Risky Sexual Behavior Among Youth: Prevention and Practice

INTRODUCTION
Considerable research has been conducted on teen sexuality, particularly as it relates to sexually transmitted diseases (STD) and pregnancy prevention. Some of this research challenges commonly held assumptions about teenaged sexual behaviors and attitudes and include:

- The greatest predictor of teen sexual behavior is desire for physical pleasure (Halpern-Felsher & Reznik, 2009; Levinson, Jaccard, & Beamer, 1994).
- Teens have different reasons for having sex with casual partners versus romantic ones (Rosenthal, Moore, & Flynn, 1991). They are more willing to engage in sex with casual partners sooner than romantic ones (Rosengard, Adler, Millstein, Gurvey, & Ellen, 2004), and engage in casual sexual relations with those whom they have known for a long time (Manning & Longmore, 2006).
- Teens who engage in pre-marital sex are no more likely than their abstinent peers to have low self-esteem (Eisenberg, Ackard, Resnick, & Neumark-Sztainer, 2009).
- Casual sex and risky sexual behavior are correlated with the use of drugs and alcohol (Cooper, 2002; Zapata, Hillis, Marchbanks, Curtis & Lowry, 2008).

These facts are particularly concerning for youth practitioners because most risky sexual behavior occurs during unsupervised time during the after school hours (Cohen, Farley, Taylor, Martin, & Schuster, 2002). These behaviors put teens at-risk for contracting sexually transmitted diseases (STDs) and pregnancy.

RESEARCH TO PRACTICE POINTS
1. Teens who engage in risky sexual behaviors are at higher risk for pregnancy and STDs.
2. Risky sexual behavior is connected with the use of drugs and alcohol.
3. Parental and adult attitudes towards sexual behavior only account for part of teen attitudes and behaviors.
4. Teen sexuality is complex, and each teen is different in their motivations for having sex.

DETAILS ON RESEARCH TO PRACTICE POINTS:
Teens who Engage in Risky Sexual Behaviors are at Higher Risk for Pregnancy and STDs. Statistics on teen sexuality paint a grim picture. A teen engaging in risky (unprotected)
sexual activity has a 90% chance of having a pregnancy within a year (Harlap, Coast, and Forrest, 1991); teen girls who become pregnant are more likely to not finish high school (Hofferth, Reid, Mott, 2001), and are more likely to engage in unprotected sex during pregnancy (Koniak-Griffin, & Brecht, 1995). In addition around 48% of STDs diagnosed every year involve youth between the ages of 15-24 (Weinstock, Berman, & Cates, 2004). Despite these statistics, various studies have shown that contraceptive use has risen since 1995, and that most sexually active teens use at least one form of contraception (Guttmacher Institute, 2010). Consult the resources section at the end of this brief for more teen sexuality statistics.

**Risky Sexual Behavior is Connected to the use of Drugs and Alcohol.**

Many studies have shown a strong connection between risky sexual behavior (unprotected sex, with multiple partners, with partners a teen may not know) and the use of drugs and alcohol (Elliot & Morse, 1989). Substance use is often associated with higher rates of sexual activity within certain groups, particularly as teens get older (Zabin, Hardy, Smith & Hirsch, 1986), and those teens that use either alcohol or drugs are more likely to become sexually active during the following year (Mott Haurin, 1988). In addition, when teens use drugs or alcohol, they are more likely to engage in sexual activity even if would not under other conditions (Donenberg, Emerson, Bryant, & King, 2006), and are more likely to be exposed to dating violence (Ramisetty-Mikler, Goebert, Nishimura, & Caetano, 2006).

**Parental and adult attitudes towards sexual behavior only account for part of teen attitudes and behaviors.**

Despite popular beliefs, teens receive much of their information about sex from the media and peers first, rather than parents or other adults (Epstein & Ward, 2008), and exposure to the media can lead to earlier intercourse, increased number of sexual partners, and stereotypical gender role attitudes (Brown, Keller, & Stern, 2009). More importantly, most negative feedback teens receive about sex usually come from adults (Moore & Rosenthal, 1991) sometimes creating situations where many teens do not feel comfortable asking adults questions. Yet, families and parents do have a significant role in preventing pregnancy, particularly if families have open lines of communication with their teens (Miller, 2002).

