chapter 13

Sexuality in Childhood and Adolescence

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TRUTH or fiction

Which of the following statements are the truth, and which are fiction? Look for the Truth-or-Fiction icons on the pages that follow to find the answers.

1. Many boys are born with erections.  T  F
2. Infants often engage in pelvic thrusting at 8 to 10 months of age.  T  F
3. Most children learn the facts of life from parents or from school sex-education programs.  T  F
4. Sex education encourages sexual activity among children and adolescents.  T  F
5. Nocturnal emissions in boys accompany erotic dreams.  T  F
6. Petting is practically universal among adolescents in the United States.  T  F
7. About 800,000 adolescent girls in the United States become pregnant each year.  T  F
Let’s listen in on a woman describing her memories when she was on the cusp of preadolescence:

When I was 8 and had just learned about menstruation, I fashioned a small sanitary napkin for [my Barbie doll] out of neatly folded tissues. Rubber bands held it in place. “Look,” said my bemused mother, “Barbie’s got her little period. Now she can have a baby.” I was disappointed, but my girlfriends snickered in a way that satisfied me. You see, we all wanted Barbie to be, well, Dirty.

Our Barbies had sex, at least our childish version of it. They hugged and kissed the few available boy dolls we had—clean-cut and oh-so-square Ken, the more relaxed and sexy Allan. Our Barbies also danced, pranced and strutted, but mostly they stripped. An adult friend tells me how she used to put her Barbie’s low-backed bathing suit on backward, so the doll’s breasts were exposed. I dressed mine in her candy-striped baby-sitter’s apron—and nothing else. Girls respond intuitively to the doll’s sexuality, and it lets them play out those roles in an endlessly compelling and yet ultimately safe manner. (McDonough, 1998, p. 70)

*Yes, we know that most girls cannot get pregnant during the early cycles following the onset of menstruation, but we are recounting what someone said. So far as we know, it is difficult for Barbie dolls to get pregnant under the best of circumstances.*

The “childish version” of things has a way of shaping a lifetime of sexual experiences. As we see in the saga of the Barbie dolls, children tend to play at sex for many years before they are ready for “real” sex. In this chapter we chronicle sexual behavior across the life span. Within children’s and adults’ reactions to them lie the seeds of adult sexual competence and self-esteem—or the seeds of incompetence, guilt, and shame. In this and the following chapter, we will see that our sexuality remains—or can remain—an integral part of our lives for all our days.

We begin long before children are capable of understanding anything about menstruation. However, let us note that reliable information about children’s sexuality is hard to come by. Few empirical studies on the sexual behavior of children are available (Thigpen, 2009). One reason is the cultural belief that children are sexually innocent and that their innocence should be protected. Few studies ask children about their sexual behavior. We tend to rely either on retrospective reports by adults or on observations by caregivers (Thigpen, 2009).

**Infancy (0 to 2 Years): The Search for the Origins of Human Sexuality**

Infants—and fetuses—engage in a variety of sexual behaviors, although the “meaning” of these behaviors, if there is one, is a matter for speculation. Imaging techniques such as ultrasound have shown, for example, that male fetuses have erections. Fetuses...
of both sexes suck their fingers. The sucking reflex allows babies to obtain nourishment, but infants also appear to reap pleasure from sucking fingers, pacifiers, nipples, or whatever else fits into the mouth. None of this is surprising, given the sensitivity of the mouth’s mucous lining.

Stimulation of the genitals in infancy can also produce pleasure. Parents who touch their infants’ genitals while changing or washing them may discover the infants smiling or becoming excited. Infants discover the pleasure of self-stimulation (“masturbation”) for themselves when they gain the ability to manipulate their genitals with their hands.

### The Infant’s Capacity for Sexual Response

**Boys have erections in utero. Truth or Fiction Revisited:** In fact, many boys are born with erections. Erection is a reflex that begins to operate early in life. Most boys have erections during the first few weeks. Signs of sexual arousal in infant girls, such as vaginal lubrication, are less readily detected. However, evidence of lubrication and genital swelling has been reported (Mazur, 2006).

But do not interpret children’s reflexes according to adult concepts of sexuality. The reflexes of lubrication and erection do not necessarily signify “interest” in sex. We cannot say what, if anything, infants’ sexual reflexes “mean” to them.

**Pelvic Thrusting** Pelvic thrusting is observed in infant monkeys, apes, and humans. These observations led ethologist John Bowlby (1969) to suggest that infantile sexual behavior may be the rule in mammals, not the exception. **Truth or Fiction Revisited:** Thrusting has been observed in humans at 8 to 10 months of age and may be an expression of affection. Typically, the infant clings to the parent, nuzzles, and thrusts and rotates the pelvis for several seconds.

**Orgasm** At least some infants seem capable of involuntary muscular contractions that closely resemble orgasm. Kinsey and his colleagues (1953) noted that baby boys show behaviors that resemble orgasm as early as 5 months, baby girls as early as 4 months. Orgasms in boys are similar to those in men—but lacking ejaculation. Ejaculation occurs only after puberty.

### Masturbation

Masturbation is typical for infants and young children and may start as early as 5 months of age (Health24.com, 2006; Narchi, 2003). Infants may masturbate by rubbing the genitals against a soft object, such as a towel, bedding, or a doll. As they mature and develop sensorimotor coordination, infants may prefer manual stimulation of the genitals.

Masturbation to orgasm is rare until the second year (Reinisch, 1990). Some children begin masturbating to orgasm later. Some never do. All in all, however, orgasm from masturbation is found frequently among children, as among adults (Reinisch, 1990).

### Sexual Curiosity

Children frequently develop sexual curiosity as early as 12 to 15 months of age. They play “Doctor” and show their curiosity about the sexual anatomy of other people.
At What Age Does Curiosity about Sex Develop? Children are naturally inquisitive about sexual anatomy and sexual behavior. Much curiosity is triggered when they become aware that males and females differ in anatomy. In other ways, such as wanting to watch a parent take a shower or bath (Health24.com, 2006; Pike, 2005).

**Genital Play**

Children in the United States typically do not engage in genital play with others until about the age of 2. Then, as an expression of their curiosity about their environment and other people, they may investigate other children’s genitals or may hug, cuddle, kiss, or climb on top of them. None of this need cause concern. Spiro (1965) describes 2-year-olds at play in an Israeli kibbutz:

Ofer [a boy] and Pnina [a girl] sit side by side on chamber pots. . . . Ofer puts his foot on Pnina’s foot, she then does the same—this happens several times. . . . Finally, Pnina shifts her pot away, then moves back, then away . . . they laugh. . . . Pnina stands up, lies on the table on her stomach, . . . Ofer puts her buttocks. . . . Ofer kicks Pnina gently, and they laugh. . . . Pnina touches and caresses Ofer’s leg with her foot [and] says “more more.” . . . Ofer stands, then Pnina stands, both bounce up and down . . . both children are excited, bounce, laugh together. . . . Pnina grabs Ofer’s penis, and he pushes her away . . . she repeats, he pushes her away, and turns around. . . . Pnina touches his buttocks. (p. 225)

There is no reason to infer that Ofer and Pnina were seeking sexual gratification. Rough-and-tumble play, including touching the genitals, is common among children.

**Co-Sleeping**

An issue that causes concern among many parents is whether it is “safe” for infants to share their beds. Parents have several motives for doing so, including the facts that infants are more likely to get back to sleep in their parents’ beds when they awaken in the night. It also simplifies breast-feeding at odd hours. But the American Academy of Pediatrics does not recommend co-sleeping (Montgomery-Downs, 2008), and there is also the fear that allowing infants to spend the night with parents may have adverse effects on their sexual development. Despite any concerns, about 10% of infants sleep exclusively with their parents, and another 5 to 16% do so much of the time (Montgomery-Downs, 2008).

But research does not reveal harmful effects for co-sleeping. For example, an Austrian study found no significant connections between children’s sleeping arrangements and their social development (Rothrauff et al., 2004). Another research group followed the development of children in 205 families from infancy to 18 years of age (Okami et al., 2002). They found that the children who shared beds with their parents during infancy showed superior intellectual development at the age of 6, as compared with children who did not co-sleep. The advantage of bed-sharing essentially disappeared by the age of 18. Most instructive is the finding that no sexual problems were connected with bed-sharing, at any age.

**Sexual Orientation of Parents**

Questions have been raised about the effects—if any—of being reared by gay parents on the sexual orientation of their children. A Scandinavian research group
analyzed the findings of 23 studies of 615 children reared from infancy by gay and lesbian parents and 387 control children reared by heterosexual parents (Anderssen et al., 2002). Outcome measures included emotional stability, sexual orientation, gender-typed behavior, adjustment, gender identity, and intellectual functioning. The children reared by homosexual parents did not differ from controls on any of the variables, including sexual orientation and gender-typed behavior patterns. A more recent study in the United States also did not find an effect for parental sexual orientation on the sexual orientation of the children (Fulcher et al., 2008).

