

February 2002

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Recommended Citation

Trivelli, Liliana and Alessandri, Raul (2002) "Adolescent Sexuality, A Review of the Role of the School, Parents, and the Medical Profession," *The Linacre Quarterly*: Vol. 69: No. 1, Article 4.

Available at: <http://epublications.marquette.edu/lnq/vol69/iss1/4>

Adolescent Sexuality: A Review of the Role of the School, Parents, and the Medical Profession

by

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Adolescent sexual activity is a harmful behavior, usually accompanied by other harmful behaviors such as drug use, alcohol abuse, poor school performance, and various degrees of criminality.^{1, 2, 3} We will review the impact of sex education, the role of parents and of the medical profession in the sexual behavior of adolescents.

Sex Education

For the past three decades, the authority on sexuality education has been the Sex Information and Education Council of the United States (SIECUS). It was founded in 1964 at the Kinsey Institute to promote the sexual theories of Alfred C. Kinsey, a professor of zoology at Indiana University in Bloomington. Dr. Judith A. Reisman, President of the Institute for Media Education has studied Kinsey in depth and has exposed him as a sadomasochist, pervert and child abuser. Many of his subjects were prison inmates, mental hospital patients, pedophiles, male and female prostitutes, sexual deviants, etc. His conclusions were determined to be flawed and scientifically biased. He asserted that children are sexually active and potentially orgasmic from birth and that sex can and should be commonly shared with anyone and anything. He stated that left to their own, people are naturally bisexual, and all cultural and historical sexual taboos and laws are passé. He also stated that all forms of sexual experimentation are beneficial, adultery is natural, healthy and acceptable,

adult-child sex and incest are an appropriate aspect of human sexuality, and homosexuality is natural, healthy, and acceptable.^{4,5} SIECUS sex education curricula are based on Kinsey's sexual theories and are outlined in the *Guidelines for Comprehensive Sexuality Education, Kindergarten-12 Grade*. This document is the major source of sex education in America. SIECUS promotes graphic, explicit contraceptive sex education and experimentation starting in kindergarten. It rejects parental involvement and authority. It rejects the connection of sex with marriage and procreation. It has a strong homosexual component.⁶

Sex education has fully accomplished its purpose and more: sex at any age, with anyone or self, for pleasure only, disconnected from marriage and family. What it did not anticipate was that sexual autonomy for children would have disastrous consequences for them, their families, and society at large. The direct correlation between sex education and sexual activity in children was acknowledged in the 1980s. For example, researcher D.A. Dawson reported in 1986 that "prior contraceptive education increases the odds of starting intercourse at age 14 by a factor of 1.5" (50%).⁷ Marsiglio and Mott reported at the same time that prior exposure to sex education is positive and significantly associated with the initiation of sexual activity at ages 15 and 16.⁸ A Harris Poll commissioned by Planned Parenthood in 1986 compared three models of sex education: in the comprehensive model (explicit, contraceptive) 47% of the children were sexually active, in the biology model 24% and, in the no sex education group 28%.⁹

Unrestrained sexual activity by children has led to the two epidemics of out of control pregnancies and sexually transmitted diseases (STDs) and their consequences. These represent a devastating loss to personal and family life, to society, and to the economy of the nation. In 1970, 5% of 15-year-old girls were sexually active, by 1988 this figure had increased to 25.6%. At the same time children were becoming sexually active at younger ages and in a more promiscuous fashion. In 1988, 45% of 15-17-year-old girls reported having two partners or more.¹⁰ In terms of out-of-wedlock births, in 1960, of all adolescent births, 15% were to unmarried girls. By 1986, this figure had increased to 60%.^{11, 12} The induced abortion rate was over 40% of pregnancies, having started at 24.5% in 1972, when abortion became legal.¹³

There are 15 million new cases of STDs every year. Teens account for 3.7 million of them.^{14, 15} This is a large number, considering that according to the 2000 census there are some 31 million youngsters between the ages of 11 and 18 years, and less than half appear to be sexually active. Health consequences of STDs can be severe, particularly for girls, as they are more vulnerable. They are at high risk of pelvic

inflammatory disease, ectopic pregnancies, sterility (chlamydia), chronic illness and infant morbidity and mortality (herpes), cervical cancer (HPV)¹⁶, not to mention AIDS¹⁷, and concomitant infections.

