

# Teen Sexual Practices : Anything Goes

Hatim Omar, M.D.

Professor, Pediatrics & Ob\Gyn.

Director, Adolescent Medicine & Young  
Parent Program

Department of Pediatrics

University of Kentucky

Email: [haomar2@uky.edu](mailto:haomar2@uky.edu)



# The Teen Years

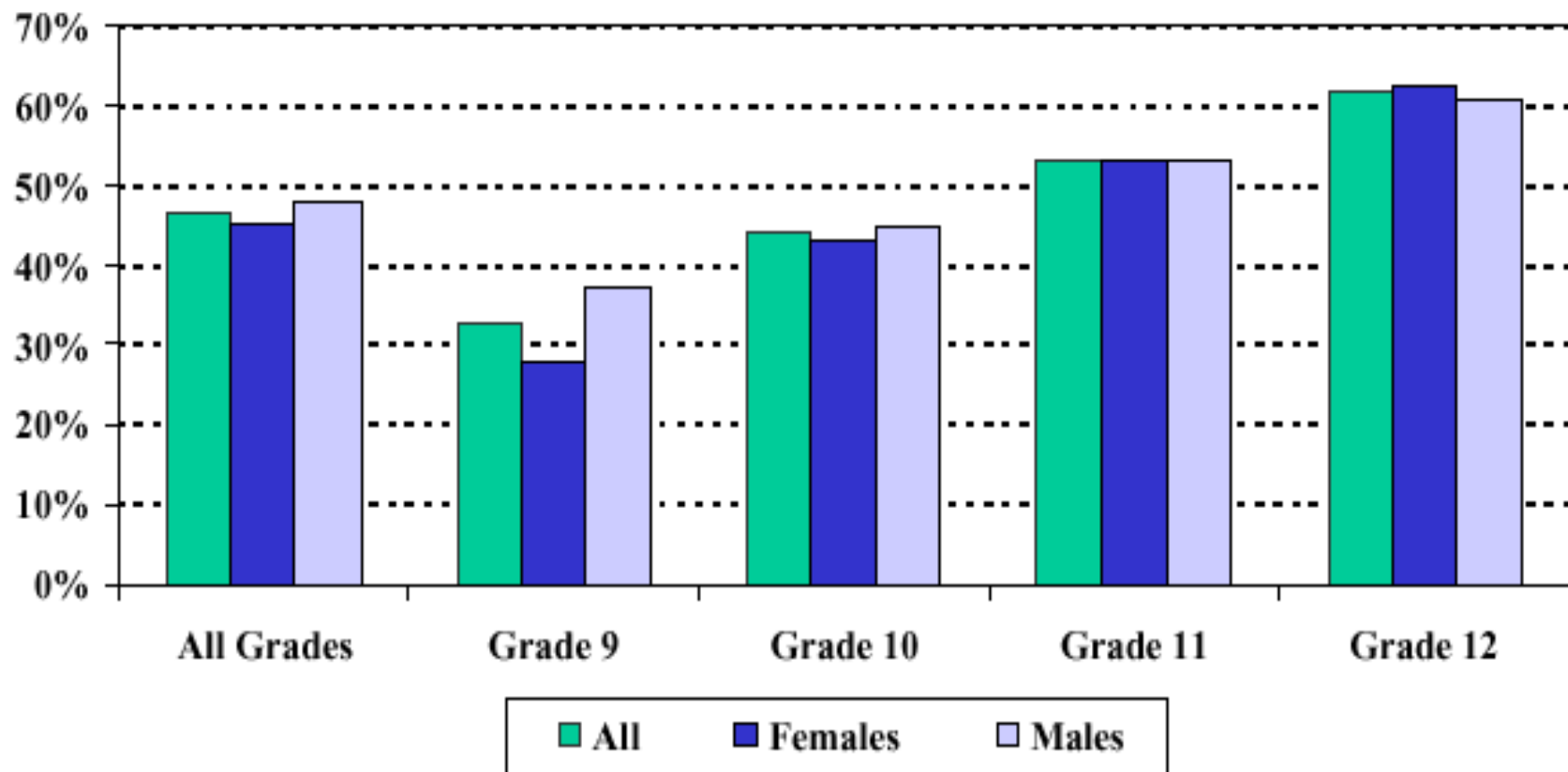


# What Is Sex?

- Can the so called “experts” agree on a definition?
- Why are we concerned? After all, adults do it too!
- Consequences of early sex:
  - Pregnancy, STI's, Dating violence, Physical & psychological impact



**Proportion of High School Students Who Have Had Sex  
At Least Once, 2003 (Grades 9-12, YRBS)**



# % of High School Students Who Had 1st Sexual Intercourse Before Age 13 Years, 2005

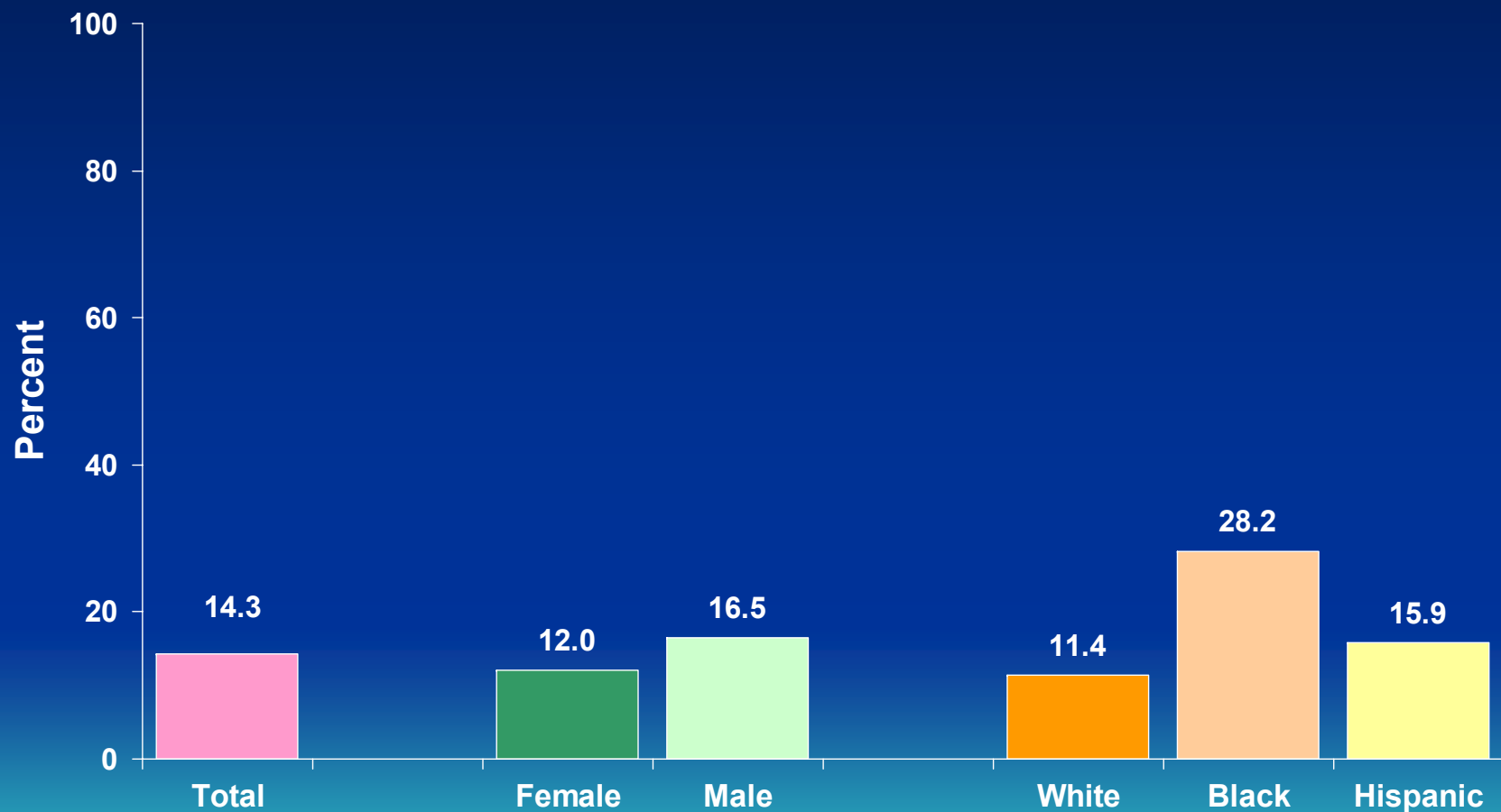


\* M > F

\*\* B > H > W

*National Youth Risk Behavior Survey, 2005*

# % of HS Students Who Had Intercourse with 4 or More Persons During their Life, 2005



\* M > F

\*\* B > H > W

National Youth Risk Behavior Survey, 2005

# The Worst Part: 5<sup>th</sup> Graders

- Survey of 408 5<sup>th</sup> graders
- **5% of Girls & 17% of boys had intercourse**
- **Only 34% of girls and 13% of boys said they did not expect to engage in any type of sexual contact in the next 12 months if they were going with someone they “liked a lot.”**

