

I: Conflicts and Controversy

D. Understanding risks/protective buffers/ promoting full development

Understanding risks/protective buffers/ promoting full development

In order to prevent teen pregnancy, it is necessary to understand the factors that make teens more or less susceptible to it. Some important risk factors include poverty, family instability, poor educational performance, low expectations for the future, and external locus of control, while important protective factors include connectedness to family and school, positive family relationships, school achievement, and future orientation/hope. The far-reaching nature of these risk and protective factors suggest a need for multiple-level, community-wide approaches to teen pregnancy prevention. They also suggest a need for approaches that do not focus specifically on teen pregnancy, but rather have the broader aim of promoting full development by giving teens basic competencies essential to a successful transition to adulthood. Using excerpts from a variety of sources, the following section discusses risk and protective factors

1. Examples

2. Discussion

3. What is Sexual Health?

4. Understanding Sexual Development

I. Conflicts and Controversy (cont.)

D. Understanding risks/protective buffers/ promoting full development (cont.)

1. Examples of Barriers to Learning/Development, Protective Buffers, & Promoting Full Development*

ENVIRONMENTAL CONDITIONS**

PERSON FACTORS**

I. Barriers to Development and Learning (Risk producing conditions)

Neighborhood

- >extreme economic deprivation
- >community disorganization, including high levels of mobility
- >violence, drugs, etc.
- >minority and/or immigrant status

Family

- >chronic poverty
- >conflict/disruptions/violence
- >substance abuse
- >models problem behavior
- >abusive caretaking
- >inadequate provision for quality child care

School and Peers

- >poor quality school
- >negative encounters with teachers
- >negative encounters with peers &/or inappropriate peer models

Individual

- >medical problems
- >low birth weight/ neurodevelopmental delay
- >psychophysiological problems
- >difficult temperament & adjustment problems

II. Protective Buffers (Conditions that prevent or counter risk producing conditions – strengths, assets, corrective interventions, coping mechanisms, special assistance and accommodations)

Neighborhood

- >strong economic conditions/ emerging economic opportunities
- >safe and stable communities
- >available & accessible services
- >strong bond with positive other(s)
- >appropriate expectations and standards
- >opportunities to successfully participate, contribute, and be recognized

Family

- >adequate financial resources
- >nurturing supportive family members who are positive models
- >safe and stable (organized and predictable) home environment
- >family literacy
- >provision of high quality child care
- >secure attachments – early and ongoing

School and Peers

- >success at school
- >positive relationships with one or more teachers
- >positive relationships with peers and appropriate peer models
- >strong bond with positive other(s)

Individual

- >higher cognitive functioning
- >psychophysiological health
- >easy temperament, outgoing personality, and positive behavior
- >strong abilities for involvement and problem solving
- >sense of purpose and future
- >gender (girls less apt to develop certain problems)

III. Promoting Full Development (Conditions, over and beyond those that create protective buffers, that enhance healthy development, well-being, and a value-based life)

Neighborhood

- >nurturing & supportive conditions
- >policy and practice promotes healthy development & sense of community

Family

- >conditions that foster positive physical & mental health among all family members

School and Peers

- >nurturing & supportive climate school-wide and in classrooms
- >conditions that foster feelings of competence, self-determination, and connectedness

Individual

- >pursues opportunities for personal development and empowerment
- >intrinsically motivated to pursue full development, well-being, and a value-based life

*For more on these matters, see:

- Huffman, L., Mehlinger, S., Kerivan, A. (2000). *Research on the Risk Factors for Early School Problems and Selected Federal Policies Affecting Children's Social and Emotional Development and Their Readiness for School*. The Child and Mental Health Foundation and Agencies Network. <http://www.nimh.nih.gov/childp/goodstart.cfm>
- Hawkins, J.D. & Catalano, R.F. (1992). *Communities That Care*. San Francisco: Jossey-Bass.
- Deci, E. & Ryan, R. (1985). *Intrinsic Motivation and Self-Determination in Human Behavior*. New York: Plenum.
- Strader, T.N., Collins, D.A., & Noe, T.D. (2000). *Building Healthy Individuals, Families, and Communities: Creating Lasting Connections*. New York: Kluwer Academic/Plenum Publishers
- Adelman, H.S. & Taylor, L. (1994). *On Understanding Intervention in Psychology and Education*. Westport, CT: Praeger.

