



Advocates  
For Youth

Rights. Respect. Responsibility.®

# RAISING SEXUALLY HEALTHY YOUTH: RIGHTS. RESPECT. RESPONSIBILITY.® & PARENT-CHILD COMMUNICATION

By Barbara Huberman, MEd, Director, Education & Outreach, Advocates for Youth

From birth, children live in a sexual world, and the ways they are touched and treated send messages about their worth and about being loved. Voice and body language convey feelings about intimacy and relationship. Words and actions impart values about sexuality, sexual orientation, responsibility, and gender roles. Parents, television and films, religious leaders, musicians and actors, politicians, peers, and advertisers send messages about sexuality.

We want our children to have healthy, rewarding lives, to like themselves, and to develop loving, mutually supportive relationships. We want them to act responsibly and to make choices that arise from the values they hold. Unfortunately, in many homes, across many cultures, adults are embarrassed about sexuality and fail to let their children know that sexual expression is integral to loving, committed, mutually supportive, intimate relationships.

Research shows that when parents approach their role as sex educators in positive, affirming ways, young people are better able to make sexually healthy decisions and to build loving relationships. Parents who respond honestly to questions, provide resources, express their feelings and values, and portray sexuality and the need for intimacy as integral elements of life rear youth who respect themselves and behave responsibly. In 2001, Advocates for Youth launched the *Rights. Respect. Responsibility.*® campaign, asserting that

- Adolescents have **rights** to balanced, accurate, and realistic sex education, confidential and affordable sexual health services, and a secure stake in the future.
- Youth deserve **respect** and to be included in shaping programs and policies that affect their well-being.
- Society has the responsibility to provide young people with the tools they need to safeguard their sexual health and young people have the responsibility to protect themselves from too early childbearing and sexually transmitted infections, including HIV.

*Rights. Respect. Responsibility.*® is based on lessons, learned in western Europe, for raising sexually healthy youth through positive attitudes and actions. These lessons include: 1) recognizing that all people are sexual beings from birth to death; 2) using language that builds self-esteem and acknowledges the normalcy of sexuality; 3) acting in accord with expressed values, such as honesty, responsibility, and respect for others; 4) praising children, recognizing their talents and accomplishments, rather than dwelling on their mistakes and failures; 5) teaching youth to make independent decisions; and 6) initiating conversations about sexuality, intimacy, and relationships.

*Rights. Respect. Responsibility.*® can guide parent-child communication around sexuality. It can also be a campaign through which parents and other caregivers give voice to a new vision of adolescent sexual health. Believe that young people have the right to accurate information and to confidential health services. Believe that youth deserve respect every bit as much as adults. Believe that young people can and will behave responsibly when they have the information and services they need to make responsible decisions about sex. Believe that every child is capable of building a successful future and healthy, loving relationships. Believe that gender, race/ethnicity, culture, health status, and sexual orientation do not determine or limit one's potential for human happiness or success.

Michael Carrera, PhD, nationally recognized author, educator, and speaker, believes that U.S. society has narrowed its focus from the broad nature of human sexuality to a fixation on sexual

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### Advocates for Youth

Suite 750  
2000 M Street NW  
Washington, DC 20036  
202.419.3420  
www.advocatesforyouth.org

### Media Project

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10999 Riverside Drive, #300  
North Hollywood, CA 91602  
818.762.9668  
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intercourse. We need to hold a broad definition of sexuality, encompassing the feelings, thoughts, and behaviors related to being female or male, being attracted and attractive to others, and being in love as well as to having sexual intimacy and engaging in physical sexual activity.

Noted sexuality educator, Wayne Pawlowski, compares sex education to a Broadway musical. After a show, we may leave, humming a melody even though we don't remember the lyrics. When we talk with young people about sexuality, they may not remember all we said, but they will remember the tones and whether the conversation was open, honest, and non-judgmental.

From infancy, young people learn that loving touch feels good. When youth know that adults will answer questions honestly, they also learn that asking questions is okay. When adults express their emotions openly and honestly, young people learn that honest affection and warmth are normal and natural. When adults model positive values regarding sexuality, then their children can take those values as their own.

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## LET'S TALK MONTH— WHAT'S IT ALL ABOUT?

Let's Talk Month began as a local campaign in 1980 in Charlotte, North Carolina. Let's Talk Month is now observed in most states and in several other countries. Each year in October, the campaign promotes effective communication between young people and the adults they trust, especially their parents. Let's Talk Month emphasizes the importance of a strong partnership between the community and the family in helping young people develop responsible, positive, sexual health attitudes and behaviors.

Faith communities, media, businesses, schools, and community agencies can assume leadership roles by providing activities, information, resources, and educational programs to encourage parents and other caregivers to have open, honest sexuality discussions with their children. Advocates for Youth is the national sponsor of Let's Talk Month and has a campaign manual and materials available to help.

# Parent-Child Communication: Promoting Sexually Healthy Youth

When young people feel unconnected to home, family, and school, they may become involved in activities that put their health at risk. However, when parents affirm the value of their children, young people more often develop positive, healthy attitudes about themselves. Although most adults want youth to know about abstinence, contraception, and how to prevent HIV and other sexually transmitted infections (STIs), parents often have difficulty communicating about sex. Nevertheless, positive communication between parents and children helps young people to establish individual values and make sexually healthy decisions.

