

Teen Perceptions of Sexual Activity: Influences, consequences, realities, and thoughts on safe sexual health practices

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Abstract

Teens' engagement in sexual activity and safe sexual practices is an important public health issue in the US today. This descriptive survey study explored teens' thoughts about the influences, consequences, and realities associated with teen sexual activity and pregnancy and their perceptions of access to sexual health education and contraception. Surveys were administered to 856 Delaware youth in 39 high school health classes from 16 schools. Of the 31 survey items, 25 offered significantly different responses; participants agreed with 16 and disagreed with 9 items ($p < .005$), revealing important findings concerning teen perceptions as the basis for meaningful interventions.

Introduction

Delaware teens report some of the highest rates of sexual activity in the nation.¹ Although teen pregnancy and birth rates are lower than recent history, teen reports of frequent sexual activity, early involvement in sexual activity and increased reported rates of multiple sexual partners and use of alcohol during sexual activity warrant a shifting focus on promoting teen safe sexual practices.¹

With this redirection of focus, advocates contend that we need to access teens' own perceptions such that interventions are meaningful and effective.²⁻⁵ Herrman and Nandakumar developed a survey to assess teen perceptions of the impact a birth would have on their lives.⁶ As a subscale of this survey instrument, an additional section assessed teen perceptions of the influences, realities, and consequences related to teen sexual activity and their thoughts on access to safe sexual practices. Therefore, the purpose of this descriptive study is to explore teen perceptions of the influences, consequences, and realities of teen sexual decision-making, and youth thoughts on access to sexual health education and contraception.

Review of the Literature

Studies related to teen perceptions of sexual activity and safe sexual practices provide the foundation for further investigation. This review will discuss studies related to teen perceptions of the influences, consequences, and realities of sexual activity and teen pregnancy and youth thoughts on access to sexual health education and contraception.

Influences

Teens perceive that a variety of influences impact their sexual practices. Albert identified that teens indicate parents or involved adults as the primary influences on sexual activity.⁷ The vital nature of adult role models, the influence of parents and other adults, and the power of adults to influence the lives of youth and sexual behavior are prevalent research findings.⁷⁻¹²

According to Albert, teens noted that parents, in portraying values, communicating with teens, and monitoring their activities, are the greatest influence on their decisions about sex and their

engagement in healthy sexual practices.⁷ Albert also noted that parents often underestimate their ability to inform their children's actions.⁷

Teens identified that, in the absence of adult role models, friends and the media served as influences on sexual activity; teens contending that these sources were often inadequate in filling this role.⁸ Although teens often perceived most other teens are having sex and that peers may be a sound source for sexual information, self-report data of sexual activity reflects much lower rates.^{1,7,13,14} Research demonstrates that perceptions of increased sexual activity among peers increases the likelihood for personal participation in sexual activity and beliefs that a peer has a greater number of sexual partners increases the likelihood for multiple sexual partners in teens.^{7,15-17}

The power of peers and partners to influence sexual behavior is noted by teens as a critical element in engaging in sexual activity and safe sexual practices.⁸

Other researchers discussed the impacts of mass media and media literacy on teen perceptions of sexual health, sexual activity, and learning about sex through television, theatre, movies, and internet.^{9,18,19} These researchers substantiated the use of media resources by teens to discover information about sexual activity and safe sexual behavior, but teen perceptions about the value of media and adolescent use of credible internet sites, versus pornography or those sites purporting invalid information about sex, is less known.¹⁹

Consequences

Perceptions research about consequences may be divided into teen thoughts on those associated with sexual activity and those related to pregnancy (see Table 2). Researchers exploring teen perceptions of the risks of sexual activity noted that teens often focus on pregnancy or sexually transmitted diseases (STIs), rather than focusing on personal or social consequences.²⁰ Herrman noted that young women may be aware of the consequences of sexual activity, having unprotected sexual activity, or engaging in risky sexual behaviors, but that this awareness may not translate into safe sexual practices.²¹ Several researchers affirm the need to consider the dimensions of adolescent reasoning, wherein the less mature brain is unable to appreciate consequences, engage in rational decision-making, or suppress impulsive urges.^{8,21,22} In addition, the influence of passion, substance use, and succumbing to peer or partner pressure may further tempt teens into engaging in sexual experiences and they may temporarily disregard their own knowledge of consequences. Gender may influence teens' perceptions of the consequences of sexual activity. Researchers found that young men focused on the pleasure, rather than the potential consequences, associated with sexual activity while females were more apt to consider the costs and responsibilities associated with sexual behavior.¹³

