

## Teen Sex

As a parent of a teenager, I find some of the information on teen sex frightening. It is a subject I read, talk, and learn as much about as I can. The information I gather will help me filter fact from fiction. I want that knowledge to help my teenager thrive in this difficult time. In reading about this problem, I have learned that there are many sources of information. This information helps understand the scope of the problem, the consequences on youth, and the effects on families, schools and the community. It also explains the relationship between sex and other at risk behaviors and, thankfully, ideas on ways to prevent it or at least intervene if it has already happened.

When I read the 2005 Wisconsin Youth Risk Behavior Survey Executive Summary and found that 40 percent of teens surveyed have already had sex, I was astonished (Wisconsin). The survey is a questionnaire that 2,389 students in 52 public high schools completed anonymously. Although the statistics are frightening, the reality is that many more teens are experimenting with sex. One way they are experimenting is with oral sex. In fact, oral sex is more common than intercourse. "Oral sex is often viewed so casually that it needn't even occur within the confines of a relationship...it can happen at parties, possibly with multiple partners" ("Teens" 1). Donna Jolley, a psychotherapist who treats families, agrees that oral sex among teens is on the rise. She believes teens view oral sex as "less of a risk" than intercourse (Jolley). "A study published in the journal *Pediatrics*...supports the view that adolescents believe oral sex is safer than intercourse, with less risk to their physical and emotional health" ("Teens" 2). Teens' views about oral sex are different than their parents' views. Older generations view oral sex as an intimate, relationship-based activity. The difference in views makes it a difficult subject for parents to talk about. The lack of conversation on the subject allows teens to hold on to the misconceptions they have about oral sex. "For most teens, the only form of sex is penetration, and anything else doesn't count. You can have oral sex and be a virgin" ("Technical" 1). This idea of technical virginity is increasing the acceptance of oral sex among teens. "Half of 15-19 year olds have received or given oral sex, and one quarter of teens who have not had intercourse have had oral sex" ("Technical" 1). The rise in incidents can be explained, in part by the casual views and misconceptions teens have about oral sex. Although teens have misconceptions about oral sex, it still holds dangers.

The consequences of oral sex are as dangerous as those associated with sexual intercourse. Sexually Transmitted Diseases (STDs), sometimes called Sexually Transmitted Infections (STIs), are a risk. Because education on STDs focuses on the pelvic region, most teens do not associate them with oral sex (Jolley). "Because so many [STDs] are undiagnosed, experts can only estimate that there are nearly 19 million Americans get [ting] infected every year. Historically about 25 percent of all new STD infections occur in teens" (4 Parents-Talk Topics). STDs can be put into two categories, Viral and Bacterial. Chlamydia and Gonorrhea are examples of bacterial STDs. They can be cured with antibiotics, but can cause life long pain and scarring (4 Parents-The Facts). Both types of STDs have immediate medical concerns, but Viral STDs can have life changing consequences. Herpes Simplex Virus, better known as Herpes, is one type of viral STD. Although medication can relieve symptoms, outbreaks are a way of life for someone infected with Herpes (4Parents-Talk Topics). "Having some active STDs make it easier to get HIV" (4 Parents-The Facts). HIV, Human Immunodeficiency Virus, is another Viral STD. Medication can relieve symptoms and prolong life, but there is no cure for HIV. Teens' belief that they are invincible, combined with their misconceptions about oral sex, puts them at risk for undetected STDs. Once STDs are detected, the consequences shift from the teens to include everyone involved in their lives.