**Teen sexuality is complex, and each teen is different in their motivations for having sex.**

Teenagers develop their sexual attitudes and behaviors from the influence of many different sources (Goodson, Pruitt, Suther, Wilson & Buhi, 2006). In addition to the information already provided about teen sexuality, other studies have highlighted the importance of gender roles (Impett, Schoolar, & Tolman, 2006), religiosity (Woodruff, 1986) socioeconomic status, and general access to social resources as predictors for early sexual intercourse (Crosby, Holtgrave, DiClemente, Wingood, & Gayle, 2003; Miller, 2002). Some researchers have noted that some teenaged behavior (including sexual behavior) might have the purpose of establishing adulthood and independence from parents (Jessor, 1991). Others have criticized current public policies and attitudes regarding teenaged sexuality as being too simplistic and unrealistic for real-life situations (Ehrhardt, 1996), and many have highlighted the complexity of teenaged romantic and casual sexual relationships (McCabe, 1984).

**CONCLUSIONS AND IMPLICATIONS FOR PRACTICE**

Although there are many issues associated with risky sexual behavior among teenagers, it is difficult for practitioners to use the available information due to attitudes from parents, stakeholders, and funders. In addition, many programs are not created to address these same controversial issues. However, there are some strategies that practitioners can use to encourage healthy sexual development:

- Wherever possible, practitioners should encourage youth to become informed about the inherent risks that come with sexual behavior. Depending on the program and its limitations, this could take the form of open discussions, pamphlets or similar media, the use of teen counselors or connecting youth with available resources (such as local clinics).

- Given the connection between drug and alcohol use and sexual activity, practitioners should continue efforts to include drug and alcohol prevention programming as part of their overall programmatic efforts.

- Practitioners should increase the involvement of youth and the media when developing programs about risky
sexual behavior. Teens get much of their information from these sources and these sources should not be discounted as unimportant.

- Practitioners should be aware of particular attitudes and issues in their communities, and work with parents to develop programs. For example, in religious or conservative communities, it might be important to parents that teens understand the importance of abstinence, both religiously and as it relates to pregnancy and disease. Programs in these communities should be developed in conjunction with parents to ensure family inclusion. This approach is good practice for most programs, but is especially important when dealing with controversial issues. Practitioners should be pro-active in addressing parental concerns while also addressing teen issues.

- Practitioners should be aware of the complexity of teen (and adult) attitudes in the community. What is an issue for one community may not be an issue for another. For example, some communities might struggle with issues of male aggression related to sexuality, while others might be concerned with high STD and teen pregnancy rates. Programs should be designed with particular community issues in mind rather than generally based.

Despite the challenges, it is possible for most programs to at least be aware of the issues its teenagers are facing with regards to risky sexual behavior. Whether particular influences are social, economic, or religious, it is important that practitioners understand these issues, the attitudes of the community, and the legal and economic ramifications of adopting certain programs.

**AREAS WHERE ADDITIONAL RESEARCH IS NEEDED**

Despite the amount of information available on teen sexual behavior, there are areas where more information would be useful. Although we know that unsupervised teens are more likely to engage in sex, more research is needed to determine what constitutes adequate supervision, or if more supervision will encourage teens to curb these behaviors. In addition, more information is needed to determine the role of teen voice in prevention efforts, and how accurate, age-appropriate information can be paired with youth-sponsored teen awareness programs to encourage healthy sexual practices. Similarly, more research is needed to evaluate how community and parental attitudes towards sex translate into behaviors, and how teens synthesize this information.

**REFERENCES**


**RESOURCES**


Scarleteen: *Sex Ed for the Real World* (www.scarletteen.com)

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Dr. Peter Witt serves as Editor for the YDI Research Brief Series

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