Studies explored teen parents' thoughts on the impact a teen pregnancy and birth had on their lives, demonstrating a mixed set of perceptions. Some teen parents relayed negative impacts on social life, education, careers, and finances and while others shared positive impacts in such areas as intimate relationships and those with their family.^{21,23-26} Most of the positive effects were noted in the area of personal development, noting that having a baby made them more mature, enhanced decision-making, and increased their sense of responsibility and goal-setting for the future.^{21,23,25,27-29}

Researchers found that non-parenting teens perceived mostly negative impacts of the teen pregnancy experience, including a loss of freedom, lack of friends and social life, sleep

deprivation, increased work juggling school and parenting, family discord, financial stressors, and hindrance in pursuing educational and career goals.^{2,3,8,30-32} Non-parenting teens also noted positive aspects of having a baby including: the capacity for young parents to mature, recognition of young parents' adult status, maintenance of relationships with partners, monetary gain in the form of child support and governmental subsidies, the potential for young mothers to complete their mothering earlier to allow for later educational and career pursuits, providing purpose to their lives, to gain attention from others, to have a source of pleasure in an otherwise stressed life, or to have someone special to love and cherish.^{2,3,8,30,32}

Realities

While several studies noted teens' beliefs that teen pregnancy is an important issue, teens' views on the realities of sexual activity are less represented in the literature.^{7,31,33,34} In a focus group study, young people affirmed that many teens engage in sexual activity and that this is a reality of current teen behavior, although teens recognize that adults often believe them to be too young or ill-equipped for the responsibilities of sexual activity (see Table 3).⁸

In addition, although many teens reported that teen pregnancy can and should be prevented to avoid the associated consequences, they also acknowledged many teen parents are very effective in their roles and were noted to discard the stigma associated with early parenting.⁸ For some young people early parenting is a positive way to deal with poverty, a decreased lifespan, and increased morbidity in a community shaped by norms of early childrearing.^{21,27} Several authors assert that teens believe that some teen pregnancies are inevitable occurrences in our society and, as such, are part of the realities of teen life.^{2,8,14,30}

Access to Safe Sexual Practices

Review of teen perceptions of sexual health practices includes the research related to access to sexual health education information and to condoms and contraception (see Table 4). Surveys reflected that teens believed they have access to comprehensive sexual education and that education is critical in safe sexual behavior.^{3,7,30} Teens also indicated that they had adequate information to avoid an unplanned pregnancy, although many knew "little or nothing about condoms or birth control pills," (p.8) raising some concern about teens' levels of knowledge about contraception and their ability to translate knowledge to safe practices.⁷ Although teens perceived their parents were resources for information, experts indicate that parents are often embarrassed, lack knowledge, or provide inaccurate information related to sexual activity and access to contraception and that teens may not trust information received from parents.^{9,35,36}

Studies validate that teens do not believe that access to condoms and contraception increases level of sexual activity.^{20,30,37-39} Teens' identified barriers to accessing condoms and contraception including cost, access to services, transportation, embarrassment, objections of their partner, threats to privacy or confidentiality, or perceived reduced susceptibility to pregnancy or STIs.^{20,37,40,41} In addition, access to oral contraception was believed to be hampered by cost, parental notification through the insurance or billing processes, and the potential of a pelvic exam, which may or may not be required based on sexual history.⁴²

Teens perceived that condoms were not used due to lack of availability, beliefs about decreased sexual pleasure, sexual activity not being planned, substance use, passion, receiving gifts or incentives to forego use, coercion, assumed monogamy, use of other methods of contraception, desire for increased intimacy, as a demonstration of trust in a long term relationship, desire for a

child, perceived ineffectiveness, partner disapproval, inconvenience and hassles associated with condoms, or beliefs that they could not become pregnant.^{11,20,41,43–47} Teens contended that using a condom had the potential to be interpreted as suspicion of infidelity, lack mutual trust, or disbelief in the exclusivity of the relationship.^{20,37,44,45} Negative attitudes toward pregnancy and positive attitudes toward contraceptives were associated with consistent contraceptive use.^{11,46} Teens perceived that contraception methods were more likely to be used if they were easily accessible; required low effort and were easy to remember; were discreet from parents and, potentially, partners; and were associated with information to increase confidence and ensure effectiveness.⁴²

