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## DATING, LOVE, AND SEXUALITY



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**D**o you remember your first kiss? I know I'll never forget mine. It took place at a junior high school dance, when I was in ninth grade (I was a late-maturing adolescent). I had taken my sort-of girlfriend there, and I think that may well have been my first real "date." So far, we had progressed only as far as me going over to visit her at her home now and then. She never slammed the door in my face—always seemed kind of glad to see me, in fact—so I asked her to go to the dance with me.

I spent most of the evening trying to gather up sufficient courage to kiss her. We didn't dance much—we were both too chicken—so I had a lot of opportunities, with both of us sitting alongside the gymnasium watching as our bolder peers danced together. It took me a long time to get up the guts to try it, but as the evening waned I knew it was getting to be now or never. At last she smiled at me sweetly—probably thinking, "Will this fool ever get around to it?"—and I leaned over to place my lips

against hers, and ...

The vice principal grabbed me by the hair, snapped my head back, and yelled, "What do you think you're doing?! That's not allowed in here!" He dragged us down to his office, and it was only after repeated assurances that we were not sex maniacs that he was persuaded not to call our parents and add to our already substantial humiliation.

I hope your first kiss was more fun than that! As we will see in this chapter, the beginnings of dating, love, and sexuality can be a source of many emotions for adolescents—pleasure, delight, and wonder, but also fear, anxiety, and confusion.

The chapter is divided into three sections, on dating, love, and sexuality. In all cultures, part of developing into sexual maturity in adolescence and emerging adulthood is forming close relationships with persons outside the family. In American society, forming these close relationships takes place in the particular cultural context of dating. We will discuss dating in its cultural context, as well as the developmental progression that dating tends to follow in American society, the purposes of dating, and the different dating scripts that adolescent boys and girls learn.

Through dating, most young people in American society eventually form a relationship in which they experience love. We begin the section on love by discussing Sternberg's theory of love and how it applies to adolescents and emerging adults. Like dating, love is discussed in its cultural context, with an



examination of how various cultures allow or discourage adolescent passion. This is followed by a discussion about the reasons young people select a specific partner, and a section on breaking up a love relationship.

Love in adolescence and emerging adulthood often includes sexuality, but sexual activity among young people may also take the form of sexual play or experimentation, not necessarily including love. We look at rates in various kinds of sexual activity among American adolescents and emerging adults. Then we examine the wide variety in cultures standards with regard to sex before marriage, as well as the different sexual scripts for adolescent boys and girls in American society. The development of sexuality among gay, lesbian, and bisexual adolescents, and the difficulties they face in a society that severely disapproves of their sexual orientation, are considered. In American society, sexuality in adolescence and emerging adulthood is considered problematic in a number of ways, and toward the close of the chapter we address those problems, including contraceptive use and nonuse; pregnancy, abortion, and parenthood in adolescence; and sexually transmitted diseases. The chapter ends with an examination of sex education programs.

## Dating

### Defining a "Date"

It is not so easy to define exactly what counts as a date in the United States of the new millennium (Brown, Feiring, & Furman, 1999). Prior to the 1970s, dating usually followed more or less formal rules (Gordon & Miller, 1984). Boy asked girl to accompany him to some well-defined event—for example, a movie, a football game, or a school dance. Boy picked up girl at her house, where he would meet her parents and tell them what time he would bring her home. Boy and girl would go to the event and he would bring her home by the appointed time, perhaps after a stop somewhere for a bite to eat or some necking.

Today, dating tends to be much less formal. Even the terms "date" and "dating" have fallen out of fashion,

replaced by "going with" or "hanging out with" or "seeing" someone (Miller & Benson, 1999). Adolescent boys and girls still go together to movies, football games, and school dances, of course, but they are much more likely than before to spend time together informally. As we saw in Chapter 5, prior to the women's movement of the 1960s gender roles were much more sharply drawn in the West, and adolescent boys and girls were less likely simply to hang out together as friends. Now they often know each other as friends before they become involved romantically (Kuttler, La Greca, & Prinstein, 1999).

This makes it harder now than before to tell what really counts as a date. One way to approach the question is to ask adolescents themselves. In one study, when 15-year-old adolescents were asked to name their typical dating activities, they most often named going to a movie, going to dinner, hanging out at a mall or at school, going to parties, and visiting each other's homes (Feiring, 1996). This indicates that the traditional concept of a date still endures—going to a movie, going to dinner, and going to a party all fit the traditional definition of a date as an outing in which a



Dating today tends to be less formal than in the past. Here, an American high school dance during the 1950s.

boy and a girl go to a specific event together at a specific time. However, hanging out at a mall or at school and visiting each other at home seem to fit the more recent, less formal concept of dating.

Dating tends to be even less formal in European societies than in American society. In fact, European scholars on adolescence indicate that the concept of a formal date hardly exists anymore in European countries (Alsaker & Flammer, 1999). Adolescents and emerging adults do pair up and become boyfriend and girlfriend. However, they rarely date in a formal way, by designating a specific event at a specific time and going out with the connotation of trying out what they would be like as a couple. More typically, they go out in mixed-gender groups, without any specific pairing up. Or a boy and a girl may go out simply as friends, without thinking of themselves as potential boyfriend and girlfriend, without the boy's having the responsibility to pay the expenses, and without the implication of possible sexual activity as the evening progresses. In non-Western cultures, dating is also rare (Schlegel & Barry, 1991), for a variety of reasons we will discuss later in the chapter. Thus dating, even in its less formal style, appears to exist today mainly as an American cultural phenomenon (Alsaker & Flammer, 1999).

### Developmental Patterns in Adolescent Dating

American adolescents today begin dating—in one form or another—earlier than in previous generations. Most adolescent girls begin dating around age 12 or 13, and most boys begin dating around age 13 or 14 (Padgham & Blyth, 1991). About 20% of adolescents say they have "gone with" someone (i.e., had a romantic relationship that lasted at least a few weeks) by age 15 (Thornton, 1990). By their senior year in high school, the majority of adolescents date at least two or three times a month.

Dating behavior among American adolescents tends to follow a developmental sequence of four steps (Padgham & Blyth, 1991). In the first step, adolescents in same-gender groups go to places where they hope to find other-gender groups (malls and fast-food restaurants are popular spots for today's American adolescents). In the second step, adolescents take part in social gatherings arranged by adults, such as parties and school dances, that include interactions between boys and girls. In the third step, mixed-gender groups arrange to go to some particular event together, such as a movie. In the final step, adolescent couples begin

to date as pairs in activities such as movies, dinners, concerts, and so on. This pattern of couple dating continues through emerging adulthood.

Although most studies agree that dating rarely takes place before adolescence, actual biological maturity has little to do with the timing of beginning to date among adolescents. One especially interesting analysis exploring this question was carried out by Dornbusch and his colleagues (Dornbusch et al., 1981). They used data from a large national study of adolescents (aged 12 to 17) that included physicians' ratings of the adolescents' physical maturity, using the Tanner stages described in Chapter 2.

In two ways they demonstrated that physical maturation did not predict whether adolescents had begun dating. First, they looked at adolescents who were of different ages (12 to 15) but who were all at Tanner's Stage 3 of physical maturity and found that the older adolescents were more likely to have begun dating even though all the adolescents were at the same level of physical maturity (see Figure 9.1). Second, they showed that adolescents of a particular age were more or less equally likely to have begun dating regardless of their level of physical maturity. For example, few of the 12-year-olds had begun dating, even though they varied widely in their level of physical maturation.

Adolescents' reports of the reasons they date include the following (Paul & White, 1990):

- *Recreation* (fun and enjoyment);
- *Learning* (becoming more skilled at dating interactions);
- *Status* (impressing others according to how often one dates and whom one dates);

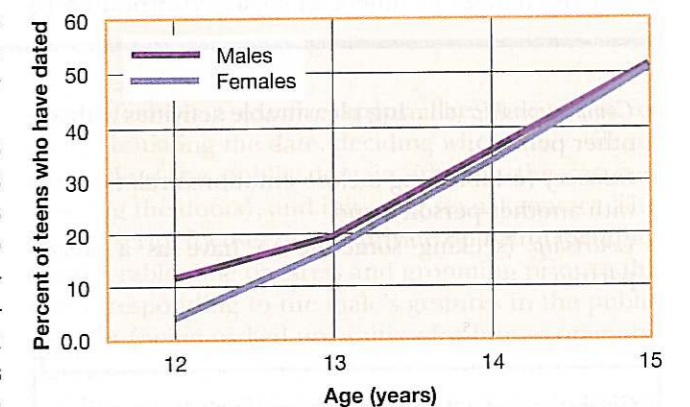


FIGURE 9.1 Proportion of adolescents at Tanner's Stage 3 of maturity who have ever had a date.

Source: Dornbusch et al. (1981).





## HISTORICAL FOCUS

### The Birth of Dating

Dating is not a universal practice but a relatively recent cultural invention, originating in Western societies in the early 20th century. The birth of dating in the United States is described in a book by historian Beth Bailey (1989) called *From Front Porch to Back Seat: Courtship in Twentieth-Century America*. Bailey describes how, at the beginning of the 20th century, the primary system of courtship in the American middle class was not dating but “calling.” A young man would “call” on a young woman, at her invitation, by visiting her at home. There he would meet her family, and then the two young people would be allowed some time together, probably in the family parlor. They would talk, perhaps have some refreshments she had prepared, and she might play piano for him.

Dating became increasingly popular in the first two decades of the 20th century, and by the early 1920s dating had essentially replaced calling as the accepted mode of courtship for young people in the American middle class. This amounted to a revolution in American courtship. Dating meant going out to take part in some kind of shared activity. This moved the location of courtship out of the home and into the public world—restaurants, theaters, and dance halls. It also removed the young couple from the watchful eye of the girl’s family to the anonymity of the public world.

Why did calling decline and dating arise? A number of changes in American society contributed to

this. One was that Americans were becoming increasingly concentrated into large urban areas. Families living in urban areas tended to have less space in their homes, so that the parlor and the piano that had been the focus of calling were not as likely to be available. The cities also offered more excitement, more things for young people to go out and do than small towns did. The invention and mass production of the automobile also contributed, because it gave young people greater mobility, a greater range of places they could go.

The birth of dating greatly diminished the amount of control that could be exercised by parents and gave young people new opportunities for sexual exploration. When calling was the norm, not much was likely to go on between young lovers in the parlor that the rest of the family would not know about. It is certainly no coincidence that a sexual revolution took place at the same time as the change from calling to dating, with sexual experimentation before marriage—up to intercourse—becoming more accepted. Dating made the sexual revolution of the 1920s possible by providing more sexual opportunities. Although the change from calling to dating marked a decline in parental control and an increase in young people’s independence, parents maintained a degree of control in part by setting curfews (as many still do).

A second important consequence of the birth of dating was that it changed the balance of power in

courtship from the female to the male. In the calling system, it was the girl who took the initiative. She could ask a young man to call on her, or not ask him. He could not ask her if it would be okay for him to call—not without being regarded as rude and unmannerly. But in the dating system, the male became the initiator. He could ask her on a date, but she could not ask him. And of course going on a date almost always meant spending money, his money, which further increased his power in the relationship. This promoted a view that she owed him sexual favors of some kind, in return for what he spent on the date. As one boy of the 1920s wrote, “When a boy takes a girl out and spends \$1.20 on her (like I did the other night) he expects a little petting in return (which I didn’t get)” (Bailey, 1989, p. 81).

One other point that should be mentioned is that both calling and the early decades of dating took place mostly among emerging adults rather than adolescents. Calling was considered a serious step, a prelude to a possible marriage proposal rather than simply a form of youthful recreation. Because early in the 20th century marriage did not take place for most young people until they were in their early-to-



By the 1920s, dating had become common among American young people.

midtwenties, they rarely took part in calling until they were about age 20. When dating replaced calling, at first dating, too, was an activity mainly of young people in their twenties. Young people in their teens were rarely allowed to go out as unchaperoned couples. It was only toward the middle of the century, as the marriage age declined and as enrollments in high school grew, that dating began to be acceptable for young people in their teens.

- *Companionship* (sharing pleasurable activities with another person);
- *Intimacy* (establishing a close emotional relationship with another person); and
- *Courtship* (seeking someone to have as a steady partner).

### THINKING CRITICALLY

Given that sexual contact in some form is often part of dating, why do you suppose sex was not mentioned among adolescents’ and emerging adults’ reasons for dating in the studies described here?

However, adolescents’ reasons for dating tend to change as they enter emerging adulthood. One study investigated views of the functions of dating among early adolescents (6th grade), late adolescents (11th grade), and college students (Roscoe, Dian, & Brooks, 1987). The early and late adolescents were similar in their views. Both considered recreation to be the most important function of dating, followed by intimacy and then status. In contrast, for the college students intimacy ranked highest, followed by companionship, with recreation a bit lower, and status much lower.

What adolescents look for in a romantic partner also changes with age, at least for boys. During middle adolescence boys mention physical attractiveness

prominently as a quality they look for, whereas girls emphasize interpersonal qualities such as support and intimacy. By late adolescence, however, both males and females emphasize interpersonal qualities, and what they seek is highly similar: support, intimacy, communication, commitment, and passion (Feiring, 1996; Levesque, 1993; Shulman & Scharf, 2000).

Although adolescent girls have become a lot more assertive over the past 25 years in their relationships with boys, this does not mean that the old standards have expired entirely. Evidence indicates that **dating scripts**, the cognitive models that guide dating interactions, are still highly influenced by gender (Rose & Frieze, 1993). In general, males still follow a **proactive**

**script**, females a **reactive script**. The male script includes initiating the date, deciding where they will go, controlling the public domain (driving the car and opening the doors), and initiating sexual contact. The female script focuses on the private domain (spending considerable time on dress and grooming prior to the date), responding to the male’s gestures in the public domain (being picked up, waiting for him to open the doors), and responding to his sexual initiatives.

Thus, surveys indicate that adolescent boys are usually the ones who initiate a date, and most adolescent girls are reluctant to ask a boy out, although they are more likely to do so than in past generations. Bell (1988) interviewed adolescents about a variety of





Intimacy becomes more important in dating by late adolescence and emerging adulthood.

aspects of dating, and some of the things they had to say about initiating a date are revealing.

From the boy's perspective:

"I think boys have it really hard. Once you get to be a teenager, suddenly everybody expects you to start calling up girls and going out with them. But, hey, I think it takes a lot of courage to call a girl up and ask her out. You know, you always worry that she'll say no.... It's not so easy for me to just pick up the phone and act cool. I get nervous." (Bell, 1988, p. 68)

From the girl's perspective:

"Sitting around waiting for the phone to ring is a big part of my life—you know, wondering if some boy's going to call and ask you out for the weekend. Like on Monday night I'll sit there and say to myself, 'Well, the phone's going to ring by the time I count to twenty-five.' Then if it doesn't ring I count to a new number. It makes me so nervous I can't concentrate on anything else and I'm always yelling at everybody else in my family to get off the phone if they're using it." (Bell, 1988, p. 68)

Even in college, males are more likely than females to initiate a date, but by that time it is also common for females to initiate. In one study, 72% of college women

had asked a man out within the past 6 months (McNamara & Grossman, 1991).

Dating is generally associated with positive development in adolescence. Adolescents who date regularly tend to be more popular and have a more positive self-image (Franzoni, Davis, & Vasquez-Suson, 1994; Long, 1989). However, this association to positive functioning depends partly on the age of the adolescents. In particular, for early adolescent girls, participating in mixed-gender group activities such as parties and dances may be positive, but dating in a serious relationship tends to be related to negative outcomes such as depressed mood (Graber et al., 1997; Hayward et al., 1997). Research has

not yet identified why this would be the case, but some scholars have suggested that it may be because early adolescent girls in a serious relationship often find themselves under their boyfriends' pressure to participate in sexual activity before they feel ready (Simmons & Blyth, 1987).

## Love

### Sternberg's Theory of Love

After two adolescents have dated for a while, the dating relationship sometimes develops into love. The best-known theory of love has been developed by Robert Sternberg (1986, 1987, 1988). Sternberg proposes that different types of love involve combining three fundamental qualities of love in different ways. These three qualities are passion, intimacy, and commitment. *Passion* involves physical attraction and sexual desire. It is emotional as well as physical and may involve intense emotions such as desire, anxiety, delight, anger, and jealousy. *Intimacy* is feelings of closeness and emotional attachment. It includes mutual understanding, mutual support, and open communication about issues not discussed with anyone else. *Commitment* is the pledge to love someone over the long run, through the ups and downs that are often part of love. Commitment is what sustains a long-term relationship through fluctuations in passion and intimacy.

