HHS Public Access

Author manuscript

Acad Pediatr. Author manuscript; available in PMC 2023 April 01.

Published in final edited form as:

Acad Pediatr. 2022 April ; 22(3): 396–401. doi:10.1016/j.acap.2021.09.007.

Parents' Sources of Adolescent Sexual Health Information and Their Interest in Resources From Primary Care

Christopher J. Mehus, PhD, **Stephanie Aldrin, MD**, **Riley J. Steiner, PhD, MPH**, **Pooja Brar, PhD**, **Janna R. Gewirtz O'Brien, MD**, **Julie Gorzkowski, MSW**, **Stephanie Grilo, PhD**, **Jonathan D. Klein, MD MPH**, **Annie-Laurie McRee, DrPH**, **Christina Ross, RN, PhD**, **John Santelli, MD MPH**, **Renee E. Sieving, RN, PhD**

Institute for Translational Research in Children's Mental Health (CJ Mehus), University of Minnesota, Minneapolis, Minn; Department of Family Medicine and Community Health (S Aldrin), University of Minnesota, Minneapolis, Minn; Division of Reproductive Health (RJ Steiner), Centers for Disease Control and Prevention, Atlanta, Ga; Division of General Pediatrics and Adolescent Health (P Brar, JR Gewirtz O'Brien, A-L McRee, C Ross and RE Sieving), Department of Pediatrics, University of Minnesota, Minneapolis, Minn; American Academy of Pediatrics (J Gorzkowski), Itasca, Ill; Heilbrunn Department of Population & Family Health (S Grilo and J Santelli), Mailman School of Public Health, Columbia University Irving Medical Center, New York, NY; Department of Pediatrics (JD Klein), University of Illinois at Chicago, Chicago, Ill; and School of Nursing (RE Sieving), University of Minnesota, Minneapolis, Minn

Abstract

Objective: To examine sources of information used by parents to facilitate parent-adolescent communication about sexual and reproductive health (SRH), parents' preferences for receiving SRH information through primary care, and factors associated with parents' interest in primary-care-based SRH information (ie, resources recommended or offered in the primary care setting).

Methods: In this cross-sectional study, a nationally representative sample of 11–17-year-old adolescents and their parents (n = 1005 dyads) were surveyed online; 993 were retained for these analyses. Parents were asked about their use of 11 resources to help them talk with their adolescents about SRH and rated the likelihood of using specific primary-care-based resources. We used multivariable logistic regression to examine characteristics associated with parent interest in primary-care-based SRH resources.

Results: Only 25.8% of parents reported receiving at least a moderate amount of SRH information from primary care; half (53.3%) reported receiving no SRH information from their adolescent's provider. Parents received the most information from personal connections (eg, spouse/partner, friends). Most parents (59.1%) reported being likely to utilize a primary-care-based resource for SRH information. Parents who previously received SRH information from primary care sources had greater odds of reporting they would be likely to utilize a primary-care-based resources (AOR = 4.06, 95% CI: 2.55–6.46).

Address correspondence to Christopher J. Mehus, PhD, Institute for Translational Research in Children's Mental Health, University of Minnesota, 1100 Washington Ave S, Minneapolis MN, 55415. (CJMehus@umn.edu).

Conflict of Interest Disclosures: The authors have no conflicts of interest to disclose.

Conclusions: This study provides insights into parents' sources of information for communicating with their adolescents about SRH and ways primary care practices might increase support for parents in having SRH conversations with their adolescents. Future studies are needed to establish clinical best practices for promoting parent-adolescent communication about SRH.

Keywords

adolescent health; primary care; sexual and reproductive health

Parents are a critical resource for their adolescent children regarding sexual and reproductive health (SRH) topics. Parents report a desire to discuss SRH topics with their adolescents[1] but often lack knowledge and confidence in their ability to effectively convey accurate information.[2–4] Lack of knowledge and skills are known barriers to parent-adolescent communication about SRH-related topics.[5–7] Parents receive SRH information from a range of sources, including personal experience, peers, and online resources.[2,8,9] Evidence-based parent education programs increase parent SRH knowledge and improve parent-adolescent communication,[10,11] but these programs are time-intensive and not readily accessible.