**Early Childhood (3 to 8 Years)**

*Susan:* Once my younger sister and I were over at a girl friend’s house playing in her bedroom. For some reason she pulled her pants down and exposed her rear to us. We were amazed to see she had an extra opening down there we didn’t know about. My sister reciprocated by pulling her pants down so we could see if she had the same extra opening. We were amazed at our discovery, our mothers not having mentioned to us that we had a vagina!

*Christopher:* Nancy was a willing playmate, and we spent many hours together examining each other’s bodies as doctor and nurse. We even once figured out a pact that we would continue these examinations and watch each other develop. That was before we had started school. (Morrison et al., 1980, p. 19)

**THESE RECOLLECTIONS FROM EARLY CHILDHOOD** illustrate children’s interest in sexual anatomy and behavior. Children in early childhood often show each other their bodies (Pike, 2005). The unwritten rule seems to be “I’ll show you mine if you’ll show me yours.”

**Masturbation**

*Kim:* I began to masturbate when I was 3 years old. My parents . . . tried long and hard to discourage me. They told me it wasn’t nice for a young lady to have her hand between her legs.

When I was five I remember my mother discovering that I masturbated with a rag doll I slept with. She was upset, but she didn’t make a big deal about it. She just told me in a matter-of-fact way, “Do you know that what you’re doing is called masturbating?” That didn’t make much sense to me, except I got the impression she didn’t want me to do it. (Morrison et al., 1980, pp. 4–5)

Because of the difficulties in conducting research into childhood sexuality, statistics on masturbation and other sexual activities are largely speculative (Bancroft, 2003). Parents may not wish to answer questions about their children’s sexual behavior. Or they may want to present their children as little “gentlemen” and “ladies” by under-reporting their sexual activity. Their biases may lead them not to perceive genital touching as masturbation. Many parents will not even allow their adolescents, let alone their younger children, to be interviewed about sex (Kaiser Family Foundation, 2003). And when we try to look back as adults, our memories may be cloudy.

**CRITICAL THINKING**

Why is it difficult to obtain accurate information about sexual behavior in children?
How Should Parents React When Children Masturbate?

Few parents in developed nations still believe that childhood masturbation sets the stage for physical and mental maladies. And yet, some parents react to childhood masturbation with concern, disgust, or shock.

Parents who are unaware that masturbation is commonplace among children may erroneously think that children who masturbate are oversexed or abnormal. They may pull a child’s hands away and scold her or him. Some may slap the child’s hand. Once the child is capable of understanding speech, the parent may say things like “Don’t touch down there! That’s a bad thing to do. Stop doing that.” Parents may use threats and punishments. Or parents may verbally “ignore” the behavior but move the child’s hands away from the genitals or pick up the child when he or she is found masturbating.

Sex educators argue that punishment may cause children to become secretive and guilty about masturbation (Health24.com, 2006). Sex guilt tends to persist and may impede sexual pleasure in marriage. June Reinisch (1990) of the Kinsey Institute noted:

Parents who scowl, scold, or punish in response to a child’s exploring his or her genitals may be teaching the child that this kind of pleasure is wrong and that the child is “bad” for engaging in this kind of behavior. This message may hinder the ability to give and receive erotic pleasures as an adult and ultimately interfere with the ability to establish a loving and intimate relationship. (p. 248)

But most sex educators agree that children need to learn that public masturbation is not acceptable in our culture. Pike (2005) suggests that the child who masturbates publicly can be told something like this by the age of 4: “It’s okay in your room but not in the grocery store.”

Not all authorities, and certainly not all parents, endorse tolerance. Some object to masturbation on religious or moral grounds. Others feel uncomfortable or conflicted about masturbation themselves. We must also recognize that some religious leaders sincerely believe that it does a child—and a parent—little good to be relaxed about bodily pleasures if the payoff is going to hell. From their point of view, there is nothing new about the body’s capacity to respond to sexual stimulation with pleasure, and certainly nothing new about the necessity to make sometimes self-denying and painful choices. Parents must examine their own values and decide for themselves how to react when they discover their children masturbating.

A study by William Friedrich and colleagues (1998) of the Mayo Institute relied on interviews with the mothers of more than 1,100 children. The goal of the study was to establish what kinds of sexual behaviors can normally be expected in childhood, in order to help educators and other professionals determine when sexual behavior might be suggestive of childhood sexual abuse. The study did not provide data about masturbation per se, but, as shown in Table 13.1, it offered some insight into how many children touch their “private parts.” Friedrich suggests that behavior that occurs in at least 20% of children is normal from a statistical point of view.
Table 13.1

<table>
<thead>
<tr>
<th>Some Common Sexual Behaviors during Childhood</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 2–5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Touches or tries to touch mother’s or other women’s breasts</td>
<td>42.4%</td>
<td>43.7%</td>
</tr>
<tr>
<td>Touches private parts when at home</td>
<td>60.2%</td>
<td>43.8%</td>
</tr>
<tr>
<td>Tries to look at people when they are nude or undressing</td>
<td>26.8%</td>
<td>26.9%</td>
</tr>
<tr>
<td>Ages 6–9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Touches private parts when at home</td>
<td>39.8%</td>
<td>20.7%</td>
</tr>
<tr>
<td>Tries to look at people when they are nude or undressing</td>
<td>20.2%</td>
<td>20.5%</td>
</tr>
<tr>
<td>Ages 10–12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is very interested in the opposite sex</td>
<td>24.1%</td>
<td>28.7%</td>
</tr>
</tbody>
</table>


Jeffry Thigpen (2009) of Indiana University surveyed the sexual behavior of African American children aged 2 to 12 and obtained some rather different results (see Table 13.2 on pages 406 and 407). The 41-item Child Sexual Behavior Inventory survey was administered face-to-face to 227 primary caregivers of African American children receiving “well child” pediatric care at a publicly funded clinic in a large midwestern city. The researchers obtained a 74% participation rate.

As in the Friedrich study, more girls (21%) than boys (15%) were reported as having tried to touch the mother’s or other women’s breasts, but the percentages of African American children reported doing so were quite a bit lower (compare

Real Students, Real Questions

**Q** How can you tell the difference between normal childhood sex play or exploration and signs of sexual abuse?

**A** It’s not always easy. Children often know or suspect when something is wrong. Abuse most often comes from someone older and close to the child—not a stranger—so parents need to be open to listening to the child, even when he or she implicates a family member or close friend. Children who are abused often act depressed—withdrawn, listless—or, at the other extreme, aggressively. They may not have the concept of abuse or the words to talk about it. Or they may fear they have done something wrong. Children need to be taught the difference between “good touching” and “bad touching.” They need to know they can tell you what’s on their mind without being judged or scolded. By and large, a good deal of abuse can be avoided simply by having children play with children who are pretty much their own age. They may play “doctor” or “show,” but such games are usually not abusive.
### Table 13.2
Prevalence of Child Sexual Behavior Inventory Items (CSBI) by Gender

<table>
<thead>
<tr>
<th>CSBI Items by Domain of Sexual Behavior</th>
<th>Boys (%)</th>
<th>Girls (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Boundary-related behavior</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Stands too close to people</td>
<td>15.9</td>
<td>20.5</td>
</tr>
<tr>
<td>2. Touches or tries to touch mother’s or women’s breasts</td>
<td>15.2</td>
<td>21.4</td>
</tr>
<tr>
<td>3. Overly friendly with men they don’t know well</td>
<td>4.5</td>
<td>6.8</td>
</tr>
<tr>
<td>4. Hugs adults they don’t know well</td>
<td>3.8</td>
<td>5.1</td>
</tr>
<tr>
<td>5. Puts mouth on mother’s or women’s breasts</td>
<td>0.8</td>
<td>4.3</td>
</tr>
<tr>
<td>6. Rubs body against people or furniture</td>
<td>3.8</td>
<td>0.0</td>
</tr>
<tr>
<td>7. Kisses adults they do not know well</td>
<td>0.0</td>
<td>1.7</td>
</tr>
<tr>
<td><strong>Exhibitionistic behavior</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Shows private (sex) parts to adults</td>
<td>2.3</td>
<td>1.7</td>
</tr>
<tr>
<td>9. Shows private (sex) parts to other children</td>
<td>2.3</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Gender role-related behavior</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Dresses like the opposite gender</td>
<td>2.3</td>
<td>2.6</td>
</tr>
<tr>
<td>11. Wants to be the opposite gender</td>
<td>3.0</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Sexual intrusiveness or sexual aggression</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Kisses children they don’t know well</td>
<td>1.5</td>
<td>5.1</td>
</tr>
<tr>
<td>13. Tries to put tongue in the other person’s mouth when kissing</td>
<td>2.3</td>
<td>1.7</td>
</tr>
<tr>
<td>14. Touches another child’s private (sex) parts</td>
<td>3.0</td>
<td>0.0</td>
</tr>
<tr>
<td>15. Tries to have sexual intercourse with children or adults</td>
<td>2.3</td>
<td>0.9</td>
</tr>
<tr>
<td>16. Touches adults’ private (sex) parts</td>
<td>1.5</td>
<td>0.9</td>
</tr>
<tr>
<td>17. Tries to undress adults against their will</td>
<td>0.8</td>
<td>0.0</td>
</tr>
<tr>
<td>18. Touches other children’s private parts after being told not to</td>
<td>1.5</td>
<td>0.0</td>
</tr>
<tr>
<td>19. Puts mouth on another child’s private (sex) parts</td>
<td>0.8</td>
<td>0.0</td>
</tr>
<tr>
<td>20. Touches animals’ sex parts</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>21. Tries to undress other children against their will</td>
<td>0.8</td>
<td>0.0</td>
</tr>
</tbody>
</table>