These three qualities of love can be combined into seven different forms of love, as follows:

- **Liking** is intimacy alone, without passion or commitment. This is the type of love that characterizes most friendships. Friendships often involve some level of intimacy, but without passion, and without an enduring commitment. Most people have many friendships that come and go in the course of their lives.
- **Infatuation** is passion alone, without intimacy or commitment. Infatuation involves a great deal of physiological and emotional arousal, and a heightened level of sexual desire, but without emotional closeness to the person or an enduring commitment.
- **Empty love** is commitment alone, without passion or intimacy. This might apply to a couple who have been married for many years and who have lost the passion and intimacy in their relationship but nevertheless remain together. It could also apply to the early stage of marriage in cultures where marriages are arranged by the parents rather than chosen by the young people themselves (Hatfield & Rapson, 1996; Schlegel & Barry, 1991). However, arranged marriages that begin as empty love may also develop passion and intimacy.
- **Romantic love** combines passion and intimacy, but without commitment. This is the kind of love people mean when they talk about being "in love." It is often experienced as intense and joyful.
- **Companionate love** combines intimacy and commitment, but without passion. It may be applied to married or long-term couples who have gradually decreased in their passion for each other but have maintained the other qualities of their love. It could also be applied to unusually close friendships, as well as to close family relationships.
- **Fatuous** (which means "silly" or "foolish") love involves passion and commitment without intimacy. This kind of love would apply to a "whirlwind" courtship where two people meet, fall passionately in love, and get married, all within a few weeks, before they even have time to know each other well.
- **Consummate love** integrates all three aspects of love into the ultimate love relationship. Of course, even if consummate love is reached in a relationship, over time passion may fade, or intimacy may falter, or commitment may be betrayed. But this is the kind of love that represents the ideal for many people.

## THINKING CRITICALLY

Do you think most people are capable of consummate love by the time they reach emerging adulthood? Why or why not?

How does Sternberg's theory of love apply to adolescence? Perhaps most obvious would be that in most adolescent love relationships, commitment is either missing or highly tentative (Feldman & Cauffman, 1999). Most adolescent relationships last only a few weeks or months; few of their relationships last a year or longer (Feiring, 1996; Furman & Simon, 1999). This does not mean that adolescents are incapable of commitment, it simply reflects the fact that in industrialized countries today most people are not likely to get married until they are in at least their mid- to late twenties. Under these circumstances, it is understandable that adolescents' love relationships would involve commitment much less than passion or intimacy. Commitment tends to develop in emerging adulthood, when young people begin looking more seriously for someone with whom they may have a lifelong love relationship.

One study indicated the relative strength of passion, intimacy, and commitment in adolescent love (Feiring, 1996). In this study, although the majority of the 15-year-old adolescents had been in a relationship that lasted for a few months, only 10% had been in a relationship that lasted for a year or longer (indicating weak commitment). However, during the relationship, contact was frequent (perhaps reflecting passion). Adolescents reported seeing their loved ones and talking to them on the phone on an almost daily basis during the relationship. Furthermore, the adolescents rated companionship, intimacy, and support as the most valued dimensions of their relationships (showing the importance of intimacy), whereas security—an aspect of commitment—ranked low.

The absence of long-term commitment in adolescence means that there are two principal types of adolescent love, infatuation and romantic love. (I do not include liking because it applies mainly to friends, not lovers.) Infatuation is common among adolescents, partly because they are new to love and the first few times they "fall in love" they may take passion alone as enough evidence of love, due to passion's intensity of feeling and of sexual desire. For example, imagine two adolescents who sit next to one another in math class, exchange occasional smiles, maybe flirt a little before and after class. She finds herself daydreaming of him



as she lies in her bedroom and listens to love songs; he starts writing her name surreptitiously in the margins of his notebook when his mind drifts during class. It feels like love to both of them, and it is a certain kind of love, but it lacks the element of intimacy that people come to desire and expect from love once they become more experienced with it.

Adolescents can experience intimacy in their relationships, too, and combine passion and intimacy to create romantic love (Collins & Sroufe, 1999). The passion is there, with its heightened emotions and sexual desire, but now it is combined with intimacy, as two adolescents spend time together and come to know each other, and begin to share thoughts and feelings that they share with no one else. The prominence of intimacy in romantic relationships tends to grow through adolescence and into emerging adulthood (Brown, 1999; Furman & Wehner, 1997; Levesque, 1993).

Adolescents could even experience consummate love, combining passion, intimacy, and commitment. Some “high school sweethearts” continue their relationship long after high school, and even marry and stay together their whole lives. However, this is rare among adolescents, especially in the current generation. With the typical marriage age so high, it is not until emerging adulthood that most young people begin thinking about finding someone to commit themselves to for years to come (Brown, 1999; Greene et al., 1992). For this reason, adolescent love relationships rarely progress past infatuation and romantic love to consummate love.

### Adolescent Passion in Non-Western Cultures

It is not only in the West, and not only in industrialized countries, that adolescents experience infatuation and romantic love. On the contrary, feelings of passion appear to be a virtually universal characteristic of young people. Jankowiak and Fischer (1992) investigated this issue systematically by analyzing the *Standard Cross-Cultural Sample*, a collection of data pro-



Infatuation and romantic love are the most common types of love in adolescence.

vided by anthropologists on 186 traditional cultures representing six distinct geographical regions around the world. They concluded that there was evidence that young people fell passionately in love in *all but one* of the cultures studied. In all the other cultures, even though they differed widely in geographical region, economic characteristics, and many other ways, young lovers experienced the delight and despair of passionate love, told stories about famous lovers, and sang love songs.

However, this does not mean that young people in all cultures are allowed to act on their feelings of love. On the contrary, romantic love as the basis for marriage is a fairly new cultural idea (Hatfield & Rapson, 1996). As we will see in more detail later in this chapter, in most cultures throughout most of history marriages have been arranged by parents, with little regard for the passionate desires of their adolescent children. Consequently, many cultures also have some version of the Romeo and Juliet story, about a tragic young couple whose love was thwarted by adults forbidding them to marry, and who defied this prohibition by committing suicide together (Hatfield & Rapson, 1996). These stories are commemorated and passed down through poems, songs, plays, and legends. Although these tales of dual suicide for love have a powerful appeal to adolescents all over the world, in real life eloping is a more popular strategy for evading the obstacles to love erected by adults and by cultural customs (Jankowiak & Fischer, 1992).

### Falling in Love

“*[T]he person I marry] would have to be someone who was of the same religion that I was and also the same ethnicity as me. And sometimes when I say that people take it that I’m prejudiced or something. But it’s not necessarily that, because I have a lot of traditions and customs that I grew up with and I want someone who understands the same traditions and everything. So I’ve always looked for someone who was Latino. And I’ve always looked for someone who was Catholic because I’m Catholic.*”

—SYLVIA, 22-YEAR-OLD LATINA (ARNETT, 2003a)

How do adolescents and emerging adults choose romantic partners? Do “opposites attract,” or do “birds of a feather flock together”? The bird metaphor prevails for adolescents and emerging adults and throughout adulthood (Laursen & Jensen-Campbell, 1999). Just as we have seen with friendships, people of all ages tend to be most likely to have romantic relationships with people who are similar to them in characteristics such as intelligence, social class, ethnic background, religious beliefs, and physical attractiveness (Lykken & Tellegen, 1993; Michael et al., 1995). Of course, sometimes opposites *do* attract, and partners fall in love even though (and perhaps because) they may differ widely in their characteristics. For the most part, however, people are attracted to others who are like themselves. Social scientists attribute this to **consensual validation**, meaning that people like to find in others an agreement, or *consensus*, with their own characteristics. Finding this consensus supports, or *validates*, their own way of looking at the world.

For example, if you have a partner who shares your religious beliefs, the two of you will validate each other in the beliefs that you possess and in the prescriptions for behavior that follow from those beliefs. However, if one of you is devout and the other is an atheist, you are likely to find that your different ways of looking at the world lead to conflicts of beliefs and behavior. One of you wants to go to religious services, the other scoffs that it is a waste of time. Most people find this kind of regular collision of preferences disagreeable, so they seek people who are like themselves to minimize the frequency of collisions (Rosenbaum, 1986; Laursen & Jensen-Campbell, 1999).

After the initial attraction, how does love develop? There has been surprisingly little research on romantic relationships in adolescence (Furman, Brown, & Feiring, 1999). However, one promising line of theory and

research has explored similarities between attachments to romantic partners and attachments to parents (Furman, 2002; Furman & Simon, 1999; Shaver & Hazan, 1993). Romantic partners try to maintain regular proximity to each other, the way children try to maintain proximity to parents. Romantic partners also seek each other out for comfort and protection in times of crisis, as children do their parents. Romantic partners also use one another as a “secure base,” a source of psychological security, as they go out to face the challenges in the world, the way children use their parents as a secure base. Also, whether the attachment is to a lover or a parent, extended separation is experienced as a source of distress, and the loss of the person is deeply painful. Of course, there are differences as well between attachments to lovers and attachments to parents, most notably that attachments between lovers include a sexual element that attachments to parents do not.

Attachment styles between lovers have been found to resemble the parent–child attachment styles we have discussed—secure, anxious-ambivalent, and anxious-avoidant (Shaver & Hazan, 1993). Secure attachments in romantic relationships are characterized by emotional support and concern for the partner’s well-being. Anxious-ambivalent attachments are characterized by overdependence on the romantic partner along with insensitivity to the partner’s needs. Anxious-avoidant attachments involve keeping emotional distance from the romantic partner and inhibiting self-disclosure. It has been suggested that these attachment styles to romantic partners may be based on earlier attachments to parents (Collins & Sroufe, 1999; Creasey & Hesson-McInnis, 2001; Gray & Steinberg, 1999).

Research on attachments in romantic relationships has focused on college students and adults, and some scholars have suggested that attachments are rare between romantic partners in adolescence (Furman et al., 1999; Hazan & Zeifman, 1994). In this view, the brief and transient quality of romantic relationships in adolescence means that those relationships lack the sense of security that develops in a genuine attachment—they lack the element of commitment, as we have noted in terms of Sternberg’s theory. Attachments may be more likely to develop in emerging adulthood, when romantic relationships often become longer, more intimate, and more serious (Furman & Wehner, 1997). However, age is not all that matters—some adolescent lovers do develop genuine attachments, and many emerging

“FALL IN LOVE, FALL INTO DISGRACE.”  
—CHINESE PROVERB



adults have a variety of brief romantic relationships that contain little in the way of commitment or attachment.

Another way that romantic relationships tend to be different in adolescence than in emerging adulthood or adulthood is that in adolescence the peer context of romantic relationships tends to be especially important (Brown, 1999). We have noted, especially in the previous chapter, that adolescence is a time when responsiveness to the opinions of friends and peers reaches its peak. Adolescents tend to be highly aware of and concerned about the social worlds of friendships, cliques, and crowds, and consequently friends and peers exercise considerable power over their love lives. A substantial amount of the conversation among friends, especially in early adolescence, involves questions of who likes whom and who is “going with” or “hooking up with” whom, questions often explored with much joking and teasing (Brown, 1999; Eder, 1993). Adolescent friends often monitor each other’s romantic interests and are quick to offer inspiration, guidance, support, or scorn (Thompson, 1994).

Bradford Brown (1999) has proposed a developmental model of adolescent love that recognizes the important role played by peers and friends. Brown’s model contains four phases: the **initiation phase**, the **status phase**, the **affection phase**, and the **bonding phase**. The initiation phase usually takes place in early adolescence, when the first tentative explorations of romantic interests begin. These explorations are usually superficial and brief, and are often fraught with anxiety and fear, in addition to excitement. The anxiety and fear result in part from the novelty of romantic feelings and behaviors, but also from adolescents’ awareness that these new feelings and behaviors are subject to scrutiny and potential ridicule from their friends and peers.

In the status phase, adolescents begin to gain confidence in their skills at interacting with potential romantic partners, and they begin to form their first romantic relationships. In forming these relationships, they remain acutely aware of the evaluations of their friends and peers. In considering a potential romantic partner, they assess not just how much they like and are attract-

“WE ARE NEVER SO DEFENSELESS AGAINST SUFFERING AS WHEN WE LOVE, NEVER SO FORLORNLY UNHAPPY AS WHEN WE HAVE LOST OUR LOVE OBJECT OR ITS LOVE.”  
—SIGMUND FREUD

ed to the person, but also how their status with friends and peers would be influenced. Peer crowds represent a clear status hierarchy, and adolescents usually date others who have similar crowd status, but lower-status adolescents often fantasize about and may attempt a romantic relationship with someone of higher status—“nerd loves popular girl/boy” is a popular premise for many a movie and television show involving adolescents. Friends may act as messengers in the status phase, inquiring on behalf of a friend to see if a potential love partner might be interested. This is a way of gaining information without risking the direct humiliation—and loss of status—that may result from inquiring oneself.

In the affection phase, adolescents come to know each other better and express deeper feelings for each other, as well as engaging in more extensive sexual activity. Relationships in this phase tend to last for several months, rather than for weeks or days as in the previous two phases. Because intimacy is greater in this phase, romantic relationships become more emotionally charged, and adolescents face greater challenges in managing these strong emotions. The role of peers and friends changes, too. Peers become less important as the relationship grows and the importance of status diminishes, but friends become even more important as *private eyes* who keep an eye on the friend’s romantic partner to monitor faithfulness, as *arbitrators* between romantic partners when conflicts occur, and as *support systems* who provide a sympathetic ear when romantic difficulties or complexities arise. Issues of jealousy may also arise, if friends begin to resent the amount of time and closeness the adolescent devotes to the romantic partner at the expense of the friendship.

In the bonding phase, the romantic relationship becomes more enduring and serious, and partners begin to discuss the possibility of a lifelong commitment to each other. This phase usually occurs in emerging adulthood rather than adolescence. The role of friends and peers recedes in this phase, as the question of others’ opinions becomes less important than issues of compatibility and commitment between the romantic partners. Nevertheless, friends may continue to provide guidance and advice, as someone to talk with about whether the romantic partner is the right person with whom to form a lifelong commitment.

### When Love Goes Bad: Breaking Up

Love in adolescence and emerging adulthood is not only about affection and bonding. On the contrary, love is often the source of anxiety and distress as well.

Because most young people have a series of love relationships, most of them experience “breaking up,” the dissolution of a relationship, at least once (Battaglia et al., 1998).

What is breaking up like for adolescents and emerging adults? For adolescents, egocentrism may contribute to the intensity of the unhappiness following a breakup. Egocentrism’s personal fable can contribute to adolescents’ feeling that their suffering in the aftermath of a breakup is something that no one has ever experienced as deeply as they experience it and that the pain of it will never end. “I just feel like my life’s over, like there’s never going to be anything to smile about again,” one 17-year-old girl lamented after breaking up (Bell, 1998, p. 71). However, few systematic studies of breaking up in adolescence have been done (Brown et al., 1999).

In contrast, quite a few studies have been conducted on college students’ experiences with breaking up. One of the best of these studies was conducted in the late 1970s (Hill, Rubin, & Peplau, 1979). The authors followed over 200 college couples for 2 years. By the end of the 2-year period, 45% of the couples had broken up. A variety of factors were related to likelihood of breaking up. Couples who had broken up reported lower levels of intimacy and love in their relationship at the beginning of the study and were also less likely to be similar on characteristics such as age, SAT scores, and physical attractiveness (note the role of consensual validation here). The broken-up couples were also less balanced at the beginning of the study, in the sense that one partner indicated substantially more commitment to the relationship than the other partner did.

Reasons the students stated for breaking up included boredom and differences in interests. However, couples rarely agreed on what had caused the breakup. Also, the two were rarely equal in how the breakup affected them. Contrary to stereotypes that portray females as more susceptible to love than males, the study found (as other studies have found) that the woman was more likely to end the relationship, and that rejected men tended to be lonelier, unhappier, and more depressed than rejected women. Rejected men also found it harder than rejected women to accept the end of the relationship and to stay friends with their former partner.

More recently, Sprecher (1994) interviewed 101 college couples who had broken up, and compiled a list of the 10 most common reasons the couples gave for breaking up (Table 9.1). In contrast to Hill and colleagues (1979), Sprecher (1994) found that couples generally

agreed about why they had broken up. However, like Hill and colleagues, the couples studied by Sprecher gave boredom and lack of common interests as prominent reasons for breaking up, along with factors such as different backgrounds and different attitudes regarding sex and marriage. Broken-up couples appear to lack the consensual validation that most people find attractive in an intimate relationship (Felmlee, 2001).

The emotions involved in love are intense, and breaking up often provokes sadness and a sense of loss. In one study of college students, *over half* of those who had broken up were at least moderately depressed 2 months later (Means, 1991). Breaking up can also inspire “romantic harassment” that involves unwanted pursuit of the ex-partner (Langhinrichsen-Rohling, Palarea, Cohen, & Rohlin, 2002). In one study (Jason, Reichler, Easton, Neal, & Wilson 1984) romantic harassment was defined as “the persistent use of psychological or physical abuse in an attempt to continue dating someone after they have clearly indicated a desire to terminate a relationship” (p. 261). Using this definition, it was found that over half of female college students had been romantically harassed at some time. Romantic harassment included behavior such as telephoning late at night, repeatedly telephoning the woman at home or at work, systematically watching or following her in public, sending repeated love letters, insulting her, physically attacking her, and even threatening to kill her.