In an attempt to curb these epidemics, the condom, buried by "The Pill", was resuscitated. Distribution programs have been instituted in schools and school health clinics. The results are not good. For teenagers, the failure to prevent pregnancy in the first year of use has been reported to be 47%.¹⁸ A recent National Institutes of Health (NIH) report on condoms and STDs states that consistent condom use can reduce the risk of contracting HIV from an infected sexual partner via vaginal sex by 87%, leaving an unacceptable 13% at risk. It can reduce the risk of gonorrhea transmission from woman to man, and may or may not reduce the risk of chlamydia in men. Condoms were found to have no impact on the risk of sexual transmission of human papillomavirus (HPV) infection in women. The study found no clear evidence that condoms reduce the risk of any other STD.¹⁹ One can imagine the liability if these were the risks of blood transfusions.

Due to the economic impact of billions of dollars spent on care for out-of-wedlock pregnancies (one million teens a year) and STDs and their consequences, the government has taken an interest in what is being called the "New Sexual Revolution" and in promoting and funding abstinence education. There have been abstinence sex education programs for years, but they have been few and privately funded. In 1981, the Adolescent Family Life (AFL) Program of the Office of Population Affairs (OPA) of the Department of Health and Human Services (HHS) was enacted. It is also known as Title XX. This program started with a budget of \$7.8 million for abstinence education to prevent pregnancies.²⁰ A parallel program, for family planning through contraception known as Title X, was enacted in 1971 with a \$6 million budget which increased to \$62 million a year later.²¹ The year 2001 budget for Title X is \$254 million, and for Title XX, \$28 million.^{20, 21} Title X represents about 50% of the federal taxpayer funding for contraceptive programs.²² (These figures do not include the amounts available for these purposes from state and local governments.) In 1996 under Title V of the Welfare Reform Act, \$50 million a year for five years was allocated for abstinence education programs.

To secure these funds, a program would have to fulfill the following "A to H" criteria:

A) has as its exclusive purpose teaching the social, psychological and health gains to be realized by abstaining from sexual activity.

- B)** teaches abstinence from sexual activity outside of marriage as the expected standard for all school age children.
- C)** teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases and other associated health problems.
- D)** teaches that a mutually faithful, monogamous relationship in the context of marriage is the expected standard of human sexual activity.
- E)** teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects.
- F)** teaches that bearing children out of wedlock is likely to have harmful consequences for the child, the child's parents, and society.
- G)** teaches young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances.
- H)** teaches the importance of attaining self-sufficiency before engaging in sexual activity.²³

In addition, the US Department of Health and Human Services has recently awarded \$17.1 million Abstinence Education Grants to help 49 communities develop and implement abstinence-only education programs for young people ages 12-18.²⁴

As more funding becomes available, abstinence education programs and implementation are increasing. At present, 34% of the public schools in America report the use of abstinence-only education programs.²⁵ Abstinence education programs are grounded in character development, by which premarital sexual abstinence and faithful monogamy in marriage are taught, expected, and encouraged as a way of life. They teach core ethical values such as the moral dimension of sexual activity. They incorporate decision-making strategies, support mechanisms, and partnership with parents. They teach the meaning of true love.²⁶