I. Conflicts and Controversy (cont.)

D. Understanding risks/protective buffers/ promoting full development (cont.)



1. Risk and Protective Factors

<http://youth.gov/youth-topics/teen-pregnancy-prevention/risk-and-protective-factors>

Teen pregnancy can result in a number of negative consequences. It is necessary to understand the associated risk and protective factors in order to appropriately implement prevention efforts. Risk factors encourage, or increase, behaviors that increase the likelihood of teen pregnancy, while protective factors decrease these behaviors. These factors can occur in multiple domains, such as individual (teen's attitude), family (poverty status), and community (available resources).¹

Key risk factors include living in poverty, limited maternal educational achievement, and having a mother who gave birth before the age of 20.² Additional risk factors include being from a single-parent home, living in a home with frequent family conflict, early sexual activity, early use of alcohol and drugs, and low self-esteem.³ Lastly, a teen's race and ethnicity can be a risk factor for teen pregnancy.

Some protective factors include open communication with parents and/or adults about accurate contraception use, parental support and healthy family dynamics, and peer use of condoms.

Protective factors also include positive attitudes towards condom use, intent to abstain from sex or limit one's number of partners, and accurate knowledge of sexual health, HIV infection, sexually transmitted infections, the importance of abstinence, and pregnancy.⁴

Identifying these factors is important because it can help effectively guide teen pregnancy prevention program planning and implementation by focusing on the specific and varied needs of the youth in the community. Learn [more](#) about teen pregnancy prevention efforts being supported by the federal government.

Resources

Centers for Disease Control and Prevention (CDC): Overview of Contraception

This web page from the CDC goes over the different types of contraception that are available, how they work, and the effectiveness of each method.

GirlsHealth.gov: Overview of Birth Control

This web page from GirlsHealth.gov gives an overview of possible questions young women may have regarding birth control and birth control options. It also links to an overview of [types of birth control](#).

¹ Washington State Health Department, 2007

² Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health, 2011

³ CDC, National Center for Chronic Disease Prevention and Health, 2011; Kirby, Lepore, & Ryan, 2005

⁴ CDC, 2011c; Martinez, Copen, & Abma, 2011

- See more at: <http://youth.gov/youth-topics/teen-pregnancy-prevention/risk-and-protective-factors#sthash.TdGF6fpH.dpuf>

I. Conflicts and Controversy (cont.)

D. Understanding risks/protective buffers/ promoting full development (cont.)

2.

What is Sexual Health?



Sexual Health and Development

What is Sexual Health?
Sexual Development
Sexual Behaviors and Health
Supporting Adolescent Sexual Health

Visit the
ACT Your Network
Sexual Health Pages

Supporting Roles for Adults, Programs, and Communities

Adults have many roles to play in supporting positive sexual health for young people:

Positive parent/family involvement in sexual health may be extraordinarily effective in reducing risky behaviors/promoting healthy behaviors.

Sexual health programming can have a measurable impact on risk behaviors.

Communities can support young people's sexual health by using a positive youth development approach.

WHO Definition of Sexual Health

The World Health Organization defines sexual health as "a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence."

Web

http://www.actforyouth.net/sexual_health/

Often when we speak of adolescents, sex, and sexuality, we focus on what adults don't want young people to do. But sexuality is a normal, positive, and lifelong aspect of health and well-being, and it encompasses more than our particular behaviors. Healthy adolescent sexual development involves not only bodily changes, sexual behaviors, and new health care needs, it also involves building emotional maturity, relationship skills, and healthy body image.

What does it mean to be a sexually healthy adolescent?

