Healthy sexual development for young people

What does it mean and who is responsible?

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The issue of sexuality

Young gays commit suicide because of teasing at school; teenage girls (and sometimes their mothers) diet themselves to death; one in three marriages ends in divorce; estranged partners murder their children rather than let their ex-partner have custody; adults in positions of care and responsibility sexually abuse children; deadly diseases are spread through sexual contact. Sexuality, though it is depicted endlessly in the media with ‘no holds barred’, is still a very difficult issue for our society. How do young people cope?

What does the research tell us?

Until the 1980s, community sensibilities and researcher reluctance meant that there was little research on the sexual behaviour, attitudes and health of young people in Australia. With some notable exceptions (e.g. Selverstone, 1989), research from the United States tended to present adolescent sexual behaviour as deviance – a social problem to be solved. In response to the spectre of AIDS, the possibility of finding out more about how adolescents think, feel, and behave sexually became more feasible, as those responsible for young people came to understand that just asking people about sex is not necessarily something that causes harm in itself. A huge volume of youth sexuality research ensued. While much of this post 1980s research focused on the risk of sexually transmitted diseases among adolescents, many studies made a broader contribution to our understanding of adolescent sexual health in the context of general development and well-being.

The age of first sexual intercourse

Australian studies confirm trends noted across the Western world – that the age of first intercourse is declining, especially for girls. Several recent surveys indicate that 50 to 60 percent of 18 year olds have had intercourse at least once, compared with 40 percent or less in the limited research emanating from the early 1980s (Dunne et al., 1993; Goldman & Goldman, 1988). It is, however, rather misleading to talk about the average age for loss of virginity, as there are considerable cultural and sub-group differences among young people, with factors like religious affiliation and social class having a marked influence on the age of sexual debut (Rosenthal et al., 1990). We need to remember that if half of our 18 year olds have had sex, then half of them haven’t.

Attitudes to adolescent sexual expression
Social attitudes to teenage sex appear to have softened, which has the positive effect of enabling young people better access to information to assist them in their sexual decision-making. Among young people themselves, there is a liberality with respect to pre-marital sex, summed up by one young woman thus. “It’s normal to have sex before marriage. No one waits for the ring these days. That idea is so old fashioned. No one thinks like that anymore”. (Moore & Rosenthal., 1993)

Set against this liberality however, research which I and several colleagues have conducted suggests that:

- the majority of young Australians believe that 15 is ‘too young’ an age to begin intercourse, and that the ideal age for loss of virginity ‘depends on the person’ in the sense that it is important to be emotionally ready; and
- value is placed on sex within a committed relationship – as one young woman put it, “you can’t just do it with anyone” (Moore & Rosenthal., 1992a).

**Gender differences**

Again, however, there is wide individual variation in attitudes and behaviour. For example, casual sex is more accepted by, and for, teenage boys than teenage girls, with our studies showing about 40 percent of young people of both sexes still committed to a ‘double standard’, that permissive or liberal sexual behaviour is acceptable or only mildly disapproved of for boys, but is totally unacceptable for girls (Moore & Rosenthal., 1993). As one girl replied to the question, “What do you think of girls who sleep around?” “I think they are sluts basically.” “What about boys?” “They are different to girls because they like competing against each other. … When a guy does something, the other guys do it too … they like bragging.”

**Number of partners**

To what extent is partner changing a feature of adolescent and young adult sexual practice? Again, the wide range of attitudes to sex and sexual practices of young people make it difficult to generalise. The pattern of ‘serial monogamy’ described by an American researcher some decades ago (Sorensen, 1973) still appears to be quite common among those who are already sexually active. Serial monogamy incorporates the ideas of mutual faithfulness and commitment to the current partner as if he or she is to be permanent. This idea is also something of an ideal., as a significant percentage of young people in the studies in which I have been involved said they either found it difficult to be faithful or were not committed to faithfulness (Buzwell et al., 1992). This was particularly the case for boys.