Evaluations of older programs have shown good results. In Denmark, South Carolina, using an abstinence program, the teen pregnancy rate fell from 61 to 25 girls per 1,000. This program ran K-12, and involved parents, the community and the media.²⁷ In Washington, DC, "Best Friends" is being used. It is a school based, voluntary and volunteer-run mentoring abstinence program for girls beginning in the fifth grade. Only one percent of participating girls became pregnant

during a period of about eight years and 90% have remained sexually abstinent. This is a remarkable achievement because in an inner city environment, the pregnancy rate for similar teens is 80-90%.^{28, 29}

Project Reality, in association with Northwestern University Medical School, released a report showing that 54% of students who had been sexually active before participating in the program were no longer so after one year of attending the program (1996-97). Moreover, the newly sexually active teens surveyed one year after completing classroom instruction fell 21% below the level predicted by their involvement in associated behaviors. The program used was "Choosing the Best", and was provided through an eight-unit curriculum supported by teacher training and parental participation. It involved 2,541 public and private school students in Illinois, ranging in age from 13 to 16 years and evenly split between males and females.³⁰ The Georgia Department of Human Resources' Department of Public Health released figures showing a decline in teen pregnancies from middle school and high school students using the same program. Teen pregnancy declined 12% among girls aged 12-14, from 1997 through 1999, and 13% among girls aged 15-17 during the same period. In one middle school in Muscogee County, Georgia, the pregnancy reduction in middle school girls was 38% from 1997 through 1999.³¹ Another recently evaluated abstinence education program is "Teen Aid". Out of 441 female junior and senior students in Edinburg, Texas, there was a 1% teen pregnancy rate, while the national teen pregnancy rate was 21.9% for girls of similar background.³² Yet another success story is the program "Not Me Not Now" in New York State. This is also an intense program involving parents, the community, and the media. Teen sex dropped from 47% to 32% and pregnancies fell from 63.4 to 49.5 per 1,000 girls.³³ Virginity pledges from the "True Love Waits" campaign are successful as well. With millions of youngsters taking the pledge of abstinence till marriage, 34% of them have been found to be less likely to have premarital sex as compared to those not taking the pledge.^{34, 35}

The effects of abstinence teaching programs are seen nationwide. According to government surveys, between 1988 and 1995 the levels of sexual experience in unmarried 15-19-year-olds declined from 56 to 52%, a drop considered statistically significant.³⁶ The official publication of the Centers for Disease Control and Prevention, in the *Morbidity and Mortality Weekly Report (MMWR)* provided further details in June 2000: 50% of children in grades 9-12 have never had sex, 35% will graduate as virgins, 13.6% are sexually experienced but currently abstinent and 36.3% are currently sexually active.³⁷ This means that 63.6% of high school students are not engaging in sex. It is important to highlight also that "sexually active" includes children that may have had

sex once in their life. Birth rates have declined in the 1990s, along with pregnancy and abortion rates, after a peak high in 1994. The drop for girls age 15-17 between 1991 and 2000 is 28% and for ages 15-19, 22%.³⁸ There is much debate on the cause of this decline. According to the Centers for Disease Control, the increase in condom use has slowed down in recent years.^{39, 40} The Alan Guttmacher Institute tabulated data from the 1988-1995 National Survey of Family Growth showing that the use of oral contraception has decreased substantially.⁴¹ Since abstinence among young people has increased considerably, it is reasonable to conclude that a decrease in sexual activity is the main cause of the decline in adolescent pregnancy rates.

Parents

There is empirical observation and common sense knowledge that a stable home and good example protect children from destructive behaviors. In recent years sociology and medicine have started to document this knowledge with statistics and publications. We will summarize the most important findings. A key article appeared in the September 10, 1997 issue of the *Journal of the American Medical Association (JAMA)*. This was a compilation of a national survey of more than 90,000 U.S. adolescents and constituted the first research findings from the National Longitudinal Study on Adolescent Health (the first Add Health study). Various kinds of high risk behaviors were tabulated in the context of family, school, and individual characteristics. The study found that family and school connectedness along with virginity pledges were significant protective factors against destructive sexual and other at risk behaviors. Specific family factors were "parental expectations for scholastic achievement and the presence of connected, caring parents", as well as "setting clear expectations for success and being emotionally available and connected would seem to be associated with less high risk behaviors."⁴²

