Teenagers and Parents Want the “Talk(s)"

David L. Bell, MD, MPH,a,b Samantha Garbers, PhDb

There are many perceived and real barriers to discussing sexual and reproductive health (SRH) topics with adolescents during their clinical visits, including perceived parents’ and adolescents’ acceptance of these discussions, the amount of time allotted to a clinical visit, introducing and discussing confidentiality, and carving out time alone with adolescents.

In this issue of Pediatrics, Sieving et al1 present findings from a nationally representative survey of parents and adolescents on SRH discussions with their health care providers in preventive visits. This is among the first population-based studies in which researchers examine adolescents’ receipt of screening and counseling about SRH topics in primary care. As part of the multimethod Confidential Adolescent Health Services study, the authors analyzed data from parent-adolescent dyads in which the adolescent had a preventive visit in the last 2 years (n = 853 dyads). The authors assessed adolescents’ and parents’ perceived importance of discussing specific SRH topics during a preventive visit with a health care provider, the prevalence of these discussions between primary care providers and adolescents about specific SRH topics during preventive visits, and whether a provider had ever discussed confidentiality of adolescent services with them.

In the study, detailed information from a diverse representative sample on what gets discussed (and what does not) during preventive health care visits for younger (age 11–14) and older (15–17) adolescents is provided. Only 14% of younger adolescents and 38.7% of older adolescents were asked by their provider whether they had had sex. The most commonly discussed topics were puberty (reported by 46.3% of younger and 53.9% older adolescents) and sexually transmitted infections and/or HIV (15.1% and 31.4% respectively). The topics that were discussed align with topics most frequently endorsed by both parents and adolescents as being important. For all topics, parents were more likely than adolescents to endorse a topic as being important to discuss, with similar relative ranking of importance between parents and adolescents.

Yet the study also reveals significant gaps between what adolescents and parents perceive as important topics and what actually gets discussed in preventive visits. Consistent with previous research,2,3 confidentiality conversations and time alone during the most recent preventive visit were infrequent across all adolescent age groups. The authors identified and quantified missed opportunities (the proportion of adolescents who thought a topic was very or moderately important but did not discuss it in their last preventive visit). The rate of missed opportunities for all of the topics...
studied (other than puberty) was high overall and markedly so for younger adolescents (missed opportunities ranging from 76.7% regarding whether to have sex to 85.6% for discussions of sexual orientation) and the parents of younger adolescents (81.3% for whether to have sex to 87.2% on where to get SRH services).

This study suggests that providers should feel comfortable and confident that adolescents (and their parents) want to discuss these topics. The findings dispel potential concerns that parents may object to providers having these discussions: both parents and adolescents want discussions on a range of topics to start in early adolescence. Yet less than one-third of adolescents reported having a discussion about SRH topics other than puberty during their most recent preventive visit.

Not all of the topics, let alone the topics that adolescents felt were important, can be covered in 1 single visit. A confidentiality statement (a description of the patients’ rights and the providers’ responsibility to break confidentiality when necessary as a mandated reporter) must be made explicit in inaugurating conversations with adolescent patients; these results suggest that such a conversation may need to occur earlier in adolescence to allow sufficient time over successive visits for providers to cover SRH topics that both adolescents and their parents have identified as important yet underaddressed or unaddressed. This is consistent with national guidance. The American Academy of Pediatrics, in its Bright Futures Guidelines, advises health care professionals to integrate SRH topics into an ongoing, longitudinal relationship with adolescent patients and their families. The Bright Futures guidance reminds providers that “healthy sexuality is an important component of a healthy, happy life, and clinical encounters for acute care, health maintenance visits, or sports physical examinations all provide opportunities to teach adolescents and their families about sexuality.”

Parents and teenagers recognize that their providers are trusted resources for SRH. Providers of preventive care must work to reduce missed opportunities for providing wanted and needed information.

**ABBREVIATION**

SRH: sexual and reproductive health

**REFERENCES**


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