

The Talk

Molly Richards, MD

Associate Professor of Pediatrics,
University of Colorado School of
Medicine

Section of Adolescent Medicine



Disclosures

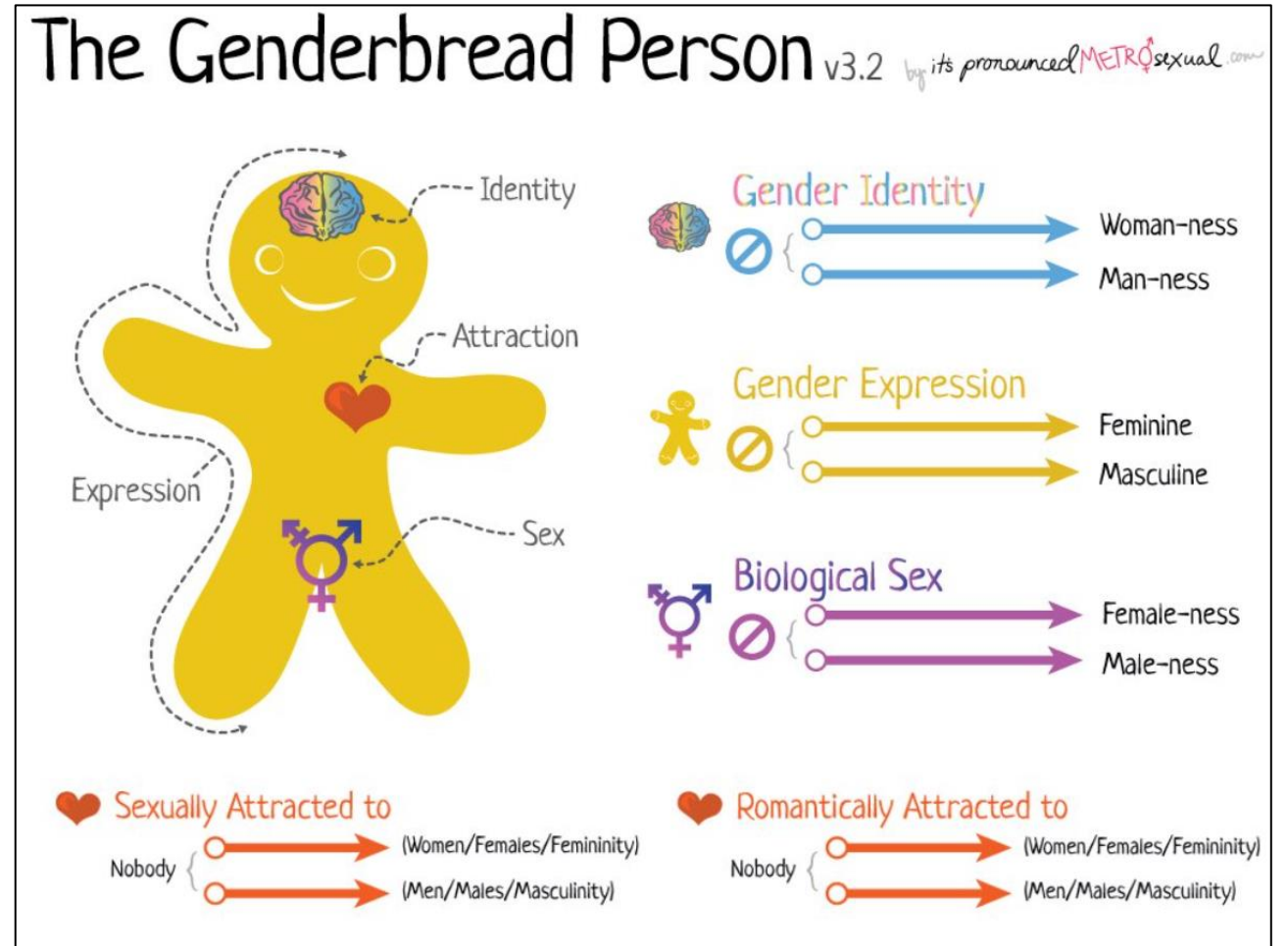
- I have no relevant financial disclosures
- I have two elementary aged girls
- I work in clinics where sex and sexuality are discussed all the time (and it doesn't make these conversations easier 😊)