## Parent-Child Warmth and Communication Promote Health & Achievement.

- A major study showed that adolescents who reported feeling connected to parents and family were more likely than other teens to delay initiating sexual intercourse. Teens who said their families were warm and caring also reported less marijuana use and less emotional distress than their peers.<sup>1</sup>
- Teens whose parents are warm and firm and grant them psychological autonomy achieve more in school, report less depression and anxiety, and score higher on measures of self-reliance and self-esteem than teens whose parents fail to demonstrate these elements.<sup>2</sup>
- African American teens are more likely to use discussion, self-affirmation, and disproving strategies to counter stereotypes and racism and to have higher self-esteem when their parents have discussed both achievement and discrimination with them than when parents ignore issues related to discrimination and racism.<sup>3</sup>
- In one study, Native American youth who reported that their families cared about and understood them had better emotional and physical health and resiliency than peers reporting less family closeness.<sup>4</sup>
- Sexually experienced African American female teens living with their mothers in a perceived supportive family were 50 percent less likely than teens in non-supportive families to report unprotected sex in the past 30 days and to report sex with a non-steady partner in the past six months.<sup>5</sup>

## Lack of Communication Affects Behaviors and Attitudes.

- In studies, young people who reported feeling a lack of parental warmth, love, or caring were also more likely to report emotional distress, lower self-esteem, school problems, drug use, and sexual risk behaviors.<sup>1,2</sup>
- In another study, mothers' hostility was significantly correlated with teens' distrusting their mother and perceiving little maternal support. These feelings, in turn, were significantly associated with siblings' reports that the affected youth showed negative social behaviors and with teachers' reports of peers not accepting the teens. Similar results occurred for paternal hostility.<sup>6</sup>

## Parent-Child Communication about Sexuality Promotes Healthy Behaviors.

- In one study, when mothers discussed condom use before teens initiated sexual intercourse, youth were three times more likely to use condoms than were teens whose mothers never discussed condoms or discussed condoms only after teens became sexually active. Moreover, condom use at first intercourse significantly predicted future condom use—teens who used condoms at first intercourse were 20 times more likely than other teens to use condoms regularly and 10 times more likely to use them at most recent intercourse.<sup>7</sup>
- A study found that teens who reported previous discussions of sexuality with parents were seven times more likely to feel able to communicate with a partner about HIV/AIDS than those who had not had such discussions with their parents.<sup>8</sup>
- In another study, 19.2 percent of students said they would prefer to get information about contraception from their parents rather than from community health centers, classes, hospitals, private doctors, television, or friends (12.5, 12.0, 11.1, 8.8, 7.9, and 6.9 percent,

respectively). Consistent users of contraception were also more likely to report frequent conversations with parents than were teens who were not using contraception.<sup>9</sup>

- Studies show that when parents make consistent efforts to know their teen's friends and whereabouts, the young people report fewer sexual partners, fewer coital acts, and more use of condoms and other forms of contraception.<sup>10,11</sup>
- In a study of sexually active African American and Latino youth, when parents held skilled, open, interactive discussions with their teens about sex, the youth were significantly more likely than the teens of less skilled communicators to use condoms at most recent intercourse and across time.<sup>12</sup>

## Parent-Child Communication about Sex Varies by Race/Ethnicity and Gender.

- In one study, just over 54 percent of students reported discussing HIV with their parents. Percentages varied little by race/ethnicity (white, 54.1; African American, 55.7; Latino, 54.5; other, 55.5 percent) but varied significantly by gender (females, 59.7; males 49.2 percent).<sup>13</sup>
- In another study, African American female adolescents reported more discussions about sex-related topics with their mothers than did male adolescents. Although fewer male teens talked about sex-related topics with fathers, mothers, or friends, males were just as likely to talk with mothers as with friends and only slightly less likely to talk with fathers.<sup>14</sup>
- A study of urban African American and Latino mothers and their pre-teen and early adolescent daughters found many mothers reluctant to discuss more than biological issues and negative consequences of sexual activity. Maternal communications about sex, often restrictive and moralistic in tone, deterred daughters from confiding in their mothers. Daughters, in reaction, sometimes became secretly involved in romantic relationships.<sup>15</sup>
- In a study of African American and Latino adolescents, a significantly greater percentage of Latino teens than African American teens reported discussing at least two sex-related topics—HIV/AIDS and choosing a sex partner—with their father. Latino teens were also twice as likely as African American teens to discuss choosing a sex partner with their mother.<sup>16</sup>

## Many Parents Need Help in Discussing Sex with Their Teens.

- Many parents do not provide all the information about sex that young people need. In one survey, only 38 percent of young women and 25 percent of young men said they had ever gotten a good idea from their parents that helped them talk about sexual issues with their girlfriend/boyfriend.<sup>17</sup>
- Most attempts by parents to impart sexuality information to young people tend to be in a 'top down' communication style that denies teens the opportunity to discuss their own thoughts, feelings, and desires or to draw links between their own and their parents' perspectives.<sup>18</sup>
- In a recent poll, 89 percent of Americans said it is important for sex education in schools to include information about contraception and preventing unintended pregnancy and sexually transmitted infections, including HIV.<sup>19</sup>

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Written by Nicholas Lagina  
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## Parenting Is a Five-Piece Suit

By Deborah M. Roffman, MS, Sexuality Educator & Consultant, The Park School of Baltimore

Parenting is tough these days, and parenting around issues of sexuality can seem especially tricky. To make things even more complicated, many of us post-sixties parents simply assumed we were going to have a much easier time with this subject than our parents did, only to find that, when confronted with the topic in relation to our own children, we, too, often feel unsure and uncomfortable.

Parents can take heart through the following maxim: Good parenting is good parenting is good parenting. In other words, raising sexually healthy children requires exactly the same set of skills that good parents and other caretakers bring to all other aspects of family life. Truthfully, this topic is really *not* rocket science! I always find that when I can help parents identify the things they know they do well, and then help them apply what they already know about quality parenting to the topic of sexuality, shoulders drop, tongues untie, and common sense kicks in.

