

Teens and Risky Sexual Behavior:
What School Counselors Need to Know


by

Brittany J. Loew/Thompson

A Research Paper
Submitted in Partial Fulfillment of the
Requirements for the
Master of Science Degree
in

School Counseling

Approved: 2 Semester Credits


Carol Johnson, Ph.D.

The Graduate School
University of Wisconsin-Stout

May, 2011

**The Graduate School
University of Wisconsin-Stout
Menomonie, WI**

Author: Loew/Thompson, Brittany J.

Title: *Teens and Risky Sexual Behavior: What School Counselors Need to Know*

Graduate Degree/ Major: MS School Counseling

Research Adviser: Carol Johnson, Ph.D.

Month/Year: May, 2011

Number of Pages: 26

Style Manual Used: American Psychological Association, 6th edition

Abstract

The literature review provides an overview of research pertaining to adolescence decision making, early sexual activity, and other risky behaviors. The role of parent, role of school counselor and what the school counselor needs to know is critical to providing the information teens need to avoid making life-altering decisions. Aspects of the risks of early sexual activity and consequences are examined. Literature describing how school counselors can incorporate sex education programs is presented and insight in how to approach adolescence about early sexual activity and how to maintain confidentiality is presented in this study.

**The Graduate School
University of Wisconsin Stout
Menomonie, WI**

Acknowledgments

I would like to thank my family for all their support throughout my graduate school training. I especially would like to thank my husband, Derek Thompson, for his love, support, and friendship throughout this journey. My thesis advisor, Carol Johnson, has helped me in so many ways. She has motivated me, reminded me to stay positive, and helped me stay focused on completing my thesis. I would also like to acknowledge the University of Wisconsin-Stout school counseling faculty and thank them also for all the knowledge, skills and experiences that contributed to my education and service to others.

Table of Contents

	Page
Abstract	2
Chapter I: Introduction.....	5
Statement of the Problem.....	7
Purpose of the Study	7
Assumptions of the Study	8
Definition of Terms.....	8
Limitations	9
Chapter II: Literature Review	10
Introduction.....	10
Decision Making of Adolescence.....	10
Early Sexual Activity.....	12
Risky Behavior.....	15
Role of Parent.....	17
Role of School Counselor.....	17
Chapter III: Summary, Discussion and Recommendations	21
Introduction.....	21
Summary	22
Recommendations.....	23
References.....	24

Chapter I: Introduction

Skimming through the channels on television, one may notice that the language, sexual content and themes for programs targeting teenagers have dramatically changed over the years. Reality T.V. shows young teens making adult decision far before they are developmentally and physically ready. Teenagers, including younger brothers and sisters, nieces, nephews, grandchildren, our own children, students, and our friends, are at risk; not only from diseases such as AIDS, STDs, and unplanned pregnancy, but also from the media's influence on progressive sexual behavior. Teenagers are engaging in sexual activities at younger ages each year; sexual activities meaning sexual intercourse, oral sex, and anal sex. With the increase in access to media by television, Internet, magazines, and music, teenagers are actively engaged by sexual words, actions, songs, and pictures whether it is at school, at home, or in public. Not only is the media having an impact on the increase of sexual- activity of teenagers, but the peer pressure from friends also has a major impact.

According to National Center for Chronic Disease Prevention (2009), in 2007, 48% of high school students had had sexual intercourse, and 15% of high school students had had four or more sex partners thus far in their young lives and roughly 39% of currently sexually active high school students did not use a condom during their last sexual encounter. The study also indicated that in 2002, 11% of males and females aged 15-19 had engaged in anal sex with someone of the opposite sex and 3% of males aged 15-19 had had anal sex with a male and 55% of males and 54% of females aged 15-19 had engaged in oral sex with someone of the opposite sex. In 2006, the Center for Disease Control (CDC) estimated 5,259 young people aged 13-24 in the 33 states reporting to CDC were diagnosed with HIV/AIDS, representing about 14% of the

persons diagnosed that year. Each year, there are approximately a million new STD infections, and almost half of them are among youth aged 15-24. In 2002, 12 % of all pregnancies, or 757,000, occurred among adolescents aged 15-19. Adolescents are more likely to engage in high-risk behavior, such as unprotected sex, when they are under the influence of drugs or alcohol (CDC, 2009).