Most adolescents believe that they will have more than one sexual partner over a lifetime. Data from the UK suggests that today’s 16 to 24 year olds will have had many more sexual partners, on average, in a lifetime than any older age group (Johnson et al., 1994). Australian data is unlikely to differ greatly from this. In one Australian study of 18 year olds, about ten percent had had three or more partners in the last six months, although most had had only one or none (Rosenthal et al., 1990).

**Romance and courtship**

Ideas of romance and courtship remind us that sexually-based feelings and relationships are not just about sexual intercourse. Sexual expression includes
flirtation, hand-holding and kissing, through to various forms of penetrative sexual encounter.

A recent Australian study of adolescent sexual timetables indicated that most 15 and 16 year olds believed that somewhere between 12 to 14 years was an appropriate age to begin ‘brief’ kissing on the mouth, with around 65 percent also considering tongue kissing to be ‘OK’ at that age, and the rest preferring to wait until later – predominantly until 15 to 17 years old (Rosenthal & Smith, 1997). Touching a girl’s breasts or genitals beneath her clothes, or a boy’s genitals beneath his clothes were considered suitable for 15 to 17 year olds by about 70 percent of the sample, with small minorities perceiving it as reasonable either earlier or not until much later (over the age of 21).

These sexual developmental milestones may not always be discussed in sex education classes, where the emphasis may be on intercourse and safe sex, yet young people may be as excited and nervous about a first kiss as they are about first intercourse. They may worry about how slow or fast they are proceeding in their courting and may feel they are very different from peers, not recognising the range of individual variations that exist in this domain.

**Sexual protection**

Is sexual behaviour risky for young people? Sexual risk comes, most obviously, from the chance of sexually transmitted disease, especially the feared HIV/AIDS. Sexual disease transmission is reduced considerably by consistent condom use. In Australia, condom use has been investigated in a number of studies of school-age teenagers. Results suggest that boys are more likely than girls to always use condoms when they have sex. However, about half the sexually active boys and girls in upper secondary school are inconsistent in their condom use, with a proportion never using protection at all (Dunne et al., 1993).

Among samples of sexually active young Australians at university, research has repeatedly found low and inconsistent condom use (Rosenthal et al., 1996). For example in one study, it was found that only about one-third of the students who had previously had intercourse with a casual partner always used a condom, and only one-fifth always used a condom with a regular (steady) partner. Nevertheless, it is clear that attitudes toward condoms have improved, as have rates of use, with national surveys conducted in 1989, 1994, and 1999 demonstrating steadily increasing rates among young people (Rosenthal et al., 1990; Rosenthal et al., 1996; Rosenthal et al., 2000).

The incidence of HIV among adolescents in this country is presently very low (National Centre in HIV Epidemiology and Clinical Research, 1999), but it has the potential to spread quickly among the adolescent population, because this is a group which experiments sexually and with intravenous drugs, changes partners frequently, and does not use condoms consistently.

There is also the issue of other sexually transmitted diseases (STDs). A recent report from the USA claims that 86% of all STDs occur in the 15 to 29 age group (Ellickson et al., 1989). In Victoria in 1992 for example, there were a substantial number of cases of gonorrhoea, acute hepatitis B, and non-specific urethritis or genital chlamydia infections in the 13 to 24 age group. Females were more affected.
than males (Stevenson, 1993). In the year 2000, concern is still being expressed by public bodies such as the New South Wales Department of Health about the increasing incidence of notifiable STDs such as gonorrhoea and chlamydia (Website: www.health.nsw.gov.au).

Sexual risk also comes from the chance of unwanted pregnancy and birth, although this is less likely in modern secular nations like Australia because of the contraceptive pill and termination possibilities. In fact, since 1972 the number of Australian teenagers giving birth has steadily decreased, but at least some of this decrease must be attributed to the increasing incidence of abortion among the age group (Siedlecky, 1996).