Here's what good parents instinctively know: Children and adolescents—at all ages and stages!—have the same five universal, developmentally based needs. While the content of these needs shifts dramatically as children grow and mature, the basic needs remain constant from cradle to career or college. Here's a thumbnail sketch of each:

- *Affirmation*: Children and adolescents need adults to recognize and validate their particular stage of (sexual) development.
- *Information*: Children and adolescents need factual knowledge and concepts (about sexuality), presented in ongoing and age-appropriate ways.
- *Values Clarification*: Children and adolescents need adults to share their values (about sexuality) and to clarify and interpret competing values and values systems (about sexuality) in the surrounding culture.
- *Limit Setting*: Children and adolescents need adults to create a healthy and safe (sexual) environment by stating and reinforcing age-appropriate (sexual) rules and limits.
- *Anticipatory Guidance*: Children and adolescents need adults to help them learn how to avoid or handle potentially harmful (sexual) situations, and to prepare them for times when they will need to rely on themselves to make responsible and healthy (sexual) choices.

This *Five Needs Paradigm* makes it clear that sexuality is simply another aspect of life and human development, not a “special” topic that needs to be “kept from the kids” until they’re older. It also makes the case that if children have five fundamental *needs*, then parents have five fundamental *roles*: affirmer, information giver, values clarifier, limit setter, and guide. Parents need to perform these roles in their family relationships—or, as I like to say, they need to *wear* them in their daily life—as a brightly colored “five piece suit,” so that clear boundaries and expectations are evident for both parent and child.

Sexuality *is* different in one important way. As parents we are typically less knowledgeable about the stages of healthy sexual development (from infancy on); less comfortable with sexual facts; less clear about the values we want to pass on; less assertive about applying sexual limits; and less confident about the kind of guidance we need to provide. So, our first job is clear—to educate and even re-educate ourselves, by doing the “headwork” and the homework that will get us up to par. Then, I promise, our good instincts and common sense will kick right in.

Deborah Roffman is the author of *Sex and Sensibility A Parent's Guide to Talking About Sex*, Perseus Press, 2001, and of *How'd I Get in There in the First Place? Talking to Your Young Child about Sex*, Perseus Press, 2001.



## Sex and Sensibility: A Parent's Take on Advice from an Expert\*

*By a Parent, Sidwell Friends Middle School, Washington, DC*

When Deborah Roffman spoke to middle school parents at Sidwell Friends School, we learned some vital elements regarding educating our children and teens about sex. We learned that:

1. Sexuality is broader than sex. It includes the sense of how we see ourselves, how the world sees us—male or female and our gender identity.
2. We are all sexual beings, from birth to death.
3. As parents, we must be proactive to counter misinformation and unhealthy messages. Sexuality is about whole people and their intimate physical relationships, not about body parts. If we are silent or unclear about this, our children will not develop the values they need to make healthy decisions.
4. Parents have to stop talking in code. Children need accurate definitions, facts, and guidance. If we don't teach our children, someone else may teach them what we don't want them to learn.
5. We need to define and set adequate limits. Limits make children feel secure. They need limits like they need oxygen. Of course, one key task of adolescence is to push our limits; so, we can negotiate those limits while being clear about our expectations. We can set limits slightly stricter than necessary, allowing teens to behave in a more adventuresome way while remaining in a safe zone.
6. Sex is much more than intercourse. Most people think "sexual intercourse" when they hear the word "sex," but sex is about intimacy and emotional closeness. Many young people do not understand this.
7. All sexual behaviors are somewhere on an intimacy continuum. At one end of a continuum of physical closeness is touching parts of the body that are public, such as face and hands; at the other end, touching private parts of the body, such as breasts or genitals. There is a parallel continuum of emotional closeness. That is, there is information that one shares readily with others, such as name or favorite hobbies. As one reveals oneself and trust develops, more can be safely shared. Teens should make decisions by asking: "How close do I want this person to be with me?" and not "How far do I want to go?"
8. Our children need to know from us what needs to be in place in a relationship before they become sexually involved with another person. It is important that we communicate what would make it safe—emotionally, socially, and physically—to be involved in a sexual relationship.
9. When our child refuses to talk with us, it's worthwhile to say, "It's my job and important to me that I share this information. We don't have to discuss it now, but you do need to listen."
10. Young people get too little sex education and guidance too late and they get harmful misinformation. They hear myths and double standards. We have to speak up about the double standard for girls and do a better job of recognizing that boys are vulnerable, too, and have the same need for intimacy and closeness as girls.
11. We are our children's cultural interpreters. One way to begin a conversation about sexuality and values is to look together at a magazine advertisement, newspaper story, or TV show and discuss it. What are its messages about the roles of women and men? Or, how is sex being used to sell this product or story? This helps our children see that we are willing to talk openly about sex. The bad news is that sex is everywhere (in the media) but the good news is that sex is everywhere. We have many opportunities to open the discussion.

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\*Adapted with permission of Sidwell Friends. [http://pa.sidwell.edu/PA\\_MS/MS\\_Roffman.htm](http://pa.sidwell.edu/PA_MS/MS_Roffman.htm).

## Growth & Development Ages 9 to 12—What Parents Need to Know\*

Human development is a lifelong process of physical, behavioral, cognitive, and emotional growth and change. In the early stages of life—from babyhood to childhood, childhood to adolescence, and adolescence to adulthood—enormous changes take place. Throughout the process, each person develops attitudes and values that guide choices, relationships, and understanding.

Sexuality is also a lifelong process. Infants, children, teens, and adults are sexual beings. Just as it is important to enhance a child's physical, emotional, and cognitive growth, so it is important to lay foundations for a child's sexual growth. Adults have a responsibility to help young people understand and accept their evolving sexuality.

Each stage of development encompasses specific markers. The following developmental guidelines apply to most children in this age group. However, each child is an individual and may reach these stages of development earlier or later than other children the same age. When concerns arise about a specific child's development, parents or other caregivers should consult a doctor or other child development professional.