According to *Teen Sexual Behavior: Issues and Concerns* (2008), 83% of the episodes of the top twenty shows among teen viewers contained some sexual content, including 20% with sexual intercourse, and 42% of the songs on the top CDs in 1999 contained sexual content; 19% included direct descriptions of sexual intercourse. On average, music videos contain 93 sexual situations per hour, including 11 “hard core” scenes depicting behaviors such as intercourse and oral sex. Girls who watched more than fourteen hours of rap music videos per week were more likely to have multiple sex partners, and to be diagnosed with a sexually transmitted disease. Before parents raised an outcry, Abercrombie and Fitch marketed a line of thong underpants decorated with sexually provocative phrases such as “Wink Wink” and “Eye Candy” to ten year olds. Neilson estimates that 6.6 million children ages 2-11 and 7.3 million teens ages 12-17 watched Justin Timberlake rip open Janet Jackson’s bodice during the 2004 Super Bowl halftime show (Focus Adults Surveys, 2008).

The number of teenagers involved in risky sexual behavior is increasing in epidemic proportions. This could be in part because teens have misconceptions about sex and its consequences. Some misconceptions might include that “all teens are having sex,” and “ you can’t get pregnant your first time having sex,” or “oral or anal sex are not really sex.” To make matters worse, parents are often uninformed themselves regarding how to communicate with their children about sex and risky behaviors. Adolescents are more likely to become involved

with risky sexual behaviors when their parents are uneducated, where there is minimal communication between parents and child, when they engage in non-parental supervised activities, hang around sexually active friends, earn low school grades, and not having enough activities to keep them busy.

This sexual epidemic is happening at a faster rate and it's happening in homes, schools, and communities. Until children are taught about the risks, understand the risks and responsibilities of having unprotected sex, children will continue to be in danger.

Statement of the Problem

Teenagers are beginning to experiment with risky sexual behavior at younger ages, in part due to the mass media, peer pressure, and the lack of supervision by parents and other adults. Not only are adolescences at-risk for disease or pregnancy, but they are also experimenting with drugs and alcohol, which may also lead to unplanned sex. The disturbing reality is that this is happening with increasing frequency. It is important for school counselors to be aware of the increase in promiscuity and plan to include the topic in appropriate guidance lessons that raise awareness of the consequences. Therefore, the problem becomes, What behaviors of risk are students engaging in and what do school counselors need to know about risky sexual behavior of today's teens?

Purpose of the Study

The purpose of this study is to raise awareness for caring adults and educators about the risks and consequences of involvement in risky sexual behavior at a young age. The review of literature was developed in the spring 2011 using media, research and professional studies to gather information on the topic of risky sexual behavior of teenagers.

The research objectives are to determine what kinds of behavior that adolescences are choosing that involves risky sexual promiscuity, and to determine strategies that school counselors and parents may wish to use to minimize student's engagements in risky sexual behavior.

Assumptions of the Study

It was assumed that since the mass media and Internet use is growing and more widely available, and that adolescents have more access to sexual music, videos, words promoting sex, awareness of sexual transmitted diseases. It is also assumed that some literature may not be able to be all-encompassing with current strategies for today's teenagers. Another assumption is that schools will continue to be a source of reliable and accurate information for students regarding this topic. A final assumption is that some resources may have been unavailable or overlooked due to limited time and resources by the researcher in the spring of 2011.

Definition of Terms

The terms in this paper that may need clarification and a proper definition for a reader's understanding are given below.

Adolescence. The period of life between childhood and maturity.

Adolescent. Somebody who has reached puberty, but is not yet an adult.

AIDS. A disease of the immune system caused by infection with the retrovirus HIV, which destroys some types of white blood cells and is transmitted through blood or bodily secretions such as semen. Patients lose the ability to fight infections, often dying from secondary causes such as pneumonia or Kaposi's sarcoma.

