Sexuality across the Life Span

13

Childhood Sexuality

• The study of childhood sexuality faces practical difficulties.
  – How should we study the sexuality of children
    • Watch them?
    • Ask parents?
    • Ask others normally around children
    • Ask the children?
    • Ask adults to reflect on memories?
• Societies vary in whether they encourage, tolerate, or suppress childhood sexuality; commonly, adults exert some degree of restraint on childhood sexuality, particularly in societies in which sexual restraint is expected of adults.

• By the end of the nineteenth century, the belief that children needed to be kept in a state of sexual innocence was fully ingrained in Western culture.

• Purity Balls
  – Fathers who attend typically pledge before God to protect their young daughters' purity in mind, body and soul
  – Daughters are expected to remain virgins, abstaining from pre-marital sexual intercourse
• Children engage in a variety of sexual behaviors: penile erections and vaginal lubrication in newborn babies; masturbation and fondling genitals; showing their genitals and viewing the genitals of other children; playing “doctor,” “house,” or “show.”

• Children rarely engage in adult-like sexual behavior.

• Prior to 19th century
  – Rural
  – Families slept in close proximity
  – Farm animals observed
  – 19th century
    • Children had to be protected from sexual knowledge
    • Sexual innocence
Childhood Sexuality (cont’d)

• 20th century
  – Many parents still prevent their children from seeing them naked
    • Especially not seeing them have sex
  – UCLA Family Lifestyles Project
    • See parents naked or having sex is not associated with psychological problems
    • Possibly fewer problems

Children engage in a variety of sexual behaviors
  – Erections, vaginal lubrications
  – Masturbation
    • Touching or fondling genitals
    • Rubbing genitals against objects
    • Climactic without ejaculation
  – Showing/watching genitals
  – Sexual behavior declines until around 12 years
• Children do not engage in adultlike sexual behaviors
  – Pretend or actual coitus
  – Oral sex
  – Body on body rubbing
  – Insertion of finger or object into the vagina or anus
• Precocious sexual activity
  – Coitus, penetration, oral sex
  – Child sexual abuse

• About 15 percent of women and 7 percent of men report having had at least one childhood sexual experience with an adult.
  – Declining in frequency (fewer substantiated cases)
  – Usually only one sexual contact
    • For girls – usually an adult male
    • For boys – usually an older adolescent girl
    • Most contacts are fondling of genitals and not penetration or oral sex
  – Adult Males: sexually touch children 7 – 10 years
  – Adolescent Girls: touch boys 11 – 13 years
• Sexual contacts can cause harm to children
  - As a group they experience more
    • Fearfulness, depression, inhibitions of emotions, hostility, antisocial behaviors
    • Mood disorders, phobias, panic disorders, antisocial personality, suicidality, substance abuse, poor academic performance, premature sexual activity, sexual promiscuity, STIs, victimizing others sexually
  - More true when coerced into sex, perpetrator is family member, large age difference, or involved multiple encounters; and when the victim is a girl
• According to meta-analyses and original studies mostly involving college students by the psychologist Bruce Rind (1998), most children who experience sexual contacts with an adult suffer no long-term adverse consequences.
  – Laura Schlessinger; Family Research Council railed against APA supporting child sex abuse
  – APA capitulated;
  – Subsequent research supported original claims
  – Rind: “lack of harmfulness does not imply lack of wrongfulness”

• Remembering child sex abuse
  – For many years, conventional wisdom was that a child could never lie about or make up a story involving sexual abuse.
  – Late 1980s and 1990s
    • Several cases of children telling stories of mass sexual abuse (McMartin, Kelly cases)
    • Recalled memories of childhood sexual abuse
  – Implanted memories
    • Presuppositions in repeated questions
    • Reinforcement for describing sexual abuse
  – Modern investigators are very careful to not inculcate children with memories
• In the preadolescent period from 8–12 or 13 years, children have an increase in sexual interest and tend to segregate themselves by sex, a phenomenon called homosociality.