Objectives

- Define sexuality and describe normal sexual development
- Review influences on adolescent sexuality and sexual behaviors
- Describe benefits of parent (guardian)-teen communication
- Identify “quick tips” for sexual communication with teens

- Sexuality does not equal sex

First things first....

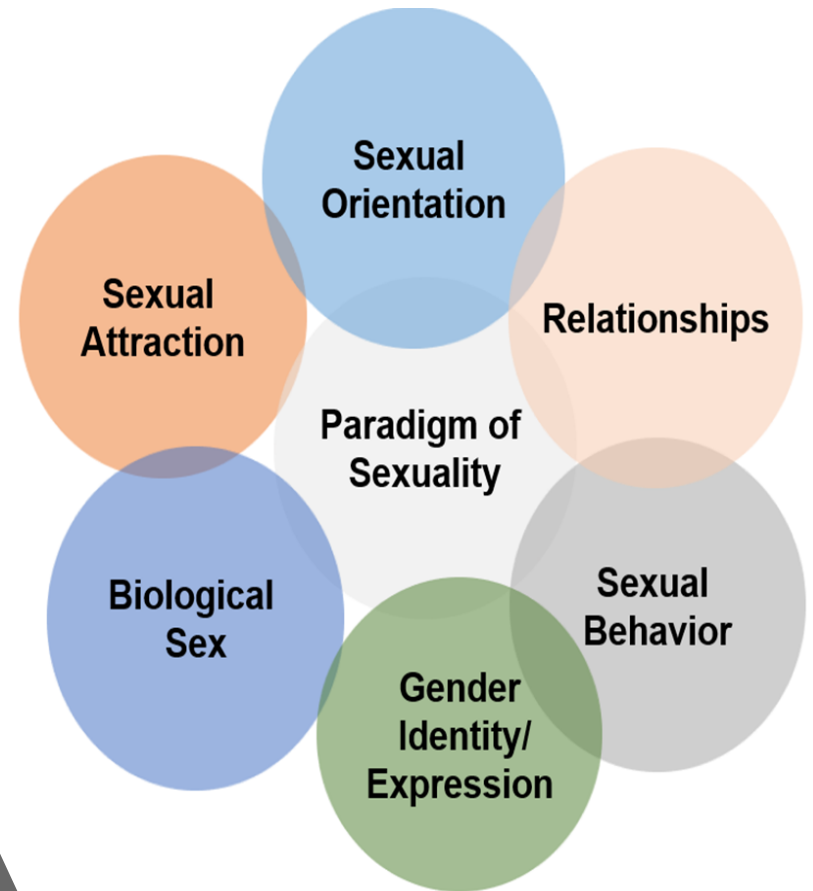


Adolescent Sexuality

“Sexual Health is a state of physical, emotional, mental and social well being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity” *(World Health Organization)*