### Physical Development

Most young people aged 9 to 12 will:

- Experience a growth spurt with significant weight gain, muscle growth, and genital maturation [Growth spurt begins earlier for girls; lasts longer for boys, who end up taller.]
- Enter puberty, a time when hormones produced in the pituitary gland trigger production of testosterone in males, estrogen/progesterone in females [This usually begins earlier in girls (9 to 12) than in boys (11-14).] During puberty—
  - o Skin becomes oilier and may develop pimples.
  - o Sweating increases and youth may have body odor.
  - o Hair grows under arms and on pubis and, in males, on face and chest.
  - o Body proportions change [hips widen in females, shoulders broaden in males].
  - o Joints may ache due to rapid growth.
  - o In males, genitals mature, scrotum darkens, voice deepens, sperm is produced, and erections, ejaculation, and wet dreams are more frequent.
  - o In females, genitals mature, breasts develop, vaginal lubrication increases, and ovulation and menstrual cycle begins.
- Masturbate [both males and females] and may have fantasies about others and about sexual intimacy

### Cognitive Development

Most young people aged 9 to 12 will:

- Move toward independence as they progress to middle/junior high school
- Continue developing skills in making decisions as they become more independent
- Begin to consider future careers and occupations
- Shift their school focus from play-centered activities to academics
- Begin to look to peers and media for information and advice [Friends greatly influence them.]
- Develop increasing capability for social conscience and for abstract thought, including understanding complex issues, such as poverty and war
- Take on increased responsibility, such as family jobs or babysitting

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\*Charts on development, for ages zero to three, four to five, six to eight, and 18 and over, are available at [www.advocatesforyouth.org/parents/](http://www.advocatesforyouth.org/parents/)

## Emotional Development

Most young people aged 9 to 12 will:

- Want to blend in and not stand out from their peers in any way, particularly as to gender role and sexuality
- Feel concerned about outward appearance [They want to look like “everyone else.”]
- Become self-conscious and self-centered
- Have ambivalent, conflicting feelings about puberty and about sexual desire and want to be independent and to conform
- Care greatly about relationships with peers, friendships, dating, and crushes and give peers more importance than family
- Relate to both same-gender and opposite-gender peers and may develop sexual feelings for others as a new dimension within relationships
- Develop the capacity to understand the components of a caring, loving relationship
- Experience feelings of insecurity and begin to doubt self-concept and previous self-confidence [Girls, especially, often experience a significant drop in self-esteem.]
- Struggle with family relationships and desire privacy and separation from family [They test limits and push for independence.]
- Experience mood swings, especially evident in family relationships
- Develop infatuations or “crushes” and may begin dating

## Sexual Development

Most young people aged 9 to 12 will:

- Have an emerging sense of self as a young adult
- Feel conscious of their sexuality and how they choose to express it
- Understand jokes with sexual content
- Feel concern about being normal, such as whether it is normal to masturbate, have wet dreams, etc.
- Feel anxious about puberty, when it will happen, how it will occur, how to be prepared, etc.
- Feel shy about asking questions of caregivers, especially regarding sexuality, and may act like they already know all the answers
- Value privacy highly

## What Families Need to Do to Raise Sexually Healthy Youth

To help 9 to 12 year-old youth develop a healthy sexuality, families should:

- Help young people understand puberty and the changes they are going through and that these changes, including menstruation and nocturnal emissions (ejaculation), are normal.
- Respect young people’s privacy while encouraging open communication.
- Convey that growth and maturation rates differ from person to person.
- Help young people understand that, while they are maturing physically, they still have lots of emotional and cognitive growth ahead and that sexual intercourse is not healthy, appropriate, or wise at this time in their lives.
- Acknowledge that abstinence is normal and healthy, that sexual development is healthy and natural, and that, as they grow older, there will be many ways to express sexuality that do not include sexual intercourse.
- Discuss the important relationship between sexual and emotional feelings.
- Be open to conversations about contraception and condoms and respond honestly and accurately when young people ask about them.



# Selected Resources for Families

## Web Sites Especially for Parents

- ◆ American Library Association  
www.ala.org
- ◆ National Parent Information Network  
www.npin.org
- ◆ ParentSoup.com  
www.parentsoup.com
- ◆ ParentsPlace.com  
www.parentsplace.com
- ◆ Planned Parenthood Federation of America  
www.plannedparenthood.org/education/
- ◆ Sex Ed Mom  
www.oxygen.com/experts/  
sex\_ed\_mom/bio/
- ◆ Talking with Kids about Tough Issues  
www.talkingwithkids.org
- ◆ YWCA of the U.S.A.  
www.ywca.org

## Web Sites with Educational Resources for Parents

- ◆ Advocates for Youth  
www.advocatesforyouth.org
- ◆ American Assoc. for Health Education  
www.aahperd.org/aahe/template.cfm
- ◆ American Medical Association's Adolescent Health Information  
www.ama-assn.org/ama/  
pub/category/1947.html
- ◆ The Body  
www.thebody.com
- ◆ Birds and Bees  
www.birdsandbees.org
- ◆ Campaign for Our Children  
www.cfoc.org
- ◆ CDC National Prevention Information Network  
www.cdcnpin.org
- ◆ Children's Defense Fund  
www.childrensdefense.org
- ◆ Child Welfare League of America  
www.cwla.org
- ◆ Family Health Productions  
www.family-health.net
- ◆ Girls Incorporated  
www.girlsinc.org
- ◆ National Council of La Raza  
www.nclr.org
- ◆ National Education Association  
www.neahin.org
- ◆ National School Boards Association  
www.nsba.org
- ◆ SexTalk.org  
www.sextalk.org
- ◆ Sexuality Information & Education Council of the United States  
www.siecus.org