• The beginning of adolescence or the teen years corresponds to the biological events of puberty, with female menarche and male first ejaculation. Increased levels of testosterone in the blood usher in a sexual awakening punctuated by an increase in sexual feelings and behavior. Many cultures have puberty rites or coming-of-age ceremonies for both boys and girls.

• Sexual activity tends to start earlier among children at lower socioeconomic levels, and it starts later among children who are religiously observant and of higher intelligence.
American males 15 - 18 years who engaged in sex with females

- Social changes since the 1940s have led to increased and diversified sexual behavior among American teens. Foremost among these social changes were the introduction of oral contraceptives in 1960, legalization of abortion in 1973, effective treatment for some STDs, increased college attendance of women, and the postponement of marriage.
Preadolescent and Adolescent Sexuality (cont’d)

• Oral sex is common among teens because it is a way to have sex to the point of orgasm without loss of “virginity” or risk of pregnancy.

• Overall, the teen birth rate fell by 22 percent during the 1990s and has been declining steadily in all ethnic groups in the United States. The decline is due to a decrease in pregnancy rates, not an increase in abortions.

Preadolescent and Adolescent Sexuality (cont’d)

• Adolescence involves many processes, including development of an identity, becoming independent from parents, social exploration within a peer group, and negotiation with the opposite sex in sexual interactions. Socially, the relations between male and female teens are more evenly balanced than they were in the past.
• Wide variety of sex education
  – South Carolina
    • Human physiology, conception, prenatal care and development, post natal care, and abstinence.
    • No mention of non-reproductive sex.
    • Contraception in context of marriage
    • No abortion or homosexuality mentioned
  – California
    • All sexual orientations
    • Abstinence
    • Pregnancy and STI prevention
    • All contraception discussed
  – In general, data show comprehensive sex education with access to contraception is more effective than abstinence only programs

Box 13.4 Research Highlights: School-Based Sex Education: Conflicting Strategies (Part 1)

<table>
<thead>
<tr>
<th>Attitudes toward school-based sex education</th>
<th>Appropriate</th>
<th>Inappropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexually transmitted diseases</td>
<td>99</td>
<td>1</td>
</tr>
<tr>
<td>Basics of how babies are made</td>
<td>96</td>
<td>3</td>
</tr>
<tr>
<td>Waiting to have intercourse until older</td>
<td>95</td>
<td>4</td>
</tr>
<tr>
<td>How to use and where to get contraceptives</td>
<td>86</td>
<td>12</td>
</tr>
<tr>
<td>Abortion</td>
<td>85</td>
<td>13</td>
</tr>
<tr>
<td>Masturbation</td>
<td>77</td>
<td>19</td>
</tr>
<tr>
<td>Homosexuality</td>
<td>73</td>
<td>25</td>
</tr>
<tr>
<td>Oral sex</td>
<td>72</td>
<td>27</td>
</tr>
<tr>
<td>That teens can obtain contraceptive pills without parental permission</td>
<td>71</td>
<td>28</td>
</tr>
</tbody>
</table>

*Percentage of Americans who believe that the listed topics are appropriate or inappropriate topics for sex-education classes at middle- or high-school level.
The median age at first marriage in the United States is 27 for men and 25 for women, thus creating a 12–14 year gap between puberty and marriage—the dating years.

The institution of marriage is evolving.

Companionate marriage requires the availability of divorce.

Live-in relationships have become very diversified, ranging from unstructured cohabitation or to domestic partnership or legal marriage.

The percentage of men and women over 15 who have never married, are separated, or are divorced at any given time is steadily rising, and the percentage who are currently married is steadily falling.

African-American women are much more likely than women of other groups to be single mothers.
Marriage and Sex

- Statistically, marital sex is less frequent and adventurous than unmarried sex, but married people are generally satisfied with it, especially women.