Table 9.1 Reasons for Breaking Up

#### Reasons Referring to the Self

- I desired to be independent.
- I became bored with the relationship.

#### Reasons Referring to the Partner

- My partner desired to be independent.
- My partner became bored with the relationship.
- My partner became interested in someone else.

#### Reasons Referring to the Couple’s Interaction

- We had different interests.
- We had communication problems.
- We had conflicting sexual attitudes and/or problems.
- We had conflicting marriage ideas.
- We had different backgrounds.

Source: Sprecher (1994), p. 217.





The women in the study indicated that when they confronted their harassers, the men rarely conceded that what they were doing was harassment. According to the men, they were merely trying to break through the woman's resistance and reestablish the love relationship.

The experience was highly stressful for the women. They reported feeling acute fear, anxiety, and depression during the harassment and experienced nervous physical symptoms such as stomachaches and nervous tics. The women tried a variety of strategies to deter their harassers, from ignoring them to trying to reason with them to being rude to threatening them. Some changed their phone number or moved; some had a parent or boyfriend talk to or threaten them. None of these strategies worked very well in the short term. The best defense was simply time—eventually the harassers gave up.

### Choosing a Marriage Partner

Although love has its dark side, for most people love is a source of joy and contentment, and the positive emotions experienced with love become steadily stronger from early adolescence through emerging adulthood (Fehr, 1993; Fitness & Fletcher, 1993; Larson, Clore, & Woods, 1999). Perhaps for this reason, it has been true consistently for many decades that about 90% of people in most societies eventually marry (Carroll & Wolpe, 1996). How do young people choose a marriage partner?

In the chapter on gender we discussed the kinds of characteristics that adolescents use to describe the ideal man and the ideal woman. The most important qualities considered ideal for both genders were personal qualities such as being kind and honest, whereas qualities such as having a lot of money and being popular ranked quite low (Gibbons & Stiles, 1997).

The same kinds of results have been found in studies that ask young people about the qualities they consider most important in the person they marry. Psychologist David Buss (1989) carried out a massive study of over 10,000 young people in 37 countries on this question. The countries were from all over the world, including Africa, Asia, Eastern and Western Europe, and North and South America. The questionnaire had to be translated into 37 languages, with great care taken to make the meanings of the words (e.g., *love*) equivalent in every country. In many of the countries, a high proportion of the young people were illiterate, so the questions had to be read aloud to them.

Despite all of these challenges, the results showed impressive consistencies across countries and across genders (see Table 9.2). "Mutual attraction—love" ranked first across countries, followed by "dependable character," "emotional stability and maturity," and "pleasing disposition." Similarity in religious and political background ranked very low, which is surprising given that (as noted earlier) people tend to marry others who are similar to them in these ways. "Good financial prospects" also ranked fairly low, as "having a lot of money" did in the studies of adolescents' views of the ideal man and the ideal woman.

Although the cross-cultural similarities were strong and striking, some cross-cultural differences in what young people preferred in a marriage partner were also notable. The sharpest cross-cultural division was on the issue of chastity (marrying someone who has never had sex before). In Eastern cultures (e.g., China, India, Indonesia) and Middle Eastern cultures (Iran, Palestinian Arabs in Israel), chastity was rated as highly important. However, in the West (e.g., Finland, France, Norway, Germany), chastity was generally considered unimportant.

Table 9.2 The Importance of Various Traits in Mate Selection Throughout the World

Men's Ranking of Various Traits <sup>1</sup>	Women's Ranking of Various Traits <sup>1</sup>
1. Mutual attraction—love	1. Mutual attraction—love
2. Dependable character	2. Dependable character
3. Emotional stability and maturity	3. Emotional stability and maturity
4. Pleasing disposition	4. Pleasing disposition
5. Good health	5. Education and intelligence
6. Education and intelligence	6. Sociability
7. Sociability	7. Good health
8. Desire for home and children	8. Desire for home and children
9. Refinement, neatness	9. Ambition and industrious
10. Good looks	10. Refinement, neatness
11. Ambition and industrious	11. Similar education
12. Good cook and housekeeper	12. Good financial prospect
13. Good financial prospect	13. Good looks
14. Similar education	14. Favorable social status or rating
15. Favorable social status or rating	15. Good cook and housekeeper
16. Chastity (no previous experience in sexual intercourse)	16. Similar religious background
17. Similar religious background	17. Similar political background
18. Similar political background	18. Chastity (no previous experience in sexual intercourse)

<sup>1</sup>The lower the number, the more important men and women throughout the world consider this trait to be (on the average). Source: Based on Hatfield & Rapson (1996).

### Arranged Marriages

As noted earlier, although romantic love is found in all cultures, it is not considered the proper basis of marriage in all cultures. In fact, the idea that romantic love should be the basis of marriage is only about 300 years old in the West and is even newer in most of the rest of the world (Hatfield & Rapson, 1996). Marriage has more often been seen by cultures as an alliance between two *families*, rather than as the uniting of two individuals (Dion & Dion, 1993; Stone, 1990). Parents and other adult kin have often held the power to arrange the marriages of their young people, sometimes with the young person's consent, sometimes without it. The most important considerations in an **arranged marriage** did not usually include the prospective bride and groom's love for one another—often they did not even know each other—or even their personal compatibility. Instead, the desirability of marriage between them was decided by each family on the basis of the other family's status, religion, and wealth.

Economic considerations have often been of primary importance.

A cultural of arranged marriage implies different expectations for the marriage relationship. Hsu (1985) has observed that Eastern and Western cultural traditions have distinct differences in expectations of intimacy in marriage. In the West, young people expect marriage to provide intimacy as well as passion and commitment. They leave their homes and families well before marriage, and they expect their closest attachment in adulthood to be with their marriage partner. For example, in one national survey in the United States, 94% of single Americans in their twenties agreed that "when you marry you want your spouse to be your soul mate, first and foremost" (Popenoe & Whitehead, 2001).

However, in the East, where many cultures have a tradition of arranged marriage, much less has been demanded of marriage. Commitment comes first, and passion is welcomed if it exists initially or develops eventually, but expectations of intimacy in marriage are



“WHEN TWO PEOPLE ARE UNDER THE INFLUENCE OF THE MOST VIOLENT, MOST INSANE, MOST DELUSIVE, AND MOST TRANSIENT OF PASSIONS, THEY ARE REQUIRED TO SWEAR THAT THEY WILL REMAIN IN THAT EXCITED, ABNORMAL, AND EXHAUSTING CONDITION CONTINUOUSLY UNTIL DEATH DO THEM PART.”

—GEORGE BERNARD SHAW, *GETTING MARRIED* (1908)

own spouse is a high percentage compared with any time in the past in India, when the percentage would have been close to zero. A similar pattern is taking place in many other cultures with a tradition of arranged marriage, (Stevenson & Zusho, 2002). Increasingly, young people in these cultures believe that they should be free to choose their mate or at least to have a significant role in whom their parents choose for them. Globalization has increased the extent to which young people value individual choice and the individual's pursuit of happiness, and these values are difficult to reconcile with the tradition of arranged marriage (Hatfield & Rapson, 1996).

Consequently, in many cultures the tradition of arranged marriage has become modified. Today in most Eastern cultures, the “semi-arranged marriage” is the most common practice (Naito & Gielen, 2002). This

modest. On the contrary, people expect to find intimacy mainly with their family of origin—their parents, their siblings—and eventually with their own children.

Currently, even cultures with a tradition of arranged marriage are beginning to change in their marriage expectations through the influence of globalization. India, for example, has a history of arranged marriage that has existed for 6,000 years (Prakasa & Rao, 1979). Today, however, nearly 40% of adolescent Indians intend to choose their own mates (Saraswathi, 1999). This still leaves the majority (60%) who expect an arranged marriage, but for 40% to choose their

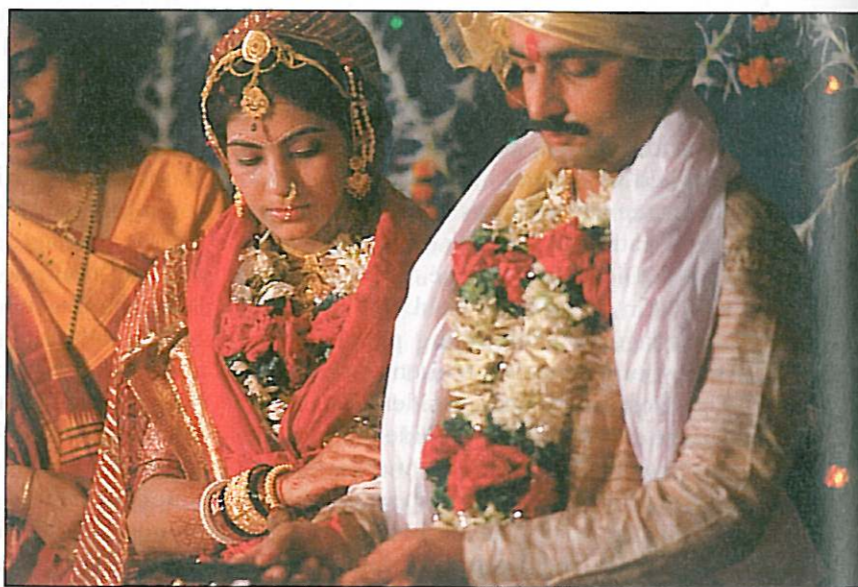
means that parents influence the mate selection of their children, but do not simply decide it without the children's consent. Parents may introduce a potential mate to their child. If the young person has a favorable impression of the potential mate, they date a few times. If they agree that they are compatible, they marry. Another variation of semi-arranged marriage is that young people meet a potential mate on their own, but seek their parents' approval before proceeding to date the person or consider them as a potential marriage partner.

It is difficult to say if semi-arranged marriage will be an enduring form or if is a transitional stage on the way to the end of the tradition of arranged marriage. Although semi-arranged marriages are now common in Eastern cultures, it is also increasingly common for young people to choose their own marriage partner (Saraswathi, 1999; Stevenson & Zusho, 2002). Matchmaking services, including some through the Internet, have also become increasingly popular. Recreational dating remains rare in Asian cultures, but it is more common than in the past, and it may grow in the future.

### Cohabitation

“I don't see how people can get married without living together. I wanted to make sure that she doesn't throw her socks on top of the sink and if she puts the top back on the toothpaste and stuff. All those little things.”

—MIKE, AGE 25 (IN ARNETT, 2003a).



Arranged marriages are still common in countries such as India.

## THINKING CRITICALLY

Why do you think cohabitation before marriage is related to higher likelihood of divorce?

## Sexuality

As we have discussed throughout this book, puberty and the development of sexual maturation are central to adolescence. We have seen how reaching sexual maturity has multiple effects on young people's development, from relationships with parents to gender intensification. However, like other aspects of development in adolescence and emerging adulthood, sex cannot be understood apart from its cultural context. Because human beings are shaped so much by their cultural and social environment, when considering sexual issues we have to think not just of sex but of **sexuality**, that is, not just biological sexual development but also sexual values, beliefs, thoughts, feelings, relationships, and behavior. Thus, our focus in this section will be not just on sex but on sexuality.

### Rates of Adolescent Sexual Activity

Most of the research on adolescent sexuality focuses on sexual intercourse, perhaps because of concerns about problems such as adolescent pregnancy and sexually transmitted diseases. However, intercourse is only one part of adolescent sexuality, and it is not the most widespread or the most frequent part of adolescent sexual activity. Most American adolescents have a considerable amount of other kinds of sexual experience before they have intercourse for the first time (Brooks-Gunn & Paikoff, 1997), and for most, intercourse is reached through a progression of stages lasting many years (Brooks-Gunn & Paikoff, 1993). The progression often begins with masturbation, followed by necking and petting, sexual intercourse, and oral sex.

### Masturbation

“Even if you know [masturbation] is normal and all that, you still lock the door! You don't go around advertising that you're doing it. There are all these jokes like, ‘What are you doing after school today?’ ‘Oh, I'm going home to beat off.’ You know, Ha-ha-ha-ha. That kind of thing. But even if everybody does it and everybody knows everybody does it, you still pretend you don't.”

—JOHNNY, AGE 15 (IN BELL, 1998, p. 97)

Increasingly in industrialized countries, marriage no longer marks the beginning of living with a romantic partner. In the United States as well as in northern European countries, **cohabitation** before marriage is now experienced by at least two-thirds of emerging adults (Hurrelmann & Settertobulte, 1994; Michael et al., 1995; Nurmi & Siurala, 1994; Wu, 1999). The percentage is highest in Sweden, where nearly all young people cohabit before marriage (Hoem, 1992; Duwander, 1999). In the United States, average age of first cohabitation is 22 for men and 20 for women (Michael et al., 1995). Cohabitation tends to be brief and unstable for young Americans. One recent study found that half of cohabiting relationships lasted less than a year, and only 1 in 10 couples were together 5 years later (Bumpass & Liu, 2000). In contrast, cohabiting couples in European countries tend to stay together as long as married couples (Hacker, 2002).

However, in Europe there are distinct differences in cohabitation between north and south (Kieran, 2002). Emerging adults in southern Europe are considerably less likely than their counterparts in the north to cohabit; most emerging adults in southern Europe live at home until marriage (Chisholm & Hurrelmann, 1995), especially females. Perhaps due to the Catholic religious tradition in the south, cohabitation carries a moral stigma in the south that it does not have in the north (Martinez, Miguel, & Fernandez, 1994).

Young people choose to cohabit in part because they wish to enhance the likelihood that when they marry, it will last (Carroll & Wolpe, 1996). Indeed, in a national (American) survey of 20- to 29-year-olds, 62% agreed that “Living together with someone before marriage is a good way to avoid eventual divorce” (Popenoe & Whitehead, 2001). However, for Americans cohabitation before marriage is related to higher rather than lower likelihood of later divorce (Cohan & Kleinbaum, 2002). This may be because cohabiting couples become used to living together while maintaining separate lives in many ways, especially financially, so that they are unprepared for the compromises required by marriage. Also, even before entering cohabitation, emerging adults who cohabit tend to be different from emerging adults who do not—less religious, more skeptical of the institution of marriage, and more accepting of divorce (Carroll & Wolpe, 1996; Cohan & Kleinbaum, 2002; Wu, 1999). Thus, it may not be that cohabiting makes divorce more likely, but that cohabiting is more likely to be chosen by emerging adults who are already at greater risk of future divorce than their peers.



Sexuality involves some of the most complex and intricate social interactions of any area of human behavior, but for many American adolescents their first sexual experiences take place alone. This is especially true for boys. Consistently for over a half century, studies have found that the majority of boys begin masturbating by age 13 and about 90% of boys masturbate by age 19 (Halpern, Udry, Suchindran, & Campbell, 2000; Masters, Johnson, & Kolodny, 1994). Masturbation among adolescent boys tends to occur frequently, about five times a week on average (Lopresto, Sherman, & Sherman, 1985).

For girls, the picture is quite different. In studies a half century ago only about 15% of females reported masturbating by age 13 and only about 30% reported masturbating by age 20 (Kinsey et al., 1953). In recent studies these percentages have increased, but it remains true that girls report considerably lower rates of masturbation than boys. About 33% of girls report masturbating by age 13, and 60% to 75% by age 20 (Chilman, 1983; Masters et al., 1994). Girls who masturbate do so less frequently than boys, although with considerable individual variability (Chilman, 1983; Leitenberg et al., 1993). For both boys and girls, masturbation is not just a sexual release for adolescents who are not having intercourse. On the contrary, adolescents who have had sexual intercourse are more likely to masturbate than adolescents who have not (Chilman, 1983).

The increase in recent decades in adolescent girls' reports of masturbation is related to changes in cultural attitudes toward more acceptance of female sexuality and more acceptance of masturbation. By the late 1970s, over 70% of adolescents in their midteens agreed that "It's okay for a boy/girl my age to masturbate" (Hass, 1979). However, this is one of those findings where it is useful to ask about the validity of people's self-reports of their behavior. It could be that part of the increase in reported rates of girls' masturbation is due to girls' greater willingness to report it. For reasons of social desirability, they may have been less willing to report it 50 years ago than they are today. And even today, masturbation may be a particularly problematic topic in terms of self-report. Sex researchers find that both adolescents and adults are more reluctant to discuss masturbation than any other topic (Halpern et al., 2000). Although masturbation is both normal and harmless, many young people still feel guilty and frightened by it (Bell, 1998; Stein & Reiser, 1994).

## THINKING CRITICALLY

Do you think you would answer honestly if you were involved in a study on sexual behavior? Why or why not?

