

Adolescent Sexual Development

Likely no other life cycle period besides adolescence experiences as much profound and lasting physical and emotional change in such a short time.

When considering all the physical, sexual, social, and emotional development issues occurring throughout adolescence, it becomes less easy to simply describe what “typical behavior” is, and what it is not.

Puberty is defined as the early part of adolescence somewhere between the ages of twelve to sixteen in boys and nine to sixteen in girls, during which a person becomes physically capable of reproduction. Puberty usually takes from two to four years to complete and is marked by tremendous physical and emotional growth, sexual function and behavior changes.

Puberty in Males:

This stage of development typically starts later for boys than for girls physically socially and emotionally. Physical development issues are extremely important to most boys going through puberty. It is a common belief especially at this age, that masculinity is linked to the size of the penis and testes, and our culture continues to promote the belief that muscle size and development are equated with “maleness”; both issues can be sources of insecurity and anxiety for adolescent boys. During male puberty other sources of concern in physical development can include gynecomastia, and uncontrolled erection of the penis. **Gynecomastia** is a small amount of swelling of the breasts due to increased hormone activity, which typically resolves on its own and which is so common that it should be considered a typical part of physical development. Because of hormone activity adolescent boys also begin to develop spontaneous and often embarrassing erections without physical contact for the first time, often in response to sexual sights, sounds or thoughts but even in the absence of sexual stimulation. Also during this time boys may begin experiencing sometimes uncomfortable “wet-dreams”, night time orgasms, or emissions of seminal fluid during sleep, in response to sexual dreams or stimulation while they sleep.

Puberty in Females:

Puberty typically takes place in girls when they reach roughly 100 pounds in body weight although this varies, based on a number of factors, and occurs younger than for boys. The onset of the first menstrual period begins about one to two years after the start of puberty for girls. Physical concerns of girls during puberty tend focus on her menstrual cycle along with breast development and other physical body changes. Breast development before or after her peers as

well as breast size can become a source of anxiety and embarrassment for girls at this age.

In reality, penis size and muscle development in boys, and the onset of menses and breast development in girls, are unrelated to being “masculine” or “feminine”. Neither of these areas of physical growth is a necessary or important factor in experiencing or receiving sexual gratification, furthermore, breast size is not related to a woman’s breast-feeding ability. Yet each of these myths about physical and sexual development for both genders continues.

During adolescence both boys and girls may experience additional anxieties related to other aspects of physical appearance such as body proportions, hair, height, weight, and skin complexion. In addition, social and emotional factors, and gender identity also present major challenges. These changes include acceptance of personal image, new relationships with and acceptance by peers and others, including parents, developing a sense of personal competence and self-assurance, as well as acceptance of their sexual and gender identity.

Adolescent Sexual Behavior:

In general all relationships in adolescence are marked by increased intimacy, whether or not they are between opposite sexes. Each person develops at their own uniquely individual rate influenced by the physical and emotional aspects noted, but also affected by social, cultural, moral, religious, social and economic influences. Important areas of potential sexual outlet that confront adolescents and for which there needs to be education and open honest communication between parents and teens include: masturbation, petting, heterosexual intercourse, homosexual relationships, adolescent marriage, and pregnancy.

Age	Fairly Typical Behaviors	Appropriate Response	Less Typical Behaviors
8-11	<p>Interest in, curiosity about sex may be high, often less actual exploration, but not uncommon. Interest in “peeping”, smutty jokes, giggle, whisper, write or spell elimination or sex words. Might seek access to pornography, talk about sex info with same sex friends.</p> <p>Interest in details about own organs/functions. Sex swearing, drawings and poems begin. Feeling of attraction and thoughts about the opposite are beginning</p>	<p>Remember there is great individual variation. Some children are very interested in topic some not at all. React with equal calm, set appropriate limits but make no more or less of it than other behaviors. OK to Discourage such activity, don’t be shocked. Model that jokes etc that are aimed at certain persons are hurtful, disrespectful, etc. Good time for education materials about own bodies, and simple clear facts of reproduction.</p>	<p>Might have exploratory sexual activities with similar ages and same sex children. More rarely is there specific adult sexually explicit language, sexual activities with the opposite sex, excessive self touching or masturbation. Rarely seen are more deviant or obscure sexual activities of any kind. May seek/sneak sips of adult alcohol. Actual substance use/abuse more uncommon</p>
12-14	<p>Increased interest in attraction to opposite sex. High point for “smutty jokes”, experiment with more adult sexual language. Masturbation most common sexual outlet, often first sexual activities with opposite or same sex. Attains sexual</p>	<p>Be patient! Sex & substance use education by parents should be <u>well underway</u>, keep communication open, Provide consistent and adequate supervision. Encourage healthy peer group activities. Matter-of-factly set</p>	<p>Less common are sexual activities w/ exclusively same sex, or well-planned adult-like, boy-girl sexual encounters. Still rare are deviant or obscure sexual activities. Uncommon is regular substance abuse but may be at great risk depending on</p>

