






Mothers' Influence on Teen Sex:

Connections That Promote Postponing Sexual Intercourse



Numerous  studies conducted over the past 20 years on what protects teens from early initiation of sexual

intercourse report that two  constants may make a difference in the lives of teenagers: connectedness (parental warmth, support and closeness to a teenage child) and parents' attitudes and values about teen sex. 

Parents, especially mothers, who are clear about their own values, and who  communicate them with their teenagers, appear to be associated with kids postponing their first sexual intercourse.

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Introduction

The news about adolescent sexuality is better these days.



Teen pregnancy is down – and it has been declining steadily since 1991.

Gonorrhea rates



have fallen by 50% among teenagers in

the United States during the last decade. Condom use is up, and more

teenagers are delaying having sex today than a few years



ago. This is all good news.

But when we put these findings in perspective there is little reason to rejoice. The United States still has the highest teen pregnancy rates in the industrialized

world. AIDS is the sixth leading cause of death during the adolescent years; 11% of adult women in the United States are infertile, due in part to sexually transmitted diseases acquired during the teenage years; and the incidence of both cervical cancer and pre-cancerous lesions is increasing among adolescent girls. Clearly, early sex has significant risks.

There are many developmental factors that put young people at risk for the negative health consequences of early sexual intercourse. For girls, the cells of the cervix are immature, predisposing the genital track to infections. For boys,

Health Risks Associated with Early Sexual Intercourse*

- Lower use of contraception;
- Sexually transmitted diseases;
- Human papilloma virus and pre-cancerous changes of the cervix;
- HIV/AIDS;
- Pregnancy and pregnancy complications.

*Below 16 years of age

unprotected intercourse increases the risk of urethral and prostate infection. Cognitively, most teens have limited experience in considering the future and planning ahead. In addition, developmental and psychosocial needs – such as the need to fit in or the need to be accepted by peers – often play a large role in decision-making.

But more than just developmental factors that come into play when we discuss teen sex. Some view adolescent sexual behaviors through the lens of religious, moral or personal values. For others, views are influenced by principles of freedom, the right of self-expression and/or an individual's right to choose what to do with his or her body, even at a relatively young age. In short, the topic of adolescent sexual behavior is philosophically, morally, religiously, politically and personally charged. We all agree that we want to help our kids grow up healthy and safe, but we differ on how to do so.

Addressing the issues of teen sexuality is quite different from addressing many other risk behaviors. With regard to drug or tobacco use, for example, the message is “No. Never.” With sexuality, however, we are not seeking abstinence for life.

Rather, we encourage teens to delay what is clearly a normal and healthy part of life until they are mature, in a long-term committed relationship and, some would add, married. And we want the sexual relationships they experience to be consensual, respectful, honest and mutually enjoyable. If and when sex becomes a part of healthy and mature relationships, we want our teens to be protected against disease and unintended pregnancy.



Parental Influences on Adolescent Sexual Behavior: What Do We Know?

Parents matter.



The values and beliefs we share with our kids

matter. Our actions as role models matter.



How we relate to

our children matters.



Or at least we believe that it does.

From a research perspective, most of what we know and believe is based on cross-sectional data.

Cross-sectional data can show us relationships or associations where they exist but they can't tell us what causes the relationship. Longitudinal research is necessary to understand the sequence of influences in a relationship — to better understand causality.



As Brent Miller found in his review commissioned by the National Campaign to Prevent Teen Pregnancy (1998), cross-sectional research on sexual decision-making among teens suggests some important parent, family, and environmental factors:

- Parent/child connectedness (support, closeness, warmth) is associated with an older age of first intercourse and a lower frequency of sex during adolescence.
- Parent attitudes and values disapproving of adolescent sexual intercourse (or unprotected intercourse) is associated with later age of sexual initiation.
- Living in disorganized or dangerous neighborhoods and/or in poverty, living with a single parent, and having been a victim of sexual abuse, and having siblings who are sexually active, pregnant or parenting are all associated with increased risk of an adolescent initiating sex at a younger age.

