ACCURATE DATA on teenage sexual behavior is difficult to obtain. Only a small proportion of the problem behavior comes to the attention of the juvenile courts, and schools usually prefer to direct little attention to sexual behavior among students. To equip professionals in the health fields to cope with contemporary problems of American youth, more attention should be directed toward studying deviant sexual behavior, especially homosexuality, drugs, use of contraceptives, sex education, and venereal disease in teenagers. Since most teenage problems related to identification and sexual behavior have their genesis in early childhood, the family physician plays an important role in promoting optimum childrearing practices and identifying potentially problematic behavior.

THE NEED FOR RESEARCH

There is a limited amount of valid scientific knowledge regarding the sexual behavior of adolescents. Although this subject receives considerable attention from the lay press, few good studies have been published. Information which is available is often based on folklore, prejudiced moral judgments, and retrospective anecdotal reporting. The pediatrician usually has limited knowledge on which to base the counseling and advice he is frequently called on to give regarding these problems. The Committee on Youth recommends that this subject be investigated thoroughly and encourages the development of studies to increase our meager knowledge and provide a basis on which to judge contemporary standards of normal and deviant behavior.

SEX EDUCATION

Any program of sex education is made more complicated by three recent developments: (1) Conception can now be readily controlled by oral medication. (2) There is an increasing interest in, and detailed understanding of, the physiology of the sexual response in both sexes. (3) An important development which has come gradually, but is probably the most significant, consists of the capacity to disseminate new information rapidly by electronic means.

The rapid dissemination of new information brings scientific achievements, social problems, and differing attitudes of groups into much closer juxtaposition than ever before. It means a greater sharing of knowledge of attitudes and philosophies on a worldwide basis. It is no longer safe for any one family, group, school, or community to assume that their own particular knowledge, values, attitudes, and philosophies will be a dominant influence on the younger generation. Today young people are exposed to a wide variety of attitudes and opinions about sex. Perhaps this is the most valid reason to attempt a broadly based, responsible, sex education program.

Recent changes in our scientific knowledge, techniques, and mass media should be taken into account in any attempt at sex education. Many of the current concepts and techniques of sex education create discontinuities between sexual pleasure, conception, childbearing, and childrearing. These issues are often dealt with as if they were separate from one another. The pleasurable aspects of the physical sexual relationship of men and women, although most powerful in motivating behavior, are most often ignored. Sex education should help the individual develop a workable philosophy to define the conditions under which sexual relationship can be enjoyed.

The primary need of each child for information about the physiology of sex, reproduction, and related matters may vary considerably with regard to the age and sex of the child, the culture in which he has been reared, the socioeconomic status, and the presence or absence of any specific medical or psychological problems. Because needs...
SEXUAL PROBLEMS

vary considerably in different groups, it would be undesirable to suggest that a single solution or a single sex education program could possibly be suitable for all age groups, both sexes, or all social circumstances. But, we still often hear of the need for a standardized sex education program.

Adequate sex education must take into account the way in which aggressive drives are neutralized by love, concern, tenderness, and interest in the child during periods of deprivation, illness, injury, or distress, and by preserving continuities in care. The fantasy life of children often plays a greater role than the facts of life, or even actual experience, in the determining attitudes toward sex, procreation, and childrearing.

Sexual experiences in childhood begin at birth. They are highly varied and intimately bound with the child care provided by both parents and physicians. When the parent asks the pediatrician to impart sex information to the child, discussion may reveal the parent's own wish for enlightenment. Only under unusual circumstances would it be appropriate for the physician to educate the child simply because he has been called on to do so by the parent. This is a job for the parent. In light of present knowledge, the most effective sexual education a child can have is the knowledge that his parents love each other, preserve their privacy because they value it, and enjoy being parents.

The physician is often called on to present the "facts," yet the physician himself is usually not the best one to present such facts, even though he is more technically qualified. Perhaps he should offer himself as a consultant to the teacher or the parents, or as a participant in a panel discussion on the subject. He should recognize himself as only one of many within the community who might participate in sex education programs.

DEVIANT SEXUAL BEHAVIOR IN ADOLESCENTS

Sexual deviation in adolescents can be summarized by the following:

1. It appears to be causing problems for a fair number of adolescents, both male and female, in the United States.
2. One important aspect of deviant behavior is the development of the self-image, and every effort should be made to prevent preadolescents and adolescents from being labeled deviant because of experimentation with deviant activities.
3. In general, the problems of adolescents who are engaging in deviant sexual behavior are intensified in environments such as institutions with populations made up of entirely one sex or in areas where large numbers of such individuals congregate.
4. Prevention of sexual deviation appears to be most effective through early detection and management of disturbed intrafamilial relations. However, research is needed to define the most effective areas for intervention and the optimum timing of intervention.
5. Attacks on these problems, which concentrate on sexual behavior as the main area for therapy, have not proven successful in the past unless the individual has been internally motivated to see this behavior as a major cause for concern and to change it. In addition, plans of management directed solely at the deviant behavior will not solve the underlying problems which caused the deviation.
6. A plan of management for the problems of individuals who exhibit deviant sexual behavior should be directed first at those problems which are of most concern to the individual or which present the greatest immediate threat to his health and welfare (such as venereal disease, the abuse of drugs, and so forth). Other problems in the areas of emotional disturbance and social adjustment are of concern to the pediatrician, but they usually also require the professional services of others (psychiatrists, social workers, or lawyers). To be most effective in working with patients with deviant behavior, the pediatrician should avail himself of frequent consultation with professionals from the other fields.
THE USE OF CONTRACEPTIVES BY ADOLESCENTS

The prevention of pregnancy in the single, adolescent girl has considerable merit. It is readily apparent that the burden of a pregnancy and the implications of having had a baby, wanted or unwanted, add tremendous liabilities to a personality that is usually already under considerable stress.

Society must take some of the blame when a young girl displays promiscuous or even limited inappropriate sexual behavior.

Most pediatricians do not see many adolescents in their practice who request contraceptives, but physicians involved in student health services and adolescent medical clinics may encounter this problem with increasing frequency. It is unrealistic for the Committee to attempt to make a statement either wholly for or against the use of contraceptives in this age group. Each case must be decided individually, based on the physician’s assessment of the patient’s emotional maturity and past behavior, the family situation, and the risks and consequences of pregnancy on the girl’s mental and social adjustments. The welfare of the adolescent should be paramount, and the ultimate decision should rest jointly with the physician, the patient, and her family.

Many teenagers are (and probably should be) informed of the availability of contraceptive methods. But, the importance of medical supervision must be strongly emphasized. It is doubtful whether the availability of contraceptives will actually foster or encourage wanton “sexual acting out” as is so often argued. On the other hand, contraceptive methods are not a panacea for preventing illegitimate pregnancies, since those persons most in need of protection often fail to utilize it.

EDUCATION OF THE PHYSICIAN

At no time in our history has it been more important for physicians to become informed about and involved with contemporary problems of youth. An organized effort should be made to stimulate postgraduate seminars, publications, symposiums, and continuing dialogues on normal physical and psychological growth and development and on such problems as increased sexual freedom and stimulation, abuse of drugs, illegitimate pregnancies, deviant sexual behavior, protest movements, and pornography. All these areas need to be considered, explored, and dealt with by responsible, enlightened, inquiring professionals (including medical) who have vested interest in promoting optimum child rearing and health care for children and youth.

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**SEXUAL PROBLEMS IN CHILDREN AND ADOLESCENTS**

**COMMITTEE ON YOUTH**

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