Primary care providers (PCPs) may serve as reliable sources of SRH information for parents of adolescents. Increasingly, provider engagement with parents and support of parent-adolescent communication are viewed as part of quality adolescent health care.[12] Professional guidelines recommend that providers facilitate parent-adolescent communication on SRH topics.[13] PCPs are well-positioned to prepare parents for SRH-related conversations with their adolescents, given that these providers are a trusted information source and parents are interested in receiving SRH information from them.[6,14] Brief primary-care-based interventions with parents regarding sexual health (eg, single-session educational intervention for parents) have shown promise,[15,16] but limited research has examined whether parents receive information related to adolescent SRH in routine adolescent primary care visits. Additionally, little is known about parents' perspectives on optimal formats for delivery of SRH information from primary care sources (eg, one-on-one conversations, online, in-person workshops, videos).

We sought to 1) assess the extent to which parents receive SRH information from various sources, including within primary care; 2) describe parents' preferred formats for receiving SRH information when recommended or offered in the primary care setting; and 3) examine associations between parent and adolescent characteristics and parents' likelihood of utilizing primary-care-based SRH information.

Methods

Sample

This analysis uses data from the Confidential Adolescent Sexual Health Services (CASH) study, designed to examine experiences and perspectives related to adolescent SRH and confidential services in primary care settings. The CASH study included a survey of a representative sample of 11–17-year-old adolescents and their parents in the United States. CASH investigators contracted the research firm, Ipsos, to administer the survey

to members of an online panel (KnowledgePanel). KnowledgePanel is representative of the US household population and is recruited through a dual frame sampling approach. Panel members receive "points" for participating in surveys, which can be redeemed for small cash payments. The survey was administered in English and Spanish and respondents from rural areas were over-sampled.

In June 2019, the research firm e-mailed invitations to participate in the CASH survey to a sample of panel members. Interested members completed an eligibility screener. Parents of an 11–17-year-old child were eligible to participate after providing consent for their child to also complete a survey. Parents with more than one 11–17-year-old child were asked to select the child with the most recent birthday to complete the adolescent portion of the survey. Eligible parents provided informed consent prior to participation; adolescents provided assent. The CASH study was approved by Institutional Review Boards at the University of Minnesota and Columbia University.

Data for the present analyses come from the parent survey. Of 2495 parents sampled, 1234 completed the screener, and 1005 qualified for and completed the survey. For these analyses, we excluded 12 respondents (1.2%) because of missing data, resulting in an analytic sample of 993. The sample was weighted to represent the noninstitutionalized, US, 11–17-year-old population in terms of age, sex, race/ethnicity, census region, metropolitan status, household income and language proficiency. Table 1 provides demographic characteristics of the sample.

Measures

Sources of SRH Information—The parent survey included an item asking, "How much information have you gotten from each of the following sources to help you talk with [teen's name] about sexual and reproductive health?" and presented eleven potential sources of information (Fig. 1). The first 3 were primary-care-based options ("your adolescent's provider," "a nurse or other clinic staff," and "an informational video on a clinic tablet or in the lobby while your adolescent saw their provider"). Response options included "none," "a little," "a moderate amount," and "a lot." For analysis, we created an indicator of receiving primary-care-based SRH information by combining responses for adolescent's PCP, nurse/other clinic staff, and a video in the clinic. Those who reported having received "a moderate amount" or "a lot" of information from any of the 3 primary care sources were categorized as receiving SRH information from primary care.

Likelihood of Using Various Formats of Primary-Care-Based SRH Information—The parent survey included items assessing interest in 5 formats of SRH information recommended or offered in the primary care setting: "If [teen's name]'s provider offered you resources related to adolescent sexual and reproductive health, how likely is it that you would:" 1) "Engage in an educational session or video on a tablet in the lobby while your child sees their provider;" 2) "Visit a recommended website or online resource at home;" 3) "Have a one-to-one conversation with a nurse or other clinic staff;" 4) "Attend an online class or workshop;" and 5) "Attend an in-person class or workshop" (Fig. 2). Response options included "not at all likely," "a little likely," "moderately likely," and "very likely."

