Sex in Emerging Adulthood: A Decade in the Sexual Gap

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Sex in emerging adulthood is full of contradictions. Biologically, young people ages 18–29 are mature adults, with the same flow of hormones and basic physical drives that the species has experienced throughout history. Socially, however, emerging adults are not quite "full" adults. They are completing their education, gaining entry-level work experience, and slowly attaining financial and personal independence. In short, most are not entirely prepared for married life—and a consistent and socially sanctioned sexual partner—which their parents or grandparents might have enjoyed at the same age. What do they do then, and what does it mean for society, when a decade of life falls into a sexual gap?

Cultural messages about sex and sexuality are equally contradictory and complex: entertainment is saturated with increasingly explicit sexual content with minimal reference to unwanted consequences; news media throughout the 1990s (the adolescent decade of today's emerging adults) included extensive and detailed coverage of the Clinton impeachment trial and Monica Lewinsky scandal (among other political sex scandals), celebrity sex tapes, and numerous cases of sexual abuse in the church; popular music, online pornography, and advertising place sexual images and descriptions at every turn. Simultaneously, "official" public health messages about sex

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have moved in the opposite direction: school-based sexuality education through the late 1990s and 2000s shifted toward an abstinence-only model, teaching that abstinence from all sexual activity was the accepted standard for unmarried persons and was the *only* effective way to prevent pregnancy and sexually transmitted infections and that unmarried sexual activity was likely to cause physical and psychological harm.

On the one hand, sex is everywhere, everybody's doing it, there are no consequences! On the other hand, sex is dangerous, sex is forbidden, just say no! Add to these extremes a multitude of positive and negative messages from peers, family members, romantic partners, schools, and churches, plus some basic biological drives . . . Is it any wonder emerging adults at the dawn of the 21st century have a hard time finding their way in the sexual gap? This jumble of inputs manifests itself in sexual activities, health-risk behaviors, and outcomes that show some clear patterns and cause for concern, with significant differences by gender, race, education, religion, and sexual orientation.

Sex among Young Adults: Who's Doing What?

Perhaps not surprisingly, young adults have wide-ranging views on what counts as "sexual relations," thanks, in part, to the 1998 Clinton impeachment hearings, which drew national attention to this very question. Vaginal intercourse is one of the few sexual acts that young people consistently place under the heading of "sex." Most also agree that anal sex would be considered sex, but less than half give that definition to oral sex. Other intimate behaviors are considered sex by an even smaller proportion. Interestingly, other characteristics of sexual activity, such as the experience of orgasm, voluntariness of the encounter, and the gender and sexual orientation of the individuals involved add further complexity to the picture of what constitutes "having sex" for this age group. For example, is a guy still a virgin if he didn't reach orgasm during his first intercourse? Is gay sex "real" sex? It depends on who you ask.

Regardless of textbook definitions, most young people in the 18- to 29-year-old age group are sexually experienced. The most recent data available from the Centers for Disease Control and Prevention estimate that almost 90% of those in their early 20s have had vaginal intercourse, and this percentage increases with each year of age. Sexual

activity among young adults often includes noncoital sexual behaviors in addition to vaginal sex. A large majority of 20-somethings have had oral sex (either giving or receiving), and almost one third have had anal sex.

Some interesting differences are evident across demographic subgroups of the 18- to 29-year-old population. Different racial/ethnic groups, for example, may have different patterns of sexual activity, resulting in part from cultural norms within the community and the tendency for most young people to choose sexual partners from within their own social group. Table 1 shows the percentage of emerging adults reporting vaginal, oral, or anal sex, by race groups. While some behaviors are very consistent (e.g., around 90% of females have had vaginal sex, regardless of race), some differ quite considerably. For example, 36% of white women in this age group say they've had anal sex, compared to 19% of black women. Of course, race isn't the only social grouping with strong sexual networks and behavioral norms. College experience is also related to sexual behavior. Students at four-year colleges are less likely to be sexually experienced than nonstudents or those attending two-year community colleges. A number of factors, such as long-range career goals (easily derailed by a mistimed pregnancy) and a lower chance of being married, can account for some of these differences. Likewise, differences are also apparent with respect to religion and spirituality. Young people who say they are more religious (defined as church attendance, personal prayer, importance of religion, etc.) are somewhat less likely to have sex before marriage, even though a large majority of even this group is sexually active.

