

Some of the information in the attached article is controversial especially regarding condom usage. However, I thought you should be aware of both the statistics regarding teens and sex and the advice that is currently being given.

We have an obligation to share the truth with our children. If we don't someone else will. I visited with a female physician who was asked to speak to a group of girls from a conservative evangelical church's youth group. She was shocked to find out that 80% of the girls were already sexually active. This was twenty years ago.

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Helping Hearts Heal

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Counseling Teens on Sex

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Introduction

Counseling teenagers about sexual activity has been a controversial subject since sex education began to be widely discussed in the 1960s. Although schools in the past rarely did more than show the obligatory film about reaching puberty, they were increasingly seen in the late 1960s and 1970s as a primary venue for sex education. Predictably, there was a backlash from those who believed that educating teens about sex would encourage them to engage in sexual activity. Of course, this view overlooked the reality that teens have always engaged in sex, courting the consequences of pregnancy and sexually transmitted diseases.^[1,2] Rather than encouraging sexual activity, sex education aims to teach teens how to make informed decisions about whether to engage in sex and how to avoid its consequences. By counseling on which methods of contraception are most effective, pharmacists can be an invaluable information resource for sexually active teens.

Regardless of which side one is on in the debate, few would disagree that teens who do choose to be sexually active must be given accurate information on how to protect themselves against pregnancy and sexually transmitted diseases (STDs). Teens need to understand that the only proven method for preventing these consequences is abstinence, and even if they believe that they are in a committed relationship with a healthy partner, they need to protect themselves against STDs if they are sexually active.

What are the Teen Pregnancy Trends?

Since the 1990s, pregnancy and birth rates for all teens have exhibited a steady decline.^[3] This is partly because of a reduction in the number of sexually active teens, and partly due to an increase in contraceptive use among sexually active teens.^[3] Undoubtedly, a difference in attitude toward abortion has also contributed to the decline in teen birth rates. Despite this, the National Campaign to Prevent Teen Pregnancy offers some startling statistics^[3-5]:

- Although three quarters of females ages 15 to 19 used contraception the first time they had sex, more than 30% did not use contraception during their most recent sexual act.
- More than one half of teens said a major reason for not using a contraceptive was their sexual partner's refusal to cooperate.
- While teen sexual activity has seen decreases in toto, this overall statistic obscures the fact that sexual activity has risen among those younger than 15, one of the groups least likely to use contraceptives.
- Fully 35% of females have one or more pregnancies before the age of 20 (850,000 teen pregnancies yearly); as a result, many will enter a cycle of welfare and poverty.
- The US teen pregnancy rate is higher than that of any other country in the industrialized world (10 times as high as that of Japan, four times those of France and Germany, and double that of Great Britain).^[5,6]

What are the Teen STD Figures?

The American Social Health Association provides some data on STDs in teenagers.^[4]

- Of the approximately 12 million sexually active teens, 25% will contract an STD each year.
- Teens suffer higher rates of gonorrhea and chlamydia than do older adults.
- At least 15% of sexually active teenage girls have contracted human papillomavirus, putting a significant number at risk of cervical cancer.

Basic Components of Pharmacy Counseling

Current data on STDs and pregnancies during the teen years demonstrate clearly that many millions of teens are not practicing sexual abstinence, and it is unrealistic to believe that they will become abstinent after several years of sexual activity. Pharmacists can assist sexually active teenagers in choosing self-care products that will help protect them against pregnancy and STDs.

There is a wide array of self-care products available to prevent pregnancy. Pharmacists can explain their relative advantages and drawbacks. Teens may need clear instructions on the proper use of the products to ensure that they function as intended. The spectrum of products to prevent STDs is much more limited. Teens must be made aware that not all

contraceptive products (eg, lambskin condoms) stop the spread of AIDS and that condoms, which do not always cover genital ulcerations caused by herpes, syphilis, and genital warts, do not provide complete protection against the transmission of STDs.^[7]

Condoms

Teens should be informed that the condom is a barrier device that prevents deposition of sperm into the vagina.^[8] Condoms are available in three types of material: sheep membrane (eg, Kling-Tite Naturalamb), latex rubber, and polyurethane (eg, Trojan Supra). While all three usually prevent transmission of gonorrhea, those made of sheep membrane allow passage of the AIDS virus. The newer polyurethane condoms might have a higher breakage rate than do latex rubber condoms, but they are a viable option for people at risk of fatal anaphylactic reactions due to latex allergies.^[9] In one paper, researchers reported that polyurethane condoms are more likely to break than latex condoms.^[8] Until researchers are able to confirm that polyurethane condoms are equal in strength to latex rubber condoms, latex condoms may be the best choice for teens who are not sensitive to latex. "Spermicidal" condoms that contain nonoxynol-9 in the lubricant give an added measure of protection against pregnancy. However, teens who have sensitivities to spermicide should be counseled against using condoms or other contraceptive products that contain nonoxynol-9.

The errors teens can make in condom usage may negate their benefits. To properly use condoms, the teen should be instructed on the following steps:

- After purchase, store condoms at room temperature. Those kept in a car's glove compartment or a billfold will deteriorate quickly.
- Only use condoms that have not passed their expiration date.
- Open the package without using any sharp instrument such as scissors or teeth.
- Apply the condom before any vaginal, rectal, or oral penetration.
- Check closely to see which is the right side of the condom before it is placed on the penis. If it does not unroll after placement, it may be on upside-down. Because of the possibility of semen-rich preejaculate, which carries the risk of pregnancy and STDs, entering the female, the condom should not be turned over and reused. Instead, it should be discarded and a new one used.
- If a vaginal lubricant is required, a commercially available product should be used (eg, K-Y jelly). The teen should read its label to ensure that it is compatible with condoms. Because they degrade latex rubber, all oil-based products (eg, mineral oil, cooking oil, cold cream, petrolatum) must be avoided.
- The condom should be unrolled completely to the base of the penis.
- Should condom rupture be detected, all activity should be halted and the female should immediately apply a dose of vaginal spermicide foam.
- Following ejaculation, the male should immediately withdraw his penis so that the condom does not remain in the female after the penis has disengorged. Failure to do so can allow ejaculate to leak onto perineal tissues. The male should withdraw by holding the base of the penis and condom to help ensure that both come out as a unit.

