

An aerial photograph of a coastal city, likely Galveston, Texas. The image shows a wide beach, a road with traffic, and a large body of water with waves breaking. In the background, there are buildings and a pier extending into the sea.

# Talking with Parents and Adolescents to Promote Sexual Health

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# Developmental Theories

- ◆ Qualitative not just quantitative differences
- ◆ Abilities increase; but capacity and ability not the same
- ◆ Experience with situation influences actual ability
- ◆ “Hot Cognitions”
- ◆ Consequences may be weighed against developmental benefits

## Misconception of “Storm and Stress”

- ◆ Not the norm for adolescents
- ◆ Only about 20% of adolescents have moderate/severe symptomatology that impairs functioning
- ◆ These difficulties are rarely “outgrown”
- ◆ A higher percentage of adolescents have symptoms, mostly of depression or anxiety, but not sufficient to impair their functioning more than mildly

# Parent-Adolescent Disequilibrium, Not Conflict

- ◆ Increase in "bickering" possibly related to the adolescent's increasing cognitive abilities, but serious conflict not the norm
- ◆ Some degree of normal healthy conflict appears to represent a reorganization of familial relationships
- ◆ Type of adolescent-parent conflict has not changed over time - - involves mundane, everyday issues

# Problem Behavior vs. Risk Taking

- ◆ Problem behavior
  - virtually never a direct consequence of normative changes of adolescence
- ◆ Risk-taking
  - volitional behavior which is not pathological (not suicide or eating disorders)
  - may have positive or negative effects
- ◆ Both can have health consequences

# Focus on Promotion of Sexual Health; Not Sexual Risk

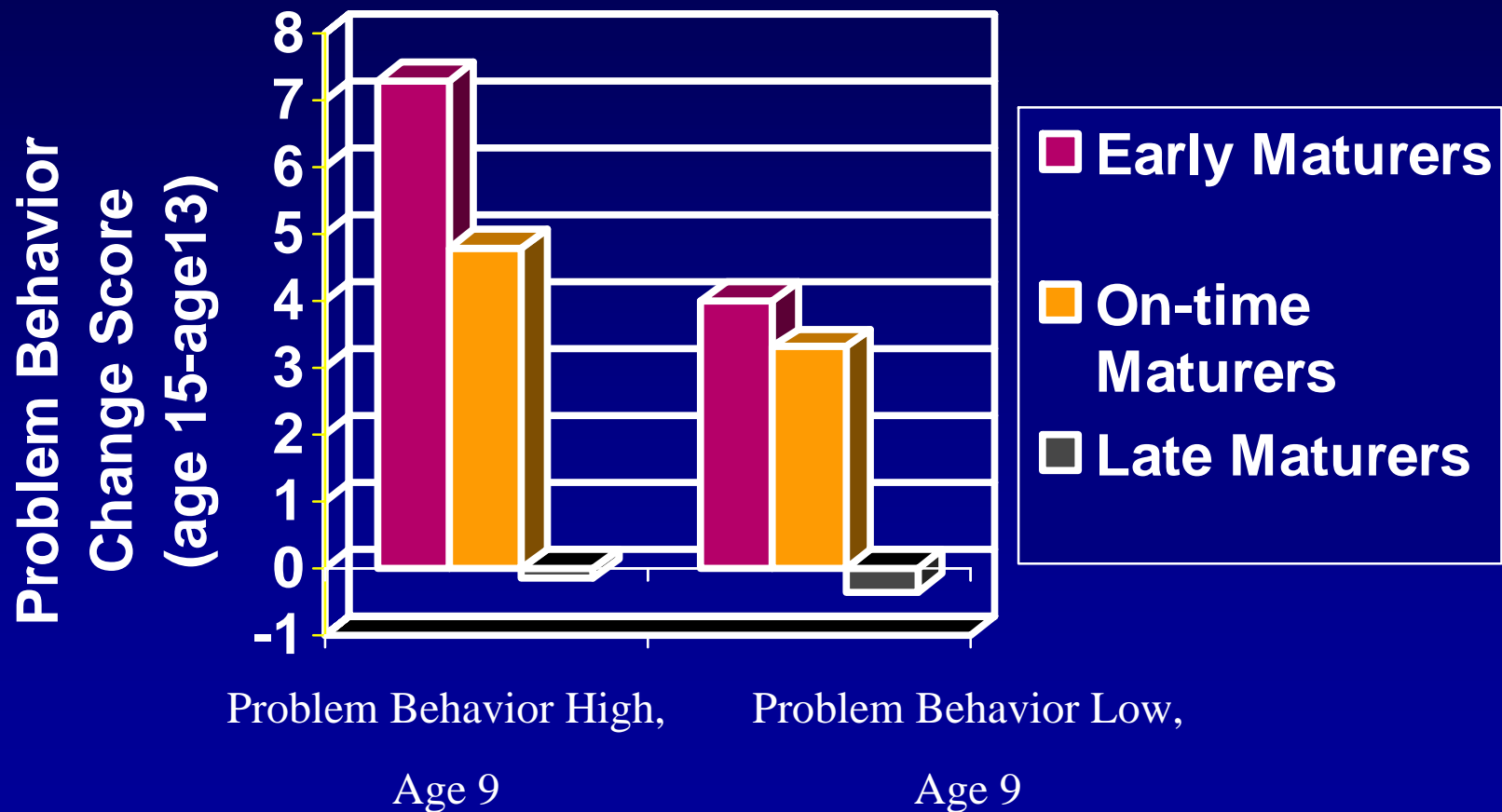
- ◆ Ensure that:
  - Positive feelings about one's body and pubertal changes
  - Positive feelings about sexual feelings
  - Relationships are mutual, consensual, and non-exploitative
  - Sexual behavior is protected from unintended pregnancy and sexually transmitted diseases

