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Adolescent sexuality: The role of parents, school, and counselor

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Adolescent sexuality: The role of parents, school, and counselor

Abstract

The rate of teenage sexual involvement is at an all-time high. It is estimated that 11.6 million teenagers between the ages 13-19 have had sexual intercourse, resulting in over 800,000 teenage pregnancies each year. With statistics such as these, problems arise: sexually active teens are at risk for contracting diseases such as AIDS, teenage mothers may often drop out of school, and many teen mothers live in poverty (Christopher & Roosa, 1990). In addition, children learn facts about sex at younger ages than did their parents and grandparents. On the positive side, there is the increasing maternal effort to impart information about sex, as well as increased sex education in the schools. On the negative side, there is greater and more explicit exposure to sex in the media. In addition, the peer group, which is very influential, transmits unreliable and inaccurate information (Chilman, 1983). This misinformation, which contributes to the increase in sexual activity, has not been offset by safe, cautious messages from parents, religion, and the schools.

ADOLESCENT SEXUALITY: THE ROLE OF
PARENTS, SCHOOL, AND COUNSELOR

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by
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The rate of teenage sexual involvement is at an all-time high. It is estimated that 11.6 million teenagers between the ages 13-19 have had sexual intercourse, resulting in over 800,000 teenage pregnancies each year. With statistics such as these, problems arise: sexually active teens are at risk for contracting diseases such as AIDS, teenage mothers may often drop out of school, and many teen mothers live in poverty (Christopher & Roosa, 1990). In addition, children learn facts about sex at younger ages than did their parents and grandparents. On the positive side, there is the increasing maternal effort to impart information about sex, as well as increased sex education in the schools. On the negative side, there is greater and more explicit exposure to sex in the media. In addition, the peer group, which is very influential, transmits unreliable and inaccurate information (Chilman, 1983). This misinformation, which contributes to the increase in sexual activity, has not been offset by safe, cautious messages from parents, religion, and the schools.

Because of the increasing amount of adolescent sexual activity which results in significant problems, it is important for parents, the school, and the community to work together to prepare adolescents to deal with sexuality issues. The purpose of this paper is to examine the factors that are not directly controlled by the schools: parental and religious influences, peers, and the media. The school's role in sex education is also examined, including sex education programs, the counselor's role as part of the sex education program, and how counselors can facilitate communication with parents about sexuality issues.

Adolescent Sexual Activity

While statistics vary, there is general agreement that non-marital sexual intercourse among adolescents is increasing, particularly with females. Data from a study by Robinson and Jedlicka (1992) indicates that in 1965 approximately 37% of adolescent females and 65% of adolescent males had engaged in premarital sex. By 1980, this figure rose to approximately 62% for adolescent females and 75% for adolescent males. A more recent study by Graham (1992) supports these findings, noting that while males are more active in earlier years, by 10th grade there is no significant difference.

Race, region of the country, socioeconomic status, and the course of study in school have a direct correlation to sexual activity. Harris and Associates (in Udry, 1988) found that Caucasians have the lowest level of sexual activity, followed by Hispanics and Afro-Americans. Sexual activity is highest in the East, followed by the South, the West, and the Midwest. As socioeconomic status declines, sexual activity increases. Young people living in single-parent households have a higher level of sexual activity, while those who attend church, do well in school, and are in academic rather than vocational tracks report lower activity. Other studies (Darling & Hicks, 1982; Graham, 1992) indicate that both parental expectations of higher academic performance and a positive family youth relationship discourage sexual activity. They note that discipline, if too permissive or overly strict, encourages sexual activity.

Out Of School Influences

There are many factors which influence adolescent sexual activity. In this section the effects of peers, media, parents, and religion will be examined as examples of factors over which the school has little or no control.

Peers

Peers present an important role in the development of adolescent sexual attitudes. Studies by Rozema (1986) and Benschhoff and Alexander (1993) identify peers as the adolescent's primary source of information. Peers influence by example, persuasion, and by creating opportunities for sexual encounters. According to Billy and Udry (1985) sexual activity increases when a teen's friends are sexually active. For example, when a female's best friend is sexually active, she is six times more likely to become sexually active, and if two of her close friends are sexually active, the odds of her becoming sexually active increases 18 times.