- Journal of Adolescent Health 37 (2005) 135–144

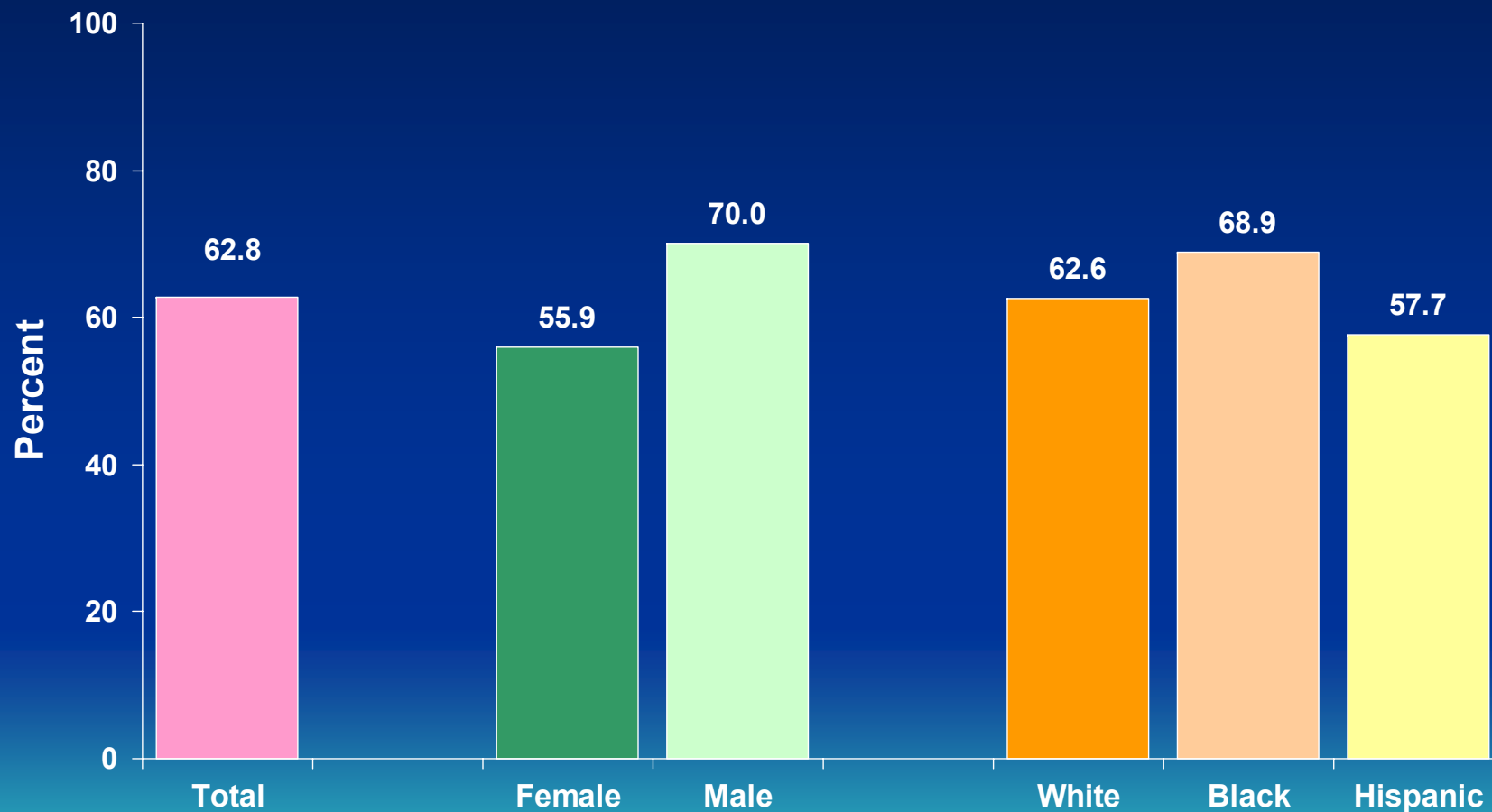
# What the Research Shows

**factors that increase risk of earlier sexual initiation:**

- Teens who report they have been sexually abused.
- Teens who are already involved in other risky behavior such as drinking and doing drugs.
- Teens who perceive that their peers use alcohol or drugs.



# % of HS Students Who Used a Condom During Last Intercourse, 2005



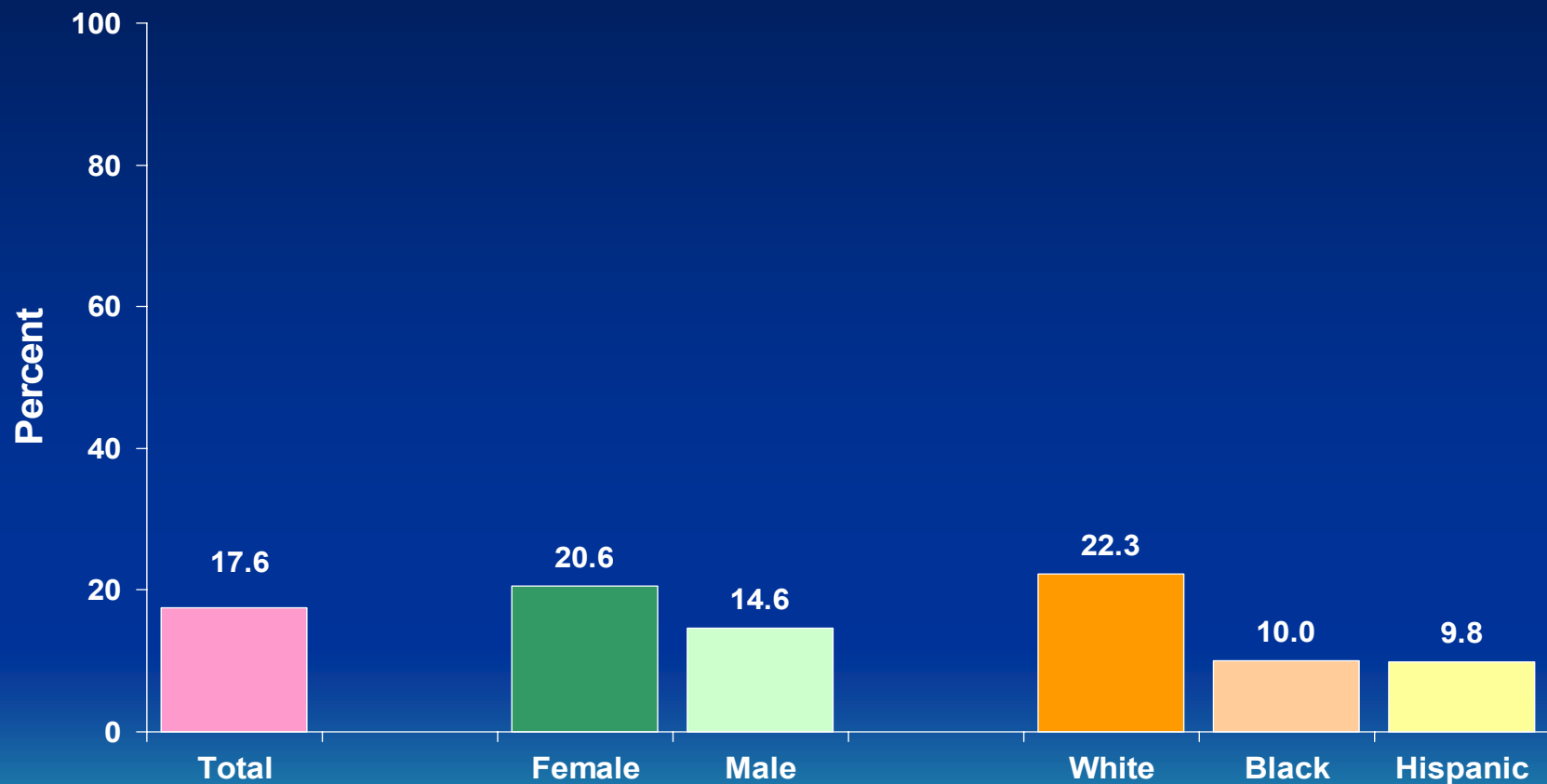
\* Among the 33.9% of students nationwide who had sexual intercourse with one or more persons during the 3 months preceding the survey