## Select Organizations

- Advocates for Youth**  
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P: 202.419.3420  
www.advocatesforyouth.org
- American Academy of Pediatrics**  
141 Northwest Point Boulevard  
Elk Grove Village, IL 60007  
P: 847.228.5005  
www.aap.org
- American College of Obstetricians & Gynecologists**  
409 12th Street SW  
Washington, DC 20024-2188  
P: 202.638.5577  
www.acog.org
- American Medical Association**  
515 N. State Street  
Chicago, IL 60610  
P: 312.464.5315  
www.ama-assn.org
- American Red Cross, Health & Safety Services**  
8111 Gatehouse Road, 6th Floor  
Falls Church, VA 22042  
P: 703.206.7421
- American School Health Association**  
P.O. Box 708  
Kent, OH 44240  
P: 330.678.1601  
www.ashaweb.org
- CDC National Prevention Information Network**  
P.O. Box 6003  
Rockville, MD 20849-6003  
P: 1.800.458.5231  
www.cdcnpin.org
- Family Health Productions, Inc.**  
P.O. Box 1799  
Gloucester, MA 01931-1799  
P: 978.282.9970  
www.family-health.net
- Girls Incorporated**  
120 Wall Street  
New York, NY 10005  
P: 212.509.2000  
www.girlsinc.org
- National Council of la Raza**  
1111 19th Street NW, Suite 1000  
Washington, DC 20009-6207  
P: 202.785.1670  
www.nclr.org
- National Education Association Health Information Network**  
1201 16th Street NW  
Washington, DC 20036  
P: 202.822.7570  
www.neahin.org
- National PTA**  
330 N. Wabash Avenue, Suite 2100  
Chicago, IL 60611  
P: 312.670.6782  
www.pta.org

## Search Institute

700 South Third Street, Suite 210  
Minneapolis, MN 55415P: 612.376.8955  
www.search-institute.org

## YWCA of the USA

350 Fifth Avenue  
New York, NY 10118  
P: 212.273.7800  
www.ywca.org

## Selected Books for Parents & Their Children

*All About Sex: A Family Resource on Sex and Sexuality*

Ronald Filiberti Moglia & Jon Knowles  
Three Rivers Press, 1997  
ISBN: 0609801465

*Bellybuttons Are Navels*

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Family Health Communications, 1997  
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**Web Sites Especially for Teens**

**Ambiente Joven**

www.ambientejoven.org

Providing information and community for Latino gay, lesbian, bisexual, transgender, and questioning (GLBTQ) youth

**Coalition for Positive Sexuality**

www.positive.org

Giving teens straightforward, frank information that they need to make responsible decisions about sex and encouraging teens to demand complete, honest sex education

**Go Ask Alice!**

www.goaskalice.columbia.edu

Produced by Columbia University's Health Education Program, offering questions and answers on relationships, sexuality, and sexual health

**gURL.com www.gurl.com**

Offering alternatives to traditional teen magazines, believing that information is a positive thing, and presenting a variety of experiences that are relevant to teens, including sexuality, body image, and emotions

**It's Your (Sex) Life**

www.itsyoursexlife.com

Providing reliable, objective sexual health information for young adults.

**Iwannaknow.org**

www.iwannaknow.org

Created by the American Social Health Association, offering information on STDs, body basics, and dealing with peer pressure

**OutProud**

www.outproud.org

From the National Coalition for Gay, Lesbian, Bisexual, and Transgender (GLBT) Youth, providing advocacy, information, resources and support to help GLBT youth; offering outreach and support to GLBT teens just coming to terms with their sexual orientation or thinking of coming out

**Scarleteen**

www.scarleteen.com

Providing "sex education for the real world," including information on birth control, safer sex, STDs, masturbation, anatomy, sexual orientation and identification, and communication between sexual and romantic partners

**Sex, Etc.**

www.sxetc.org

by teens for teens, helping youth remain sexually healthy and avoid pregnancy and disease

**Sex Sense: Ask Beth**

www.ppsp.org/askbeth/askbeth.html

Offering answers to questions on birth control, pregnancy, STDs, and relationships

**Teen Advice Online**

www.teenadvice.org

Featuring teen volunteers from around the world replying to teens' and parents' questions and concern

**Teen Scene**

www.advocatesforyouth.org/teens

Offering sexual health information and stories by peer health educators

**Teenwire**

www.teenwire.com

Providing information on young men's and women's bodies, safer sex, breaking up, and how to prevent unwanted sex

**Youth Resource**

www.youthresource.com

Offering community, sexual health information, and referral for GLBT youth





# PARENTS: IT'S TIME TO



## Growth & Development Ages 13 to 17—What Parents Need to Know\*

Human development is a lifelong process of physical, behavioral, cognitive, and emotional growth and change. In the early stages of life—from babyhood to childhood, childhood to adolescence, and adolescence to adulthood—enormous changes take place. Throughout the process, each person develops attitudes and values that guide choices, relationships, and understanding.

Sexuality is also a lifelong process. Infants, children, teens, and adults are sexual beings. Just as it is important to enhance a young person's physical, emotional, and cognitive growth, so it is important to lay foundations for an adolescent's sexual growth. Adults have a responsibility to help young people understand and accept their evolving sexuality.

Each stage of development encompasses specific markers. The following developmental guidelines apply to most young people in this age group. However, each adolescent is an individual and may reach these stages of development earlier or later than other teens the same age. When concerns arise about a specific teen's development, parents or other caregivers should consult a doctor or other adolescent development professional.

### Physical Development

Most teens, ages 13 to 17 will:

- Complete puberty and the physical transition from childhood to adulthood
- Reach nearly their adult height, especially females [Males continue to grow taller into their early twenties.]