How do young people learn about sexuality?

Parents

What influence do parents have on the development of sexual values and the sexual behaviour of their adolescents? In one interview study with young people (Moore & Rosenthal., 1992a), they were asked, “How do you think your family background has contributed to your ideas about sex?” The answers given were illuminating in that some of the ‘effects’ of parents’ attempts at sex education were probably not what the parents had planned. For example some young people thought parental restrictiveness had the opposite effect from that intended:

"Well my mother thinks that if you are under 21 you are too young to have a boyfriend and you should be a virgin until you are married .... I don't think you should be a virgin until you are married unless you really want to, and as for waiting till you are 21 to have a boyfriend .... no way. To tell you the truth, all the girls that aren't virgins or are more outrageous than me are the ones that the parents are more strict on...."

or …

"Our parents have forced into our brains, no sex before marriage. ... I think the ones that are locked up will rebel."

On the other hand many young people saw their parents as having positive influences on their developing sexuality, thus:

"My family has a big influence on me and so far it has moulded my way of thinking [about sex]."

or …

"I think without having any parents, you don't have any guidance with sex or boys. They can't say, ‘No, I don't like that one’. I think it is just trial and error, and you don't have anyone to run home to and cry on their shoulder and ask their advice – no guidance."

Clearly, parental sex education sometimes hits the mark, but it does not always have the influence it was designed to have. In addition, parents often express difficulties in providing sex education for their children, recognising that they themselves are not always as ‘expert’ as they would like to be, or that discussions can be so embarrassing that the educational outcomes are minimised.

Having said this, it is also evident from research that young people view their parents as the most trustworthy sources of information about sex (Rosenthal & Smith, 1995), so it is important that parents do not abandon this role, but recognise that what they
provide is part of a complex of varying influences. What parents do that is probably most important is provide models for relationships. Families in which parents model tolerance, good communication, warmth and self control are in fact already providing the basis of sex education before a word is ever uttered about sex.

**Peers**

Overwhelmingly, peers are a major source of sex education for young people, who feel much more comfortable discussing sexual issues with their friends than with their parents (Moore & Rosenthal, 1991; Rosenthal & Smith, 1995). Young people may feel their friends are less likely to be judgmental and are more in tune with their current concerns. Whereas once such influence was judged negatively as ‘the blind leading the blind’, there is now greater recognition that young people may be in a wonderful position to help each other in dealing with sexual issues, so long as they are provided with correct information.

Peer education programs, in which adolescents or young people just a little older are trained as communicators and given accurate information to transmit, have been shown in many cases to be very effective (Moore et al., 1996). In this kind of program, adults play a more subtle role. They may, for example, direct peer educators to resources, help them to deal with communication issues such as tolerance, involvement, boundaries and problem behaviour, and provide back-up if difficulties arise.

**Media**

It is impossible to avoid sex in the media, and attempts at censorship are rarely successful for very long. What are portrayed are not only overt depictions of sexual acts but many subtle messages about sexuality and relationships. Not all of these are negative, by any means. For example, in recent years several ‘teen soapies’ have had their characters modelling ‘safe sex’ messages and presenting discussion of difficult sexual issues such as coping with homosexual feeling and identity, sexual harassment, and non-consensual sex. On the other hand, some media depictions of sex might lead us to believe that this is an activity in which only the young, firm and beautiful may participate.

While sex plays a large part in our lives, media representations can distort its influence out of all proportion. In the words of one young interviewee commenting on the media portrayals of sex (Moore, 1999):

“No one seems interested in how many other things … I mean in relation to sex …what people do in their lives, like maybe what their career is, or their artistic ambitions, things like that tend to get overlooked I think. Sex is too much of a big deal.”