\*\* M > F

\*\*\* B > W > H

*National Youth Risk Behavior Survey, 2005*

# % of HS Students Who Used Birth Control Pills Before Last Intercourse, 2005



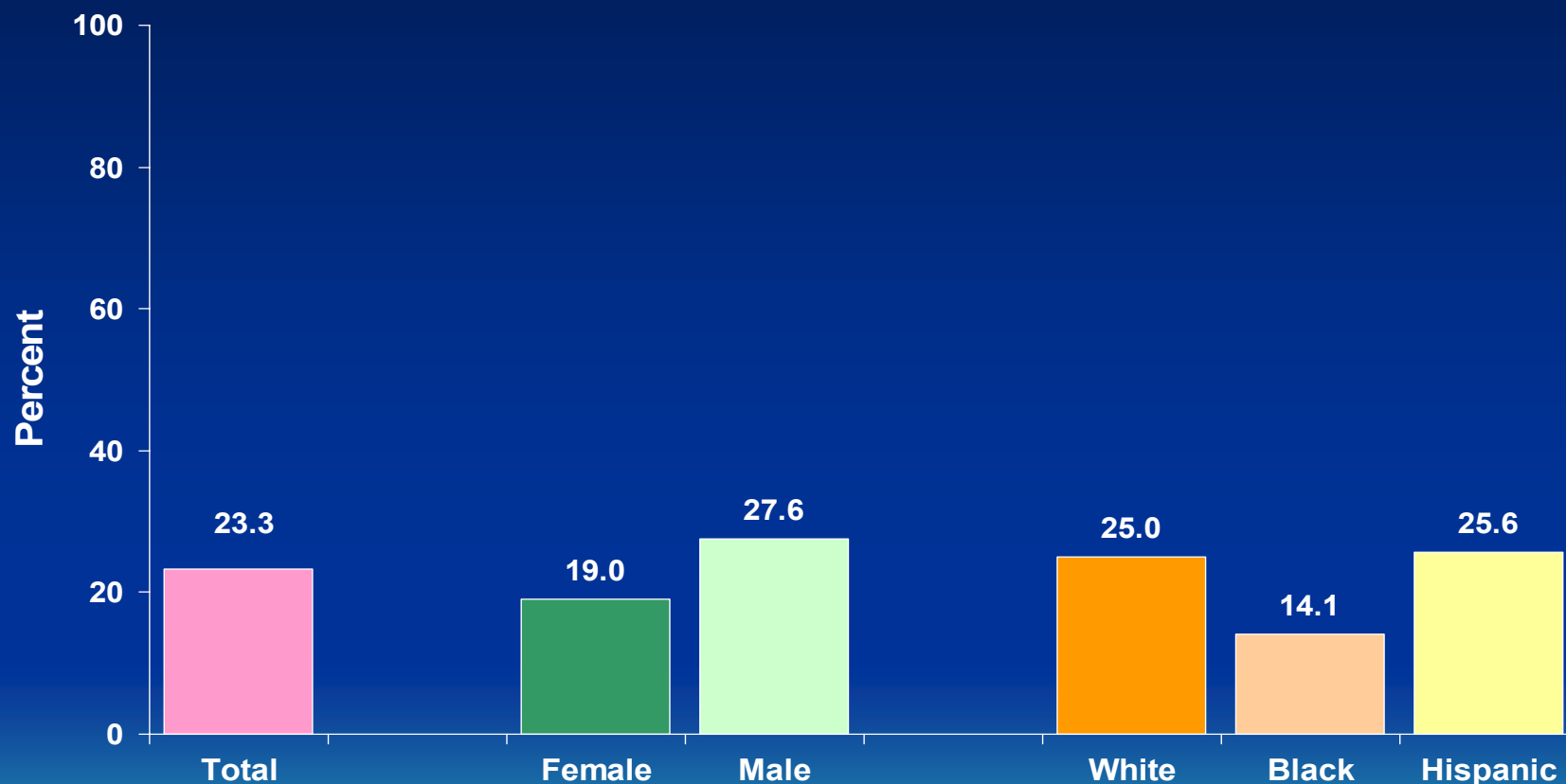
\* To prevent pregnancy, among the 33.9% of students nationwide who had sexual intercourse with one or more persons during the 3 months preceding the survey

\*\* F > M

\*\*\* W > B, H

*National Youth Risk Behavior Survey, 2005*

# % of HS Students Who Drank Alcohol or Used Drugs Before Last Intercourse, 2005



\* Among the 33.9% of students nationwide who had sexual intercourse with one or more persons during the three months preceding the survey

\*\* M > F

\*\*\* W, H > B

*National Youth Risk Behavior Survey, 2005*

# Percentage of High School Students Who Experienced Dating Violence,\* 1999 – 2005

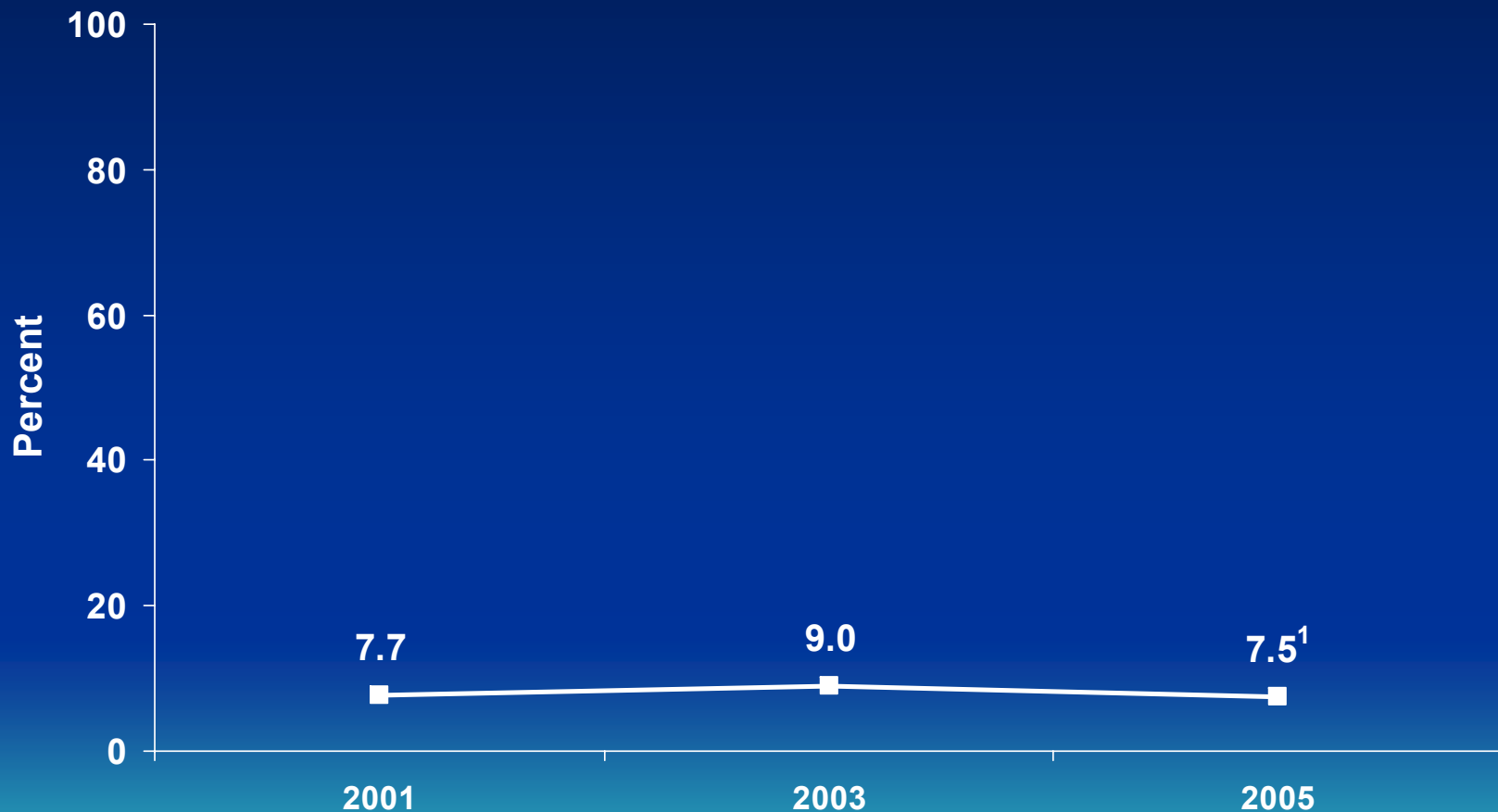


\* Hit, slapped, or physically hurt on purpose by a boyfriend or girlfriend during the 12 months preceding the survey

<sup>1</sup> No significant change over time

*National Youth Risk Behavior Surveys, 1999 – 2005*

# % of High School Students, Ever Forced to Have Sexual Intercourse,\* 2001 – 2005



\* When they did not want to

<sup>1</sup> No significant change over time

*National Youth Risk Behavior Surveys, 2001 – 2005*

# Sexual Practices

- Oral Sex: 70% M, 57% F before intercourse
- Mutual Masturbation: 31% of “Virgins” do it
- Anal Sex: 1-11% of “Virgins”
- Vaginal Intercourse (see above)
- Group Sex: Rainbow parties, Head parties
- Favor Exchange
- Homosexual relations
- Serial Monogamy



# Perceptions

- 59% do not believe that oral sex qualifies as Sex
- 19%, same belief about anal sex
- 62% of females & 56% of males: oral is not sex
- 61% consider mutual masturbation an abstinent behavior, 37% for oral sex and 24% for anal



# ORAL SEX

- **Oral sex and virginity.** More than half of young teens (54 percent) believe that teens who only engage in oral sex are still considered virgins.
- **Why are teens having oral sex?**
  - 21%: to be more popular or accepted
  - 76%: because their partner wanted to
  - 68%: not to worry about pregnancy
  - 64% : curiosity
  - 49%: so they could remain virgins.