Haley Effect. When teenagers are mulling over a question of right or wrong, safety or danger, they take into account what others do or think.

HIV. Either of two strains of a retrovirus, HIV-1 or HIV-2, that destroys the immune system's helper T cells, the loss of which causes AIDS.

Puberty. A stage of human development commonly occurring in adolescence, during which an individual's body undergoes sexual maturation, reproductive organs develop and become fully functional and individuals also grow in height and body composition will change (Teen Health, 2008).

Risk Proneness. Attraction to excitement, and ineffective decision making (Journal of Research on Adolescence, 505).

Self-Regulation. The ability to regulate one's attention, affect, and activity in accordance with internal and external demands (Journal of Research on Adolescence, 503).

Teenager. A young person between the ages of 13 and 19.

Limitations of the Study

This study represents only a small sample of literature and research that was available during spring 2011. The literature reviewed is a discussion of assumptions and limitations about teenagers and their involvement with risky sexual behavior that should be considered. Opinions and conclusions drawn from the reviewed literature are limited and further research on teenagers and sexual behavior is recommended.

Chapter II: Literature Review

Introduction

In this chapter, findings from the literature review will be discussed on topics including decision making of adolescences, early sexual activity, risky behaviors, roles of parents, and role of school counselors.

Decision Making of Adolescence

Teenagers are prone to make bad decisions as it's a part of the adolescence developmental period in life. At times adults may wonder why teens make the decisions that they do, and even some teens look back at the decisions they make; unfortunately, often when it's too late. Today's youth have many decisions to make and many dilemmas to face every day, including whether or not to engage in sexual activity at a young age. "A critical issue for today's youth is developing a healthy understanding of their sexuality, and the United States Surgeon General has labeled this challenge as one of the nation's leading public health concerns" (Nursing Forum, 80).

Adolescents are faced with sexual exploitations daily including: music, movies, television, news, magazines, Internet, cell phones, posters, clothes, and friends. Teens have to make the important decisions to become involved in sexual activity or to refrain.

Adolescence sexual decision-making is a complex issue that has received much attention in the literature. The concept that positive self-esteem, problem-solving, and reasoning skills served as probable protective factors for a variety of adolescent risk behaviors, including sexual activity, has been documented, as well as the findings that lower levels of problem-solving skills, health-promoting

behaviors, and education were all possible predictors of early intercourse.

(Nursing Forum, 82).

Teenagers are generally impulsive in most any activity that they do. They don't necessarily think ahead of time why they want to do it, what the consequences are, or what the risks are. Teens sometimes just do it because they want to do it or because they cave in to peer-pressure. "A motivation for engaging in any sexual relationship is social enhancement to gain attention or popularity, to fit in, and to show maturity" (Sex Education, 405). There is really no rhyme nor reason and that may be why it's so hard to study adolescents and why they make the decisions they do. According to one study, "What's novel about this research is that we've demonstrated that quite a bit of adolescent decision-making is not reasoned on—on any level. It's not because it's motivated behavior, or they've thought about how much they want to do it. It's because they just do it" (Science Daily, 2007).

Teenagers tend to experiment with risky behaviors because they are curious or they want to know what it feels like, what it tastes like, and/or what will happen. Just as infants are curious when they are in new environments, teenagers are curious when they go through the adolescent stage of development. It has been said that they have raging hormones, puberty, and an urge to fulfill the "feelings of desire" deep inside them. Peers also have a high impact on decision making. A lot of young teenagers are still trying to figure out who they are and most of the time they ask their friends what they are doing, or follow in their friend's footsteps. This type of action is called the Haley Effect. This can be described as, "when teenagers are mulling over a question of right or wrong, safety or danger, they take into account what others do or think" (Decisions, Decisions, 2007). "This type of goal for adolescents is considered unhealthy because they are easily swayed to participate in a romantic relationship because of social

pressures” (Sex Education, 405). These types of behaviors may also lead to other unhealthy risky behaviors.

