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Must We Fear Adolescent Sexuality?

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Editor's Note

There is a general fear and anxiety surrounding adolescent sexuality. The question is why? Must we fear adolescent sexuality? This question, the title of the following article, is one that Amy Schalet, PhD, has spent the past decade investigating. It has culminated in a masterful doctoral thesis and a book to be published by the University of Chicago Press in 2006. More specifically, Dr. Schalet has asked how is it that 2 countries similar in terms of wealth, education, and reproductive technologies have had the highest and lowest rates of teen pregnancy, respectively, in the Western world. The countries, of course, are the United States and the Netherlands, and the answer has surely been illuminated by her sociological inquiry into the construction of adolescence and sexuality within the white, moderately religious or secular middle class of the 2 countries--the sector of the population that in both countries has a dominant influence on healthcare, education, politics, and the media. In a series of articles for Medscape General Medicine, Dr. Schalet will discuss the results of her research. In this first article she shows us that the construction of adolescent sexuality is an active process of dramatization in one society and normalization in the other. Ultimately, the results of her research suggest a course of action for the American healthcare profession as it regards adolescent healthcare. We invite and encourage you to comment. Send email to usnyder@webmd.net.

Introduction

The vision of out-of-control, dangerous, and immoral teenage sexual behavior hangs, as a specter, over public debate and policy about reproductive health in America. Fears of teenagers' given license to engage in promiscuous sex informed the recent decision not to make emergency contraception available over the counter. The image of teenagers having sex without parental control and protection has figured prominently in the calls for stricter regulation of the provision of contraceptive and abortion services. Finally, the notion that pregnancy and disease are unavoidable aspects of

teenage sex is integral to the abstinence-until-marriage message, which often constitutes the main, and sometimes the only, tenet of sex education in American public middle and high schools.

These fears of dangerous, uncontrolled, and immoral adolescent sexuality appear, on first sight, to be substantiated by reality. Even after a decade of steady declines, pregnancy, birth, and abortion rates remain very high among American adolescents. More than 8 out of 100 teenage girls become pregnant yearly and between 2 and 3 out of every 100 girls have an abortion each year. Nor is the sexual trouble of American teenagers limited to high rates of unwanted pregnancies; American teenagers acquire more than 3 million sexually transmitted infections (STIs) a year. As a demographic group, they account for more than a quarter of all STIs in the country (see [footnote](#)).^[1-3]

But if the American data appear to confirm conventional wisdom that raging hormones and peer pressures put teenagers at risk of making unwise sexual decisions, public health data from other countries challenge this commonly held knowledge. International comparison demonstrates that developed countries vary dramatically in the degree to which the sexual maturation of teenagers leads to adverse outcomes. No country forms a more stark contrast for comparison with the United States than does the Netherlands: Dutch teenagers are far less likely to either become pregnant or contract an STD than are their American peers.^[4,5] American teenage girls are 3 times as likely to have an abortion, and 8 times as likely to give birth, as are their Dutch counterparts, even though both are typically 17 years old when they first have intercourse (see [footnote](#)).^[3,6]

Moreover, the sexual maturation of teenagers does not inspire the same fears among parents, providers, and policy-makers in the Netherlands as it does in the United States. Public policies do admonish young people to understand the responsibilities that come with having relationships and sex -- most notably, the responsibility to use contraception effectively (see [footnote](#)).^[7] And indeed, there is evidence to suggest that when they do become sexually active, Dutch teens use contraceptives more frequently and more effectively, and have fewer sexual partners, than do their American counterparts (see [footnote](#)).^[2,6]

How is it possible that an essentially universal biological phenomenon -- the onset of puberty and the capacity for reproduction -- produces such disparate results in 2 countries that are similar in terms of wealth, education, and reproductive technologies? To answer this question, we need to go beyond statistics of incidence and association to investigate the cultural and institutional forces that keep the sexual maturation of teenagers in the Netherlands from becoming the psychological, medical, familial, and economic "drama" that it all too often becomes in the United States. In a series of articles, of which this is the first, I undertake exactly such a sociological inquiry, the results of which have important implications for debates, currently raging across the United States and other countries, about how best to provide care to those coming of age.

Footnotes

American teenage pregnancy, abortion, and birth rates cited here come from data gathered by The Alan Guttmacher Institute.^[1] Darroch and colleagues^[2] calculated that in 1995, 22% of American women reported having given birth before age 20. Frost and colleagues^[3] report that 3.8 million new

cases of STIs are diagnosed among American adolescents each year.

In 1995, the median age of first intercourse among adolescents was 17.7 in the Netherlands.^[6] That same year, 38.5% of American girls ages 15 to 17, and 70.8% of American girls, ages 18 to 19 had had sexual intercourse.^[3]

Describing the "Dutch approach" to adolescent sexuality, authors for the government-funded Dutch NGO *Youth Incentives* write, "Parents, educators, and other professionals rarely tell young people to stay away from sex, or to say no to sex. Dutch policy is aimed at assisting young people to behave responsibly in this respect. The Dutch approach means spending less time and effort trying to prevent young people from becoming sexually active, and more time and effort in educating and empowering young people to behave responsibly when they do become sexually active."^[7]

Differences in contraceptive use are particularly noteworthy with regard to the use of oral contraceptives. Almost two thirds of Dutch boys and girls surveyed in 1995 said they always used the pill with their most recent partner. In that same year, less than a third of American girls said they used the pill at their most recent intercourse. Asked about the number of sexual partners, 47% of sexually active American girls said they had 2 or more partners within the past year, while 38% of sexually active Dutch girls had had 2 or more partners in the past 3 years (and 62% had only 1 sexual partner over the past 3 years). American teens -- both girls and boys -- also tend to have more sexual partners than their peers in Canada, France, and Sweden.^[2,6]

Background

Until the mid-1960s, Dutch society was by all accounts a very "traditional" one in which premarital sex was strongly condemned. If anything, there was less acceptance of sex before marriage in Dutch society than in American society. With the onset of the sexual revolution and the availability of modern contraceptives, most notably "the pill," much changed. Dutch public opinion shifted abruptly between the mid-1960s and mid-1970s. Sex could now be moral even if a couple was unmarried, as long as they were in love. By 1981, 3 out of 5 Dutch adults no longer objected to a young woman having sexual intercourse with a young man as long as "she is in love with him."^[8-11]

Healthcare professionals played a critical role in this cultural transition, as did members of other professions -- the media, academia, and even the clergy. Calls for abstinence, or stricter control by parents, were not part of Dutch public health policy. Within medical circles, it became a matter of common sense that healthcare providers should accept adolescent sexuality and prescribe girls oral contraceptives, confidentially and for a small charge (see [footnote](#)).^[10,12] Like their adult counterparts, girls 16 and older have access to government-subsidized clinics where they can obtain free abortions without parental consent (see [footnote](#)). In short, Dutch public health policy has given adolescents the right *and* the responsibility to make decisions about their sexual behavior and reproductive health.