	maturity, generally capable of conceiving. Broad variation in social emotional maturity and activity r/t opposite sex. Exposure to drugs, alcohol increases, first uses often occur. Highly affected by cultural, media images.	appropriate limits where necessary. Ask questions, <u>listen!</u>	exposure/peers. See incidence information below.
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As noted above things begin to happen rapidly in adolescent development in terms of social and sexual interest and activity. A behavior may be considered “common” because it happens frequently, but it does not necessarily mean that it is a healthy or desirable thing, for example teen alcohol use or pregnancy. It is particularly hard to describe what would be “typical” teen sexual behavior for adolescents between the ages of fifteen to eighteen. This information therefore is provided in the form of survey findings and what U.S. teens themselves are reporting about their own beliefs and behaviors. The following information includes statistics gathered from surveys and fact sheets from three independent sources of adolescent sexual attitudes and behavior.ⁱ This information is also primarily statistical and contains limited details about important values, morals, cultural, family or religious influences which help guide and mediate behavior.

Adolescent Sexual Behavior – What are they doing?

Adolescent masturbation is understood to be so common that statistics about how often or frequently practiced are not frequently reported.

General Sexual Activity:

Key findings of recent reports show that young people are more concerned about sex and sexual health than anything else about their personal health. One source put it this way: “Young people also feel great pressure to have sex, with a majority saying that while putting sex off may be a nice idea, nobody really does.” The percentage of students who have had sexual intercourse increases by grade.

- On Average the age at first intercourse is **16.5 years**.
- Almost 7% (6.6%) of students report having sexual intercourse **before age 13**.
- **45.6%** of all high school students (48.5% males, 42.9% females) report they’ve had sexual intercourse. These numbers break down as:
- 60.5% of twelfth, 51.9% of eleventh, 40.8% of tenth & 34.4% of ninth graders.

- **17% of seventh & eighth graders** reported having sexual intercourse
- 60.8% of Black, 48.4% of Hispanic and 40.8% of White students reported having had sexual intercourse

Frequency of sexual activity among teens:

- Over 1/3 of all the students said they were **currently** sexually active (had sexual intercourse during the 90 days prior to the survey).
- Among males, **47%** had had intercourse in the last month; **36%** had intercourse **10 or more** times in the past year.

Numbers of sexual partners among teens:

- **14.2%** of all students (17.2 male, 11.4 female) said they've had sexual intercourse with **four or more partners**. This breaks down as:
- **21.6%** of twelfth, **15.2%** of eleventh, **12.6%** of tenth and **9.6%** of ninth graders reported sexual intercourse with **four or more partners**; males report more partners than do females.
- **73%** of teen girls who say their first sexual experience was voluntary, report their first partner was someone they were going steady with; 20% say the first time was with a friend or someone they dated occasionally.
- **63%** of sexually active females (ages 15-19) say they have partners within 2 years (older or younger) than their age, **28%** have partners who are **3 to 5 years older**. * The younger a girl is when she first has sex the greater the likely average age difference between she and her partner.

Although still alarmingly high, all of these numbers have decreased somewhat compared to those reported in earlier 1995 and 1991 studies.

Other Sexual activity among teens:

Data about teens' sexual activity other than intercourse is limited however:

- In 1995, 53% of teen males (ages 15-19) said they had been masturbated by a female, 49% had received oral sex, and 11% had engaged in anal sex.
- Of those teen males who had never had vaginal intercourse, 67% said they had touched a woman's breasts, 22% had been masturbated and 18% had given or received oral sex.
- In 2000, 36% of teens (40% male, 32% female) reported having had oral sex

Also it should be noted, that while there is still little research collected in this area there is a widespread belief that oral sex among teens is on the rise and that many do not think of oral sex as "sex". Three recent surveys of teens ages 12 to 17 found:

- 31% of females and 44% of males agreed that oral sex is "not as big a deal as sexual intercourse".

- 21% considered oral sex to be “safe sex’
- 27% said oral sex is “almost always” or “most of the time” part of a *more serious* dating relationship, and 24% said it is “almost always’ or “most of the time” part of a *casual* relationship.