### Necking and Petting

*"When I was with my boyfriend and we were all alone for the first time, we were making out ... We were French-kissing real long kisses, so sometimes I had to pull away to catch my breath. He was rubbing my back and I was rubbing his."*

—JENNIFER, AGE 14 (IN BELL, 1998, P. 115)

After masturbation, sexual experience for White American adolescents tends to follow a sequence from kissing through intercourse and oral sex (Feldman, Turner & Arango, 1999). Kissing and necking (mutual touching and stroking above the waist) are the first sexual experiences most White adolescents have with a sexual partner. Very little research has been done on this early stage of adolescent sexual experience, but one study found that 73% of 13-year-old girls and 60% of 13-year-old boys had kissed at least once (Coles & Stokes, 1985). The same study found that 35% of the girls reported having their breasts touched by a boy, and 20% of the boys reported touching a girl's breast. By age 16, a majority of boys and girls have engaged in this breast-touching aspect of necking. The next step in the sequence is usually petting (mutual touching and stroking below the waist). By age 18, 60% of adolescents report vaginal touching and 77% report penile touching (Coles & Stokes, 1985). A more recent study that asked 18- to 25-year-olds to recall their earlier sexual behavior reported a similar sequence at similar ages, as shown in Table 9.3 (Feldman et al., 1999).

### Sexual Intercourse and Oral Sex

*"When I had intercourse for the first time it was because I really wanted to do it. We talked about it and sort of planned when we would do it... The actual intercourse wasn't as great for me as I thought it would be, but the part leading up to it and the part being together afterwards was really nice."*

—SERENA, AGE 19 (IN BELL, 1998, P. 124)

**Table 9.3 Average Age at First Experience of Various Sexual Behaviors, American Adolescents**

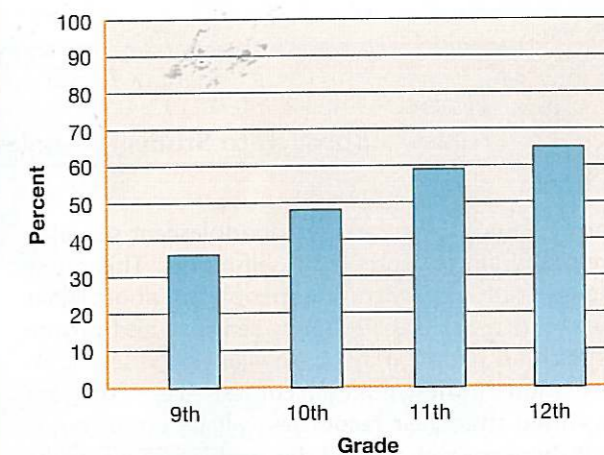
	Average Age at First Experience	
	Males	Females
Kissing	13.9	15.0
Touch breast	14.9	16.2
Touch penis	15.7	16.6
Touch vagina	15.4	16.4
Sexual intercourse	16.3	17.3
Oral sex	16.9	17.8

Source: Feldman et al., 1999.

Probably the most researched topic on adolescent sexuality is the timing of adolescents' first episode of sexual intercourse, and research on this topic goes back almost to the beginning of the 20th century. These studies indicate that between 1925 and 1965 the proportion of high school students who reported having had intercourse at least once changed little. The rate was consistently 10% for females, 25% for males (Chilman, 1983). However, these rates have changed dramatically since 1965. The proportion of high school students who reported having sexual intercourse at least once rose through the seventies and eighties and had reached 52% for girls and 54% for boys in the most recent national survey (CDCP, 2001). As you can see from Figure 9.2, the proportion of high school adolescents in the United States who have ever had intercourse rises steadily from 9th through 12th grades (CDCP, 2001).

A similar historical pattern has been found for college students. For several decades prior to the 1960s, about 40% of college students reported having had intercourse at least once. A steep increase took place in the late 1960s and early 1970s, and by the mid-1970s 75% of college students reported having had intercourse (Dreyer, 1982). This proportion has continued to rise slowly over the past 20 years, and the most recent figure is 80% (Hatfield & Rapson, 1996).

Patterns of first sexual intercourse in American society have shown distinct ethnic differences, at least in recent years. According to national surveys by the Centers for Disease Control and Prevention (1999), the proportion of high school students in grades 9–12 who have had intercourse is lowest for White adolescents



**FIGURE 9.2** Percentage of adolescents in grades 9 through 12 who have had sexual intercourse.

Source: Centers for Disease Control and Prevention (1999).

(49%), with Latino adolescents somewhat higher (58%), and African American adolescents (73%) highest. African American adolescents also report earlier ages of first intercourse. Twenty-four percent of African American adolescents report having intercourse by age 13, compared with just 9% of Latino adolescents and 6% of White adolescents.

The earlier timing of intercourse among Black adolescents appears to be related in part to a different progression of stages in their sexual behavior. Rather than moving gradually from kissing through various stages of necking and petting and then to intercourse, African American adolescents are more likely to skip stages and move quickly to intercourse (Smith & Udry, 1985). This may help explain the high rates of adolescent pregnancy among African Americans, which we will discuss later in the chapter. The quick progression from kissing to intercourse may leave African American adolescents with less time to consider the potential consequences of intercourse and to prepare themselves for it by obtaining contraception somewhere during the earlier steps of sexual contact.

Research has indicated that Asian Americans are considerably less likely to engage in sexual activity in adolescence, compared with any of the other major American ethnic groups (Feldman et al., 1999; McLaughlin et al., 1997). Asian American adolescents tend to have an especially strong sense of duty and respect toward their parents, and many of them view sexual relations in adolescence as something that would disappoint and shame their parents. Asian American





## RESEARCH FOCUS

### A New Approach to Studying Adolescent Sex

For obvious reasons, studies of adolescent sexuality are based almost entirely on self-report. This raises the question of how truthful people are about what they report. Sex involves many sensitive and private issues, and people may be unwilling to disclose information on these issues accurately even if they are promised that their responses will be anonymous.

Is there any way around this problem? The results of a recent study suggest that there is. A new approach to the study of adolescent sex involves having people respond on a computer to prerecorded questions given through headphones. The authors of the study used this approach in a national study of sexual behavior among 1,600 adolescent males aged 15 to 19 (Harmon, 1998). The results of the study showed that adolescents who listened to questions on the headphones and answered them on a computer screen were far more likely to report high-risk sexual behavior than adolescents who answered the questions in the traditional questionnaire format. The computer group was 4 times as likely to report having had sex with another male (5.5% to 1.5%), 14 times as likely to report sex with an intravenous drug user (2.8% to 0.2%), and 5

times as likely to report that they were “always” or “often” drunk or high when they had heterosexual sex (10.8% to 2.2%). These differences remained after the researchers controlled statistically for ethnic background and school performance. The gap between computer answers and questionnaire answers was greatest among adolescents who did well in school, indicating that these adolescents felt they had more of an image to maintain and so were more influenced by social desirability.

Other studies of sensitive topics such as illegal drug use have also found that the use of a computer results in higher reports of the behavior (Harmon, 1998; Supple, Aquilino, & Wright, 1999). Scholars suggest that people generally experience a decrease in their inhibitions when a computer mediates their communication. One scholar, Sherry Turkle of the Massachusetts Institute of Technology, observed, “We know our computers are networked, but we still experience them as a blank screen for our own self-reflection” (Harmon, 1998, p. A-14). This may make it easier for adolescents (and others) to disclose their participation in behavior they perceive to be disapproved by their society.

adolescents’ social interactions with the other sex tend to take place in groups through the late teens, and physical contact between adolescent boys and girls tends to be limited to holding hands and kissing. Boys as well as girls tend to view sexual intercourse as something that should wait until marriage or at least until they are “very seriously involved” (Feldman et al., 1999). Adolescents in Asian countries experience similarly conservative sexual norms (Youn, 1996).

Having sexual intercourse once does not necessarily initiate a pattern of frequent intercourse from that point onward. On the contrary, the sexual activity of most adolescents is highly irregular for years after their first episode of intercourse. Although most studies of adolescent sexual behavior have focused on first episode of intercourse, a study by Sonenstein, Pleck, and Ku (1991) explored patterns of adolescent intercourse in more detail. Their study involved an

analysis of data from the National Survey of Adolescent Males, a nationally representative survey of American boys aged 15 to 19. Boys with a current sexual partner had sex an average of 2.7 times in the past month. This is a considerably lower frequency than the typical rate of 4 to 8 times per month among married couples in young and middle adulthood (Michael et al., 1995). Furthermore, even the boys who had ever had intercourse spent an average of about 6 months in the past year with no sexual partner. Only 20% of those boys had a sexual partner throughout the past year. Similarly, another national study found that 29% of the students who had ever had sexual intercourse had not had sex in the previous 3 months (CDC, 1999).

So the term *sexually active* can be misleading. It is often used to refer to adolescents who have ever had sexual intercourse, without taking into account that such

adolescents may have had sex only rarely or not at all since their first episode of intercourse. As Sonenstein and colleagues (1991) concluded, “A typical pattern of a [sexually active] adolescent male’s year would be separate relationships with two partners, lasting a few months each, interspersed with several months without any sexual partner” (p. 166).

One other area for which rates of sexual behavior should be mentioned is oral sex. Most studies find that, for most young people, their first episode of oral sex comes at a later age than their first episode of sexual intercourse. According to one national study, 50% of high school males and 41% of high school females reported engaging in cunnilingus (male giving, female receiving), and 44% of males and 32% of females reported engaging in fellatio (female giving, male receiving) (Newcomer & Udry, 1985). Among college students, the reported rates are considerably higher. In one study, 86% of college males and 80% of college females reported at least one experience with oral sex in the past year (Gladue, 1990).

## Cultural Beliefs and Adolescent Sexuality

Even though adolescents in all cultures go through similar biological processes in reaching sexual maturity, cultures vary enormously in how they view adolescent sexuality. The best description of this variation remains a book that is now over 50 years old, *Patterns of Sexual Behavior* by Ford and Beach (1951). These two anthropologists compiled information about sexuality from over 200 cultures. On the basis of their analysis they described three types of cultural approaches to adolescent sexuality: restrictive, semirestrictive, and permissive.

**Restrictive cultures** place strong prohibitions on adolescent sexual activity before marriage. One way of enforcing this prohibition is to have strict separation of boys and girls from early childhood through adolescence. Gilmore (1990) gives examples of cultures in several parts of the world, from East Africa to the rain forests of Brazil, in which from about age 7 until mar-



For many adolescents, necking is their first sexual experience with a partner.

riage boys spend virtually all of their time in the company of men and other boys, with no females present. In other restrictive cultures, the prohibition on premarital sex is enforced through strong social norms. Young people in Asia and South America tend to disapprove strongly of premarital sex (Buss, 1989), reflecting the view they have been taught by their cultures.

In some countries, the sanctions against premarital sex even include the threat of physical punishment and public shaming. A number of Arab countries take this approach, including Algeria, Lebanon, Syria, and Saudi Arabia. Premarital female virginity is a matter of not only her honor but the honor of her family, and if



Female virginity before marriage is highly valued in Arab countries. Here, adolescent girls in Saudi Arabia.





## CULTURAL FOCUS

### Young People's Sexuality in the Netherlands

Young people's sexuality is viewed quite differently in northern Europe than in the United States. Northern Europeans tend to be considerably more liberal about sexuality than Americans and much more tolerant of sexual involvements by late adolescents and emerging adults (Arnett & Balle-Jensen, 1993). However, this does not mean that young people's sexuality in these countries is uncomplicated. Research by Manuela du Bois-Reymond and Janita Ravesloot (1996) provides interesting insights into young people's sexuality in northern Europe.

Bois-Reymond and Ravesloot (1996) interviewed young people (aged 15 to 22) and their parents in a city in the Netherlands, a country that has long been regarded as having liberal attitudes toward sexuality. Sixty young people and their parents (60 mothers and 60 fathers), from a variety of social classes, were in the study. The data collected in the study were mostly qualitative, based on interviews that were coded in various ways. The focus of the interviews was on communication about sexual issues with peers and parents.

With regard to peers, most young people reported little pressure from peers to engage in sex. However, there was social pressure on girls—but not boys—to avoid changing sexual partners frequently.

It was socially approved among peers for both boys and girls to be sexually active and to have intercourse with a steady partner, but girls experienced peer disapproval for having numerous partners. As one 18-year-old girl remarked, "My best friends do not allow me to date every boy ... each week another one is not done ... we think that's stupid" (p. 181). Thus, liberal attitudes toward sexuality among peers had limits, and a double standard was applied to the sexual behavior of boys and girls.

As for parents, for the most part they accepted sexual involvements by their adolescents and emerging adults. The authors noted that in the Netherlands as in most other northern European countries, "parents are prepared to either permit or tolerate premarital sexual behavior in their children, under one main condition: sexual relationships must be monogamous and serious, based on feelings of true love" (p. 182). However, this attitude did not mean that communication about sexuality was easy for young people and their parents. On the contrary, the authors observed "a certain embarrassment about communicating about sexuality among the parents. Their children feel this embarrassment and therefore refrain from confidential communication

about their sexual lives" (p. 193). Fathers were particularly unlikely to be involved in communication about sexual issues with their children.

As a consequence of their mutual discomfort in discussing sexuality, Dutch young people and their parents often seemed to misunderstand each other. In particular, parents often perceived themselves as more permissive about sexual behavior and more open about sexual communication than their children perceived them to be. For example, one father described himself as lenient: "I do not interfere with anything ... I am not able to do that ... it's not my business" (p. 191); however, his 19-year-old daughter saw him much differently: "I am not allowed to go upstairs for a few hours [with my boyfriend].... I'm using the pill in secret and that's annoying.... He badgers the life out of me to come home early ... always restrictions" (p. 191).

The authors interpreted this conflict in perspectives as stemming from the fact that the parents had grown up in a much more sexually restrictive time. They viewed themselves as liberal and as tolerant of their children's sexual behavior—and by the standards of the previous generation they were, but not by the standards of their children, who had

become still more liberal about sexuality. Parents worried about their children having sex too early, about STDs, and about premarital pregnancy. They liked to see themselves as allowing their children a great deal of freedom and autonomy, but given these concerns many of them attempted to manage their children's sex lives in ways the parents viewed as subtle and indirect but the children viewed as overbearing.

In sum, although Dutch society is certainly more permissive about young people's sexuality than American society, Bois-Reymond and Ravesloot's (1996) research indicates that in Dutch society, too, communication about sexuality is fraught with ambiguity. Young people must deal with the double standard that exists among their peers regarding males' and females' sexual behavior. In their families, young people and their parents have difficulty discussing sexuality openly and often differ in how they perceive the parents' attitudes and behavior. The "divergent realities" that have been found to be common in relationships between young people and their parents in the United States (Larson & Richards, 1994) appear to exist in the Netherlands as well.

she is known to lose her virginity before marriage, the males of her family may punish her, beat her, or even kill her (Shaaban, 1991). Although many cultures also value male premarital virginity, no culture punishes violations of male premarital chastity with such severity. Thus, restrictive cultures are usually more restrictive for girls than for boys. A **double standard** in cultural views of adolescent sexuality is not uncommon worldwide (Hatfield & Rapson, 1996).

### THINKING CRITICALLY

What do you think explains the gender double standard regarding young people's sexuality that exists in so many cultures?

**Semirestrictive cultures** also have prohibitions on premarital adolescent sex. However, in these cultures the formal prohibitions are not strongly enforced and are easily evaded. Adults in these cultures tend to ignore evidence of premarital sexual behavior as long as young people are fairly discreet. However, if pregnancy results from premarital sex, the adolescents are often forced to marry. The Samoans studied by Margaret Mead (1928) are an example of this kind of culture. Adolescent love affairs were common among the Samoans when Mead studied them, but pregnant girls were usually expected to marry.

Finally, **permissive cultures** encourage and expect adolescent sexuality. In fact, in some permissive cultures sexual behavior is encouraged even in childhood, and the sexuality of adolescence is simply a continuation of

the sex play of childhood. One example of this type of culture is the people of the Trobriand Islands in the South Pacific. In Ford and Beach's (1951) description:

Sexual life begins in earnest among the Trobrianders at six to eight years for girls, ten to twelve for boys. Both sexes receive explicit instruction from older companions whom they imitate in sex activities. ... At any time an [adolescent] couple may retire to the bush, the bachelor's hut, an isolated yam house, or any other convenient place and there engage in prolonged sexual play with full approval of their parents. (pp. 188–191)

However, these are descriptions from the past, and the Trobrianders as well as many other permissive cultures have become less permissive in response to globaliza-

tion and the censure of Christian missionaries (Frayser, 1985).

Which of these categories best applies to the current norms in the American majority culture? When Ford and Beach published *Patterns of Sexual Behavior* in 1951, they classified American society as restrictive. However, a great deal has changed in adolescent sexuality in American society over the past 50 years. Adolescent sexual activity has become far more prevalent during this time, and the attitudes of both adults and adolescents toward adolescent sexuality have become much less restrictive. Semirestrictive is probably a better classification of the American majority culture by now. For the most part, American parents look the other way with respect to their adolescents' sexuality. Even though they may not approve of their adolescents' having sexual intercourse, they allow dating and



romantic relationships to flourish during adolescence, knowing that at least some expression of adolescent sexuality is likely under these circumstances.