We dichotomized responses to compare those who responded as very or moderately likely with those who responded not at all or a little likely.

Parent and Adolescent Characteristics—The parent survey also assessed a number of parent and adolescent demographic characteristics including: parent sex; adolescent sex; parent race and ethnicity (non-Hispanic White, non-Hispanic Black, Hispanic, or non-Hispanic Other); whether the respondent adolescent had an older sibling; parent age (≤39, 40–49, ≥50); parent education (some college education vs none); and urbanicity of residence (urban/suburban vs rural).

Analysis

We calculated descriptive statistics for each SRH information source and likelihood of utilizing each of the proposed primary-care-based delivery formats. The eleven sources of SRH information were split across 2 screens in the survey, and 212 respondents had missing data for the items on the second screen (noted in Fig. 1). We used logistic regression to examine the relationship between receipt of SRH information from primary care and likelihood of utilizing primary-care-based SRH resources, first in an unadjusted model and then in a multivariable model with demographic characteristics included. Analyses were weighted and completed in the SPSS Complex Samples add-on.

Results

Parents received the most information for communicating with their adolescent about SRH from personal connections (Fig. 1). The amount of information received from primary-care-based sources varied. PCPs were the fourth most commonly reported source of information out of the 11 sources assessed, and nurses/other staff were the seventh. However, over half of parents reported receiving no SRH information from a PCP (53.3%). About one-quarter of parents (25.8%) reported receiving a lot or a moderate amount of information from at least one of the primary care sources (their adolescent's PCP, nurses/other clinic staff, or a video in the clinic).

Overall, 59.1% of parents reported they would be very or moderately likely to utilize at least one of the primary-care-based formats for SRH information (Fig. 2 for breakdown by resource type). Parents reported being most likely to visit a recommended website and least likely to attend an in-person workshop. Among parents who were moderately or very likely to use one or more primary-care-based SRH resource, 35.9% reported having received a lot or a moderate amount of SRH information from any of the primary care sources; among parents who were *not* moderately or very likely to use any primary-care-based SRH resource, only 11.1% reported having received SRH information from primary care sources (data not shown).

Parents who had received SRH information from at least one primary-care-based source had greater odds of being very or moderately likely to utilize at least one of the 5 primary-care-based formats in bivariate analysis (OR = 4.48, 95% CI: 4.63–6.85) and in the multivariable model (AOR = 4.06, 95% CI: 2.55–6.46; Table 1). Parents also had greater odds of being very or moderately likely to use any primary-care-based SRH resources if they were female

(vs male) or Hispanic (vs non-Hispanic White). Parents who had an older child (relative to the index adolescent) had lower odds of being very or moderately likely to use any of the formats.

Discussion

This study provides insight into parents' sources of information for talking with their adolescents about SRH, and ways in which primary care providers and practices do and could support parents in this important practice. Our findings suggest that there are unmet opportunities within primary care to promote healthy parent-adolescent SRH communication. Previous research shows a need to better support parents in this area. Parents acknowledge that they often feel ill-equipped to communicate with their adolescents about SRH,[1] they may provide inaccurate information,[4] and they often focus on negative health consequences rather than addressing a broader array of topics (eg, sexuality and gender, healthy relationships).[2,17–19] Primary care personnel are well-positioned to help parents address SRH topics with their adolescent children.[20] Indeed, parents are interested in information from PCPs and staff on a wide range of adolescent health topics.[14] Our findings extend previous research by quantifying that nearly 3 in 5 parents would be likely to utilize primary-care-based resources for information related to adolescent SRH.

Our findings also shed light on parental interest in possible primary-care-based formats for receiving SRH information. While education directly from PCPs remains important, parents expressed interest in referrals to online resources, talking to a nurse or other staff, or watching a video during a visit. These options may help overcome some of the common barriers to SRH-related conversations in primary care practice, such as inadequate time. PCPs could consider sharing existing online resources related to adolescent SRH available from professional associations and public health agencies, such as the American Academy of Pediatrics' website on adolescent SRH[21] or the Centers for Disease Control and Prevention's webpage for parents on adolescent SRH.[22] Any resources provided could be made available through electronic patient portals and referenced in after-visit summaries. One-on-one conversations with a nurse or other clinic staff may be feasible if staff have support and resources to guide these conversations.

