Responsible Sexual Behavior in Adolescents Through Comprehensive Sex Education

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Introduction

As a population, adolescents are known to partake in risky behaviors, but few risky behaviors result in consequences as damaging to the overall health and well-being of teenagers as unprotected sex. The federal government has recognized the urgency of this public health concern, and as part of its *Healthy People 2010* initiative, has prioritized the prevention of sexually transmitted diseases (STDs) and pregnancy within the adolescent population through education about responsible sexual behavior. Although the teen pregnancy rate in the United States has been declining during recent years, the U.S. “continues to have the highest teen pregnancy rate of all industrialized nations” (Perrin & Bernecki DeJoy, 2003, p. 445). Furthermore, according to the Kaiser Family Foundation, sexually active “young adults under the age of 25 are at higher risk for acquiring STDs for a combination of behavioral, biological and cultural reasons,” and “one in four sexually active young adults ages 15 to 24 contracts an STD” yearly (2006, p. 2). Alarmingly, adolescents and young adults within this age group in the United States acquire “half of all new sexually transmitted disease infections, but represent only about 25% of the sexually active population” (Bleakley, Hennessy, & Fishbein, 2006, p. 1151). When adolescents have unprotected sex, it is also expensive in terms of the costs to society because “direct medical costs associated with the 9 million STD infections, including HIV, among this age group in 2000 were estimated at $6.5 billion, which is likely an underestimate” (Bleakley, Hennessy, & Fishbein, 2006, p. 1151). All of this information emphasizes “the relevance of timely and informative sex education in middle and high schools as an important component to the public health goal of promoting safe behaviors and preventing additional infections and unintended pregnancies” (Bleakley, Hennessy, & Fishbein, 2006, p. 1151). Therefore, as patient

advocates and population-health nurses, it is essential that nurses prioritize the prevention of sexually transmitted diseases and teen pregnancy through comprehensive sex education as they care for adolescents.

Determinants of Health

Nurses have a great potential to effect change, and promote effective methods of preventing STDs and pregnancy in the adolescent population. These include "promoting abstinence or delaying sexual initiation" as well as "fostering safer sex messages that promote the use of condoms" through sex education (Allender & Spradley, 2005, p. 655). When educating students about sex, nurses must consider adolescents' attitudes about abstinence, contraception, monogamy, and the consequences surrounding sexual activity. Although the federal government financially supports abstinence-only education programs, research has overwhelmingly shown that abstinence-only programs are ineffective and out of sync with the societal trends in the United States, where "premarital intercourse is the norm," and "no evidence suggests that this 80-year trend is likely to be reversed by an educational intervention" (Kantor & Bacon, 2002, p. 40). In the past, sexual activity outside of marriage was considered taboo, but today "the reality is that more than 80% of Americans have intercourse before marriage, and more than half of teens are sexually active by the age of 18" (Perrin & Bernecki DeJoy, 2003, p. 450). Additionally, the majority of Americans feel that informing teens about contraception would "not encourage them to have sexual intercourse earlier than they would otherwise," and 77% say arming adolescents with "such information makes it more likely the teens will practice safe sex now or in the future" (Kaiser Family Foundation, 2004, p. 2).

While adolescent sexual activity may seem mostly like a behavioral concern, nurses must also consider how the biological dimension of adolescent development contributes to the issue.

According to the Kaiser Family Foundation, “males are slightly more likely than females to report having sex,” and “the median age at first intercourse is 16.9 years for boys and 17.4 years for girls” (2006, p. 1). As teens undergo puberty and mature physically, their hormones are raging and their curiosity about sex is piqued before they may be cognitively prepared to make responsible choices about sex.

There is a gap that exists during the time between adolescents’ physical and cognitive maturity. While their physical development is nearing completion, their cognitive and emotional maturity may still have some catching up to do. Although it is important to teach young people how to avoid pregnancy and STDs because of physical concerns, “many parents say they are most worried about the effects of sexual activity on their child’s psyche” (Kaiser Family Foundation, 2004, p. 3). The psychological stressors involved with adolescent sexual activity must not be discounted. When teens have sex before they are psychologically equipped to deal with the consequences of that action, they put themselves at risk for emotional distress. Furthermore, if a pregnancy or STD results, the stigma attached with either of those outcomes in the high school setting is a major psychological stressor.

