Sex Education And Its Impact on Adolescent Pregnancy Rates And Sexually Transmitted Infections
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INTRODUCTION

RESEARCH PROBLEM

• Despite the fact that teenage pregnancy rates throughout the US have decreased over time, US teenagebirthrates are highest in the developed world (Kann, Brener, McManus, & Wescaler, 2012; Klein, 2005).

• 900,000 adolescents become pregnant each year; 400,000 give birth each year (Kann et al., 2012; Klein, 2005).

• Major public health concern which affects both mother, and child & creates a financial/health burden on the states/country.

• Adolescents are at an increased risk for dropping out of high school, becoming less educated, and thus earning less money (Kann et al., 2012).

• 9.1 billion dollar spent on teenage pregnancies each year (Chin et al., 2012).

• Sex education is a requirement in all public schools - either in the form of comprehensive or abstinence-only

RESEARCH PURPOSE

RESEARCH QUESTION

• Identify relevant literature pertaining to sex education and its impact on adolescent pregnancy and sexually transmitted infections (STIs)

• Reveal informational gaps within the literature

• Provide the public with valuable information related to sex education and its various forms

• Help educators determine which teaching method is most beneficial to reduce adolescent pregnancy rates and STIs

• “In Adolescents of ages 13 to 18, does sex education help decrease the incidence of pregnancy and STIs? If so, which form of sex education works best: abstinence-only or comprehensive sex education?”

METHODOLOGY

• Integrative review conducted to identify if there is a correlation between the types of sex education received and declines in adolescent pregnancy and STI rates

• Studies included systematic reviews and randomized controlled trials

• Search engines included PubMed, CINAHL, & Google Scholar

• Keywords: sex education, adolescent, STIs/STDs, and pregnancy

• Journals used were from years 2011-2016 & additional research used to enhance theme of paper

• Theoretical framework used was based on nursing theorist Nola Pender and her Health Promotion Model (Petiprin, 2016)

• Health Promotion Model aims to strengthen the patient’s level of well-being while still allowing the patient to regulate his/her own behavior

• Sex education correlates with Health Promotion model: it reinforces the notion that health providers, peers, and families members influence an adolescents behavior, however, it is the adolescent who is ultimately responsible for his or her behavior; this is the number one assumption of Pender’s Health Promotion Model (Petiprin, 2016).

SYNTHESIS OF THE LITERATURE

• Chin et al. (2012) included two systematic reviews (66 studies of comprehensive risk-reduction & 23 studies of abstinence education). Strengths: wide representation across genders, races, ethnicities, and included adolescents ages 10-19; group targeted sexual behaviors of adolescents and aimed to demonstrate the effectiveness of group-based interventions. Limitations: Outcomes were measured based on self-reports. None of the studies in both sex education group reported any outcomes related to human immunodeficiency virus (HIV), however, the authors noted a reduction in other STI’s would yield similar results to that of HIV

• Vivancos et al. (2012) used online survey tools to gather their information; can sometimes be representative of those from wealthier and better-educated populations

• Tolli (2012) systematic review was conducted by one reviewer, increasing the likelihood for error and increased subjectivity

• Oman et al. (2015) noted a lack of consistency in the number of session’s students received which varied among different types of sex education groups; abstinence-only group received five more sessions compared to those in the comprehensive education group

DISCUSSION/CONCLUSIONS

• Adolescents often do not have the knowledge, discipline, and skill to make rational sexual decisions, as such, preventative measures- such as abstinence-only education, are not conducive to the adolescent brain

• Ensure educators are knowledgeable in the various components of comprehensive sex education (contraception, sexuality, STI’s, and human anatomy, with the ultimate goal being to teach abstinence as the best way to prevent pregnancy (Lindberg & Maddow-Zimet, 2012).

• Studies found a lack of evidence to support the notion that comprehensive sex education causes adolescents to engage in increased risk taking behaviors (Lindberg & Maddow-Zimet, 2012).

• Providing students with the necessary social skills required to maintain sexual relationships was found to be the best way to prevent pregnancy (Lindberg & Maddow-Zimet, 2012).

• Healthier outcomes among adolescents were demonstrated between those who received formal sex education with instructions on birth control methods and delaying sex compared to those who did not receive any instruction on either topic (Lindberg & Maddow-Zimet, 2012).

• Increased funding for comprehensive sex education programs resulted in a decreased rate of STI’s (SIECUS, 2016).

IMPLICATIONS for NURSING PRACTICE

• NPs must ensure health educators have the proper knowledge and skills to help educate adolescent students

• NPs should meet with educators to help provide them mandatory training to help meet the needed knowledge/skills

• NPs must continue to provide compassionate, comprehensive, and effective healthcare to the adolescent population

RECOMMENDATIONS for FUTURE RESEARCH

• Gaps in research demonstrate a need for further research studies

• Research must be implemented in a variety of school settings, both rural and urban, thereby including a wide range of demographics

• Studies should aim to focus on the cause of the gaps in knowledge: are they attributed to the actual study design, the population included in the study, or the educator’s knowledge or lack thereof?

REFERENCES


