Risky Sexual Behaviour in Adolescence

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Introduction

“Sexuality is an essential component of healthy development for young people. Both the World Health Organization and the report from the 1994 International Conference on Population and Development emphasize the importance of healthy sexual development to overall mental and physical well-being. In 2001, U.S. Surgeon General David Satcher echoed these sentiments, stating that, "sexuality is an integral part of human life," and "sexual health is inextricably bound to both physical and mental health."”

(Shtarkshall, R, Santelli, J, & Hirsch, J, 2007)

Early adolescence is a stage at which the peer group becomes increasingly important, with conformity to peers, peaking at 11-13 years (Costanzo and Shaw 1966). 90% of adolescents identify themselves with a peer group. According to Judith Rich Harris’s theory of group socialization, children and adolescents are shaped more by their peers than their parents. Peers can encourage both pro-social behaviour, which peaks at 11-12 years, or anti-social behaviour, which peaks at 14-15 years. Adolescents are less likely to feel depressed or anxious if the peer group provides emotional support (Buhrmester, 1992).

Searching for a unique identity is one of the problems that adolescents often face. At this age, role models such as sports players, rock stars and movie and television performers are very popular, and adolescents often express a desire to be like their chosen role model. In the search of this identity, confusion can step in and adolescents may be prone to recklessness and
risk-taking behaviours, such as substance abuse, car accidents, crime and unsafe or risky sexual behaviour.

Defining Risky Sexual Behaviours

If we can put morality and religion aside, one good medical reason why this issue is important is that risky sexual behaviours increase the likelihood of contracting a sexually transmitted infection (STI).

Even nonfatal STI's, such as chlamydia, are associated with adverse outcomes including ectopic pregnancies and infertility. Human papilloma virus, the virus that causes genital warts, has been associated with the development of cervical cancer. The mere presence of an STI directly increases the likelihood of transmission of HIV infection, an infection that adolescents and young adults are at increased risk for contracting.

Risky sexual behaviour can be defined in a number of ways. The most widely used definition is according to the behaviour itself: unprotected vaginal, oral, or anal intercourse. A second way would be to refer to the nature of the partner: HIV-positive individual, intravenous drug user, or nonexclusive partner.

Risky sexual behaviour can take several forms, ranging from a large number of sexual partners, or engaging in risky sexual activities, to sexual intercourse under the influence of substances such as alcohol or cocaine. However, it may be difficult for the parent or health care practitioner to discern that these activities are occurring, especially since the adolescent is unlikely to volunteer this information. Instead, this behaviour is often identified through the diagnosis of an STI or pregnancy.

Hall, Holmqvist, & Sherry, outlined the difference between normal sexual behaviour and risky sexual behaviour as the following:

NORMAL RANGE
- Sexually explicit conversations with peers
• Obscenities and jokes within cultural norm
• Sexual innuendo, flirting and courtship
• Interest in erotica
• Solitary masturbation
• Hugging, kissing, holding hands
• Foreplay, (petting, making out, fondling) and mutual masturbation:
  Moral, social or familial rules may restrict, but these behaviours are not
  abnormal, developmentally harmful, or illegal when private,
  consensual, equal, and non-coercive.
• Monogamist intercourse: Stable monogamy is defined as a single
  sexual partner throughout adolescence. Serial monogamy indicates
  long-term (several months or years) involvement with a single partner
  which ends and is then followed by another

YELLOW FLAGS
Although many of these are not necessarily outside the range of behaviour
exhibited in teen peer groups, some evaluation and response is desirable in
order to support healthy and responsible attitudes and behaviour.
• Sexual preoccupation/anxiety (interfering in daily functioning)
• Pornographic interest
• Polygamist sexual intercourse/promiscuity -- indiscriminate sexual
  contact with more than one partner during the same period of time.
• Sexually aggressive themes/obscenities
• Sexual graffiti (especially chronic and impacting individuals)
• Embarrassment of others with sexual themes
• Violation of others' body space
• Pulling skirts up/pants down
• Single occurrence of peeping, exposing with known peers
• Mooning and obscene gestures

RED FLAGS
• Compulsive masturbation (especially chronic or public)
• Degradation/humiliation of self or others with sexual themes
• Attempting to expose others' genitals
• Chronic preoccupation with sexually aggressive pornography
• Sexually explicit conversation with significantly young children

STOP
• Illegal behaviours defined by law
• Obscene phone calls, voyeurism, frottage, exhibitionism, sexual harassment
• Touching genitals without permission (i.e. grabbing, goosing)
• Sexually explicit threats (verbal or written)
• Sexual contact with significant age difference (child sexual abuse)
• Forced sexual contact (sexual assault)
• Forced penetration (rape)
• Genital injury to others
• Sexual contact with animals (bestiality)

To enhance the understanding of risky sexual behaviour, it is important to look at the factors influencing the sexual behaviour of children.