- Biologic and inherited factors such as hormonal levels and timing of puberty are associated with timing of first sexual intercourse.
- The research is less clear as to the role of parental supervision/regulation. Some studies suggest it is associated with a delay in the onset of intercourse while other studies show that strict parenting is associated with a higher risk of early sexual initiation.
- It is uncertain to what extent and how parent/teen communication about sex and contraception affects adolescent sexual behaviors. A number of studies show that open communication about sex is associated with later sexual initiation and/or higher contraceptive use, while an equal number show no association between communication and pregnancy risk and a few studies even show an increased risk of early sexual initiation with open parent/teen communication.

Research findings on parent-teen relationships vary depending on who is asked the questions — parents or teens. Overall, agreement between parents and teens tends to be low on how much they talk together about sex. In a study by James Jaccard and his colleagues, mothers tended to underestimate their teens' sexual behavior and teens tended to underestimate their mothers' level of disapproval of their engaging in sexual activity (Dittus and Jaccard, 2000).



Recently, Jaccard and his colleague Patricia Dittus published longitudinal research from the National Longitudinal Study of Adolescent Health (Add Health). They found:

- Teens who reported more satisfaction in their relationship with their mother were less likely to report having sex in the subsequent year, more likely to use birth control the last time they had sex and less likely to get pregnant.
- The more disapproving adolescents perceived their mother to be toward their engaging in sexual intercourse, the less likely they were to have sexual intercourse.
- Teens' perceptions of their mothers' attitudes toward abstinence are more predictive of sexual outcomes (e.g., intercourse, use of birth control, pregnancy) than actual maternal attitudes.

What Questions Does the Present Study Address?

The National Longitudinal Study of Adolescent Health

The Add Health survey, from which these data come, is a comprehensive school-based study of the health-related behaviors of adolescents in the United States. The principal investigator is J. Richard Udry, Ph.D., Kenan Professor of Health Affairs, Carolina Population Center, University of North Carolina. Initially, surveys were conducted in two phases. In phase one, over 90,000 students in grades 7-12 attending 134 schools around the US answered brief questionnaires about their lives, including their health, friendships, self-esteem, and expectations for the future. Before students could participate, parents had to give their permission through procedures approved by each school.

In phase two, with written consent of both the parent and adolescent, over 20,000 in-home interviews of students were conducted between April and December 1995 (Wave I). This "in-home" sample is composed of both a nationally representative core sample (approximately 12,000) and a dozen special samples that can be used to examine questions in special groups that would otherwise be too small for analysis (for example, twins, Cuban Hispanics, and disabled youth). No paper questionnaires were used. Instead, all data were recorded on laptop computers with sensitive questions asked privately using a pre-recorded audio cassette. A follow-up (Wave II) of 15,000 adolescents, interviewed again at home, was conducted between April and August of 1996.

A parent of each adolescent who was interviewed at home, usually the mother, was asked to complete an interview as part of Wave I. Eighteen thousand parent interviews were completed (approximately 85% of all adolescent participants).

Wave III of data collection was completed in April 2002 when the entire original sample, all of whom are now young adults, was interviewed for a third time. Wave III data are not currently available.

This monograph delves further into the Add Health Study to better understand mother-teen relationships as they affect sexual behavior among teens who are not yet sexually active. What is it specifically about those relationships that make a difference and for which teenagers? In this report we look at several questions:



- Are teens aware of their mothers' disapproval of their having sex?
- Do mothers know whether their teens have had sex?
- Do mothers talk to their teens about sex and birth control? What influence does it have?
- Mothers talk, teens' perceptions: What matters?
- What effect do closeness and connectedness have on teen sex?
- What else about mothers make a difference for sexual initiation?



Research is the Basis for the Monograph

This monograph is based on two research papers that analyze data from the Add Health study: 1) McNeely, C.A. Shew, M.L., Beuhring, T., Sieving, R., Miller, B.C., Blum, R.W. Mothers' Influence on Adolescents' Sexual Debut. *Journal of Adolescent Health* 31(3), 2002, and 2) Sieving, R.E., McNeely, C.A., Blum, R.W. Maternal

Expectations, Mother-Child Connectedness, and Adolescent Sexual Debut. *Archives of Pediatric Adolescent Medicine* 154(8):809-816, 2000.