Importantly, parents who had received information to help them talk with their adolescent about SRH from a primary care source were more likely to be interested in primary-care-based adolescent SRH resources, suggesting that parents found previously received information useful and that providing such information may normalize this practice as part of adolescent health care. Female parents had greater odds of reporting interest in primary-care-based SRH resources, which may be because maternal communication about SRH is more common than paternal communication.[23] Focused efforts to engage fathers may be warranted because communication about SRH by fathers is associated with positive adolescent sexual health outcomes.[24] Hispanic parents had greater odds of reporting interest in primary-care-based resources, which aligns with previous research documenting this interest.[25] Finally, those with older children were less likely to report interest, suggesting that parents may be most open to support as they move into the phase of parenting an adolescent for the first time.

Strengths and Limitations

The national sample and novel focus on adolescent SRH-related information for parents are strengths of our study. Limitations include self-reported data. Parents may not accurately recall the extent of SRH-related information they have received. Reported likelihood of using various primary-care-based formats of information and support may not accurately reflect actual use if the resources were available. Finally, likely due to a programming error or respondent error, there was substantial missing data for the non-primary-care-based sources of information presented during data collection. However, these items were only included in descriptive analyses and did not affect the primary-care-based information sources that are the main focus of this paper.

Conclusion

PCPs and clinic staff are well-positioned to support parent-adolescent communication about SRH but there remains an unmet opportunity to provide parents with information and skills to help them discuss SRH with their adolescents. Supporting parents through easy-to-implement primary-care-based resources may increase the likelihood that parents are open to additional communication resources in the future.

Acknowledgments

Funding:

This research was supported by research grants 3U48DP005022-04S5 to R. Sieving and U48DP006414-01-03 to R. Sieving (Center PI) and AL. McRee (Core Research Project PI) from the Centers for Disease Control and Prevention.

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What's New

This study describes where parents receive information about adolescent sexual and reproductive health. While only 26% of parents received information through a primary health care provider, 59% of parents expressed interest in resources recommended or offered in the primary care setting.

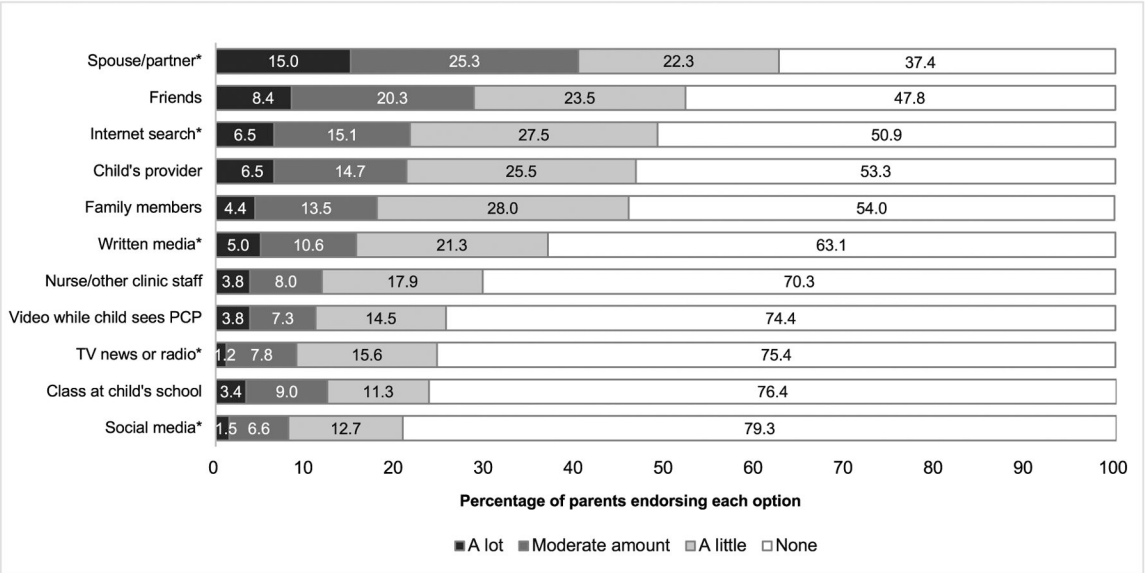

Figure 1. Parent responses to " How much information have you gotten from each of the following sources to help you talk with [teen's name] about sexual and reproductive health?"

