

Current Trends

SUSAN MOORE & DOREEN ROSENTHAL

Sexuality in Adolescence

Sexuality in Adolescence: Current Trends considers the latest theory and research on adolescent development, focusing on sexuality as a vital aspect of normal, healthy maturation. Biological changes are discussed within a social context, and the latest research is presented on key issues of our time, including changes in teenage sexual behaviours and beliefs, sexual risk-taking, body dissatisfaction, sex education, teen pregnancy and abortion.

Susan Moore and Doreen Rosenthal explore the roles of parents, peers, the media, social institutions and youth culture in adolescent sexual adjustment. This book covers topical issues ranging from the role of the internet in adolescent romance to the pros and cons of abstinence education versus harm minimization. Issues, such as whether there are male-female differences in desire, sexuality, motives for sex, and beliefs about romance are examined, along with the question of whether a sexual double standard still exists. Maladaptive aspects of sexual development, including sexual risk-taking, disease, unplanned pregnancy, and sexual coercion are also covered.

This fully revised and updated second edition also addresses the crucial issues of:

Sexual minority adolescents

The social determinants of adolescent sexuality

Sexual health as opposed to sexual illness

This book aims to promote sexual well-being, and argues for the importance of the adolescent period as a time for engendering healthy sexual attitudes and practices. It will be valuable reading for students in the social and behavioural sciences interested in adolescent development and the topic of sexuality and for professionals working with young people.

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Adolescence and Society

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Contents

	Acknowledgements	ix
	Introduction	1
1	Sexuality in the 21st century: adolescents' behaviours and beliefs	5
2	Theoretical approaches: not just what but why?	28
3	Changing hormones, changing bodies	51
4	Parents and peers: shaping influences	70
5	The social context: from youth culture to globalization	85
6	Gender, sexuality and romance	101
7	Issues for gay and lesbian adolescents	119
8	Sexually transmitted infections: an increasing problem	134
9	Having a baby: choices and outcomes	148
10	When sex is unwanted	164
	Conclusion	182
	References	187
	Index	215

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Introduction

There has been an explosion of information and research on adolescent sexuality in the past decade. Yet there have been few attempts to draw this material together and provide an integrated view of adolescent sexuality in its many facets. This book takes account of new research in adolescent sexuality in the last 12 or so years and new issues and debates which have become prominent. These include the greater levels of tolerance in western nations for adolescents' expression of sexuality and sexual diversity (consistent with changes occurring in adult society) and changes in beliefs about sexuality brought about through the power of a globalized youth culture, shaped largely by the media. Debates about sex education—who provides this and how, and what it encompasses—are ongoing and heated. The near universal use of mobile phones and the internet has opened up both positive and negative possibilities for adolescents' sexual lives. Increasingly, although young people across the globe live in different social, cultural and economic circumstances, their sexual worlds reveal commonalities as well as differences. Most of the research we review is from western countries, but we present some studies from developing countries to provide a taste of the wider global context.

We also review issues from the past that remain salient today. There are timeless questions such as how parents talk to their adolescents about sex, how young people cope with the changes of puberty, how the sexual lives of young men and women are shaped by biology and nurture and how social institutions influence young people's sexuality. Additionally, the heavy emphasis on deviance, risk-taking, disease and unwanted pregnancy remains in today's research and discourse about adolescent sexuality.

Sexuality: a critical aspect of adolescent development

Sexual questions, conflicts and crises may begin prior to adolescence and may certainly continue after this phase of life but there is no doubt that, for most people, adolescence is a 'critical period' in the upsurge of sexual drives, the development of sexual values and the initiation of sexual behaviours. The advent of puberty, the power of peer group expectations and the communication of mixed messages about sex from the adult generation make dealing with sexuality a difficult but exciting challenge for adolescents.

For healthy outcomes, adolescents need the information, skills, commitment to the future and, sometimes, protection which will enable them to avoid sex, unplanned unwanted pregnancies and sexually transmitted infections (STIs), especially the life-threatening disease of AIDS. They need the skills to establish healthy and adaptive non-exploitative sexual relationships. Adolescent sexuality need not be defined as problem behaviour. Sexual activity that is non-exploitative and safe, from the point of view of mental and physical health, can make a positive contribution to teenage development through increased independence, social competence and self-esteem. This is not to say that all teenage sexual behaviour is adaptive, healthy and moral. Clearly sexual activity

can occur too early and in a context that is inappropriate. The view taken in this book is that sexuality is a normative event in adolescent development with the potential for both positive and negative consequences.