**CRITICAL THINKING**

If the percentages reported in the Friedrich study are more accurate than those reported in the Thigpen study, can you think of any reason why the caregivers in the Thigpen study might have been more reluctant than those in the Friedrich study to report these behaviors?

Table 13.2 with Table 13.1 on page 405). In contrast to the Friedrich study, twice as many boys as girls were reported to be interested in the other sex in the Thigpen study. Boys were more likely than girls in both studies to touch their “private parts” at home or in public, but the percentages of children reported to be doing so were much lower in the Thigpen study.

**Male–Female Sexual Behavior**

_Alicia:_ On my birthday when I was in the second grade, I remember a classmate, Tim, walked home with a friend and me. He kept chasing me to give me kisses all over my face, and I acted like I didn’t want him to do it, yet I knew I liked it a lot; when he would stop, I thought he didn’t like me anymore. (Morrison et al., 1980, pp. 21, 29)
Table 13.2
(Continued)

<table>
<thead>
<tr>
<th>CSBI Items by Domain of Sexual Behavior</th>
<th>Boys (%)</th>
<th>Girls (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. Asks others to engage in sexual acts</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>23. Forces other children to do sexual acts</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>24. Plans how to sexually touch other children</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>25. Puts finger or object in other children’s vaginas or rectums</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Sexual anxiety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Gets upset when adults are kissing or hugging</td>
<td>10.6</td>
<td>12.8</td>
</tr>
<tr>
<td>Sexual interest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. Is very interested in the opposite gender</td>
<td>33.3</td>
<td>15.4</td>
</tr>
<tr>
<td>28. Talks flirtatiously</td>
<td>6.8</td>
<td>6.8</td>
</tr>
<tr>
<td>29. Draws sex parts when drawing pictures of people</td>
<td>3.8</td>
<td>5.1</td>
</tr>
<tr>
<td>30. Makes sexual sounds (sighs, moans, heaving breathing)</td>
<td>2.3</td>
<td>0.9</td>
</tr>
<tr>
<td>Sexual knowledge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. Pretends that dolls or stuffed animals are having sex</td>
<td>4.5</td>
<td>6.8</td>
</tr>
<tr>
<td>32. Knows more about sex than other children his or her age</td>
<td>4.5</td>
<td>4.3</td>
</tr>
<tr>
<td>33. Talks about sexual acts</td>
<td>3.0</td>
<td>3.4</td>
</tr>
<tr>
<td>Self-stimulation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34. Touches private (sex) parts at home</td>
<td>23.5</td>
<td>11.5</td>
</tr>
<tr>
<td>35. Touches private (sex) parts in public</td>
<td>10.6</td>
<td>0.9</td>
</tr>
<tr>
<td>36. Masturbates with hand</td>
<td>4.5</td>
<td>2.6</td>
</tr>
<tr>
<td>37. Masturbates with toy or object</td>
<td>3.0</td>
<td>0.9</td>
</tr>
<tr>
<td>38. Puts objects in vagina or rectum</td>
<td>0.8</td>
<td>0.0</td>
</tr>
<tr>
<td>Voyeuristic behavior</td>
<td></td>
<td></td>
</tr>
<tr>
<td>39. Tries to look when people are nude or undressing</td>
<td>16.7</td>
<td>12.8</td>
</tr>
<tr>
<td>40. Wants to watch TV or movies that show nudity or sex</td>
<td>9.8</td>
<td>6.8</td>
</tr>
<tr>
<td>41. Tries to look at pictures of nude or partially dressed people</td>
<td>9.8</td>
<td>2.6</td>
</tr>
</tbody>
</table>


It is quite common for 3- and 4-year-olds to express affection through kissing. Curiosity about the genitals increases in this stage. Sex games like “show” and “playing doctor” may begin earlier, but they become common between the ages of 6 and 10 (Pike, 2005). Much of this sexual activity takes place in same-sex groups, although mixed-sex sex games are not uncommon. Children may show their genitals to each other, touch each other’s genitals, or masturbate together.

**Male–Male and Female–Female Sexual Behavior**

*Arnold:* When I was about 5, my cousin and I . . . went into the basement and dropped our pants. We touched each other’s penises, and that was it. I guess I
didn’t realize the total significance of the secrecy in which we carried out this act. For later . . . my parents questioned me . . . and I told them exactly what we had done. They were horrified and told me that that was definitely forbidden. (Morris-son et al., 1980, p. 24)

Despite Arnold’s parents’ “horror,” same-sex sexual play in childhood does not foreshadow adult sexual orientation (Reinisch, 1990). It may, in fact, be more common than heterosexual play. It typically involves handling the other child’s genitals, although it may include oral or anal contact. It may also include an outdoor variation of the game of “show” in which boys urinate together and see who can reach farthest or highest.

### Preadolescence (9 to 13 Years)

**SOME PREADOLESCENT BEHAVIORS** are sexually related rather than sexual per se. For example, preadolescents typically form relationships with a “best friend” of the same sex that enable them to share secrets and confidences. Preadolescents also tend to socialize with larger networks of friends in sex-segregated groups. At this stage, boys are likely to think that girls are “dorks.” To girls at this stage, “dork” is too nice an epithet to apply to most boys.

Preadolescents grow increasingly preoccupied with and self-conscious about their bodies. Peers pressure preadolescents to conform to dress codes, the “proper” slang, and group norms concerning sex and drugs. Peer disapproval can be an intense punishment.

Sexual urges are experienced by many preadolescents but may not emerge until adolescence (O’Sullivan, 2003). Sigmund Freud had theorized that sexual impulses are hidden (latent) during preadolescence, but many preadolescents are quite active sexually.

### Masturbation

*Paul:* When I was about 10, stories about masturbation got me worried. A friend and I went to a friend’s older brother whom we respected and asked, “Is it really bad?” His reply stuck in my mind for years. “Well, it’s like a bottle of olives—every time you take one out, there is one less in there.” We were very worried because we thought we’d run out before we got to girls. (Morrison et al., 1980, pp. 6–8)

Kinsey and his colleagues (1948, 1953) reported that masturbation is the primary means of achieving orgasm during preadolescence for both boys and girls. They found that 45% of males and 15% of females masturbated by age 13. Although the frequencies of masturbation reported by Kinsey and his colleagues are suspect, other studies agree that adolescent males are more likely to masturbate than adolescent females (Pinkerton et al., 2002). As noted by Steven Pinkerton and his colleagues (2002), the frequency of masturbation is connected with social norms that appear to hold that masturbation is more acceptable or normal for males than for females.
Male–Female Sexual Behavior

Preadolescent sex play often involves mutual display of the genitals, with or without touching. Such sexual experiences are quite common and do not appear to affect future sexual adjustment (Guttmacher Institute, 2009; Health24.com, 2006).

Although preadolescents tend to socialize in same-sex groups, interest in the other sex among heterosexuals tends to gradually increase as they approach puberty. Group activities and mixed-sex parties often provide preadolescents with their first exposure to heterosexual activities (Connolly et al., 2004). But couples may not begin to pair off until middle adolescence.

Male–Male and Female–Female Sexual Behavior

Much preadolescent sexual behavior among members of the same sex is simply exploration. Some incidents reflect lack of availability of partners of the other sex. As with younger children, preadolescent experiences with children of the same sex may be more common than heterosexual experiences (Guttmacher, 2009; Health24.com, 2006). These activities are usually limited to touching each other’s genitals or mutually masturbating. Since preadolescents generally socialize with peers of their own sex, their sexual explorations are also often with peers of their own sex. Most same-sex sexual experiences involve single episodes or short-lived relationships and do not reflect one’s sexual orientation.