PCP indicates primary care provider; SRH, sexual and reproductive health.

Note. Sample size for each item varied; asterisks (*) indicate items for which responses were not obtained from some parents (n = 212).

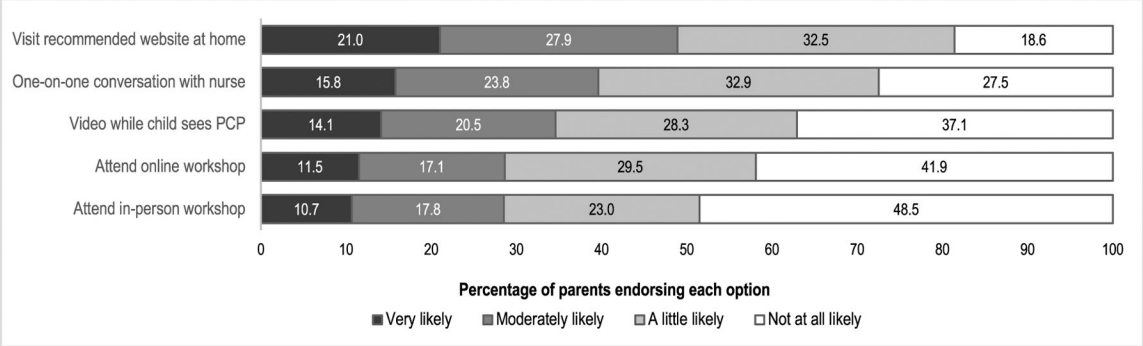

Figure 2. Parent responses to " If [teen's name]'s provider offered you resources related to adolescent sexual and reproductive health, how likely is it that you would:"

SRH indicates sexual and reproductive health.

Table 1.

Multivariable Logistic Regression Predicting Moderate/High Likelihood of Using Primary Care SRH Resources

	n	(%)	AOR	(95% CI)
Received SRH info from primary care				
Moderate amount or a lot	231	(25.8)	**4.06**	**(2.55, 6.46)**
A little or none	762	(74.2)	1.00	(Ref)
Parent age				
≤39	270	(28.9)	0.85	(0.53, 1.38)
40–49	478	(49.8)	0.98	(0.67, 1.44)
≥ 50	245	(21.3)	1.00	(Ref)
Urbanicity				
Urban/Suburban	656	(82.4)	1.02	(0.72, 1.44)
Rural	337	(17.6)	1.00	(Ref)
Parent sex				
Female	611	(54.6)	**2.17**	**(1.56, 3.13)**
Male	382	(45.4)	1.00	(Ref)
Adolescent sex				
Female	496	(49.7)	1.05	(0.76, 1.43)
Male	497	(50.3)	1.00	(Ref)
Adolescent has older sibling				
Yes	550	(56.2)	**0.70**	**(0.50, 0.98)**
No	443	(43.8)	1.00	(Ref)
Parent education				
At least some college education	712	(66.7)	1.34	(0.93, 1.94)
No college education	281	(33.3)	1.00	(Ref)
Parent race/ethnicity				
Black, non-Hispanic	95	(13.2)	1.31	(0.79, 2.19)
Other, non-Hispanic	67	(8.6)	1.31	(0.72, 2.39)
Hispanic	188	(19.8)	**4.39**	**(2.61, 7.37)**
White, non-Hispanic	643	(58.4)	1.00	(Ref)

AOR indicates adjusted odds ratio; CI, confidence interval; and SRH, sexual and reproductive health.

Table shows raw frequencies and weighted percentages (n = 993). Bold font indicates statistically significant findings ($P < .05$).