

# Preliminary Findings from NASLiP : Nebraska Adult Sexual Literacy Project

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# Objectives

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- Overview of Study Purpose and Design
- Preliminary Findings
  - Fisher, C.M., Crockett, L.J., Kneip Pelster, A.D., Jawed-Wessel, S., Coleman, J.D., Irwin, J.A., & Pour, A.M. (2014, November). *Adult Sexual Literacy in the Midwest: A Population-based Study*. Symposium presented at the Society for the Scientific Study of Sexuality, Omaha, NE.
- Feedback, Questions, Reflections

# Background: NASLiP

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- 2012 NE Sexual Health Summit
  - Diverse group of 45 statewide partners
    - Funded by UNL College of Arts and Sciences Interdisciplinary Seed Grant Fund
  - Top issue was sex education & adult sexual literacy
    - Assumption: more literate adults can have positive impact on youth
- Great Plains Public Health Training Center
  - Secured funding for collaborative project w/ DCHD and NE Sexual Health Coalition as partners with MSHRC

# Background: NASLiP

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- Project Goals
  - Statewide representative sample w/ DC oversample
    - Measure sexual knowledge
    - Measure comfort and confidence in discussing sexual topics with others
    - Identify populations to target with unique sexual literacy campaigns
- Approach: Community Based Participatory Research (CBPR)

# Methods: NASLiP

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- Participants: Address-based sample of Nebraskans
- Recruitment:
  - Individual households
  - 2 strata (DC and rest of state)
  - 3000 mailings 3x
  - 1000 additional (1x) targeting racial/ethnic minorities
  - \$1 cash incentive
- Instrument:
  - Online survey (57.3%) with paper-based option (42.7%)
  - 57-item knowledge scale based on SIECUS guidelines, 64-item comfort scale modified from existing instrument
  - Basic demographics
- Instrument was available in Spanish (N=7)
- N=636 (19.3% response rate)
- 71 cases removed for final N = 565

# Sexual Health Knowledge Scale Areas

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## Human Development

- Reproductive and Sexual Anatomy and Physiology
- Puberty
- Reproduction
- Body Image
- Sexual Orientation
- Gender Identity

## Sexual Health

- Reproductive Health
- Contraception
- Pregnancy and Prenatal Care
- Abortion
- Sexually Transmitted Diseases
- HIV and AIDS
- Sexual Abuse, Assault, Violence, and Harassment

# Participant Demographics

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- Participants (weighted at state level)

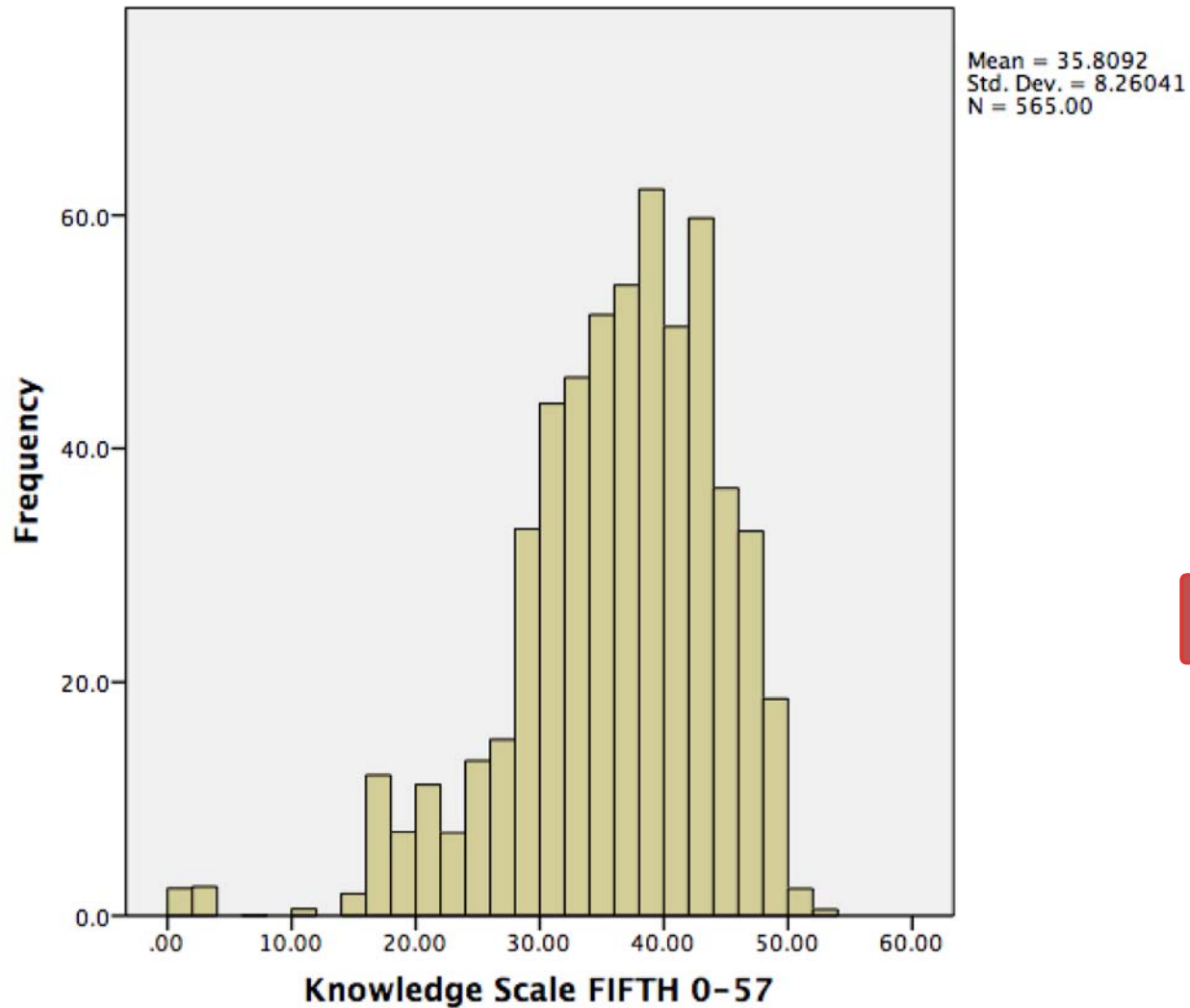
Table 1. Demographics (N=565)