These insights provide the foundation for further exploration of Delaware teen perceptions about the influences, consequences, realities, and access to sexual health strategies related to sexual activity and teen pregnancy. Although these studies represent important individual contributions to our knowledge of teen perceptions, this review of literature demonstrates the need to explore current and local teens' thoughts. Therefore, the purpose of this study was to determine Delaware teens' perceptions about the influences, consequences, and realities associated with sexual activity and pregnancy, and their thoughts on access to safe practices including access to sexual health education and contraception.

Methods

Procedure

Following Institutional Review Board approval recruitment emails describing the research and activities were sent to high school health teachers throughout the Delaware. In return for participation, schools were offered a one-time presentation for their students about the costs and rewards of teen parenting and personal life goal-setting by the Principal Investigator (PI). Teachers responding to this solicitation were emailed parental permission forms and survey/teaching sessions were scheduled. Teachers were motivated to participate in the project because the survey and associated class met a state- required health class standard on the consequences of teen parenting. Teachers demonstrated a high level of dedication to the project, reminding students to return permission forms and offering homework incentives or extra credit, resulting in a high return rate. Students returned the parental permission in a sealed envelope marked with a designated code number and were given the survey with the same code number. Students who completed the survey, implying assent to participate, received a \$5.00 gift card to a local convenience store. The PI conducted the survey within 16 schools in thirty-nine coeducational health classes throughout Delaware. Less than 10 surveys were discarded after they were matched with parental permission forms and very few absences (less than three per class) were reported in each class.

Participants

This convenience sample (N= 856) was stratified according to the number of teens in each county in Delaware. Participants' ages ranged from 14-17 years with a mean of 15.7 years. The sample was 54% Caucasian, 24% African American, and 22% other, with 7% of the teens indicating Hispanic ethnicity.

The sample was 49% male, and 41% female; 10% did not answer the item. Additional questions revealed that 33% believed they were low income, 62% were spiritual or religious, and 46%

lived in a home with two parents. According to the teachers and school officials, a very small percentage may have been pregnant or parenting during the data collection period.

Measures

The Thoughts on Teen Parenting Survey was developed by the PI and was used to collect data for this study.⁶ This survey includes three parts, including Part A (demographic information), Part B (the Thoughts on Teen Parenting Scale), and Part C (general questions). Parts B and C are five-point Likert scales and are scored on a continuum of strongly disagree to strongly agree with the middle option being neutral. Part B assesses teens' thoughts of the impact a teen birth would have on their relationships (with peers, boyfriend/ girlfriend, and family), their vocation (related to education, work, and money), and life impacts (effect on personal characteristics and life in general). Part B of this instrument was used in several previous studies assessing teen perceptions and response to interventions and demonstrated high levels of reliability with Cronbach α levels of .90-.93.^{3,48-50} Part C asks general questions about the teens' perceptions of sexual decision-making of the four sub-categories, including the Influences, Consequences, and Realities of teen sexual activity and pregnancy and Access to sexual health education and contraception.⁶

Items for the entire survey were developed from previous interview and focus group research,^{8,21,27} reviewed by an expert panel, subjected to content validity indexing by a national group of four teen pregnancy prevention experts, pretested with a group of 37 teens for readability and authenticity, and piloted with 171 teens as part of a youth health summit and with health class participants to enhance reliability and validity.⁶ Part B was reported on previously³; Part C has not been published and is the instrument used in the current study.

Data Analysis

The 31 items of Part C were individually examined to determine how teens tended to respond to each statement, whether neutral, agreeing, or disagreeing. Response choices were recoded such that strongly agree and agree answers were coded as agreeing and strongly disagree and disagree answers were designated as disagreeing. In this analysis, neutral responses were omitted in order to specifically compare items that were answered with agreeing and disagreeing responses. Items were then compared using a χ^2 Goodness of Fit Test to assess if responses significantly differed between agreeing and disagreeing beyond what would be expected due to chance.