According to DiBlasio and Benda (1988), peer influence is the strongest when there is poor bonding between adolescents and parents. To compensate for this lack of bonding, teens look to peers as an alternative bond, which frequently results in sexual activity. These intimate sexual experiences are gratifying and appear to fill a void left by weak bonding by parents.

Reliance on peers as the major source of sexual information presents two major problems. First, much of the information provided by peers is inaccurate, and second, it is difficult to dispel the sexual myths pervading the adolescent culture. Such myths maintain that a girl cannot

get pregnant the first time she has sex, that all the popular adolescents are having sex, that in order for a teenage girl to have and keep and boyfriend she must have sex, and that a condom always prevents both pregnancy and transmission of sexually related diseases.

Media

The mass media -- television, movies, and some types of magazines -- are often blamed for causing the increase in adolescent sexual activity. The media frequently depicts sex as glamorous, fun, and risk free. Roberts (1983) targets television as the area of greatest concern because it is very popular, easily accessible, the primary source of information for young males (38.1%), and the third most important source for females (36.5%). References to and depictions of sexual activity on television have increased 103% since 1980. An average adolescent viewer is exposed to between 1900 and 2400 references to sex per year, depending on the viewing habits (Brown & Newcomer, 1991). Unmarried heterosexual intercourse is shown or implied four to eight times more often than with married couples (Roberts, 1983). In addition, the advent of the VCR, the availability of rented movies, and the rapid expansion of cable systems have increased the opportunities for viewing movies of a sexual nature.

In action and adventure shows, and music videos in particular, sex is often associated with violence and is not usually shown in the context of a loving relationship. A 1985 survey found that evening "soaps" average 10 references to sex per hour, while action programs and situation comedies average 2.4 references per hour (Brown & Newcomer, 1991). In contrast to the action and adventure shows, the

comedies are of a more "loving" nature and include long kisses and marital intercourse. Studies by Brown (1991) and Roberts (1983) measured the frequency of viewing television portrayals of sexuality and how this affects adolescent initiation of sexual intercourse. According to Brown (1991), adolescents who choose heavier diets of "sexy" programs are more likely to have had sexual intercourse in the preceding year. Roberts (1983) found that there is a correlation between earlier heavy sexy television viewing and initiation of sexual activity for males but not for females.

With regard to movies, Roberts (1983) established that more than half of the 15- and 16-year-olds surveyed in three Michigan cities had seen at least half of the most popular "R" movies shown from 1982 to 1984. Greenberg's (1983) findings revealed that these "R" rated movies average seven times more references to sex than television. Movie characters are more likely to respond positively to sex, and visual depictions of sexual acts are more common than on television. What is suggested on television programs is depicted in movies.

Parental Influence

Both parents and children report that they want the parents to be the main source of information (Benshoff & Alexander, 1993; Graham, 1992). These studies also indicate that when parents are able to have positive, open communication with their children about sexuality and clearly communicate that sexual behavior as an adolescent is unacceptable, adolescents are less likely to be sexually active. When parents serve as the primary source of sex education and there is a positive adolescent identification with parents, the probability of sexual

activity is reduced (McCalb, 1984). McNab (1981) states that a loving, accepting family is an important factor in the creation of an environment conducive to the development of sexual attitudes.

Divorce also has an effect on the sexual behavior of adolescents. Manners and Smart (1992) maintained that divorce tends to have long-lasting, negative effects on children. Divorced parents are apt to lead an active dating and sexual life, and their sexuality is often upsetting to adolescents. Daughters of single parents are more likely to have non-marital sex than are daughters of traditional two parent families. Adolescents in traditional families have lower levels of sexual intercourse than those in single parent families (with blended family children only slightly more active). The link between family type and sexual activity is stronger for girls than for boys.

