

The adolescent and the gynecologist: our experience

A. D'Alfonso, P. Iovenitti, G. Carta

Department of Gynecology and Oncology, University of L'Aquila (Italy)

Summary

To evaluate adolescents' knowledge about sex, we conducted a study divided in two parts:

- 1) Distribution of a questionnaire;
- 2) Impromptu conversation with adolescents.

The sample consisted of 205 questionnaires and 115 talks with students at a high school. The gathered data let us deduce that the relationship with parents was regarded as pleasant and good. As was expected the whole emotional sphere was related to friends.

In order to understand which structures can help adolescents our data revealed that the mother holds first place, followed by the school and by friends.

Sex education during adolescence should be carried out by other institutions so that a relationship free from conflicts can be established. In this way the figure of the expert takes shape – someone who can communicate within the structure of the school and the family and beyond – the limits of the information given by friends.

Key words: Sexual education; Contraception; Pregnancy; Adolescent.

Introduction

It is common knowledge that the humoral event to which the beginning of puberal maturation corresponds, is represented by the appearance of a pulsatile secretion of LH (and in a less evident measure of FSH) during sleep, unlike the pre-puberal period when the secretion of gonadotrophins does not have any secretory peaks. During puberty, the amplitude of fluctuations of gonadotrophin plasmatic levels increase up to the appearance of pulsatile activity over 24 hours. The beginning of puberty also determines some important variations in the plasmatic levels of sexual hormones.

This phase coincides with particular conditions which are necessary for reproductive function: in the male, gonadotrophins induce the start and maintenance of spermatogenesis, through a bound effect on the interstitial cells which are stimulated to produce testosterone and estradiol.

The female, on the contrary, has menarche and subsequent menstrual flow, immediately or after variable periods, by ovulation. From the middle to the late puberal period positive feed-back occurs between estrogens and LH and this results in the ovular cycle. Usually, the succession of puberal events (growth, development of the breasts and penis, pubarche or menarche) requires a period of four to five years.

These corporal changes obviously arouse in the adolescent the necessity to look into their sexual identity. By puberty, the somatic differences between male and female become evident and the secondary sexual charac-

teristics are better defined. Moreover, sexuality begins to reveal itself by giving strong and impelling sensations which thus induce the search for the opposite sex [1].

One of the important merits that a certain psychology has had, lies in having dealt with loving experiences since earlier ages; thus everyone knows that starting from childhood people experience erotic sensations and feelings of love. These pulsions increase over time and they become more intense during puberty, arousing new sentimental, often confused, needs. In this way, relationships with others can take on different aspects. It is under this tension that the adolescent experiences a series of strong feelings: one of which is infatuation, i.e., to feel fascinated by a person. Falling in love, on the contrary, is the first relationship: the lover longs to see the other, to be with him/her, thinking about nothing else. Within these feelings, an extraordinary event occurs: the first love. All the adolescent's affection for the first time turns to someone who does not belong to the familiar community. According to some psychologists this fact represents the first step towards a greater autonomy and independence from the family [6].

In this context, it is natural that the first sexual intercourse (an event full of fancies, expectations, emotions and fears) can represent a particularly significant experience [5].

Recent studies have pointed out that the first complete sexual intercourse occurs at 15.8 years for males and at 16.2 years for females [8]. It seems that the parents' house and outdoor areas are the places where adolescents have indulged in intimacy for the first time. The quality which most attracts boys is physical appearance, thus confirming that the preferential male erotic channel is

visual. The "first time" does not cement the bond and the physical attraction is the spring which pushes it. The attitude of girls is different because they choose their partner according to the qualities that differ from physical ones (sweetness, intelligence); they desire and experience this moment by attaching importance especially to the affective and emotional involvement of their partner.

Some other surveys [3] have underlined that 47% of men and 26.7% of women did not use any contraceptive precaution during the first intercourse and 60% of the women have kept this behaviour, thus showing (as it has been widely proven in the literature) that contraception almost always comes after a long period in which the partners do not take any necessary precautions.