All theories of adolescent development give sexuality a central place in negotiating the transition from child to adult. The sexual urges which emerge at puberty must be blended with other aspects of teenagers' lives and channelled adaptively. It is especially important that the adolescent be able to integrate his or her sexual feelings, needs and desires into a coherent and positive self-identity which contains, as one aspect, a sexual self. Unlike many of the activities we engage in, expression of our sexuality (for the most part) involves a relationship, no matter how limited or fleeting, with another individual. Sexual expression allows, indeed requires, a unique exposure of the self to another. On the one hand there is the possibility of validating one's sense of self-worth and achieving a deeply satisfying intimate relationship. On the other hand, wrong choices can lead to destructive outcomes, to feelings of anxiety and guilt and to a sense of unworthiness. For adolescents who are in the process of forging a satisfying and satisfactory sense of their own identity and their place in the world, dealing with these issues is a crucial part of their development.

As we shall see the task is a complex one. If we are to understand the significance of sexuality during adolescence, we need to consider how it fits into the biological, psychological and social aspects of adolescent development. At the biological level, sexuality is the central feature, marked by the onset of puberty which signals maturation of the reproductive organs, the possibility of becoming a parent and an increasing sex drive. With puberty, changes at the psychological level have to do with readiness for taking on adult roles, including sex and procreation. There is a shift from a primary orientation to one's family to a reliance on peers for providing guidelines for attitudes and behaviour, as well as a clarification of goals and the development of interpersonal skills and attitudes. This occurs within a context of expanded cognitive skills which allow the adolescent to evaluate alternative points of view. At a broader level, social forces shape adolescents' sexuality by establishing and reestablishing values and norms relating to sexuality and expectations tied to gender.

Education enabling young people to develop sexual and relationship knowledge and skills is likely to be most effective if educators take into account the current beliefs and practices of their target audience. Sex education which stresses fear-arousing messages, punitive outcomes of experimentation or value stances considered 'out of date' will fail to reach those most needing intervention. Educators need to know about the different sexual subcultures of youth if their programmes are to be effective. But education about sexuality does not just occur in schools. It is pervasive in our culture through modelling adult behaviour, through the media, through talking with each other and family and through our laws as well as religious and other values.

One major focus for research on adolescent sexuality is documenting sexual behaviours, usually within a biological framework. How many teenagers are sexually active? What are they doing? Are they using contraception? What is the incidence of teenage pregnancy? These are important questions and are addressed in this book. Other research examines the sociocultural underpinnings of sexuality as biological approaches to sexuality have limited explanatory power. They do not fit with observed gender, ethnic and class differences in behaviours and beliefs. Recognizing those aspects of sexuality

that are socially constructed enables us to raise questions about the social context and the ways in which this channels teenagers' sexual experiences. Where possible, we draw on the political context to help us explain young people's sexual practices and beliefs. What does it mean, for example, to be a teenager growing up in the USA where, as Wilcox tells us, 'policymakers want to tell adolescents that sex is dirty, so they should save it for someone they love' (1999:349).

In line with this focus, there have been changes in the methods used to explore aspects of young people's sexuality. Although there is still an emphasis on large-scale quantitative surveys, increasingly qualitative techniques are being used. These enable us to understand better the meanings and motives underlying behaviours and to generate richer explanations of these behaviours. Together these methods allow for educational programmes that are more effectively targeted and take account of young people's own reality.

In the first two chapters, we deal with contemporary sexual attitudes and practices, and with the ways in which sexuality has been theorized in adolescent development. Chapter 1 provides an overview of what young people are doing sexually and the context in which their sexuality is developing. In particular, we note changes that have occurred in the past decade. Chapter 2 looks at theoretical approaches to adolescent sexuality, contrasting essentialist and social constructionist views and explaining why theories are important as a guide to research and practice.

Chapter 3 outlines biological aspects of sexual development in adolescence, and draws out links between behaviours and bodily changes. These changes are considered in context, including a discussion of body dissatisfaction—a condition of epidemic proportions in our society and one with strong repercussions for sexual development and ultimately sexual health. Additionally, the research on early and late timing of puberty has been 'turned around' as new data (and different contexts) prevail.

Chapter 4 describes the influences of parents and peers on adolescent sexuality—in particular, new material on parents' role in sex education is discussed. It is noted that there are significant barriers to parents in presenting sex education to adolescents, even though young people judge their parents as a trusted source. Conflicts between what parents say and what they do sexually are also aired, and the importance of modelling in sexual behaviour and close relationships is discussed.

Chapter 5 allows us to expand on the array of influences young people now experience with respect to sexuality. In particular, media and 'new media' influences such as the internet are considered in terms of their benefits and their perils. Current debates about sex education are considered, including the efficacy or otherwise of 'abstinence only' sex education.

Chapter 6 explores, within a gendered context, the notions of romance, love, lust, infidelity and commitment. Here we capture how socialization influences can make the sexual experience appear so different for young men and women. Chapter 7 provides up to date information about a marginalized group of young people: gay and lesbian adolescents. We discuss the impact of homophobia on these young people's sense of sexual identity and personal safety.