Both papers identify factors that are associated with the transition to first intercourse. Both studies excluded teens who reported having sexual intercourse at the time of the initial interview. Over the ensuing year, some initiated sex

Characteristics of Two Studies on Transition to First Intercourse		
Description	8th-11th Grader Study	14-15-Year-Olds Study
Gender	male, female	male, female
Sexual experience at initial interview	virgin	virgin
Ethnicity		
White, non-Hispanic	74.3%	73.8%
Black	9.3%	9.5%
Hispanic	11.4%	12.1%
Other	4.7%	4.6%
Samples size	3,322	2,006
Source of data	Mother & Teen	Primarily Mother
Study design	Longitudinal (over 1 year)	Longitudinal (over 1 year)
Analytic method	Cox proportional hazards models stratified by grade (8th-9th, 10th-11th)	Cox proportional hazards models stratified by gender
Age group	8th-11th grade	14-15-year-olds

(10.8% of males and 15.8% of females in the study of 14-15-year-olds). Both studies use the Add Health data and both are longitudinal. However, there are also some important differences that the reader needs to keep in mind. Specifically, one study uses two age groups divided by grade (8th-9th, 10th-11th) while the other investigates only 14-15-year-olds. One compares across gender and the other compares adolescents by grade in school. The sample size is also different for these two studies. For the study that compares adolescents by grade, the sample is 3,322 adolescents; the other examining 14-15-year-olds is based on a sample of 2,006 young people. One study uses primarily mothers' data, and the other uses both mother and teen reports. Whenever data sources differ, the likelihood increases that there may be some differences in findings, even when the samples come from the same source as they do here. Usually the differences are small and have little practical importance. We differentiate between the findings of the two studies by consistently noting results as coming from the 14-15-year-olds study or the 8th-11th grade study.

As will be seen, this monograph reports research on how mothers influence their teens' decisions about when to have sex. That is not because fathers are not important. Much to the contrary. Rather, nearly all parents who responded to the Add Health interview were mothers. It is also important to note that previous research has suggested that the influence of mother outweighs that of fathers as it relates to the sexual behaviors of their teenage sons and daughters. Thus, a better understanding of how mothers' influence works is an important step in preventing negative sexual health outcomes among teens.



Findings

How do mothers  *make a difference in the*  *timing of first sexual intercourse*  *among adolescents?*

Are Teens Aware of Their Mothers' Disapproval of Their Having Sex?

While most mothers disapprove of their sons or daughters being sexually active, their kids don't always get the message. And there are differences among boys and girls. Specifically, when mom strongly disapproves, 30% of girls do not believe they do. For boys, nearly

half do not believe mom disapproves of their having sex when mothers tell us that they do.

It is clear that what mothers believe is not consistently getting through to their teenagers.

Percent of Adolescents Who Accurately Perceive Their Mothers' Level of Disapproval of Sex

Girls	Mothers' Level of Disapproval	
	Strong Disapproval (n=1281)*	Less than Strong Disapproval (n=466)*
Do Adolescents Accurately Perceive Mothers' Level of Disapproval?		
Yes	70%	56%
No	30%	44%

Boys	Mothers' Level of Disapproval	
	Strong Disapproval (n=1005)*	Less than Strong Disapproval (n=531)*
Do Adolescents Accurately Perceive Mothers' Level of Disapproval?		
Yes	54%	71%
No	45%	29%



*8th-11th grade weighted sample (unpublished data)

Do Mothers Know Whether Their Teens Have Had Sex?

The Add Health data allowed the researchers to look at mothers' awareness of their teens' sex lives. When teenagers reported that they had not had sexual intercourse, mothers were almost always correct in their assessment (more than 97% accurate). The opposite, however, is not so true. The table to the right shows that when teens tell us that they have had sexual intercourse, mothers have about a 50-50 chance of being right in their assessment.