However, the semirestrictive approach to adolescent sexuality in the American majority culture is tinged with ambivalence (Crockett, Raffaelli, & Moilanen, 2002). In the best study conducted so far of American adults' sexual attitudes and behavior, 60% of a representative national sample of American adults aged 18 to 59 agreed with the statement that "Premarital sex among teenagers is always wrong" (Michael et al., 1995). Not only adults but young people are divided on this topic. A nationally representative telephone survey of young people aged 17 to 23 found that 87% believed that sex is wrong for adolescents aged 14 to 15 and 52% believed sex is wrong for adolescents aged 16 to 17 (Moore & Stief, 1991). These re-

sults indicate that although Americans may agree that sex in early adolescence is unwise and should be discouraged, there is little consensus in American society about the moral standing of adolescent sexuality in the late teens. Many Americans think that it is wrong for adolescents in their late teens to have sexual intercourse, but many others do not.

Ford and Beach's (1951) framework was based on anthropologists' ethnographies. In recent years, other social scientists have conducted surveys in numerous countries that demonstrate the wide variability in cultural approaches to adolescent sexuality around the world. Table 9.4 shows some examples. In general, premarital sexual intercourse is engaged in by the majority of adolescents in their teens in most of the West. Premarital sex is most common in Western European countries. African countries such as Nigeria and Kenya report rates of premarital sex similar to the West. Premarital sex is somewhat less common in the countries of South America, although the large differences in reported premarital sex by male and female adolescents in countries such as Brazil and Chile suggest that males exaggerate their sexual behavior or females underreport theirs (or both). Finally, premarital sex is least common in Asian countries such as Japan and South Korea, where the emphasis on female virginity before marriage is still very strong. Missing from the table are figures from the Arab countries—no

**Table 9.4 Percentage of Young Men and Women Who Have Engaged in Premarital Sexual Relations**

Country	Age	Men (percent)	Women (percent)
United States	20	84	61
Norway	20	78	86
United Kingdom	19-20	84	85
West Germany	20	78	83
Mexico	15-19	44	13
Brazil	15-19	73	28
Chile	15-19	48	19
Colombia	20	89	65
Liberia	18-21	93	82
Nigeria	19	86	63
Hong Kong	27	38	24
Japan	16-21	15	7
Republic of Korea	12-21	17	4

Source: Hatfield & Rapson (1996), pp. 128-129.

Arab country allows social scientists to ask adolescents about their sexual behavior—but ethnographic studies indicate that rates of premarital sex in those countries are even lower than in Asia because of the terrible penalties for girls who violate the prohibition.

### Gender and the Meanings of Sex

*"In our school, if you don't go around bragging about how far you got and what you did with the girl you were out with, well, then they start calling you fag or queer or something like that.... I think most guys lie about how far they go and what they do just to keep their image up."*

—HENRY, AGE 15 (IN BELL, 1998, P. 105)

*"You know how it's okay for a guy to go around telling everybody about how horny he is and bragging about how he's going to get some this weekend? Well if a girl ever said those things, everybody would call her a slut."*

—DIANA, AGE 16 (IN BELL, 1998, P. 105)

Although no one in the West advocates death for adolescent girls who engage in premarital sex, even in the West some degree of gender double standard exists in cultural attitudes toward adolescent sexuality. Just as in dating, adolescent girls and boys in the West learn



Males and females tend to interpret their sexual experiences differently.

different **sexual scripts** (Gagnon, 1973; Frith & Kitzinger, 2001), that is, different cognitive frameworks for understanding how a sexual experience is supposed to proceed and how sexual experiences are to be interpreted. In general, both girls and boys expect the boy to "make the moves" (i.e., to be the sexual initiator), whereas the girl is seen as having the role of setting the limits on how far the sexual episode is allowed to progress (Fine, 1988). Studies have also found that girls are more likely than boys to have sexual scripts that include romance, friendship, and emotional intimacy, whereas for boys sexual attraction tends to outweigh emotional factors (Eyre & Millstein, 1999).

Evidence of differing sexual scripts for adolescent girls and boys can also be found in studies of adolescents' responses to their first sexual intercourse. Boys' responses to first intercourse are generally highly positive. They most commonly report feeling excitement, satisfaction, and happiness (Oswald, Bahne, & Feder, 1994), and they take pride in telling their friends about it (Miller & Simon, 1980). In contrast, girls are considerably more ambivalent about their first episode of sexual intercourse. Almost half of them indicate that the main reason for having first intercourse was affection/love for their partner, compared with only one-fourth of males (Michael et al., 1995). However, they are less likely than boys to find the experience either physically or emotionally satisfying. Although many report feeling happy and excited about it, they are much more likely than boys to report also feeling afraid, worried, guilty, and concerned about pregnancy (Oswald et al., 1994), and they are much less likely than boys to tell their friends (Sprecher et al., 1995). This seems to indicate that the

sexual script for girls is more fraught with ambivalence than the script for boys, as a result of cultural attitudes that view girls (but not boys) who engage in premarital sex as morally wrong.

Gender differences in sexual scripts are reflected in sexual fantasies as well as in interpretations of sexual experience. One study (Miller & Simon, 1980) found that although a majority of both male and female college students reported feeling sexual arousal when fantasizing about necking or intercourse with "someone you love or are fond of," fantasies of sexual episodes with strangers with whom they had no emotional attachment were much more common among males (79%) than among females (22%). Furthermore, females were more likely than males to be sexually aroused by thoughts of "doing nonsexual things with someone you are fond of or in love with." The authors of the study concluded that "For males, the explicitly sexual is endowed with erotic meaning regardless of the emotional context. For females, the emotional context is endowed with erotic meaning without regard for the presence or absence of explicitly sexual symbols" (1980, p. 403).

The fact that girls can get pregnant and boys cannot may partly explain why girls are more ambivalent about premarital sex, especially premarital sex in the absence of a committed relationship. If pregnancy results, the consequences are likely to be much more serious for her than for him—physically, socially, and emotionally. However, cultural attitudes also reinforce the tendencies that arise from biological differences in consequences, and may in fact be more important than the biological differences. Many investigators of sexual attitudes in Western countries have observed that adolescent sex is more disapproved for girls than for boys (Brooks-Gunn & Paikoff, 1997; Durham, 1998; Hird & Jackson, 2001; Michael et al., 1995; Rosenthal, 1994). Because of this double standard, adolescent girls who are engaging in sexual intercourse are more likely than boys to be seen as bad or unlovable, by themselves as well as others (Graber, Brooks-Gunn, & Galen, 1999). Under these circumstances, adolescent girls may find it difficult to experience their sexuality as a source of pleasure and joy (Fine, 1988).

### Characteristics of Sexually Active Adolescents

Even by grades 9 to 12 about half of American adolescents have never had sexual intercourse, and others may have had sex once or twice but are not currently in



a sexual relationship. As noted earlier, different ethnic groups in American society have quite different rates of sexual intercourse in adolescence. What other characteristics distinguish adolescents who are having sex from adolescents who are not, and what factors are related to the timing of adolescents' first episodes of sexual intercourse?

At high school age, adolescents who remain virgins and adolescents who are nonvirgins are similar in some ways and different in others. The two groups have similar levels of self-esteem and of overall life satisfaction (Billy et al., 1988; Jessor et al., 1983). However, adolescents who remain virgins through high school are more likely than nonvirgins to be late maturing in the timing of their pubertal development (Caspi & Moffitt, 1991; Magnusson, Stattin, & Allen, 1986), and they tend to have higher levels of academic performance and academic aspirations (Wyatt, 1990). They are also more likely to be politically conservative and to participate in religious activities (King et al., 1988).

Sharper differences exist between adolescents who have their first episode of sexual intercourse relatively early in adolescence (age 15 or younger) and other adolescents. Adolescents who have early sexual intercourse are more likely than other adolescents to be early users of drugs and alcohol as well (Jessor & Jessor, 1977; Miller & Moore, 1990). They are also more likely than other adolescents to be from single-parent families (Miller & Moore, 1990; Newcomer & Udry, 1987) and to have grown up in poverty (Brewster, Billy, & Grady, 1993; Brooks-Gunn et al., 1993). The early involvement of African American adolescents in sexual activity can be explained to a large extent by the higher rates of single-parent families and poverty among African Americans. Numerous scholars who have studied early sexual intercourse among African American adolescents in poor families have concluded that poverty gives these adolescents less to hope and plan for, so that they have less of an incentive to refrain from becoming sexually active in order to avoid pregnancy and preserve their future prospects (Crump et al., 1999; Lauritsen, 1994; Wilson, 1996).

Perhaps surprisingly, few differences exist in family relationships between early sexually active adolescents and other adolescents. Most studies find no differences between adolescents in these groups in *parental monitoring*—the extent to which parents know where their adolescents are and what they are doing (Blum, 2002; Casper, 1990; Newcomer & Udry, 1985). Why

parental monitoring does not discourage early intercourse is not clear at this point. As we will see in Chapter 13, parental monitoring does discourage a variety of other kinds of risky behavior in adolescence.

Communication between parents and adolescents about sexual issues also appears to make little difference in the timing of adolescents' first intercourse (Blum, 2002; Casper, 1990). In fact, according to one national study, girls whose mothers talk to them frequently about sex have their first sexual intercourse at a *younger* age than their peers do ("Mum's Not the Word," 1999). One problem with communication about sexuality appears to be that parents and adolescents often misunderstand each other. Parents often believe they have talked to their adolescents about sex when their adolescents report that they have not, and adolescents tend to underestimate how much their parents disapprove of their engaging in sexual activity (Blum, 2002; Jaccard, Dittus, & Gordon, 1998). Nevertheless, adolescents' perceptions of parental disapproval of adolescent sexual intercourse are associated with later age of first intercourse (Blum, 2002). Also, adolescents who have closer relationships with their mothers are less likely to report having sex, more likely to use contraception if they do have sex, and less likely to become pregnant (Miller, 1998; Dittus & Jaccard, 2000).

With respect to the influence of peers, when most of the adolescents in a clique are sexually active, they establish a norm within the clique that having sex is acceptable, and the remaining virgins in the clique may be influenced toward sexual involvements through their exposure to that norm and exposure to experienced potential sex partners (Miller & Moore, 1990; Rodgers & Rowe, 1993). Of course, selective association may be involved here. Adolescent virgins who are hanging around a group of nonvirgins are likely to have characteristics in common with the nonvirgins, such as lower academic goals and lower religiosity, that also contribute to decisions of whether to become sexually active.

Also, girls who mature early tend to attract attention from older boys, which tends to result in the girls' becoming sexually active earlier than other girls (Petersen, 1993). More generally, girls with older boyfriends are more likely to be sexually active and more likely to be subject to sexual coercion (Abma, Driscoll, & Moore, 1998; Darroch, Landry & Oslak, 1999; Gowen, Feldman, Diaz, & Somera-Ysrael, 2002). Older boys are more likely to expect sex as part of a romantic relationship and they have more power and

status in relationships with younger girls. Consequently, girls with older boyfriends are more likely to accept their sexual demands, in an effort to please their more powerful and sexually active partners and to maintain a relationship that gives them status.

### Sexual Harassment and Date Rape

Sexual interactions among adolescents and emerging adults are not always enjoyable or even voluntary. Two of the problems that arise in sexual interactions are sexual harassment and date rape.

**Sexual Harassment** During adolescence, **sexual harassment** is a pervasive part of peer interactions. Sexual harassment is usually defined as including a wide range of behaviors, from mild harassment such as name-calling, jokes, and leering looks to severe harassment involving unwanted touching or sexual contact (Connolly & Goldberg, 1999). Rates of sexual harassment in adolescence are strikingly high. Among early adolescents, research by Connolly and colleagues indicates that the incidence of sexual harassment increases from grade 5 through 8, with over 40% of eighth graders reporting that they have been victims of sexual harassment from their peers (Connolly & Goldberg, 1999;

Connolly, McMaster, Craig, & Pepler, 1998; McMaster, Connolly, Pepler, & Craig, 1997). Rates of sexual harassment for adolescents in high school are even higher, around 80% for girls and 60% to 75% for boys (AAUW, 1993; Lee et al., 1996; see Figure 9.3). Early-maturing girls are especially likely to be targeted for sexual harassment—from both boys and girls (Craig, Pepler, Connolly, & Henderson, 2001).

Sexual and romantic joking and teasing is a common part of adolescents' peer interactions, and this can make it difficult to tell where the border is between harmless joking and harmful harassment. Indeed, the majority of adolescents who report being sexually harassed also report sexually harassing others (Lee et al., 1996). Teachers and other school personnel who witness adolescents' interactions may be reluctant to intervene, unsure of what should qualify as harassment (Lee et al., 1996; Stein, 1995). However, being the victim of persistent harassment can be extremely unpleasant for adolescents, and can result in anxiety and depression as well as declining school performance (AAUW, 1993; Connolly & Goldberg, 1999).

Sexual harassment continues into emerging adulthood and beyond. It has been estimated that over half of American women will experience sexual harassment at some time during their professional life (Siegel,

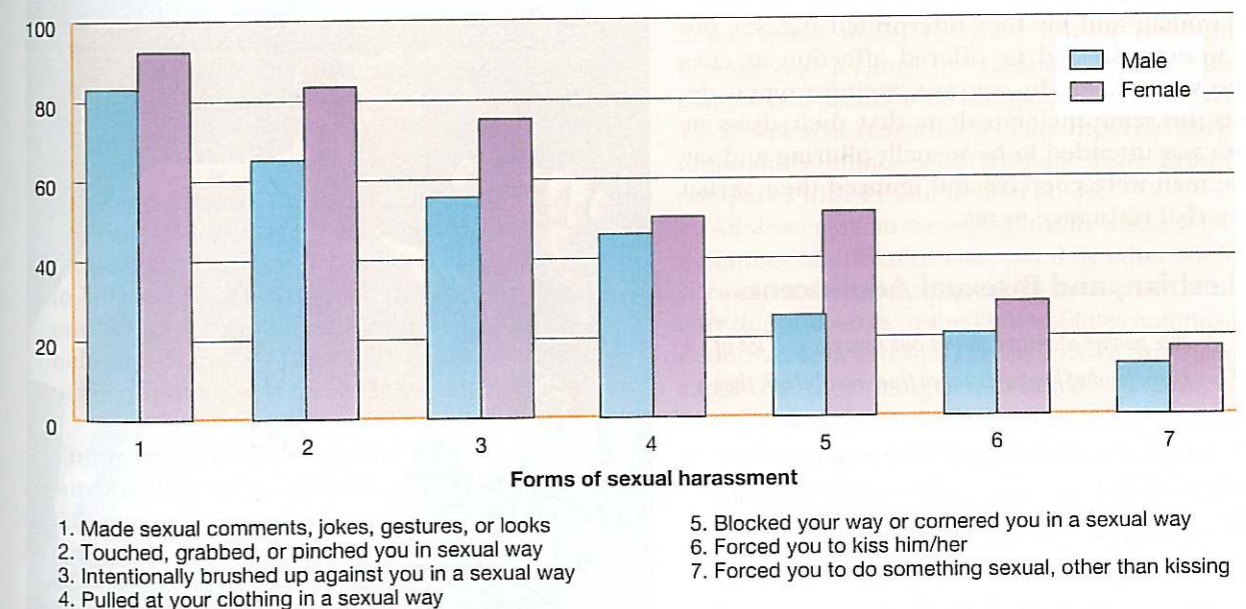


FIGURE 9.3 Percentage of male and female high school students who have ever experienced various forms of sexual harassment. Source: Lee et al. (1996).



1992). From early adolescence through adulthood, females are more likely than males to be the victims of sexual harassment, and males are more likely than females to be the harassers (AAUW, 1993; Connolly et al., 1998; Carroll & Wolpe, 1996).

**Date Rape** Date rape takes place when a person, usually a woman, is forced by a romantic partner, date, or acquaintance to have sexual relations against her will. Studies indicate that 15% of adolescent girls and 25% of emerging adult women (aged 18 to 24) have experienced date rape (Michael et al., 1995; Vicary, Klingaman, & Harkness, 1995). Rates are highest of all for girls who have sex at an early age: nearly three-fourths of girls who have intercourse before age 14 report having had intercourse against their will (Alan Guttmacher Institute, 1994).

Alcohol plays a big part in date rape on college campuses (Carroll & Wolpe, 1996). Being intoxicated makes women less effective in communicating a reluctance to have sex and makes men more likely to ignore or overpower a woman's resistance. When intoxicated, men are more likely to interpret women's behavior, such as talking to them or dancing with them, as indicating sexual interest (Carroll & Wolpe, 1996). However, even when sober, young men and women often interpret date rape incidents differently (Miller & Benson, 1999). In their accounts of such incidents, young men often deny they forced sex on the woman and say they interpreted the way the young woman dressed or offered affection as cues that she wanted sex. In contrast, young women describing the same incident deny that their dress or behavior was intended to be sexually alluring and say that the men were coercive and ignored their verbal or nonverbal resistance to sex.

### Gay, Lesbian, and Bisexual Adolescents

**"A**fter people at school found out I was gay, a lot of them kind of kept a distance from me. I think they were scared that I was going to do something to them.... I guess that was one of the reasons I didn't come out sooner, because I was afraid that they would be scared of me. It's stupid and crazy, but a lot of people feel that way."