The final three chapters concentrate on potentially negative outcomes of adolescent sexual behaviour. Chapters 8 and 9 deal with two very different consequences of sexual risk, each arising from erratic or non-existent contraceptive practice—STIs, including

Sexuality in adolescence

HIV/AIDS, and unwanted or unplanned pregnancy. These consequences of sexual activity have major implications for the health and well-being of adolescents and for society at large. Chapter 10 focuses on sexual activity which may limit personal growth and threaten psychological health. We discuss unwanted sex in its many forms, including sexual coercion, rape and sexual abuse. Our conclusion draws together themes that recur throughout the chapters and raises some important issues that have not yet been adequately addressed through either scientific or public discourse.

Sexuality in the 21st century: adolescents' behaviours and beliefs

New millenium, new mores?

Are adolescents in this new millennium different from their predecessors in their sexual behaviours and beliefs? How has the now long-term impact of HIV/AIDS affected young people's uptake of safe sex and their beliefs about sexuality? As we wrote in an earlier version of this book, any understanding of today's adolescent as a sexual being must take account of the historical context. The past decade has seen further changes in social norms that have consequences for the expression of adolescent sexuality. Even in countries where premarital sex has long been proscribed and discussions about sexuality taboo, there have been significant changes in the past few decades (Brown *et al.* 2002; Eaton *et al.* 2003).

In western societies, sexually the past was a simpler place than now. Girls became wives and mothers and protected their virginity in order to attract a suitable husband. Boys' lives were career-oriented and they were expected to sow their sexual wild oats prior to taking on their family role of provider. Today, these goals are no longer so well defined. Ideas about 'right' and 'wrong' sexual behaviour are less rigid and boundaries between good and bad girls and boys are less clear. We know, too, that young people are delaying or dispensing with marriage while, at the same time, the age at which puberty begins is decreasing. This extension of the period between physical maturation and the taking up of traditional roles, together with the fact that contraception (including the 'morning after' pill and abortion) is freely available, led to the uncoupling of sexuality, marriage and childbearing in the last few decades of the 20th century. Prohibitions about premarital teenage sex are far less prevalent and difficult to enforce, but there is also a huge diversity of views within the subgroups that make up society. There are many more possible pathways for healthy (and unhealthy) sexual development for today's adolescents than there were in the 1950s or even the 1990s—more possibilities but also more pitfalls. We explore some of these in the subsequent chapters.

Of course teenage sex has always been with us. What is new is the increase in the numbers of young people engaging in this behaviour in the past 50 years. In particular, there has been a dramatic rise over this period in the numbers of teenage girls who are sexually active outside marriage. While historically young boys were more sexually active than young girls, the gap between the sexes began to narrow in the early 1980s. One US study showed an increase in the number of white American 16-year-old girls having intercourse from 7 per cent in 1950 to 44 per cent in 1982 (Brooks-Gunn & Furstenberg 1989). More recent studies confirm this increase, with some revealing that young girls are as sexually active as their male peers (Edgardh 2002; Meekers & Ahmed

2000; Smith *et al.* 2003a; Wellings *et al.* 2001). Nevertheless, the gender gap remains in some populations, for example among the urban minority youth studied by O'Donnell *et al.* (2003).

Undoubtedly the increase in the 1980s was due, at least partially, to the influence of the women's movement of the 1960s and 1970s and the demands for equality of sexual expression and sexual fulfilment which were advocated by members of that movement. More recently, too, there appear to be more opportunities for women to be sexually active. In a review of studies of late adolescents' sexual behaviour from 1900 to 1980, Darling et al. (1984) identified three periods, each characterized by different sexual standards. The earliest, which lasted until the 1940s or early 1950s, was the period of the 'double standard', with sexual activity accepted for boys but prohibited for girls. During the next 20 or so years, it seemed that premarital sex was allowed for young people provided that it occurred in a love relationship that was a prelude to marriage. The 'sexual revolution' of the 1960s and 1970s, which was characterized by more permissive attitudes towards sexuality and greater concern for personal fulfilment, brought with it a lessening of the prohibition on premarital sex. The trend towards later marriage may well have contributed since many believe it to be unrealistic to expect teenagers to abstain from sexual activity until marriage. Since then, we have seen a greater tolerance for sex outside of a romantic relationship. Today, young people are likely to live independently or with a partner, expecting to marry later than their parents, if at all. Many young women are now focused on establishing a career rather than a long-term relationship.

Nevertheless, there has been something of a plateau in the rates of sexual activity among teenagers and it would be foolish to expect that all teenagers would engage in premarital sex. A significant proportion of young people advocate no sex before marriage, although it is difficult to assess whether this attitude is consistent with behaviour. Some young people prefer to wait until they find the 'right' person; others do not experience opportunities for sexual engagement because of their family, community or personal characteristics. Current estimates are that about 40 per cent of unmarried 18-year-olds have not yet experienced intercourse, a figure that is consistent across many western nations, although there is variation within groups, the figure being higher for some and lower for others (Rosenthal *et al.* 1990; Smith *et al.* 2003a).

