Preliminary Findings from NASLiP: Nebraska Adult Sexual Literacy Project

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Nebraska Sexual Health Summit
May 29\textsuperscript{th} 2015
Objectives

• Overview of Study Purpose and Design

• Preliminary Findings

• Feedback, Questions, Reflections
Background: NASLiP

• 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

• 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

- **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

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

- **Participants (weighted at state level)**

### Table 1. Demographics (N=565)

<table>
<thead>
<tr>
<th>Age</th>
<th>N</th>
<th>%</th>
<th>Latino</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>19-25</td>
<td>39</td>
<td>7.1%</td>
<td></td>
<td>21</td>
<td>3.7%</td>
</tr>
<tr>
<td>26-35</td>
<td>125</td>
<td>22.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36-45</td>
<td>97</td>
<td>17.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>46-55</td>
<td>90</td>
<td>16.2%</td>
<td>&gt;20k</td>
<td>64</td>
<td>12.4%</td>
</tr>
<tr>
<td>56-65</td>
<td>115</td>
<td>20.7%</td>
<td>20-35k</td>
<td>66</td>
<td>12.9%</td>
</tr>
<tr>
<td>66+</td>
<td>91</td>
<td>16.3%</td>
<td>35-50k</td>
<td>84</td>
<td>16.3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>50-75k</td>
<td>108</td>
<td>20.9%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>75k+</td>
<td>193</td>
<td>37.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>N</th>
<th>%</th>
<th>Education</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>287</td>
<td>51.2%</td>
<td>Less than H.S.</td>
<td>15</td>
<td>2.8%</td>
</tr>
<tr>
<td>Male</td>
<td>274</td>
<td>48.8%</td>
<td>H.S. / GED</td>
<td>86</td>
<td>15.8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>N</th>
<th>%</th>
<th>Some college</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>528</td>
<td>95.3%</td>
<td>2yr degree</td>
<td>61</td>
<td>11.2%</td>
</tr>
<tr>
<td>Black</td>
<td>5</td>
<td>0.9%</td>
<td>Bachelor's</td>
<td>177</td>
<td>32.5%</td>
</tr>
<tr>
<td>Asian</td>
<td>8</td>
<td>1.5%</td>
<td>Master's</td>
<td>57</td>
<td>10.5%</td>
</tr>
<tr>
<td>American Indian</td>
<td>1</td>
<td>0.1%</td>
<td>Professional</td>
<td>31</td>
<td>5.6%</td>
</tr>
<tr>
<td>Mixed</td>
<td>8</td>
<td>1.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>0.8%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Results: Sexual Health Knowledge

\[ \alpha = 0.866 \]

\[ \text{Mean} = 35.8092 \]
\[ \text{Std. Dev.} = 8.26041 \]
\[ N = 565.00 \]
Results: Sexual Health Knowledge

• Top 10 items:

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

• Lowest 10 items:

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

• 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

• 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:
Sexual topics & sample items

• 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

- 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

- Prenatal Care: 3.3
- Body Self-Esteem: 3.1
- Sexual Assault: 3.0
- Contraception: 2.9
- Sexual Health: 2.7
- Puberty: 2.5
- HIV/AIDS: 2.9
- Sexual Orientation: 2.8
- Reproduction: 2.7
- Abortion: 2.6
- STIs: 2.8
- Anatomy: 2.8
- Gender Identity: 2.7
Differences by Target Person

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

- **Your Child**: 3.3
- **Child Family Member**: 3.1
- **Unrelated Child**: 2.7
- **Adult Family Member**: 2.5
- **Unrelated Adult**: 2.9
Sociodemographic Differences

Bar chart showing the level of comfort across different sociodemographic factors:

- Identify as White:
  - Yes: 2.9
  - No: 2.8

- Gender:
  - Female: 3
  - Male: 2.7

- Level of Education:
  - High School or Less: 2.8
  - Some College or Bachelor's Degree: 2.9
  - Masters or Professional School: 3

- Received Formal Sex Education:
  - Yes: 3.1
  - No: 3.0

- Parent(s) Ever Discussed Sex with Them:
  - Yes: 3.0
  - No: 2.8

- Ever Raised a Child:
  - Yes: 3.0
  - No: 2.7
Discussion

• 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

• 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).
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Questions? Feedback? Suggestions?

MSHRC
MIDLANDS SEXUAL HEALTH RESEARCH COLLABORATIVE