Early Education Needed to Deter Sexual Risks

BY DIANA MAHONEY
New England Bureau

Sexually risky behaviors on the part of adolescents is nothing new, but the age at which these behaviors begin is. In fact, new data suggest that sexual risk taking often begins in middle school.

Baseline data collected in spring 2005 from 4,457 middle school students aged 11-14 years at 14 urban schools participating in Project Connect, an 8-year multilevel intervention study, showed that more than 9% of the students surveyed reported ever having sexual intercourse, and 8% reported ever having oral sex. In total, about 12% reported any sexual activity. Of those students who reported having had intercourse, 36% were aged 11 or younger at first sex, 27% were 12 years old, 28% were 13 years old, and 9% were aged 14 or older. Additionally, of those who reported having had intercourse, 43% reported having had multiple sex partners.

Given their young age at sexual onset, "these youth are at very high risk for adverse health outcomes," Project Connect investigator Christine J. DeRosa, Ph.D., said at the annual meeting of the Society for Adolescent Medicine in Boston. As such, "behavioral and health education are imperative for all youth beginning early in middle school, and the involvement of parents, health care providers, and community leaders is also critical."

The goal of such interventions should be to assist those youth who have already engaged in some sexual activity to return to abstinence, said Dr. DeRosa of Health Research Association Inc., a University of Southern California affiliate that is facilitating the Centers for Disease Control–sponsored project. "For the majority of youth who have not engaged in sexual activities, the goal should be to further delay the onset of sexual initiation."

How the interventions should look and be implemented is a matter of much debate. Should they focus on abstinence or contraception? Should they be school or clinic based? Should they be voluntary or mandatory?

In reality, the "best" intervention is one that identifies and targets the range of risk factors and protective factors that influence initiation of sex, number of partners, condom use, and contraception use, and this will vary depending on the individuals or populations being served, according to Douglas Kirby, Ph.D., a senior research scientist with ETR Associates in Scotts Valley, Calif.

In a 2001 report for the National Campaign to Prevent Teen Pregnancy called "Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy" (www.teenpregnancy.org/resources/data/pdf/emeranswsum.pdf), Dr. Kirby reviewed the results of 300 studies on risk and protective factors across multiple domains, from which emerged a complex picture of the antecedents of adolescent sexual risk taking.

At the community level, education, employment, income, and crime rate are important predictive factors. At the family level, family structure, dynamics, and values play a role. And at the individual level, age, hormones, peers, emotional well-being, relationship history, sexual abuse history, and attachment to school, religious groups, and proactive community organizations have an impact.

In the review, Dr. Kirby identified four groups of effective intervention programs. These included sex and HIV education programs that not only stated the target norm—whether abstinence or contraception—clearly and frequently with factual information to support it, but also engaged the youth in activities, such as role playing, to model, practice, and personalize the norm. Also effective were some programs within health, family planning, or STD clinics that similarly expressed clear norms, as well as focusing on perceived barriers, providing backup information, and offering structured follow-up.

Certain service-learning programs that include both intensive voluntary service in various capacities (tutors, teachers' aides, nursing home assistants) and ongoing small group discussions about the service, with or without discussion about sexual or contraceptive behavior, also had a demonstrable impact. The last group was long-term intensive programs with multiple components—including family life support, sexuality education, academic guidance, employment, opportunity for self-expression, and health care—in which norms were clearly stated and supported and staff consciously developed close relationships with the adolescents.

Most of the effective intervention strategies share a conceptual framework built on social norms and an adolescent's sense of connection to those expressing the norms, Dr. Kirby said. "If a group has clear norms for or against sex or contraceptive use, then adolescents associated with this group will be more or less likely to have sex and use contraceptives depending on the norm," he said. The more closely an adolescent feels connected to the group, the greater the impact the group's norms will have. ■

One-Third of Girls Sexually Active by Age 15 But Only 44% Say Partners Use Condoms

BY COLIN NELSON
Contributing Writer

BOSTON — By age 15, more than a third of American girls say they are sexually active, according to a Centers for Disease Control and Prevention survey. About 26% have had oral sex, 26% have had vaginal intercourse, and another 8% have had oral sex without intercourse. The proportion that is sexually active grows substantially every year thereafter, according to a presentation at a conference on contraceptive technology sponsored by Contemporary Forums.

Accurate data on teenagers' sexual behavior is important for any clinician concerned about unintended pregnancy and the spread of sexually transmitted infections, as well as the psychological and emotional health of young women.