These policies did not result in an explosion of teen pregnancies and abortions. To the contrary,

between the early 1970s and 1980, the teenage pregnancy rate in the Netherlands decreased dramatically, as it did across many Western European nations. Indeed, the Netherlands has, for much of the past 3 decades of the 20th century, boasted the lowest teen fertility rate in the world. Adolescent abortion rates in the Netherlands have also been among the lowest across advanced industrial nations (see [footnote](#)).^[4,10,13,14]

All this makes the country a rather dramatic counterpoint with which to compare the United States, where teenage childbearing was *not* virtually eliminated in the 1970s and 1980s, as it was in most other developed nations. Instead, adolescent pregnancy rates, which were comparably high to begin with, rose throughout those decades, and only dropped significantly during the 1990s. But this recent decrease notwithstanding, American girls remain many times more likely to become pregnant, have abortions, and give birth as teenagers than their Dutch counterparts ([Table](#)).^[1,4,13,15-17] (see [footnote](#)).^[18]

Footnotes

Characterizing the attitude among Dutch physicians in the early 1970s, Evert Ketting writes: "The newly available (and first really effective) possibilities to prevent unwanted pregnancies must be utilized.... It makes little sense to try and stop young people from having sexual relations together, because they will do that anyway; but you can prevent the problems that follow from it [my translation]."^[10] Three decades later, this attitude remains widespread among the Dutch. A recent survey found that "75% of respondents thought a doctor should prescribe contraception without parental consent if that is what the minor needed and wanted."^[12]

Dutch law does require a 5-day waiting period, for women of all ages, between the first appointment and the performance of an abortion.

Evert Ketting and colleagues attribute the low pregnancy and abortion rate among Dutch teenagers primarily to their effective use of contraceptives, especially the pill, and secondarily to the easy availability and use of emergency contraception.^[10, 13, 14] Adolescent patterns of contraception and abortion are similar to those found among adults, leading Ketting and Visser to conclude in 1994 that the Dutch constitute "an almost perfect contraceptive population."^[14] In the late 1990s, Dutch abortion rates among adults and adolescents, especially in immigrant communities, rose. Even so, they remain much lower than in the United States.

For American data on adolescent childbearing across ethnic groups and in international perspective, see Singh and colleagues.^[18]

A Sociological Perspective

How to understand these striking contrasts between the 2 countries in public policy approaches, adolescent sexual behavior, and reproductive health outcomes? Biology and technology alone do not

explain why teen pregnancy and the fear thereof have remained enduring features of American society. Nor can they explain the Dutch success in combating teen pregnancy. To explain why coming of age spells major sexual trouble in one advanced nation, and not in the other, we need to look at the cultural construction of adolescence and sexuality within the social institutions of each society.

In short, to grasp the forces and dynamics that lie behind the dramatic differences in numbers requires an investigation of the intricate workings of culture and society. Such an investigation has been exactly the goal of the qualitative sociological inquiry I have undertaken. One of the principles guiding this inquiry has been that people are always engaged in processes of cultural interpretation that give their actions and relationships with others their particular meanings. These meaning structures may, and often do, vary from nation to nation, and within nations, from community to community. To explain why people think and act as they do, one must bring to light these cultural assumptions and practices through which they construct the world in which they live.

One method to elucidate this cultural material is semi-structured in-depth interviewing. Here one aims to establish rapport with interviewees so that the latter take the interviewer into their own way of understanding the world. Interviewees are not asked to give pre-coded answers but are given rather the opportunity to use their own language, concepts, expressions, and mode of reasoning. Both during the interview, and in the analysis afterward, the interviewer listens carefully for the important and recurring words, concepts, and modes of reasoning. And these, in conjunction with the tabulated answers from standardized questions, form the backbone of the final analysis of data.

Since this method is, as its name suggests, in-depth, rendering a rich quality, rather than a vast quantity, of data, the samples that can be used are necessarily small. This means that the researcher follows a different sampling logic than when conducting a survey. Instead of seeking a random sample that is representative of the population as a whole, the researcher seeks a specific sample that can be meaningfully compared with another. My study focuses on members of the white, moderately religious or secular middle-class, selected from 5 different comparable localities across the 2 countries. The groups of interviewees thus resembled one another closely in every respect other than their nationality, permitting a honing in on the cultural dynamics and differences. The cultures I bring to light are class and race specific, not representing the full range of variety in each country. At the same time, these cultures do have a disproportionate influence on the media, education, healthcare, and politics in the 2 countries.

Between 1991 and 2000, I conducted 130 interviews -- 58 with parents, mothers and fathers, of teenagers, and 72 with teenage boys and girls, 15 through 17 years of age. Each interview lasted about an hour and a half and covered a wide range of topics -- including school and extracurricular activities, home life and parent-child relationships, friendship and drinking, relationships and sex, earning money and becoming an adult. Interviews were then transcribed and systematically analyzed. Supplemented with data gleaned from attitudinal and behavioral surveys, sex education curricula, and the law, these interviews provide a window onto the complex set of forces that shape the fears, fantasies, and realities of adolescent sexuality in the United States and the Netherlands.

A Provocative Question

As a cultural sociologist and interviewer, a challenge one faces is trying to get interviewees to move to the heart of their assumptions and beliefs and beyond vague contradictory platitudes. One way to do this is to ask interviewees to imagine making a decision about a concrete life situation. This question, and the process of answering it, can often bring to the fore an array of hitherto unarticulated and not consciously considered assumptions and beliefs. Being asked to reflect on a decision and then to explain that decision can, in fact, force interviewees to articulate these deep preconceptions that they use to navigate murky moral and emotional matters.

One such question formed the centerpiece of my interviews with parents of teens. The question that I asked of every parent usually about an hour into the interview was:

Would you permit X to spend the night with a girlfriend or boyfriend in his or her room at home?

[And following the answer, the probes] Why? Why not? If not now, when then?

What I found was that 9 out of 10 American parents said, no, or in the words of Ronda Fursman, "No way Jose!" (See [footnote](#).) Neither could they imagine any circumstance under which they would permit this for a child that was still in high school. Nine out of 10 of the Dutch parents, by contrast, had permitted the sleepover or would consider doing so under the right circumstances once a child was 16 or 17 years old. Thus, as odd as such a question may seem in the American context, it is not odd in the Dutch context, given that parents frequently permit such a sleepover to take place at some point during their children's later teen years. Asking Dutch parents to explain exactly how and why and when they would permit the sleepover was, however, just as instructive as asking American parents to explain how and why and when they would not permit it.

This first article explores in depth the question of the sleepover -- and the window it provides onto the 3 cultural themes that in each country structure parents' understandings of appropriate adolescent behaviors and appropriate parental responses.

Footnotes

All names have been changed.