		Mother Believes Teen Has Had Sexual Intercourse	
		NO	YES
Teens Indicate Whether They Have Had Sexual Intercourse	NO	97%	3%
	YES	49%	51%

8th-11th grade weighted sample (unpublished data)

Measuring Mothers' Disapproval of Teen Sex: Two Views

Adolescent's Report

Two items asked teens how their mothers would feel about them having sex at this time in their lives and how she would feel if they had sex with someone special. The 5-point response scale ranged from strongly disapprove to strongly approve. The measure was dichotomized: strong disapproval to both items vs. other.

Mother's Report

Two items asked how mothers would feel about their teen having sex at this time in their lives and how they would feel about their teen having sex if it were with someone special. Again, the 5-point range was from strongly approve to strongly disapprove. The measure was dichotomized: strong disapproval to both items vs. other.



Do Mothers Talk to Their Teens About Sex and Birth Control? What Influence Does it Have?

Most mothers say they talk to their children about sex. In fact, in both Add Health studies nearly all mothers of teenagers who have not yet had intercourse say that they talk to their children about issues

such as birth control and the potential consequences of having sex at least to some extent. Mothers in the study of 14-15-year-olds indicate that although they feel more uncomfortable speaking with their daughters than with their sons about sex, they are slightly more likely to actually talk with daughters about sex and birth control. Specifically, just under half (48%) of mothers say they discuss sex and birth control with their sons at least “a moderate amount” or “a great deal”; and just over half of mothers (52%) say they discuss sex and birth control with their daughters to a similar extent. While there is not a lot of difference in the amount of talk mothers report with sons and daughters, mothers are much more likely to say that they recommended a specific form of birth control to their 14-15-year-old sons than to their daughters. Specifically, 35% of mothers said they had recommended a specific birth control method to their sons compared with 22% for their daughters.

Whether mothers feel uncomfortable with discussing sex did not have any impact on whether either 14-15-year-old males or females initiated sexual intercourse during the one-year study period; neither did how much mothers

Measuring Discussions and Mothers' Comfort with Talking About Sex

Discussion About Sex

A six-item scale was used in the study with an 8th-11th grade sample ($\alpha = .89$). Questions asked of the mother included: frequency with which she talks to her teen about sex and birth control as well as the frequency with which she has discussed the potential negative consequences of having sex, such as sexually transmitted diseases, moral issues, costs to her son's or daughter's reputation and pregnancy.

A two-item scale was used for the study of 14-15-year-olds exploring the mother's indication of how frequently she discussed sex and birth control with her adolescent.

Mothers' Discomfort Talking About Sex

Based on the mother's response to five items regarding her: perceived level of knowledge about sex and birth control; personal sense of embarrassment discussing these issues; perceived difficulty explaining things related to sex and birth control. A fourth item asked the mother whether she believed her teen would get information elsewhere so that there really wasn't a need for her to have such discussions. Finally, the mother was asked if she felt such discussions would encourage sex. The 5-response scale ranged from strongly agree to strongly disagree ($\alpha = .78$).

report that they discussed sex or birth control influence transition to first intercourse for their sons or daughters.

When mothers in the 8th-11th grade study reported having recommended a specific form of birth control, their adolescent children were slightly less likely to perceive that their mother disapproved of them having sex. When mothers spoke with their teens about the negative consequences of sex, such as problems that come from early pregnancy and the cost to a teen's reputation, it had no impact on initiating intercourse for either boys or girls.



Mothers' Report of Communication About Sex with Sons & Daughters*

	Percent Mothers Reporting Who Have	
	Sons	Daughters
Disapprove of adolescent having sex		
Strongly disapprove	83.9	87.0
Disapprove	11.6	9.3
Neither approve nor disapprove	4.0	3.4
Approve	0.1	0.2
Strongly approve	0.4	1.3
Discussion about sex and birth control		
Not at all	8.0	5.9
Somewhat	43.7	42.1
Moderate amount	24.4	22.5
Great deal	23.9	29.5
Uncomfortable talking about sex		
Strongly disagree	1.0	0.8
Disagree	2.7	2.0
Neither agree nor disagree	12.4	8.2
Agree	51.1	46.1
Strongly agree	32.8	42.9
Recommended a specific form of birth control		
Strongly disagree	25.9	34.2
Disagree	24.0	29.3
Neither agree nor disagree	15.0	14.9
Agree	18.0	10.4
Strongly agree	17.1	11.2

*From study of 14-15-year-olds.