In the remaining sections of this chapter, we examine the sexual behaviour of young people and consider some factors influencing this behaviour.

Patterns of sexual behaviour

Generalizing about the sexual practices of adolescents is a dangerous procedure given the wide range of behaviours included under this rubric, the individual differences that distinguish adolescents from each other and the diversity of societal influences that adolescents in different subgroups experience. No less important are the differences one might expect in comparing the behaviour of 13-year-olds with that of late teenagers. With this caveat in mind, we turn to what adolescents do sexually, with whom and when.

Partnered sexual behaviour

'Falling in love', developing crushes and forming romantic relationships are all part of a sequence which may or may not culminate in sexual intercourse. These aspects of young people's sexual development are dealt with in Chapter 6. Here we focus on specific sexual acts. Several studies have shown the robustness of a sequence of adolescent sexual behaviour which starts at around the age of 13 with embracing and kissing, moving through petting or fondling breasts and sex organs, and ending with intercourse (e.g. Schwartz 1993; Smith et al. 2003a). Most adolescents, especially young women, move gradually towards more intimate sexual behaviour—'heavy' petting and intercourse through the experience of dating, although cultural variations in this sequence have been described. For example, among African-American girls, sexual intercourse often precedes heavy petting. These experiences provide young people with the opportunities for sexual exploration and discovery, and for acquiring the skills in intimacy which are necessary if one is to establish a long-term partnership. It has often been suggested that premarital petting, especially to orgasm, has been used to protect girls' virginity—an important commodity in many cultures even today. In this way girls can remain technically virgins while experiencing sexual intimacy. There are, of course, other reasons for the observation that many young girls are content to restrict themselves to heavy petting without taking the next step—to sexual intercourse. Such behaviour reduces the risk of pregnancy and, perhaps more importantly, teenage girls' sexual desires may be awakened and satisfied by the direct stimulation of the clitoris which occurs during heavy petting.

The dating behaviour of teenagers and its relationship to sexual behaviour and attitudes has been subjected to some scrutiny. McCabe and Collins (1990) investigated how the sexual desires and behaviours of Australian 16- to 17-year-old adolescents changed as the dating relationship deepened. There was a clear desire for increasing sexual intimacy from first date to going steady, although young boys wanted more intimacy than their female peers at all levels of dating. For example, on their first date, 88 per cent of boys wanted to engage in light breast petting and 41 per cent in stimulation of the girl's genitals, but only 29 per cent and 6 per cent of girls desired this experience on their first date. Boys also showed greater acceleration in their desire for sexual intimacy as they progressed through the dating stages. Desire for intercourse progressed for girls from 2 per cent at the first date to 8 per cent on going steady. Comparable figures for boys were 12 and 45 per cent. The reported behaviour of boys and girls showed similar differences between the sexes although these diminish as the relationship deepens, so that by the time young people are going steady there appears to be mutuality of behaviours.

As might be expected, there is a strong relationship between dating experiences and teenage sexual attitudes and behaviours. Those teenagers who have steady or regular partners are more likely to have premarital sex than are casual daters. In one US study of 6th graders, only 4 per cent had had sex but, not surprisingly, those young adolescents who had an older boyfriend or girlfriend were much more likely (over 30 times) to have ever had sex (Marin *et al.* 2000).

Early dating experience seems to be associated with more permissive attitudes to premarital sex as well as to early sexual experience. For example, in one study (Miller *et al.* 1986), 82 per cent of teenagers who had begun dating at age 12 had experienced

intercourse by late adolescence. For those who started dating at age 14, this figure dropped to 56 per cent, and 17 per cent for those whose dating experiences began at age 16. In another study, younger adolescents were less likely than their older peers to have sex with a partner they had met for the first time (Wellings *et al.* 2001).

Sexual initiation

Just how many teenagers are virgins and how many are sexually experienced? We have seen that there was a substantial increase in teenage sexual activity in the last decades of the 20th century. In a UK study of 15- to 19-year-olds interviewed in the early 1960s, Schofield (1968) found that only 20 per cent of boys and 12 per cent of girls had had sexual intercourse. Ten years later, over 50 per cent of teenagers aged 16 to 19 years reported that they were non-virgins (Farrell 1978). In two national surveys of young American women, Zelnik *et al.* (1981) observed that in 1971 30 per cent of 15- to 19-year-old women had had premarital sexual intercourse, a figure rising to 41 per cent in 1976. Most studies in the late 1980s and 1990s, across a number of western countries, suggest that by the end of high school about 35 to 40 per cent of teenagers are non-virgins (Hofferth 1987; Lindsay *et al.* 1997; Rosenthal *et al.* 1990). Australian studies of high school students conducted in 1992 and 1997 showed an increase over that period in the numbers who had ever had sex (Lindsay *et al.* 1997). A third survey, conducted in 2002, found a continuing increase in the numbers of sexually active high schoolers (Smith *et al.* 2003a).

