Girls and Sexual Health

Sexual learning and sexual expression begin in the womb and continue throughout the life cycle.

Adolescence is a time of enormous change in girls' bodies, emotions, relationships, and experiences.

Many girls and young women are direct about matters that would have made earlier generations of teenage girls blush.

For the first six to eight weeks of gestation, boys and girls are indistinguishable.[7]

Much of the research and literature surrounding the sexual health of girls concentrates on deficits: the numbers of young women who engage in risky sexual behaviors, or who carry sexually transmitted diseases, or who become pregnant. Also, approaches to studying adolescent sexuality are generally a product of traditional theories of development. Variations on the dominant, Euro-American standards commonly result in young women's behavior being labeled "deficient" or "abnormal."[21] Even though research has noted the challenges girls face as they are suddenly confronted with conflicting expectations about what it means to be a young woman, the research community has not sufficiently accounted for the diversity of experiences encountered by girls of varying racial, ethnic, and socioeconomic backgrounds.[14]

Girlhood is not fixed or static. Rather, it is defined by a complex interplay of biology, society, and culture. Biology sets the course and timing of girls' physical maturation. Society establishes the milestones of adulthood. And culture shapes the climate of opinion, thought, and belief surrounding these maturational milestones.[29]

What are some of the typical indicators of young women's healthy sexuality? The portrayal of young women responding to sexual desire is nearly nonexistent within the body of research on adolescent sexual health. Sexual desire, in the traditional paradigm, is male; girls seek love and romance. In fact, girls are consistently directed and educated away from sexual self-interest.[7] Sexuality is most often defined and discussed as sexual behavior. Sexual feelings are almost always categorized — especially in the case of young women — as "deviant" behavior: in terms of victimization, that girls are taken advantage of by boys; in terms of disease, that girls need to avoid being infected by STDs and HIV/AIDS; and in terms of morality, that girls need to behave in a moral fashion that does not include sexual activity.[23,27]

Infancy

The male and female reproductive systems have a common origin and follow parallel developmental paths. In fact, sexual development is not complete until after puberty.[20]

Vaginal lubrication has been observed in baby girls within 24 hours of birth, and rhythmic body movements and sensual body exploration by infants of both sexes sometimes result in orgasm. As infants move past their first year, this body exploration and pleasuring appears to be concentrated on the genitals. It is a myth that girls who touch their genitals a great deal will be sexually hyperactive when they grow older.[4]

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Several qualitative studies have suggested that infants whose sexual behavior (genital and non-genital) was accepted as a natural part of development grew to adulthood with less anxiety about affection, intimacy, and sex than those whose behavior was met with anger or prohibition.[14]

During the toddler and preschool stages, girls are likely to be fascinated with their bodies.

Childhood

When does the knowledge of being a female or male develop? Children do not reliably know their gender identity until age 2 or 3. And even after that, many believe they might change sexes until age 4 or 5.[20]

Girls and boys both tend to become interested in reproduction, pregnancy, and birth when reaching ages 4 to 7.[14]

Girls' rapid social development at ages 8 to 12 often coincides with increased exploration of their sexuality.

Preadolescence

Few developmental periods are characterized by so many changes at so many different levels as early adolescence. Girls ages 8–12 face the biological changes of puberty, the educational transition from elementary to middle school, and the psychological changes that accompany the emergence of adult sexuality.[6] This time leading up to adolescence is also a period in which girls are increasingly confronted with expectations to conform to female gender role prescriptions.[14,22]

Socially, the major development is in forming friendships. While heterosexual contact may be more common than it had been up to this point, activities such as exploring a friend's body may be more common than before. These healthy responses to sexual curiosity and affection for best friends do not tell us anything about what the adult sexual orientation of the young woman will be.[14]

The changes of puberty occur in a regular sequence, but begin at variable ages and proceed at variable rates.

Adolescence

Recent data show that the onset of puberty in young women is occurring significantly earlier than previous studies have documented. On average, breast development begins at age 8.9 for African American girls and at age 10 for White girls. Pubic hair development begins at age 8.8 and 10.5, respectively.[12]

Research has indicated that early maturing young women have higher levels of psychological distress than young women who mature on time. It is suggested that the rapid ascent toward adolescence leads early maturing girls to confront new stressors, environments, norms, and expectations before they are psychologically prepared for such challenges.[8] One study of girls ages 10–13 indicated that those who are involved with an older boyfriend are more likely to be sexually experienced and to have experienced unwanted sexual advances than those who were involved with same-age boyfriends. They are also more likely to perceive that their peers have had sex or approve of doing so.[16]

Dealing with sexual feelings, is a challenge — especially for girls who encounter a range of mixed messages on the topic.[27]