**Mothers Talk,
Teens’
Perceptions:
What Matters?**

As noted earlier, most of what mothers’ report that they believe and say about teen sex has little direct impact on their teenagers transitioning to first intercourse. Rather, mothers’ report of strong disapproval appears to have an effect only when teens accurately perceive that disapproval. When teens perceive that their mother strongly disapproves of them having sex, they are more likely to delay initial sexual intercourse.

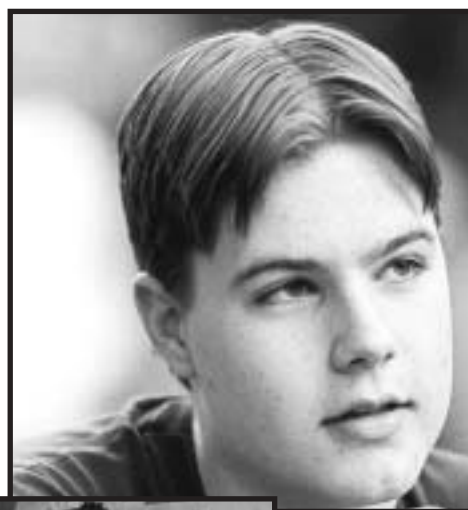


This effect was seen for both 8th and 9th graders and 10th and 11th graders. Although, as a group, teens tend to underestimate their mothers’ disapproval of them having sex, teens are significantly more likely to perceive disapproval when there is actual disapproval. However, that is not always the case. As noted on page 12, 44% of



daughters and 29% of sons who have mothers who do not report strong disapproval still believe them to be strongly disapproving of their teenagers having sex at this time in their lives.

Teen perceptions are shaped by more than what mother says. For younger teens, connectedness influences perceptions. When 8th and 9th graders feel connected to mom, they are nearly half again as likely to perceive mothers' disapproval. This effect was not seen for older teens. On the other hand, in the study of 8th-11th graders, when mothers recommended birth control to their adolescent, teens were slightly less likely to perceive mothers' disapproval.



What Effect Do Closeness and Connectedness Have on Teen Sex?

One study measures parent-teen satisfaction from the mother's perspective; the other study measures connectedness as reported by teens. When mothers report feeling satisfied with their relationship with their 14-15- year-old daughters, their daughters were less likely to report having had sexual intercourse. Mothers' reported satisfaction with their relationships with their sons, on the other hand, had no impact on the timing of first intercourse.

One study measures parent-teen satisfaction from the mother's perspective; the

communication is with their mother and how satisfied teens feel with their relationship with their mother.

Connectedness is not the same as mothers' satisfaction with their relationships with their teenage sons or daughters. The protective power of connectedness appears to be related to adolescents' gender and age. While high levels of mother-child connectedness are independently related to delays in first sexual intercourse among 8th and 9th grade boys and girls and among 10th and 11th grade boys, the protective effect of connectedness appears to diminish for older girls. High levels of mother-teen connectedness were not significantly associated with delays in sexual intercourse among 10th and 11th grade girls.

Measuring Mother and Teen Relationships

Mothers' Satisfaction with the Relationship

A single item asked of mother with a 5-point response option that was dichotomized for purposes of analysis reflect strong satisfaction vs. other.

Mother and Teen Connectedness

A 5-item scale based on adolescent report. Questions included teens perceptions of: how close they feel to their mother, how much they believe their mother cares about them, how warm and loving their mother is, how satisfied they are with their relationship with mom and how good the communication is with their mother.

We use the term connectedness to describe the teens' view of the relationship with his or her mother. By connectedness, we mean how close teens feel to their mothers, how much they feel mother cares about them, how warm and loving mother is, how good



What Else About Mothers Make a Difference for Sexual Initiation?

Mothers appear to slow the progression from teens' romantic involvement to first intercourse in several ways. Add Health findings suggest that

girls who have mothers with higher levels of education are less likely to transition to intercourse at every age studied. On the other hand, teens who had mothers who were highly religious were no less likely than other teens over the one-year study period to start having intercourse.