An example of the Haley effect is, “it would be safe to put my seatbelt on, but I want to see if my best friend puts her seatbelt on first.” Teenagers go through a decision making process, but they don’t necessarily go through a gut-instinct making process. If they know something is wrong or bad, their decision is not necessarily based on the safety of the person doing the thinking, but they base it on what others will think or do, others meaning peers and friends.

Some educators are researching ways to help adolescents during the decision making process. In the elementary schools, educators provide programs for students to assist them in making responsible decisions. Providing lessons on peer pressure awareness is necessary because teenagers base a majority of their decisions on what their friends thinks is “cool” or “in.” The main consideration for more research is that teenagers are often foreigners in their own bodies during adolescence and puberty. They not only are confused about what is going on in their bodies, but they are confused and trying to fit in with others around them. Watching media, TV, Internet access and listening to music may all contribute to the conflict many teens experience about what is right and wrong.

Early Sexual Activity

Teenagers are starting to engage in sexual activity at younger and younger ages. According to the article *Risk Behaviors: Sexual Activity among Teens and Teen Pregnancy* (2002), teenagers from ages 15-19 are starting to have a decrease in early sexual activity whereas ages younger than 13 are having an increase. Among adolescents younger than 14 years old, 27.8% have touched each other under clothing, 19.9% have touched each other’s genitals, and 7.6% have had sexual intercourse (Sex Education, 396).

“Youth who develop strong self-regulatory skills in middle childhood are better equipped to avoid risky behavior in adolescence including risky sexual behavior” (Journal of Research on Adolescence, 505). This tends to begin in early childhood with the parental regulation. The trend that teens are maturing faster than they used to years ago and their hormone levels are on the rise contributes to the fact that adolescence are more likely to be pursued by older adults, which could lead to poor decision making skills due to peer-pressure. “Among adolescents, affiliation with deviant and sexually active peers is linked to greater likelihood of sexual behavior” (Journal of Research on Adolescence, 507-508).

The media may have a substantial impact on how males and females view themselves, which may also lead to early sexual activity. This happens because when girls go through puberty, adolescence and into womanhood, females are viewed as sexual objects or objects of desire. Girls have to be sexually attractive based on looks, and the perception is for even more sexually experienced to be an adult or be considered a “woman.” Men, on the other hand, may have to maintain their manhood by being involved in sexual activity. Peers may look at the guys as being “boys” if they haven’t had sexual experiences and a “man” if they had (Risk Behaviors, 2002).

Another factor that tends to lead to early sexual activity is the denial that oral sex or anal sex is actually “sex.” Adolescence are experimenting with oral and anal sex at younger ages because they believe it doesn’t constitute as sex, and one can’t get diseases if they are not having intercourse. This thinking may in part be due to a lack of knowledge and quite possibly the “word-smithing” of a former president accused of having sex, as he challenged the definition of sex. This rising epidemic of teens and early sexual activity is also giving rise to teens and emotional problems. Does early promiscuity cause depression? Does depression cause a teen to

choose to have numerous sexual encounters to relieve stress and anxiety or to improve popularity? According to the article *The Emotional Risks of Early Sexual Activity* in 2002 it is stated,

It has been clear for quite some time that teen sex and emotional problems such as depression are related. What has not been clear is if teen sex causes depression, or depression causes teens to have sex. Recent research suggests that both may be true. Teens, especially girls, who have sexual intercourse may be at greater risk for depression. And depression in teens is now known to lead to risky sexual behaviors. (n. p.)

Early sexual activity may also lead to later adulthood risky behavior. When adolescents are taking risks whether it is with substance abuse and early sexual activity, they “lose” many things which can include: friends, family, education, dreams, goals, and hope. What tends to happen is that parents think back to times when they may have felt they lost something and this becomes a challenge for them. Parents may possibly refuse to talk about these risky sexual behaviors because “they will return to these moments of deprivation and loss, and in order to repair what went wrong, they need to attempt to re-find what was lost” (Sex Education, 58).