In 1998 the National Campaign to Prevent Teen Pregnancy came up with "10 Tips for Parents" to help their children avoid teen pregnancy. The central ideas of these tips are vigilance and supervision, values, expectations for behavior, to have a close relationship, to start at an early age, and be clear about sex.⁴³ For several years, the National Center for Addiction and Substance Abuse at Columbia University (CASA) published its research and findings on adolescent high risk behaviors and the role of parents. In 1999, it analyzed the importance of family structure and substance abuse risk. A study of children living in a two parent home, compared to those living with a single mother, revealed the latter to be at a 30% higher risk of harmful practices, such as smoking, drinking, and using drugs. And children

living in a two parent home *who had a poor relationship with their father* had a 68% higher risk of those harmful practices. "Parent power is the key to keeping our kids free," said CASA president and former US Secretary of Health, Education and Welfare Joseph A. Califano, Jr. Teens reported that their parents were most influential in their behavior, and rated their mothers more favorably than their fathers.⁴⁴ The *Archives of Pediatric and Adolescent Medicine* published in 1999 that in a high poverty area setting, children who reported high levels of parental monitoring were less likely to become sexually active in preadolescence. Moreover, they experienced lower rates of sexual initiation as they aged. This paper is unique in the fact that it covers a life span of children between ages 9 and 17.⁴⁵ A number of articles on parents appeared in 2000 in the *Journal of Adolescent Health*. They again emphasized the importance of parent-child connectedness, high expectations of behavior, dual parent home structure, maternal disapproval of pre-marital sex, and perceived and actual parental monitoring as protective factors against early sexual debut by children.^{46, 47, 48}

In August, 2000, Sieving et al. used the National Longitudinal Study of Adolescent Health (Add Study) for the school year 1994-95 to analyze parental connection. The study involved 12,105 students in grades 7-12. They found that it is important for mothers not only to disapprove of sexual activity by their children, but to be an effective and strong communicator as well. Mothers who recommend contraception are perceived by children as less likely to disapprove of sex.⁴⁹ Another analysis of the 1992 Youth Risk Behavior Survey, reported again that teens from two parent families are significantly less likely to be sexually active. Females were 3.2 times more likely and males were 2.4 times more likely to have sex if they lived with their father only.⁵⁰ A reanalysis of the first Add Health Study reported in 1997 confirmed the earlier findings and also included race, income and family structure as predictors of adolescent sexual behavior.⁵¹

In February, 2001, CASA released new results of the national survey on teens and substance abuse. This paper deals with the differences between parents with "hands on" versus "hands off" attitudes, based on a list of twelve activities by parents. Interestingly, and contrary to expectations, 47% of children in "hands on" households reported having an excellent relationship with their father versus only 13% of the "hands off" cases. The survey found that only 27% of children lived with "hands on" parents, and these were at one fourth the risk of teens living with "hands off" parents. The loud and clear message of this study is that mothers and fathers should be parents to their children, not friends.⁵² The *Journal of Adolescent Health* reported again in 2001 on the importance of adolescent-parental communication.⁵³

The Alan Guttmacher Institute, which is the research arm of Planned Parenthood, echoes in the 2001 March/April issue of *Family Planning Perspectives* the findings reported in the medical literature and CASA, stating that indeed, the quality of parent-child communication appears to be a strong determinant of adolescent sexual behavior. This report was a survey of 351 students participating in the abstinence sex education program "Bright Futures" in middle schools in Rochester, NY. This curriculum has a strong parental participation component. Most children completing the survey stated that they did not intend to engage in sex before finishing high school (some 95% were not sexually active⁵⁴).