In a study of over 4000 Australian young people (Grunseit & Richters 2000), the median age at first intercourse was 16 years with higher levels of schooling and church attendance related to delaying first intercourse. Similar findings come from a study of New Zealanders (Paul *et al.* 2000). Forty per cent of British adolescents reported their first sexual intercourse at 15 years of age or younger—9 per cent at 13 years or earlier (Ford & Morgan 1989). Another study of British adolescents (Breakwell *et al.* 1991) found that about 55 per cent of 16- to 17-year-olds had had vaginal intercourse at least once. Manzini (2001) reports that almost half of a sample of 15- to 24-year-olds in one South African study had already had first intercourse at age 16 years.

A trend towards first experience of sex at younger ages is true of most western countries. In Sweden, the age of initiation into sex dropped from an average of 19 years to 16 years in the past four decades. The UK *Sexual Attitudes and Lifestyle* survey showed a decline in age at first intercourse in successive age groups. Among those aged 16 to 24 years, the median age of first intercourse was 17 years, four years earlier than the age at first intercourse for the oldest group (Johnson *et al.* 1994). The second national survey showed that among those aged between 16 and 19 years, the proportion reporting first sexual intercourse before they were 16 was 30 per cent for young men and 25 per cent for young women. The proportion of women reporting first intercourse before 16 years increased up to the mid-1990s but not after (Wellings *et al.* 2001), suggesting that there may have been a stabilization of age at first intercourse among women in the 1990s.

While young people in non-western countries may not be as sexually active as their western counterparts, substantial numbers report engaging in sex. These include young people in sub-Saharan Africa (Gupta & Mahy 2003; Kaaya *et al.* 2002), Nigeria (Odimegwu *et al.* 2002) and Eastern Europe (Gyarmathy *et al.* 2002). Even in Asian

countries, where discussion of sex is often taboo and strict traditional prohibitions on premarital sex are still in place, the number who have experienced sex—and it is likely that these numbers are an underestimate given some young people may be unwilling to disclose sexual activity—is surprisingly high (see Brown *et al.* 2002; Wu 2003; Youn 1996). For example, 23 per cent of male and 10 per cent of female Korean adolescents reported being sexually active (Youn 1996).

It is somewhat misleading to talk of an average age for loss of virginity. There are considerable cultural and subgroup differences among young people. Studies from a range of countries indicate different levels of sexual experience for similarly aged young people from different social, religious, ethnic and racial groups. For example, African-American and Latino adolescents become sexually active at a younger age than American Caucasians (Newcomer & Udry 1983a; O'Donnell *et al.* 2003; Zelnik *et al.* 1981). Several studies note the lower rates of adolescent sexual intercourse (and the later ages of sexual debut) of Mexican-Americans in comparison with their Anglo-American counterparts (Aneshensel *et al.* 1989; Slonim-Nevo 1992).

There is a small but significant number of young people who report intercourse at a very young age, often as a result of sexual abuse. In one American study, 24 per cent of young woman aged 13 years or younger at the time of their first experience of sexual intercourse reported that the experience was not voluntary. Research with 300 18-year-old injecting drug users (IDUs) found that sexual intercourse began at an earlier age for this group than reported for their non-injecting peers (Louie *et al.* 1996). The mean age of first intercourse in this IDU group was around 14 years, an age at which most studies of young people report only low levels of sexual activity.

Our interviews with young people suggest that the majority of adolescents themselves believe that 15 is too young an age to begin intercourse and although the ideal age for loss of virginity 'depends on the person' (their level of maturity), too early sexual initiation can have a damaging psychological effect. In spite of the failure of first sex to live up to the expectations of many young people, most no longer believe that this should wait until marriage (Moore & Rosenthal 1992). Perhaps the most common view can be summed up in the words of a 16-year-old girl interviewed in an Australian study of adolescent sexual attitudes (Buzwell *et al.* 1992:5): 'It's normal to have sex before marriage. No one waits for the ring these days. That idea is so old-fashioned. No one thinks like that any more'.

Research findings from the UK and the USA indicate that young people, on the whole, prefer to be sexually active within a committed relationship (e.g., Coleman & Hendry 1990; Dusek 1991).