Results

Of the 31 items, five were characterized by neutral responses, which is defined as having the plurality of responses in the neutral category following the recoding of items. One item did not represent significant differences in responses leaving 25 with significant differences. Participants agreed with 16 statements and disagreed with nine items ($p < .005$).

Tables one through four reflect the items in each sub-categories of the scale, Influences, Consequences, and Realities related to sexual activity and pregnancy, and Access to safe sexual practices. Each table includes the percentage of agreement versus disagreement.

Discussion

Analysis of the findings yielded agreement and disagreement items in each of the four sub-categories of the scale, including Influences, Consequences, and Realities of teen sexual health, and Access to sexual health education and contraception. These items are explored in each category and discussed within the contexts of the literature.

Influences on teen sexual activity and pregnancy

Varied perceptions of influences on teen sexual activity and safe sexual practices were identified by this sample and are listed in Table 1. The findings of this study validate those in the literature highlighting the importance of parents in providing information about and supporting teens as they practice safe sex.^{7,11,12}

Table 1. Perceptions of INFLUENCES

Item	% Agree	% Disagree
I have an adult in my life that I respect.*	95%	5%
The media has a great impact on teen sex.*	78%	22%
I know an adult in my life to talk with about sex and birth control.*	75%	25%
Having teen parents talk to teens about what it is like to have their children prevents pregnancy.*	68%	32%
Adults are truthful with teens about sex and pregnancy.***	50%	50%
Boys want their girlfriend to have children.*	15%	85%

*significant at a level of $p < .005$, **largely neutral responses, non-significant findings, ***non-significant differences between agreement and disagreement responses

The current research revealed that teens had mixed findings about adult truthfulness about sex which may indicate an area for further research. In other studies, teens expressed a desire for parents and other adults to provide information about sex and sexuality and to serve as role models exemplifying positive relationship skills, yet many teens did not believe adults in their personal worlds fulfilled this commitment.⁷

Many in this sample indicated that they had an adult in their lives to communicate with about sex and birth control. This finding is promising but also demonstrates that one-quarter of youth believe they do not such an individual in their lives, indicating a need for intervention. Several studies examined the role of teen-adult communication in promoting responsible sexual behaviors in teens, noting more realistic attitudes about pregnancy, fewer pregnancies or intentions to become pregnant, and consistent use of contraception among youth reporting candid conversations with parents or other adults about sexual activity and safe sexual practices.^{11,30,45,51,52}

The current sample of teens reported that the media has a significant impact on teen sexual activity, substantiating Albert's findings that the media increases awareness about negative consequences of sex and plays a role in stimulating conversations about responsible sexual behavior.⁷ This sample agreed that having teen parents speak with other teens about the realities of teen parenting is an effective way to prevent teen pregnancy, validating other research in this

area.^{8,30,34} The ability for teen parents to share their experiences and the impact of a teen birth on life goals may provide the forum for discussion, skill building, and assessment of values related to life and current behaviors.

Finally, the finding that very few teens believed that boyfriends consciously want girls to become pregnant is validated by the literature. Although this may be true in selected instances, the literature and our sample affirmed that most teens consider the negative aspects of parenting in their reproductive decision-making.^{8,31} Although youth may identify such positives of fatherhood as increased attention, increased masculinity, stabilization of a relationship, or to “be cool,” this sample did not believe that these positives caused boys to want their girlfriends to have a child.³¹

Consequences of teen sexual activity and pregnancy

This sample considered teen pregnancy an important issue, a finding validated in the literature.^{7,31,33,34} This sample’s appreciation of the negative consequences associated with teen pregnancy or unsafe sexual activity, as depicted in Table 2, are in line with those noted in the literature.^{3,8,31,34,53}

Table 2. Perceptions of CONSEQUENCES

Item	% Agree	% Disagree
Teen pregnancy is an important issue.*	94%	6%
Having a baby as a teen is a bad thing.*	70%	30%
Birth control has a bad effect on a girl’s body.**	45%	55%
It is okay to have a baby as a teen.*	16%	84%
Children born to teen parents are better off than other children.*	9%	91%