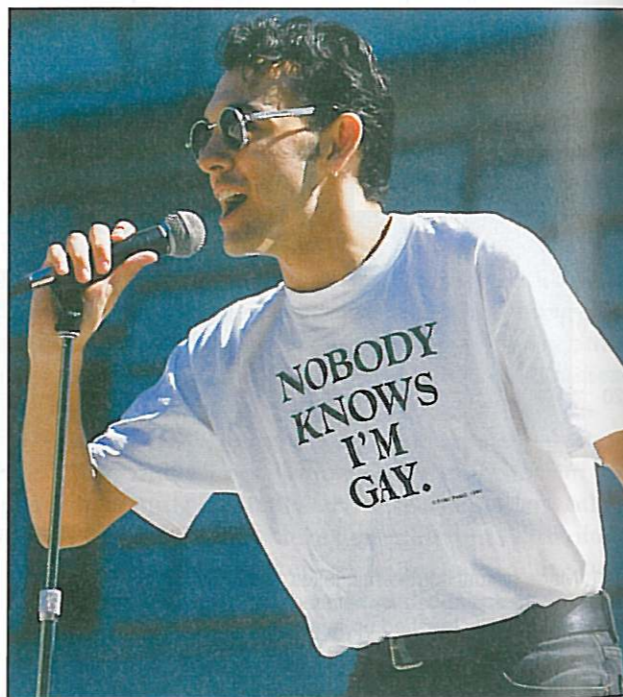
—JAMIE, AGE 17 (IN BELL, 1998, P. 141)

So far we have discussed adolescent dating, love, and sexuality in terms of the attractions and relationships between males and females. But what about

young people who are sexually attracted to other persons of the same sex? What is it like for them to reach the age where issues of dating, love, and sex become more prominent?

Reaching sexual maturity can produce considerable confusion and anxiety (along with considerable excitement and joy, of course) in adolescents who are heterosexual. For adolescents who are gay, lesbian, or bisexual (GLB), the degree of confusion and anxiety is often multiplied. Growing up, they are exposed almost entirely to heterosexual models of dating, love, and sex. The "presumption of heterosexuality" (Herdt, 1989) is part of their socialization from parents, friends, school, and media. Their parents may have laughed at how they were "flirting" if they were having fun with a member of the other sex. Their friends may have played doctor or spin the bottle under the assumption that everyone was attracted to the other sex. Their school dances and other social activities always assumed male-female couples. Television, movies, and magazines nearly always portray heterosexual dating, love, and sex.

But while all these socializers are assuming and promoting heterosexuality, there are some people who realize in early adolescence that they feel differently than their friends. They start to realize that, unlike most



Adolescence is usually the time when homosexuals become fully aware of their orientation.

people, they are in fact attracted to others of the same sex. And at the same time, they realize that what they feel, and what they are, is regarded by their culture as sick, disgusting, even evil. How do they reconcile this terrible chasm between what other people expect them to be and what they know themselves to be?

Adolescence is especially important with respect to homosexuality because it is during adolescence that most GLBs first become fully aware of their sexual orientation. In the past in Western cultures, and still today in many of the world's cultures, many people would keep this knowledge to themselves all their lives because of the certainty that they would be stigmatized and ostracized if they disclosed the truth. Today in the United States, however, GLBs commonly engage in a process of **coming out**, beginning at an average age of about 14 for gay males and a year or two later for lesbians (Flowers & Buston, 2001; Savin-Williams, 2001). Coming out involves a person's recognizing his or her own sexual identity, and then disclosing the truth to friends, family, and others. Usually, GLBs come out first to a friend; fewer than 10% tell a parent first (Savin-Williams, 1998; 2001). Coming out is often a long process, as information is disclosed gradually to others. For many GLBs the coming-out process is never complete, and they withhold information about their sexual orientation to some degree throughout their lives.

Given the presumption of heterosexuality and the pervasiveness of **homophobia** (fear and hatred of homosexuals) that exists in American society (Baker, 2002), coming to the realization of a GLB identity can be traumatic for many adolescents. A 16-year-old girl wrote in her diary:

Help me please. My feelings are turning into gnawing monsters trying to clamber out. Oh please, I want to just jump out that window and try to kill myself.... I have to tell someone, ask someone. Who?!! Dammit all, would someone please help me? Someone, anyone. Help me. I'm going to kill myself if they don't. (Heron, 1995, p. 10)

This is not a unique example. Studies indicate that about one-third of GLB adolescents have attempted suicide, a much higher rate than among straight adolescents (Bobrow, 2002; D'Augelli, 2002). Rates of substance abuse, school difficulties, and running away from home are also higher among GLB adolescents (D'Augelli & Patterson, 2002). All these problems tend to increase after the adolescent discloses to parents, because parents' responses are often highly negative

(Savin-Williams, 1998). However, many adolescents come out successfully and accept their GLB identity. A 17-year-old gay male wrote:

I like who I am. I have come to accept myself on psychological as well as physical terms. I not only like myself, I like everyone around me. Today, for [GLBs], that is really hard to say. (Heron, 1995, p. 15)

Distinguishing between having homosexual *experiences* and having a sexual *orientation* that is homosexual is important. A high percentage of adolescents and emerging adults (predominantly males) report some kind of homosexual sex play, but only about 2% of adolescents eventually become adults with a primarily homosexual orientation (Michael et al., 1995). One extensive study on this topic investigated the childhood and adolescent sexual feelings and sexual experiences of nearly 1,000 homosexuals and nearly 500 heterosexuals (Bell, Weinberg, & Hammersmith, 1981). The results of the study indicated that having predominantly homosexual feelings in childhood and adolescence was a better predictor of a GLB orientation in adulthood than having homosexual experiences during the childhood and adolescent years. Among heterosexual adult males, about half (51%) had engaged in some kind of homosexual sex play in childhood or adolescence. However, only 1% of the heterosexual males reported having predominantly homosexual feelings in childhood and adolescence, compared with 59% of the gay males. Similarly, only 1% of heterosexual adult females reported having predominantly homosexual feelings while growing up, compared with 44% of lesbian adults.

Adolescents and emerging adults who are GLB face a number of difficulties not faced by other adolescents because of the intense social stigma against homosexuality that still exists in the United States and most other countries. In a national survey, 75% of Americans indicated that they thought that sexual relations between two persons of the same sex were always wrong or almost always wrong (Davis & Smith, 1991), and homosexual behavior remains illegal in some American states. Adolescents who are known to be GLB typically face harassment, verbal abuse, and even physical abuse at the hands of their peers. In one study, more than three-fourths of GLB adolescents reported that they had been verbally abused because of their sexual orientation, and 15% reported physical attacks (D'Augelli, 2002). More than one-third said they had lost



friends because of their sexual orientation. Given the unpleasant reception that often awaits them if they come out, it is not surprising that many GLB adolescent hide their homosexual feelings and behavior (Davis & Stewart, 1997; Gruskin, 1994).

### THINKING CRITICALLY

What do you think explains the pervasive homophobia of American society? Why does homosexuality make many people uncomfortable and even angry?

### Contraceptive Use and Nonuse

Just as cultures have a variety of ways of viewing adolescent sexuality, from strongly encouraging it to strictly prohibiting it, adolescent pregnancy is viewed by different cultures in a variety of ways. In most of the 186 traditional cultures described by Schlegel and Barry (1991), girls marry by the time they reach age 18. Thus, they tend to marry within 3 years of reaching menarche, because menarche tends to take place later in most traditional cultures—age 15 or 16—than in industrialized societies. Furthermore, as discussed in Chapter 2, in the first 2 years after menarche girls tend to ovulate irregularly and are less likely to become pregnant during this time than later, after their cycle of ovulation has been established (Finkelstein, 2001a). This means that for most adolescent girls in traditional cultures, even if they begin having sexual intercourse before marriage, their first child is likely to be born in the context of marriage. And in many traditional cultures, even if a girl has a child before marriage it may be viewed positively, as an indication that she is fertile and will be able to have more children once she has married (Schlegel & Barry, 1991; Whiting, Burbank, & Ratner, 1986).

Clearly, the situation is quite different for adolescent girls in Western countries. They reach menarche much earlier, usually around age 12 or 13, and they tend to marry much later, usually in their mid- to late twenties. Because the majority of adolescent girls in Western countries begin having sexual intercourse at some time in their mid- to late teens, this leaves a period of nearly a decade for many girls between the time they begin having intercourse and the time they enter marriage. Furthermore, for adolescent girls in the West, having a child while unmarried and in their teens has serious detrimental effects on their prospects for the future. Unlike in traditional cultures, the late



Girls in traditional cultures often marry by age 18, about 2 or 3 years after reaching menarche. Here, a young bride in Nepal.

teens and early twenties are crucial years in the West for educational and occupational preparation. For Western girls who have a child outside of marriage during those years, their educational and occupational prospects are often severely impeded, as we will see in the next section.

Of course, adolescents in industrialized societies also have the possibility of using various methods of contraception to prevent pregnancy, methods unavailable to girls in most traditional cultures. It is at least theoretically possible that adolescents who had begun having sexual intercourse and did not yet want to produce a child could use one of the highly effective methods of contraception available in industrialized societies.

However, this theoretical possibility does not always match reality. The reality is that many American adolescents who are having sex do not use contraception responsibly and consistently. Over 1 million teenage American girls become pregnant each year (CDCP, 1998; Boyle, 2000). Over one-third of sexually active girls become pregnant at some time during their teen years. Although condom use among adolescents increased substantially during the 1980s and early 1990s,

only half of the sexually active adolescents in a recent national survey reported that they or their partner had used a condom at their last episode of sexual intercourse, and nearly one-fourth did not use any type of contraception (CDCP, 2002). Furthermore, even among sexually active adolescents who use contraception, their use of it is often inconsistent (Arnett & Balle-Jensen, 1993; Ford, Sohn, & Lepowski, 2001).

Why do most sexually active adolescents fail to use contraception consistently? One of the best analyses of this question is an integrative article by Diane Morrison (1985), in which she reviewed dozens of articles on this topic. She concluded that the core of the answer to this question is that most adolescent sexual activity is *unplanned* and *infrequent*. Adolescents typically do not anticipate that they will have sex on a given occasion. The opportunity is there—they start necking, they start taking their clothes off—and “it just happens.” If contraception is available at that moment, they may use it, but if it is not, they sometimes simply take their chances. Also, the fact that adolescent sex tends to be infrequent—only once or twice a month, much less often than for adults—means that they may never get into the habit of preparing for sex as something they take part in on a regular basis.

Some scholars have suggested that cognitive development in adolescence may play a role. Planning for and anticipating the future is enhanced by formal operations, and the ability for this kind of thinking is only just developing when many adolescents become sexually active. One study of 300 sexually active adolescents aged 14 to 19 found that the adolescents who had higher scores on a measure of formal operations were more likely to report using contraception (Holmbeck et al., 1994). Also, the personal fable of adolescence makes it easy for adolescents to believe that getting pregnant “won’t happen to me” (Arnett, 1990), especially when they are caught up in the heat of the moment.

Other scholars have identified a variety of other factors related to the likelihood that adolescents will use contraception. For both boys and girls, adolescents are more likely to use contraception if they are in their late rather than early teens, involved in an ongoing relationship with their partner, and doing well in school

(Alan Guttmacher Institute [AGI], 1994; Civic, 1999; Cooper et al., 1999). Embarrassment over purchasing and using contraception is often stated as a reason for not using it (Helweg-Larsen & Collins, 1994; MacDonald et al., 1990). Also, some young people resist using contraception because they believe it interferes with the sexual mood and with romantic feelings (Helweg-Larsen & Collins, 1994; Sheer & Cline, 1994), and some males resist using condoms because they believe condoms reduce sexual pleasure (MacDonald et al., 1990).

Cultural factors are also involved in contraceptive use, and the United States has a higher rate of teenage pregnancy than any other industrialized country (AGI, 1994; 2001), as Figure 9.4 shows. This is not because adolescents in the United States have more sex than those in other countries. The pregnancy rate among adolescents in Canada is only half the rate in the United States, even though the percentages of adolescents in the two countries who are sexually active are nearly identical (AGI, 2001; Bibby & Posterski, 1992). Adolescents in European countries such as Sweden and Denmark are as likely as adolescents in the United States to be sexually active, but much less likely to become pregnant (Arnett & Balle-Jensen, 1993). What explains this? In part, higher American rates of adolescent pregnancy are due to higher rates of poverty, compared with European countries. Numerous studies have found that adolescents who are from low-income families are less likely than other adolescents to use contraception (e.g., AGI, 1994; Boyle, 2000; Chilman, 1986). However, even when analyses are restricted to White middle-class adolescents, Americans have higher rates of premarital pregnancy than adolescents in any other Western country (Jones et al., 1987; Manlove, 1998).

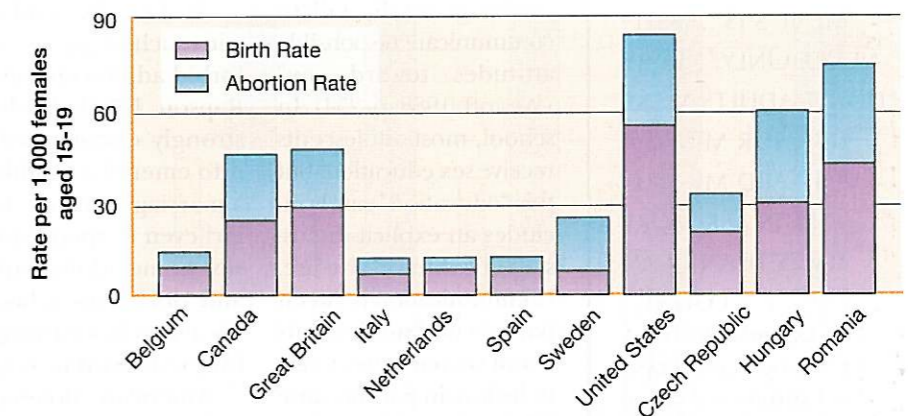


FIGURE 9.4 Rates of adolescent birth, abortion, and pregnancy in Western Countries. Source: Singh & Darroch (2000).



Most analyses of these cross-national differences have concluded that the core of the problem of inconsistent contraceptive use is the mixed messages that American adolescents receive about sexuality (AGI, 1994;

**“IT’S HARDLY SUR-  
PRISING THAT STU-  
DENTS SOUND SO  
CONFUSED WHEN  
THEY ARE LEARNING  
FROM A CULTURE  
THAT SPEAKS OUT OF  
BOTH SIDES OF ITS  
MOUTH: SEX IS THE  
BEST THING YOU CAN  
DO! SEX IS THE WORST  
THING YOU CAN DO!  
SEX IS MEANINGLESS!  
SEX IS HOLY! SEX GETS  
YOU THE ULTIMATE  
APPROVAL! SEX GETS  
YOU THE ULTIMATE  
DISAPPROVAL! DO IT  
NOW! SAVE IT FOREV-  
ER! WHILE THE POPU-  
LAR CULTURE’S  
MESSAGE IS ANY-  
THING GOES, THE  
FEDERAL GOVERN-  
MENT’S IS ‘ABSTI-  
NENCE ONLY.’ ‘WHY  
DON’T ADULTS MAKE  
UP THEIR MINDS?’  
I’VE HEARD MY STU-  
DENTS ASK MORE  
TIMES THAN I CAN  
COUNT.”**

**—DEBORAH ROFFMAN,  
EDUCATION CONSULTANT  
AND AUTHOR OF *SEX AND  
SENSIBILITY: THE THINKING  
PARENT’S GUIDE TO TALKING  
SENSE ABOUT SEX***

Durham, 1998; Hayes, 1987; Jones et al., 1987). Earlier we discussed American society as having a semirestrictive approach to adolescent sex. What this means, in practice, is that American adolescents are not strongly prohibited from having sex, but neither is adolescent sex widely accepted (Graber, et al., 1999). Adolescents receive different messages from different socializa- tion sources, and few clear messages from any source, about the moral- ity and desirability of premarital sex.

The media are often blamed for stoking ado- lescent sexual desires in a simplistic and irresponsi- ble way (e.g., Jones et al., 1987). “Sex saturates American life,” observes one scholar, “in television programs, movies, and advertisements—yet the media generally fail to communicate responsible attitudes toward sex” (Westoff, 1988, p. 254). In school, most adolescents receive sex education, but this “education” rarely in- cludes an explicit discus- sion of contraceptive use. Communication between parents and adolescents tends to be low, in part because of the discomfort both feel about discussing such issues (Hutchinson & Cooney, 1998). Conse-

quently, many American adolescents end up somewhere in the middle—having sex occasionally, but feeling guilty or at least ambivalent about it, and not really acknowl- edging that they are sexually active.