Age	<u>N</u>	<u>%</u>		<u>N</u>	<u>%</u>
19-25	39	7.1%	Latino	21	3.7%
26-35	125	22.4%			
36-45	97	17.4%	Income		
46-55	90	16.2%	>20k	64	12.4%
56-65	115	20.7%	20-35k	66	12.9%
66+	91	16.3%	35-50k	84	16.3%
			50-75k	108	20.9%
Gender			75k+	193	37.5%
Female	287	51.2%	Education		
Male	274	48.8%	Less than H.S.	15	2.8%
			H.S. / GED	86	15.8%
Race			Some college	117	21.4%
White	528	95.3%	2yr degree	61	11.2%
Black	5	0.9%	Bachelor's	177	32.5%
Asian	8	1.5%	Master's	57	10.5%
American Indian	1	0.1%	Professional	31	5.6%
Mixed	8	1.4%			
Other	5	0.8%			

# Results: Sexual Health Knowledge

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$\alpha = 0.866$



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# Results: Sexual Health Knowledge

- Top 10 items:

Ranking of Sexual Health Knowledge Items, NASLIP, 2014	Mean	St.Dev.
Pregnant women should avoid drinking alcohol.	0.9767	0.14737
Abstinence means voluntarily choosing not to engage in sex with another person.	0.9561	0.20415
During puberty, boys will experience physical changes such as muscle mass growth and growth of facial hair.	0.9394	0.23853
Sexual harassment only includes physical acts. (F)	0.9374	0.24141
Some people are afraid to show they are gay, lesbian, or bisexual because they fear they will be mistreated.	0.9356	0.24447
Condoms prevent pregnancy by keeping the sperm and egg apart.	0.9241	0.26267
During puberty, most girls experience physical changes such as a growth spurt and growth of underarm and pubic hair.	0.9194	0.27156
To maintain sexual health, uncircumcised men are advised to wash beneath the foreskin as part of daily washing of the body.	0.8632	0.34294
The most common test to detect cervical cancer is the pap smear.	0.8591	0.34638
All pregnant women should be screened for sexually transmitted infections like gonorrhea, chlamydia, and syphilis.	0.8533	0.35233

- Lowest 10 items:

Ranking of Sexual Health Knowledge Items, NASLIP, 2014	Mean	St.Dev.
Teens who have abstinence only education wait longer to have sex than teens who do not have these programs. (F)	0.3851	0.48536
The average length of an erect penis is 7 inches. (F)	0.357	0.4774
Birth control pills create a physical state in the female body resembling pregnancy.	0.3388	0.47117
On average, a woman has a 25% chance of becoming pregnant following a single act of vaginal intercourse without birth control.	0.315	0.46445
Men and women's physical response to sexual arousal and orgasm are roughly the same.	0.2147	0.40895
Gay men, lesbian and bisexual individuals can adopt children in the state of Nebraska. (F)	0.204	0.40026
Women produce testosterone in their ovaries.	0.2022	0.39669
The majority of pregnant teens do not receive prenatal care for their unborn child. (F)	0.1624	0.36876
Women ovulate 14 days after their first period. (F)	0.14	0.3447
Research has found that the more severe childhood sexual abuse is, the more likely the victim will abuse children in the future. (F)	0.0491	0.2155