# What About Health Educators?

- Email Survey of Health Educators:
- 30%: consider oral sex ABSTINENT BEHAVIOR!
- However, 29% considered mutual masturbation NOT ABSTINENT BEHAVIOR!

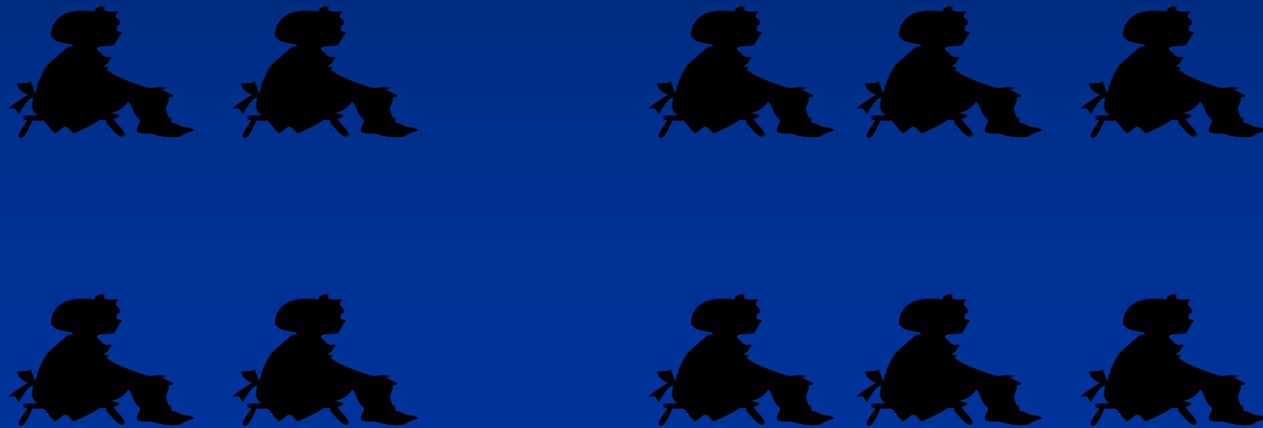


# Impact of Sexual Behaviors: YRBS 2005

- 831,000 pregnancies occur each year among persons aged 15 – 19 years
- 9.1 million cases of sexually transmitted diseases occur each year among persons aged 15 – 24 years
- An estimated 4,842 cases of HIV/AIDS occur annually among persons aged 15 – 24 years



# Four in ten girls get pregnant at least once before age 20.

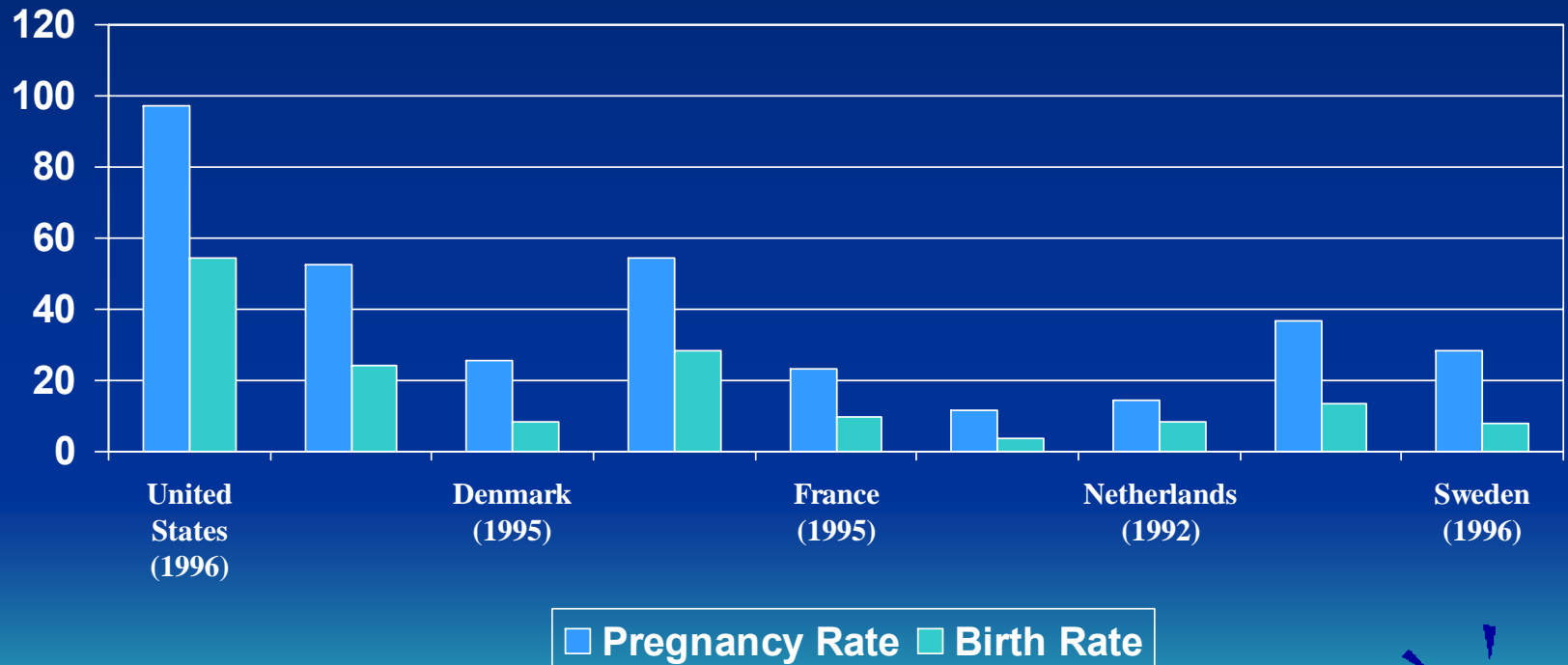


Source: National Campaign to Prevent Teen Pregnancy analysis of Henshaw, S.K., *U.S. Teenage Pregnancy Statistics*, New York: Alan Guttmacher Institute, May, 1996; and Forrest, J.D., *Proportion of U.S. Women Ever Pregnant Before Age 20*, New York: Alan Guttmacher Institute, 1986, unpublished.

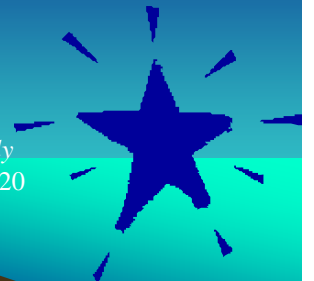


# We're number one...unfortunately

The United States has much higher pregnancy and birth rates than other fully industrialized countries. US pregnancy rates are nearly twice as high as rates in Canada and England and seven to eight times as high as rates in Japan and the Netherlands.

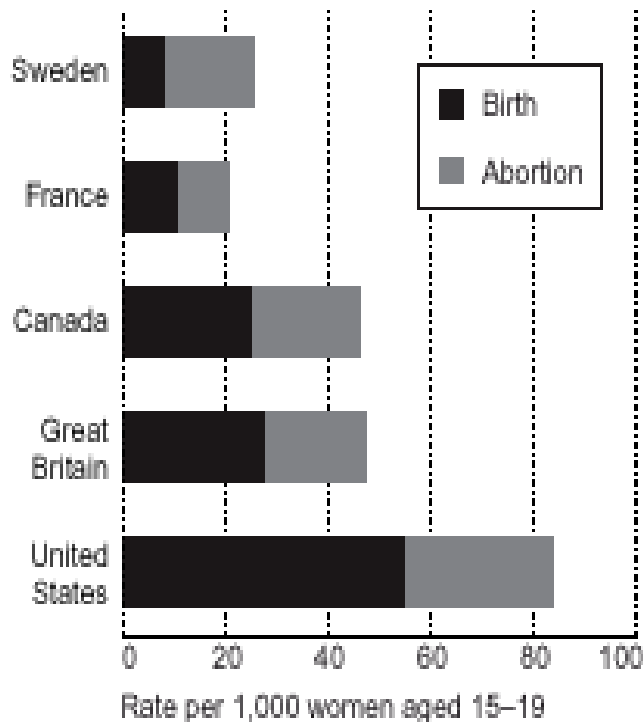


Singh, S., & Darroch, J.E. (2000). Adolescent pregnancy and childbearing: Levels and trends in developed countries. *Family Planning Perspectives* 32(1), 14-23. Pregnancy rates calculated as the sum of births, abortions, and estimated miscarriages (20 percent of births plus 10 percent of miscarriages).