Sexual development is an ongoing process that begins early in childhood

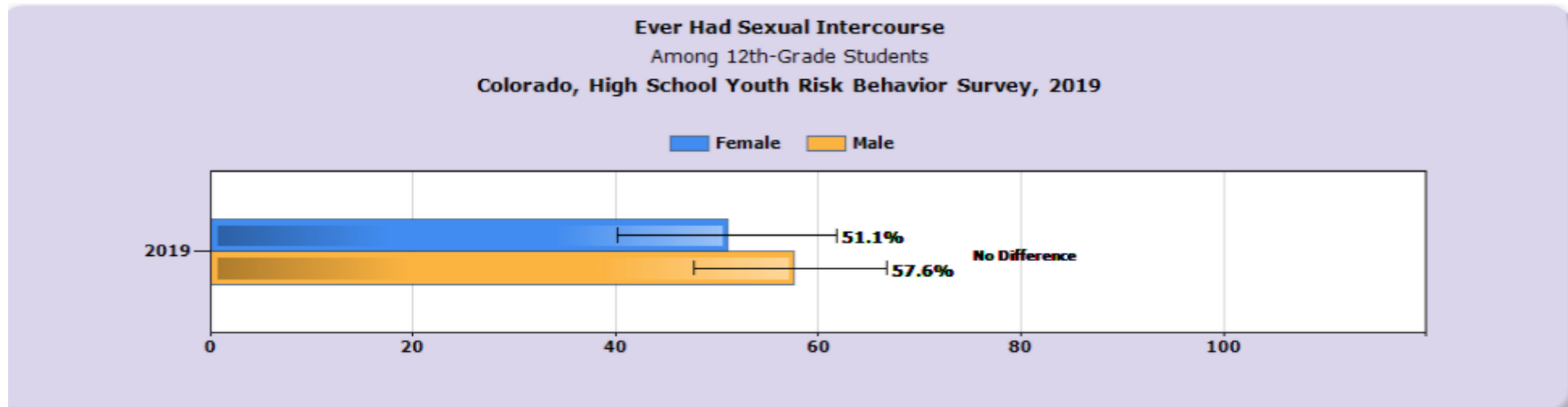
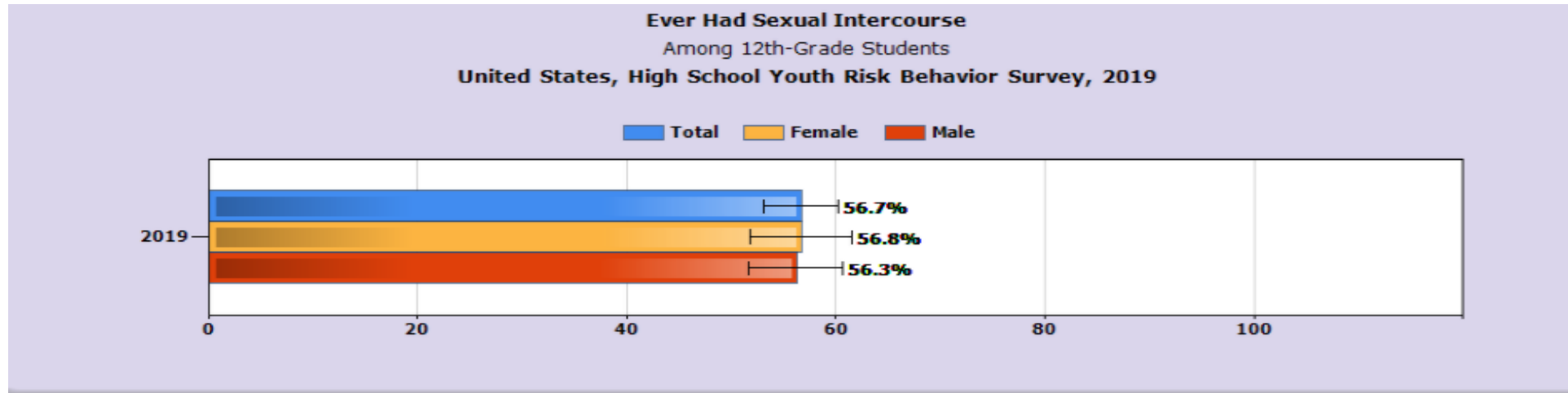
Youth consolidate influences of biologic sex, gender identity, sexual attraction and sexual orientation into behaviors and relationships



What is “normal” sexual development?