Variety of practices

Just as the numbers of teenagers engaging in sex have increased, at least until recently, and their age of initiation has declined, so too are they becoming more sexually adventurous. Young people are engaging in a wider variety of sexual behaviours than before, and with more partners. The practice of oral sex is now widespread among adolescents and there seems to have been a shift in formerly negative attitudes to less traditional sexual practices. This variety reflects a generational change. Johnson *et al.* (1994) note that while the experience of vaginal intercourse is almost universal in the UK

by age 25, there are marked age differences in other practices, particularly cunnilingus and fellatio. In the youngest age group studied (16–24 years), among those who had ever had vaginal sex, 79 per cent reported oral sex in the last year and 85 per cent ever, in comparison with the 45 to 49 cohort for whom only 30 per cent of the women and 42 per cent of the men had had oral sex in the last year. These age differences in practice are reflected in other studies; there is a significant proportion of young people now for whom the practice of oral sex precedes coitus. Smith *et al.* (2003a) found that over half (55 per cent) of their high school students had experienced oral sex but not intercourse with one partner, and 30 per cent with two or more partners, in the previous year.

In Sweden, 66 per cent of high-school students reported experiencing oral sex with no differences between boys and girls (Edgardh 2002). These findings are reflected in Australian studies. Roberts *et al.* (1996) report that the majority of their first-year university students had engaged in oral sex at least once; 78 per cent of sexually active students had both given and received oral sex. Most Australian high-school students surveyed by Smith *et al.* (2003a) reported giving or receiving oral sex in the preceding 12 months. Fifty per cent reported this with one partner and 38 per cent with two or more partners. Although females were somewhat more likely than males to have engaged in this practice, males were more likely to have done so with more than one partner. Of interest is the finding that for both sexes, the younger students were more likely than the older to have had oral sex.

It seems clear that for many young people, oral sex now precedes sexual intercourse in the timetabling of sexual behaviours. An Australian study examining the views of young people about appropriate ages for initiation of sexual practices from kissing to coitus (Rosenthal *et al.* 1998b) found a clear hierarchy, with oral sex coming after genital touching and before intercourse. Oral sex between the ages of 15 and 17 years was deemed to be appropriate activity by over half the participants in the study. There were few gender differences either for age expectations of the practices for boys and girls or between male and female respondents.

The emergence of oral sex as a common practice needs to be recognized, particularly as there is evidence that young people may not equate oral sex with sex (Rissel *et al.* 2003). This separation of oral sex and sex suggests that if young people engage in oral sex without intercourse, they may not recognize the risk of disease transmission. While oral sexual practices are potentially less risky than vaginal intercourse with respect to HIV transmission, it is not entirely safe in this respect (Spitzer & Weiner 1989), and a range of STIs can be spread by these practices particularly if semen, blood or vaginal fluids enter the mouth (Victorian Government Department of Health and Community Services 1993).

The incidence of anal sex, while relatively low, occurs with more frequency among some groups and more often with regular than with casual partners. The incidence of anal sex in three Australian samples was surprisingly high for some groups. Anal sex was relatively uncommon among 18-year-old university students. About 3 per cent regularly and 7 per cent occasionally engaged in this practice, more commonly with regular than with casual partners (Rosenthal *et al.* 1990). In a five-year cross-sectional follow up study of similarly aged university students, the anal sex rates with casual partners had increased significantly (Rosenthal *et al.* 1996). In a UK study (Breakwell *et al.* 1991), heterosexual anal activity was reported by 9 per cent of boys and girls. Johnson *et al.*

(1994) indicated that, for their 16- to 59-year-old sample, the highest prevalence of recent anal intercourse occurred among 16- to 24-year-olds who had already experienced vaginal intercourse. Among Edgardh's Swedish high-school students, 10 per cent reported having had anal sex, boys equally as often as girls. Anal intercourse rates are much higher in particular subgroups. In their study of 16-year-olds, Rosenthal *et al.* (1994) found that 25 per cent of homeless girls and boys reported that they engaged in anal sex with casual or regular partners (or both). Of the homeless young people surveyed by Lhuede and Moore (1994), 32 per cent had engaged in anal intercourse with a regular, and 25 per cent with a casual, partner. There was little difference between the anal intercourse rates of homeless girls and boys in either study.

The practice of withdrawal of the penis before ejaculation during vaginal intercourse (known as withdrawal) is often not included as a category separate from vaginal intercourse in adolescent sexuality research. Nevertheless it is an important practice to note from the point of view of both pregnancy protection and STI transmission. The belief that withdrawal eliminates risk is mistaken. Even 'successful' withdrawal—less likely among those sexually inexperienced—still carries risk through possible infection carried in the pre-ejaculate or vaginal fluids. Our own studies have indicated that some young people hold the view that withdrawal does not 'count' as an instance of vaginal intercourse. We found among 17- to 20-year-old tertiary students this practice occurred with regular partners for about half the young women and men, and for a substantial minority with casual partners (Rosenthal *et al.* 1990). In the most recent study of Australian secondary students (Smith *et al.* 2003a), 10 per cent still engaged in withdrawal in spite of education messages about the risks to sexual health associated with this practice.

We need to be cautious in accepting too readily the evidence for an increase in sexual activity and variety. Attitudes to sexuality are more liberal than in previous decades so that the teenagers of today may be more willing to admit to these behaviours than their predecessors. Nevertheless, the generality of these findings across studies in different countries, using different samples and different information-gathering strategies, suggests that real changes have occurred.