*significant at a level of $p < .005$, **largely neutral responses, non-significant findings, ***non-significant differences between agreement and disagreement responses

This group agreed that children of teen parents are not better off than children from adult parents and having a baby as a teen may “be a bad thing” or lead to negative consequences. Most of the participants disagreed with the item asking if it is “okay” to have a baby as a teen. Although several authors reflected on youths’ ambivalence about teen pregnancy, many teens recognize the obstacles inherent of teen births.^{8,14}

This group reported neutral responses on the item questioning if birth control has a negative effect on a girl’s body. Several studies report that teens hold misconceptions or exaggerate the negative effects of birth control.^{36,54,55} Others note that family, peer, and local community beliefs often confound messages about the safety of birth control and perpetuate myths, side effects, or

information concerning older hormonal methods but not characteristic of today's contraceptives.^{36,55}

Jaccard et al. conjectured that some parents of teens over-estimate the impact and side effects of birth control when counseling their children in order to deter them from engaging in sexual activity, sometimes undermining the young people's intentions to act responsibly.⁵²

Realities of teen sexual activity and pregnancy

This sample tended to believe that most teens participate in sexual activity and that unintended pregnancy will happen regardless of efforts to provide information and access to birth control, as noted in Table 3. This may reflect an accurate assessment of the sexual activity level of peers or, as previously discussed, be an overestimation of teen engagement in sexual behaviors.^{1,7,14}

Table 3. Perceptions of REALITIES

Item	% Agree	% Disagree
Most teens have sex.*	87%	13%
Some girls want to get pregnant.*	82%	18%
Teens will get pregnant even if they have access to birth control.*	78%	22%
Teens will get pregnant whether or not they have information about sex or birth control.*	73%	27%
Usually teen sex is unplanned.*	66%	34%
Teens will get pregnant even if they regularly use birth control.**	46%	54%
Teens who have a baby often have another baby during the teen years.**	41%	59%
The children of teen parents later become teen parents themselves.**	37%	63%
Teens are thinking about a baby when they are having sex.*	14%	86%
Teen pregnancies are usually planned.*	13%	87%

*significant at a level of $p < .005$ **largely neutral responses, non-significant findings ***non-significant differences between agreement and disagreement responses

This samples' beliefs regarding the unplanned nature of teen sexual activity must be considered when developing interventions that attend to teens' spontaneous participation in sexual activity. Educational interventions, often predicated on pre-planning, deliberate decision-making, and preparation for sexual activity may not be effective if teen sexual activity is largely unplanned. Teen sexual decision-making may be informed by the negative consequences of actions and yet teens may act in ways that appear to disregard these consequences when faced with other motivations.²¹ Sexual stimulation, peer pressure, partners' influences, and natural pleasure-seeking may override consideration of these consequences during sexual activity, reinforcing the current sample's sentiment that teens are not thinking of having a baby while having sexual activity.^{4,11,21,37,56} Rosengard, Phillips, Adler, and Ellen noted that teens not planning sexual activity or pregnancy, but who believed they were likely to sustain a pregnancy during the teen years, were found to also be less consistent in their contraceptive use. Teens may, due to developmental and societal variables, believe that they lack ability or efficacy to prevent pregnancy and that their personal pregnancy would be somewhat unavoidable despite their knowledge of potential repercussions.⁵⁷

The group largely supported the premises that teens will get pregnant even if they have sexual health education, information about birth control, and access to birth control. These responses may reflect teens' perceptions on the inevitability of teen pregnancy and their resolve that some teen pregnancies will happen "no matter what." It also may call attention to a distrust of birth control in general or a recognition that simply teaching about sexual health or having birth control available does not always translate to teen behavior. The group agreed that while some girls become pregnant intentionally, many teen pregnancies are unplanned. These findings concur with the conclusions of previous researchers wherein young people expressed that pregnancies were not intended but also that efforts were not exerted to prevent pregnancy.^{7,21,31,34,47,57}

The teens in our sample demonstrated mixed findings about whether a teen who has one baby was apt to have another, whereas Cavazos-Rehg et al. noted that young parents tended to have more positive attitudes toward and an increase likelihood to sustain an additional pregnancy.⁵¹ The teens in the current study reflected neutral responses about the transgenerational nature of teen pregnancy. Some sources purport that teen pregnancy is more common in children of teen mothers, whereas other resources reinforce that rather than a transgenerational trend, the effects exerted by poverty and social norms are stronger correlates of teen pregnancy.^{4,21}

This study demonstrated prominent teen perceptions related to the inevitability of teen sexual activity and pregnancy in multiple survey items.