- Prior to Adolescence
 - Gender role, identity
- Early adolescence (start of puberty):
 - Physical changes/Preoccupation with body/Body image/Privacy
 - Experimentation with sexuality is COMMON (sexual intercourse is not), including sexual fantasy, curiosity and masturbation
 - Same sex experimentation and attraction are also common and do not necessarily predict sexual orientation
- Middle Adolescence (13-16yo)
 - Basic understanding of most sexual behaviors
 - Masturbation
 - Sexual behaviors (kissing, touching, maybe intercourse)
 - Understand consequences (STIs, pregnancy)

But...let's talk about sex...



Let's talk about the “media”

Traditional media (movies, music, magazines, video games) have a lot of sexual content and little discussion of emotions, responsibilities, risks or relationships.

Sexual media exposure may influence sexual attitudes, beliefs and behaviors (positively or negatively)

Can function as a “super peer”



Sexting

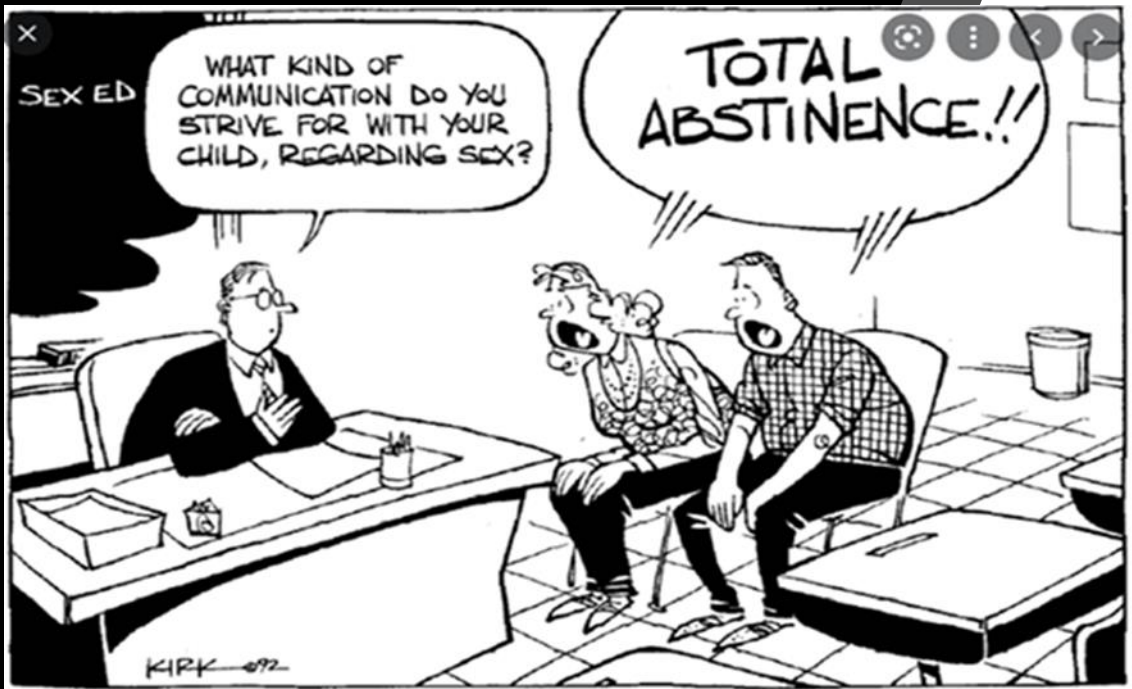
- The concept sexting is “normal” for adolescent development (modern form of “flirting”) but has other unique challenges
 - Majority is consensual, ? coercion
- Prevalence is unclear but recent meta-analysis of 38 studies (before 2017) found the prevalence was common (15% sending a sext, 27% receiving)

Pornography

- U.S. national studies have found that 42% of youth 10-17yo have seen pornography online, 27% intentionally
- Less is known about how adolescents feel about pornography, how it affects them
 - 8% in national study said pornography was helpful for them to learn how to have sex (esp males)

Collins RL, Strasburger VC, Brown JD, Donnerstein E, Lenhart A, Ward LM. Sexual Media and Childhood Well-being and Health. *Pediatrics*. 2017 Nov;140(Suppl 2):S162-S166. doi: 10.1542/peds.2016-1758X. PMID: 29093054.