Table 1: Percentage of 20- to 24-year-olds reporting each type of sexual contact with an opposite-sex partner, by race*

	Males			***Females***		
Race	**Vaginal sex**	**Oral sex**	**Anal sex**	**Vaginal sex**	**Oral sex**	**Anal sex**
White, non-Hispanic	86	85	30	88	89	36
Black, non-Hispanic	89	80	40	89	83	19
Hispanic	95	78	39	90	72	24

*Data in this table come from Mosher, Chandra, and Jones (2005), tables 3–6.

But is this anything new? Regardless of race, student status, or religion, another important social characteristic vis-à-vis sexual experience is age group, or generation. Although it has featured in headlines only relatively recently, it is worth noting that premarital sex in young adulthood has been commonplace for decades. Among today's grandmothers—those who were adolescents in the 1950s and 1960s, almost three quarters had premarital sex by age 25. This proportion has risen steadily in each age cohort to approximately 90% of today's young adults—a significant but not dramatic increase. A truly dramatic shift, however, has occurred in the way in which society views this behavior. Under the heading of "good girls don't," premarital sexual activity in the 1950s and 1960s was considered somewhat scandalous and largely kept secret—it certainly was not widely discussed in polite circles or viewed as the normative (even if not entirely accepted) behavior it is today. This new openness about sexual behavior has had an interesting backlash, and we now see young people radically overestimating the amount of sex their peers are having. For example, on average, college students have about one sexual partner in any given year. But when asked how many partners they think the "typical student" at their college has, the average guess was four! The belief that "everyone's doing it" can be a powerful motivator and is therefore self-perpetuating: young people who believe that a behavior is very common are more likely to do the same behavior themselves.

Another interesting shift has occurred in the *pattern* of sexual behaviors within couples. Noncoital sexual behaviors such as oral sex were, for older generations, a way for couples who had been married for many years to "spice things up" in the bedroom, a "marital dessert," so to speak. By contrast, noncoital sexual behaviors are, for many of today's young couples, the "appetizer" that is introduced fairly early in a sexual relationship, often before vaginal intercourse.

Why Should We Worry? Sexual Health Behaviors of Emerging Adults

Sexual activity among consenting adults may not, per se, be cause for alarm. Questions of personal choice, morality, and societal shifts, however, often bump up against issues of health and well-being, and sexuality in emerging adulthood is no exception. High-risk

sexual behaviors are common in this age group. Although many sexually active young people take steps to protect themselves, a large proportion have unprotected intercourse and multiple sexual partners, placing them at risk for unplanned pregnancy and sexually transmitted infections (STIs).

Let's start with condom use. Since the emergence of the HIV/AIDS epidemic in the early 1980s, condoms have been promoted by the public health community as the best means of protection for sexually active people, with the convenient side effect of decent pregnancy prevention as well. In some developed countries, condom use has taken off quite successfully, and young people are thoroughly conditioned and supported in using them for all premarital intercourse activity—a latex safety net in the sexual gap. In the United States, however, this is not the case. Recent estimates show that only about half of males and a third of females say they used a condom the last time they had sex. The story is similar for other contraceptive methods; approximately a quarter of emerging adult women report using no contraceptive method at all the last time they had sex.

Given the high stakes of disease and pregnancy, why wouldn't young people take relatively simple steps to protect themselves? The answers are varied and complex and include a wide range of barriers, such as embarrassment about procuring condoms and other contraceptives, costs associated with their use, lack of knowledge about where to obtain them and how to use them, remaining taboos about premarital sexual activity, lack of comfort talking with sexual partners about these issues, and the "heat of the moment," to name but a few. Furthermore, common lifestyle characteristics of emerging adulthood lend themselves to unprotected sex. For example, frequent partying is a contributor: approximately 15% of sexually active emerging adults say they had been drinking the last time they had sex, making it even less likely that they would discuss potential risks and use appropriate protection. "Casual" sexual partnerships—that is, sex with an acquaintance, friend, or nonexclusive dating partner—further increase the chances that sex is nonmonogamous, a partner's STI status is not known, and no reliable contraception is used. One in five sexually active emerging adults said their most recent sexual experience was with a casual partner.