**Schools**

Schools are in an excellent position to provide sexuality education to young people, with their captive audience of adolescents, their skill base of qualified and experienced teachers, and, for the most part, their charter from parents to shoulder at least some of the burden for this supposedly difficult task.
While individual Australian schools have at various times been able to present excellent sex education programs, school-based sex education is often not highly effective for a range of reasons. The sensitive nature of the material and the confidentiality and care issues arising if young people disclose their sexual behaviour mean that many teachers do not feel confident to take up the challenge of teaching sexuality based material unless it is in a highly structured and didactic format. Such formats do not enable young people to personalise the material or to address value and feeling issues to the same extent as more risky discussion-based formats. Many schools try to solve this dilemma through the implementation of ‘visiting expert’ programs, which have been shown in various evaluations to be less effective than if the material is presented by a known and trusted source.

Towards a broader, integrated view of sexuality

I like the idea of sex education that is about the whole person, not just genitals; that is about thoughts, feelings, and behaviour, not just intercourse; that deals with relationships and values, not just plumbing; and that incorporates positive and life affirming aspects of sexuality, not just the dangers. This approach allows for sexuality to be viewed in context of the rest of life.

One way of facilitating such an approach is to define sexual health and well-being more broadly than in terms of absence of or protection from disease. The following topics provide an agenda for consideration of sexual health that is broad based, developmentally oriented and context driven. These five topics – body image and coping with bodily change; sexual feelings; sexual behaviour and relationships; sexual health and safety; and sexual identity – will be discussed in turn.

Body image

Issues of body image include acceptance of and coping with the bodily changes of puberty and the development of an adult male or female shape. Hormonal changes and fluctuations can lead to moodiness and stress, as can undesired bodily changes such as acne, greasy hair, body odour and clumsiness as one gets used to a new body shape. For young women, these issues also include dealing with menstruation, a topic that is still considered rather disgusting and shameful in society. For example, here are some of the things sixth grade girls said in response to a ‘complete the story’ scenario about a menstrual ‘accident’ in which a school girl (Nicole) notices a stain on the back of her school dress (Moore, 1995):

“Nicole was so embarrassed that she ran back home and didn’t go to school for the rest of the day... She quickly covered the mark and ran back home. She was very scared and embarrassed. Now she had to be very careful!”

In addition to biological change, many social pressures impinge on young people’s body images. Expectations of others are different if one has the body of a child than if one has the body and appearance of an adult, so that early developers may find more pressure for them to take adult responsibilities than late developers. This is not necessarily a bad thing, judging by studies suggesting that early developers, especially boys, often do better socially and academically (Dusek, 1991).

Particularly salient today are media driven models of the desirable body, which present young men and women as acceptable only if they conform to a particular shape and appearance. The pressure to conform to these models may have
implications for well-being in general as seen in the upsurge of eating disorders among the adolescent and youth age groups. Sexual well-being is also compromised by these models. Research with heterosexual Australian adolescents indicates that those who lack confidence in their attractiveness are the least satisfied with their social relationships, particularly their relationships with the opposite sex (Strubel, 1996).

**Sexual feelings and arousal**

Part of adolescent development is to learn to recognise and cope with sexual feelings in ways that are satisfying as well as socially acceptable. This might involve coming to terms with feelings that are not perceived as mainstream (such as homosexual feelings) and working out how to deal with the peer teasing and bullying which may accompany expression of these feelings. It will probably involve at least some of the following feelings: falling in love, experiencing a crush, jealousy, unrequited passion, dealing with rejection, and dealing with the unattainable. It might involve issues of control, as for example controlling when and where one allows sexual feelings to be expressed, and learning the importance of adjusting for, and respecting, others’ feelings in relation to this expression. These are tasks which many adults find difficult, and for which they do not always provide good modelling of appropriate and healthy behaviour.