Female Condom

The female condom (FC Female Condom) is a polyurethane sheath placed in the vagina before sexual activity. It occupies an important place in the teen female's sexual self-care arsenal. Prior to the advent of the female condom, a woman partnered with an uncooperative male who refused to use a male condom had no options available for preventing pregnancy and some STDs.^[10,11] In fact, at present, this is the only device that simultaneously provides dual protection against pregnancy and STDs that can be controlled by the female. Penile thrusting takes place inside the sheath, which prevents the exchange of secretions. Its efficacy against STDs is equivalent to that of the male condom.^[12] It cannot be used with a male condom, and it does not protect against pregnancy as well as the male condom.

Spermicides

Spermicides are versatile antipregnancy products, but they cannot provide reliable efficacy against STDs. Available as jellies, suppositories, and films, they are used to augment the efficacy of condoms and the contraceptive sponge. Their inability to guard the teen against STDs make spermicides a poor choice for the sexually active teen.

Contraceptive Sponge

The Today contraceptive sponge may soon be available again after an eight-year absence. It works in three ways: It presents a barrier to sperm, absorbs ejaculate, and contains nonoxynol-9. Nevertheless, because it cannot protect against STDs, it is not a first-line option for the sexually active teen. After it is moistened with water and squeezed to produce suds, it is inserted vaginally. Although the sponge protects against pregnancy for 24 hours, it needs to be left in place for at least six hours after the last sex act.^[13]

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Sidebar: Giving Teens Simulated Babies

Some teens romanticize having a baby. They believe babies are something to love and something that loves you back. They are woefully unprepared for the demands of parenting. Baby simulators are realistic baby dolls used by many high schools to give students a more realistic introduction to parenthood. These life-sized, simulators require feeding, burping, rocking, diaper changing, and support of the head. They can detect wrong positioning, rough handling, and shaken baby syndrome. They are available with symptoms that mimic those of drug withdrawal and fetal alcohol syndrome. When high school girls were given the simulators, the students gained new and more realistic perspectives about caring for an infant.^[14]

Sidebar: Information for Teens: Avoiding Pregnancy and STDs

As a teen, you have been bombarded with ads, movies, and television shows that have highly sexual content. Yet you know that sexual activity can lead to unwanted consequences such as sexually transmitted diseases (STDs) and pregnancy. Although the only proven option for preventing pregnancy and STDs is abstaining from all sexual activity, if you do choose to be sexually active, you need accurate information on preventing pregnancy and STDs.

Myths About Avoiding Pregnancy

Teenage boys have an amazing variety of stories on how to prevent pregnancy, mostly used to help convince a girl to engage in sexual activity. According to common myths, you cannot get pregnant if it's the first time for one or both of you, if the female has her period, if the male withdraws before ejaculation, if the female douches, showers, bathes, jumps up and down, pushes her navel, or sneezes repeatedly after sex, if sex takes place

in a pool or hot tub, if both partners do not have an orgasm at the same time, if the female is on top, or if the male drinks 2 liters of Mountain Dew to kill the sperm.

Myths About Avoiding STDs

Myths about preventing STDs are that oral sex cannot transmit STDs, plastic wrap will work as well as a condom, one need not use a condom if he or she has sex with only healthy people, and stopping before ejaculation will prevent STDs.

The Reality

The reality is that all of these myths are untrue. Sexual abstinence is the only foolproof way to prevent STDs and pregnancy. Condoms work fairly well at preventing pregnancy when used correctly, and the right kind of condom (latex rubber or polyurethane) will help prevent some STDs. However, condoms do not prevent the spread of other STDs, such as genital warts, herpes, and syphilis. The problem is that condoms may not cover the area of skin (an ulcer in the case of herpes and syphilis) that transmits the disease to one's sexual partner.

You should be aware that while some products work better than others, they all have the potential to fail. Some fail to protect against pregnancy or STDs because they are not used properly, and others do not work even when they are applied or used according to every step of the instructions. Condoms may slip from the penis or break during sex. Breakage is not normally felt by either partner, so ejaculation can occur before the couple realizes the condom has failed. Spermicides found in contraceptive jellies, suppositories, and film may fail to prevent pregnancy, and they are not proven to prevent STDs. The female condom protects against both STDs and pregnancy but it also sometimes fails during use. Engaging in sexual activity only when you think you are less likely to become pregnant without using a contraceptive (the rhythm method) is unreliable in preventing pregnancy and cannot prevent STDs.

What Can You Do?

If you do choose to be sexually active, choose a contraceptive method or a combination of methods that will most effectively protect against pregnancy and STDs, and use contraception every time you have sex. Make sure you use contraception properly—read instructions carefully and talk to your pharmacist or physician if you need more information on how to use a particular method.

If you are sexually active, and you suspect that you or your partner have an STD or that you may be pregnant, see your physician to make sure that you receive proper treatment. Consult Your Pharmacist if you have any questions on which contraceptive is right for you.

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