Materials and Methods

The aim of this study was to evaluate adolescents' knowledge about sexual education and their relational and emotional experiences. Therefore this study was divided into two parts:

a) First, the distribution of a strictly anonymous questionnaire made up of 30 open and closed questions dealing with four areas: basic information, relationship with family and friends, information about sexuality and point of view concerning sex education;

b) Second, the gathering of information spontaneously addressed to the experts within an educational environment.

The related data refers to a sample of young people in high school involved in taking part in educational courses promoted by the Gynecology Clinic of L'Aquila University.

With regard to part a, 235 questionnaires were handed out and 205 were handed back (87%). Therefore, the work was carried out over a total of 205 questionnaires, 47 males (23%) and 158 females (77%). Fourteen-year-olds represent 15%, 15-year-olds 28%, 16-year-olds 13%, 17-year-olds 1%, 18-year-olds 12%, 20-year-olds 17%, and 21-year-olds 5%.

Most of them live in towns and have a strong Catholic background: 19% declare they are practising Catholics without any significant differences between males and females.

The majority live with both parents, in families with medium-high socio-economic standards. They are mostly nuclear families with 2-3 children (80%), but there is also an important significant presence of extensive families in which parents and children live, at the same time, with biological and/or legal relatives.

Part b refers to 115 talks between the experts and the adolescents within the "educational space"; a time in which each adolescent could meet, individually or in a group, the specialists to whom he/she would like to ask some questions. In this second section, there were 18 males (16%) and 97 females (84%) divided into the following age brackets:

14 years	16%	15 years	35%
16 years	22%	17 years	12%
18 years	7%	19 years	3%
20 years	3%	21 years	2%

Results

The gathered data let us deduce that the relationship with the parents is regarded as pleasant and good (82.3%) without any significant difference between males and

females. However within the family, more than half the girls chose the mother as a preferential interlocutor, while the boys, in a more complex way, opted for brothers and/or sisters and mothers. In any case, both are the same by an almost always inexistent dialogue with the father (Table 1).

Regarding the type of communication, we found it interesting to try to understand in which field the dialogue between parents and children occurs. Thus, two questions were addressed to the mothers and fathers, respectively, with three answers for each, in order of priority (Tables 2 and 3). The analysis of the data underlines that the main subjects treated by both parents are school and friends, even though adolescents also talk to their mother about love, but not the father, where the dialogue is often about common interests and passions. In the case of the father, adolescents search for less emotionally connotated contact. The data confirm the difficulty of going to the

Table 1. — *Dialogue within the family.*

Within your family, who is the person with whom you communicate most?	Male	Female	Average
Mother	57.1	6.1	46.6
Father	7.6	8.3	7.9
Sister-Brother	19.3	41.7	30.5
Noone in particular	10.9	8.3	9.6
Other	3.4	5.5	4.2
N.A.	1.7	0	0.8

Table 2. — *Topics discussed with the mother.*

1 st Priority	M/F %	2 nd Priority	M/F %	3 rd Priority	M/F %
Politics/Culture	5.7	Politics/Culture	6	Politics/Culture	4.5
School	48.2	School	21	School	5.8
Friends	19.5	Friends	50.2	Friends	17
Love	17.4	Love	12	Love	32.4
Sex	0	Sex	1.3	Sex	5.2
Contraception	0	Contraception	0	Contraception	0.5
Sports	2.2	Sports	6	Sports	13.4
Money	3.1	Money	2.4	Money	19
Other	2.7	Other	0	Other	1
N.A.	0.8	N.A.	0.9	N.A.	1