Sociocultural factors are important to consider when determining the best way to encourage responsible sexual behavior in adolescents. Examining the typical family structure within the target population is critical in providing teens with culturally sensitive sex education. The family’s attitudes and values surrounding sex often have a strong effect on all members of the family. Whereas one family might believe in abstinence until marriage, another family may live in a community where getting pregnant and starting a family at an early age is considered normal. Furthermore, “not all parents are equally knowledgeable about sexuality or feel comfortable discussing it with their children,” but “schools can provide the consistency and

medically accurate information that many students do not receive at home" (Perrin & Bernecki DeJoy, 2003, p. 453). In fact, "one-quarter of teens ages 15 to 17 have not had discussions with a parent or guardian about how to say no to sex or about birth control, condoms, or STDs" (Kaiser Family Foundation, 2006, p. 2).

The physical environment contributes to the sexual health of adolescents as well. Research has shown that "young people, particularly minors, face a host of barriers to health care, including limited access to transportation, lack of confidentiality and youth-friendly service delivery environments, fear about seeking care, and lack if information about services available" (Kaiser Family Foundation, 2006, p. 2). Teens need to know that there are safe environments available where they can confidentially ask questions and get the sexual health care they need.

Some adolescents are unaware of the services available to them, regardless of whether they have insurance causing a health care barrier; "among sexually active teens ages 15 to 17, only six in 10 have ever seen a health care provider about their sexual health" (Kaiser Family Foundation, 2006, p. 2). As a population, teens have a tendency to be mistrustful of health care providers regardless of the fact that "21 states explicitly allow all minors to consent to contraceptive services," and "most other states allow minors to consent only under certain circumstances, such as marriage or risk to health" (Kaiser Family Foundation, 2006, p. 2).

Interventions

The focus of primary interventions surrounding responsible sexual behavior in the adolescent population should be education. It is critical to educate teens about their sexual health, contraception, and available resources "to prevent exposure to and acquisition of STDs" and pregnancy (Allender & Spradley, 2005, p. 213). Abstinence-only approaches have not been proven to have "any significant impact on participants' initiation of intercourse, frequency of

intercourse, or number of sex partners," but comprehensive programs "have been shown to help young people abstain or increase contraceptive use" (Kantor & Bacon, 2002, p. 39). Furthermore, comprehensive, "theory-driven, school-based, multi-component programs with a clear message can enhance psychosocial variables and reduce sexual risk behaviors related to HIV, other STDs, and pregnancy prevention among high school students" (Coyle, et al., 2001, p. 92).

Sex education is not a burden that should be placed only on school nurses. As an additional primary intervention, nurses must educate parents as participants in their teen's sex education because "studies have suggested that parent-child conversations about sexual matters are associated with delays in initiation of sexual activity and with increased use of contraceptives by adolescents who engage in sexual intercourse" (Allender & Spradley, 2005, p. 213).

An important secondary intervention is to screen teens to make sure that if they have an STD, that it is caught early and treated promptly. To do this effectively, "the number of clinics offering STD screening, diagnosis, treatment, counseling, and referral services should increase substantially to improve access to comprehensive services" (Allender & Spradley, 2005, p. 213). At the tertiary level, it is important to intervene on behalf of those adolescents who need follow-up care after contracting an STD or getting pregnant. Staffing a clinic with health care providers who are specially trained to meet the health care needs of adolescents would help meet these teens tertiary care needs (Allender & Spradley, 2005, p. 213).

Nurse's Role

In exploring how best to encourage responsible sexual behavior in teens, populations-health nurses must consider that "teen sexual activity is driven by a complex interplay of forces, including social, familial, economic and educational factors," and we have the greatest potential

to prevent the negative consequences of sexual activity through comprehensive health education efforts (Perrin & Bernecki DeJoy, 2003, p. 446). Nurses have to work in conjunction with teens, their parents, their schools, and even the government to promote sexual health and link teens to their available resources. Above all, populations-health nurses must advocate for the members of the adolescent population and strive to equip them with the knowledge they need to make responsible sexual health care decisions.

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