


Center for Children and Families
Promoting optimal family and child development through research, practice and outreach

Spring 2014 Lecture Series:
Surviving and Thriving in Adolescence



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**BEYOND THE BIRDS AND THE BEES:
COMMUNICATING ABOUT SEXUALITY FROM
CHILDHOOD TO ADOLESCENCE**

Friday, April 25th, 2014, 9:30am

School of Management, SOM 2.106
Free and open to the public

WHO are the agents of socialization?

- Family
- Friends
- Media
- Religion
- School
- Laws and Government
- Personal experience

It is no surprise that many parents opt to keep sexual knowledge under lock and key. We assume that we are doing so in our children's best interests- to protect them from life's adult realities, and perhaps from the very reality of growing up.

And so, our children grow up much the way we did: hearing about sex in the schoolyard; learning half-truths and urban legends, and, eventually, discovering sex through their own experiences (for better or worse).

Dr. Laura Berman

WHEN do you begin discussing sexual topics with children?

Birth to Two- Touch is normative and healthy.

Two to Five- Questions begin. Start noticing gender differences; By 3 gender identity is emerging. Don't yet display shame or embarrassment by nudity.

Six to Nine- Understanding of sex grows through incorporation of various messages. Begin to show discomfort and curiosity. Play may include sexual exploration.

Ten to Twelve- Intense emotions displayed around sexual topics, embarrassment, shame, curiosity, fear. Pubertal changes and first romantic interests or relationships may begin.

Twelve to Nineteen- Sexual awakening. Often fascinated with sexual topics. Timing is highly individual.

Nineteen + - Does the conversation stop?

WHAT should I say?

- Remember that your children want to talk to you about your values
- There is a difference between childhood sexuality and adult sexuality
- Don't just wait for the questions
- Reward Questions
- It's ok to say you don't know
- Don't make something up!
- Find "teachable moments"
- Listen
- Facts are not enough
- Educate your *sons* and your *daughters*
- Its more than one parent's job
- Practice
- Use words and ideas that are age appropriate
- Actions speak louder than words
- There is no such thing as too late
- It's an ongoing process
- Don't forget to mention the good stuff

Adapted from "From Diapers to Dating: A parents Guide to Raising Sexually Healthy Children (Haffner, 2008)

Why it matters.....

Texas has the 4th highest rate of teen births in the nation; 46.9 per 1000 as compared to the overall U.S. rate of 31.3

Dallas County's teen birth rate of 76 is more than double the national rate, with some areas as high as 101 per 1000 teens













Alliance to Prevent Teen Pregnancy of North Texas

Sexually Transmitted Diseases (STDs) and Human Immunodeficiency Virus (HIV)

Number of new STD cases in people under the age of 18

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
HIV/AIDS	11	18	21	21	16	17	20	20	22	13
Syphilis	38	23	26	45	63	63	66	85	62	52
Chlamydia	2,045	1,903	1,625	1,682	1,532	2,247	2,373	2,479	2,580	2,825
Gonorrhea	948	771	635	755	668	920	896	717	820	836
TOTAL	3,042	2,715	2,307	2,503	2,279	3,247	3,355	3,301	3,484	3,726

Beyond ABC- Children's Medical Center

	Texas 2011	U.S. 2011	TX More likely	No Difference
Sexual Behaviors				
Ever had sexual intercourse	51.6 (47.5–55.7)	47.4 (45.0–49.9)	0.07	
Had sexual intercourse for the first time before age 13 years	7.0 (5.7–8.7)	6.2 (5.6–6.9)	0.31	
Had sexual intercourse with four or more persons (during their life)	16.7 (14.5–19.2)	15.3 (14.2–16.4)	0.25	
Had sexual intercourse with at least one person (during the 3 months before the survey)	36.2 (32.3–40.2)	33.7 (31.8–35.7)	0.26	
Drank alcohol or used drugs before last sexual intercourse (among students who were currently sexually active)	24.2 (21.7–27.0)	22.1 (20.6–23.6)	0.16	
Did not use a condom during last sexual intercourse (among students who were currently sexually active)	46.2 (43.4–49.0)	39.8 (37.1–42.5)	0.00	
Did not use birth control pills before last sexual intercourse (to prevent pregnancy, among students who were currently sexually active)	88.7 (86.1–90.9)	82.0 (79.8–84.1)	0.00	
Were never taught in school about AIDS or HIV infection	19.0 (15.4–23.1)	16.0 (14.4–17.7)	0.14	
Did not use Depo-Provera (or any injectable birth control), Nuva Ring (or any birth control ring), implanon (or any implant), or any IUD use before last sexual intercourse (to prevent pregnancy, among students who were currently sexually active)	95.6 (94.4–96.6)	94.7 (93.6–95.6)	0.19	
Did not use birth control pills or Depo-Provera (or any injectable birth control), Nuva Ring (or any birth control ring), implanon (or any implant), or any IUD before last sexual intercourse (to prevent pregnancy, among students who were currently sexually active)	84.3 (81.8–86.6)	76.7 (74.3–79.0)	0.00	
Did not use both a condom during last sexual intercourse and birth control pills or Depo-Provera (or any injectable birth control), Nuva Ring (or any birth control ring), implanon (or any implant), or any IUD before last sexual intercourse (to prevent pregnancy, among students who were currently sexually active)	93.6 (91.4–95.3)	90.5 (89.1–91.8)	0.01	
Did not use any method to prevent pregnancy during last sexual intercourse (among students who were currently sexually active)	20.0 (17.6–22.7)	12.9 (11.6–14.2)	0.00	

Although adolescent romance and dating are not problematic as a rule, early onset and over-involvement have been linked to alcohol use, maladjustment, risky sexual behavior and emotional problems (Friedlander, Connolly, & Craig, 2007).