Religion

Religious values are the source of moral prescriptions for many individuals. The values formed by the teachings of the churches are likely to play a role in the formation of individual attitudes, values, and decisions. Since most religious groups discourage premarital sex, the degree of participation is more important than religious affiliation as a determinant of premarital sexual attitudes and behavior. Religious affiliation with a particular church is not implicated strongly in the relationship between religiosity and sexual attitudes and behaviors, with the exception that Fundamentalist Protestant and Baptist teens who are actively involved in church activities show a measurable reduction of premarital sexual activity. Those who have no religious preference report the most sexual experience (Brown & Newcomer, 1991).

Attendance at religious services and the importance of religion are strongly related to adolescent sexuality. Thornton (1985) and Camburn (1989) found that the premarital sexual attitudes of mothers are passed on to their children. The effect of the mother's religious attendance on the attendance of the child is much greater than the effect of the mother's premarital sex attitudes on the premarital sex attitudes and behavior of the child.

School Involvement

The school cannot control many of the factors discussed, but it plays an important role in supporting parents through classes and communication, providing information about sexual behavior and development, developing decision making and problem solving skills, and in helping to counteract the negative influences of peers and the media by providing accurate information. These activities are commonly fulfilled by providing sex education classes, counseling programs as part of the regular classroom curriculum, and through parent education programs.

Sex Education Programs

As sex education programs have evolved, several viewpoints have emerged. One view stresses the biological basis of sex. The "medical model" emphasizes anatomy and includes information about reproductive systems, puberty, gender differences, and statistics. It is identified as the most widely used approach for teaching sex education (Mellanby, Phelps, and Tripp, 1992), and includes teaching the use of pregnancy prevention measures (Olsen, Weed, Niesen, and Jensen, 1992).

A second model is an integrated curriculum that teaches decision making, problem solving, conflict resolution, values, and character education (Hansen, 1993). High school graduates report that decision making is a key outcome of sex education programs in which they participate. Research by Klein, Belcastro, and Gold (1984) found that the goals of reducing unplanned pregnancies and facilitating a positive and fulfilling sexuality may depend upon decision-making skills. Communication is also a key factor, according to Klein, Belcastro, and Gold (1984). The ability to communicate feelings verbally to another person provides adolescents with a skill which enables them to avoid peer pressure regarding sexual activity. According to the proponents of this model, teaching topics such as intimacy, communication, assertiveness, values clarification, problem solving, and life planning are at least as important as teaching reproductive anatomy, physiology, and contraception (Melchert & Burnett, 1990). In contrast to the biological model which seeks to improve knowledge and correct misconceptions, this model focuses on how individuals make decisions as a major component of sex education programs (Mellany, Phelps, and Tripp, 1992).

A third model, employing a "just say no" approach, has exclusively emphasized premarital sexual abstinence. In studying one such program, Christopher and Roosa (1990) found a sizable increase in sexual activity by those who participate in a "just say no" program. These results raise concerns about programs that rely exclusively on a premarital sexual abstinence approach.

A program developed by Vincent (1987) provides training for teachers and counselors and implements a community wide curriculum that integrates sex education throughout the curriculum (grades K-12). The program includes educating parents and community members, as well as the clergy. The primary focus is teaching abstinence for those adolescents not yet sexually active, and as a secondary emphasis, promoting consistent use of contraceptives for those adolescents who are sexually active.

There are flaws in sex education programs that lead to decreased effectiveness. One problem is that teachers are expected to manage changes in sex education programs without sufficient training, support, or critical appraisal. In addition, teachers are often selected for scheduling convenience rather than expertise (Mellanby, Phelps, and Tripp, 1992). It is also very important for everyone in the school to reach agreement on what the objectives should be before effective methodologies can be developed. Another significant issue is that sex education needs to be offered earlier than it is in many schools. Melchert and Burnett (1990) note that the average age for beginning intercourse is 12.5 years. Consequently, many students are either pregnant or drop out prior to receiving sex education.

Counselor's Role

The counselor can play an important role in issues related to adolescent sexuality. The counselor may not be qualified to teach the biological aspects of sex education, but is capable of working with students decision-making, communication, problem solving, conflict

resolution, and dealing with peer pressure.