# Teen Pregnancy & Sexual Activity

*U.S. teenagers have higher pregnancy rates, birthrates and abortion rates than adolescents in other developed countries.*



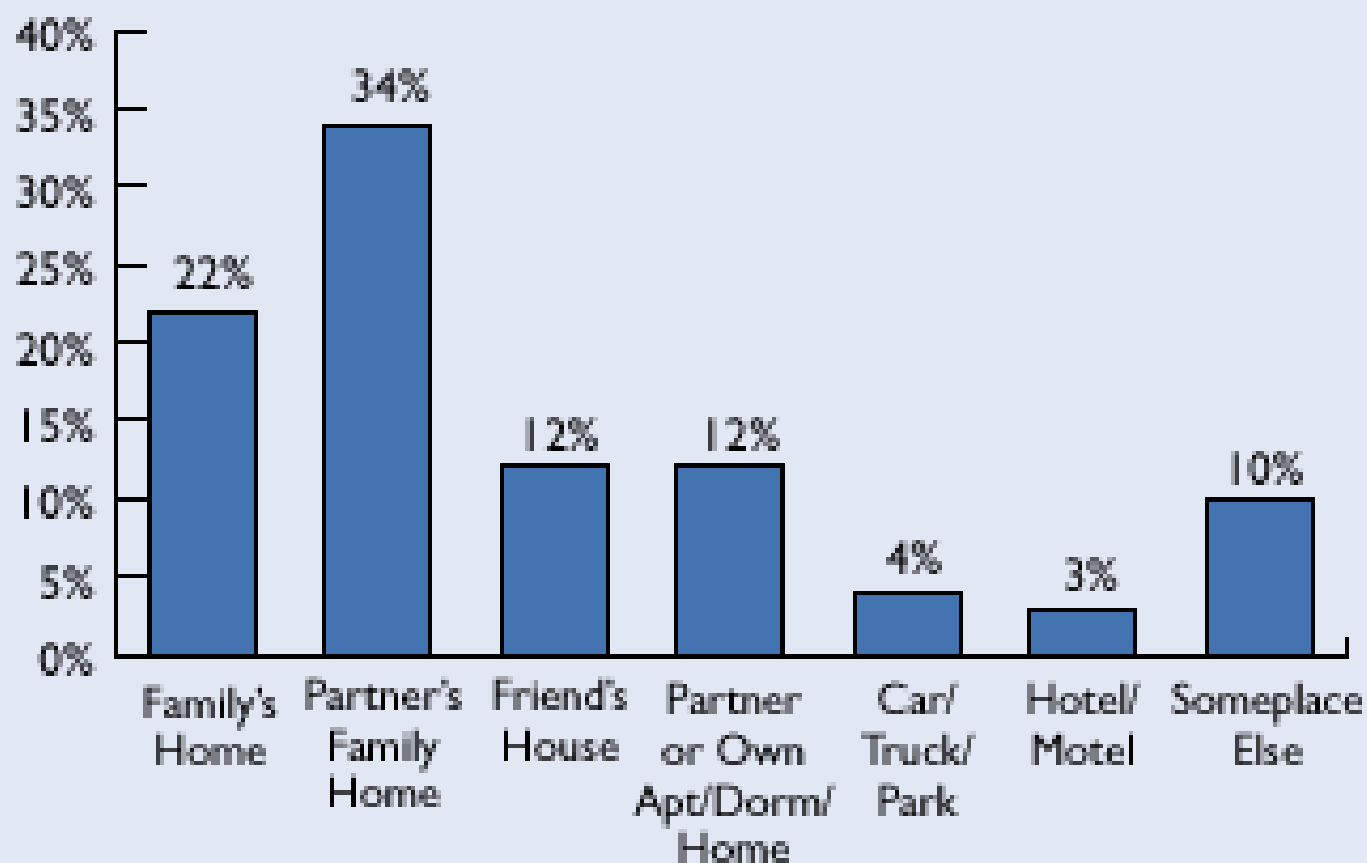
Note: Data are for mid-1990s.

*Differences in levels of teenage sexual activity across developed countries are small.*



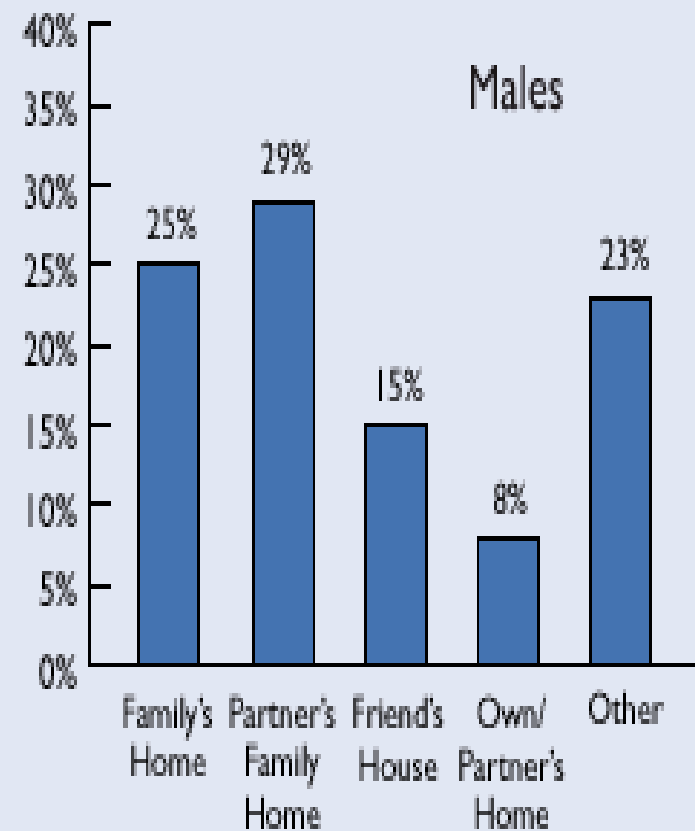
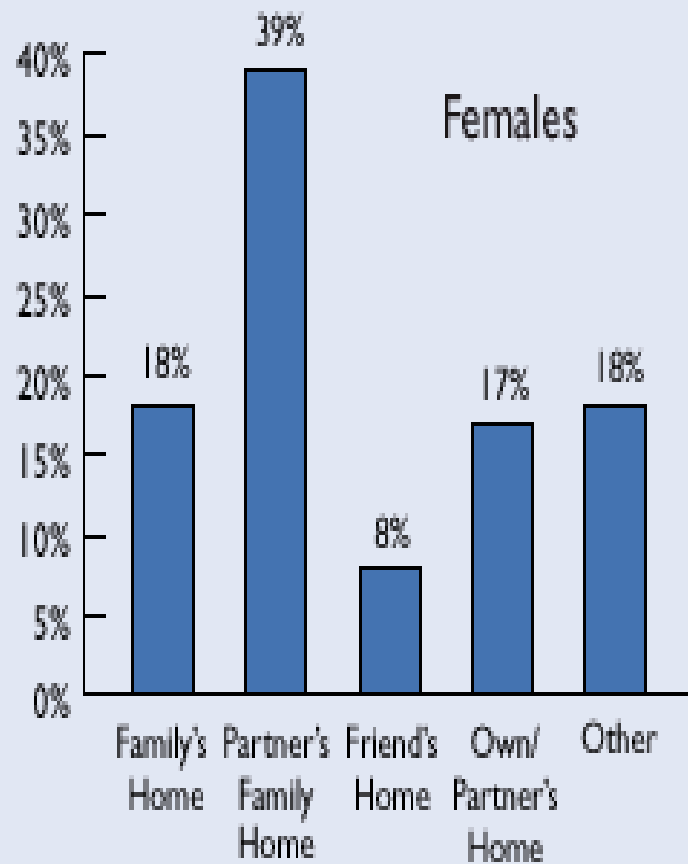
Note: Data are for mid-1990s.