Raging Hormones out of Control

Hormones seem to be the first thing that comes to mind when American parents are asked about teenagers. Raging hormones metaphorically represent the notion of teenage sexuality as an individual, overpowering force that is difficult for teenagers to control. Ronda Fursman can see her son's "testosterone bubbling." Calvin Brumfield's son's "hormones kicked in early." Back then, Adam's "hormones were just raging ..., they're still raging." Nor is it just boys who are thought to be beset by hormones. Harriet Mears believes both girls and boys "are completely hormonally driven."

Closely associated with the power of hormones are their dangerous consequences. Accounts of lives seriously disrupted because of sex haunt American discussions of teen sexuality. Deborah Langer fears the "raging hormones" that have taken her daughter into "the dark ages" because of the possibility of pregnancy and its repercussions (see [footnote](#)). Likewise, Frank Mast worries about pregnancy; it is one of those "huge mistakes" that might result from the "decisions you see kids make and they're not able to handle the consequences and then it ruins them for 5, 10, 15 [years], maybe the rest of their life."

One reason parents like Deborah and Frank fear their children's hormones is that they assume teenagers are unable to control such forces and act rationally in the face of them. They see a disjunction between the onset of hormones, on the one hand, and the development of the cognitive and emotional capacity to handle them, on the other hand. Jany Kippen thinks her son is not ready to have a sexual relationship because he lacks "a real clear picture of the consequences." She just cannot see her son, Neil "remembering to use a condom." He "is not ready to take responsibility for what he does. I mean not that he doesn't know that there are consequences but they're always going to not happen to him. He's the invincible 15-, 16-year-old, and nothing could go wrong." Far from letting her 16-year-old son spend the night with his girlfriend, Jennifer Reed has a rule that he may not be home alone with her. That would be "awfully tempting" and "just too much to ask. Maybe it would never happen, maybe they're just good friends; but I just think 'raging hormones syndrome.'" For Jennifer, "kissing is all right, but I think it can get carried away. It can lead to other things..... I don't have anything really against kissing. Fondling is starting to get a little-- it gets mistier because it's harder to stop what you're doing and [not] have it lead to something else." The "something else," Jennifer worries about, is "not actually the sexual act. I mean I don't really have a problem with that as much as what could happen, the babies and all that."

Jany Kippen and Jennifer Reed are not alone; many American parents worry that their children lack self-regulatory capacities and they see their own role as containing and directing, rather than giving full range, to their children's raging hormones. Many American parents institute rules such as Jennifer's, leaving bedroom doors open at all times and keeping teenage couples supervised while at home. Given their concerns that when offered the opportunity, teenagers may not be able to control themselves against the forces of their hormonal urges, the notion of permitting a sleepover of the kind that is common in Dutch middle-class families strikes many American parents as ludicrous.

Footnotes

As is true for more than a quarter of the American parents interviewed, Deborah has close family members who became pregnant and gave birth as teenagers.

The Battle Between the Sexes

The second cultural theme that recurs throughout the American interviews is that of the battle between the sexes. As an interviewer, it was striking to hear American middle-class parents express extreme skepticism about the possibility of love during the teenage years. Parents frequently say that

while teenagers, particularly girls, may think they are in love, they are not truly in love. Instead, the American parents stress the ways in which girls and boys have opposing, even antagonistic, desires and interests.

It is still quite common, especially for those Americans who live in more conservative communities, to describe girls and boys as driven by opposing drives and needs: boys want sex and girls want love. Doreen and Harold Lawton articulate a stark vision of such a difference. He believes boys want to "get laid" at any cost. She thinks girls don't want to "get laid;" they just have sex to hold onto their boyfriends. Likewise, Helen Mast believes that if her daughter Katie decides to become sexually involved with her boyfriend, it will not be because she wants to; "she's only doing it because he wants her to." Having long prohibited his daughter to date, Donald Wood feels that now that she is 16, such a rule is no longer tenable. He is, however, extremely anxious about her dating debut. He regards the source of his anxiety as self-evident: "I'm a parent of a teenage cheerleader. I'm very concerned. Dirty little boys, get away, get away."

Liberal and conservative parents alike worry that girls are likely to bear the brunt of the war between the sexes. Pamela Fagan, among the more conservative parents, believes "teenage girls have so much more of a romantic, fantasy and emotional involvement [than boys] and all encompassing kind of emotions with it and think, 'I am so in love and this love will last forever.' It's not likely it will." Self-ascribed ex-hippy, Harriet Mears says that "when we got rid of the double standard and had the 'sexual revolution' someone forgot to say, 'Excuse me, it appears that the emotional cost is higher for women than men.'" Meanwhile, Frank Mast tries to teach his daughter Katie:

The ultimate shouldering of the responsibility of making a mistake, having a boy/girl relationship is on the girl. The boy can say, 'Sorry, it didn't work out,' walk away, 'See ya later.'... It really has to be that they feel mentally responsible for what they did or have some deep inward feeling that 'I'm responsible' for them to step up and say, 'I'm financially responsible,' or something, but ultimately girls don't have that choice.

But in the post-sexual-revolution battle over sex's costs, boys too can become its victims. As a mother of a teenage son, Harriet Mears has gained a new understanding of her long-ago college boyfriend's parents. They were desperate to have their son attend medical school and every time they came to visit their son they would look at Harriet with "undisguised terror in their eyes." Rhonda Fursman worries that her son Charles could become the victim of a girl "who wants sex only to get back at her mother." To protect him against such girls, Rhonda will not allow Charles to date until he is 16. Charles "knows that he is going to have a lot of different relationships and he doesn't want to be stuck in any one of them. At least up to this point he has found that this not being able to go [on a date], like with that first girl, who wanted him to go out with her.... He was like, my mom won't let me do this, which was good."

With sex at adolescence conceptualized as a battle where there are costs and benefits, winners and losers, it is not only the power of biology that makes adolescent sex such a risk-ridden territory. The battle between the sexes and the different types of pressures boys and girls exert on one another are also cause for parental concern. Given these concerns, the American parents view it as their job to rein in romantic relationships during the high-school years. It strikes them as self-evident that parents

must be vigilant to make sure their children do not fall prey to dangerous and pre-mature relational entanglement. Permitting a sleepover at home would thus mean sanctioning relationships they believe their teenage children are not yet equipped to successfully negotiate.

Not Under My Roof

Many American parents can imagine that their teenage children could inadvertently get carried away by their hormones or by emotions they mistake for love. Were that to happen, most parents say they would want their children to know how to protect themselves against disease and pregnancy. The more liberal among them even say that if need be they would be willing to help their children buy the necessary contraceptives. However, even liberal parents oppose the notion of permitting teenage children to spend the night with their partners with an intensity of feeling they assume is universally shared. This feeling, which lies at the heart of American parents' opposition to the sleepover, is captured in the expression "not under my roof."