Sex Education and Miseducation: More Than “Don’t”

Imagine teaching driving the same way sex education is taught. You’d be told never to drive or ride as a passenger because you could be injured and go to the hospital. No one would ever take a car out. (M. Miller, 1998)

PREADOLESCENTS AND ADOLESCENTS usually learn about sex through a combination of education and miseducation. Scholars of human sexuality lament the approaches of most sex-education programs. Psychiatrist Anke Ehrhardt (1998) notes, “In other countries, sex education is put in a positive context of loving relationships, but here we spread fear. And it hasn’t worked. We have a much higher rate of teen pregnancy.”

As noted in Table 13.3 on page 411, adolescents and young adults in the Kaiser Family Foundation (2003) study reported that they were somewhat more likely to receive information about sex from friends and the media—TV shows, films, magazines, and the Internet—than from sex-education classes or parents. Truth or Fiction Revisited: It is not true that most children learn the facts of life from parents or from school sex-education programs. Most children learn about sex from peers. Is the lamp on the street corner the key guiding light for U.S. youth?

Nearly all states mandate or recommend sex education, although the content varies widely. Most programs emphasize biological aspects of puberty, reproduction,
Talking with Your Children about Sex

“Daddy, where do babies come from?”
“What are you asking me for? Go ask your mother.”

Most children do not find it easy to talk to their parents about sex. Only about one-quarter of the children in a national survey had asked for (and received) “the sex talk” (National Campaign to Prevent Teenage Pregnancy, 2003). Children and adolescents usually find it easier to approach their mothers than their fathers. Many receive misinformation from their friends, and misinformed teenagers run a higher risk of unwanted pregnancies and STIs (Ben-Zur, 2003).

Yet most young children are curious about where babies come from, about how girls and boys differ, and so on (Pike, 2005). Parents who avoid discussing these matters convey their own uneasiness about sex and may teach children that sex is something to be ashamed of.

Parents need not be sex experts to talk to their children about sex. Parents can turn to books or the Internet to fill gaps in knowledge, or to books written for parents to read to children. They can admit they do not know all the answers. Children often respect such honesty.

In answering children’s questions, parents need to think about what children can understand (Pike, 2005). The 4-year-old who wants to know where babies come from is probably not interested in sexual details. It may be enough to say, “From Mommy’s uterus,” and then point to the abdominal region. Why say “tummy”? “Tummy” is wrong and confusing.

Sex researchers offer these pointers about discussing sex with children:

- **Be “askable.”** Be willing to answer questions about sex.
- **Use appropriate language.** Children need to learn the correct names of their sex organs and that the “dirty words” others use to refer to the sex organs are not acceptable in most social settings. Nor should parents use silly words like “pee pee” or “privates” to describe sex organs.
- **Give advice in the form of information that the child can use to make sound decisions, not as an imperial edict.** Parents who “lay down the law” may be less effective than parents who provide information and encourage discussion.
- **Share information in small doses.** Pick a time and place that feels natural for such discussions, as when the child is preparing for bed or when you are in the car.
- **Encourage the child to talk about sex.** Children may feel embarrassed about talking about sex, especially with family members. Children’s books about sex can be left around or given to the child with a suggestion such as “I thought you might be interested in this book about sex. If you want to read it, we can talk about it.”
- **Respect privacy rights.** Most of us, parents and children alike, value privacy at times. A parent who feels uncomfortable sharing a bathroom with a child can tell the child. The parent might explain, “I like privacy when my door is closed. If you knock, I’ll tell you if you may come in. I’ll knock when your door is closed, too.” Fair is fair.

Talking with Children about Sex. Answer the questions truthfully. Use language the child will understand, but don’t make it silly child language. In other words, don’t talk about pee-pees and wee-wees and Mommy’s tummy. Try penis, vagina, and uterus. Get a book with drawings or pictures.

and sexually transmitted infections (STIs). Few deal with controversial topics such as abortion, masturbation, sexual orientation, or even sexual pleasure.

Some people argue that sex education ought to be left to parents and religious authorities (Woog, 2005). But the data suggest that the real alternatives to the schools are peers, the Internet, and the corner newsstand, which sells more copies of “adult”
magazines than textbooks. Many parents worry that teaching about sexual techniques and contraception encourages sexual activity, but research does not support this concern (Kirby et al., 2007; Woog, 2005). Truth or Fiction Revisited: There is no evidence that sex education encourages sexual activity among children and adolescents.

Accurate information in preadolescence might prevent sexual mishaps. Many teens, for example, erroneously believe that a female cannot get pregnant from her first coital experience. Others believe that douching prevents pregnancy and disease. Wrong and wrong. Table 13.4 shows the topics parents want covered in sex education.

<table>
<thead>
<tr>
<th>Table 13.3</th>
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</thead>
<tbody>
<tr>
<td>Percentage of Adolescents and Young Adults (Ages 13 to 24) Who Say They Have Learned “A Lot” or “Some” from the Following Sources</td>
</tr>
<tr>
<td>Friends</td>
</tr>
<tr>
<td>Media sources (movies, magazine, Internet)</td>
</tr>
<tr>
<td>Sex education classes</td>
</tr>
<tr>
<td>Parents</td>
</tr>
<tr>
<td>Boyfriends, girlfriends, or partners</td>
</tr>
<tr>
<td>Doctors or other health care providers</td>
</tr>
<tr>
<td>Brothers and sisters</td>
</tr>
</tbody>
</table>

Source: From National Survey of Adolescents and Young Adults: Sexual Health Knowledge, Attitudes and Experiences, (K3218), The Henry J. Kaiser Family Foundation, 2003. This information was reprinted with permission from the Henry J. Kaiser Family Foundation. The Kaiser Family Foundation, based in Menlo Park, California, is a nonprofit, private operating foundation focusing on the major health care issues facing the nation and is not associated with Kaiser Permanente or Kaiser Industries.

<table>
<thead>
<tr>
<th>Table 13.4</th>
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<tbody>
<tr>
<td>What American Parents Want from Sex Education</td>
</tr>
<tr>
<td>Percent of parents who say sex education should cover . . .</td>
</tr>
<tr>
<td>HIV/AIDS and other STIs</td>
</tr>
<tr>
<td>abstinence, what to do in cases of rape or sexual assault, and how to talk with parents about sex</td>
</tr>
<tr>
<td>how to deal with pressure to have sex and the emotional consequences of sex</td>
</tr>
<tr>
<td>how to be tested for HIV and other STIs</td>
</tr>
<tr>
<td>the basics of reproduction and birth control</td>
</tr>
<tr>
<td>how to talk with a partner about birth control and STIs</td>
</tr>
<tr>
<td>how to use condoms</td>
</tr>
<tr>
<td>how to use and where to get other birth control</td>
</tr>
<tr>
<td>abortion</td>
</tr>
<tr>
<td>sexual orientation and homosexuality</td>
</tr>
</tbody>
</table>


CRITICAL THINKING: Do you approve or disapprove of sex education in the schools? What topics should sex education cover? Explain your views.
Adolescence. Adolescence begins with puberty. Many adults see adolescents as impulsive, as needing to be controlled for “their own good.” However, adolescents have a sex drive that is heightened by surges of sex hormones, and they are flooded with sexual themes in the media. Therefore, it is not surprising that many of them are in conflict with their families about issues of autonomy and sexual behavior.

Adolescence

ADOLESCENCE IS BOUNDED BY THE ONSET OF PUBERTY at the lower end and the capacity to take on adult responsibilities at the upper end. In our society adolescents are “neither fish nor fowl,” as the saying goes—neither children nor adults. Adolescents may be able to reproduce and be taller than their parents, but they may not be allowed to get driver’s licenses or attend R-rated films. They are prevented from working long hours and must usually stay in school until age 16. They cannot marry until they reach the “age of consent.” The message is clear: Adults see adolescents as impulsive, and needing to be restricted for “their own good.” Given these restrictions, a sex drive that is heightened by surges of sex hormones, and media inundation with sexual themes, it is not surprising that many adolescents are in conflict with their families about going around with certain friends, sex, and using the family car (McGue et al., 2005; Renk et al., 2005).

Puberty

PUBERTY BEGINS WITH THE APPEARANCE OF secondary sex characteristics and ends when the long bones make no further gains in length (see Table 13.5 on pages 414–415). The appearance of pubic hair is often the first visible sign of puberty. Puberty also involves changes in primary sex characteristics. Most major changes occur within three years in girls and within four years in boys.