Access to sexual health strategies

As listed in Table 4, this sample stated they received an adequate level of sexual health education in school, understood the dangers of unprotected sexual activity, and knew how to access birth control or protection. The current sample agreed with other studies indicating that teaching about abstinence is not effective in influencing teen behavior⁸ and that comprehensive sexual health education best meets the learning needs of teens.⁷ Other authors emphasize that sexual health education needs to be framed within the context of communication, relationships, respect, and responsibility in order to change behavior.⁸

Table 4. Perceptions of ACCESS to Sexual Health Strategies

Item	% Agree	% Disagree
I understand the dangers of unprotected sex.*	94%	6%
I know where to get birth control or protection.*	83%	17%
I received enough sex education in school.*	78%	22%
If my school provided condoms, I would get them there.*	64%	36%
Making birth control available to teens makes teens more sexually active.*	60%	40%
Teens don't like to use birth control.**	42%	58%
Teaching teens about sex and birth control encourages teens to have sex.*	34%	66%
I have searched the internet about sex.*	34%	66%
Telling teens to not have sex (abstain) prevents teen pregnancy.*	24%	76%
Condoms always work.*	8%	92%

*significant at a level of $p < .005$, **largely neutral responses, non-significant findings, ***non-significant differences between agreement and disagreement responses

This sample did not appear to trust the effectiveness of condoms. Fuller noted that teens believe that condoms often break and have higher rates of failure than the actual failure rates.⁴²

Resources noted that one of the reasons for lack of condom use is lack of trust in their effectiveness.^{37,43} The group was mixed on whether teens did not like to use birth control, but it is unknown whether this reflects an ambivalence toward hormonal birth control or any method of contraception.

The teens in this study concurred with the idea that they would access condoms if provided at school. This finding is important since other studies documented that, in order to enhance use of contraception, ease of access is the most critical variable influencing behavior.^{11,30,33,38,47} Several resources affirmed that, regardless of the location, the emphasis on easy access, confidentiality, respect for confidentiality of services, and lack of ridicule were critical in accessing condoms and other methods of contraception.^{20,40,45} This sample largely denied seeking information on sexual health from the internet. Because adults perceive the internet as a prominent source of information for teens about sexual activity and sexual health, this finding warrants additional exploration.⁷

The findings of the current study validate other resources that negate the proposal that sexual education increases sexual activity.^{20,30,33,37-39} In fact, several researchers noted that comprehensive sexuality education is associated with delaying sexual activity increased use of contraceptives or a condom at last sexual intercourse, and a decreased likelihood to engage in sexual activity with age discrepant partners.^{20,39,58} The results of one item, identifying a relationship between making birth control available to teens and increasing participation in sexual activity, was unexpected. It is contradictory to the above and to other research that suggests that access to birth control does not increase sexual activity and may actually decrease sexual activity through education and informed decision-making.^{33,38}

Limitations

This study is limited by several factors associated with data collection. Inherent of any survey or self-report study with teens, there exists the possibility of less valid responses, sample member's desire to select the socially desirable answers, or lack of attentiveness to the research process. The items analyzed here were part of a 75 item survey. During data entry and analysis several items in the later portion of the survey items were randomly left blank, answered with repetitive neutral responses, or the survey was not completed. These appeared to be random errors without any systematic pattern. Despite the large sample, these threaten the reliability and validity of the survey.

The omission of an item related to the influence of friends on sexual decision-making, sexual activity, and sexual health, which may be added in future replications, offers obstacles in the interpretation of results and represents a limitation in the findings.