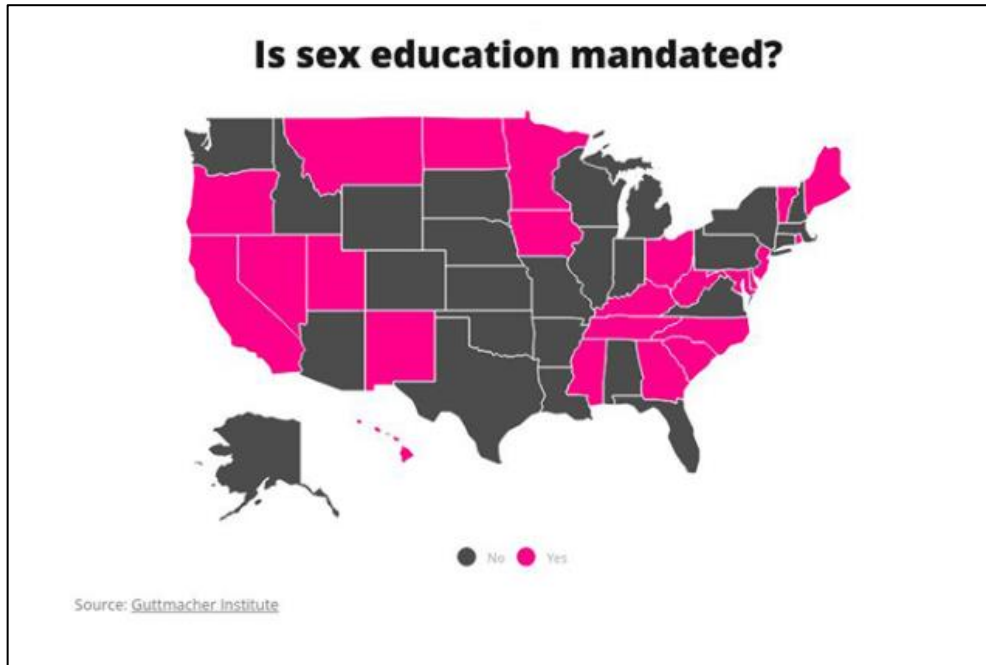
What is the good news?



- Media influences sexual behavior BUT *communication of teens with parents is protective of safer sexual behaviors.*
- Adolescents who never had a helpful conversation with parents about sex were more likely to report that media (including pornography) was a primary source of information about sex as opposed to parents.
- There is a link between frequent communication with family members and lower percentages of sending and receiving sexual pictures.

Why not leave it to the schools?

CO House Bill 1032. 2019



Prohibits	Adds	Clarifies	Retains
Schools from contracting with organizations receiving federal funds for abstinence-only or sexual risk avoidance education	Consent education as a part of sex ed curricula	Inclusion of LGBT health needs	Local school district control over whether sex ed is provided at all
The use of stigmatizing or shame-based language and gender stereotypes	\$1 million in funding for the Comprehensive Human Sexuality Education Grant Program	Inclusion of all FDA-approved contraceptive methods	Requirement that sex ed be medically accurate and include education around contraception
	Requirement that members of the grant program's oversight committee include representation from people who have traditionally been left out of comprehensive sex education programs (LGBT youth, intersex individuals, survivors of sexual assault, members of rural communities, etc.)		Rule that schools cannot receive funding from the federal government for abstinence-only education
	Intersex individuals to the list of people who cannot have their health needs excluded in sex ed curriculum		Requirement that the parents receive notification before their children receive sex ed
	Requirements that instruction be cohesive, integrated, and objective		The ability of parents to opt out of having their children participate in sex ed
	Requirement to discuss all pregnancy outcomes, if talking about any pregnancy outcomes, including parenting, adoption, abortion, and Safe Haven Laws that allow a newborn infant to be left at a fire station with no questions asked within the first 72 hours of their life.		
	Requirement that rural public schools or schools not currently offering comprehensive sex ed receive priority in the grant program		
	Requirement that all schools offering sex ed comply with these standards, regardless of whether they receive grant funding		

What is the problem?