**FIGURE 1: Where 16–18 Year Olds First Have Sex**



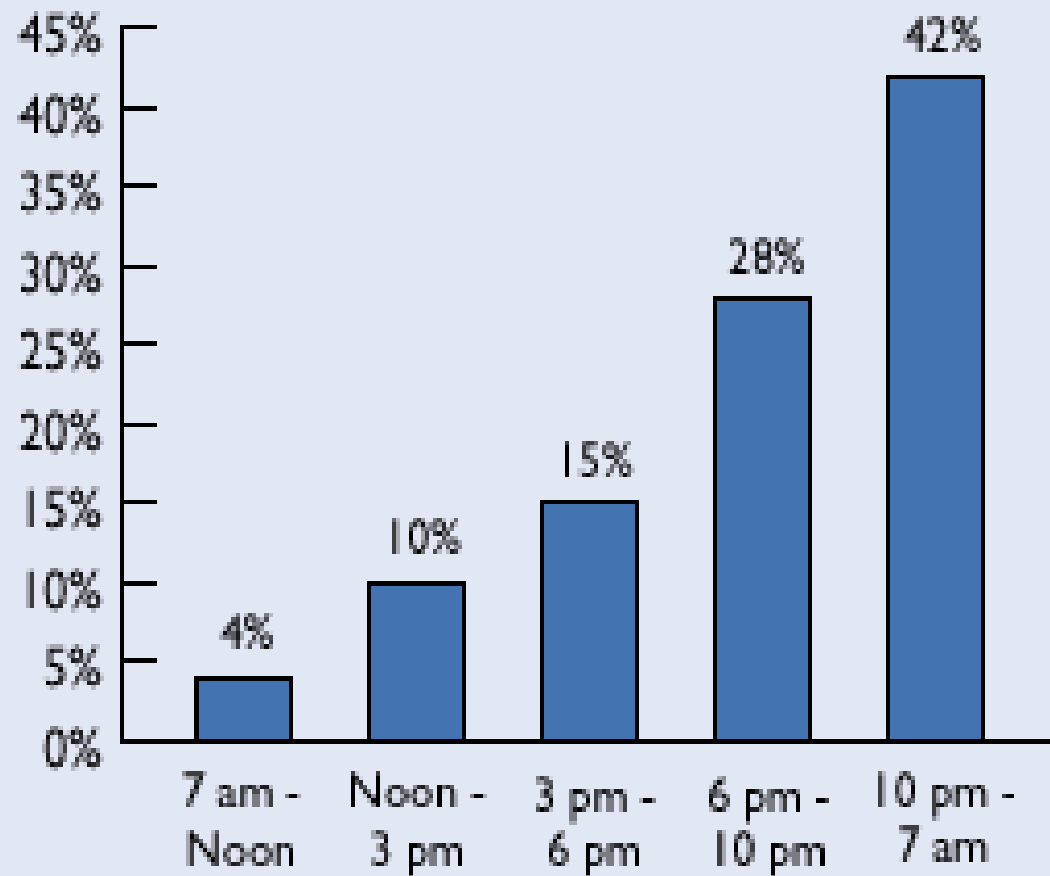
Data: National Longitudinal Survey of Youth 1997 (NLSY97), Waves 1–4.

**FIGURE 2: Where 16–18 Year Olds First Have Sex, By Gender**



Data: National Longitudinal Survey of Youth 1997 (NLSY97), Waves 1-4.

**FIGURE 3: When 16–18 Year Olds First Have Sex**



Data: National Longitudinal Survey of Youth 1997 (NLSY97), Waves 1-4.

# Why Delaying Sex is Important

**Many girls who have sex at a young age report that their first sexual experience was coercive.**

- 24 percent of teen girls who had sexual intercourse before age 14 report that their sexual experience was non-voluntary, defined as having sex against one's will.
- Non-voluntary sex may increase the risk of multiple partners, contraceptive failure, and teen pregnancy.



# Why Delaying Sex is Important

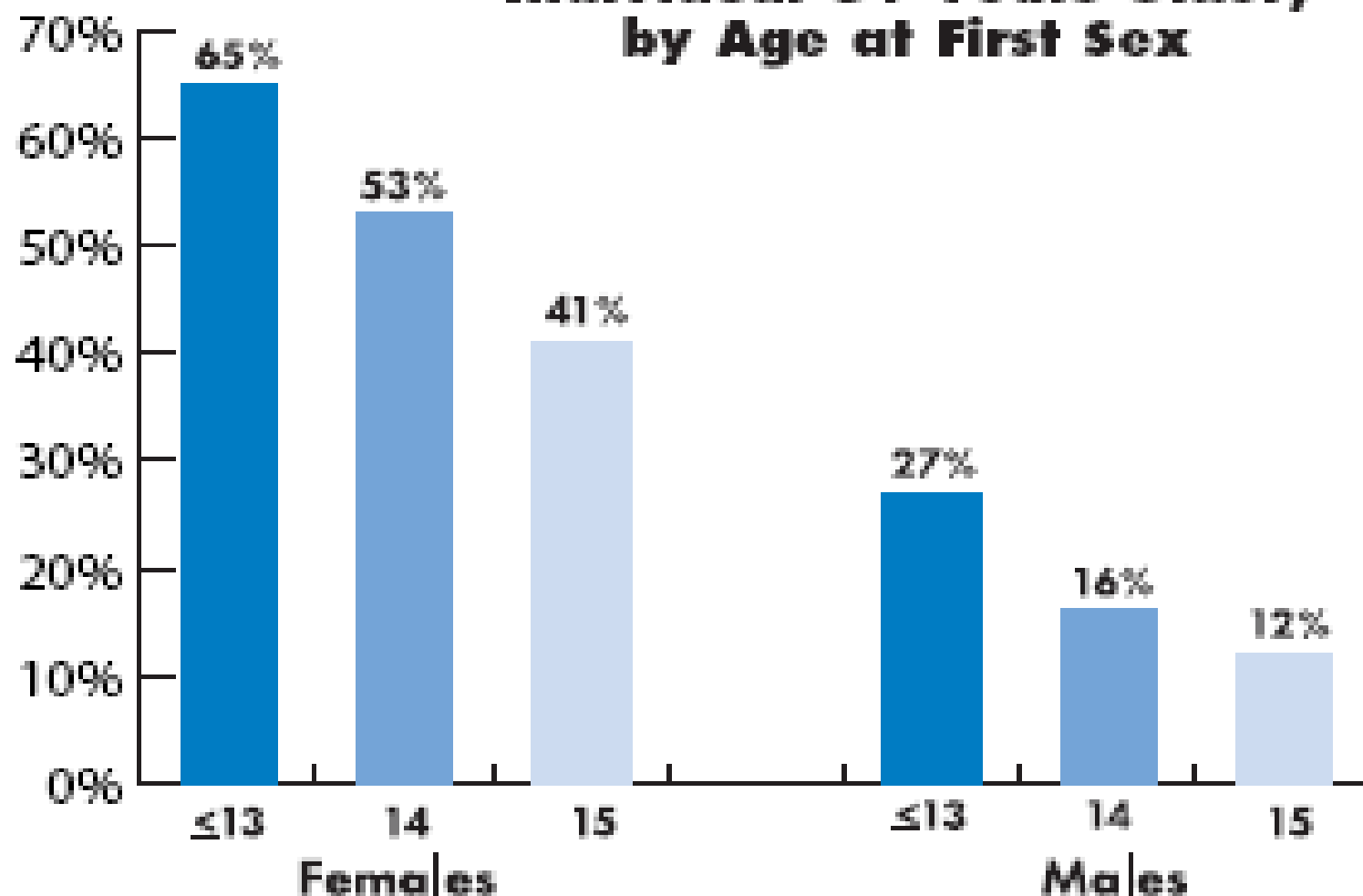
**Teens who first have sex at an early age are more likely to have older partners.**

- Both boys and girls with older sexual partners (two or more years older) are less likely to use contraception and are more likely to become pregnant or to cause a pregnancy than those with a partner who is close in age.



**Figure 2**

**Percentage of Young Teens  
Whose First Sex Was with an  
Individual 3+ Years Older,  
by Age at First Sex**



Source: National Survey of Family Growth 2002

# Why Delaying Sex is Important

**Teens who have sex in their early teens have more sexual partners, are less likely to use contraception, and are more likely to get pregnant.**

- For example, **one in seven** sexually experienced young teens become pregnant by age 15.