Being actively engaged in the lives of their daughters is another way mothers may help to delay early intercourse. Mothers who report frequently talking with the parents of their daughters' friends had daughters who were less likely to have initiated intercourse over the one-year study period. None of these findings held true for boys.

This study, like others before, suggests that mothers have less influence on the timing of first sexual intercourse among their sons than among their daughters. For adolescent boys, other social influences — such as those provided by fathers, siblings or peers — may outweigh maternal influences on the timing of first sexual intercourse.

Characteristics that Influence Earlier First Sexual Intercourse by Grade¹

	Males & Females	
	Grades 8-9	Grades 10-11
Adolescent Characteristics		
Perceives mother strongly disapproves of sex		
Involved in a romantic relationship		
Higher levels of mother-child connectedness		
Mother's Characteristics		
Strongly disapproves of teen having sex		
College or technical school graduate		
Frequency of communication regarding sex and negative consequences		

¹Analyses controlled for adolescent race/ethnicity, gender, family structure

²Protective, Indirect effects (i.e. measure had direct impact on perceived maternal disapproval, which in turn influenced timing of first sex)

Characteristics that Influence Earlier First Sexual Intercourse by Gender (14-15-Year-Olds Study)

	Ages 14 and 15	
	Females	Males
Mother's Characteristics		
Strongly disapproves of teen having sex		
Has college degree		
Frequency of discussion about sex		
Discomfort discussing sex		
Recommended specific birth control		
Satisfied with relationship with teen		
Frequency of talking with parents of teens' friends		
High religiosity		

Implications

What are the take-home messages from this research?



What

can parents do?



What does it mean for programs and policies?

Parents

- When it comes to delaying the initiation of sexual intercourse, caring and connectedness are important — especially for younger teens.
- Simply stating parents' disapproval of teen sex is not enough. Clearly, some teenagers do not get the message. We do not know exactly why. Perhaps parents are not consistent in what they say. Maybe it is because we do not really start talking to our teens about these issues until we believe that they are in a serious relationship. When they do get the message, teens are more likely to delay sexual intercourse.
- While so much is made these days over what we should say to our kids about sex, the present research suggests that other aspects of parenting may have a greater influence, such as knowing our kids' friends and their friends' parents. Other factors that may make a difference include: having high expectations for school, having rules and regulations, knowing where one's child is and having meals together.
- About 50% of parents seem to be unaware that their sons and daughters have started to have sex. If we are to be successful in providing our children guidance, perhaps we need to be more aware of what is going on in their lives.
- Despite the fact that mothers are slightly more likely to discuss sex with their daughters than with their sons, they are much less likely to suggest birth control to their daughters. Rather, more mother-daughter discussions appear to focus on the risks of early sex — suggesting perhaps that, like society as a whole, mothers may be more oriented to influencing their daughters' sexual behavior and more oriented to influencing their son's risk of infection and early parenting.



■ As much as we wish otherwise, these research findings, as well as those of others (see Jaccard and Dittus, 2000), show that there are no simple answers for parents when it comes to talking to kids about birth control. Jaccard and Dittus found that teens whose parents recommended contraception were more likely to have intercourse. The present study, while showing that parent recommendations of contraception diminish teen perceptions of maternal disapproval, showed that such recommendations were not associated with a greater likelihood of teen sex. The differences in the two studies may be the result of sample size or methods used. Jaccard and Dittus (2000) also found that teens whose parents recommended contraception were more likely to use it. For each of the studies, the findings are statistically significant but the effects are not large.

This leaves parents with a mixed message. While a recommendation of birth control by parents may be associated with increased use, there is also the risk that it may be misconstrued by teens as sanctioning early sex when that is not the intent. To the extent that our messages, values and behaviors as parents are more consistent, teens may be able to comprehend both what we believe and what we say.