The belief that permitting the sleepover under one's own roof is inappropriate is particularly noteworthy in parents who may be liberal in other ways. Iris DiMaggio, for instance, openly discusses sexuality and contraceptives with her children. She does not, however, let her son Phillip sleep with his girlfriend at home. Why? "Maybe it is my own comfort," she suggests. "It's like giving them license to do as they please, and I am not ready to do that." Neither would she let her 19-year-old daughter sleep together with a boyfriend at home. "That's not an example I want my [son] given." What example does she want him given? "There is a time and a place. And it's not at home."

When would Iris permit such a sleepover? Once Phillip is "really on his own" and "he's making his own decisions." Once you move out, "you become responsible for yourself. When you are still living in this house you are still financially dependent on us. To some degree you are emotionally dependent on us. You are dependent on us for almost everyday, day to day." Likewise, Bonnie Oderberg cannot imagine letting her stepson Alan sleep with his girlfriend at home. "It would be uncomfortable for me." She imagines she might permit it "maybe after [Alan] was an adult and after I came to grips with the fact that he was an adult," Bonnie muses. "A legal adult, 18, 21, I don't know." Upon probing, Bonnie recognizes that what would disturb her most is "that it's right in your face that they're having an adult type of relationship."

As Iris and Bonnie demonstrate, the opposition to the sleepover rests on a strong emotional foundation. American parents are very up front about their emotional discomfort being confronted with their children's sexuality. Relative to their Dutch counterparts, they experience this discomfort strongly and express it strongly in the interview. Kirsten Ricketts responds vehemently to the question of whether she would ever permit her son who is currently 15 to spend the night with a girlfriend in her home:

If my son (in his 20s) wants to bring a girlfriend home he can rent a hotel room, you know. That's what I say, I'm not going to have some adults in my house screwing away in the bedroom and I can hear them. Forget it.... In a way it's better not to have it so blatant, to do things a little more secretly like I was raised. We were on the sly and in

secret. It seems a little better that way, rather than blatant in front of your parents about it.

Beyond causing emotional discomfort, permitting a sleepover under their roof would violate a deeply held belief that children must first prove themselves independent and fully separate from their parents, before parents sanction their sexual relationships. For some parents, like Iris, this means that children should be financially self-sufficient before expecting to be allowed to have their boyfriends or girlfriends spend the night. Others, like Flora Baker, believe parental sanction can only come once a child establishes a separate household together with a partner, preferably within marriage. Flora, who insisted, against her husband's wishes, that her children be allowed to use contraceptives, nevertheless insists that her 19-year-old daughter's boyfriend sleep on the couch. To her daughter's protests, she responds, "You can have your intimate relationship when you want. We don't have to broadcast it to the family. We don't have to share in that. Should you decide to live together or get married some day, that's a decision we will respect. But when you are in my house, these are my rules."

(Self) Regulating Adolescent Sexuality

Given the perils of raging hormones, the battle between the sexes and a deep aversion to teenage sexuality under one's own roof, American parents regard it as self-evident that they do not think to let a teenager spend the night with a romantic partner. Meanwhile, most Dutch parents say they would consider permitting a 16- or 17-year-old to spend the night with a girl- or boyfriend. A number have already done so. How can this be? How do these Dutch parents understand teen sexuality and the proper role of parents and the home in guiding children through adolescence?

One theme that recurs throughout the Dutch interviews is that of self-regulation. In contrast to their American counterparts, Dutch middle-class parents assume that teenagers can be self-regulating sexual agents. They illustrate this confidence in their children's capacity for self-regulation with their use of the term *er aan toe zijn*, which translates as "being ready." Dutch parents typically describe being *er aan toe* as a state of being a teenager is best able to recognize himself or herself, and they view taking sensible preventive measures as part of being ready. Being ready, Katinka Holt explains, is "whenever they feel it themselves, 'I am *er aan toe*.'" Jolien Boskamp always told her daughter "if you are ready (*er aan toe*), say it honestly and use the pill." Hannie and Dirk de Groot believe it is "stupid" to try to avoid giving teenagers opportunities to have sex. "They need to determine that themselves," says Dirk. "They can do that, provided that you have spoken about it with them and that you have pointed out the dangers and consequences to them. And if they know all that, they can handle it."

Part of what gives Dutch parents confidence in their children's ability to know when they are ready is when they see that their children take their sexual development at a gradual, slow pace. Jolien Boskamp illustrates her daughter's self-regulation by telling me that for the first few months of their relationship, her daughter and her boyfriend spent the night together, "literally sleeping" even though they were crazy about each other. Likewise, Marlies de Rooter approves of the way her daughter Frieda developed sexually "step by step" in relationship with her boyfriend Harold up until the point of

having sex with him. That only happened, however, after they had spent "many a night together that they did have sex with each other." Karel Doorman also feels confident that his daughter is able at age 16 to self-regulate. He has no worries about pregnancy or disease: "No, she is 16, almost 17 and I think she knows very well what matters and what can happen and that if she is ready, I would let her be ready."

The assumption that teenagers are self-regulating sexual agents who pace their sexual development and use contraceptives when they deem themselves ready is one reason Dutch parents give to explain the sleepover. Katinka Holt decided to let her daughter's boyfriend sleep over, "trusting that it will go fine" and that Marlies will indeed use the contraceptives that her mother has urged her to use. Karel Doorman is comfortable with the idea of permitting a boyfriend to spend the night because he assumes that his daughter will self-regulate and pace herself in her sexual development, thus giving her parents time to adjust to the new domestic reality of her relationship:

You know if Anneke were to come home one day and tell us just like that, 'Johnny is sleeping over tonight,' that would scare the living daylights out of us, of course. [But I doubt] Johnny will show up out of the blue. I think that he will come by the house and that I'll hear about him and that she'll talk about him, and yes, that it really is a gradual thing.

Relationship-Based Sexuality

The second cultural frame that Dutch parents use to explain the sleep-over is that of relationship-based sexuality. Typically, the Dutch parents use relational, rather than individual or biological, metaphors to talk about the sexuality of teenagers. They speak of sexual "contact" rather than "activity," they refer to their children's *courtships* and more generally assume that their children even young teenagers can and do fall in love.

American parents take for granted difference, or at least antagonism, between girls and boys. They also indicate that they themselves may treat girls and boys differently. For instance, American fathers typically admit to being more protective with daughters and more lenient with sons. But the Dutch parents very rarely mention gender differences or conflicts over sex and relationships between boys and girls. Nor do they suggest that they would treat sons or daughters differently with regard to a sleepover.

Instead of the metaphor of battle, Dutch use a language of relationships and loves, and they apply such a language of love equally to girls and boys. Thus, Piet Starring thinks his sons will start to become ready for sex once "they bring home girls regularly." "Yes when they start getting a bit of a courtship," his wife adds. Thinking back to when her son Paul first showed interest in girls, Loek Herder recalls that even in grade school he was interested in girlfriends ... and then he was often intensely in love."