**Think/Use a Biopsychosocial  
Model**

# Biological Development

- ◆ Timing of puberty influences emotional and behavioral health
- ◆ Relationships non-linear

# Relationship of Timing of Puberty and Problem Behavior in Girls



Caspi and Moffitt, 1991 in Steinberg, 2001.

# Psychosexual Maturation

- ◆ Consider the whole range of sexual behaviors
- ◆ The meaning of the behavior for the adolescent, which will change over time

# Typical Outcomes Of Effective Abstinence Plus Programs

- ◆ Participation in the programs did not increase either the initiation or frequency of intercourse
- ◆ Programs led to a delay of initiation, fewer number of sexual partners, and increased condom use

# Abstinence

- ◆ What is abstinence?
  - Includes oral sex?
- ◆ Failure Rates:
  - Method failure- 0%;
  - User failure rate ranges from 8 to 57%

# Impact of Chastity Pledges

- ◆ Formal pledge may be less important than personal commitment
- ◆ Those that make a pledge
  - delay intercourse but less likely to use condoms when beginning sex
  - Support for the need for developmental approaches?

# Developmental Changes in Reasons for Having Intercourse the Most Recent Time

- ◆ Younger girls more likely to report following reasons for having intercourse:
  - Being curious
  - Making them feel grown up
  - Partner pressuring them
  - Friends all having sex
- ◆ Older girls more likely to report following reasons for having intercourse:
  - Being in love
  - Being physically attracted to partner
  - Being too excited to stop
  - Being drunk or high
  - Feeling romantic

# **Influences from Family/Parent Relationships**

# Classifying Parent Types

## Parental Expectations

High

Low

Parental  
Responsiveness

High

Authoritative

Indulgent

Low

Authoritarian

Indifferent

Adapted from Steinberg, 2002 and Maccoby & Martin, 1983.

# Three Parental Influences

- ◆ Supervision
- ◆ Communication
- ◆ Modeling

# Communication

- ◆ Communication regarding sexuality associated with greater resistance to peer pressure and reduced sexual risk-taking
- ◆ Communication more effective in the context of a positive relationship

# Supervision

- ◆ Supervision typically moves from direct to indirect
- ◆ Is it supervision, communication, or quality of relationship including trust?
- ◆ For example, role of negotiated unsupervised time versus monitoring
  - increased negotiated unsupervised time associated with increased risk behavior (e.g., sexual activity, alcohol and marijuana use) but also sex-related protective actions

# Modeling

- ◆ Having pregnant teen sisters associated with younger age of sexual initiation
- ◆ Having a mother with younger age of childbearing associated with early initiation
- ◆ Modeling of current sexual behavior

# Parents/Teens in the Health Care Setting

- ◆ Provide anticipatory guidance
  - Discuss expected developmental changes
  - Discuss changes in health care delivery including vaccination
- ◆ Assure parents they are critical to promoting health adolescent
  - review supervision, communication, and modeling

# Anticipatory Guidance and Changes in Health Care

- ◆ Review changes seen in teenagers with regards to how they spend their time and increased arguing
- ◆ Discuss increasing time alone with health care provider and confidentiality
- ◆ Review the need for vaccines, and how to accomplish

# Supervision: Sample Questions

- ◆ Do you regularly supervise her social and recreational activities?
  - Later visits: How are you staying involved in her activities and interests as she matures?
- ◆ If dating, do you know the person? Has dating changed your relationship with her/him?

# Communication/Modeling: Sample Questions

- ◆ What has she been taught at home about drugs, sex, and other health topics?
  - Do you think smoking, drinking, or drugs are a problem for anyone in your family? Any teenagers pregnant in your family?
- ◆ Does your teen understand what you consider appropriate behavior? How does she show that she understands your family's values?

## Help parents:

Keep a sense of humor and  
enjoy their adolescent

Listen as much as talk

Know their friends and activities



IF YOU NEED TO GIVE ME THE ABSTINENCE SPEECH,  
YOU'VE GOT FIVE MINUTES. IMPRESS ME.

BY NICK GALIFIANAKIS FOR THE WASHINGTON POST