We can't be surprised, then, by the disproportionately high rates of unplanned

pregnancy and STIs affecting this age group. Pregnancy is often considered the more immediate threat; unlike STIs, it is a visible consequence and the resulting child a life-changing and permanent fixture (among the majority who choose to continue the pregnancy). Among emerging adult women ages 18–24, approximately two thirds of pregnancies are unintended (this proportion is somewhat lower among women in their later 20s). While many of these are "happy surprises," especially among older emerging adults who are more likely to have completed their education and have committed partners, unintended pregnancies are more likely than planned pregnancies to end in abortion, and births resulting from unplanned pregnancies are associated with father absence, school and health problems, parental conflict and depression, and lower educational attainment and lifetime earnings.

Though less visible, sexually transmitted infections are even more pervasive. The Centers for Disease Control and Prevention estimates that approximately 19 million new cases of reportable STIs occur each year, and almost half of them are among young people ages 15–24. Physical consequences of STIs include pelvic inflammatory disease, pregnancy and birth complications, epididymitis, infertility, and increased risk of contracting HIV. Human papillomavirus (HPV) is the most common STI, and certain strains are the precursors to genital warts and cervical cancer. Recent reports indicate that almost half of women ages 20–24 are infected with HPV. Chlamydia and gonorrhea are the most common bacterial infections (which can be treated with antibiotics). These three infections are severely underreported, as they are often without symptoms. When they are diagnosed, successful long-term treatment is hampered by stigma and shame, resulting in a reluctance to contact and treat all previous sexual partners in order to avoid continued spread of the infection.

As with sexual activity itself, different subgroups of emerging adults have different profiles of high-risk behaviors, unplanned pregnancy, and STIs. In general, racial and ethnic minorities tend to have more high-risk sexual practices than whites in this age group. For example, approximately 60% of African American emerging adult women have had four or more sexual partners, compared to 40% of white women; they were also more than twice as likely as whites to have unprotected sex. Black young women also have disproportionately high rates of unplanned pregnancy and certain

STIs, such as chlamydia. Likewise, over 60% of HIV/AIDS cases in emerging adults were black males, even though African Americans make up only about 13% of the population overall. It is important to remember that these health disparities are not simply about race; the real culprits are other circumstances that are more common in minority communities in the United States, such as poverty (including limited educational and career options, access to high-quality health care, and sexuality education) and heightened stigma of male-to-male sexual contact (i.e., men may fear social reprobation enough to avoid ever being tested for HIV or other STIs).

Again, other groupings also have distinct patterns of high-risk sexual behavior. Sexually active college students are more likely to use condoms and other contraceptive methods than nonstudents, and rates of unintended pregnancy and STIs reflect these differences in behavior. For many, religion also plays an important role in sexual behavior, and those who are more religious tend to delay initiation of intercourse (but not other sexual behaviors), have sex only with serious romantic partners, and have fewer sexual partners overall. Very conservative attitudes toward sex may also have a downside, however. For example, several religiously based abstinence-only educational programs include “virginity pledges” and do not discuss condoms or other contraceptive methods, except to emphasize their failure rates. Adolescents who make these pledges are, ironically, just as likely as nonpledgers to contract an STI when they *do* become sexually active as young adults—probably the result of negative messages about health-protective measures.

Fortunately, age itself tends to mellow high-risk sexual practices across the board. As young people move through their 20s, they become more likely to commit to a single sexual partner, consistently use a reliable method of contraception, have access to health care, and be prepared for a pregnancy.

Sexual Orientation, Same-Sex Behavior, and Sexual Identity in Emerging Adulthood

This synthesis thus far has focused largely on heterosexual activity, but no discussion of sexuality would be complete without considering issues of sexual orientation. Most scientists agree that, much like being right- or left-handed, this characteristic is hard-

wired in the individual, though some sexual minorities—like southpaws of earlier generations—adapt their behavior to "fit in" with their environment. The messages, definitions, behaviors, and risks of emerging adults are exponentially more complex when we enter this arena, but some overarching themes do apply.