Early sexual activity is also contributing to more serious problems including other risky behaviors and the onset of disease: STD’s, HIV, and AIDS amongst teenagers. According to a division of CDC, approximately 18% of all new HIV diagnoses are among young people aged 13-24 and teens and young adults have the highest rates of sexually transmitted diseases (STDs) of any age group. Internet surfing, alcohol consumption, sexting, experimenting with drugs and other risky behavior all may contribute to early sexual activity (CDC, 2009).

Risky Behaviors

The onset of early sexual activity also may include teens who experiment with other risky behaviors. These may include alcohol, drugs, smoking, dating violence, vandalism, and even other addictions such as gaming, the Internet, and junk food consumption, extreme shopping, or gambling. According to the online website 4Parents.gov, it is stated that one unhealthy behavior often leads to another. For example, teens who smoke are more likely to drink alcohol and use drugs. Teens who drink are seven times more likely to have sex than teens who don't drink. When teens were asked in a recent survey if they were drinking or using drugs, the last time they had sex, almost one in four of them said yes (Risky Behaviors, 2009). A study linking self-regulation and proneness to risky sexual behavior in 2006 found that "self-regulation in middle childhood influences adolescent sexual risk taking" (Journal of Research on Adolescence, 518). However, they also found that poor or low self-regulation appears to send children on down the path of sexual risk taking by increasing their taking part of early substance use (Journal of Research on Adolescence, 518).

Teens are more apt to engage in risky behaviors when they become involved with the wrong crowd. If their friends are experimenting with drugs and alcohol, more than likely that one person will as well. If their friends are experimenting with sex and being sexually active, more than likely that person will too. However, if the teen is not informed on how to avoid peer pressure, or if ones' self esteem and confidence is low, the teen will more than likely become involved in many different types of risky behavior (Journal of Research on Adolescence, 52). "Negative peer pressure predicted sexual risk taking both directly and indirectly, through early substance abuse" (Journal of Research on Adolescence, 518). Therefore, risk proneness is allowing youth to be pressured into risky behaviors such as substance abuse, which may lead to

an increase in risky sexual behavior. When adolescents are using drugs and alcohol, and then engaging in risky sexual behavior, it may be because their decision making skills are impaired and their inhibition is reduced which will in turn impairs their judgment making spontaneous and hazardous decisions (Journal of Research on Adolescence, 519).

Prevention education is a critical part in reducing risky behavior. The media appears to advocate for promiscuous behavior. When reading the covers of magazines for women, readers are told how to please a man, super-charge your sex life, and break the boundaries to free sex. Unsupervised teens who read the material or watch music videos or listen to the music hear encouragement to engage in sex as “everyone is doing it, and doing it often.” Kids may feel left out or feel they are different if they are doing it and talking about it.

Finding ways to prevent the mass media and technology from promotion of sexual content for young teens would be one way for prevention of early sexual activity and risky sexual behaviors. According to the National Center for Chronic Disease Prevention and Health Promotion, HIV/STD prevention education should be developed with the active involvement of parents, be locally determined and designed to meet the age and needs of the teens, and be consistent with community values. It should address the needs of youth who are not engaging in sexual intercourse as well as youth who are currently sexually active, while ensuring that all youth are provided with effective education to protect themselves and others from HIV infection and STDs now and lifelong (CDC, 2009).

If all parties are working together to raise awareness of the sexual epidemic, awareness of the increase in teens having sex at earlier ages and acknowledge that media play an important role in challenging the core values of the families, educators and parents can work together to inform teens about making good decisions pertaining to their wellness, health and safety.

Role of Parents

Parents and guardians also have a major impact on how their child views risky behaviors and whether or not they choose to engage in risky behaviors such as substance abuse and early sexual activity. While parents cannot make their child's decisions for them, and parents cannot hold their child's hand and be there with them throughout their entire life, parents can help their child develop strategies to build strong character, and skills that build resilience. "Sex Education requires adults to consider our own perceptions of adolescents and to place the adolescent in relation to our own views of sexuality, maturity and vague, largely articulated, beliefs about 'grownupness' " (Sex Education, 48). Parents need to see their adolescents as "adults," just as they would themselves, and conducting conversations about age-appropriate sex with maturity. There are key points that a parent can make with their child including encouragement to talk to other adults at school such as counselors or teachers, become involved with the school to help build programs or know the news of the school, and stay connected with the school by keeping in contact with your student's teachers (CDC: Parents and Families, 2009).