# Results: Sexual Health Knowledge

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- Significant predictors of increased sexual health knowledge:
  - Younger individuals, females, whites, non-Latinos, and people with higher education and income all had higher sexual health knowledge scale scores

# Discussion: Sexual Health Knowledge

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- Room for improvement on overall knowledge
- Programs might focus on:
  - Middle-age and older male adults with lower income and education
  - Latino populations

# Sexual Health Comfort

- Interested in assessing Nebraskan's comfort with discussing various sexual health topics with various types of people
- Results previously reported:
  - Crockett, L.J., Temmen, C., Wasserman, A., Fisher, C.M., Coleman, J.D., Irwin, J.A., Jawed-Wessel, S., Kneip Pelster, A.D., & Pour, A.M. (2014 November). *A Study of Adults' Comfort Communicating about Sex-Related Topics in a Midwestern U.S. State*. Paper presented at the Society for the Scientific Study of Sexuality, Omaha, NE.

# Sexual topics & sample items

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- Prenatal Care: “How to take care of one's self and one's unborn child during pregnancy.”
- Body Self-Esteem: “How people feel about their bodies and how they look.”
- Sexual Assault: “Sexual abuse, assault, violence, and harassment including how are they defined and how to handle such issues.”
- Contraception: “About types of contraception, how they work, and effectiveness.”
- Sexual Health: “How to care for one's reproductive health.”
- Puberty: “What happens during puberty.”
- HIV/AIDS: “HIV and AIDS, what they are, how HIV is transmitted, and how HIV and AIDS can be treated.”
- Sexual Orientation: “Sexual orientation (e.g., gay, lesbian, bisexuality, heterosexuality)”
- Reproduction: “How the body functions to allow reproduction”
- Abortion: “About facts about abortion”
- Anatomy: “Reproductive and sexual anatomy and physiology including names of body parts and reproductive organs and how the body works”
- STIs: “Sexually Transmitted Infections including types, how they are transmitted, and how they can be treated “
- Gender Identity: “Gender identity (e.g., transgender persons, diversity in gender presentation, and expression)”