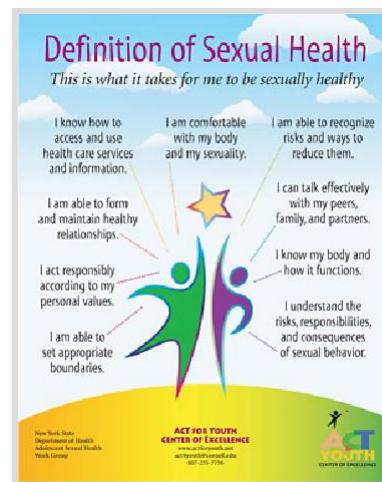
The New York State Department of Health's Adolescent Sexual Health Work Group offers this answer:

"A sexually healthy adolescent is able to realize his/her individual potential around critical developmental tasks related to sexuality. These tasks include: accepting his/her body, gender identity and sexual orientation; communicating effectively with family, peers and partners; possessing accurate knowledge of human anatomy and physiology; understanding the risks, responsibilities, outcomes and impacts of sexual actions; possessing the skills needed to take action to reduce his/her risk; knowing how to use and access the health care system and other community institutions to seek information and services as needed; setting appropriate sexual boundaries; acting responsibly according to his/her personal values; and forming and maintaining meaningful, healthy relationships" [1].

Put another way, a sexually healthy adolescent -- or adult -- could say:

This is what it takes for me to be sexually healthy:

- I am comfortable with my body and my sexuality.
- I can talk effectively with my peers, family, and partners.
- I know my body and how it functions.
- I understand the risks, responsibilities, and consequences of sexual behavior.
- I am able to recognize risks and ways to reduce them.
- I know how to access and use health care services and information.
- I am able to set boundaries when it comes to sex and sexual relationships.
- I act responsibly according to my personal values.
- I am able to form and maintain healthy relationships.



References

[1] New York State Department of Health: [Guiding Principles for Sexual Health Education for Young People: A Guide for Community-Based Organizations](#)

I. Conflicts and Controversy (cont.)

D. Understanding risks/protective buffers/ promoting full development (cont.)



3. Understanding Sexual Development

http://www.actforyouth.net/sexual_health/sexual_development/

Sexual Development

Understanding Sexual Development

About Boys

Romantic Relationships

Find new resources each month in the ACT for Youth Update!

More on Sexual Health

For more information on adolescent sexual health, visit:

What is Sexual Health?

Sexual Health Programming

Sexual Health and Communities

Sexual Health Publications and Presentations

Symposium: Adolescent Sexual Health

ACT for Youth Highlight

The complete version of Healthy Adolescent Sexual Development is available as an online presentation, written and narrated by Richard E. Kreipe, MD, Golisano Children's Hospital at the University of Rochester Medical Center.

Narrated Presentation

PowerPoint Presentation (1.2M)

Healthy sexual development [1] involves biological, psychological, and socio-cultural processes. Like all aspects of adolescent development, sexual development occurs both within an individual and through interaction with the environment. For example, the biological triggers of puberty are genetic, and are also affected by the available food. Psychological and social processes occur through interactions with family, cultural institutions, and peers, and are also affected by brain development. Adolescent sexual development is likely to be healthy, and to lead to positive sexual health, when each of these processes is appropriately supported in a young person's environment.



Putting all of these factors together, healthy adolescent sexual development occurs not along a single path, but through many trajectories. It involves much more than a teenager avoiding sexually transmitted infections or an unintended pregnancy between childhood and adulthood. Healthy adolescent sexual development trajectories prepare a person for a meaningful, productive, and happy life.

For additional resources, visit [Toolkit: Domains of Development](#).

Puberty

Puberty involves the physical changes of a girl becoming a woman, or a boy becoming a man. These changes lead to the ability to reproduce. The [changes of puberty](#) (narrated presentation: 17 minutes; PowerPoint presentation: 3.4M) occur on the inside and the outside of the body, but what is most noticeable both to the adolescent and the rest of the world are the external changes.

In both girls and boys, puberty starts in the central parts of the brain that control other functions in the body such as temperature, blood pressure, and heart rate. The brain controls puberty by producing hormones, which are chemical messengers that travel in the bloodstream to various organs.