Number of partners

To what extent is partner changing a feature of adolescent and young adult sexual practice? Several recent studies suggest that the stereotype of high activity among this age group is not borne out by the data. In the most recent national study of Australian high-school students, half of the young men who had experienced sexual intercourse in the preceding 12 months reported having only one partner as did two-thirds of the young women. It was more common for young men than young women to report having three or more partners—23 per cent versus 17 per cent. In a review of South African studies of young people's sexual behaviour, Eaton *et al.* (2003) found that the majority reported ever having only one partner, although a small proportion of females (1 to 5 per cent) and about one-quarter of males had more than four partners in the previous year.

From Johnson *et al.'s* (1994) study, the answer is less clear-cut. Men and women in the 16 to 24 age group consistently report the greatest numbers of partners, despite this being the group with the highest proportion of respondents who have not yet experienced

intercourse. Among this age group, 11 per cent of men and 3 per cent of women reported ten or more heterosexual partners in the last five years. The researchers argue that these figures represent not only an exploration of several relationships before committing to a long-term partnership (which may have also occurred for older age groups when they were in their teens and 20s), but also a genuine generational change in sexual behaviour patterns. They note the difficulties involved in gaining precise estimates of the number of partners that older people had when they were younger, but believe their evidence points to a pattern indicating that individuals now beginning their sex lives will have, on average, a substantially greater number of partners in a lifetime than did their parents.

In a similar finding that a small minority of young people have more than one partner in a limited period, our studies indicate that 16 per cent of 18-year-old tertiary student Anglo-Australian males and 8 per cent of similarly aged Anglo-Australian females had had three or more sexual partners in the last six months, although most reported no partners or only one. Subgroups differed markedly however, with 43 per cent of Greek-Australian and 30 per cent of Italian-Australian boys reporting three or more partners over the same time period (Rosenthal et al. 1990). Outside of the tertiary education sector, it is interesting to note somewhat higher rates of sexual activity among 18-yearolds. In a study of unemployed young people, 90.5 per cent had engaged in penetrative sexual activities (Buzwell & Rosenthal 1995). Most of these young people had had a sexual partner in the preceding six months with 19 per cent reporting three or more partners. In a separate study, 16-year-old homeless young people were questioned about their sexual behaviour and sexual beliefs (Rosenthal et al. 1994). The homeless group was significantly more sexually active than the other groups and had more partners. Homeless boys reported an average of 12, and girls an average of 7, partners in the preceding six months, compared with an average of 1 or less for home-based young people.

Solo sex

The focus on changes in young people's sexual behaviours should not allow us to ignore 'solo' sex. We should not forget that sexual behaviours can occur without a partner and that these practices can be intensely gratifying. They can be involuntary, like nocturnal emissions, or behaviours that are deliberately engaged in, like erotic fantasy and masturbation. Perhaps not surprisingly, there is still very little research reported on any of these sexual behaviours, no doubt because they have been and still are regarded as intensely private and somewhat shameful activities. Katchadourian (1990) believes that erotic fantasy is 'by far the most common sexual activity indulged in as such or as part of other sexual behaviours', reporting that 72 per cent of teenagers in one study admitted to having erotic fantasies. He suggests that these fantasies fulfil a number of functions in the adolescent's erotic life. They are a source of pleasurable sexual arousal. They act as a substitute for the satisfaction of unattainable or inappropriate sexual needs or goals, performing a 'compensatory, wish-fulfilment function'. Finally, they provide an opportunity for adolescents to recognize their sexual needs and preferences and to rehearse these in a way that is non-threatening for most teenagers. However, for some, erotic fantasies provoke anxieties and guilt about sexual feelings which may be perceived

as perverted or forbidden. So long as sexual fantasies coexist with social sexual ties rather than as substitutes for these, they have a positive, adaptive function.

Unlike menarche, which signals teenage girls' entry into sexual maturity, we know little about the incidence of boys' wet dreams, those disconcerting, involuntary nocturnal emissions which cause so many teenage boys embarrassment and, possibly, guilt in the morning. We know a little more about masturbation—but disturbingly little, no doubt because of the stigma traditionally attached to this practice. Although in some cultures masturbation is accepted as a normal part of human sexuality, there are many cultures in which this behaviour is regarded as unacceptable. Certainly among the great religions of the world, there are prohibitions against this practice.

Western society, in the past, has maintained a strong injunction against this behaviour. At the beginning of the 20th century, physicians, including the Surgeon General of the USA, warned that masturbation was a cause of cancer, heart disease, hysteria, impotence and insanity. On the other side of the Pacific Ocean, in 1906, a review of a New Zealand Borstal institution (which spent considerable time examining the sexual health of the school's inmates) elicited the views of one eminent medical authority of the day. Dr William Henry Symes claimed that masturbation led to imbecility and epilepsy, that 75 per cent of those addicted to this filthy habit could be 'rescued from insanity and probably death' by forcible vasectomies, and that the 'moral defectives' who remained uncured should be put on an island and flogged with the cat-o'-nine-tails.