Reproduction becomes possible toward the end of puberty. The two principal markers of reproductive potential are menarche in the girl and the first ejaculation in the boy. But these events may not signify immediate fertility.

Girls typically experience menarche between the ages of 10 and 18. In the mid-1800s, European girls typically achieved menarche by about age 17 (see Figure 13.1). The age of menarche has declined sharply since then among girls in Western nations, most likely because of improved nutrition and health care. In the United States, the average age of menarche by the 2000s had dropped to about 12.1 years for African.
American girls and 12.6 years for European American girls (Anderson et al., 2003).

Rose Frisch (2002) has presented evidence that a particular ratio of fat to lean mass is usually necessary both for menarche and for the maintenance of regular ovulatory cycles. Girls must reach a certain body weight (perhaps 103 to 109 pounds) to trigger pubertal changes such as menarche, and children today grow faster (Frisch, 2002). Body fat would play a key role because fat cells secrete a chemical called leptin that signals the body to secrete hormones that increase estrogen levels in the body. Higher body weight is associated with earlier menarche (Anderson et al., 2003). Menarche also comes later to athletes, who have a lower percentage of body fat (Frisch, 2002; Robert-McComb, 2008).

**PUBERTAL CHANGES IN FEMALES** Menarche is the most obvious sign of puberty in girls. Yet other, less obvious changes have already occurred that set the stage for menstruation. Between 8 and 14 years of age, release of FSH by the pituitary gland causes the ovaries to begin to secrete estrogen. Estrogen stimulates the growth of breast tissue (“breast buds”), perhaps as early as age 8 or 9. The breasts usually begin to enlarge during the tenth year.

Estrogen also promotes the growth of the uterus and the thickening of the vaginal lining. It stimulates growth of fatty and supporting tissue in the hips and buttocks. This tissue and the widening of the pelvis round the hips and permit childbearing. But growth of fatty deposits and connective tissue varies considerably. Some women may have pronounced breasts; others may have relatively large hips.

Small amounts of androgens produced by the female’s adrenal glands, along with estrogen, stimulate development of pubic and underarm hair, beginning at about age 11. Excessive androgen production can darken or thicken facial hair. Estrogen causes the labia to grow during puberty, but androgens cause the clitoris to develop. Estrogen stimulates growth of the vagina and uterus. Estrogen typically brakes the female growth spurt some years before that of the male. Girls who reach menarche late may grow taller than their peers because of lower estrogen levels.

Estrogen production becomes cyclical in puberty and regulates the menstrual cycle. A girl’s initial menstrual cycles are typically anovulatory. Girls cannot become pregnant until ovulation occurs, which may lag menarche by a year or two. However, some teenagers are highly fertile soon after menarche (Frisch, 2002).

**PUBERTAL CHANGES IN MALES** At puberty the hypothalamus signals the pituitary to increase production of FSH and LH. These hormones stimulate the testes to increase their output of testosterone. Testosterone prompts growth of the male genitals: the testes, scrotum, and penis. It fosters differentiation of male secondary sex characteristics: the growth of facial, body, and pubic hair, and the deepening of the voice. Testicle growth, in turn, accelerates testosterone production and pubertal changes. The testes continue to grow, and the scrotal sac becomes larger and hangs loosely from the body. The penis widens and lengthens, and pubic hair appears.

By age 13 or 14, erections become common. Many middle school boys dread that they may be caught between classes with erections, or asked to stand before the class. Testosterone causes the prostate and seminal vesicles—the organs that produce semen—to grow and produce semen. Boys typically experience their first ejaculation

---

**Figure 13.1 - Age at Menarche.** The age at menarche has been declining since the mid-1800s among girls in Western nations, apparently because of improved nutrition and health care. Menarche may be triggered by the accumulation of a critical percentage of body fat.
### Table 13.5
Stages of Pubertal Development

<table>
<thead>
<tr>
<th>IN FEMALES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beginning sometime between age 8 and 11</strong></td>
</tr>
<tr>
<td>Pituitary hormones stimulate ovaries to increase production of estrogen.</td>
</tr>
<tr>
<td>Internal reproductive organs begin to grow.</td>
</tr>
<tr>
<td><strong>Beginning sometime between age 9 and 15</strong></td>
</tr>
<tr>
<td>First the areolas (the darker area around the nipple) and then the breasts increase in size and become more rounded.</td>
</tr>
<tr>
<td>Pubic hair becomes darker and coarser.</td>
</tr>
<tr>
<td>Growth in height continues.</td>
</tr>
<tr>
<td>Body fat continues to round body contours.</td>
</tr>
<tr>
<td>A normal vaginal discharge becomes noticeable.</td>
</tr>
<tr>
<td>Sweat and oil glands increase in activity, and acne may appear.</td>
</tr>
<tr>
<td>Internal and external reproductive organs and genitals grow, making the vagina longer and the labia more pronounced.</td>
</tr>
<tr>
<td><strong>Beginning sometime between age 10 and 16</strong></td>
</tr>
<tr>
<td>Areolas and nipples grow, often forming a second mound that sticks out from the rounded breast mound.</td>
</tr>
<tr>
<td>Pubic hair begins to grow in a triangular shape and to cover the center of the mons.</td>
</tr>
<tr>
<td>Underarm hair appears.</td>
</tr>
<tr>
<td>Menarche occurs.</td>
</tr>
<tr>
<td>Internal reproductive organs continue to develop.</td>
</tr>
<tr>
<td>Ovaries may begin to release mature eggs capable of being fertilized.</td>
</tr>
<tr>
<td>Growth in height slows.</td>
</tr>
<tr>
<td><strong>Beginning sometime between age 12 and 19</strong></td>
</tr>
<tr>
<td>Breasts near adult size and shape.</td>
</tr>
<tr>
<td>Public hair fully covers the mons and spreads to the top of the thighs.</td>
</tr>
<tr>
<td>The voice may deepen slightly (but not as much as in males).</td>
</tr>
<tr>
<td>Menstrual cycles gradually become more regular.</td>
</tr>
<tr>
<td>Further changes in body shape may occur into the early 20s.</td>
</tr>
</tbody>
</table>

**Nocturnal emission** Involuntary ejaculation of seminal fluid while asleep. Also referred to as a “wet dream,” although the individual need not be dreaming about sex, or dreaming at all, at the time.

by age 13 or 14, often through masturbation. But there is much variation. Mature sperm are not usually found in the ejaculate until about a year after the first ejaculation, at age 14 on average. But sperm may be present in the first ejaculate, so pubertal boys should not assume that they have an infertile “grace period” following first ejaculation. About a year after first ejaculation, boys may also begin to experience **nocturnal emissions**, which are also called “wet dreams” because of the belief that nocturnal emissions accompany erotic dreams—which need not be so. **Truth or Fiction Revisited:** Despite the term *wet dreams*, nocturnal emissions need not accompany boys’ erotic dreams.
Table 13.5
(Continued)

| IN MALES |
|------------------|------------------|------------------|------------------|
| **BEGINNING SOMETIME BETWEEN AGE 9 AND 15** | **BEGINNING SOMETIME BETWEEN AGE 11 AND 16** | **BEGINNING SOMETIME BETWEEN AGE 11 AND 17** | **BEGINNING SOMETIME BETWEEN AGE 14 AND 18** |
| The testicles begin to grow. | The penis begins to grow. | The penis begins to increase in circumference as well as in length (although more slowly). | The body nears final adult height, and the genitals achieve adult shape and size, with pubic hair spreading to the thighs and slightly upward toward the belly. |
| The skin of the scrotum becomes redder and coarser. | The testicles and scrotum continue to grow. | The testicles continue to increase in size. | Chest hair appears. |
| A few straight pubic hairs appear at the base of the penis. | Pubic hair becomes coarser and more curled, and spreads to cover the area between the legs. | The texture of the pubic hair is more like an adult’s. | Facial hair reaches full growth. |
| Muscle mass develops, and the boy begins to grow taller. | The body gains in height. | Growth of facial and underarm hair increases. | Shaving becomes more frequent. |
| The areolas grow larger and darker. | The shoulders broaden. | Shaving may begin. | For some young men, further increases in height, body hair, and muscle growth and strength continue into their early 20s. |

Note: This table is a general guideline. Changes may appear sooner or later than shown and do not always appear in the indicated sequence.


Underarm hair appears at about age 15. Facial hair is at first a fuzz on the upper lip. A beard does not appear for another two or three years. Only half of U.S. boys shave (of necessity) by age 17. The beard and chest hair continue to develop past the age of 20. At age 14 or 15 the voice deepens because of the growth of the voice box and the lengthening of the vocal cords. Development is gradual, and the voices of adolescent boys sometimes crack embarrassingly.