The National Campaign to Prevent Teen Pregnancy's Ten Tips for Parents

1. Be clear about your own sexual values and attitudes and tell your children. How do you know what you believe? Here are some questions to guide you:
 - What do you really think about school-aged teenagers being sexually active — perhaps even becoming parents?
 - Who is responsible for setting sexual limits in a relationship and how is this done, realistically?
 - Were you sexually active as a teenager and how do you feel about that now?
 - What do you think about encouraging teenagers to abstain from sex?
 - What about contraception?
2. Talk with your children early and often about sex and love and be specific.
3. Supervise and monitor your children and adolescents. Establish rules, curfews and standards of accepted behavior.
4. Know your children's friends and their families. Remember their friends' families want to know you too.
5. Discourage early, frequent and steady dating.
6. Take a strong stand against your daughter dating a boy significantly older than she is. And discourage your son from developing an intense relationship with a girl much younger than he is.
7. Help your teenagers to have options for the future that are more attractive than early pregnancy and parenthood.
8. Let your kids know that you value education highly.
9. Know what your kids are watching, reading and listening to.
10. Get more information. Talk with your child's mother or father. Talk with your doctor, nurse, clergy, teacher or other important professional in his or her life.

Policies and Programs

- Parent-based approaches are one set of tools among a broad array of strategies to prevent pregnancy risk and sexually transmitted infections.
- Simply encouraging parents to talk more to their teens about the risks of early sex without being more involved in their lives is unlikely to have much impact.
- Young people would benefit if adolescent health services included programming that encourages and facilitates positive parent involvement in the lives of their adolescent children.
- Youth-serving agencies need to develop strategies that promote high levels of parent-child connectedness, encourage parent-child relationships that may help to delay early sexual intercourse, protect teens against a variety of other adverse outcomes and promote healthy adolescent development.



Web-based Resources

Center for Adolescent Health & Development:

www.allaboutkids.umn.edu

Carolina Population Center/Add Health Study:

www.cpc.unc.edu/addhealth

National Campaign to Prevent Teen Pregnancy:

www.teenpregnancy.org

Afterward

In the final analysis,



successful parenting does not rise and

fall on whether our teens have sex or not.



There is no single litmus test for parenting. While we need to keep our teenagers safe, our goal is broader than keeping teens “problem-free.”

Our goals are to raise teens who are socially, physically, morally and emotionally healthy. In addition to promoting health, we want to aid our teenagers in acquiring the academic, social, vocational and civic competencies, as well as the confidence and character they will need to become capable, engaged and caring adults. Keeping them safe from the consequences of early sex or even from early sex itself is but one step to this much larger goal.

This is the fourth in a series of monographs based in the Add Health study funded by The Robert Wood Johnson Foundation. This series presents new research findings from the National Longitudinal Study of Adolescent Health that have immediate applicability. The purpose of these monographs is to communicate these new findings to the people who can use this information to improve the health and well-being of adolescents.

The first monograph, *Reducing the Risk: Connections that Make a Difference in the Lives of*

Youth, presents the first research findings from Add Health. It shows, among other things, that school connectedness is associated with emotional well-being and lower participation in health risk behaviors.

The second monograph, *Protecting Teens: Beyond Race, Ethnicity and Family Structure*, presents research that shows that race, family income and living in a single-parent family cannot predict whether an individual teen is likely to participate in risky health behaviors.

The third monograph, *Improving the Odds: The Untapped Power of Schools to Improve the Health of Teens*, presents research that shows that feeling connected to school is a significant advantage for adolescents as they transition to adulthood.

All monographs in this series can be downloaded from the website of the University of Minnesota’s Division of General Pediatrics and Adolescent Health located at <www.allaboutkids.umn.edu>.



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This monograph was prepared by Robert Wm. Blum, MD, MPH, PhD, in conjunction with Clea McNeely, DrPH, and Renee Sieving PhD, RCN, of the Center for Adolescent Health and Development, University of Minnesota. It is dedicated to Peggy Mann Rinehart in recognition of her creativity and unique ability to translate complex research so that it is intellectually accessible to those who set policy and run programs.

Additional copies of this monograph can be obtained by contacting:
Add Health, c/o the Center for Adolescent Health and Development,
University of Minnesota,
200 Oak Street, SE, Suite 260, Minneapolis, MN 55455-2002
or e-mail requests to: ahp@umn.edu.

This entire monograph is available as a PDF file at: www.allaboutkids.umn.edu.

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