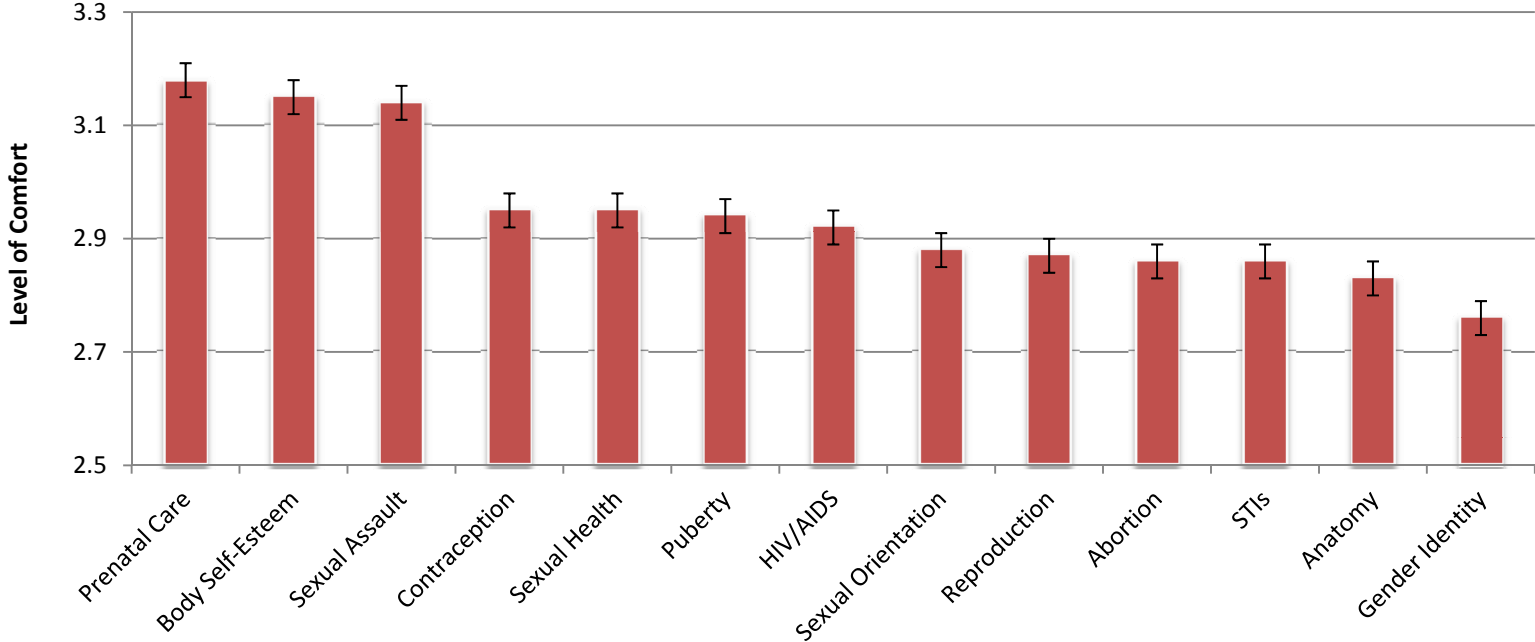
# Comfort: Target Person

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- Your child under age 19
- A family member's child under age 19 (e.g. niece, nephew, cousin)
- A child unrelated to you under age 19
- Adult family members older than age 19
- Another adult unrelated to you older than age 19

# Results: Comfort Differed by Topic

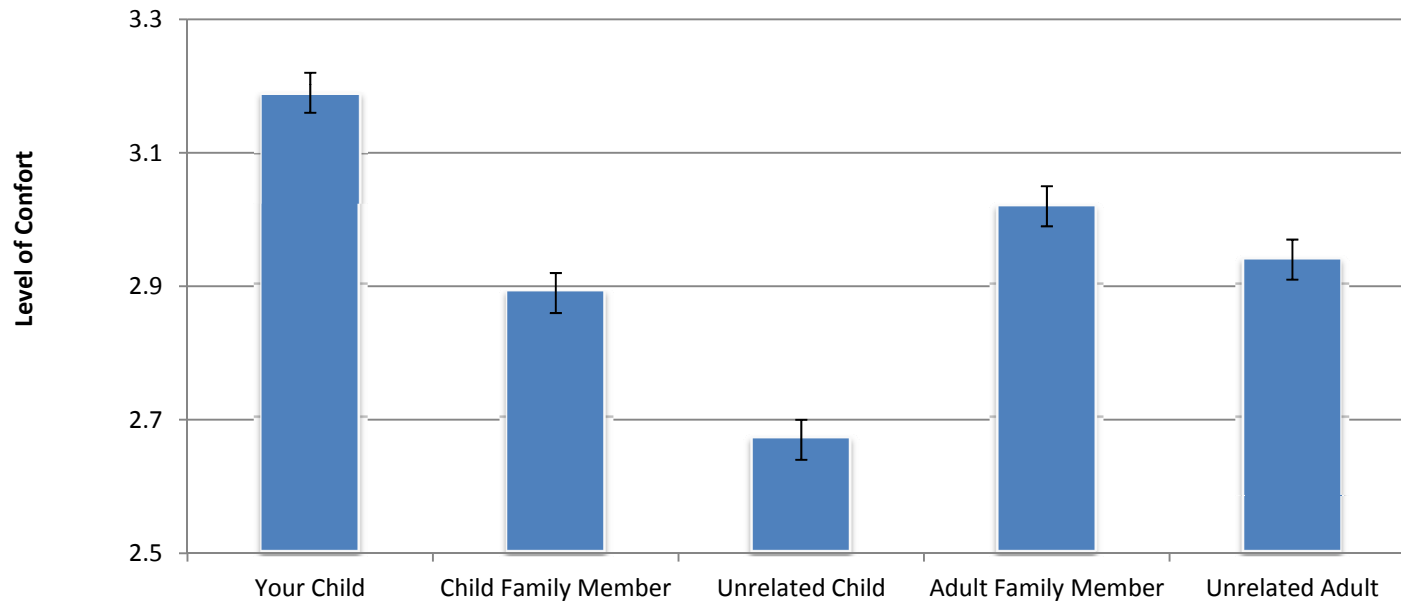
Level of Comfort Discussing Sex-Related Topics