**Factors influencing sexual behaviour in children**

Socialization is the process through which an individual acquires an understanding of ideas, beliefs and values, shared cultural symbols, meanings and codes of conduct. Sexual socialization of babies and children begins at home, where parents have the opportunity to emphasize their most deeply held values (whether or not these are shared by mainstream society). (Shtarkshall, R, Santelli, J, & Hirsch, J, 2007)

From a very young age, children are exposed to messages about modesty, nudity and privacy, including gender-specific messages about proper conduct. Parental responses to infant masturbation, displays of physical affection between parents and the instruction children receive about appropriate
physical contact with others influence children's understanding, of their own sexuality (Wight D & Abraham C, 2000).

Discussions of physical differences between men and women and parents' responses to the ways in which children use sexual language help shape children's awareness of sexuality. Parents teach children about their values and behavioural expectations through these explicit and implicit messages and actions. (Luster, T & Small, S, 1994)

In adolescents, Eriksson characterized this key developmental task as identity formation. As part of normal development, adolescents form new peer relationships and become increasingly interested in romantic and potentially intimate sexual partners. In addition, adolescents crave privacy in a variety of realms, including matters related to their bodies and their relationships with peers. Consequently, parents often are the last persons an adolescent will consult for information about new physical and social realities; rather, peers, educators and other adults may become important new data sources and confidants. (Shtarkshall, R, Santelli, J, & Hirsch, J, 2007)

Adolescents, who describe their relationship with at least one parent as warm and supportive, compared with those who do not describe their relationships this way, are more likely to delay the initiation of sexual activity and less likely to engage in frequent sexual intercourse. Connectedness to family (as well as to school) is another important factor in reducing adolescent sexual risk taking (Wight D and Abraham C, 2000). When parents disapprove of adolescent sexual activity, adolescents are less likely to be sexually active and, if they are sexually active, tend to have fewer sex partners (Luster, T & Small, S, 1994).

A majority of parents do not communicate with their kids about sex, and when they do it is usually not enough. Parents have difficulty speaking to their children about sexual issues. Poor parent-child communication only hinders the child's ability to understand sexual matters. When parents do communicate well, the results can be profound, and in families where effective communication occurs, research shows children are less likely to experience
intercourse, pregnancy, and sexually transmitted disease (Fred Kaeser, 2003).

Sexual socialization also takes place outside the home as children and adolescents observe community norms, consume mass media, and participate in cultural and religious activities. This sexual socialization includes learning about religious values, which may include views of sexuality as a divine gift and sex as limited to marriage (Shtarkshall, R, Santelli, J, & Hirsch, J, 2007). Before a child even reaches puberty, he or she has likely been exposed to thousands of sexual messages. Moreover, many of these messages are very explicit, sensational, violent, and lack any mention of the importance of emotional commitment in sexual relationships. When children are exposed to excessive amounts of sexual stimuli, particularly at early ages when it can be confusing and incomprehensible, there is the potential for negative behaviours to follow.

Apart from normal socialization and social learning, another factor that affect the sexuality of children include sexual abuse, and it is generally accepted that 1 in 4 females and 1 in 6 males will be sexually abused, assaulted, or raped before age 18. Many children who have been sexually abused will display problematic sexual behaviours. Although not a majority, many will also grow up to become abusers themselves. (Hall, P, Holmqvist, M, & Sherry, S, 2004)

Numerous studies indicate that mental health diagnoses, including ADHD, ODD, Conduct disorder, Personality disorders and Depression, increased the probability of risky sexual behavior. Clinical depression was found to be the highest in co-morbidity with increased rates of risky sex, sexually transmitted diseases, and early sexual experience. In the context of psychosis, the psychological difficulty can severely interfere with the ability to assess risk or to adopt risk reduction strategies. Risk taking, including risky sex, may also represent an indirect expression of anger or a mechanism, although dangerous, to exert some control over one's life. For an emotionally disturbed young person, sexual activity might also be used
for diversion, to relieve tension, and as a substitute of affection seeking, a sort of self medication with sex. (Bennet, L, & Bauman, A, 2000)

Several studies showed that increased use of alcohol and drugs at younger ages was related to subsequent riskier sexual activity and delinquent behaviour. Alcohol and drug consumption may increase the likelihood that young people will engage in high risk sexual behaviour, as a result of impaired decision making, mood elevation, and the reduction of inhibitions. (Pergamit, M., Huang, L., & Lane, J., 2002) Alcohol consumption has often been cited as increasing adolescents' risk of HIV infection.

