

“Questions about sexuality need to be carefully worded to avoid assumptions about monogamy and heterosexuality,” he suggests. “An interview with a male patient that begins, ‘Do you have a girlfriend?’ reveals the interviewer’s bias and may drive gay patients into defensive silence or dishonesty. If an adolescent patient acknowledges being sexually active, asking ‘Do you have sex with males, females, or both?’ communicates open-mindedness and allows your patient a full range of replies. Another good question for sexually active teens is, ‘About how many sexual partners have you had?’ A hesitant patient may need to be encouraged with a range of replies: ‘Closer to one? Five? Twenty? Or more?’”

Finally, physicians should bear in mind that high-risk behaviors often occur together. “Adolescents who are found to engage in one health risk behavior, such as alcohol, tobacco, or drug use, should be asked about involvement in others,” suggests Debra W. Haffner, president of SIECUS, a national non-profit organization that collects and disseminates information on human sexuality.

Talking with Parents

“Another important research finding is that parent-adolescent communication about sex is strongly related to safer sexual behaviors,” said the CDC’s Whitaker. “I believe physicians should play an informational role in promoting parent-child communication about sex.”

The American Academy of Pediatrics recommends that physicians help prepare parents to be effective sex educators for their children by encouraging them to communicate factual knowledge, family values, and behavioral expectations throughout childhood and especially during the critical transition years into early adolescence.

Parents often can use advice on improving their parenting skills as their children enter adolescence. “Adolescents are no longer five year olds who can be guided with ‘nos’ and ‘don’ts,’” Dr. Elster says. “Parents need to set goals and limits, but they also need to listen to their kids. They need to be warm and firm rather than rigid. There is strong evidence that dealing with adolescents in an authoritative way — rather than an authoritarian way — is more effective in reducing risk behavior.”

It is often, but not always, best to involve the family in the health care of the adolescent. Most experts agree that deference to parents’ opinions or wishes to be informed should not interfere with needed evaluation or treatment of the adolescent. Physicians should become familiar with their state and local laws. Many public health statutes and legal precedents allow for the medical evaluation and treatment of minors without parental knowledge or consent for certain illnesses, especially STDs. In addition, statutes and courts generally have upheld the adolescent’s right to contraception.

Because obtaining an accurate history about sexual behavior and health risks often requires assurance of confidentiality, the American Academy of Pediatrics recommends that physicians clearly explain to the parent and adolescent at the start of the professional relationship that confidentiality for the teenager will be protected except in life-threatening situations. This practice can prevent misunderstandings and promote acceptance of the teenager’s rights. But the goal from preteenage years on, says the academy, should be to promote communication between teenagers and their families and to enlist the parents’ support for the adolescent’s responsible sexual behavior, including contraceptive use.

A lot of help is available for physicians who are uncomfortable dealing with these issues, Dr. Elster says. The American Academy of Pediatrics, the Society of Adolescent Medicine, and other groups offer continuing medical education workshops to improve adolescent counseling skills. While talking to teenagers about sex is perhaps more of an art than a science, research consistently supports a central theme: the need for open-minded, open lines of communication between physicians and their young patients. **H**

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Resources

The following resources provide information, training, literature, and teaching aids for clinicians who want to improve their skills in counseling young people about sex:

The American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove Village, IL 60007-1098. 847-228-5005, www.aap.org

American Medical Association’s Adolescent Health On-Line. www.ama-assn.org/adolhlth/adolhlth.htm

CDC’s National Prevention Information Network, P.O. Box 6003, Rockville, MD 20849-6003. 890-458-5231, www.cdcnpin.org

Sexuality Information and Education Council of the United States (SIECUS), 130 West 42nd St., Suite 350, New York, NY 10036-7802. 212-819-9770, siecus@siecus.org, www.siecus.org

The Society for Adolescent Medicine, 1916 NW Copper Oaks Circle, Blue Springs, MO 64015. 816-224-8010, am@adolescenthealth.org, www.adolescenthealth.org

Selected References

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Centers for Disease Control and Prevention. **Trends in sexual risk behaviors among high school students – United States, 1991-1997**. *MMWR* 1998; 47:749-52.

Jemmot, JB, et al. **Abstinence and safer sex HIV risk-reduction interventions for African American adolescents**. *JAMA* 1998; 279:1529-86.