Boys and girls undergo general growth spurts during puberty. Girls usually shoot up before boys. Individuals differ, however, and some boys spurt sooner than some girls.
Sexting: Of Cellphones, Sex, and Death

Jessica Logan was 18 years old when she committed suicide. She had used her cellphone to snap and send nude photos of herself to her boyfriend. After they broke up, he forwarded the photos to other girls at their high school. The girls taunted Jessica mercilessly, calling her a whore and a slut. Jessica told her depressing tale in a local TV interview, and two months later—finding no peace—she hanged herself in her bedroom.

Jessica’s sending of her photos to her boyfriend is an example of what is now called “sexting”—a term appropriated from the cellphone lingo texting. Sexting is short for sex texting, and it refers to sending or receiving text messages with sexual content. However, it’s also used to describe what Jessica did—sending nude or otherwise provocative still images or videos by cellphone. Sexting can be used to titillate the recipient, to highlight the intimacy of one’s relationship, to humiliate someone—or to ask or arrange for a sexual encounter.

On The TODAY Show, attorney Larry Walters noted that the same sexting that is a crime for teenagers is legal for adults. He continued, “These teens don’t see themselves as children. They see themselves as teens. They don’t see what they’re doing as child pornography. Teens believe it is normal. It is normal for them. To use child porn laws to punish teens for behavior the law was never designed to address is overkill . . . and it dilutes the effectiveness of child pornography laws for everyone else” (Celizic, 2009).

Five Things to Think about Before Pressing “Send”

- Don’t believe that anything you post or send will remain private. 40% of teens say they have received a sexually suggestive message that was meant to be private, and 20% admit they shared this kind of message with someone other than the intended recipient.
- Whatever you post or send may never go away. Potential employers, college recruiters, teachers and coaches, parents, friends, enemies, and total strangers may be able to access your posts, even after you have deleted them.
- Don’t give in to peer pressure to post or send something that makes you uncomfortable. 47% of teens say that “pressure from guys” is a reason that girls post and send sexually suggestive pictures and messages. 24% of teens say boys also send and post sexually suggestive messages and images because of peer pressure.
- Consider the recipient’s reaction before you press send. You may intend for a message to be fun but the recipient may not perceive it that way. 40% of teen girls who send sexually suggestive content do so for a “joke,” but 29% of boys think that girls who send this content are expected to date or “hook up” with the recipient in real life.
- Nothing you post or send will necessarily remain anonymous. 15% of teens send sexually suggestive pictures and messages to people they have “met” only online. Those people can often track you down on the basis of your screen name and the other information you have provided.

Increases in muscle mass increase body weight. The shoulders and the circumference of the chest widen. At the age of 18 or so, men stop growing taller because estrogen prevents the long bones from making further gains in length. (Males normally produce some estrogen in the adrenal glands and testes.) Nearly one in two boys experiences temporary enlargement of the breasts, or gynecomastia, during puberty, which is also caused by estrogen.

In both females and males, sex hormones course through the bloodstream in copious amounts, giving rise to a relatively strong sex drive. Thus, many adolescents seek sexual outlets, such as masturbation.

Types of Sexual Behaviors in Adolescence

Adolescents are generally pressed by high levels of sex hormones and interested in seeking sex outlets. These outlets include masturbation and sex with others, including members of the other sex and the same sex.

Masturbation

Masturbation is a major sexual outlet during adolescence. Surveys consistently show that boys are more likely than girls to masturbate (Friedman & Downey, 2008; Larsson & Svedin, 2002). Boys who masturbate may do so several times a week, on average—many times more often than girls who masturbate. It is unclear whether this sex difference reflects a stronger sex drive in boys (Peplau, 2003), greater social constraints on girls (Pinkerton et al., 2002), or both. Researchers find no links between adolescent masturbation and sexual adjustment in adulthood (Leitenberg et al., 1993).

Male–Female Sexual Behavior

Young people today start dating and going out earlier than in past generations. Teens who date earlier are more likely to engage in sexual relations during high school (Guttmacher, 2006). Teens who initiate sexual intercourse earlier are also less likely to use contraception and more likely to incur an unwanted pregnancy. If the girl decides to keep her baby, she is also more likely to have to leave school and scuttle educational and vocational plans. Early dating does not always lead to early coitus, however. Nor does early coitus always lead to unwanted pregnancies. Still, some young women find their options in adulthood restricted by a chain of events that began in early adolescence.

Petting Truth or Fiction Revisited: It is true that petting is practically universal among adolescents in the United States, and has been for many generations. Many adolescents use petting to express affection, satisfy their curiosities, heighten their sexual arousal, and reach orgasm while avoiding pregnancy and maintaining virginity. Many teens believe that they are not really engaging in sexual relations if they stop short of sexual intercourse. Girls are more likely than boys to be pushed into petting and to feel guilty about it (Larsson & Svedin, 2002).
ORAL SEX  The incidence of oral sex increases with age. According to a survey by the Centers for Disease Control and Prevention, 42% of girls of ages 15 to 17 reported engaging in oral sex as compared to 72% of girls aged 18 to 19 (Mosher et al., 2005). Overall, 54% of adolescent girls and 55% of adolescent boys have engaged in oral sex. Among adolescents who have not engaged in sexual intercourse, the lowest rates of oral sex—about 19%—were for adolescents who cited moral or religious reasons for abstaining from sexual intercourse. Some adolescent couples use oral sex to have a sexual outlet but prevent pregnancy and STIs and maintain virginity (Halpern-Felsher, 2008).

PREMARITAL INTERCOURSE

Mark: As we had no place to go, we went out into the woods with several blankets and made love. It was like something out of a Woody Allen movie. I couldn’t get my pants off because I was shaking from nerves and from the cold. The nerves and cold made it all but impossible for me to get an erection and then after I had and we made love I couldn’t find the car keys.

Aimee: My first sexual experience occurred after the Junior Prom in high school in a car at the drive-in. We were both virgins, very uncertain, but very much in love. We had been going together since eighth grade. The experience was somewhat painful. I remember wondering if I would look different to my mother the next day. I guess I didn’t because nothing was said.

For those who do not remain celibate, there must be a first time. Given the inexperience and awkwardness of at least one member of the couple, and frequent feelings of guilt and fear, it is not surprising that most people, like Mark and Aimee, don’t get it quite right the first time. Adolescent boys and girls often report different concerns about first intercourse. The girl is more likely to be concerned about whether she is doing the right thing. The boy is more likely to be concerned about whether he is doing the thing right. Women are more likely than men to be physically and psychologically disappointed with the experience and to feel guilty afterwards (Sprecher et al., 1995).

Surveys find that about half of the high school students in the United States are sexually active. According to the National Survey of Family Growth (Mosher et al., 2005), the number of adolescents who have had vaginal intercourse increases each year between 15 and 19% (see Figure 13.2). African American males (78%) are more
likely than Latino Americans (58%) and European American males (50%) to have engaged in sexual intercourse (see Table 13.6).

**MOTIVES FOR INTERCOURSE**  Premarital intercourse is motivated by a number of factors. The pubertal surge of sex hormones directly activates sexual arousal, at least among boys (Peplau, 2003). But about half of the men (51%) and one quarter of the women (24%) in the NHSLS reported that the main reason for their first experience was curiosity, or “readiness for sex” (Michael et al., 1994, p. 93). Hormonal changes stoke the development of secondary sex characteristics. Some early maturers are pressured into dating or sex—ready or not.

Motives including love, desire for pleasure, conformity to peer norms, peer recognition, even the desire to dominate someone are involved in sexual activity (Browning et al., 2000; O’Donnell et al., 2003). The NHSLS found that affection for the partner was the primary reason for first intercourse among nearly half (48%) of the women and one quarter (25%) of the men sampled (Michael et al., 1994). Betsy believed she was in love:

> I was 17 when I had my first sexual experience. I had been going out with my boyfriend for about five months, during which time he had been continually pressuring me to have sex. He made it seem as though I had to comply or he would end the relationship. Because I was deeply in love with him (or so I thought), I allowed it to happen. (McIntyre et al., 1991, p. 64)*

Adolescents may consider intercourse a sign of maturity, a way for girls to reward a loyal boyfriend, or a way to punish parents (McBride et al., 2003; O’Donnell et al., 2003). Adolescents whose friends have had sex are more likely to have sex themselves. Sometimes the pressure comes from partners. About one-quarter (24%) of the women sampled in the NHSLS study said that they agreed to sex only for their partner’s sake (Michael et al., 1994):

> *Megan* (18, California): I have felt pressure before. My first boyfriend pressured me because he knew I loved him and that he could take advantage of my feelings. I was blinded by my feelings and I had sex with him. I hated it.