### Cognitive Development

Most teens, ages 13 to 17 will:

- Attain cognitive maturity—the ability to make decisions based on a knowledge of options and their consequences
- Continue to be influenced by peers [The power of peer pressure lessens after early adolescence.]
- Build skills to become self-sufficient
- Respond to media messages but develop an increasing ability to analyze those messages
- Develop increasingly mature relationships with friends and family
- Seek increased power over their own lives
- Learn to drive, increasing their independence

### Emotional Development

Most teens, ages 13 to 17 will:

- Have the capacity to develop long-lasting, mutual, and healthy relationships, if they have the foundations—trust, positive past experiences, and an understanding of love
- Understand their own feelings and have the ability to analyze why they feel a certain way
- Begin to place less value on appearance and more on personality

### Sexual Development

Most teens, ages 13 to 17 will:

- Understand that they are sexual and understand the options and consequences of sexual expression
- Choose to express their sexuality in ways that may or may not include sexual intercourse
- Recognize the components of healthy and unhealthy relationships

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\*Charts on development, for ages zero to three, four to five, six to eight, and 18 and over, are available at [www.advocatesforyouth.org/parents/](http://www.advocatesforyouth.org/parents/)

- Have a clear understanding of pregnancy and of HIV and other sexually transmitted infections and the possible consequences of sexual intercourse and have the ability to make reasoned choices about sex based on knowledge
- Recognize the role media play in propagating views about sex
- Have the capacity to learn about intimate, loving, long-term relationships
- Have an understanding of their own sexual orientation [This is different than sexual behavior.]

### **What Families Need to Do to Raise Sexually Healthy Adolescents**

To help teens ages 13 to 17 develop as sexually healthy youth, families should:

- Clearly articulate your family and religious values regarding sexual intercourse. Express that, although sex is pleasurable, young people should wait to initiate sex until they are in a mature, loving, and responsible relationship.
- Express that we all have a variety of options for experiencing intimacy and expressing love.
- Discuss together the factors, including age, mutual consent, protection, contraceptive use, love, intimacy, etc., that you and your teen believe should be a part of decisions about sexual intercourse.
- Reinforce teens' ability to make decisions while providing information on which they can base those decisions.
- Discuss contraceptive options and talk about the importance of condom use.
- Discuss teens' options, should unprotected intercourse occur—including emergency contraception and STI testing and treatment. Discuss teens' options, should pregnancy occur, including abortion, parenting, and adoption.
- Discuss exploitive behavior and why it is unhealthy and (in some cases) illegal.
- Help youth identify various physical and verbal responses to avoid/get away from sexual situations that make them feel uncomfortable.
- Acknowledge that teens have many future life options, that some may marry and/or parent while others may remain single and/or childless.
- Use inclusive language that recognizes that some youth may be gay, lesbian, bisexual, or transgender.



## Tips for Talking with Sexually Active Teens about Contraception

By Tamara Moss, MPH, Manager Contraceptive Access Initiative

Barbara Huberman, MEd, Director, Education & Outreach, Advocates for Youth

According to the Centers for Diseases Control and Prevention, each year in the United States nearly 850,000 teens experience pregnancy, mostly unintentionally.<sup>1</sup> U.S. teens also experience about three million sexually transmitted infections (STIs) each year.<sup>2</sup> A critical issue in reducing these numbers is encouraging teens to use contraception consistently and correctly.

Parents can play an important role in helping young people to utilize their own values, aspirations, and expectations in deciding the appropriate time in life for initiating sexual intercourse. Parents can also provide teens with important information about contraception and encourage them to use contraception correctly and consistently. The following tips can help parents to talk with young people about contraception and to support youth in using contraceptives effectively and consistently.

- 1. Educate yourself about the specifics of contraception and STIs.** Learn about contraception, including emergency contraception, and about condoms. Learn how contraceptives work, the cost of various methods, side effects, pros and cons of each method, and where teens can go for information and services. Learn also about STIs—gonorrhea, syphilis, herpes, genital warts, and HIV—including ways they are transmitted, symptoms, risks, and treatment options.
- 2. Carefully explain your own feelings and values about sexual intercourse and contraceptive use.** Include personal memories and values. Values that are related to contraceptive and condom use include respect for self and partner, responsibility, and trust. Other values pertinent to discussing contraception may include, but are not limited to, those related to life, children, and future aspirations.
- 3. Listen carefully.** Only by listening to your teen's feelings and values will you understand how he/she approaches decisions, including sexual decisions. When you understand your teen's values, you can ask questions that help the teen clarify how to act consistently with those values. For example, a teen might say, "I believe that too many children need homes and there are too many people in the world." This is an opportunity to ask what actions related to preventing pregnancy would be consistent with that value.
- 4. Avoid assumptions.**
  - o Do not assume that your teen knows everything he/she needs to know about contraception and condoms. Assure your teen that knowledge is power and that you want him/her to have the power that comes from knowledge. Assure your teen that you will not make assumptions based on the teen's questions or concerns.
  - o Do not make assumptions about the teen's sexual orientation or about his/her sexual behavior based on that orientation.
  - o Do not assume that there is only one kind of sexual intercourse. Many teens are having oral and/or anal intercourse, believing that this is not "sex." Be clear with your teen that all these types of intercourse are sexual intercourse and are behaviors that necessitate protection.
- 5. Arm your teen with information.** Talk with your teen about what you have learned about contraception, including condoms and emergency contraception (EC). Encourage your teen to seek out further information and to decide what method would be right for him/her. Say that being prepared in advance is always the intelligent, mature choice. Make sure your teen knows where he/she can go for confidential sexual health services, including contraception and STI testing and treatment.
- 6. Be sure that your teen has information about contraception and condoms, regardless of sexual orientation.** Gay and lesbian teens sometimes have sexual intercourse with members of the opposite gender in order to hide their sexual orientation. Any young person may experiment. Regardless of sexual orientation, all youth need to know how to prevent pregnancy as well as STIs.