Table 3. — *Topics discussed with the father.*

1 st Priority	M/F %	2 nd Priority	M/F %	3 rd Priority	M/F %
Politics/Culture	17.8	Politics/Culture	16.4	Politics/Culture	8.1
School	44.8	School	21.7	School	8.3
Friends	10	Friends	26.9	Friends	15
Love	1.8	Love	2.5	Love	9.4
Sex	0	Sex	2	Sex	3.7
Contraception	0	Contraception	0	Contraception	3.5
Sports	15.8	Sports	16.3	Sports	29
Money	3.1	Money	8.2	Money	14
Other	2.1	Other	0.9	Other	2.9
N.A.	4.3	N.A.	4.8	N.A.	5.7

father who is often considered within the family as the most authoritarian figure which is, sometimes, absent. On the other hand, the mother, by interacting more deeply with her children, often takes on the role of mediator between father and children, becoming frequently an "accomplice" to their freedom [10].

As was expected, the whole emotional sentimental sphere is related to friends, with whom adolescents talk about boys and girls, love and sex.

More than half of them (70.8%) declare they have sufficient knowledge about sex education and regarding the sources, friends hold first place followed by the mother and the media. The father again has a low profile (3.6%) and the mother once more assumes the main educating role within the family (Table 4).

In order to understand which structures can help adolescents with their problems, a further question was asked which reveals that the mother holds first place, followed by the school and by friends (Table 5). This turnover of data should not be interpreted as a negative opinion of friends, but rather as a request for a trustworthy, reliable, adult reference. Adolescents address parents and school first, and then someone within the family, even though in a different measure between the father and mother, and last

the school, which in this case appears to be almost non-existent (4%).

The processing of data in part b placed all the questions asked into 12 sections:

- 1) anatomico-physiologic modifications
- 2) adolescent psychology
- 3) contraception
- 4) sexuality
- 5) love and feelings
- 6) pregnancy
- 7) parent-child relationship
- 8) rape
- 9) pornography
- 10) abortion
- 11) law
- 12) diseases and prevention.

Thus, within each, some subgroups were selected according to the subject under discussion.

Table 5 shows that, compared to the total questions, the greatest interest was in the subject of sexuality, followed by contraception, pregnancy and anatomico-physiologic modifications, diseases and prevention come after and, eventually, rape. From this "classification" it is possible to deduce from the sexuality section, that 18-year-olds ask more questions, while 14-year-olds are more interested in anatomico-physiologic modifications and 20-year-olds in the law.

A higher percentage of females rather than males ask questions about rape; girls are also more interested in parent-child relationships. On the contrary, boys are more curious than girls about pornography. Love and feelings involve only girls in the measure of 2.59%. The data referred to as anatomico-physiologic modifications underlines that boys are more interested in anatomy, while girls prefer menstruation. As regards contraception, it is interesting to note that girls (13.47%), more than boys (2.11%), ask questions about the position of the church on this subject.

As for sexual dysfunction, the higher percentage of questions deal with sexually-transmitted diseases. Apart from this girls ask more questions about impotency, a

Table 4. — Differences between real sources and reliable sources.

Real source	M/F %	Reliable sources	M/F %
Mother	22.5	Mother	41.7
Father	3.6	Father	8.3
Sister/Brother	2.6	Sister/Brother	3.1
Partner	2.2	Partner	7.3
School	4	School	15.2
Friends	50	Friends	8.9
Press	12.2	Press	2.6
Advisory doctor	0	Advisory doctor	4.3
Family doctor	0	Family doctor	4.3
Other	2.5	Other	1.2
N.A	0.4	N.A	2.6

Table 5.