In addition, the wording of some of the items may have caused teens to answer the rhetorical, socially acceptable response, may have been misinterpreted by participants, or may have caused teens to consider or defend their own family, friends, or background when answering items. Although this study disclosed several insights about teen thoughts from a large sample more in-

depth focus groups or individual interviews, which would allow the researcher to further probe issues, could provide richer and more detailed data reflecting perceptions.

Implications

The findings indicate several important avenues for program, policy, and message intervention. Teens and parents need accurate information about abstinence and relationship skills and, for those who choose to be sexually active, safe sexual practices. In addition to an educational focus on relationships, sharing with parents their importance as role models and sexual educators warrants parent-oriented strategies to ensure accurate and developmentally appropriate education.

Parents may also advocate for comprehensive sexual education in schools to ensure that teens are prepared when they choose to engage in sexual activity.

Answers to selected questions provide clear direction for youth-informed approaches to promote safe sexual practices. Teens' ambivalence about adults' candidness about teen sexual health precipitates efforts focusing on honestly and developmentally appropriate information. Young people revealed that they believed an important way to promote safe sexual activity is to have teen parents share their experiences and challenges to other teens to authentically represent the realities of teen childbearing. Providing the platform for such an intervention, and ensuring the realistic, respectful, and grounded presentation of the daily responsibilities associated with childbearing may offer teens and teen parents an important learning experience. Continued teaching about the realities of teen pregnancy may attend to our finding related to the prevalence of young women's wishes for pregnancy during the teen years.

Although many of the safe sexual practice interventions in the United States focus on teaching and rationale decision-making associated with knowledge of the consequences, much of teen sexual activity is spontaneous and impulsive. Adolescent cognitive maturation and the developing ability of the pre-frontal cortex to regulate spontaneous sexual impulses validates this sample's contention that teen sexual activity may be unplanned and their consideration of consequences, as in the possibility of pregnancy, during sexual activity may be forgotten or suppressed.^{21,22} New interventions related to assisting teens to develop and refine self-regulatory behavior and to practice delaying gratification, negotiation skills, and engage in deliberate decision-making may further inform sexual health innovations. Interventions based on teen brain development and the capacity of teens to control impulses, consider consequences, use future-based goal setting skills, and incorporate kindness into sexual behaviors may change the scientific focus of sexual health education to one of personal and social motivations. Empathy-building skills, also related to brain development, may enhance teens' abilities to place themselves into the perspectives of partners and engage in safe sexual practices to protect their partners as well as themselves.^{21,22}

The teens' responses indicating a lack of trust in birth control and condoms, their perception that birth control may have negative effects upon the girls' body, the inevitability of pregnancy despite information about sexual health and birth control, their resistance to abstinence-only education, and their insights into the inevitability of teen pregnancies to occur even with the use of birth control is used highlights further investigation. Teens may not trust birth control or maybe skeptical due to peers reports of pregnancy despite vigilant use; it is not known whether these occur due to user or contraceptive method error.

As noted, teens in our sample believed that they received education about sexual health and knew where to access contraception, and had a good understanding of safe sexual practices. Other responses, including the contentions that teaching about sexual activity and birth control and the availability of birth control increases sexual activity, call this level of knowledge into question and delineate clear avenues for ongoing teaching efforts. The mistrust of birth control supports the use of long acting reversible contraception methods, such as intrauterine devices and implanted contraceptives along with condoms to prevent exposure to STIs and HIV, which may meet the needs of much of teen sexual activity which may be unplanned, spontaneous, and for which teens may be unprepared.⁴² The need for teaching, counseling, and contraception to be easily accessible for teens may illustrate the importance of school-based and wellness center based access and ensuring community resources that are teen-friendly and in close proximity to where teens learn, work, and play.

CONCLUSIONS

Knowledge of adolescent development and youth perceptions are paramount so that safe sexual practice interventions are designed to speak to the realities of teen life. This study revealed several important findings that should inform future efforts. These findings reflect important insights that have their basis in other studies of youth perceptions. Continued research about youth thoughts on sexual health may further inform efforts to promote responsible sexual behavior in teens. Focusing on safe sexual practices is a way to highlight the rights and responsibilities associated with sexual activity, rather than only the consequences inherent of teen pregnancy prevention efforts and may offer a positive way to weave teen perceptions into policies, programs, and messages.

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