7. **Discuss using condoms as well birth control.** Teens need to know that contraceptive methods, such as birth control pills, Depo-Provera, and the IUD, don't protect against STIs. They need to know that they can contract STIs, including HIV, from unprotected vaginal, anal, or oral intercourse. For best protection, a teen and his/her partner need to use both condoms and another form of birth control. Consider making condoms available in your home.
8. **Make sure your teen knows about emergency contraception**—which can be taken to prevent pregnancy up to 72 hours after unprotected intercourse or when a contraceptive method fails.
9. **Encourage your teen to take equal responsibility with a partner for using condoms and birth control.** Just as a male should not be the only one responsible for providing condoms, so a female should not be the only one responsible for providing for other forms of contraception. Protection is a mutual responsibility within a caring relationship.
10. **Discuss being “swept away.”** Many teens say they did not use condoms or contraception because they “just got swept away.” Be clear that this is not okay. Anyone who is mature enough to have sexual intercourse is mature enough to use protection.
11. **Discuss sexual coercion and dating violence with your teen.** Make sure that your teen knows she/he has the right to say no and the right to be safe. Make sure your teens knows that he/she can come to you or another trusted adult if a relationship involves or threatens to involve coercion or violence. Make sure your teen knows that it is both illegal and contrary to your family's values to use coercion or violence against anyone else. Help teens identify ways to avoid/get away from sexual situations that feel uncomfortable or dangerous.
12. **Identify with your teen the names of other adults to whom he/she can go if unable or unwilling to come to you.** This could be a relative, clergy member, health care provider, or friend, but identify the person as someone your teen can trust for confidential guidance and support. Give your teen permission to confide in someone else and say that these conversations will remain confidential although the other adult may encourage the teen to involve you.
13. **Consider incorporating the 3Rs philosophy into your value system**, especially in relation to talking about sexual health and contraception with your teen.
  - o **RESPECT your young person's RIGHT to confidential sexual and reproductive health services.** Share with your teen what to expect at his/her first visit for sexual health services. Then, ensure that your teen has private sessions with the health care provider. Private sessions empower teens to discuss issues honestly with the provider and to go for care when they need it.
  - o **Encourage your teen to take RESPONSIBILITY for her/his personal sexual and reproductive health needs.** Provide support so teens can make and keep appointments for annual medical exams and other needed health care.

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*Parents should be able to say, I gave my children the two most important things they needed to be who they are—roots and wings. Roots to fall back on, to be their refuge—the roots of experience, values, and security. And wings to soar, to grow and change, so they can build the future they desire.*

Barbara Huberman

## Tips for Health Care Providers: Helping Teens and Parents with Sexual Health Needs

By Barbara Huberman, MEd, Director, Education & Outreach, Advocates for Youth

Many health practitioners have approached me over the years to ask, “How can I be more helpful, more open, more sensitive to the sexual health needs of my patients, especially teens and their parents?” Health care providers play an essential role in promoting the sexual and reproductive health of teens and in helping parents to address the sexual health of their teens in a positive, affirming, and healthy way.

### What Health Care Professionals Can Do For Teens and Parents

1. In your waiting and exam rooms, offer materials (geared to all understanding levels) about the sexual health of children, adolescents, and adults.
2. Become a sex educator. Get training so you are comfortable with discussing sexual health issues.
3. Avoid language that implies that everyone is heterosexual.
4. Be honest—admit when you don’t know something and refer your clients to other experts, when appropriate.

### What Health Care Professionals Can Do For Teens

1. Post confidentiality statements in your brochures and waiting and exam rooms. Reinforce to staff that client confidentiality is a right that must be respected without exception. Provide training to improve staff’s communication skills.
2. When teenage women come for contraceptive services, offer them the option of delaying the pelvic exam.
3. Do *not* call or send anything to a teenage client’s address without his/her permission.
4. Learn about adolescent development and adolescent sexuality.
5. Recognize that teens may find it hard to keep an appointment before 3:30 pm. Offer late hours for teens at least one day a week and/or hours on Saturday.
6. Many teens may be engaging in oral and/or anal sex to remain “virgins,” to avoid pregnancy, or because they don’t realize these are forms of sexual intercourse. Be precise when you ask whether teens are having sex and make sure teens understand that vaginal, oral, and anal intercourse carry risks for STIs, including HIV.
7. Inquire about teens’ sex education. Don’t assume they know about safer sex or reproduction. The current public school climate is often one of censorship. Teens may have learned only exaggerated failure rates of condoms and other contraceptive methods and misinformation about side effects, relationship to cancer, and fertility problems.
8. Ask every young woman of childbearing age if she knows about emergency contraception (EC) and how it works. Offer every young woman a prescription for EC. Put up posters about EC and have brochures available.
9. Don’t require an office visit for an EC prescription. Train staff to respond quickly to a request for EC—a matter of hours can make a difference! Share with clients which pharmacies (such as Wal-Mart) refuse to fill prescriptions for EC and which pharmacies stock Plan B and Preven (many do not). If obtaining EC would be difficult or embarrassing for teens, teach them how to use a monthly pack of birth control pills.
10. Offer teen clients the options of anonymous or confidential HIV and STI testing, either in your office or by referral. Educate teens about the difference between confidential and anonymous testing.

### What Health Care Professionals Can Do For Parents

1. Ask if clients need help talking to their children or if they have tough issues that are hard to discuss.
2. Educate parents about emergency contraception and encourage them to share this information with their teens.