A number of studies find evidence of this ambiva- lence and of its relation to inconsistent contraceptive use (Tschann & Adler, 1997). For example, Gerrard (1987) found that adolescents who feel “very guilty” about having sex are less likely than other adolescents to report having sex, but when they do have sex they are less likely than other adolescents to use contracep- tion. This suggests that their guilt leads them to deny to themselves that they are sexually active, with the result that they fail to be prepared for sexual inter- course when it takes place. Similarly, in a major study of adolescent males’ sexual behavior, Miller and Moore (1990) concluded that a key reason that many adolescents fail to use contraception is that they are unwilling to admit to themselves that they are having sexual intercourse.

Two types of countries have low rates of teenage pregnancy: those that are permissive about adoles- cent sex and those that adamantly forbid it. Coun- tries such as Denmark, Sweden, and the Netherlands have low rates of adolescent pregnancy because they are permissive about adolescent sex (Boyle, 2001; Jones et al., 1987). There are explicit safe-sex cam- paigns in the media. Adolescents have easy access to all types of contraception. Parents accept that their children will become sexually active by their late teens. It is not uncommon for adolescents in these countries to have a boyfriend or girlfriend spend the night—in their bedroom in their parents’ home, a practice barely imaginable to most Americans (Arnett & Balle-Jensen, 1993).

At the other end of the spectrum, restrictive coun- tries such as Japan, South Korea, and Morocco strictly forbid adolescent sex (Davis & Davis, 1989; Hatfield & Rapson, 1996). Adolescents in these countries are even strongly discouraged from dating until they are well into emerging adulthood and are seriously looking for a marriage partner. It is rare for an adolescent boy and girl even to spend time alone together, much less have sex. Some adolescents follow the call of nature anyway and violate the taboo, but violations are rare because the taboo is so strong and the shame of being exposed for breaking it is so great.

American adolescents, then, have the worst of both worlds with respect to contraceptive use. Adolescent sex is not strictly forbidden, but neither is it widely accept- ed. As a consequence, most American adolescents have sexual intercourse at some time before they reach the

end of their teens, but often those who are sexually ac- tive are not comfortable enough with their sexuality to acknowledge that they are having sex and to prepare for it responsibly by obtaining and using contraception.

### Pregnancy, Abortion, and Parenthood in Adolescence

When adolescents fail to use contraceptives effectively and pregnancy takes place, what are the consequences for the adolescent parents and their child? About 30% of pregnancies to American adolescents in their teens end in abortion, and another 14% end in miscarriage (AGI, 1999). Of the children who are born, only about 5% are put up for adoption. The others are raised by their adolescent mothers, sometimes with the help of the father, more often with the help of the adolescent mother’s own mother.

About half a million children are born to teenage mothers in the United States every year. This may seem like a lot—and it is—but in fact the birth rate among teenage girls has declined steadily from the mid-1950s to the present (Lewin, 1998). Why, then, is there so much more concern about adolescent preg- nancy in American society today than there was in the 1950s? The reason is that in the 1950s only about 15% of births to teenage mothers took place outside of marriage, whereas today about two-thirds of teenage births are to unmarried mothers. In the 1950s and

1960s, the median age of marriage for females was just 20 (Arnett & Taber, 1994). This means that many girls at that time married in their teens and had their first child soon after. Today, however, with the median marriage age for females about 25, it is very rare for young people to marry while still in their teens. If a teenage girl has a child, it is quite likely that she will be unmarried.

Birth rates among American teens rose sharply in the late 1980s but declined substantially (by about 20%) from 1991 to 2000 (Lewin, 1998; “Teen Birth Rate,” 2000). The decline appears to be due to a vari- ety of factors, including a slight decline in sexual activ- ity, the effects of HIV/AIDS prevention programs, and—especially—a sharp increase in the use of con- doms (CDCP, 2002; “Teen Birth Rate,” 2000). Birth rates for Black teenage girls especially declined during the 1990s, but even with that decline, birth rates among Black teens remain over twice as high as for Whites (Boyle, 2000). In recent years, birth rates have become highest of all among Latina adolescents, as Figure 9.5 shows.

White adolescent girls are far more likely than Black or Latino adolescents to abort their pregnancy (Miller & Moore, 1990). Also, about two-thirds of White and Latino adolescents who become mothers are unmar- ried, but nearly all Black adolescent mothers are unmarried (Schellenbach, Whitman, & Borkowski, 1992). Whether White, Black, or Latino, girls are more

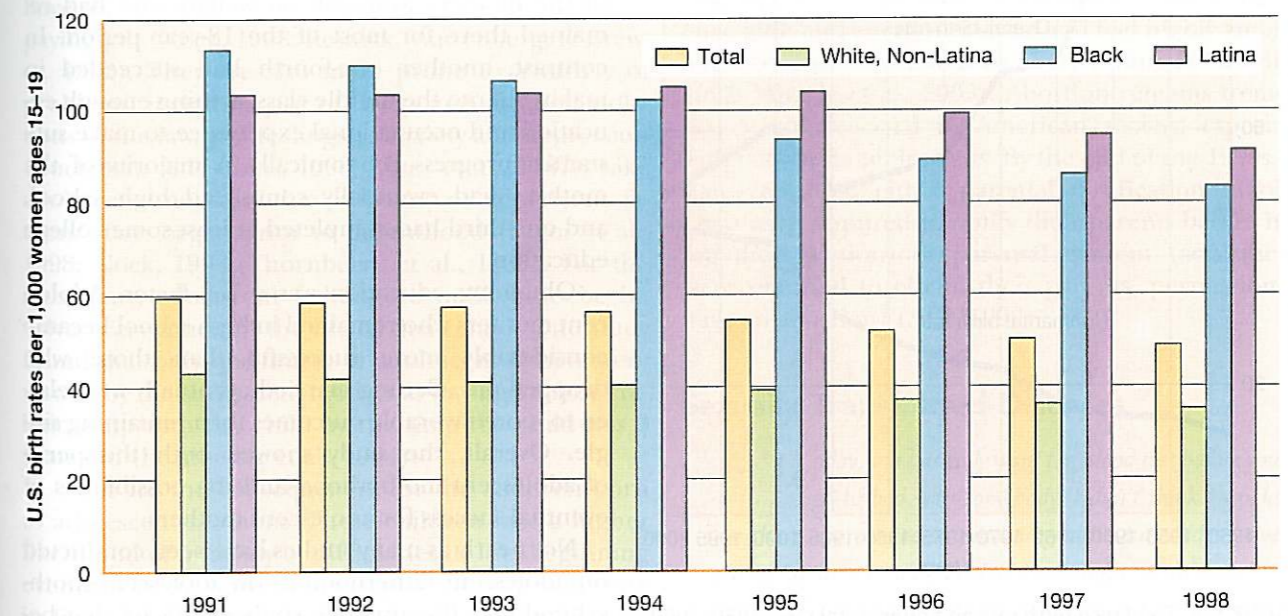


FIGURE 9.5 Teen birth rates in different ethnic groups. Source: National Vital Statistics Report (1999).



likely to become unmarried teenage mothers if they are from poor families and if they live in a single-parent household (Boyle, 2000; Manlove, 1998).

Before recent decades, adolescent pregnancy was often followed by a hasty “shotgun wedding” to avoid scandal and make certain the baby would be born to a married couple (Graber, Britto, & Brooks-Gunn, 1999). According to one estimate, about half of the teenage girls who married in the late 1950s were pregnant on their wedding day (Furstenberg et al., 1987). Today, the stigma of unmarried motherhood has receded (although certainly not disappeared), and adolescent girls who become pregnant are considerably more likely to have the child even while remaining unmarried. Figure 9.6 shows the pattern over the past half century.

The concern over adolescent pregnancy is not only moral, based on the view of many Americans that adolescents should not be having sex. The concern is also based on the practical consequences for the adolescent mother and her child. For the unmarried adolescent mother, having a child means that she will be twice as likely as her peers to drop out of school and less likely to become employed or to go on to college after high school, even compared to peers who come from a simi-

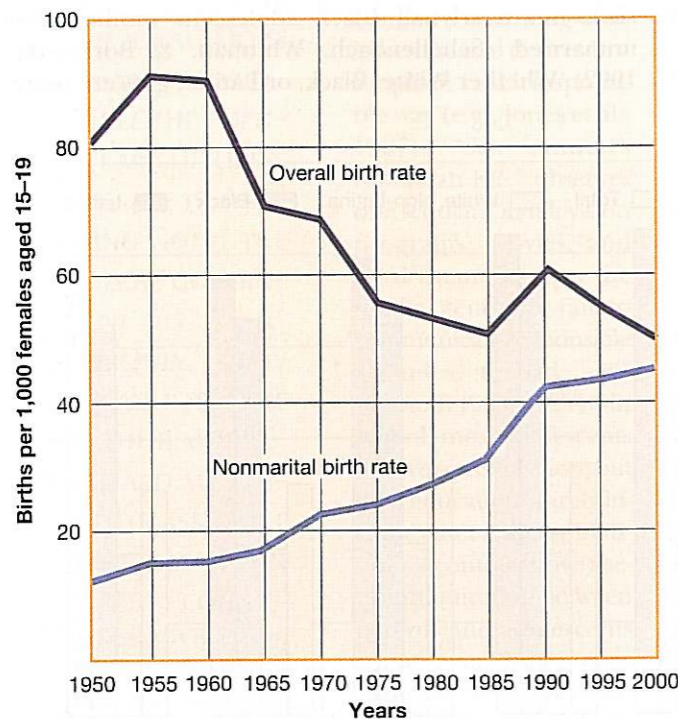


FIGURE 9.6 Total teen birth rate and nonmarital rate, 1950-2000. Source: www.childstats.gov (2000).

lar economic background (Bachrach, Clogg, & Carver, 1993; Linares et al., 1991; Moore & Brooks-Gunn, 2002). Furthermore, adolescent mothers are less likely than their peers to get married and more likely to get divorced if they do marry (Moore & Brooks-Gunn, 2002). In addition, many adolescent mothers are still a long way from maturity in their emotional and social development, and they feel overwhelmed by the responsibilities of motherhood (Osofsky, 1990). Adolescent mothers often had problems even before becoming pregnant, such as dropping out of school, conduct problems, and psychological problems, and becoming a parent only deepens their difficulties (Miller-Johnson et al., 1999; Stouthamer-Loeber & Wei, 1998; Woodward & Fergusson, 1998).

What about beyond adolescence? Do adolescent mothers eventually get back on track and catch up with their peers? The best evidence on this question is a study by Furstenberg, Brooks-Gunn, and Morgan (1987) that began with a sample of 300 urban, mostly Black, low-SES teenage mothers in 1966 when they first had their children, and followed both mothers and children every few years until 1984, when the children were 18 years old. Five years after giving birth, the disadvantages of teenage motherhood were evident in the ways that the mothers lagged behind their peers in their educational, occupational, and economic progress. However, by the last follow-up, 18 years after the study began, the life situations of the mothers were striking in their diversity. One-fourth of the mothers were still on welfare and had remained there for most of the 18-year period. In contrast, another one-fourth had succeeded in making it into the middle class, gaining enough education and occupational experience to make substantial progress economically. A majority of the mothers had eventually completed high school, and one-third had completed at least some college education.

Obtaining education was a key factor. Adolescent mothers who remained in high school became considerably more successful than those who dropped out. Getting married eventually was related to more favorable outcomes than remaining single. Overall, the study showed both the perils of adolescent motherhood and the possibilities of eventual success for adolescent mothers.

Not nearly as many studies have been conducted on adolescent fatherhood as on adolescent motherhood, but the available studies indicate that becoming a father as a teen is also related to a variety



Having a baby in adolescence puts both mother and baby at risk for a variety of difficulties.

of negative outcomes. Adolescent fathers are more likely than their male peers to become divorced, to have a lower level of education, and to have a lower-paying job (Nock, 1998; Resnick, Wattenberg, & Brewer, 1992). They are also more prone to a variety of problems, including use of drugs and alcohol, violations of the law, and feelings of anxiety and depression (Buchanan & Robbins, 1990; Elster et al., 1987). Like adolescent mothers, the problems of adolescent fathers often began prior to parenthood (Fagot et al., 1998; Nock, 1998; Thornberry et al., 1997). For the most part, adolescent fathers are unlikely to be involved very much in the life of their child. One study found that only one-fourth of adolescent fathers were viewed by the adolescent mother as having a “close” relationship with the child by the time the child was 3 years old (Leadbetter et al., 1994).

What are the consequences for the children born to adolescent mothers? These children face a higher likelihood of a variety of difficulties in life, beginning even before they are born (Dryfoos, 1990). Only one in five adolescent mothers receives any prenatal care during the first 3 months of pregnancy. Partly for this

reason, babies born to adolescent mothers are more likely to be born prematurely and to have a low birth weight; prematurity and low birth weight are in turn related to a variety of physical and cognitive problems in infancy and childhood. Children of adolescent mothers also face a greater likelihood of behavioral problems throughout childhood, including school misbehavior, delinquency, and early sexual activity (Brooks-Gunn & Chase-Lansdale, 1995; Moore & Brooks-Gunn, 2002).

However, scholars have stressed that the children's problems are due not just to the young age of their mothers but also to the fact that most adolescent mothers are not only young and unmarried but poor as well (Boyle, 2000; Schellenbach et al., 1992). Having a mother who is young, unmarried, or poor puts children at greater risk for a variety of developmental problems. Children whose mothers have all three characteristics—as the majority of adolescent mothers do—face an environment in which it will be difficult for them to thrive.

**Abortion** If having a child in adolescence often results in dire consequences for adolescent mothers and their babies, what about adolescent girls who have an abortion? Studies have consistently found little evidence of serious physical or psychological harm for adolescents who abort an unwanted pregnancy (Hayes, 1987; Miracle et al., 2003). In fact, adolescent girls who abort are generally better off psychologically and economically 2 years later than adolescent girls who give birth (Zabin, Hirsch, & Emerson, 1989). Nevertheless, many experience guilt and emotional stress and feel highly ambivalent about their decision to abort (Franz & Reardon, 1992; Miracle et al., 2003). Abortion remains tremendously controversial in American society, especially with respect to adolescents. By the end of the 1990s, 29 states required either **parental notification** (adolescents were required to notify their parents before having the abortion) or **parental consent** (adolescents were required to obtain their parents' permission to have an abortion) (AGI, 1999).

### Sexually Transmitted Diseases

“Today, you basically want the blood test before you go to bed with somebody. I don't think I would ever have unprotected sex, meaning without a condom. I've always known a lot about AIDS. I certainly wouldn't want to put my life in jeopardy for something like that.”

—CARMEN, AGE 22 (IN ARNETT, 2003a)



**I** slept with this one guy one time—one guy, one time—and we actually didn't use anything, and I don't know why. We were both being stupid.... [After my next ob/gyn exam] they called me and said I was positive for chlamydia. That just shook me up because I couldn't believe that would happen to me."

—HEATHER, AGE 23 (IN ARNETT, 2003a).

**W**hen I first found out I had herpes] It affected me a lot. A lot. It just really threw me for a loop. I was just like, 'Okay, scarred for life.' I feel really cheated somehow, but at the same I'm going to have to live with it. That's just the way it is."

—ALLISON, AGE 22 (IN ARNETT, 2003A)

In addition to the problem of unwanted pregnancy, sex in adolescence and emerging adulthood carries a relatively high risk of sexually transmitted diseases (STDs). Few young people have sex with numerous partners during the same period of time, but most youthful love relationships do not endure for long. Young people typically get involved in a relationship, it lasts for a few months, sometimes sexual intercourse is part of it, and then they break up and move on. In this way young people gain experience in what love and sex involve and in what it is like to be involved with different people. Unfortunately, having sex with a variety of people, even if only one at a time, carries with it a substantial risk for STDs. Consequently, many adolescents and emerging adults experience STDs. By age 24, one in three sexually active Americans have contracted an STD (Boyer et al., 1999). Two-thirds of all STDs occur in people who are under 25 years old (Carroll & Wolpe, 1996).

The symptoms and consequences of STDs vary widely, from the merely annoying ("crabs") to the deadly (HIV/AIDS). In between these extremes, many other STDs leave young women at higher risk for later infertility, because the female reproductive system is much more vulnerable than the male reproductive system to most STDs and to their consequences (Carroll & Wolpe, 1996). Another cause for concern about STDs is that rates of STDs are especially high among Black and Latino young people living in America's urban areas (CDCP, 2002), in part because rates of STD-promoting behaviors such as intravenous drug use and unsafe sex are higher in these populations.

Two other general characteristics of STDs bear mentioning before we discuss specific STDs. One is that many people who have STDs are **asymptomatic**, meaning that they show no symptoms of the disease, and they are especially likely to infect others because neither they nor others realize that they are infected. Second, some STDs (such as herpes and HIV) have a **latency period** that can last for years. This means that there may be years between the time people are infected and the time they begin to show symptoms, and during this time they may be infecting others without either themselves or their partners being aware of it.

Now we will consider briefly some of the major STDs: chlamydia, gonorrhea, herpes, and HIV/AIDS.

