Early Programs Urged to Avert Youths’ Sexual Risk Taking

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Sexually risky behaviors on the part of adolescents is nothing new, but the age at which these behaviors begin is. In fact, new data suggest that sexual risk-taking often begins in middle school.

Baseline data collected in spring 2005 from 4,457 middle school students aged 11-14 years at 14 urban schools participating in Project Connect, an 8-year multilevel intervention study, showed that more than 9% of the students surveyed reported ever having sexual intercourse, and 4% reported ever having oral sex. In total, about 12% reported any sexual activity. Of those students who reported having had intercourse, 36% were aged 11 or younger at first sex, 27% were 12 years old, 28% were 13 years old, and 9% were aged 14 or older. Additionally, of those who reported having had intercourse, 43% reported having had multiple sex partners.

Given their young age at sexual onset, “these youth are at very high risk for adverse health outcomes,” Project Connect investigator Christine J. DeRosa, Ph.D., said. “They are young enough that the long-term consequences are variable, said Dr. Gantt. As it gets larger, there is a risk of ovarian torsion. On ultrasound, it may be very dense, so the key is to look for the ‘征 signs’ which will be hyperemic with posterior shadowing. It may also show hyperechoic speckling or as diffuse dots and lines within the cyst.”

Finally, malignancies will be solid, though extremely variable, with irregular outlines or walls, and thickened cyst walls and septations of greater than 3 mm. There may be gallop percussion into the cyst from the cyst wall. And the vascular pattern and flow—as shown by Doppler—is extremely abnormal and irregular.

The ‘best’ intervention is one that identifies and targets the range of risk and protective factors that influence initiation of sex, number of partners, condom use, and contraception use, and this will vary depending on the individuals or populations being served, according to Douglas Kirby, Ph.D., a senior research scientist with ETR Associates in Scotts Valley, Calif.

In a 2001 report for the National Campaign to Prevent Teen Pregnancy called “Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy” (www-tempregnancy.org/resources/data/pdf/emersanwsum.pdf), Dr. Kirby reviewed the results of 300 studies on risk and protective factors across multiple domains, and emerged with a complex picture of the antecedents of adolescence sexual risk taking.

At the community level, education, employment, income, and crime rate are important predictive factors. At the family level, structure, dynamics, and values play a role. And at the individual level, age, hormones, peers, emotional well-being, relationship history, sexual abuse history, and attachment to school, religious groups, and friends are variable, said Dr. Kirby.

In the review, Dr. Kirby identified four groups of effective intervention programs. These included sex and HIV education programs that not only stated the target norm—whether abstinence or contraception—clearly and frequently with factual information to support it, but also engaged the youth in activities, such as role playing, to model, practice, and personalize the norm. Also effective were some programs within health, family planning, or STD clinics that similarly expressed clear norms, as well as focusing on perceived barriers, providing back-up information, and offering structured follow-up.

Certain service-learning programs that include both intensive voluntary service in various capacities (tutors, teachers’ aides, nursing home assistants) and ongoing small group discussions about the service, with or without discussion about sexual or contraceptive behavior, also had a demonstrable impact. The last group was long-term intensive programs with multiple components—including family life support, sexuality education, academic guidance, employment, opportunity for self-expression, and health care—which norms were clearly stated and supported, and staff consciously developed close relationships with the adolescents.

Although diverse in their focus and implementation, most of the effective intervention strategies share a common framework built on social norms and a sense of connection to those expressing the norms, Dr. Kirby said. “If a group has clear norms for or against sex or contraceptive use, then adolescents associated with this group will be more likely to have sex and use contraception depending on the norm,” he said. The more closely an adolescent feels connected to the group, the greater the impact the group’s norms will have.