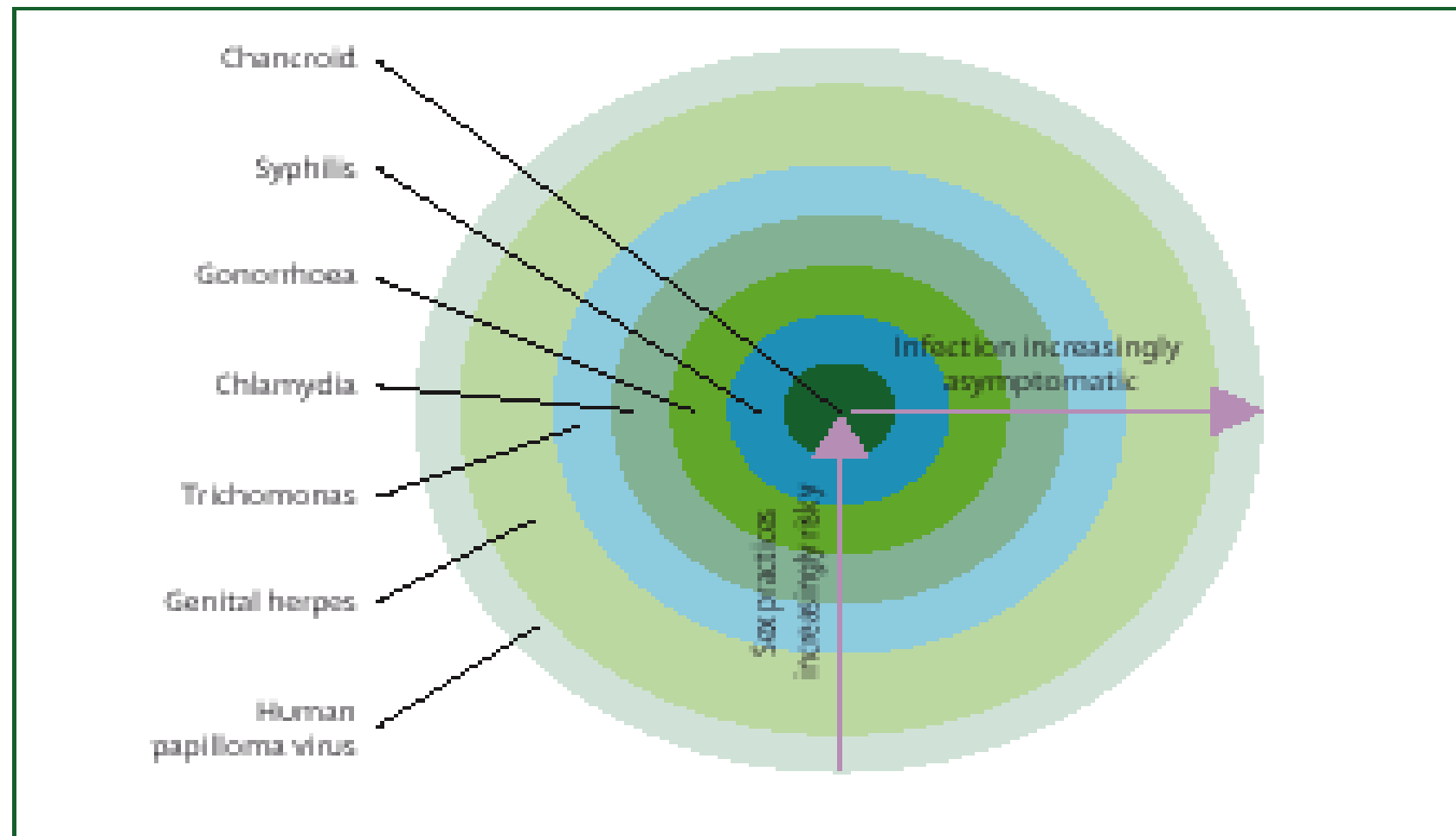
# Why Delaying Sex is Important

**Teens who have sex for the first time at a younger age are more likely to express regret than are older teens.**

- Two-thirds of sexually experienced teens wish they had waited longer to have sex.
- The percentage was higher among younger teens, aged 12-14 (83%), than those aged 15-19 (60%).



# STI's

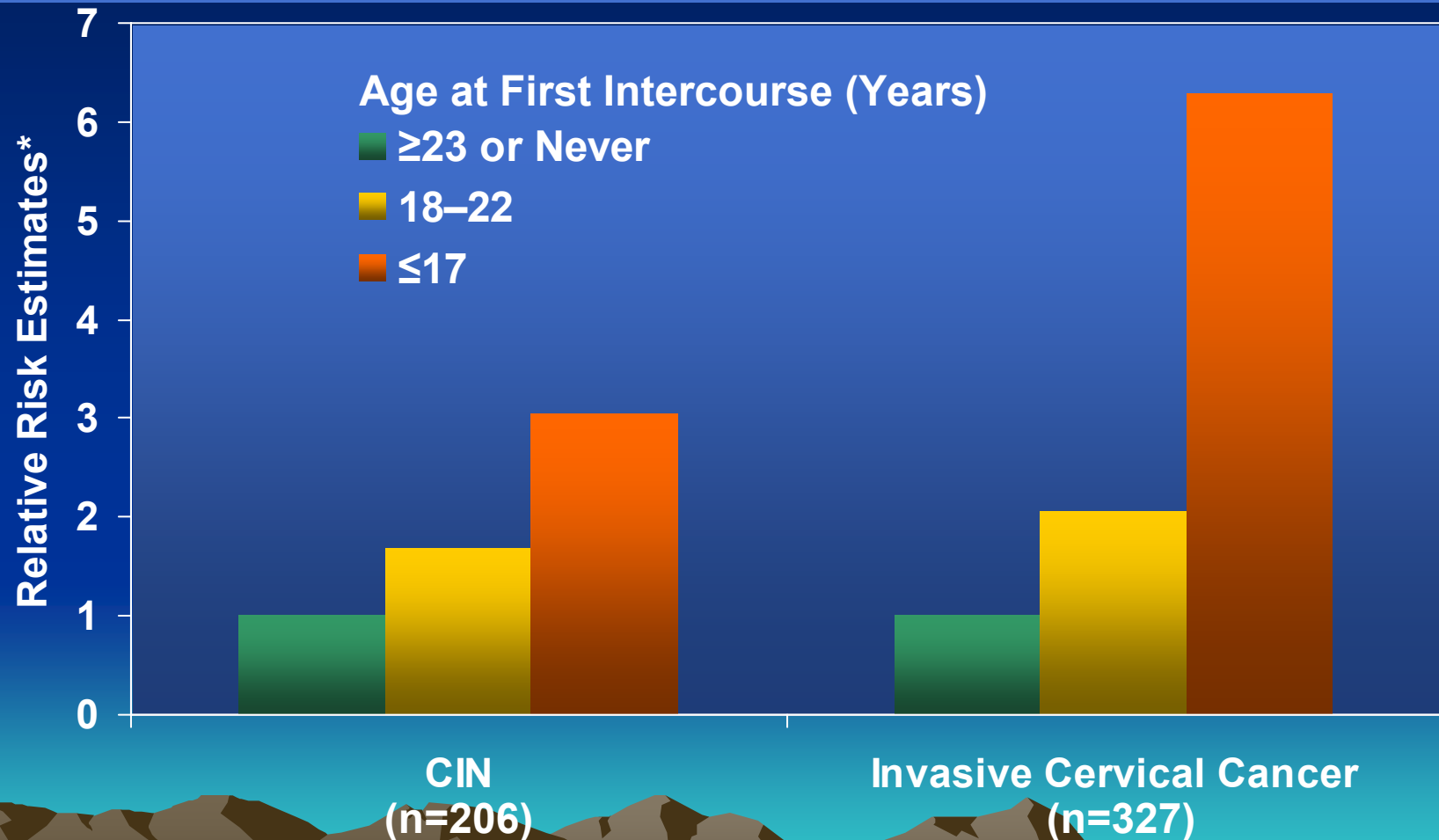


**Figure 4: Estimated burden of sexually transmitted infections in society**

Arrows show that infections more likely to be asymptomatic tend to have higher prevalence than symptomatic ones. Infections characterised by high proportions of symptomatic people need increasingly risky sexual practices for transmission to be maintained. Reproduced with permission of WB Saunders.

# Risk of Cervical Lesions and Cancer in Women Exposed to HPV at a Young Age<sup>1</sup>

Relative risks for CIN and invasive cancer increase with decreasing age of first sexual intercourse



\*Mantle-Haenszel estimates adjusted for age only

1. La Vecchia C, Franceschi S, DeCarli A, et al. *Cancer*. 1986;58:935–941.

# What the Research Shows

## factors that delay first sex:

- If teens do well in school and attend religious services.
- If girls participate in sports.
- If teens' friends have high educational aspirations, avoid risky behavior such as drinking and drugs, and perform well in school.



## KEY INSIGHTS FROM THIS IS MY REALITY: THE PRICE OF SEX

- Black females do not feel & often are not—valued by anyone.
- Sex is seen as a transaction and happens in many kinds of relationships.
- Trust and communication are rare.
- Parents can help, but they often don't.
- Becoming a teen parent seems more realistic than abstaining from sex, getting married, or having a successful future.
- Health care services and sex ed. classes are failing these teens.
- Everybody thinks everybody's "doing it," and many regret it.
- There is no deep understanding that sex has

# TIPS In Talking To Teens About Sex

## GENERAL TIPS

- **Begin the sexual history** AFTER establishing rapport with adolescent.
- **Remember!** Restate confidentiality before you take a sexual history
- **Sexual history-taking in terms of 4 Ps:**  
Partners, Practices, Protection, and Prevention.
- **Use open ended questions** start with “what,” “how,” “when,” “tell me ”.
- **Be aware of judgmental questions** (ex. “you don’t have unprotected sex, do you?”) and behaviors (ex. shaking your head as you ask questions).
- It may help to frame questions in the third person. (ex. Are you noticing that your peers/friends are starting to have sex?)

# TIPS In Talking To Teens About Sex

- **Use understandable language** -avoid clinical terms.
- **Ask adolescents to clarify** what they mean to make sure you are both talking about the same thing.
- **Use reflective listening.** Paraphrase what the young person has said and repeat it back to him/her.
- **Do not make any assumptions** particularly about initiation of sexual activity, type of activity or sexual orientation and/or sexual preference.
- **Educate teens about their options** so they are in a position to make informed choices.
- **Refer teens to other resources** based on their individual needs.