Roles of School Counselor

The school counselor role is divided into numerous categories but to help inform teens about risky decisions, the roles of advocate, consultant, collaborator and developer are encouraged. School counselors should consider developing guidance curriculum based on the standards and comprehensive school counseling model. One main topic that could be included is awareness of our own bodies and making decisions that help teens stay healthy and active while avoiding risky behaviors. The parent and school counselor's roles in this topic area are vital to the adolescence's future.

Decision making programs may be provided by the school and the curriculum is based on the value or mission of the school: abstinence only for example. However, the school counselor must adapt and modify the curriculum based on the students and their needs while adhering to the district policies. Helping students to understand themselves sexually and to become comfortable with the idea of romantic relationships is crucial to the development of adolescent romantic relationships in the future (Sex Education, 396). Another emphasis is placed on the importance of “connectedness” and honesty and trust when talking about sex education (Sex Education, 396). When adolescents feel that they can trust an adult or advocate, or health education teacher, they know that their feelings are being considered and understood (Sex Education, 396).

Depending on the school’s policy for sex education, school counselors may have to follow that particular curriculum. Health educators, science teachers and family studies educators can all be partners in the process. Just as lessons are modified, for different learning styles, school counselors need to modify sex education information to the level of maturity, development and understanding for adolescents. “Sex education would begin with a theory of sexuality expansive enough to include experiences such as curiosity, infatuation, attraction, making friends, narcissism, losing oneself to love, becoming mad with desire, feeling unwanted, rejection, hating your parents, and being disappointed” (Gilbert, 2007, p. 57).

School counselors who wish to be proactive could begin prevention strategies rather than intervention. “Interventions that provide training in assertiveness and sexual communication skills may help encourage safer sex” (Monitor on Psychology, 58). Interventions can begin to open up communicate about sex where students can freely discuss topics, risks, and risky behaviors or consequences of those decisions. It is important for the parent at home or the adult

educator at school to know about the experiences that adolescence may go through. Adults are encouraged to bring the information down the adolescent level of understanding, but yet maintain mature, factual and appropriate information (Sex Education, 2007).

As many adolescents are often ‘testing the waters’ and taking chances and risks, when does the risk become too dangerous? In an article on ethics and professional behavior pertaining to school psychologists, it states that the psychologist “must make a judgment as to how the frequency, intensity, or duration of risk-taking behavior contributes to the potential for harm to the adolescent or others” (Ethics and Behavior, 449). All counselors have been trained to consult with other colleagues, especially in cases of breaching confidentiality. The students that school counselors work with are minors for the most part, but they still have to maintain the student’s right to privacy, and also the parent’s rights. In its ethical code, American School Counseling Association (2004) guides school counselors to keep information confidential (Section A.2.b) while at the same time respecting the rights of parents/guardians to care for their children (Section B.1.a) (Professional School Counseling, 2008).

In summary, it is best practice for parents to be the initial and primary educators for informing their children regarding making good decisions, practicing a healthy lifestyle and avoiding risky behaviors. Due to peer pressure, attention in the media, and an intensive advertising campaign, parents often find they may need reinforcement from others to help maintain a safe environment for the adolescents. Training to determine how to detect online predators, awareness of the impact of drugs and alcohol consumption on risky behavior and too much unsupervised time alone may all be concerns of parents who want to protect their children. Working in partnership with the community agencies, faith-based groups, and schools may all contribute to raising awareness of ways to keep kids safe while allowing them to have some

freedom to make decisions. School counselors and other educational leaders may serve as good partners in the process as they often spend so much time during a school day with the teens.