Only 1 Dutch parent even mentions the biological and individualized concept of hormones in relation to teenage sexuality and she puts it in the context of love: Considering what makes a person ready

for sex, Mariette Kiers says: "At a certain moment those hormones begin to rage and, who knows, it may be the love of your life. Mariette explains, "there is a biological component of course.... But in addition to that, there is something very emotional." Asked whether that "something emotional" could be love, she responds, "Real love, of course, at 16 you can, you do, really love."

The assumption that teenagers can fall in love and form strong intimate relationships is one of the reasons that Dutch parents are willing to permit the sleepover. Nienke Otten explains, "You permit it when you see that they really care about each other, that it isn't just a passing fancy." In fact, many Dutch parents express strong aversions to casual sex. Hannie de Groot hopes that her daughter will not treat sex casually. She believes, "you have sex with someone when you know that person quite well... not you meet someone in a disco, and you go to bed with him the same evening."

Often, Dutch parents use the sleepover to distinguish between sanctioned solid relationships and more fleeting "one-night stands", which most disapprove of. Jacqueliën Starring would have serious objections if her son Hans were to "do it with that one and then that one and.... But if it is a girlfriend that he has known a bit longer ... and she comes over to our house, and she sleeps over. I don't think I would have problems with that." Marga Fenning is not inclined to forbid much but she recently told her 18-year-old son that a casual female friend could not spend the night with him at home. She would have responded differently if the girl in question were his girlfriend:

I can't have such an old-fashioned reaction that the girlfriend has to sleep somewhere else while he is in his bedroom. Then I would be fooling myself, because at night they'll sleep together anyway. No, to want them to sleep separately would feel childish. But if it's just a girl he's going out with and next time it's another girl, and then another. No I don't find that pleasant. No, I don't want that.

Normal Sexuality

Throughout the interviews, Dutch parents say time and again that sexuality is, and should be, normal, or, to use the Dutch word, *gewoon*. *Gewoon* translates as normal, usual, or ordinary. At the same time, the way the Dutch parents use the word indicates that *gewoon* also has a normative component, meaning that *normal* is, in fact, *right*.

Normal sexuality is sexuality that can be discussed openly between family members without embarrassment or shame. "We have always told [our daughter] *gewoon* what could happen, how it is supposed to go ... or how it goes," says Trudie van Vliet. "Let me put it this way, we were never difficult about that, right [to her husband]? Hannie and Dirk de Groot, parents of 17-year-old Liesbet, have been talking with her about sexuality in a *gewoon* manner ever since she was much younger since, as Hannie puts it, "If I can talk *gewoon* about playing at a girlfriend's house, then I should be able to talk *gewoon* about sex. It should happen the same way as other things that you talk about with each other. You should not think, 'Oh that is scary' or 'I don't dare to talk about that' or 'I have to make a special time for that.'" To underscore her point, Hannie adds, "Yes it should be *gewoon* to talk about during dinner." Why is this so important? "Because it is *gewoon*." "Because it is natural, isn't it," her husband adds.

Normal sexuality is just as important for what it is not as for what it is. Normal sexuality is not emotionally disruptive; it does not cause conflicts or needless separation between parents and children. Dutch parents often oppose their own *normal* way of dealing with sexuality to the secretiveness of the past when children hid their sexual relationships from parents. Thus, Marga Fenning thinks her 16-year-old daughter is too young to start having intercourse, but she wants to keep discussions of sexuality in the open because she wants nothing to be secretive. Marga thinks that it is very good thing that young people these days "ask and tell everything at home." She did not think it "was good at all, the way it used to be that everything had to be done so secretively."

One way Dutch parents normalize what might otherwise cause discomfort or distance is to resort to humor. Anne van Wijngaarde uses humor as a way to facilitate communication with her son. She knows exactly how far her son has gone: "Harm tells me, 'now I French-kissed' and then we become weak with laughter because he tells me what he did with them, that is nice. It's so innocent and open." Corinne van Zanden was relieved when her son Anton finally told her that his friend Johan was gay. Sensing that Anton has been troubled for a while, Corinne asked him what was wrong. "We have no problems about [his being gay] because he is and remains Johan. I mean we can say Johanna, now, just for a joke, but he remains *gewoon* Johan to us."

The wish to have sexuality be normal and not a cause for deception or separation between parents and children is one reason Dutch parents accept the sleepover even if they would rather their children wait with sex. Ada Kaptein prefers the sleepover than having her children "do it secretively. We used to do it secretively." That she wants to avoid at any cost. If, at 16, her son had requested to sleep together with a girlfriend, Christien Leufkens would have said yes: "I mean, I'd rather have them do it here, when I am here, than that they do it secretively. Because when you start to forbid it, that doesn't mean that they don't do it. It just means that they don't do it under your eyes." Daphne Gelderblom says that, were one of her children to have a sexual partner, she would permit the sleepover. She prefers things to be out in the open rather than secretive, but she adds: "I mean I am not going to jump up and down with joy in front of their bedroom door."

This last quote is noteworthy because it indicates clearly that at least some Dutch parents, like their American counterparts, experience discomfort at the thought of their children becoming sexually involved. But while American parents take this discomfort and dramatize it--that is, make it a basis for action and see it as indicative of the need for radical separation between the sphere of teen sexuality and the sphere of the parental home--Dutch parents do something different with this discomfort. They normalize it. That is, they seek to remove the emotionally and relationally disruptive components of teenage sexuality by talking about it as something that is normal and everyday and that can be easily integrated into the domestic sphere of the parental home.

Normalization, like dramatization, is an active process. Through their very interpretations of, and responses to, adolescent sexuality, parents help shape the realities of their own experiences and those of their children. Although it is hard to gauge the deepest levels of experience, parents in both countries may well have, in the first instance, similar responses to the maturation of adolescent children. However, they have very different cultural tools through which to understand those emotional responses and their moral obligations as parents. Consequently, in face of their anxieties and discomforts, Dutch and American parents engage in very different emotional and relational

processes.

Dramatizing vs Normalizing Adolescent Sexuality

We have seen that 3 themes guide American constructions of adolescent sexuality and explain their near-universal strong opposition to the sleepover: the perils of raging hormones, the costs of the battle between the sexes, and the logic of "not under my roof." By viewing the sexual maturation of teenagers through these 3 cultural lenses, American parents *dramatize* adolescent sexuality -- they highlight the dramatic and conflicted aspects of sexuality, forces that overwhelm the individual, conflicts that put girls and boys at odds, and the radical break between parents and teenagers that is required before parents accept their children's sexual relationships as legitimate.

Three different themes guide the Dutch constructions of adolescent sexuality: the importance of self-recognition and self-regulation, the embedding of sex in relationships, and the celebration of normal and non-secretive sexuality. By viewing adolescent sexuality through these 3 cultural lenses, Dutch parents, *normalize* teen sexuality -- they emphasize teenagers' capacity to determine their own pace of sexual development and to prevent adverse consequences, their proclivity to want sex in the context of relationships that are mutual and loving, and the ease with which sexuality can be discussed, and adolescent relationships integrated, within the parental home.