A social system that disallows girls their desire can put them at risk psychologically and in relationships.[25]

In grappling with some difficult questions about young women's sexuality, the researcher Judith Jordan outlined two developmental paths in adolescence: the emergence in boys of "sexual entitlement" and in girls of "sexual accommodation," which can ultimately lead to a lack of clarity for young women about sexual desire.[23] Another prominent child development expert calls this "the two cultures of childhood."[15]

Many young women learn about sexuality in the context of reproduction and relationships, not in terms of their own sexual pleasure.[24] In a study of women between the ages of 18 and 36, 75 percent reported that they had masturbated to orgasm during their teenage years. Experiencing sexual desire in a culture that is alternately silent and disapproving about such feelings in girls makes dealing with those feelings a struggle for many.[27]

For girls, same-sex social groupings are nearly synonymous with the formation of friendships.

Relationships

Being sexually attractive for young women typically means being sexually attractive to males. Many young women get the message both that they should be sexy and attract males' sexual interest *and* that they should not engage in sexual behavior.[8]

Early dating appears to be positively related to self-esteem in high school young women. However, a contradiction exists that says continuous involvement with the same person is associated with lower self-esteem.[26]

The transition to adolescence can be understood as a period of entry into the institution of compulsory heterosexuality.

If young women are not supposed to acknowledge their own sexual desire, yet are expected to conform to the conventions of romance — including having, pleasing, and keeping a boyfriend — then it may be difficult for them to engage in sexual relationships that are consensual and pleasurable.[26]

Sexual orientation

Upon beginning to explore relationships, young women encounter society's assumption that everyone is heterosexual. Retrospective accounts from lesbians often indicate they felt different — even before adolescence — and that these feelings increase in adolescence.[19]

The emergence of a lesbian identity is an ongoing process, rather than an event.[5]

Human Rights Watch has concluded that verbal, physical, and sexual harrassment of lesbian students is widespread in U.S. high schools. The survey showed that lesbian and gay youth are three times as likely as their heterosexual peers to report having been threatened by a weapon at school (24% and 8%, respectively) and more than four times as likely as other students to have attempted suicide (29% and 7%).

"Coming out," although difficult and frightening to most, is associated with feelings of self-worth, especially for lesbian youth. In fact, girls who know they are gay at an early age may have particularly high self-esteem.[19]

Identity involves more than sexual expression, yet many young lesbians are prodded to risk their physical and emotional health in order to resolve confusion.

To make healthy decisions about their lives, girls need sensitive and truthful sexuality education.

Virtually all public school students will take sex education in 7th–12th grade.

Much of what goes into a sex education program depends on the attitudes of parents, educators and religious leaders in a community.

Sexuality education

How good a job is sex education doing? Young women who have had sexuality education by secondary school feel more prepared to handle the pressures surrounding sex compared with those who have not had sex education. Yet they overwhelmingly report wanting more information across all topics, regardless of the approach of their sex education. In particular, young women are most likely to say they need more information about negotiation and communication skills and how to deal with the emotional issues and consequences of being sexually active. One national survey showed that 44 percent of young women ages 12–17 wanted more information about how to bring up STDs and contraceptives with their parents.[10]

Parents, in general, want their children to learn a wide range of topics surrounding sexuality. The same study showed that not only do parents strongly support covering the "core elements" already taught in most sex education curricula, they are likely to want sex education to cover topics that are not taught uniformly, such as sexual negotiation skills and what to do if someone is raped.[10]

The main difference between comprehensive and abstinence-only approaches is whether safer sex and disease preventions skills are included in the curriculum. Courses that emphasize a comprehensive approach are more likely to cover, for example, how to get tested for HIV and other STDs, how to use condoms, and how to get and use birth control. Issues that are often the touchstones of negative or fear-based messages thoughout society — such as abortion or homosexuality — are among the least covered in sex education. Although the large majority of girls and young women say their sex education generally presents sex as a "normal, healthy part of life," almost one in five says sex is presented as "something to fear and avoid."[10]

Consequences for health

Falling teenage pregnancy rates and increased contraceptive use indicate that adolescents are trying to prevent pregnancies, rather than trying to deal with a pregnancy after the fact. The birth rate for young women has declined since 1991 and is now at a record low.[28] Some researchers attribute the recent trends in teen sexual activity to a variety of factors:

- greater emphasis on delaying sexual activity
- increased fear of sexually transmitted diseases
- the growing popularity of long-lasting contraceptive methods
- a stronger economy with better job prospects for young people.[1]

The fear that studies asking young women about sexual behavior will lead them to choose to have sex is unfounded.

The tendency to equate sex with intercourse alone represents a deep-rooted ambivalence about talking about sex.