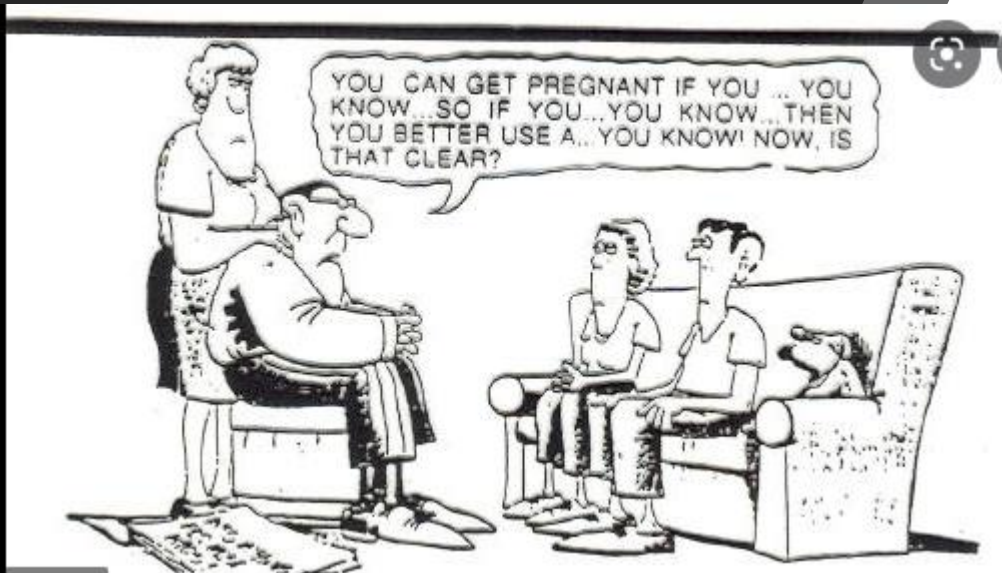
- Lack of knowledge
- Lack of comfort
- Fear of “saying too much”
- Fear of difficult questions
- Fear of putting ideas in their heads
- Fear of reaction, perception, judgment

Ashcraft AM, Murray PJ. Talking to Parents About Adolescent Sexuality. *Pediatr Clin North Am.* 2017;64(2):305-320. doi:10.1016/j.pcl.2016.11.002

Does it hurt or help?

- Communication about sex does not encourage teens to have sex
- Positive association between parent-teen sexual communication and safer sexual behavior among youth
 - *Effect stronger for girls than for boys*

What do “sex talks” look like



Conversations are narrow in scope and poor in quality

Parents seen as unsupportive, rule oriented. Teens seen as dishonest and avoidant

Exclusion of positive topics associated with sexuality (pleasure, love, healthy relationships)

Emphasis on negative topics and risk taking (pregnancy, STIs)

Quick Tips

- **Communication of sexuality should not be avoided**
 - Anatomically appropriate words for body parts and functions
 - Should not be “secret” or shamed. Honest and accurate communication is protective
 - Ask what they want to know
- **Puberty is not a “bad” thing**
 - Can talk about it early to “prepare” and leave opportunity for questions/concerns
 - Talk about it as a normal and positive experience
 - Sexual feelings, curiosity and masturbation are all normal

Quick Tips

- **Repetition is important**
 - Increasing understanding, connectedness and comfort with conversation
- **Use teachable moments****
 - Media (the good and the bad)
 - Social environment (pregnancy, same sex marriage)
- **Conversations can be factual and sex positive**
 - Sex is normal and healthy- and should be a positive experience
 - Sex has risks (just like sports)
 - Communication and Consent are important
- **It is okay to discuss your own values**

Questions?

molly.richards@childrenscolorado.org