LGBQ youth were more likely than heterosexual youth to report high levels of bullying and substance use

Students who were **questioning** their sexual orientation reported more bullying, homophobic victimization, unexcused absences from school, drug use, feelings of depression, and suicidal behaviors than either heterosexual or LGB students (CDC.org)

Missed Opportunity

- 83% of teens worried about their parents reaction
- 88% of teens worry that their parents will think they are having sex
- 78% said they were embarrassed
- 83% said they didn't know how to bring it up

Kaiser Family Foundation (2002)

24% of female teens and 38% of male teens reported that their parents had never talked to them about abstinence or birth control

Advocates for Youth

Parents Narratives

Central obstacle was reticence of the adolescent and their response and reaction to parent attempts

- Claim to already have full knowledge
- Unwillingness to discuss
- Blocking
- Irritation, annoyance or ridicule of parents attempts
- Physically absenting self

Hyde, Carney, Drennan, et al, (2010)

HOW can turn “the talk” into an on-going dialog?

- General “good” parenting practices apply
- Support, Monitoring, Control
- Parenting and Adolescents’ Sexual Development
in Western Societies: A Literature Review
deGraaf, Vanwesenbeeck, Woertman, &
Meeus (2010)

Support

Almost all studies found that a higher score/ranking/assessment of parental support is associated with a delay of sexual initiation.

Adolescents with positive relationships may be less preoccupied with dating and romantic pursuits and also at less risk for engaging in early sexual activity. In particular, positive parent-child relationships may help foster personal responsibility and influence internalization of values (Pearson, Muller, & Frisco, 2006).

Young people who perceive their parents to be more affectionate or close, are more capable of talking about safe sex with potential partners and refusing unwanted sexual contact.

Control

Most studies of parental control and sexual experience find that higher levels of control (less permissiveness, more supervision, strictness) correlate with delay of first sexual intercourse

Depends on the operationalization of control- authoritarian control or overprotection correlates with earlier sexual experience.

- Children are more likely to be sexually experienced if mothers attach more importance to strict obedience and discipline (Taris & Semin, 1998)
- Roche (2005) found that sexual experience is highest if parents do not set any rules at all but also higher when parents are very strict as compared to moderately strict
- Setting more rules correlates with higher levels of sexual experience in low SES families

Monitoring

- Cross-sectional and longitudinal studies found that monitoring is related to a delay of first sexual intercourse
- Others reported a negative association between the level of parental knowledge at age 13 and the number of sexual partners at 16 and 17.
- Lower scores on measures of sexual risk
Use condoms more consistently
In a prospective study among African-American girls, lower levels of parental monitoring were associated with a higher chance of contracting an STI 18 months later.
- Lower odds of unwanted pregnancy
Correlate with higher levels of satisfaction, assertiveness and self-confidence in sexual interactions
- Lower odds of unwanted sexual activity

Timing

If discussions occurred before sexual initiation, the teen was 3x more likely to use condoms than mothers who never discussed it or only talked about it after the teen became sexually active

Miller, et al. (1998)

TIMING as a function of perceived need

- Preventing or influencing the development of a new behavior is typically easier than stopping or changing an established behavior

Style

Adolescents who reported their parents communication styles to be friendly, attentive or open were less likely to subsequently engage in risky sexual behaviors than were youth who reported that their parents used contentious or dramatic styles (*Mueller and Powers, 1990*)

Such a style may encourage more frequent, spontaneous conversations about sexuality (*Baldwin and Baranoski, 1990; Dutra et al., 1999*)

“I think of myself as a player:” Observed Parent-Child Relationship Quality, Adolescent Romantic Attitudes and Behavior

Relationship quality included verbal and non-verbal communication, personal involvement and engagement, shared emotion, tone of voice, content of verbalizations and reciprocal communication of warmth and respect.

Parent-child relationship quality is important to the development of healthy and positive attitudes regarding sex and romance; specifically in regards to the number of dating and sexual partners as well as attitudes toward multiple and casual short-lived relationships.

(Gentsch, Underwood & Rosen, 2011)

Parent-child Communication may vary.....

- By Gender
- SES
- Race/Ethnicity
- Political Ideology
- Mothers are significantly more likely to discuss sexuality with their children.
- Mother-daughter discussions are more likely to include information about sexual health than mother-son discussions
- Father-daughter discussions outnumber father-son
- Early sexual activity and its outcomes elicit more social stigma and disapproval for girls than boys and have more negative emotional and interpersonal consequences

Media Influences



OurTown4Teens.org
Teaming up to reduce teen pregnancy

Parent Characteristics:

- Demonstrate value, respect, acceptance and trust in their children
- Model healthy attitudes in their own relationships
- Maintain a non-punitive stance towards sexuality
- Are knowledgeable about sexuality
- Discuss frequently
- Provide information
- Seek appropriate guidance and information as needed
- Try to understand their child's point of view
- Help gain an understanding of values
- Set and maintain limits
- Stay actively involved in their children's lives
- Asks questions about friends, romantic partners and the lives of friend's families
- Provide a supportive and safe environment
- Offer to help adolescents in accessing health care services
- Help their son or daughter plan for their future

From Facing Facts: Sexual Health for America's Adolescents, SIECUS