Even as late as the 1980s, a textbook on adolescent development placed the topic of masturbation in a section entitled 'Special problems of psychosexual development' (Rogers 1981). In spite of these awful dangers, many young people continued to engage, albeit surreptitiously, in this behaviour. It is not difficult to imagine the guilt, conflict, and depression caused by a seeming addiction to such a taboo and dangerous practice. More recently, there has been a shift towards greater openness and acceptance, perhaps reflecting a more general move from a focus on sex for reproduction to sex for pleasure. It is perhaps telling, however, that in popular culture on those few occasions where masturbation is the topic, it is treated as comedy rather than as a pleasurable sexual experience.

Masturbation is the most common source of orgasm in teenagers of both sexes and the source of a boy's first ejaculation in two out of three cases (Katchadourian 1990). There is evidence of a sex difference in masturbatory practices. It seems that young girls begin to masturbate at an earlier age than boys (on average about age 12 compared with age 14) but fewer girls than boys admit to this practice. Whether girls' lower rates of reporting masturbatory behaviour reflect a real difference or simply a difference in willingness to admit to a 'stigmatized' behaviour is not known. Certainly it seems that acceptance of masturbation among boys is greater than for girls. As early as the late 1940s Kinsey *et al.* (1948) reported that observation of peers masturbating was common for boys, prior to their own masturbatory experience. Most knowledge about masturbation among boys comes from their peer group. For girls, masturbation is a more closeted experience. Girls are more likely than boys to report learning about masturbation from books and magazines, or sex education in schools, and less likely to learn from peers (Leitenberg *et al.* 1993).

It is difficult to get accurate figures on masturbatory practices but several studies suggest that most boys and many girls engage in this behaviour. Consistent with changing

and more liberal attitudes to a variety of sexual practices, Sorenson (1973), in his important study of adolescent sexuality, found that younger adolescents in his sample reported that they started to masturbate at an earlier age than did the older teenagers, implying a change in cultural norms. It is perhaps significant that few recent studies of adolescent sexuality have information about this topic. In one study in the 1990s, Smith *et al.* found that by age 16 the majority of boys and about 40 per cent of girls reported that they had masturbated, with boys reporting beginning at an earlier age and engaging more frequently in this activity (Smith *et al.* 1996). Interestingly, even as late as the mid-1980s, most teenagers, when asked, retained some degree of guilt about the behaviour and regarded masturbation as shameful, with fewer than one-third saying that they felt no guilt when they masturbated (Coles & Stokes 1985). It appears that teenagers' first sexual anxiety probably revolves around the experience of masturbation.

Although self-stimulation may still cause some anxiety for teenagers, the reality is that masturbation may be both enjoyable and tension-reducing and that it does not cause physical harm. What is particularly injurious is the attitude taken towards this practice. The severe condemnation expressed by many parents when they discover that their teenager (or small infant or toddler) is masturbating can be a disturbing drawback to the young person's psychosexual development. There is no indication that masturbation causes later sexual maladjustment. It may lessen parents' anxiety to know that most researchers have failed to find a relationship between ever having masturbated and engaging in sexual intercourse (Leitenberg et al. 1993; Smith et al. 1996). Indeed masturbation may have benefits. Thompson gives us a fascinating glimpse into the lives of teenage girls and the role played by earlier masturbation in preparing these young women for their first experience of sexual intercourse. These young women make masturbation part of their story of sexual experience: 'Don't know how I started—it was a combination of curiosity, as in "what does this feel like?" because I have...several books about the teenage body and Our Body, Our Selves, and all these things about sex. And I read about masturbation. And I was wondering what an orgasm felt like. So I decided I have to try this'. (Jenny: Thompson 1990:351).

So masturbation can help inexperienced youngsters learn how to give and receive sexual pleasure and allow for the expression of sexual feelings without entering into a relationship for which the teenager is not emotionally ready. The fantasies associated with masturbation can help the adolescent develop a sexual identity and establish sexual preferences. As with many behaviours, however, excess is potentially problematic. In some cases masturbation may reflect adjustment problems, especially when used not just as a substitute for 'real' sex when this is unavailable but as a refuge from or replacement for satisfactory sexual relationships with peers. It may also be a problem if masturbation develops an obsessional quality, and this may be associated with disturbances of attachment that carry through to adult relationships.

The sexual context

Studies that investigate the age of sexual initiation rarely tell us much about the context in which this significant event occurs. Is early initiation related to regular and frequent subsequent sexual activity? Who are the partners of these young people? Is initiation of sexual activity voluntary? Is it a pleasurable experience or one fraught with negative