Frankly speaking: How to talk to teens about sexuality, abstinence, appropriate contraceptive use and protection from sexually transmitted infections
Kristy Kennedy
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Frankly speaking

How to talk to teens about sexuality, abstinence, appropriate contraceptive use and protection from sexually transmitted infections

by Kristy Kennedy • Correspondent

A 16-year-old girl sat in the office of Margaret J. Blythe, M.D., FAAP, and spilled all … again.

Her sister found her birth control pills. Embarrassed, she denied they were hers and threw them out. Now she didn’t know what to do.

Months earlier, Dr. Blythe had treated her for chlamydia and prescribed the pill after discovering the girl was sexually active with her boyfriend of two years.

“It sounds to me like you’re going to have to make a huge decision,” Dr. Blythe counseled the girl. “You must decide with him that sexual intercourse will not happen. If you can’t tell yourself that sex won’t happen … then you have to understand that and make the responsible decision to protect against pregnancy and infections.”

Discussing sex with a teen is nothing new to many pediatricians like Dr. Blythe, chair of the AAP Committee on Adolescence. But for the first time, the Academy is offering physicians some help on how to have that conversation with their teen patients. The policy statement Contraception and Adolescents (Pediatrics. 2007;120:1135-1148) aims to educate pediatricians on adolescent sexual behavior and contraception methods.

Emphasizing that pediatricians should encourage sexual abstinence, the report also recognizes that some teens choose not to wait.

“‘We really felt like this was very important,’” said Dr. Blythe, one of the authors of the statement. “‘We felt the need to cover this topic in detail in one place.’

**Recommendations, statistics**

The report offers 10 recommendations for pediatricians and provides information on the sexual activity of teens and the education they are receiving about sex. It also provides guidelines for counseling teens, gives specifics on all types of contraceptives, and discusses confidentiality, access to emergency contraception and teens with disabilities.

Because teens routinely say they lack a caring, nonjudgmental adult in their lives to talk to them about sex, pediatricians have an important role to play in an adolescent’s reproductive health care, Dr. Blythe said.

“As care providers, we need to be supportive of healthy decision-making, but equally supportive and not surprised when behaviors occur that could have negative consequences,” she said.

Recent studies provide a telling picture of the sexual behavior of teens. Over the past 14 years, the percentage of high school students having sex has dropped slightly while the use of contraceptives (mostly the pill and male condom) has increased (from 46% to 63%). Experts see a link between better use of contraceptives and the drop in teen birthrates.

Despite those positive trends, about 47% of high school students surveyed by the Centers for Disease Control and Prevention in 2005 reported having sexual intercourse. Also, 22% of women in this country report having a baby before the age of 20, making adolescent childbearing more common in this country than other developed countries.

**Clear protocols needed**

Beyond the numbers, teens report that the main reason they don’t seek contraceptive services is a fear about a lack of confidentiality. To address that barrier, the Academy’s statement calls for pediatric offices to develop clear protocols for confidentiality that are understood by staff, patients and parents. Information should include instances when confidentiality must be waived, guidelines for reimbursement of services, medical record access, appointment scheduling and information disclosure.

Planning ahead is crucial. “We want to provide information to families and young people about providing confidential services before the teens really need them,” Dr. Blythe said.

That means making families aware of a transition of care. Once a child reaches early adolescence, pediatricians should start having one-on-one time during office visits, Dr. Blythe said. Adolescents with disabilities shouldn’t be left out. Studies show they are just as active sexually as other teens.
Early discussions should include talking about sexual attitudes of both the patient and parents.

As teens get older, discussions should become deeper with talk about health care and how a teen's self image might change with sexual activity. Counseling should focus on abstinence, appropriate contraceptive use and protection from sexually transmitted infections (STIs).

Privacy issues may get more complex and involve the discretion of not only the doctor and nurse but also the office staff.

“You have to negotiate how to get a prescription filled, how to screen for infection and provide test results. Can we call a cell phone? These are examples of topics that require a lot of negotiation that has to go on with a young person,” Dr. Blythe said.

Teen rights vary by state. All allow for older teens to be screened and treated for sexually transmitted diseases confidentially, while a little more than half of states address contraceptives and privacy.

Comprehensive information best

Outside the pediatrician's office, a variety of sex ed programs are provided for teens. Studies show that education about contraception does not increase rates of sexual activity. In fact, it appears that comprehensive programs do more than abstinence-based programs to delay the initiation of sexual intercourse. They also show that teens with a lack of information are more likely to become pregnant or get an STI.

In addition to covering the basics of contraceptive use, the report notes that teens do not need a first pelvic examination before being prescribed a hormone contraceptive. While proper condom use should be reinforced, teens should be reminded they are not foolproof against pregnancy or STIs. Also, all sexually active teens should be screened for STIs at least once a year, Dr. Blythe said.

The best way to approach a teen about sex is in a caring, judgment-free way, Dr. Blythe said. That technique goes a long way in making sure sexually active teens come back for the frequent follow-up care that is necessary to be sure they are complying with methods of contraception.
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