Dramatization of Adolescent Sexuality	Normalization of Adolescent Sexuality
Raging Hormones Out of Control	Self-Regulated Sexuality
The Battle Between the Sexes	Relationships Between the Sexes
"Not Under My Roof"	"Normal and Not Secretive"

Normalization in Context

Family cultures do not operate in a social or political vacuum. Instead, the tools that parents have available as they figure out how to guide their children through adolescence depend, in large part, on the larger society and on the position of different professional groups within it. Indeed Dutch healthcare professionals, sex educators and policy makers have, throughout the last 2 decades of the 20th century, supported the 3 components that constitute the normalization of adolescent sexuality in Dutch middle-class families -- namely, the emphasis on the self-regulatory capacities and responsibilities of adolescents; the norm that sex should take place in intimate relationships of mutual respect; and, finally, the desire to have sex be a normal topic of discussion between parents and teenagers, and not a cause for anxiety and deception.

When Marga Fenning, a dental hygienist by profession and a resident of a quiet suburb, far away from Amsterdam or the country's other large metropolitan centers, became concerned that her 16-year-old daughter might soon want to have sex with her boyfriend, she consulted her family doctor.

Following common medical practice, Marga's doctor told her. "Never forbid them to [have sex] because then it will definitely go wrong." And when her daughter did come to her, a week before the interview, saying, "Mama, I kind of want to go on the pill," Marga took her doctor's advice; despite the fact that she thinks her daughter is too young for sex. "I am totally not ready yet," Rachel had told her mother. "But, you know, just imagine that [at some point] I am, then..." Marga's response was:

You know, I think that is sensible. I am glad about that. [So] I say, 'Well then you have to go to the doctor.' And then we talk about that, of course. [Rachel asked,] 'Do you think it's all right? I'm a little scared.' I say, 'the doctor will give it to you.' 'But what if he thinks I'm too young.' I say, 'Rachel, he'll definitely give it to you. That is totally not a problem. Just go to him and talk about it.' So we went over there together and I stayed in the waiting room. . . .

Dutch educators also contribute to the normalization of adolescent sexuality. Sex education is not mandatory in Dutch schools but is nevertheless widespread. Curricula typically emphasize the importance of self-knowledge, love and respect for one another, contraceptive use, and open conversation. Daphne Gelderblom likes the "relationship lessons" her children get in school. She supports the emphasis on relationships and on "learning to interact with each other, learning to understand each other—that I think is excellent." Anneke Schutte thinks "that it is good that [children] don't only talk about it in the home but that it becomes very normal to talk about it and that the school is an excellent institution to promote that." Dutch youth specialists, Jany Rademaker and Janita Ravesloot, argue that educators have the responsibility to supplement the work of parents since the latter may be hindered by feelings of shame and embarrassment, as a consequence of having been raised in a time when it was not yet normal to talk about sex:

Sexual education ideally has an emancipatory character, such that teenage sexuality is discussed in an open and matter-of-course manner. That way the threshold for girls is lowered as much as possible to take their own initiatives in sexual behavior and contraceptive use. Moreover, it is important that sex education orients itself to the interactive competencies of youths. Learning to talk about sex and contraception is particularly important (my translation).[19]

The Dutch government and government-subsidized public health organizations have also played a key role in normalizing adolescent sexuality. In response to the emergence of HIV/AIDS during the 1980s, the Dutch government commissioned a series of public education campaigns. These campaigns, however, did not play on fear or stigmatize distinct populations or sexual behaviors. Instead, they typically used humor and appealed to common sense as ways to admonish young people to view condoms use as normal. One such campaign outlined the following progression: "Step 1: You fall in love. Step 2: She feels the same. Step 3: You kiss. Step 4: You use a condom." [20]

And, more recently, a government-sponsored organization in charge of AIDS and STI prevention publicized a new edition of a popular sex education curriculum, entitled, "Long Live Love," using the following blurb to entice potential educators to use it:

Safe Sex is, in this new curriculum, "Long Live Love," the central theme. Attention is

devoted to the existence of HIV, other STIs and unwanted pregnancies. Other themes are going over your own boundaries and those of others. In addition to the transmission of knowledge about safe and unsafe sexual behavior, the curriculum stimulates a positive, responsible attitude toward sexuality. Of course, we deal with the fun, exciting, but also the vulnerable feelings that are part of making contact, being in love, getting a courtship, and making love (my translation). (See [footnote](#).)

This quote is worth pausing at, among others, because of its last words. For lack of a more fitting translation, I used the expression "making love" for the Dutch *vrijen*, a term that embraces all forms of sexual expression, ranging from kissing and touching to sexual intercourse. Thus, *vrijen* does not dichotomize between coital and noncoital sexual intimacy, viewing them instead as continuous. The word itself recognizes the range of sexual experience possible. In doing so, it echoes a familiar theme throughout the Dutch sex education materials, namely, that young people should only move at their own pace, and not do anything before they feel ready to. "You have to decide for yourself at what moment you start to make love (*vrijen*) or have sexual intercourse with another person. Never think that you have to do anything pertaining to sex. It is about your own free will. The choice is yours (my translation)," reads a brochure of an organization specializing in the provision of sex education materials.

In describing "the first time," the brochure underscores again the importance of individual self-determination, mutuality, and open dialogue. The brochure normalizes also by emphasizing the gradual learning process and the multitude of feelings -- pleasurable and not so -- that are often part of people's first sexual experiences:

Assume that sex needs to be learned and that you won't be an experienced lover the first time. Hopefully, your partner knows that this is the first time for you. Talking openly and honestly is important when it comes to sex. You are in charge of what you want and how far you go. Make that clear to your partner. Talking about making love is difficult for everyone, but talking is important. [When you talk together] you can make love in a way that is pleasurable for both of you. [If you talk about it together,] you can also take the necessary precautionary measures. That way, you do not have to be nervous while making love or get panicked after having sexual intercourse because you are afraid that you are pregnant or infected with a sexually transmitted disease (my translation).^[21]

Footnotes

The description of the curriculum can be found at <http://www.soaaids.nl/>.

Conclusions: Implications for Practice and Policy in the United States

The Netherlands has long boasted some of the lowest teen pregnancy, abortion, and fertility rates in the world. Dutch public policy and health practice have, for much of the past 3 decades promoted

acceptance of adolescent sexuality and easy access to contraceptives, rather than promoting abstinence or instilling fear of the potential dangers. This article has explored the cultural concepts and practices that guide middle-class parents in the Netherlands as they deal with the sexual maturation of their children, shedding light on the culture that makes the Dutch public policies viable and successful. What we have seen is that Dutch parents normalize adolescent sexuality -- assuming that teenagers can self-regulate their sexual development, that relationships and emotional intimacy form the basis for their sex, and that adolescent sexuality should be discussed openly, rather than cause secrecy, between family members. In this normalization, parents have been supported by healthcare providers, educators, and policy makers.