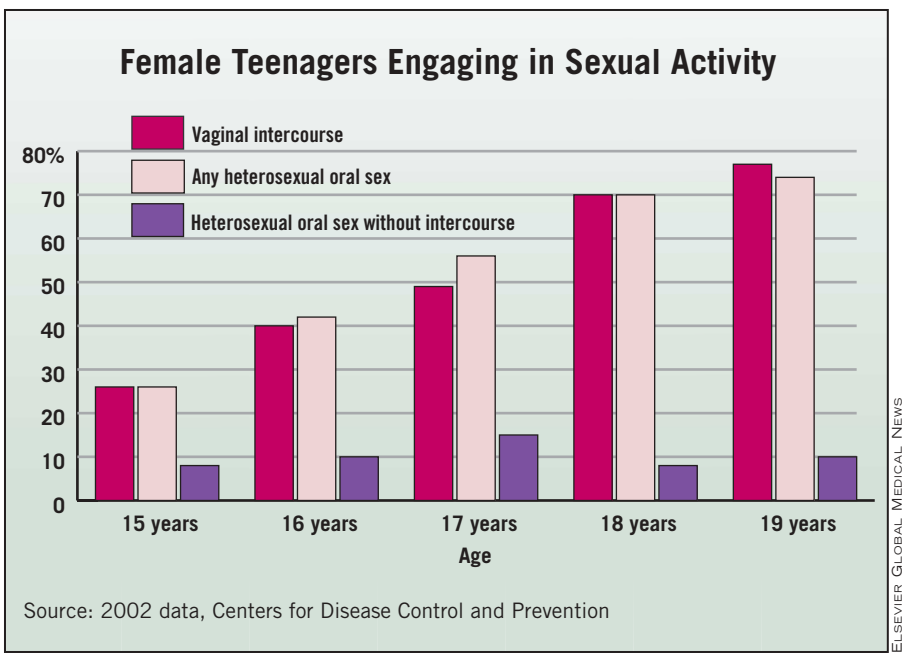
Media reports increasingly suggest that, as conventional teen dating and romance plunge, oral sex and casual sexual "hookups" among so-called "friends with benefits" have become commonplace. Anecdotal reports of teen promiscuity have seemed to proliferate, after a reporter described teenagers he met through an Internet site where high school and college students post their profiles, chat, and arrange meetings for sex in "Friends, Friends With Benefits, and the Benefits of the Local Mall" (New York Times, May 30, 2004).

According to the CDC data, the typical teen who is sexually active has one or two partners, though a substantial minority have many more. Among the 15- to 19-year-olds surveyed, girls had a median of 1.4 sexual partners and boys a median of 1.6. Among all 15- to 19-year-olds, 45% had no sexual partner in the last 12 months, 30% had one opposite-sex partner, and 22% had two or more opposite-sex partners. The percentage with same-sex partners was less than 1%.

The results were released in late 2005 and are based on 2002 data (CDC Advance Data from Vital and Health Statistics, Sept. 2005;362:1-56).

The proportion of all young women having oral sex is relatively high, according to the survey—more than doubling from 26% at age 15 to 70% by age 18 (see box). The gender gap on giving and receiving oral sex was small: Among 15- to 19-year-old females, 44% gave oral sex and 50% received. Among males of the same age, 39% gave oral sex and 52% received.

Amid all this activity, the use of condoms is less than full fledged. Only 44% of female teens said their partners used condoms. The prevalence of self-reported STIs was relatively low: Among all females aged 15-19 years in the survey, about 3% reported genital herpes, genital warts, syphilis, or pelvic inflammatory disease. ■



Source: 2002 data, Centers for Disease Control and Prevention

ELSEVIER GLOBAL MEDICAL NEWS

Comprehensive Intervention Limits Repeat Pregnancies

Pregnant adolescents who receive interdisciplinary prenatal and postpartum care and psychosocial support have lower rates of rapid pregnancy recurrence, Amanda Melhado reported at the annual meeting of the Society for Adolescent Medicine.

In a prospective study of a "global care" model, Ms. Melhado, Dr. Maria José Carvalho Sant'Anna, and Dr. Verônica Coates of Faculdade de Ciências Médicas da Santa Casa in São Paolo, Brazil, compared the outcomes of 30 adolescents who received specialized prenatal medical care and psychoeducational support with those of 39 age-matched adolescents who received standard prenatal care only.

All the young women in the study were 18 years old or younger at the time of conception and gave birth at the same hospital between July 1, 2004, and June 30, 2005.

No significant differences were found between the two groups with respect to marital status or relationship with the babies' fathers. More than half of the young women in both groups were not married at the time of the study, and more than one-quarter in both groups no longer had contact with the child's father.

The psychoeducational support component included group and individual sessions with a team of providers—including mental health professionals, obstetricians, and pediatricians—focusing on such topics as self-esteem, contraception, relationships, and infant development.

As of March 2006, the rate of pregnancy recurrence among the young women who received the intervention was 3%, compared with 15% in the standard care group.

—Diana Mahoney