Young people express many difficulties in coping with the feeling domain. For example, young people appear to hold the belief that it is difficult or impossible for boys to control their sex drive, but easy for girls. Thus a prevailing view might be that you can’t expect boys once aroused to hold back, even if they are unprepared with respect to protection or if the girl is an unwilling partner. In one study, colleagues and I asked 16 year olds, “Can boys control their sexual urges?” (Moore & Rosenthal, 1992b). Many young people responded in the following vein:

“Not really, no. They can be controlled by the girl, but they certainly wouldn’t stop if they wanted something.”

“No, I can’t. If they want it they jump at the chance.”

Another example of the difficulties involved in dealing with feelings comes from a study of adolescents from small rural towns in Australia (Hillier et al., 1996). Among the secondary school students surveyed, the level of expressed homophobia was exceptionally high, yet a significant number of young people indicated that they were attracted to those of the same sex or confused about their sexual orientation. The authors of this study comment on the anxieties and stresses which these same-sex-attracted youth experience, the problems they face in receiving advice, information and support, and the potential for negative outcomes such as depression and suicide.

Coping with the intensity and variety of sexual feelings is more likely to occur in an atmosphere of support and tolerance. While young people can be cruel and bullying to those marked as ‘outsiders’, they also have great potential to assist and support each other through the intensities of crushes, relationship break-ups, worries about normality and the like. One challenge for parents and educators is to marshal that support resource so that it becomes a normative element of youth culture.

**Sexual behaviour and relationships**
For young people to experience sexual well-being, they need to feel comfortable with their perceived rate of progress in reaching sexual milestones and with the development of relationships necessary to enable these milestones to occur. Again, many difficulties can be placed in the path of well-being in this domain. Individuals may desire to move at a faster rate – for example, they may wish to have a girlfriend or a boyfriend but lack the skills or the opportunities to make this happen.

Our research on romance and adjustment suggests that lonely young women are more likely to have relationship styles that are clinging and dependent, while lonely young men place a high value on romance, yet worry about too much closeness (Moore & Fan, 2000). For both sexes, shyness and self-perceived lack of social skills are related to loneliness. The implications here are that sexual and general well-being are jeopardised by limited relationship skills.

Another example of change that may be difficult to prepare for concerns the vagaries of romantic relationships. The severity of the loss felt when adolescent romantic relationships come to an end is often not recognised. Full-blown grief reactions may ensue involving stages such as denial, anger, depression, and, if the course of grief is successful, eventual effective coping. At the other end of the relationship spectrum, an interview study with New Zealand teenagers suggested that young people needed to be better equipped with the skills and confidence to end undesirable or unwanted romantic and/or sexual relationships (R. Moore, 1997).

A young person’s comment about sexual well-being is informative here, as it underlines issues of both feelings and behaviour in well-being.

“Nothing really explores the scary side of being in a very involved relationship, or how hurt you might feel actually if you have had an encounter with somebody, and they have told you the next day ‘see you later’, that was it, it was awful.” (Moore, 1999)

There is no doubt that young people are interested in each other’s behaviour and are assisted in understanding that a great range of possibilities count as ‘normal behaviour’ or ‘normal feeling’. Those who feel they are progressing too slowly may be interested to know that most young people think they are less sexually experienced than the ‘average’ teenager of their age (McCabe & Collins, 1990).

In the behavioural domain it is also important to understand the boundaries of acceptable sexual behaviour. For example, as a society we do not condone non-consensual sex or the sexual manipulation of young people by adults, because we understand that these impact on the current and future well-being of young people.

Sexual health and safety

Although, as I have argued, ‘safe sex’ and sexual disease protection are not the only ways of looking at sexual well-being, they are nevertheless important issues. Risk-taking with respect to sexual disease (or pregnancy) seems to be determined by quite complex and subtle factors. It is not enough to have accurate information about contraception and safe sex, or even to be positively inclined to take precautions.