*Continued on page 19*

## Are Parents and Teens Talking about Sex?

By Sue Alford, Editor, *Transitions*

In April 2002, *Seventeen Magazine* and the Henry J. Kaiser Family Foundation conducted a nationally representative survey of 15- to 17-year-old youth in the United States about sexual health communication between teens and their parents.<sup>1</sup> The survey provides a snapshot of teens' views on the subject.

- Fifty-one percent of teens (61 percent of females; 42 percent of males) had discussed with their parents “how to know when you are ready to have sex.”
- Forty-three percent of teens (53 percent of females; 33 percent of males) had discussed with their parents how to talk to a boyfriend or girlfriend about sexual health issues, such as pregnancy, birth control, and STIs.
- Among male teens, 50 percent had discussed condoms, but only 35 percent had discussed other forms of contraception. Among female teens, 54 percent had discussed condoms and 63 percent had discussed other forms of contraception with parents. Overall, 52 percent of teens had discussed condoms with their parents; 49 percent had discussed other forms of contraception.
- Fifty-six percent of teens (64 percent of females; 48 percent of males) had discussed HIV/AIDS with their parents. Fifty percent of teens (56 percent of females; 44 percent of males) had discussed STIs with parents.

Teens indicate various reasons why they may not talk to parents about sexual health issues.

- Eighty-three percent of teens worried about their parents' reaction.
- Eighty percent of teens worried that parents will think they have had sex or are going to have sex.
- Seventy-eight percent of teens named embarrassment as a big reason.
- Seventy-seven percent of teens (83 percent of females; 71 percent of males) said they didn't know how to bring the subject up.

Survey results dovetail with the findings of peer-reviewed research into parent-child communication. The survey hints at two important issues that other research also addresses: parents discussing condoms with their teens *before* young people initiate sexual intercourse and differences in parent-child communication that shortchange young men.

### Parents Discussing Condoms with Teens

A study of 14- to 17-year-old adolescents and their mothers underscores the importance of the *timing* of parent-child discussions about using condoms. Results showed that talking about condoms *before* first sexual intercourse significantly increases the likelihood of a young person's using condoms. The study found that maternal discussions about condoms in the year *prior* to first sexual intercourse are strongly associated with teens' using condoms while such discussions *after* teens initiated sexual intercourse are not.<sup>2</sup>

### Gender Differences in Parent-Child Communication

Many studies found that mothers are significantly more likely than fathers to discuss sexuality with their children. In one study, just over 54 percent of students reported discussing HIV with a parent. Percentages varied little by race/ethnicity but varied significantly by gender—60 percent of female teens had discussed HIV with a parent compared to 49 percent of male teens.<sup>3</sup> Another study found that mother-daughter discussions are more likely to include information on sexual health issues than are mother-son discussions.<sup>4</sup> Father-daughter discussions about sexuality, while relatively infrequent, still outnumber father-son discussions regarding sexuality.<sup>4</sup> The result—young boys and young men receive relatively little guidance and support from their parents in developing the skills they need to make healthy decisions about sex. Young men may also be receiving relatively little support in developing the values that will help them to build loving, responsible, committed, intimate relationships in adulthood.

Parents need to understand the critical importance of discussing sexuality with young people. Discussing condoms prior to first sexual intercourse doesn't “give kids permission” to have sex; it gives them permission to behave responsibly. And, leaving sons out of the conversation doesn't promote their maturity; it handicaps them.

*Continued on page 19*

## Askable Parents Raise Sexually Responsible Children

By Sol Gordon, Ph.D.

Don't operate on the assumption that, these days, young people know everything about sex. Where are they getting their knowledge—from parents, school, church, or synagogue? No, most of what young people "know," they get from one another, videos, films, magazines, or television, and most of it is just plain wrong.

Parents could be the best sex educators of their own children. I believe that the public will applaud the *real* sexual revolution—when one's sexual behavior is private, moral, responsible, and pleasurable, and when people respect each other. It will come. The question is, what do parents do in the meantime? (Giving messages like, "just say no," is useless.)

Five critical things parents need to know:

1. Parents are the main sex educators of their own children, whether they like it or not.
2. Parents, if they want to be "askable," must be prepared for any question or incident that involves their children's sexuality. The best first response: "That's a good question."
3. Parents must convey to their children that nothing that ever happens to the child will be made worse by talking about it to the parent. The best first response: "I'm so glad that you are able to talk to me about this."
4. Children are not perfect, just as parents are not perfect. Young people make mistakes and it's up to parents to turn kids' mistakes into opportunities for learning and growth.
5. Failure is an event—it is never a person. Children who are loved grow into adults who like themselves and others. They don't exploit others and are unlikely to let themselves be exploited.

What to do now? Current reality obligates parents to have frank and knowledgeable discussions about such issues as where babies come from, erections, wet dreams, menstruation, correct language for intimate body parts, the size of penis and breasts, and masturbation (it's *normal* and *private*, not bad). Young people need direct advice from their parents, such as, "If someone says to you, 'If you really love me, you'll have sex with me,' that is always a line to trick you and use you. If they loved you, they wouldn't try to manipulate you that way."

Sol Gordon is the author of many books on parent-child communication and sexuality.

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*Continued from page 17*

3. Educate parents about the importance of confidentiality in treating adolescents. Make sure parents understand that many teens will avoid getting vital testing and treatment if their parents might discover it. Help parents to clarify the relative importance of parents' awareness and teens' health.
4. Encourage parents to have for their children age-appropriate books, videos, and pamphlets about growth, development, and sexual health. Explore with parents how to utilize "teachable moments" to talk about sex. These moments might include a relative's pregnancy, a show about sexual harassment, jokes, or remarks teens have overheard.

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*Continued from page 18*

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# Advocates for Youth Launches the Parents' Sex Ed Center—

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