There is speculation that teens are increasingly engaging in oral sex to avoid pregnancy or believing it is safer, lacking the understanding that oral sex can lead to some STD’s and often eventually leads to sexual intercourse in a relationship.

Where teens are sexually active:

In a study of over 2000 high school students in an urban school district:

- 87.6 % of males and 72.5 % of females who reported sexual intercourse reported bring unsupervised for 30 or more hours each week; the rates were lower for those supervised more.
- 43% of males and 27.9% females reported having sexual intercourse in their own home.
- 30.4% of males and 59% of females reported having intercourse in their partner’s homes.
- 17% of males and 5.6% of females reported having intercourse in a friend’s home.
- 56% of teens who had intercourse said the last time was on a weekday; 17% was between 3pm and 6pm; and 21% after 6pm.

The Impact of Alcohol and Other Drugs:

In questions in a national survey which asked questions about substance use and sexually active teens ages 15 and older:

35% said alcohol or drugs had at sometime influenced their decision to do something sexual.

28% said they had ‘ever done more sexually than they had planned” due to drugs or alcohol.

26% were worried about pregnancy or STD’ **because** of some sexual activity they had while drinking or using drugs.

22% had ever had unprotected sex **because** they were drinking or using drugs.

15% had used substances to help them feel more comfortable with a partner.

10% were using drugs or alcohol **the first time** they had sexual intercourse.

Factors that Influence Teens’ Decisions:

A national survey of 15-17 year olds asked why they had not “had sex” and found that:

Of those who had **not yet** “had sex”:

83% said it was because they “worried about pregnancy”.

74% said it was because of a “conscious decision” they had made **to wait**.

73% said they were worried about “sexually transmitted diseases” (STD’s).

64% did not have sex because of worry what “parents might think”.

63% said because they had not “met the right person”.

63% said because they were “far too young”, and

52% said they had not had sex because of “religious beliefs”.

Of those who **had** “had sex”:

51% said that when they did it the first time it was because they had “met the right person”.

45% said it was because “the other person wanted to”,

32% said it was because they were “just curious”.

28% said they had “hoped it would make the relationship closer”, and

16% said it was because “many of their friends already had”.

In another survey of over 1000 adolescents, half of them said they thought that the fear of pregnancy is the main reason why teens wait to have sex, and 26% said religion, morals and values was the main reason teens do not have sex.

While overall there has been a drop in adolescent pregnancy rates across the developed world over the last 25 years, teens in **the United States continue to have higher rates of pregnancy, birth, abortion and STD’s than most other developed countries despite the fact that the rates of teen sexual activity among the developed countries differs very little.**

In most surveys more than half of the teens say they use condoms or some other form of birth control, although alarmingly in one study 21% said they used contraception only “most of the time” and 63% reported having ever had intercourse without a condom. There is still widespread lack of education and misunderstanding among teens about contraceptives and risk of STD’s for example, the same study found that 42% of respondents ages 15-24 had reported using withdrawal or “pulling-out” as a birth control method. One of the above studies found that 49% of males and 54% of females agreed that pressure from their partners was one of the reasons that adolescents do not use birth control, and 53% of 12-14 year old teens said the same thing. And while 40% of females and 41% of males said that it is usually the girl “who brings up using condoms” 63% of both males and females said it is usually “the boy who provides them”. Yet at the same time:

- 72% of teen girls and 69% of teen boys said they concerned about HIV/AIDS.
- 73% of teen girls and 72% of teen boys were concerned about other STD's, and
- 75% of teen girls and 64% of teen boys worried about unintended pregnancy.
- 60% of females and 66% of males agreed that "waiting to have sex was a nice idea but nobody really does", and
- Almost 60% of all teens agreed there was pressure to have sex at a certain age.

Given the above figures teen boys and girls in the U.S. clearly are sexually active at greater numbers than many adults realize, yet still have great need for education by parents and professionals about sexual practices, pregnancy, HIV/AIDS and sexually transmitted disease prevention, and substance use. Teens themselves acknowledge that parental supervision and communication also play a key role in shaping the decisions teens make about their sexual activity, attitudes and values.

ⁱ The Henry J. Kaiser Family Foundation Fact Sheet on Teen Sexual Activity 2003, and National Survey of Adolescents and Young Adults: Sexual Health Knowledge, Attitudes and Experiences, 2003. The Alan Guttmacher Institute, Teenager's Sexual and Reproductive Health: Facts in Brief, 2002. Sexuality Information Education Council of the United States (SIECUS) Fact Sheets: The Truth about Adolescent Sexuality, 2004.