A closer look at **family structure** as a predictor of teen sexual activity deserves attention. According to Patrick F. Fagan from the Heritage Foundation, who has conducted extensive research on this subject, family structure is a strong predictor of childrens' sexual and other high risk behaviors. For example, children of divorced parents have an increased premarital teenage sexual activity, number of sexual partners, and out-of-wedlock childbirth.⁵⁵ These children also have more behavioral problems, lower school performance, and higher criminality rates. According to the National Longitudinal Survey of Adolescents from 1995, 2% of children from intact families have been expelled from school, 7% for those of cohabitant parents and 9% for those of single parents.⁵⁶

D. Capaldi et al. states in *Child Development* that only 18% of all adolescents who lost their virginity early were from intact families.⁵⁷ A study at Utah State University found that the rate of adolescent pregnancy increased by 33% for each change in parental marital status while the child was growing up.⁵⁸

Religion confers a degree of protection that cannot be ignored.

In 1998 the National Center on Addiction and Substance Abuse published the results of a "Back to School Teen Survey" that indicated a dramatic difference in substance use between teens attending religious services regularly and those who rarely attend. This correlation was a confirmation of findings of previous years. For tabulation purposes church attendance meant four times a month or more, and nonattendance, less than once a month. For example, 39% of nonchurchgoers smoked marijuana as compared to only 13% of churchgoers. 32% of nonchurchgoers consumed alcohol as compared to 19% of churchgoers. Also, teens who believed religion was important in their lives relied more than the others on their parents for important decision making. In contrast, teens who consumed alcohol and smoked pot were two times more likely to say that religion was not important in their personal life.⁵⁹

The role of spirituality is acknowledged and promoted by the National Campaign to Prevent Teen Pregnancy. Sister Mary Rose

McGeady, President and Executive Director of Covenant House and member of the National Campaign's Task Force on Religion and Public Values, wrote a list, "Nine Tips for Spiritual and Community Leaders" on the importance of religion in the social and sexual lives of children. Among them are the following: to tend to the spiritual needs of children and ask others to help in this area, encourage parents to talk with their children about sex within the context of their religious values, encourage children to understand their religious traditions and the truth about sex, love, marriage and adolescent pregnancy. Parents need to be informed on the contemporary youth culture: what they do, listen to, and watch on TV. She recommends organizing supervised activities for youngsters, helping isolated children, praising achievements, and networking with other similar communities.⁶⁰

In 1999, Child Trends, a research agency on family structure and how it affects children, published the idea that parent religiosity is associated with many positive child outcomes. These include cognitive and social competence, avoidance of early sexual activity, adolescent social responsibility and reduced incidence of child depression. Parental religiosity was determined by frequency of church attendance.⁶¹ *The Journal of Adolescent Health* reported in the April, 2000 issue that "spirituality is a common facet of adolescents' lives. Younger age and higher spiritual interconnectedness, particularly among spiritual friends, are independently associated with a lower likelihood of voluntary sexual activity."⁶²

Patrick F. Fagan, from the Heritage Foundation, has the most comprehensive research on how faith and family affect sexual activity in children. This research is an analysis of nationally representative data compiled in federally sponsored surveys of large numbers of children, and from international studies. Statistics on loss of virginity at age 16 show that 96% of children who do not worship are sexually active at that age, as compared to 3% of children who worship weekly. Worship has a good effect in young adult men as well: only 11% of those who do not worship remain virgins, while 54.2% of those who do worship are still virgins.⁶³

Most recently, the National Campaign to Prevent Teen Pregnancy released a study on the role of religion in the sexual life of adolescents. By a wide margin, teens say that morals, values, and/or religious beliefs affect their decisions about whether to have sex, more than concerns about pregnancy, STDs, education/information about sex and attachment to their partner. The report states that teens who attend religious services frequently are less likely to have permissive attitudes about sex.⁶⁴

