52	1.18-1.96	.001

Note. Controlled for gender, current age, social class, current relationship status, education and religiosity.

Summary: Sex education and first sex





• Sex education was significantly associated with increased contraception use for those who had sex before aged 17 years (RRR=1.62, p<0.01)

• Sex education was significantly associated with both older age at first sex and increased contraception use on this occasion (RRR=1.52, p<0.01)



Research Question 2:

Is receiving sex education related to sexual health outcomes/behaviours in later life and does the context of first sex have any role in this relationship?

Structural equation modelling: Direct & indirect effects of sex education



- No indirect effects were found
- Formal sex education had a significant direct effect on:
 - use of contraception during first sexual intercourse

$$(\beta = .16, p < .001)$$

use of contraception over the previous year

$$(\beta = .12, p < .01)$$

the experience of a crisis pregnancy

$$(\beta = -.09, p < .01)$$

Formal sex education had no effect on STI screening

Structural equation modelling: Direct & indirect effects of sex education



- Younger age at first sex was a significant predictor of:
 - the experience of a crisis pregnancy (β = .08, p < .001)
 - **STI testing** (β = .08, p < .001).
- Use of contraception during first sexual intercourse was significantly associated with:
 - the use of contraception over the past year

$$(\beta = .09, p < .001)$$

the experience of a crisis pregnancy

$$(\beta = -.14, p < .001).$$

Summary of key findings



- Receipt of formal sex education has a clear protective influence on the context of first sex and is also associated with
 - > an increased likelihood of using contraception in last year
 - reduced likelihood of a crisis pregnancy
- The **context of first sex** influenced later sexual health behaviours:
 - Those aged under17 years at first sex were more likely have experienced a crisis pregnancy and to have had a STI test
 - ➤ Use of contraception at first sex was associated with an increased likelihood of using contraception in last year and the reduced likelihood of a crisis pregnancy





Conclusions and implications



- 1. Targeted interventions in terms of sex education should focus on:
 - Young people before they engage in first sex
 - The context of first sex i.e. Age and contraception use
- 2. Vulnerable groups at risk for *early* first sex should be a particular target for sex education e.g. early school leavers
- 3. Longitudinal and further cross-sectional research on the influence of sex education on sexual health behaviours in adulthood is merited, including whether age at first sex influences this relationship

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Sex Education Questions: ICCP 2010



- B2a: Thinking about when you were growing up (about age 10-16 years) did you receive sex education on?
 - Sex and sexual intercourse
 - Sexual feelings, relationships and emotions
 - Contraception
 - Safer sex/sexually transmitted infections
- B2b. Where did you receive this education?
 - Home
 - School
 - Other

Structural equation of model of direct & indirect effects of sex education I