Using health education classes and guidance curriculum to teach decision making and healthy life choices is a good starting place.

Chapter III: Summary, Discussion and Recommendations

Introduction

Chapter III includes a summary of the literature reviewed, a discussion of the findings and what this means for parents, school counselors and other educators. Recommendations for further research will be suggested at the end of the chapter.

Summary

Teenagers are beginning to experiment with risky sexual behavior at younger ages, partly due to the mass media, friends, and the absence of parent supervision. Teens are making a decision to engage in risky behavior because they have time on their hands, lack of supervision, influence of peer pressure and media influence to “just do it!” Not only are adolescences at risk for disease or pregnancy, but they are also experimenting with drugs and alcohol, which may lead to unplanned sex.

Teenagers are at a high risk for sexually transmitted diseases including Chlamydia, Herpes and HIV. Teen pregnancy puts an end to adolescent behavior as the young teen is often forced in the adult world long before they are ready to make adult decisions. Promiscuity may be a result of other risky behaviors including alcohol use, dating violence and drug abuse. It all begins with the decisions that the teens makes regarding risky behavior. Decision making is based not so much on the singular person and what is safe for one, but it’s based on what their friends think is cool. A majority of teens asked their friends what they would do or what they think in situations and make their choice based on that. Teens tend to not go with their gut feeling and instead make impulsive decisions which lead to risky consequences, including early sexual activity.

Early sexual activity is happening at younger ages every year; however, teenagers are also advancing into puberty at younger ages and maturing physically at younger ages.

Adolescents are surrounded by explicit sexual material that is hard for them to ignore. Explicit material is on the Internet, in television and movies, on billboards and posters, and even from peers or brothers/sisters. Along with early sexual activity are other risky behaviors that teens become involved with. Adults are tempting teens with risky behavior when they notice that children are left unsupervised, engage in risky behavior and act older or more mature than they actually are.

Risky behaviors may include alcohol use, drug abuse, and tobacco use, dating violence and even addictions to food, shopping, gambling, the Internet, or video games. Risky behaviors tend to lead to other risky behaviors. For example, alcohol use can lead to an unplanned sexual encounter, which could lead to an unplanned pregnancy and disease.

Discussion

The topic of teens and risky sexual behavior is becoming more popular. However, prevention and intervention are not. Partnerships with parents and educators may lead to developing a program to teach adolescents about early sexual activity and the risks and consequences. The internet has opened a world of options for teens that may not be mature enough and experienced enough to avoid the pitfalls of promiscuity.

There may be also a need for emphasis on family values that imply more supervision and open dialog between parents and teens regarding risky behavior. It is difficult to image that teens would send naked pictures of body parts to friends and expose themselves in ways they would not have previously if technology were not misused so widely. Technology is surpassing in ways never before imagined and it is a challenge to keep up. Schools will want to continue to

update software that limits internet access by installing fire-walls that keep students from exploring websites that are inappropriate and conflict with the values that the family is trying to model for them. Parents need to provide supervision for children and not buy clothes that are risky and revealing that promote sexuality of children as young as nine and ten years old. Monitoring TV programming and video rental and music purchase that promotes teen sex and restricting access is important to keep children from viewing non-age appropriate materials.

Recommendations for Future Research

More research needs to be conducted to find data based curriculum that makes a difference in the decisions that teens make; however, more programs are needed to protect youth from HIV, hepatitis, herpes, and from other STDs, and unplanned pregnancies. One major problem is that parents, teachers, and counselors need to be more informed with further training to be able to discuss these topics. If a parent or educator isn't willing, trusted adults like the school nurse, school counselor or family physician should be available for consultation. A part of the population may believe that if it's not talked about, it won't happen, but if it's not talked about, teens are curious and will experiment. Working together, educators and parents can develop plans of action to keep teens safe and healthy.

More research regarding the impact of cultures may shed light on why some demographics of the population are still becoming pregnant at a young age. Research could also explore in more detail the impact on STD's and pregnancy later in adult life. As more teens are networking online for casual sex and then experience "sex-regret" studies could determine the number of times teens hooked up with others without being involved in a serious relationship, but how many are engaging in recreational sex? Further research is needed to keep kids safe so they can enjoy healthy life choices later in life.