What can be learned from the Dutch case by healthcare providers who work in a country that tops the industrialized world in teen pregnancy, abortion, and birth rates? The answer to this question is not that providers should encourage American parents to permit their teenage children to spend the night with their boyfriends or girlfriends. This would be like transporting the tip of an iceberg and expecting to find a mountain of ice. Cultures are complex entities. One cannot introduce one particular practice without all the concurrent assumptions and expectations, legal frameworks and resources structures, and have it produce the same results as it does in the environment in which it originated. The cultural assumptions and practices that underpin the dramatization of adolescent sexuality in American middle-class families are deeply held and consequential. One cannot simply change such a dense cultural fabric, and the ways in which this fabric is intertwined with longstanding educational, legal, and religious traditions and institutions.

That said, there are, as I have pointed out, a number of precepts that underlie the normalization of adolescent sexuality in the Netherlands, and these could, and I believe should, be adapted to fit American healthcare practices regarding adolescent sexuality. The first pertains to the self-regulation, and more fundamentally, self-determination of sexuality. To instill adolescent self-determination requires treating adolescents as the owners of their own bodies and the agents of their own sexual behavior and to commit to providing them access to the information and resources they need to exercise this rightful ownership over their bodies and agency over their sexual behaviors. Concretely, this means giving teenagers the right to full knowledge about their anatomy and about the contraceptives that exist to protect them against unwanted and dangerous consequences of sexual intercourse. A vast majority of American parents want their children to receive this information in their public school sex education classes (see [footnote](#)).^[22] But bowing to political pressures, schools and governmental agencies are increasingly shying away from teaching consistent and effective contraceptive use, emphasizing instead the dangers of sex, the failure rate of contraceptives, and no-sex-until-marriage as the way to be safe (see [footnote](#)).^[23-25] Ironically, abstinence-only-until-marriage, touted as the only full-proof safe sex, leaves young people unprepared to take precautions when they do have sex before marriage (see [footnote](#)).^[26]

Beyond technical knowledge, American teenagers must be given a language through which to understand their own sexual feelings and desires in positive terms. Providers must speak to young people about sexuality in terms of the whole range of behaviors and experiences that constitute sex, rather than suggesting that vaginal intercourse is the only or best way to "do it." Adolescents should be encouraged to respect their own internal boundaries, and those of others, as they explore their sexuality. A positive, realistic language of sexuality, which advocates the gradual, self-chosen and

individual nature of first sexual experiences, would form a welcome alternative to the 2 equally unrealistic propositions that currently govern public discourse in the United States. The no-sex-until-marriage doctrine is widely preached, yet rarely practiced (see [footnote](#)).^[27,28] But equally troubling are the images of invulnerability and conquest propagated by popular media and culture, which suggest that one can "be a sexual hero in one day."

The second implication of the Dutch case for American healthcare practice is that adolescent sexuality is not only, or even primarily, a biological phenomenon. It is necessary to recognize adolescents' emotions, desires for intimacy, and real relationships. The notion of raging hormones is deeply ingrained in American folk and healthcare lore. They are blamed for an entire host of behaviors that are thought to be age-appropriate, if dangerous. Yet, the talk of hormones can obscure desires that are deeply social in nature. Regardless of whether or not one believes that sexual intercourse is a healthy form of closeness for a teenage couple, those who provide care to adolescents and their parents would do well to view adolescent sexuality not just as a problem but also as the expression of an age-blind desire for meaningful intimacy and connection with others.

The third implication of the Dutch case is that American families must find their version of talking "normally" about sexuality and that the healthcare profession can help. The Dutch normalization of adolescent sexuality was not a given; it was a particular response to changes in sexual behavior during and after the sexual revolution, a response, moreover, in which members of the medical establishment played a decisive role. In the United States, real-life patterns of sexual behavior have also changed drastically since the mid-1950s. Most people become sexually active before marriage and many continue after marriage. Some people form marriage-like bonds with those of their own sex. In other words, sex and marriage are not related in the way that they once were. Not having a way to talk honestly, and without shame and guilt, about these new patterns of sex and relationships is not good for the health of individuals or for the health of families.

In truth, the most important thing that healthcare providers can do to normalize adolescent sexuality in the United States will not come from their practice as individuals. Instead, it requires the use of their voice and power as a professional group to demand an adherence to the standards of science and the provision of true healthcare to adolescents. There is no denying that we are currently witnessing the onslaught against empirical knowledge and honest dialogue, and with it, the denial of fact and the fanning of fear. Sex education curricula across the country are providing young people incomplete and distorted facts about sex in an effort to "scare them chaste." (See [footnote](#)).^[29] Political organizations make unscientific claims to empirical proof, which are nevertheless used in policy debate. The sexuality of teenagers, which quite understandably is a source of anxiety for parents, is at the forefront of this critical political struggle about what constitutes truth and care. With its commitment to the health and well-being of young people and their families, and its access to empirical knowledge about public health in other countries, the American healthcare profession must exert its power as a social institution to ensure that US policy be guided by scientific evidence and by the belief that adolescents deserve to receive the resources and respect they need to grow into informed and empowered human beings.

Footnotes

A recent survey, conducted by NPR, The Henry J. Kaiser Foundation, and the Harvard Kennedy School of Government, found that more than two thirds of Americans agree that federal money for sex education should be used to "fund more comprehensive programs that include information on how to obtain and use condoms and other contraceptives." Less than a third of those surveyed agree that such money should be used to "fund education programs that have "abstaining from sexual activity" as their only purpose."^[22]

American public schools, encouraged, in part, by federal funds that are contingent upon the teaching of "abstinence-only until marriage" are increasingly de-emphasizing teaching about contraceptives in their sex education curricula, or even removing any mention of the available technology for preventing pregnancy and protecting against disease.^[23,24] Even the US government's own Centers for Disease Control and Prevention obscures the health benefits of using contraceptives effectively in favor of emphasizing not having any sex at all outside of marriage as the best way to protect one's health.^[25]

Assessing the impact of "abstinence-only" sex education based on evaluations from 10 different states, Debra Hauser concludes that such programs do not succeed in delaying sexual initiation for very long, if at all. They do, however, have "some negative impacts on youths' willingness to use contraception, including condoms, to prevent negative sexual health outcomes related to sexual intercourse."^[26]

By the time they turn 20, more than three quarters of American teenagers have experienced their first sexual intercourse.^[27] Meanwhile, only 3% of American teenagers marry -- down from 17% in 1950.^[28]

For a review of the fear-based, abstinence-only-until-marriage programs, see Kempner, 2001.^[29]

Tables

Table. Pregnancies, Abortions, and Births per 1000 Girls, Ages 15-19^{[1,4,13,15-17]*}