> *Amy* (18, Washington, D.C.): I was sexually pressured by my second boyfriend. He didn’t love me, but he did want to have sex. I helped him sneak into my room in the middle of the night. Just before we were about to have sex, I realized that it

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Table 13.6

<table>
<thead>
<tr>
<th></th>
<th>Masturbated by a Female</th>
<th>Received Oral Sex from Female</th>
<th>Gave Oral Sex to Female</th>
<th>Had Anal Intercourse</th>
<th>Had Vaginal Intercourse</th>
</tr>
</thead>
<tbody>
<tr>
<td>European American</td>
<td>474</td>
<td>53%</td>
<td>51%</td>
<td>42%</td>
<td>9%</td>
</tr>
<tr>
<td>African American</td>
<td>360</td>
<td>52</td>
<td>47</td>
<td>21</td>
<td>16</td>
</tr>
<tr>
<td>Latino American</td>
<td>426</td>
<td>48</td>
<td>44</td>
<td>37</td>
<td>16</td>
</tr>
</tbody>
</table>


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wasn’t something I wanted to do. I wanted my first time to be with someone I loved and who loved me. I stopped him, although he tried everything to get me to say yes. The next day we broke up, and I couldn’t have been happier. (McIntyre et al., 1991, pp. 4–6)*

About 8% of the men in the NHSLS study say they went along with intercourse for the sake of their partners (Michael et al., 1994). As one young man describes it:

Matt (18, New York): My girlfriend pressured me and I didn’t handle it very well. I submitted so she wouldn’t be mad or disappointed. (McIntyre et al., 1991, p. 65) *

Many young people abstain from premarital coitus for religious or moral reasons (Mosher et al., 2005). Family values and relationships deter some adolescents. Other reasons for abstention include fear—fear of being caught, fear of pregnancy, or fear of disease. Studies of African American and European American adolescent females have found that girls who are not sexually active, or who engage in less risky sexual activities, tend to be younger and more career oriented, to live in two-parent households, to hold more conservative values, and to be more influenced by family values and religion (Belgrave et al., 2000; Langille & Curtis, 2002). Teens who have higher educational goals and do better in school are less likely to engage in coitus than less scholarly peers (Belgrave et al., 2000).

The relationship between teens and their parents is a factor (Belgrave et al., 2000; Langille & Curtis, 2002). Adolescents whose parents are permissive are more likely to have premarital intercourse (Mundy, 2000). Parents who show interest in their children’s behavior and communicate their expectations with understanding and respect often influence their children to show sexual restraint (National Campaign to Prevent Teenage Pregnancy, 2003).

Male–Male and Female–Female Sexual Behavior

About 4.5% of the male adolescents and 10.6% of the female adolescents in the National Survey of Family Growth (Mosher et al., 2005) report ever having “same-sex sexual contact.” Among all respondents aged 15 to 44, the percentages grow to 6% for males and 11.2% for females. But again, among all respondents, the percentages drop to 2.9% for males and 4.4% for females when asked about the incidence of same-sex sexual activity in the past year. Same-sex sexual activity in adolescence can reflect limited availability of partners and not sexual orientation. Seduction of adolescents by gay male and lesbian adults is relatively rare.

Many gay males and lesbians, of course, develop a firm sense of being gay during adolescence. Coming to terms with adolescence is often a struggle in itself, but it is usually more intense for people who are gay (see Chapter 10). Adolescents can be particularly cruel in their stigmatization, referring to gay peers as “hunos,” “queers,” “faggots,” and other derogatory names. Many adolescent gays therefore feel isolated and cloak their sexual orientation.

Teenage Pregnancy

EVERY YEAR, APPROXIMATELY ONE IN FIVE SEXUALLY active girls of ages 15 to 19 in the United States becomes pregnant (Guttmacher Institute, 2009).

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Truth or Fiction Revisited: This percentage amounts to nearly 800,000 pregnancies a year, resulting in about half a million births and a quarter of a million abortions (see Figure 13.3).

The consequences of unplanned teenage pregnancies can devastate young mothers, their children, and society at large. Poverty, dropping out of school, joblessness, and lack of hope for the future are recurrent themes in such pregnancies (Guttmacher Institute, 2009). Working teenage mothers earn half as much as those who have children in their 20s (Guttmacher Institute, 2009). Barely able to cope with one baby, many mothers who give birth at age 15 or 16 have at least one more baby by the age of 20. Among teenage girls who become pregnant, nearly one in five will become pregnant again within a year.

The children of teenage mothers are at greater risk of physical, emotional, and intellectual problems in their preschool years, owing to poor nutrition and health care, family instability, and inadequate parenting. They are more aggressive and impulsive as preschoolers than are children of older mothers. They do more poorly in school. They are also more likely to suffer maternal abuse or neglect.

Many factors contribute to the incidence of teenage pregnancy. They include a loosening of traditional taboos on adolescent sexuality, impaired relationships with parents, academic problems, misunderstandings about reproduction, and lack of contraception (Guttmacher Institute, 2009). Some adolescent girls believe that a baby will elicit a commitment from their partners or fill an emotional void. Some become pregnant as a way of rebelling against parents. Some poor teenagers view childbearing as the best of the limited options they perceive for their futures. But the largest number become pregnant because of misunderstandings about reproduction or miscalculation of the odds of conception. Many teens who know about contraception fail to use it consistently.

Most attention has been focused on teenage mothers, but young fathers bear equal responsibility for teenage pregnancies. Teenage mothers apparently fare better when they have the support of the father of the child (Bunting & McAuley, 2004), but most teenage fathers cannot support themselves let alone a family. Teenage fathers tend to have lower grades in school than their peers, and they enter the workforce at an earlier age (Guttmacher Institute, 2009).

Contraceptive Use among Sexually Active Teens Sexually active teenagers use contraception inconsistently, if at all (Guttmacher, 2009; Mundy, 2000). Contraception is most likely to be used by teens in stable, monogamous relationships. But even teens in monogamous relationships tend to use ineffective methods of contraception or to use effective methods inconsistently.
Various factors influence the use of contraceptives. Teens whose peers use contraceptives are more likely to use them themselves (O’Donnell et al., 2003). Older teenagers are more likely than younger ones to use contraception (O’Donnell et al., 2003). Younger teens who are sexually active may be less likely to use contraception because they lack information about contraception and because they do not always perceive the repercussions of their actions (O’Donnell et al., 2003). Younger teens may also have less access to contraceptives.

Poor family relationships and communication with parents are associated with inconsistent contraceptive use (McBride et al., 2003; National Campaign to Prevent Teen Pregnancy, 2003). Also, poor performance in school and low educational ambitions predict irregular contraceptive use, as they also predict early sexual initiation.

When asked to explain why they don’t use contraceptives, sexually active teens often cite factors such as not having intercourse often enough to use it and the fact that it gets in the way of sexual spontaneity (Mosher et al., 2005). Many teenagers just get “carried away.”

Myths also decrease the likelihood of using birth control. Some adolescents believe that they are too young to become pregnant. Others believe that pregnancy results only from repeated coitus, or will not occur if they are standing up. Still other adolescents simply do not admit to themselves that they are “going all the way.”

Teenagers who focus on the long-term consequences of their actions are more likely to use contraceptives. The quality of the relationship is also a factor. Satisfaction with the relationship is associated with more frequent intercourse and more consistent use of contraception. More consistent contraceptive use is found in relationships in which the young woman takes the initiative in making decisions and resolving conflicts.

**COMBATING TEENAGE PREGNANCY** One of the interesting factors in teenage pregnancy is that parents tend to underestimate the influence they have on their teenagers. According to a National Campaign to Prevent Teen Pregnancy (2003) poll of several thousand teenagers, 88% said it would be easier for them to postpone sex and avoid pregnancy if they could have more open discussions with their parents! Yet nearly one teen in four (23%) said that they had never discussed sex, contraception, or pregnancy with their parents. PARENTS: *Talk to your kids.*

Other means for combating teenage pregnancy include sex education and free contraceptive services. Given the effects of sex education in other industrialized countries, many helping professionals believe that the rate of teenage pregnancy and the spread of STIs in the United States could be curtailed through education and provision of contraceptives.

Pregnancy prevention programs in the schools range from encouraging teens to delay sex (“just say no”) to providing information about contraception to distributing condoms or referring students to contraceptive clinics (Jemmott et al., 2010). Abstinence is the best way to prevent pregnancy and HIV/AIDS, but does sex education that advises “abstinence only” work? Table 13.7 suggests that the states most likely to teach “abstinence only” are also those with the highest rates of teenage pregnancy. However, one study with 662 African American children (mean age = 12.2 years) reduced the incidence of sexual intercourse over the next two years through an 8-hour program that discussed the practical problems rather than the moral issues associated with teenage pregnancy (Jemmott et al., 2010). About one-third of youngsters in the program reported engaging in intercourse over the next two years, as opposed to nearly half of those who were in a control group in which there was a general discussion of health.