There are several viable approaches for counselors in working with students about sexuality. The first is the classroom setting in which the counselor can go into a teacher's classroom on a regular basis or have a guidance class that meets every day for several weeks. Two advantages in using the classroom approach are inclusion of each student and the opportunity to team teach with the classroom teacher. For example, as the science or health teacher teach the biological aspects of sex education, the counselor can focus on decision making, communication, problem solving, and conflict resolution. The fact that students are required to attend can create discipline problems, however. Furthermore, some students may feel uncomfortable discussing certain topics in a large group, and issues of sexual maturity may arise.

These disadvantages of a classroom approach can be resolved through small group counseling sessions. The material covered can be the same, but the comfort level of the students and the smaller number of participants is generally more conducive for more participation. The counselor is also able to group the students by maturity level and address specific needs. Mellanby (1992) suggests using peer led groups. This program requires the counselor to train students in conducting a group, to provide materials and information, and to meet with the group leaders to ensure that the groups are working effectively. An advantage to using peer groups is that students are more receptive to obtaining information from peers than from an adult. A second advantage is that several groups can be operating at the same time. This

not only allows many students to participate, but also doesn't occupy all the counselor's time.

Individual counseling is another recommended approach. Students may not feel comfortable discussing sexuality issues in class or in groups, but may need information concerning sexual issues. Students who are sexually active may experience feelings of guilt and shame and prefer to deal with these issues in a private counseling situation. Other students may be shy and unwilling to participate in a group. Finally, students who possess relatively little information or experience may be afraid that other students will make fun of them in a classroom or group situation.

Sexuality Counseling Programs

Zabin (1986) conducted a study in which counselors provided adolescents with an in-school program employing classroom presentations, discussion groups, and individual counseling about sexual issues. The participants were divided into two groups. Both groups received sex education in the classroom. In addition, the experimental group participated in discussion groups focusing on sexual issues and received individual counseling. The results indicated that participating adolescents delay first intercourse, start using effective contraception earlier in their sexual activity, and reduce their pregnancy rate by 30%. In this study, the control group, which received information in sex education classes but did not participate in counseling activities, showed a 57% increase in pregnancies.

Providing information to parents about adolescent sexuality is another important role for counselors. One method of communication is

to schedule a "Parent University" night where several concerns dealing with adolescent sexuality are covered. The counselor can design a program emphasizing the need for open communication between parents and students, discussing questions that adolescents have about sex and how to address them, provide materials, and use the opportunity to establish a parent-counselor relationship. By working with other parents, a networking system develops and parents often feel more comfortable contacting each other or the counselors to discuss their concerns.

A more intense adolescent sexuality program is one which was developed by the American Counseling Association, "Families Talk About Sexuality" (Benshoff & Alexander, 1993). Developed to help parents and their children age 10 to 13 communicate effectively about sexuality and values, the counselor serves as the trained leader for the course. This program is a four session, two and one-half hour program which includes lecture, small and large group discussion, and use of videotapes. The first session is for parents only. In this session the course is outlined, questions are answered, and concerns are discussed. The three remaining sessions include both the parents and children.

The four major goals of this program are to provide information about puberty, reproduction, and other sexual topics; to help the students identify their values; to increase feelings of comfort and improve skills in communicating as a family unit; and to help adolescents practice assertiveness skills required to resist peer pressure.

Finally, counselor involvement with the school curriculum committee in developing a school-wide sex education program is

imperative. As part of this group, the counselor can ensure that sex education is taught throughout the curriculum, is age appropriate, and employs the most effective materials.

Summary

Adolescent sexuality is a problem of increasing concern to society. The costs include unwanted teenage pregnancies, the risk of contracting sexually transmitted diseases, and an increasing number of adolescent mothers and their children living in poverty. Parents and the schools need to work together to overcome negative influences, such as peers and media.

The school's role is to provide a comprehensive sex education program that teaches biological aspects and develops skills in decision making and problem solving. The counselor should be actively involved in sex education classroom activities and conducting group and individual counseling sessions. Finally, the counselor should develop and conduct parenting programs that emphasize open communication between adolescents and their parents.