Countless studies have indicated that adolescents’ attitudes and information only partly predict whether they will use protection. Other factors related to the broader context of sexuality can be influential as well. For example, several researchers have
found that the more young people perceive their sexual relationship to be based on love and trust, the less they feel the need to use condoms (e.g. see Moore & Rosenthal., 1998). This strategy has some logical flaws when it is realised that most teenage sexual relationships are unlikely to last a lifetime. The following quotes from young people illustrate the point:

Interviewer: “In what situations would you have sex without a condom?”
Interviewee 1: “If I knew the person a minimum of three months. So long as I loved and trusted him.”
Interviewee 2: “To contemplate having unprotected sex with someone I’d have to contemplate either being in love with them some time in the future or being in love with them now.”

Another example relates to the communication difficulties and embarrassment that many young people (and adults) feel about suggesting that sexual protection is used. The following quotes come from Australian 16 year olds (Moore & Rosenthal, 1992b):

Interviewer: “Do you ask them about it (STDs) before you sleep with them?”
Interviewee 1: “I guess it would be embarrassing. It’s not the sort of question you ask, but you would think about it probably.”
Interviewee 2: “No, I don’t think it’s necessary. I’d fish for it like asking about previous relationships. But I wouldn’t want to put her on the spot.”

The influence of these more subtle factors on safe sex practice underscores the importance of discussion, not just didactic teaching, in sex education. Young people’s myths and prejudices about what is safe or acceptable are unlikely to surface unless educators take the time to draw them out. Indeed, information about sexual safety (and other health issues that require behaviour change) can be presented clearly and accurately, but often do not ‘take’ because individuals find it difficult to link the information to their own lives. Discussion, carefully handled, can help to personalise such information, enabling young people to clarify their values and the logic of their thought processes.

As I have suggested several times throughout this paper, there are other ways of looking at sexual health apart from absence of disease. Young people put their own spin on this, and we need to listen to what they are saying. One young woman in her early 20s reflected on her version of the meaning of sexual health:

“Sexual health, I see that as a little bit different, as not putting yourself in a sexual situation where you will come out feeling that your self-esteem has been violated in some way ... Having sex within a relationship where there is no respect is very damaging.” (Moore, 1999)

**Sexual identity**

Adolescence is a time of experimentation, and sexual experimentation forms part of the exploration of new roles and new ways of behaving necessary in the formation of identity, that is, a sense of who you are and where you are going. Developing a sexual identity that is congruent with other aspects of one’s self and integrating sexuality with the rest of life is an important developmental task for young adults. Sexual relationships provide for many young people today an opportunity to move to adult roles that are substantially delayed for them in other areas, such as career choice and economic independence. As parents and educators, we hope for our young people the possibility of forming these relationships safely, at their own pace,
and in ways that do not jeopardise their current or future well-being and sexual adjustment.

**Conclusions**

On the basis of the ideas I have presented here, some guidelines for discussing sex with young people might include recognition that:

- Our sexuality is part of who we are, so learning about sex is part of learning about ourselves.

- Sex education will be more effective if it includes more than just warnings and emphasis on dangers, but recognition of the roles of pleasure and relationships.

- Despite media emphases, sex is only one aspect of a fulfilled life.

- Diversity is part of human sexuality, from diversity of appearance through to diversity in sexual desires.

- Social skills training may assist development of sexual health, both through its impact on the formation of sexual and romantic relationships and the possibilities opened up for stronger peer social support in dealing with sexual issues.

- Modelling respect and tolerance in relationships is more effective than just talking about it.

- All human societies set boundaries and limits to sexual behaviour. These need to be understood, as does the importance of being clear about one’s own values in the light of the range of social values about sex.

- The best way to develop good decision-making skills (about sex or any topic) is to practice making decisions.
REFERENCES


Moore, S. (September 23, 1999). Youth sexuality. Research week address, Swinburne University.


Further Reading

Good bookshops have a range of sex education guides for parents and teachers. See also the Victorian Government’s community website, which has a section on sex education topics (http://www.vicnet.net.au/issues/sexed.htm#top) Further suggested reading includes:

About the author

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