	<i>Birth Rate</i>		<i>Abortion Rate</i>		<i>Pregnancy Rate[†]</i>	
	US	NL	US	NL	US	NL
1970	68.3	22.6	19.1 [§]	6.6 [‡]	95.1 [§]	u
1980	53.2	9.2	42.8	5.3	110.0	14.5
1990	60.3	6.4	40.5	4.0	116.9	10.4
2000 (all)	47.7	5.5	24.0	8.6	83.6	14.1
2000 (white) [¶]	32.2	4.1 [#]	14.6	4.9 [#]	54.7	9.0 [#]

*This table is a compilation of data drawn from diverse sources: American and Dutch 1970 birth rates are from Singh et al, 2000.^[4] American 1972 abortion and pregnancy rates, and all American 1980 data, are from Henshaw, 2004.^[15] The Dutch 1971 abortion rate is from Ketting, 1983.^[13] The American 1990-2000 data come from The Alan Guttmacher Institute, 2004.^[1] The Dutch 1980-2000 (all) data come from Rademakers, 2002.^[16] Finally, the Dutch (white) data come from Garssen, 2004.^[17]

†American pregnancy rates include estimated number of pregnancies ending in miscarriage or still birth; Dutch pregnancy rates exclude these pregnancies.

§1972

‡1971

¶Category "white" refers to non-Hispanic white American girls and to Dutch girls who are neither first-, nor second-, generation immigrants.

#2001

References

1. The Alan Guttmacher Institute. U.S. Teenage Pregnancy Statistics: Overall Trends, Trends by Race and Ethnicity and State-by-State Information. New York, NY, and Washington, D.C: The Alan Guttmacher Institute; 2004.
2. Darroch JE, Singh S, Frost JJ. Differences in teenage pregnancy rates among five developed countries: the roles of sexual activity and contraceptive use. *Fam Plann Perspect*. 2001;33:244-250, 281.
3. Frost JJ, Jones RK, Woog V, Singh S, Darroch JE. Teenage Sexual and Reproductive Behavior in Developed Countries: Country Report for The United States." New York, NY, and Washington, DC: The Alan Guttmacher Institute; 2001.
4. Singh S, Darroch JE. Adolescent pregnancy and childbearing: levels and trends in developed countries. *Fam Plann Perspect*. 2000;32:14-23.
5. Panchaud, C, Singh S, Feivelson D, Darroch JE. Sexually transmitted diseases among adolescents in developed countries. *Fam Plann Perspect*. 2000;32:24-32, 45.
6. Brugman E, Goedhart H, Vogels T, van Zessen G. *Jeugd en Seks 95: Resultaten van het Nationale Scholierenonderzoek*. Utrecht, the Netherlands: SWP; 1995.
7. Braeken D, Rademakers J, Reinders J. Welcome to the Netherlands: A Journey through the Dutch Approach to Young People and Sexual Health. Utrecht, the Netherlands: Youth Incentives; 2002.
8. Kooy GA. *Sex in Nederland: Het Meest Recente Onderzoek Naar Houding en Gedrag van de Nederlandse Bevolking*. Utrecht, the Netherlands: Uitgeverij Het Spectrum; 1983.
9. Goudsblom J. *Dutch Society*. New York, NY: Random House; 1967.
10. Ketting E. De seksuele revolutie van jongeren. In: Hekma G, van Stolk B, van Heerikhuizen B, Kruithof B, eds. *Het Verlies van de Onschuld: Seksualiteit in Nederland*. Groningen, the Netherlands: Wolters-Noordhoff; 1990.
11. Schnabel P. Het verlies van de seksuele onschuld In: Hekma G, van Stolk B, van Heerikhuizen B, Kruithof B, eds. *Het Verlies van de Onschuld: Seksualiteit in Nederland*. Groningen, the Netherlands: Wolters-Noordhoff; 1990.

12. Hardon A. Reproductive health care in the Netherlands: would integration improve it? *Reprod Health Matters*. 2003;11:59-73.
13. Ketting E. Contraception and fertility in the Netherlands. *Fam Plann Perspect*. 1983;15:19-25.
14. Ketting E, Visser AP. Contraception in the Netherlands: the low abortion rate explained. *Patient Educ Couns*. 1994;23:161-171.
15. Henshaw SK. U.S. Teenage Pregnancy Statistics With Comparative Statistics from Women Aged 20-24. New York, NY and Washington, DC: The Alan Guttmacher Institute; 2004.
16. Rademakers J. Abortion in the Netherlands, 1993-2000: Annual Report of the Dutch Abortion Clinics Foundation. Heemstede, the Netherlands: Stisan; 2002.
17. Garssen J. Tienermoeders: recente trends en mogelijke verklaringen. *Bevolkingstrends: Statistisch Kwartaalblad over de Demografie van Nederland*. 2004;52:13-22.
18. Singh S, Darroch JE, Frost JJ. et al. Socioeconomic disadvantage and adolescent women's sexual and reproductive behavior: the case of five developed countries. *Fam Plann Perspect*. 2001;33:251-258, 289.
19. Rademakers J, Ravesloot J. Jongeren en seksualiteit. In: Dieleman AJ, van de Linden FJ, Perreijn AC, eds. *Jeugd in Meervoud: Theorieën, Modellen en Onderzoek van Leefwerelden van Jongeren*. Utrecht, the Netherlands: De Tijdstroom; 1993.
20. Berne L, Huberman B. *European Approaches to Adolescent Sexual Behavior and Responsibility*. Washington, DC: Advocates for Youth; 1999.
21. *Jongeren en Seks (Young People and Sex)*. Utrecht, the Netherlands: Rutgers Stichting; 2001.
22. NPR/Kaiser Family Foundation/Kennedy School of Government. *Sex Education In America: General Public/Parents Survey*. Menlo Park, California: The Henry J. Kaiser Family Foundation; 2004.
23. Darroch JE, Landry DJ, Singh S. Changing emphases in sexuality education in U.S. public secondary schools, 1988-1999. *Fam Plann Perspect*. 2000;32:204-211, 265.
24. Landry DJ, Kaeser L, Richards CL. Abstinence promotion and the provision of information about contraception in public school district sexuality education policies. *Fam Plann Perspect*. 1999;3:280-286.
25. Clymer A. Critics say government deleted sexual material from Web sites to push abstinence. *New York Times*; 2002. November 26, p. 18.
26. Hauser D. *Five Years of Abstinence-Only-Until-Marriage Education: Assessing the Impact*. Washington, DC: Advocates for Youth; 2004
27. Risman BJ, Schwartz P. *After the Sexual Revolution: Gender Politics in Teen Dating. Contexts: Understanding People in Their Social Worlds*; 2002: 16-24.
28. Cohen SA. *Delayed Marriage and Abstinence-until-Marriage: On a Collision Course?* New York, NY: The Alan Guttmacher Institute; 2004.
29. Kempner ME. *Toward a Sexually Healthy America: Abstinence-Only-Until-Marriage Programs that Try to Keep our Youth "Scared Chaste."* New York, NY: SIECUS; 2001.

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