Young women are as likely to have gotten sexuality information from a TV show as a health care provider.[11]

Over 40 percent of girls in grades 9–12 did not receive medical care because they didn't want to tell their parents.

But it has become increasingly clear that the narrow focus on sexual intercourse in most research is missing a major component of early sexual activity. There is growing evidence that adolescents might be turning to behaviors, such as mutual masturbation and oral sex, that minimize pregnancy risk but leave them vulnerable to acquisition of many STDs, including HIV.[9,18]

Although it is clear that there are many sexual practices that predispose young women to negative health outcomes, the research community is far from a consensus on what young people understand as being "sexually active." The definition also varies by contextual and situational factors, such as who is doing what to whom and whether it leads to orgasm.[3]

A 2000 Internet survey which received 10,000 online responses from young women 13–19 reported that 18 percent said oral sex was something that you did with your boyfriend before you were ready to have sex. The same percentage said that oral sex was a substitute for intercourse.[2]

Missed opportunities for better sexual health

Considering all of girls' and young women's potential sources on sexual health issues, one national study showed the health care community at the top of the list of where young women would most like to turn for more information. Despite young women's beliefs that physicians should discuss a range of health topics with them, much of the time those discussions did not take place. Among some of the barriers young women say prevent them from getting the sexual health information they need are cost, confidentiality, and simply not knowing where to go.[11]

Yet it is not just information young women are missing out on; a national survey of over 3,500 girls in grades 5–12 showed that 44 percent of uninsured girls and young women had an instance of not getting medical care when they needed it. Only a third of young women ages 15–17 have had a gynecological exam, and only one in ten 15–17 year olds has been tested for HIV or other STDs. It is clear that adolescent girls' reports on their interactions with physicians reveal a discordance between expectations and experiences.[13]

Improving the sexual health and well-being of girls and young women requires a concerted effort to see that they have access to health care from responsive adults. Collectively, the voices of adolescent girls should continue to challenge policymakers, parents, health care providers, communities, and schools to provide more information and comprehensive care.

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For more information on girls and sexuality issues, see these Girls Incorporated® Fact Sheets:

- **Girls and Sexual Activity**
- **Girls and HIV, AIDS, and STDs**

Girls Incorporated® covers this vital health issue in its sexuality education program **Preventing Adolescent Pregnancy℠**, which has four components. The program empowers girls to be strong, smart and bold about their sexuality by acquiring the necessary skills to make responsible decisions about their health and sexual behavior. The program provides appropriate factual information on risky behavior that can result in pregnancy or sexually transmitted disease. It stresses avoidance and, for older girls, safer-sex techniques of contraception and disease prevention, including abstinence as the only sure method for prevention.

Girls Inc. is a national nonprofit youth organization dedicated to inspiring all girls to be strong, smart and bold. For over 50 years, Girls Incorporated has provided vital educational programs to millions of American girls, particularly those in high-risk, underserved areas. Today, innovative programs help girls confront subtle societal messages about their value and potential, and prepare them to lead successful, independent and fulfilling lives.

Girls Inc. reaches 744,000 girls ages 6–18 through direct service and Girls Inc. products and publications. Girls Inc. reaches an additional 2 million girls through public education and cause-related marketing efforts. Of the girls the organization serves, 70 percent are girls of color; 75 percent come from families earning $25,000 annually or less; and 37 percent live with two parents.

Girls Inc. develops research-based informal education programs that encourage girls to take risks and master physical, intellectual and emotional challenges. Major programs address math and science education, pregnancy and drug abuse prevention, leadership, media literacy, economic literacy, adolescent health, violence prevention and sports participation.

The National Resource Center (NRC) is the organization's research, program development, national services, and training site. Research and evaluation conducted by the NRC provide the foundation for Girls Inc. programs. The NRC also responds to requests for information on girls' issues and distributes Girls Inc. publications.

Girls Inc. informs policy makers about girls' needs locally and nationally. The organization educates the media about critical issues facing girls. In addition, the organization teaches girls how to advocate for themselves and their communities, using their voices to promote positive change.

Girls Inc. is a nonprofit organization which receives 77 percent of its revenue from public support – corporations, foundations, government grants and individuals. The remainder comes from affiliate dues, fees, interest and dividends. More than three-quarters of the organization's functional expenses go directly to support program services for girls.

Girls Inc. national leadership focuses on developing innovative ways to leverage our most valuable asset – acknowledged expertise as the nation's premiere program provider and advocate for girls – to expand our reach to more than a million girls by the year 2002. Our leaders include Francis X. Burnes, III, Chair of the National Board; Joyce M. Roché, President and CEO; and Donna Brace Ogilvie, Honorary Chair.

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