### THINKING CRITICALLY

Do you think adolescents and emerging adults would be more likely to use condoms if they knew that many people who have STDs are asymptomatic? Why or why not?

**Chlamydia** Chlamydia is the most common STD, and the highest rates are among 15 to 19-year-olds (NIAID, 2000). It is estimated to infect 1 in 7 adolescent females and 1 in 10 adolescent males (Hersch, 1991), with rates of up to 20% found on college campuses (Estrin & Do, 1988). It is the leading cause of female infertility, in part because if left untreated it can develop into pelvic inflammatory disease (PID), which in turn causes infertility. Twenty to 40 percent of women with chlamydia develop PID (Miracle et al., 2003).

Chlamydia is highly infectious, with 70% of women and 25% of men contracting the disease during a single sexual episode with an infected partner. Seventy-five percent of women and 25% of men with the disease are asymptomatic (Cates, 1999). When symptoms occur, they include pain during urination, pain during intercourse, and pain in the lower abdomen. Chlamydia can usually be treated effectively with antibiotics, but in recent years antibiotics have become less effective because widespread use of them has led to evolutionary changes in chlamydia that make it more resistant (Carroll & Wolpe, 1996).

**Gonorrhea** Gonorrhea (sometimes called the "clap" or the "drip") is caused by bacteria that thrive in the moist mucous membranes of the body, including the mouth, urethra, and vagina. Because sexual relations typically

involve contact between the moist membranes of one person and the moist membranes of another, gonorrhea is very easily passed along during sex. Females are at least twice as likely as males to become infected through sexual relations with someone who has gonorrhea, because the vagina is an especially vulnerable place for contracting the disease. Although rates of gonorrhea have declined considerably since peaking in the mid-1970s, rates rose in the 1990s, especially among young Black females. The highest rates of infection are among females aged 15 to 19 (Miracle et al., 2003).

Seventy-five percent of males and the majority of females who have gonorrhea are asymptomatic. When symptoms do occur, they develop within a week and include painful urination, increased frequency of urinating, and (for females) bleeding after sexual intercourse (Carroll & Wolpe, 1996). If left untreated, gonorrhea can cause pelvic inflammatory disease (PID) and subsequent infertility in females (Handfield, 1992). If diagnosed and treated, antibiotics are highly effective against gonorrhea.

**Herpes Simplex** Herpes simplex is an STD caused by a virus. It has two variations. Herpes simplex I (HSV-1) is characterized by sores on the mouth and face. Herpes simplex II (HSV-2) is characterized by sores on the genitals. The disease is highly infectious, and it is estimated that 75% of persons exposed to an infected partner become infected themselves (Carroll & Wolpe, 1996).

Symptoms appear anywhere from 1 day to 1 month after infection. First there is a tingling or burning sensation in the infected area, followed by the appearance of sores. The sores last 3 to 6 weeks and can be painful. Blisters may appear along with the sores, and they eventually burst and emit a yellowish liquid. Other symptoms include fever, headaches, itching, and fatigue. These other symptoms peak within 4 days of the appearance of the blisters.

After the sores and blisters heal, the majority of people with herpes have at least one recurrent episode, with the symptoms for women being especially intense and enduring. Treatment within 4 days of initial symptoms reduces the chance of recurrent episodes (Carroll & Wolpe, 1996). However, currently there is no cure for herpes. Once people are infected, the virus remains in their bodies for the rest of their lives, and the chance of a recurrent episode is ever present. For this reason, psychological distress including anxiety, guilt, anger, and depression frequently results when herpes is diagnosed (Aral, Vanderplate, & Madger, 1988). Nevertheless, because herpes is infectious only when an

episode is occurring, the disease can be managed if the person has an understanding and supportive partner (Longo et al., 1988).

### HIV/AIDS

**I**t's a really scary thing right now. If for some reason you're not careful or you forget to use protection, you're like paranoid for a long time, until you get tested. Nobody that I know has [HIV] right now, but everybody's scared about it. You never know for sure."

—HOLLY, AGE 18 (IN BELL, 1998, P. 119)

The STDs discussed so far have been around for a long time, but HIV/AIDS appeared only recently, first diagnosed in 1981 (Carroll & Wolpe, 1996). In this STD, the human immunodeficiency virus (HIV) causes acquired immune deficiency syndrome (AIDS), which strips the body of its ability to fend off infections. Without this ability, the body is highly vulnerable to a wide variety of illnesses and diseases.

HIV is transmitted through bodily fluids, including semen, vaginal fluid, and blood. The virus typically enters the body through the rectum, vagina, or penis, during anal or vaginal intercourse. Another common form of transmission is through shared needles among intravenous drug users. Ninety percent of cases of HIV infection in the United States result from intercourse between homosexual or bisexual partners (CDCP, 1999), but outside the United States HIV/AIDS is spread mainly between heterosexual partners (Ashford, 2002). As with most other STDs, women are more vulnerable than men to the transmission of HIV/AIDS.

HIV/AIDS has an unusually long latency period. After the HIV virus is acquired, people who contract it tend to be asymptomatic for at least 5 years before the symptoms of AIDS appear, and in some cases as long as 10 years (Carroll & Wolpe, 1996). Thus, few adolescents have AIDS, but the incidence of AIDS rises sharply in the early twenties, and cases of AIDS that appear in the early twenties occur mostly in people who contracted the HIV virus sometime in their teens. The incidence of AIDS has risen dramatically since it was first diagnosed in 1981, and by the mid-1990s AIDS was the leading cause of death among Americans aged 25 to 44 (CDCP, 1999). Rates of HIV/AIDS are especially high among homeless adolescents (Rotheram-Borus, Koopman, & Ehrhardt, 1991) and among minority adolescents living in America's





Some studies have found school-based health clinics to be effective in lowering rates of adolescent pregnancy.

urban areas (Smith et al., 1993). AIDS has been devastating in southern Africa, where 10 of every 11 new HIV infections worldwide take place, and where more than one-fourth of young people are infected (Will, 2000). Prevalence of AIDS is also rising dramatically in Russia, India, and China (Will, 2002), especially among the young.

No symptoms are evident when a person first contracts HIV, but evidence of HIV can be identified in a blood test about 6 weeks after infection (Friedman-Kien & Farthing, 1990). Later during the HIV latency period, a person may experience flulike symptoms including fever, sore throat, fatigue, and swollen lymph nodes in the neck and armpits. After this initial outbreak of symptoms, no further evidence of the disease may appear until years later. Once AIDS does appear, it is usually in the form of symptoms of unusual diseases that people rarely get unless there is something seriously wrong with their immune system. AIDS-specific symptoms include **wasting syndrome**, in which the person loses a great deal of body weight and becomes extremely emaciated (Friedman-Kien & Farthing, 1990).

AIDS has proven to be extremely difficult to treat, because the virus has the ability to change itself and thus render medications ineffective. However, in recent years effective drug treatments for prolonging the lives of AIDS sufferers have begun to be developed. Nevertheless, the mortality rate for people who have AIDS remains extremely high. In Africa, where the prevalence of AIDS is greatest, the drugs are rarely available.

## Sex Education

One might think that with such high rates of pregnancy and STDs in adolescence and emerging adulthood there would be a broad consensus in the United States to do a better job at educating young people to avoid these problems. However, the issues are never so simple and clear when it comes to Americans and sexuality. Nowhere is the American ambivalence about adolescent sex so evident as on the topic of sex education (Crockett et al., 2002).

Indeed, a broad consensus exists in American society that high rates of premarital pregnancy and STDs in adolescence are serious problems that must be reduced.

However, there is vehement disagreement about what the solution to these problems might be. On one side are the proponents of **comprehensive sexuality education**, who advocate sex education programs beginning at an early age that include detailed information on sexual development and sexual behavior, with easy access to contraception for adolescents who choose to become sexually active. On the other side are the opponents of sexuality education, who advocate programs that promote abstinence until marriage and who believe that sex education programs encourage promiscuity and are a symptom of the moral breakdown of American society (Alexander, 1998). In between are America's adolescents, growing up in a socialization environment that includes both messages, and often choosing the "middle ground" of having premarital sex but not acknowledging their sexuality, thus failing to plan ahead for it and to use contraception responsibly.

School-based sex education programs must deal with this ambivalence and with the sharply divided opinions that may exist among the parents of the children they teach. Most schools do have some type of sex education program. As of year 2000, 70% of American adolescents attending public schools received some type of sex education course (Landry, Singh, & Darroch, 2000). Only 20 states require schools to have some kind of sex education program, but 38 states require instruction in HIV/AIDS prevention (SIECUS, 2003).

Individual school systems in the United States usually choose the content of their sex education programs, resulting in a great deal of variability in the length and content of what children and adolescents are taught. Most often, such programs simply include information about the anatomy and physiology of sexual development, often as part of a biology or physical education course, perhaps along with a little information about contraception and STDs (Carroll & Wolpe, 1996). Most of the programs avoid topics such as abortion and sexual orientation, and only one-third of sex education programs discuss sexual behavior at all (SIECUS, 2003). Less than 10% of American adolescents receive comprehensive sexuality education by the time they leave high school (SIECUS, 2003).

Analyses of the effectiveness of sex education programs in the United States have generally found that the programs often increase adolescents' knowledge of their anatomy, their physiology, and to some extent even of contraception. Unfortunately, overall the programs often have little effect on (1) communication with partners or parents about sex or contraception, (2) frequency of sexual intercourse, or (3) use of contraception (Kirby, 2000; Stout & Rivera, 1989). However, because the programs vary so much across the United States, talking about the "overall" effects of sex education is misleading. Programs that focus on knowledge have little influence on adolescents' sexual behavior, but more extensive programs have often been found to be effective.

A recent report reviewed dozens of sex education programs and concluded that there are 10 characteristics that make such programs work (Kirby, 2001):

1. Focus narrowly on reducing one or more sexual behaviors that lead to unintended pregnancy or HIV/AIDS infection.
2. Base the program on theoretical approaches developed to treat other risky behavior, such as cognitive behavioral theory, which rewards changes in thought and behavior.
3. Give a clear message about sexual activity and condom or contraceptive use and continually reinforce that message.
4. Provide basic, accurate information about risks and methods to avoid intercourse or pregnancy and STDs.
5. Include activities that teach how to deal with social pressures, such as information that helps them refute frequently used lines like "everybody does it" or activities that generate peer support for withstanding social pressures.

6. Model and provide practice in negotiation and refusal skills, such as how to say no, how to insist on condoms or other contraception, and how to make sure body language supports the verbal message.
7. Use a variety of teaching methods to involve participants and personalize the information.
8. Incorporate behavioral goals, teaching methods, and materials that are specific to the age, culture, and sexual experience of the students.
9. Run the program over a sufficient period of time (at least 14 hours spread over several weeks).
10. Train teachers, youth workers, or peer leaders (generally for at least 6 hours) who believe in the program.

In recent years a great deal of attention and money has been devoted to sex education programs that promote abstinence, encouraging adolescents to wait until marriage before having sexual intercourse. For the most part, programs that include only abstinence education have been found to be ineffective at decreasing rates of intercourse among adolescents (Lantier, 1998). In addition to abstinence-only sex education programs, public virginity pledges have become more common, in which adolescents pledge to abstain from sex until marriage. According to research, 2.5 million American adolescents have made this pledge since 1991 in response to a movement organized by the Southern Baptist Church ("Promoting Abstinence Among Teens," 2001). Research indicates that pledgers are less likely than nonpledgers to have intercourse in their teens, and pledgers who do have intercourse delay their first experience of intercourse to a later age (Dailard, 2001; "Promoting Abstinence Among Teens," 2001). However, pledgers who have intercourse are less likely than nonpledgers to use contraception, indicating that if they have decided not to have sex they may be unprepared if they unexpectedly change their minds. Furthermore, the fact that pledgers are less likely to have intercourse does not mean that the pledge itself promoted abstinence. The pledgers are self-selected, so it could be—and it seems likely—that those who make the pledge are already more likely to abstain.

Although abstinence-only sex education programs are usually ineffective, some of the most effective sex education programs have been **abstinence-plus programs** that encourage adolescents to delay intercourse while also providing contraceptive information for adolescents who nevertheless choose to have intercourse (Dionne, 1999; Haffner, 1998). Critics of these



programs argue that this is a mixed message, and that providing information about contraception undermines that message of abstinence. Nevertheless, the success of these programs suggests that adolescents are able to choose the message that appeals most to them personally. This is the approach most Americans support. In a recent survey, 69% of adults and 67% of

teens stated a preference for sex education programs that encourage teens to abstain from sex but also provide contraceptive information (National Campaign to Prevent Teen Pregnancy, 2002). It appears that, in a society with such mixed messages about adolescent sexuality, a mixed-message sex education program works best.

## SUMMING UP

In this chapter we have covered a variety of topics related to dating, love, and sexuality. Here are the main points we have discussed:

- Dating tends to begin with mixed-sex groups in early adolescence, developing into dating pairs by late adolescence. Most American adolescents begin dating in their early teens. Dating is a mostly American phenomenon; young people in other Western countries associate more informally, and young people in Eastern countries tend to be discouraged from dating until they are looking seriously for a marriage partner.
- Sternberg's theory of love describes a variety of types of love derived from combinations of passion, commitment, and intimacy. Adolescent love usually lacks long-term commitment, so it is most often characterized by infatuation or romantic love. Adolescents in non-Western cultures also experience passion, but many cultures restrict adolescents' expressions of passionate love because they believe that marriage should be based on family interests rather than individual choice.
- With respect to their views on adolescent sexuality, cultures can be generally classified as restrictive, semirestrictive, or permissive. The United States today is probably best classified as semirestrictive, with a great deal of ambivalence and divided opinions about adolescent sexuality.
- Adolescent sexual activity tends to follow a progression that begins with masturbation, followed by kissing and necking, sexual intercourse, and oral sex. Having first intercourse at age 15 or younger tends to be associated with problems such as higher rates of drug and alcohol use. American adolescents tend to use contraceptives inconsistently or not at all, due to deep ambivalence about adolescent sexuality.

- Gay, lesbian, and bisexual (GLB) adolescents often have difficulty coping with their sexual orientation in a culture that stigmatizes homosexuality, and consequently they are more likely than other adolescents to have problems of suicide, substance abuse, school difficulties, and running away from home.
- Sexually transmitted diseases contracted by adolescents and emerging adults include chlamydia, gonorrhea, herpes simplex, and HIV/AIDS. Rates of all these STDs are especially high in the late teens and early twenties.
- Sex education is controversial in American society. Most sex education programs are ineffective, but some recent programs have shown promise in reducing adolescent pregnancy.

One striking characteristic of research on sexuality in adolescence and emerging adulthood is that it is so heavily weighted toward the problems that can arise from premarital sexual contact, such as unwanted pregnancies and STDs (Brooks-Gunn & Paikoff, 1997). This emphasis is understandable, given the profound effects that these problems can have on young people's lives. Still, such an emphasis can leave a distorted impression of how sexuality is experienced by young people. If you knew nothing about sex except what you read in academic studies of adolescents, you would never guess that sex can be pleasurable. It is true that young people's sexuality can be a source of difficulties and problems, but what about sexuality as a source of enjoyment? What positive feelings and thoughts do adolescents and emerging adults have as they experience kissing, necking, petting, and intercourse? How are love and sex related in young people's relationships? In what ways does sexual contact enhance emotional intimacy between young people in love? We need to learn much more about these questions in order to have a complete picture of love and sexuality among young people.

## KEY TERMS

dating scripts	consensual validation	semirestrictive cultures	parental consent
proactive script	initiation phase	permissive cultures	asymptomatic
reactive script	status phase	sexual scripts	latency period
liking	affection phase	sexual harassment	wasting syndrome
infatuation	bonding phase	bullying	comprehensive sexuality
empty love	arranged marriage	date rape	education
romantic love	cohabitation	coming out	abstinence-plus programs
companionate love	sexuality	homophobia	
fatuus love	restrictive cultures	subfecundity	
consummate love	double standard	parental notification	

## FOR FURTHER READING

- Bois-Reymond, M., & Ravesloot, J. (1996). The role of parents and peers in the sexual socialization of adolescents. In K. Hurrelmann & S. Hamilton (Eds.), *Social problems and social contexts in adolescence: Perspectives across boundaries* (pp. 175–197). Hawthorne, NY: Aldine de Gruyter. A study of adolescent sexuality in the Netherlands.
- Hatfield, E., & Rapson, R. L. (1996). *Love & sex: Cross-cultural perspectives*. Boston: Allyn & Bacon. A lively, fascinating account of beliefs and behavior on love and sex around the world, including a wealth of material related to adolescents and emerging adults.

## APPLYING RESEARCH

- Bass, E., & Kaufman, K. (1996). *Free your mind: The book for gay, lesbian and bisexual youth*. New York: Harper Perennial. Information for young people about coming to terms with being GLB.
- Roffman, D. (2001). *Sex and sensibility: The thinking parent's guide to talking sense about sex*. New York: Perseus. A helpful, witty, research-based guide intended to assist parents in communicating with their adolescents about sex.