- The sex organs -- also called gonads -- are stimulated to make sex hormones.
- A girl's ovaries are stimulated to make the female hormone estrogen. Estrogen causes the normal changes of puberty in girls, such as breast development, increasing height, widening of the hips, and an increase in body fat. Menstrual cycles are caused by the balance in estrogen and another hormone from the ovary, progesterone.
- A boy's testicles are stimulated to make the male hormone testosterone. Testosterone causes the normal changes of puberty in boys, such as growth of the penis, increasing height, widening of the shoulders, deepening of the voice, and growth of facial hair.
- Normally, girls' ovaries also make a little testosterone, and boys' testicles also make a little estrogen, but in different amounts.

Up to age 25, changes in brain development also have a significant impact on adolescents' ability to make decisions.

Identity Development

Developing a stable sense of one's self and one's role in society, [identity development](#), is a key feature of healthy adolescent development. From the standpoint of sexual development, a strong sense of self prepares an individual for intimacy in young adulthood. As is true of all aspects of identity development, experimentation and role play are common ways in which teens develop their sexual self-concept. Although identity has many facets that influence sexuality, only two will be discussed here: gender identity and sexual orientation.

- Gender identity relates to an individual's perception of self as being male or female. Gender identity is formed very early in human development and, in its most fundamental sense, is not related to the way in which a child is raised. An internal sense of gender is a deeply engrained and enduring trait that presents challenges when not aligned with the physical sexual attributes of the body. For a lengthier discussion, see:
 - [Growing Up Transgender: Research and Theory](#) (PDF: 415K; [accessible format](#))
 - [Growing Up Transgender: Safety and Resilience](#) (PDF: 344K; [accessible format](#))
- Sexual orientation refers to the sexual attraction of an individual to others. The term "sexual preference" is misleading because it implies an option; sexual orientation is not a simple preference for one sex over another. Attraction may be toward the opposite sex, the same sex, or both.

Socio-Cultural Influences

Socio-cultural influences on adolescent sexual development may include an adolescent's:

- Family, peers, and social networks based on common interests and beliefs
- Traditions related to race, ethnicity, culture, or religion
- Neighborhood and neighbors; the immediate environment
- School, which forms a micro-environment for up to 10 hours a day for at least 180 days a year
- Faith community, which may have codes of conduct about sexual behaviors
- Involvement in youth-serving agencies or community service

Shaped by so many different factors, healthy sexual development may look very different from one individual to another.

Sexual Behaviors

There are a variety of common behaviors that, in and of themselves, have no negative health effects, and that many consider elements of healthy adolescent sexual development, preparing youth for positive sexual lives.

- **Masturbation.** Touching one's own genitals in masturbation is a normal part of sexual development. Overall, more adolescents masturbate than engage in sexual intercourse. Although it tends to be done alone in privacy, males sometimes masturbate in groups.
- **Same-sex touching.** Early in adolescent development, sexual exploratory behavior often occurs with members of the same sex. This behavior does not predict being gay or lesbian in the future.
- **Genital touching.** As adolescents get older, they are more likely to engage in genital touching.

Sexual intercourse is a common behavior among adolescents, but whether it represents healthy sexual development or not depends on a number of factors. Nonconsensual sex of any kind can never be considered healthy. Use of contraception decreases the risk of pregnancy, and use of condoms or dental dams (in oral, vaginal, and anal sex) decreases the risk of disease, including HIV. Anal intercourse, whether heterosexual or homosexual, carries an especially high risk of disease transmission.

Other factors affecting the health consequences of sexual activity may include an individual's ability to access health care services, cultural and familial contexts, motivations and self-awareness, risk behaviors, mental health, relationships, personal values, maturity, and capacity for coping with the possible consequences of sex.

References

- [1] The content on this page is condensed from the ACT for Youth online presentation [Healthy Adolescent Sexual Development](#) by Richard E. Kreipe, MD. Dr. Kreipe is professor of pediatrics and a practicing physician in the Division of Adolescent Medicine at Golisano Children's Hospital at the University of Rochester Medical Center, an ACT for Youth Center of Excellence partner.