It is important for the parents and healthcare practitioners, to focus on exploring and understanding family, individual and community influences on sexuality is an integral component of sex education.

**Prevention and management of risky behaviour**

Parents, educators and healthcare practitioners have essential roles in fostering sexual literacy and sexual health. Parents should play the primary role in imparting to their children social, cultural and religious values regarding intimate and sexual relationships, whereas health and education professionals should play the primary role in providing information about sexuality and developing related social skills. Schools and health professionals should acknowledge and support the critical role of parents in sexual socialization. Parents, in turn, should support schools in providing sex education.

Education is an intentional, structured process to impart knowledge and skills, and to influence an individual's developmental course. Literacy involves more than learning facts and identifying symbols; it encompasses the skills needed to combine knowledge in a meaningful way, allowing one to express ideas, make decisions and solve problems. Research on sex education suggests that effective programs should promote sexual literacy going beyond dispensing knowledge to include the development of personal and social skills.
By promoting sexual literacy, sex education can contribute to psychosocial development and well-being throughout adolescence and adulthood. The absence of sexual literacy can be the source of many health and social hazards, including STDs and unintended pregnancy.

**Talking to Teens about Sexuality**

For parents, teachers and health care practitioners, the challenge is to address the health issues of young people in a sensitive and comprehensive manner.

**Educate teens about all options.** Discuss the benefits of abstinence and the variety and differing protection levels of today’s contraception methods. It is true that abstinence is the only foolproof contraception, but it is important to note that teens that have already been sexually active might see themselves as failures if abstinence is the only message they hear. Sharing all of the options, and their risks, helps teens make educated decisions about sexuality.

**Listen... really listen.** Listening provides an excellent method to gather information about the adolescent. Listening helps you understand what they already know and how accurate their information is. Provide your full attention and share your understanding of the issue being discussed.

**Show genuine interest.** Let teens know that you care and are really interested in talking. If topics are difficult to come up with in the beginning, have a hat full of topics, and draw one. Topics might include contraception, dating, HIV/AIDS, and pregnancy, as well as euthanasia, divorce, academic goals, or family plans. Conversation need not always focus on the teens' specific experiences. Exchanging attitudes, values, and concerns is also important.

**Accept the teens' values.** An hour sermon on beliefs, values, and morals is not necessary. It is often taken for granted that teens understand what motivates the actions of adults, and their own.
**Be honest.** If it is honesty that you want from another person, then it is important that you practice personal honesty. Are you unaware of the latest and greatest in current contraceptive methods? Don't pretend to know everything. Cooperative learning is a great tool. Get pamphlets, videos, and other sources of information and learn together.

**Allow the teens to be the expert when and where appropriate.** There are some issues that are unique to current society and your location, whether urban, suburban, or rural. For example, just as clothing and music have changed over the years, so have dating rituals. Let teens know that you are interested in what the dating scene is like now. What places are "in"? What are attitudes about group dates, double dates, and dating alone? What are the current criteria for going steady? Is the phrase, "going steady" still used? Having teens in your life provides you with a unique opportunity to keep up on the latest trends, including fashion, music.

**Parental education and involvement:**

Love, empathy, respect, trust and commitment are the most important values a parent should incorporate when discussing sex with the child.

Parents are their children's role models, and they learn respect, trust, and emotional commitment within the family. Parents can and should be the most influential source in their children's lives in regard to how they behave sexually and socially. Unfortunately, too often it's the media and peers that are the influential sources. Parents need to help their children understand and make sense of this influx of mixed messages.

Parents should take advantage of everyday teaching opportunities. Regular discussions from an early age about the true meaning of love and how relationships and commitment evolve should be shared with the child. Learning about these qualities, what they mean, what they represent and how to recognize them will give the child a more value-laden indication of sexuality.
With regards to sexual abuse prevention, education about appropriate sexual behaviours and boundaries becomes even more important. Prevention of sexual abuse should be done proactively, as part of a larger discussion about such topics as body parts and the boundaries of what is private and what is public. In addition to discussing how adults can sexually abuse kids, it is equally important to talk with children about the fact that kids can abuse other kids.

Most importantly: Parents should look their children in the eyes, tell them that they love them, open their mouths and begin talking.

PLEASE NOTE THAT ADDITIONAL INFORMATION ON SEX EDUCATION FOR PARENTS IS AVAILABLE ON REQUEST.

References