### Table 13.7

<table>
<thead>
<tr>
<th>States in Which Teenagers Are Most Likely to Become Pregnant</th>
<th>Least Likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mississippi</td>
<td>New Hampshire</td>
</tr>
<tr>
<td>Texas</td>
<td>Vermont</td>
</tr>
<tr>
<td>Arizona</td>
<td>Massachusetts</td>
</tr>
<tr>
<td>Arkansas</td>
<td>North Dakota</td>
</tr>
<tr>
<td>New Mexico</td>
<td>Maine</td>
</tr>
<tr>
<td>Georgia</td>
<td>Minnesota</td>
</tr>
<tr>
<td>Louisiana</td>
<td>Connecticut</td>
</tr>
<tr>
<td>Nevada</td>
<td>New Jersey</td>
</tr>
<tr>
<td>Alabama</td>
<td>New York</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>Pennsylvania</td>
</tr>
</tbody>
</table>

Do Sexy TV Shows Encourage Sexual Behavior in Teenagers and Lead to Teenage Pregnancy?

What happens when teenagers watch Sex in the City and other shows with sexual content on TV? Does what they see roll off their backs or encourage them to go for a roll in the hay?

A study reported in Pediatrics (Collins et al., 2004) found an association between watching sexual content on TV and initiation into sexual intercourse. The study included more than 1,700 teenagers, aged 12 to 17. The researchers then followed up with the same cohort of adolescents after three years to determine whether or not watching sex on TV led to a higher incidence of pregnancy (Chandra et al., 2008).

The 718 adolescents (43% female) who reported having engaged in sexual intercourse and who provided information about pregnancy were included in the analysis. The researchers controlled for other variables connected with teenage pregnancy, such as school grades and conduct problems. They found that teenage pregnancy, like the initiation into sexual intercourse, was significantly correlated with exposure to sexual content on television. Teenagers categorized as having high levels of exposure (that is, being in the 90th percentile on the variable) were two to three times more likely to report having been pregnant or being responsible for a pregnancy than teenagers in the 10th percentile. The total hours of watching television were not significantly correlated with pregnancy.

Conclusions

It may seem at first glance that we can conclude that watching sexual content on TV is a cause of sexual initiation and teenage pregnancy. However, the study showed a correlation between what teenagers watched and sexual outcomes. As noted in Chapter 2, correlational studies can show relationships but they do not show cause and effect. Because the researchers did not run an experiment in which some teens were shown TV shows with sexual content and others were not, rival explanations for the sexual variables associated with what teenagers watched are possible.

The outcomes reported in this research could be due to a selection factor. For example, it is possible that teenagers who had greater interest in sex, who came from more permissive homes, or who had friends who touted sexy shows, were more likely to watch sexy TV shows and also more likely to have sex and get pregnant. In these cases, sexual interest, home atmosphere, and peer relationships would be more likely to be “causal.”

CRITICAL THINKING

Consider why researchers cannot run experiments in which they use “watching sexy TV shows” as the treatment or independent variable. What ethical issues would be involved in showing racy TV to teens? Moreover, could the researchers prevent teens assigned to non-sexy shows from watching racy TV on their own?

“Moralistic” programs that promote abstinence until marriage are less effective (Rodriguez, 2010). In any event, three out of four large school districts in the United States also provide instruction about methods of contraception and prevention of STIs.

Blake and her colleagues (2003) surveyed more than 4,000 high school students in Massachusetts. About 20% of their schools made condoms available to students. Distributing condoms did not increase the percentage of students who were sexually active; however, it led to more consistent use of condoms among students who were already sexually active. In sum:

Studies consistently show that making condoms available to students does not increase any measure of their sexual behavior—whether the teens have sex, how frequently they have it, or the number of partners they have. And some studies show that the percentage of teens having sex declined after condoms were made available to them. (Kirchheimer & Smith, 2003)
CHAPTER 13  ●  Sexuality in Childhood and Adolescence

The 3 R’s: Reflect, Recite, and Review

Your text uses the PQ4R method. Congratulations on completing the first R—reading the chapter. The remaining 3 R’s—reflect, recite, and review—will help you understand and recall the material in the chapter, as well as test your mastery.

Reflect

- How would you respond if you observed your infant masturbating? Where do your feelings about childhood masturbation originate?
- Have you caught or observed children playing “doctor”? What was your reaction? Why did you react as you did?
- In your own experience, what factors led to your classmates becoming sexually active or remaining abstinent in high school?
- Do you know any teenagers who were surprised by becoming pregnant? Why were they surprised? Do you think they should have known better? Explain.
- Were you surprised by the extent of sexual activity observed in children? How so?
  ► CRITICAL THINKING: How did you learn about sex? Would you want your own children to learn about sex in the same way? Why or why not?

Recite

1. What sexual behaviors do we find among fetuses and newborns?
   - Male fetuses have erections; male and female fetuses suck their fingers. Stimulation of the genitals in infancy may produce sensations of pleasure. Pelvic thrusting has been observed as early as 8 months of age. Masturbation may begin at 6 to 12 months. Co-sleeping does not affect sexual development. Gay and lesbian parents are no more likely than heterosexuals to have gay or lesbian children.

2. What types of sexual behaviors do we find in early childhood?
   - Statistics concerning the incidence of masturbation at ages 3 to 8 is speculative. In early childhood, children show curiosity about the genitals and may play “doctor.” Same-sex sexual activity play may be more common than heterosexual play and does not foreshadow sexual orientation.

3. What types of sexual behaviors do we find in preadolescence?
   - Preadolescents tend to socialize with same-sex peers and to become self-conscious about their bodies. Masturbation is the primary means of obtaining orgasm in preadolescence. Preadolescent sex play often involves mutual dis-play of the genitals, with or without touching. Much preadolescent same-sex sexual behavior involves exploration and is short-lived.

4. How do children learn about sex?
   - Despite the increased availability of sex-education programs, friends remain a major source of sexual information.

5. What is adolescence?
   - Adolescence is bounded at its beginning by the advent of puberty and at its end by the capacity to take on adult responsibilities.

6. What happens during puberty?
   - Puberty is ushered in by sex hormones. Puberty begins with the appearance of secondary sex characteristics and ends when the long bones make no further gains in length. Most major changes in primary sex characteristics occur within three years in girls and within four years in boys.

7. What types of sexual behaviors do we find in adolescence?
   - Masturbation is a major sexual outlet during adolescence. Many adolescents use petting as a way of achieving sexual gratification without becoming pregnant or ending their vir-

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1. According to Kinsey, children first engage in behaviors that resemble orgasm
   (a) in infancy.
   (b) between the ages of 2 and 5.
   (c) between the ages of 5 and 8.
   (d) between the ages of 8 and adolescence.

2. It is not true that
   (a) about one in five sexually active teenage girls gets pregnant each year.
   (b) pregnant teenagers obtain a good deal of support from their partner.
   (c) most teenage pregnancies are by choice.
   (d) babies of teenage mothers are healthier than babies of mothers in their 20s.

3. Puberty ends
   (a) with the appearance of primary sex characteristics.
   (b) with the appearance of secondary sex characteristics.
   (c) when people assume adult responsibilities.
   (d) when the long bones make no further gains in length.

4. Estrogen does not cause
   (a) growth of the uterus.
   (b) growth of fatty and supporting tissue in the breasts and buttocks.
   (c) growth of underarm and pubic hair.
   (d) thickening of the vaginal lining.

5. _______ encourages teenagers to abstain from premarital sexual intercourse.
   (a) Curiosity about sex
   (b) High educational goals
   (c) Peer pressure
   (d) Poor communication with parents

6. According to the Guttmacher Institute, about _____ percent of teenage pregnancies in the United States end in abortion.
   (a) 10
   (b) 30
   (c) 50
   (d) 70

7. Sex games like “show” and “playing doctor” become common between the ages of
   (a) 1 and 2.
   (b) 3 and 5.
   (c) 6 and 10.
   (d) 11 and 15.

8. According to the Kaiser Family Foundation Survey, about _____ percent of American parents want sex education to cover the topic of abortion.
   (a) 20
   (b) 40
   (c) 60
   (d) 80

9. Research shows that sex education is
   (a) more detailed in Iran than in the United States.
   (b) largely responsible for the high incidence of teenage pregnancy in the United States.
   (c) immoral.
   (d) being shoved down the throats of American teenagers against the will of American taxpayers.

10. Young people report they are least likely to have acquired sexual information from
    (a) parents.
    (b) sex-education courses.
    (c) brothers and sisters.
    (d) friends.