This section on parents would be incomplete without including the childrens' perspective: what do kids say. Starting with a Harris Poll in 1986 and an abstinence based curriculum, 61% of teens said that pressure

is the main reason to have sex, and 80% said they were drawn into sex too soon. 84% of the girls stated that they want to learn to say no without hurting the other person's feelings.^{9, 65} More recently, periodic polls conducted by the National Campaign show that children say that parents have the strongest influence on whether they become sexually active, become pregnant, or cause a pregnancy. The polls also show that teens close to their parents are more likely to remain sexually abstinent, postpone intercourse, have fewer partners, and use contraception. Strong values, attitudes and parental disapproval of teen sex are protective factors, along with rules and supervision. Teens also say that they believe that they should not be sexually active and would like encouragement and support to be abstinent.^{66, 67, 68} According to the National Marriage Project 83% of girls and 73% of boys in the high school senior years state that having a good marriage and family life is extremely important to them.⁶⁹

The Medical Profession

Two major organizations support and promote the explicit and comprehensive model of sex education, the American Academy of Pediatrics and the American Medical Association. The American Academy of Pediatrics, through the Committee on Adolescence, endorsed the "Guide to Responsible Sexual Content in Television, Films and Music" from the Advocates for Youth (This is an organization promoting the Kinsey ideas for young people. For example: "recognize sex as a healthy and natural part of life [no qualifications]"). The Academy also endorsed condom distribution for youth.^{70, 71} The American Medical Association at the 1999 meeting in San Diego adopted a policy recommended by the Council of Scientific Affairs which was approved on December 7 of that year. This policy states that abstinence-only programs are of "very limited value" and require severe evaluation before AMA support. Since explicit programs have never been subject to this scrutiny and have shown to be, to say the least, inefficient, the attitude of the AMA is incomprehensible. It reversed an older policy supporting abstinence education.⁷²

In contrast, there are at least two medical organizations which support and promote abstinence education, the Medical Institute and the Physicians' Consortium. The Medical Institute has been in existence since 1992 and was founded for the purpose of confronting the epidemics of out-of-wedlock pregnancy and STDs. The Institute educates and provides resources to physicians and other health care professionals, educators and adolescents, as well as the media. Among the resources are a complete slide presentation, evaluations of sex education programs, flyers, pamphlets, booklets on teen pregnancy and STDs along with

statistics and medical updates. It promotes risk elimination rather than risk reduction.⁷³ The Physicians' Consortium is an organization of over 2,000 physicians started in the 1990s. It has published two major studies on adolescent pregnancy and reasons for its decline, and the implications of the virginity pledges. An in-depth analysis of the declining birth rates among adolescents demonstrates that the drop is primarily due to teens not having sex. They also found that overall contraceptive use by teens declined from 1988 to 1995 and that the mild increase in condom use occurred in sexually experienced teens who actually had an increase in birth rates during those years.⁷⁴ Regarding virginity pledges, non-pledgers were found to be more than twice as likely to have four or more partners than pledgers who did not remain abstinent.⁷⁵

Focus on the Family, which has a physician section, is also active in promoting abstinence and has very useful resources for the medical profession, parents, adolescents, educators, and the media.⁷⁶

Conclusions — Recommendations

Abstinence works. It is 100% safe. A majority of parents and children want it. According to a recent survey by the National Campaign, "a clear national consensus exists that school age children should not have sex." 95% of adults and 93% of teens said that it is important that teens be given a strong abstinence message from society.⁷⁷ More and more schools are choosing to teach abstinence. Religion has been recognized as a very important protective factor. Government has recognized its benefits, and funding for abstinence education is increasing. As physicians, whether organized or not, it is our responsibility to promote abstinence as an integral component of a healthy life style during adolescence. It is just good medicine. We have a very important role in encouraging and supporting parents and children along this path, as shown in the medical literature cited in this report. If we have the inclination and opportunity we can also address schools and other groups. Healthy children and families are not only happier, but strengthen society. This translates into a good economy for the nation, language that politicians understand very well.

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