References

- Benshoff J. M. & Alexander S. J. (1993). The family communication project: Fostering parent-child communication about sexuality. Elementary School Guidance & Counseling, 27, 288-299.
- Billy, J. O. G., & Udry, J. R. (1985). The influence of male and female best friends on adolescent sexual behavior. Adolescence 20, 21-30.
- Brown, J. D., & Newcomer, S. F. (1991). Television viewing and adolescents' sexual behavior. Journal of Homosexuality, 21, 77-91.
- Chilman, C. S. (1983). The development of adolescent sexuality. Journal of Research and Development in Education. 16. 16-26.
- Camburn, D. & Thornton, A. (1989). Religious participation and adolescent sexual behavior and attitudes. Journal of Research and Development in Education, 16(2), 17-25.
- Christopher, F. S., & Roosa, M. W. (1990). An evaluation of an adolescent pregnancy prevention program: is "just say no" enough?. Family Relations, 39., 68-72.
- Darling, C. A. & Hicks M. W. (1982). Parental influence on adolescent sexuality: Implications for parents as educators. Journal of Youth and Adolescence, 11(3), 231-245.
- DiBlasio, F. A., & Benda, B. B. (1992). Gender differences in theories of adolescent sexual activity. Sex Roles. 27, 221-240.
- Graham, M. A. (1992). The Effects of Parent-Adolescent Communication on Adolescent Sexual Behavior. Paper presented at the Annual Convention of the American Psychological Association, Washington, D. C.

Greenberg, B. S. (1983). The body human: sex education, politics, and television. Family Relations. 32. 419-25.

Hansen, J. M. (1993). Teaching life concerns to kids who don't care. NASSP Bulletin. 46-50.

Klein, D., Belcastro, P. & Gold, R. (1984). Achieving sex education program outcomes: Points of view from students and alumni. Adolescence. 19, 805-815.

Manners, P. & Smart, D. (1992). Family Type as a Predictor of Sexual Intercourse and Alcohol Use in Young Adolescents. Paper presented at the Annual Meeting of the American Educational Research Association, San Francisco, CA.

McCabe, M. P. (1984). Toward a theory of adolescent dating. Adolescence. 19. 159-170.

McNab, W. L. (1981). Advocating elementary sex education. Health Education. 12. 22-25.

Melchert, T. & Burnett, K. F. (1990). Attitudes, knowledge, and sexual behavior of high-risk adolescents: implications for counseling and sexuality education. Journal of Counseling and Development. 68. 243-45.

Mellanby, A., Phelps, F., & Tripp, J. (1992). Sex education: More is not enough. Journal of Adolescence. 15. 449-466.

Olsen, J., Weed, S., Nielsen, A. & Jensen, L. (1992). Student evaluation of sex education programs advocating abstinence. Adolescence. 27, 369-381.

Robinson I. E. & Jedlicka, D. (1982). Change in sexual attitudes and behavior of college students for 1965 to 1980: a research note. Journal of Marriage and the Family. 44. 237-40.

Roberts, R. (1983). Teens, sexuality and sex: Our mixed messages. Television & Children, 6, 9-12.

Rozema, H. J. (1986). Defensive communication climate as a barrier to sex education in the home. Family relations. 35. 531-37.

Thornton, A. (1985). Reciprocal influences of family and religion in a changing world. Journal of Marriage and the Family. 381-391.

Udry, J. R., (1988). Biological predispositions and social control in adolescent sexual behavior. American-Sociological-Review. 53. 709-22.

Vincent, M. L., Clearie, A. F. & Schluchter, M. D. (1987). Reducing adolescent pregnancy through school and community based education. Journal of the American Medical Association. 257, 3382-3386.

Zabin, L. S., Hirsch, H. B., Smith, E. A., Street, R., & Hardy, J. B. (1986). Evaluation of a pregnancy prevention program for urban teenagers. Family Planning Perspectives, 18, 119-126.