- The frequency of sex declines during the course of a marriage. Suggested reasons for the decline include habituation, or increasing familiarity, the dimming of passionate love, the birth of children, and the process of aging.
13.9 Marital sex becomes less frequent with increasing age

13.8 The paradox of marital sex
For some couples, marital satisfaction also declines during middle age. On the whole, wives are less satisfied with their marriages than are husbands. This sex difference in marital satisfaction probably results from the greater power and income of men.

A large percentage of all marriages end in separation or divorce. This disruption is linked to many factors—passage of time, age at marriage, education, premarital sexual relations, and ethnicity.
13.11 Teen marriages are less durable

![Graph showing the durability of marriages based on the woman's age.](image)

13.12 Ethnicity influences the durability of marriage

![Graph showing the durability of marriages based on ethnicity.](image)
Marital Disruption (cont’d)

• Of all first marriages, 1 in 5 ends within 5 years and 1 in 3 ends within 10 years. Marriage during the teen years increases the risk of disruption.

• African-American couples are more likely to break up than whites or Hispanics, and Asian-American couples are less likely to break up than any of the other groups.

• Men and women who are virgins at marriage and religiously observant people have longer marriages.

• There are about 1.2 million divorces in the United States annually, compared with 2.4 million marriages.

• Divorce may have both negative and positive consequences, but most divorced men and women marry again. Remarriage can bring economic benefits and an increase in sexual activity. Stepchildren may be disadvantaged and later marriages are less durable than earlier marriages.
Decline in Fertility with Age

- Menopause, which marks the transition from fertility to infertility, occurs at an average age of 51 or 52 in U.S. women. Depletion of oocytes, the diminishing ability of oocytes to respond to pituitary hormones, heredity, and smoking are factors related to the timing of menopause.

13.13 Depletion of oocytes is the factor most likely responsible for
Decline in Fertility with Age (cont’d)

- Decreased estrogen levels affect women’s sexual responses in menopause, causing a reduction in vaginal lubrication and a rise in the pH of vaginal fluids. Painful coitus (dyspareunia), vaginal inflammation (vaginitis), reduction in size of the breasts and uterus, instability in vasomotor control (hot flashes), and a loss of bone density (osteoporosis) are common effects.

Decline in Fertility with Age (cont’d)

- Some menopausal women experience a decrease in sexual desire and sexual arousal. Menopausal hormone therapy (MHT), a combination of estrogens and progestins, may be prescribed to alleviate menopausal symptoms.
• Postmenopausal hormone therapy is controversial on two levels: philosophical and medical.
  – Philosophical view is that the postmenopausal state is natural, not a medical condition in need of treatment.
  – Medically, postmenopausal hormone therapy has both benefits and risks, however new findings indicate that the risks may outweigh the benefits.

• A recent large-scale trial found that postmenopausal hormone therapy does decrease the risk of osteoporosis and colon cancer, but it increases the risk of cardiovascular disease, breast cancer, and dementia.

13.15 Costs outweigh benefits of postmenopausal hormone therapy
Decline in Fertility with Age (cont’d)

- Men experience
  - a gradual reduction in fertility and sexual function
  - declining sperm counts and ejaculate volume
  - an increased likelihood of erectile dysfunction
  - decreased sexual desire and frequency of sex.

Aging and Sexuality

- Sexual performance can also be impaired by common medical conditions that occur with age, including arthritis, heart disease, osteoporosis, incontinence, diabetes, emphysema, and obesity. Drugs prescribed for these conditions can interfere with sexual performance.

- Depression, poor self-image, performance anxiety, bereavement, lack of a partner, and negative expectations from others are some of the psychological and social factors that can impair sexual expression in old people.
• Old men often have concerns about performance, especially erectile dysfunction, while old women often express concerns about relationships, including the lack of a partner.

• Research studies show that some old people remain sexually active. The frequency with which they engage in sexual activities can be predicted by their frequency of sexual activity at younger ages. Some studies suggest that old people who engage in frequent sex live longer.