# Differences by Target Person

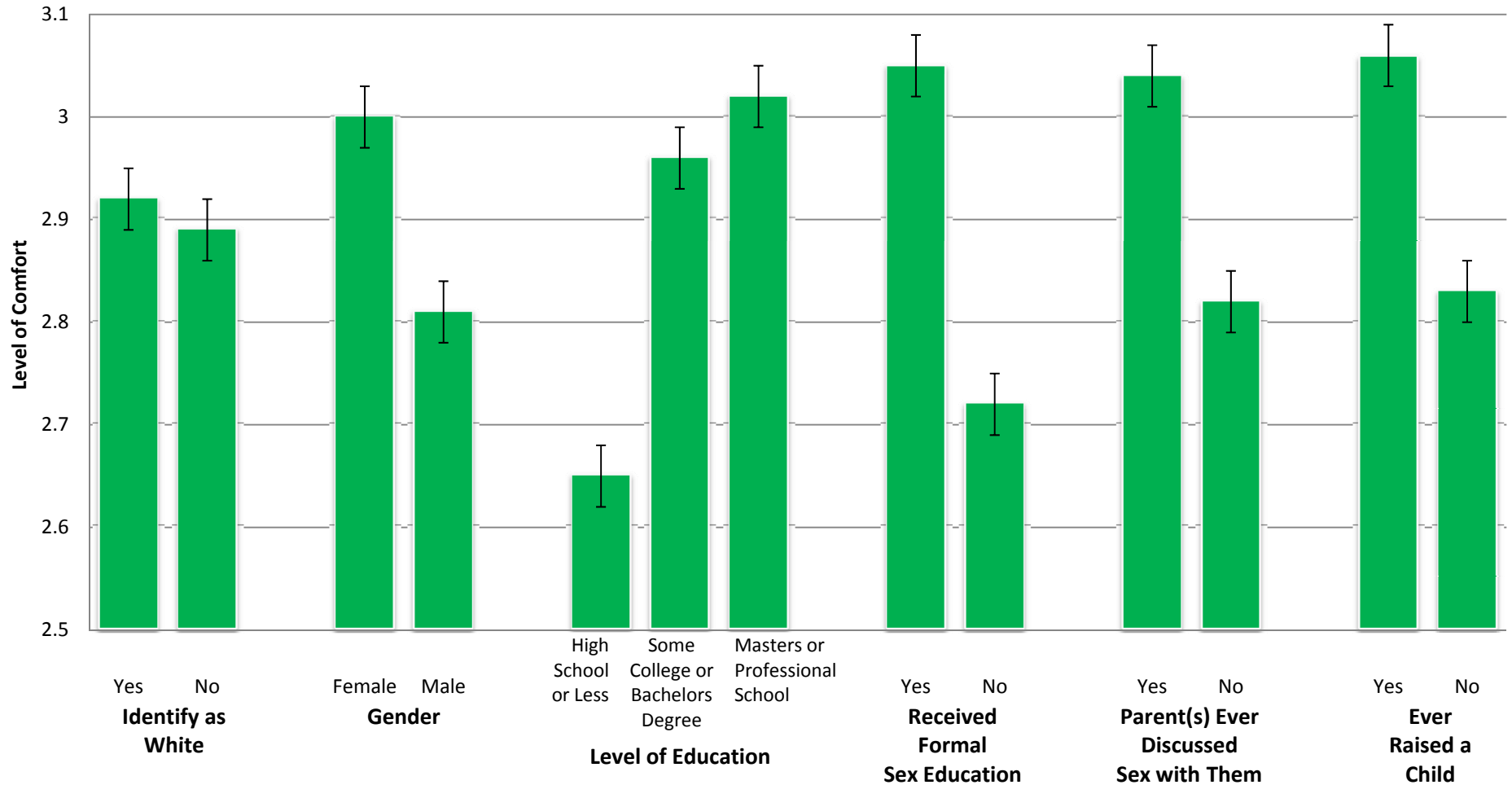
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Level of Comfort Discussing Sex-Related Topics, by Type of Person





# Sociodemographic Differences



# Discussion

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- Although survey limited to the Midwest, may be similar in other regions.
- Adults' comfort with discussing sex depends on both the specific topic and the target person
  - More comfortable discussing prenatal care, body self-esteem, and sexual assault and least comfortable discussing gender identity
  - More comfortable talking about sex to their own children, followed by adult relatives, unrelated adults, and child family members; least comfortable talking to an unrelated child.
- Women, more educated individuals, and those with relevant experience reported greater comfort

# Implications

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- Implications for interventions designed to increase comfort levels:
  - Greater efforts may be needed for some topics (e.g., gender identity)
  - Comfort levels were moderate to relatively high, indicating a need for interventions to increase adults' comfort levels, particularly if the target is not their child
  - Greater levels of comfort with one's own child may be beneficial for transmitting sexuality information (accurate or inaccurate).

# Acknowledgements

- Dylan J. Zaner, BSPH
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- Community Advisory Board (CAB)
- 1<sup>st</sup> Sexual Health Summit participants



Questions? Feedback? Suggestions?

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