# Adolescent Development

- All behaviors in adolescents serve a purpose
- Behaviors are situational expressions of maturational events
- As observers, we objectify the behaviors – “risk-taking”, “health-compromising”, “protective”, “health-enhancing”, etc.



# Adolescent Development

- But.....to most adolescents, they are just “doing their thing”.



# Adolescent Development and Risk Behaviors

- What adults see as ‘problems’, adolescents often experience as ‘solutions’
- and adolescents (and adults, for that matter) do not give up their ‘solutions’ that easy.







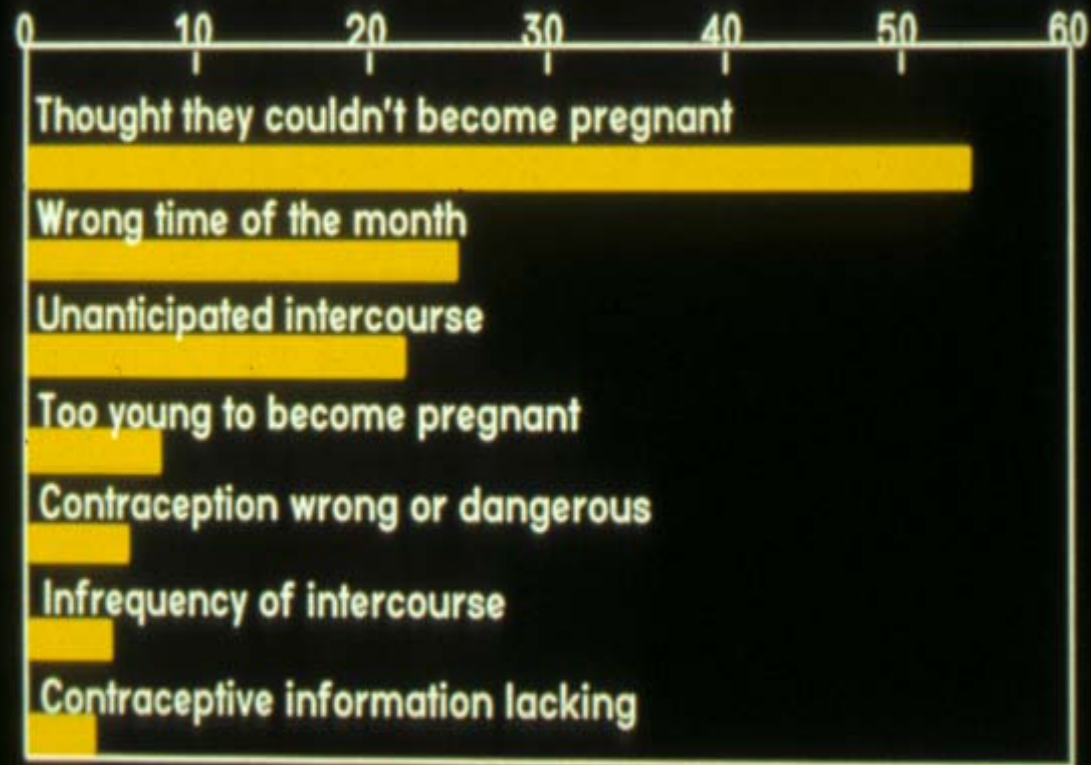
Fitchcock

*"I liked you better before your father  
explained things to you!"*

# Reasons for Sexual Activity

- ◆ Physical/emotional gratification
- ◆ Identity formation
- ◆ Peer pressure
- ◆ Response to stress or abuse
- ◆ Rebellion
- ◆ Manipulation of others
- ◆ Money
- ◆ Desire for pregnancy
- ◆ Substance use
- ◆ Curiosity

## Reasons Why Teenage Girls Say They Didn't Use Contraception



Source: Zelnik, Kantner  
Family Planning Perspectives, 1977

# Keys in Building a Trusting Relationship: Active Listening

- Seek to understand what is being said
- Pay attention to inconsistencies between verbal & nonverbal messages
- Listen for understanding rather than “truth”



# Keys in Building a Trusting Relationship: Responding to Emotions

- Reflect the adolescent's emotions by expressing concern about observed reactions
- Legitimize feelings the adolescent shares
- Express support for the adolescent




# Keys in Building a Trusting Relationship: Demonstrating Respect

- Acknowledge potential issues related to the adolescent's...
  - developmental stage
  - cultural & religious beliefs & practices
  - gender
  - sexual preferences
  - rights



# Interview Process considerations

- Ensure privacy
  - Discuss confidentiality
  - Encourage the adolescent to share his/her concerns
  - Offer non-threatening explanation for questions
  - Give the adolescent some control
  - Reveal hidden agendas
- 

EAT RIGHT  
EXCERCISE  
LIVE HEALTHY

EAT JUNK  
WATCH TV  
DIE HAPPY



- STROMOSKI -



**FLUSH!**



I'M DONE  
WITH MY  
BATH.

MM... THAT  
WAS QUICK.



# Interview Process considerations

- Be confident & comfortable
- Begin with open ended questions
- Follow by very specific & explicit questions
- Move from < sensitive to > sensitive topics
- Use language that is understood
- Check accuracy of information received
- Engage teen in decision-making process



# What Can We Conclude Across Cultures?

## Risk or Protective factors for Adolescents

	Early Sex	Substance Use	Depression
A positive relationship with parents	●	●	●
Conflict in the family		◆	◆
A positive school environment	●	●	●
Friends who are negative role models	◆	◆	NS
A positive relationship with adults in the community			●
Having spiritual beliefs	●	●	●
Engaging in other risky behaviors	◆		

● = protective, statistically significant  
◆ = risk, statistically significant

# PCAP Model

**The Adolescent**

**People**

An adult who cares, who is connected; a network of adults who are involved in the life of the adolescent.

**Contributions**

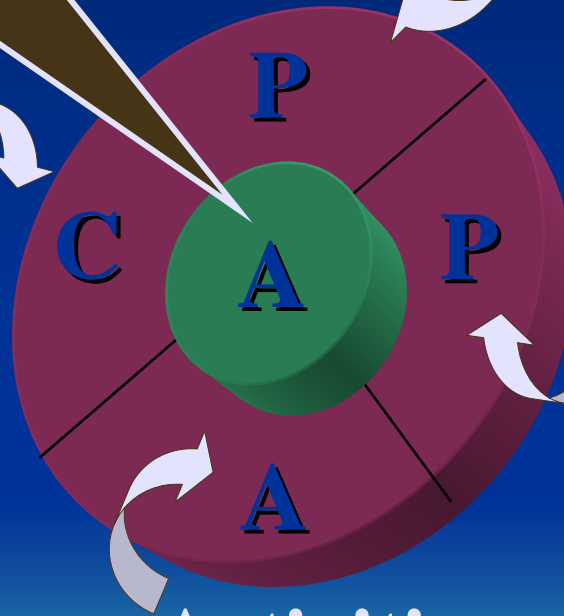
The opportunities to contribute to family, neighborhood, community, youth involvement.

**Place**

A safe place for youth to congregate, to recreate with adult supervision, to develop friendships

**Activities**

School and community activities that develop a sense of connection/belonging



# WHAT CAN WE DO

- Education:
  - Parents
  - Teachers
  - Community
  - Political Leaders\Legislatures
  - Health Care providers



# WHAT CAN WE DO

- Health Care Changes:
  - Access: financial & physical
  - Availability of BC methods
  - Availability of real info (PCP?) to counter mythical one



# TEEN EDUCATION

- Early: before starting puberty
- Developmentally appropriate
- Honest & open discussion (Boys & Girls)
- Should focus initially on anatomy and physiology of puberty
- Next on sexuality: emotional aspect, abstinence, STI's, Pregnancy, Parenthood



# TEEN EDUCATION GOALS

- Reduce stress, peer pressure & curiosity
- Encourage abstinence by emphasizing the emotional aspect of sex
- Real info on BC to improve compliance
- Increase both 1<sup>st</sup> & 2<sup>nd</sup> abstinence by:
  - Immediate effects of STI's
  - Immediate effects of parenthood



# TEEN EDUCATION

- Is best accomplished at home
- Parents should be able to honestly answer the question: “If sex is so bad, how come you do it?”
- Next best is school-based early education
- Open and developmentally appropriate media programs





"SEX EDUCATION SHOULD BE HANDLED BY THE PEOPLE CLOSEST TO IT. THOSE WITH FIRSTHAND EXPERIENCE. NOT THE SCHOOL, NOT THE PARENTS, BUT THE KIDS IN THE STREET.

# Conclusion

- Despite recent declines in the percentage of high-school aged teens who have had sex, many adolescents become sexually active, some at a very young age.
- Given the serious consequences of first having sex at a young age, finding programs that can help delay early sexual activity, is important.
- As additional experimental studies are completed on these kinds of programs, we will learn more about effective strategies for delaying first sex among teens