Families, schools and communities are all affected by the consequences of teen sex. Most parents do not believe that their teen is having sex, certainly not oral sex. Parents have to face that fact when a teen gets a STD. "STDs in young people cost more than \$6.5 billion every year" (4Parents-The Facts). The cost of treatment can put a financial strain on a family. If a viral STD is involved, the cost will continue. An STD and the consequence that go with it can also put an emotional strain on the family. Additional emotional strain may come from the fact that parents must then face the reality that their teen has engaged in sexual activity. Teen sex, a topic parents had been afraid to discuss, becomes one that they must discuss. Home is one place teens can get information about sex. Schools also contribute to a teen's knowledge. "Some schools spend a total of 2 hours [a year] on sex ed.; others, a full semester" (Kelly 2). The amount of time spent educating teens about sex is one of the issues schools face. When parents hear about the casual attitude and rise in occurrence of oral sex by teens, they are shocked. That shock may cause them to look for someone to blame. Schools receive some of that blame. One topic that receives much of the debate is what kind of sex education to teach. Schools can teach a tell-all type program, an abstinence type program, or a combination of the two. "Seventy-five percent of American parents want schools to take a comprehensive approach" (Kelly 3). Admitting that fact to other adults is as taboo as talking about teens having sex. Without enough reliable information, teens continue to have misconceptions. Those misconceptions travel from teen to teen throughout the community. Those misconceptions also allow teens to continue to believe that oral sex holds few dangers, and they continue to engage in it. "Many STDs don't have symptoms so teens may not know that they have an STD" (4Parents-The Facts). Those diseases then spread through the community. With the spread of the STD, each family affected must face the same challenges. Families, schools and communities all face similar challenges as they try to deal with teen sex and other problems related to it.

Sex is not the only risky behavior teens experiment with. These behaviors can follow a pattern. "Kids who smoke are more likely to use drugs and drink. Kids who drink are more likely to be sexually active" (4 Parents-Talk Topics). A teen engaging in one risky behavior is not necessarily engaging in others. Donna Jolley says she does see a correlation between sex, alcohol, and drugs. Teens who had admitted to having had sexual intercourse during the last 3 months were asked if they had "used alcohol or drugs before [their] last sexual intercourse" (Wisconsin). Twenty-seven percent of males and nineteen percent of females said that they had (Wisconsin). The use of alcohol and drugs can put teens in unfamiliar situations. These situations increase the risk that teens will engage in sexual activities. "Teens who drink are 7 times more likely than teens who don't drink to have sex. And teens who use drugs are 5 times more likely to have sex" (4 Parents-Talk Topics). These statistics show that there is a direct relationship between other at risk behaviors and sex. The relationship between sex and other at risk behaviors makes them important topics for discussions between parents and teens. Those discussions are the basis for most prevention and intervention strategies.

Prevention of at risk behaviors, including sexual activity, must be based on parental involvement. Teens have access to a variety of information sources. Parents can help teens navigate through this information by being active in their lives. "Youth today can hear and see sexual talk and portrayals in every form of media. Adolescents rank the media with parents and peers as important sources of sexual information" (Brown 255). Knowing their friends, attending their activities, eating meals together, and talking with teens are all important ways that parents can be involved in their lives. "Help them to build self-esteem by mastering skills" (National 24). One set of skills teens need to master is coping skills (Jolley). Coping skills are ways in which problems are solved. To be successful in life, teens need to learn how to solve problems by themselves. After learning these coping skills, teens still need support. "Parents who...express their concern and love for [teens] early and often...are more likely to avoid a host of risky

behaviors" (National 12). This support is the basis of prevention strategies, but essential to any intervention. A teen that has had sexual relations needs support and understanding to realize that he or she has other options. Once they understand that the experience cannot be erased and that they have support, they can move beyond any difficulties that experience brought with it. The support of parents and adults helps teens to reestablish self-esteem and set new goals for their future.

The number of teens engaging in sexual activities is frightening, but by being active in my teen's life, I can reduce her chances of becoming sexually active. Sexual activities can have deadly consequences. Sexual activity and its consequences affect teens, their families, their school, and their communities. Preventing teen sex and other at risk behaviors is important. Conversations between my daughter and I are an excellent place to start. Once conversations begin, misconceptions begin to disappear. When misconceptions disappear, the risks decrease. Anything I can do to decrease the risk is worth the time and effort I put into it.

### Work Cited

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