Treated	QUESTIONS ASKED							Total
	14 years	15 years	16 years	17 years	18 years	19 years	20 years	
Anatomico-physiologic modifications	13.31	12.01	10.64	11.98	7.09	5.88	8.33	11.26
Adolescent psychology	1.9	5.83	5.6	6.25	7.09	5.88	2.08	5.19
Contraception	15.97	16.61	15.69	25.52	21.26	21.57	27.08	18.01
Sexuality	28.14	29.51	31.09	33.33	45.67	29.41	29.17	31.46
Love and feelings	0.38	1.08	0	1.04	0	0	0	0.56
Pregnancy	12.93	13.6	15.13	8.33	7.87	11.76	10.42	12.57
Parent-child relationship	3.42	3.18	2.52	0	0.79	3.92	4.17	2.56
Rape	7.98	4.95	5.04	2.08	1.57	5.88	4.17	4.88
Pornography	0	0.35	1.68	0	0	1.96	2.08	0.63
Abortion	4.18	4.95	2.52	3.13	0.79	1.96	4.17	3.63
Law	6.46	3	4.2	3.13	2.36	3.92	8.33	4
Diseases and prevention	5.32	4.95	5.88	5.21	5.51	7.84	0	5.25

Table 6. — *Percentual distribution of questions about each item.*

Treated subject	ASKED QUESTIONS		
	Male %	Female %	Average %
Anatomo-physiologic modifications	27.7	31.03	29.32
Adolescent psychology	13.91	13.22	13.52
Contraception	35.71	55.46	46.91
Sexuality	93.23	73.28	81.92
Love and feelings	0	2.59	1.47
Pregnancy	24.81	38.79	32.74
Parent-child relationship	5.26	7.76	6.68
Rape	9.77	14.94	12.7
Pornography	3.38	0.29	1.63
Abortion	9.4	9.48	9.45
Law	9.77	10.92	10.42
Disease and prevention	10.9	15.8	13.68
Total %	243.23	273.56	260.42

subject which boys ask less about, but are more worried about. Precocious ejaculation comes after, and male questions prevail over female ones; the percentage between males and females, regarding anorgasmia is almost identical, while only 1.35% of the girls ask about vaginismus.

Conclusions

In the last few years some very important social and cultural changes have occurred and have had significant repercussions on interpersonal relations and, as a consequence, on sexual roles. The whole movement has involved the adolescent as well. Today young people have new models of sexual behaviour at their disposal, they talk about sex in a more explicit and open way, they believe that the problems regarding sexuality are a matter of personal conscience rather than of fixed and unchanging rules and they are generally persuaded that sexuality has to be experienced in the context of a sentimental relationship. Nevertheless, this aspect does not assure that adolescents will discover sexuality and active sexual life with a basic and mature awareness [2].

An important element is that adolescents seem to doubt their capacity of procreating. During adolescence the psychosexual identity is not formed and consolidated yet and this incompleteness leads to the difficulty of identifying themselves as sexually active and procreating persons. It is important that this identification and the search and acquisition of knowledge are correlated [9].

An interesting aspect is communication within the family. Also from our data, it is possible to deduce that parents are the main informative source up to puberty, but later they start losing their importance because preference moves to friends and partners. The research enquiring about the role of the family in the sex education of

adolescent children has confirmed the significance of the mother's role: the mother has a central function in the family economy, either according to auto-attribution of this feature or by explicit recognition and legitimation from husbands. However today, even after all the changes that have characterized a woman's role and the female social identity, the mother goes on being the centre of the family, the point of reference of all relationships, the keeper of the children's secrets and dreams, and the mediator between children and husband [4].

In this sense sexual education during adolescence must be carried out by other institutions to have relationships which are free from conflicts. In this way the figure of the expert takes shape, the need of whom arises from the problematic nature of communication within the school and the family and from the limits of the information given by friends.

What results is not so much the importance of having an exclusive informative source, but to be able to have access to a higher number of informative sources, either because each of them is limited and qualitatively different from the others or because a higher availability of different sources makes it more probable that each adolescent can find and choose the one that better fits a particular moment of his/her maturation process [7].

In this sense our experience represents a concrete example of cooperation among adults who are engaged in providing an effective support system which can be suitable for the needs of the new generation.

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Address reprint requests to:
A. D'ALFONSO, M.D.
Via Salvatore Tommasi, 5
67100 L'Aquila (Italy)