References

- Centers for Disease Control and Prevention (2009). School connectedness: Strategies for increasing protective factors among youth. Retrieved March 24, 2011, from: www.cdc.gov/healthyyouth/adolescenthealth/pdf/connectedness.pdf
- Conkle, A. (2007). *Decisions, decisions*. Retrieved May 4, 2010, from: www.psychologicalscience.org/observer/getArticle.cfm?id=2192
- Dittmann, M. (2003). Worth the risk? *Monitor on Psychology*, 34(4), 58. Retrieved March 24, 2010, from: www.apa.org/monitor/apr03/worth.aspx
- Fantasia, H. C. (2008). Concept analysis: Sexual decision making in adolescence. *Nursing Forum*, 43 (2), 80-90. Retrieved May 4, 2010, from: <http://ezproxy.lib.uwstout.edu:2699/ehost/detail?vid=4&hid=22&sid=253a386d-ebb7-4725-9e071638810a2200%40sessionmgr10&bdata=JnNpdGU9ZWlvc3QtbGl2ZQ%3d%3d#db=hch&AN=31790981>
- Gilbert, J. (2007). Risking a relation: Sex education and adolescent development. *Sex Education*, 7(1), 47-61.
- Iowa State University. (2007). Psychologist explains teens' risky decision-making behavior. *Science Daily*. Retrieved February 9, 2010, from: www.sciencedaily.com/release/2007/05/070531093830.htm
- Mayeux, L., Sandstrom, M.J., & Cillessen, A.H.N (2008). Is being popular a risky proposition? *Journal of Research on Adolescence*, 18(1), 49-74.

- Moyer, M. & Sullivan, J. (2008). Student risk-taking behaviors: When do school counselors break confidentiality? *Professional School Counseling, 11*(4), 236-245. Retrieved March 27, 2010, from: <http://ezproxy.lib.uwstout.edu:2699/ehost/detail?sid=c842683f-adc0-4abb-ac6a-3b704c1af7f1%40sessionmgr10&vid=7&hid=22&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#db=ehh&AN=31906845>
- National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health. (2009). *Health topics: Sexual health behaviors*. Retrieved February 9, 2010, from: www.cdc.gov/healthyyouth/sexualbehaviors/index.html
- National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health. (2009). *Helping your child feel connected to school*. Retrieved March 24, 2011 from: http://www.cdc.gov/healthyyouth/adolescenthealth/pdf/connectedness_parents.pdf
- National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health. (2011). *Bringing high quality HIV and STD prevention to youths in schools*. Retrieved on March 24, 2011 from: www.cdc.gov/healthyyouth/about/hivstd_prevention.htm
- Rae, W.A., Sullivan, J.R., Razo, N.P., & Garcia de Alba, R.G. (2009). Breaking confidentiality to report adolescent risk-taking behavior by school psychologists. *Ethics and Behavior, 19* (6), 449-460.
- Risk behaviors: Sexual activity among teens and teen pregnancy*. (2002). Retrieved February 9, 2010, from: <http://www.answers.com/topic/risk-behaviors-sexual-activity-among-teens-and-teen-pregnancy>

Risky behaviors. (2009). Retrieved February 9, 2010, from:

<http://4parents.gov/sexrisky/risky.html>

Royer, H.R., Keller, M.L., & Heidrich, S.M. (2009). Young adolescents' perceptions of romantic relationships and sexual activity *Sex Education, 9*(4), 386-394.

Teen Health. (2008). Retrieved March 31, 2011 from:

<http://teenhealth.about.com/od/glossary/g/puberty.htm>

Teen sexual behavior: Issues and concerns. (2008). Retrieved February 9, 2010, from:

www.focusas.com/SexualBehavior.html

The emotional risks of early sexual activity. (2002). Retrieved May 4, 2010, from:

www.4parents.gov/sexrisky/emotional/emotional.html