Cultural messages about sexual orientation and same-sex experience are as conflicted as any others, and perhaps more so. While previous generations grew up with near silence on the issue of nonheterosexual orientations, today's emerging adults have grown up with the greatest visibility in modern history of openly gay and lesbian celebrities and other public figures, gay-themed media, and an active gay community, thus providing a multitude of models to look to for messages that "it's OK to be gay." However, this visibility has also been the backdrop for heated, often vitriolic public discourse regarding military service of openly gay individuals, acceptability of openly gay clergy, same-sex marriage, and related issues. Antigay sentiment has also at times turned violent, as with the much-publicized 1998 murder of Matthew Shepard. Clearly, American culture at large continues to send the message that gay, lesbian, and bisexual individuals are second-class citizens—or worse.

But before we go too far, a word on terminology. Professionals in the field recognize at least three distinct components to sexual orientation, including *attraction* to members of the same and/or opposite sex, sexual *activity* with the same and/or opposite sex, and *self-identification* as straight, gay, lesbian, bisexual, "queer," or other label. While one might expect a linear organization of these components—that is, a typical developmental path of being attracted to the same sex, experimenting with same-sex activity, and later coming to identify as gay—in reality, emerging adults exhibit all combinations, sometimes in a counter-intuitive order. For example, a young man might be deeply attracted to other men but have sex only with women and consider himself straight. A young woman might have had both male and female partners but think of herself as a lesbian because she has only achieved orgasm with female partners, even though she is really more attracted to men. Young people may have an isolated same-sex experience that has no real impact on their heterosexual identity. Some may strongly identify as gay or lesbian even if they have not had any sexual partners at all. In short, no single component defines one's sexual orientation, and sexual orientation is viewed

as more fluid by today's emerging adults than by previous generations.

So how many people are we talking about when we turn our lens on those with a same-sex orientation? The commonly cited estimate of 10% of the adult population comes from groundbreaking research conducted by Alfred Kinsey in the 1940s and 1950s but may not be entirely accurate, as Kinsey's research subjects were all volunteers who probably don't represent today's emerging adults (and may not even have represented adults of their time). More current data from the National Longitudinal Study of Adolescent Health capture three domains of sexual orientation and have been analyzed to reflect the general population of emerging adults in the United States. In Table 2 we see that about 5% of young men and 15% of young women say they have been attracted to their same sex, and most of these have also been attracted to the opposite sex. The numbers are somewhat smaller with regard to actual sexual activity with a same-sex partner (only 3%–4% report this behavior). Again, 5% of young men and 16% of young women claim a sexual identity other than completely heterosexual. As described above, however, these same-sex oriented subgroups do not always contain the same people.

Table 2: Percentage of emerging adults reporting each component of sexual orientation

	Males	Females
Attraction		
Opposite sex	95	85
Both sexes	4	14
Same sex	<1	<1
Activity (Partners)		
Only opposite sex	97	96
Both sexes	2	4
Only same sex	1	<1
Identification		
100% heterosexual	95	84
Mostly heterosexual	3	12
Bisexual	<1	3
Mostly gay/lesbian	<1	<1
100% gay/lesbian	1	<1

Research on sexual orientation and high-risk sexual practices is complicated by these different components but tends to show that the middle groups—those with both male and female partners or who view themselves as not completely gay or straight—engage in more high-risk behaviors, including unprotected sex and having multiple partners. These groups then have higher rates of unplanned pregnancies and STIs than the straight majority. Early and effective treatment is further hampered by secrecy and

stigma associated with a same-sex orientation.

Implications for Emerging Adults and Those Who Work With Them

Sex is an important part of emerging adult life, and the range of experience is broad. Some keep to a fairly "straight and narrow" path. By their late 20s, about one in five males and one third of females have had only one or two sexual partners, delaying first intercourse and reserving sexual activity for committed long-term partnerships. Others are much more experimental: about a quarter of males and 12% of females in their late 20s have had quite a few partners in their lifetime—15 or more—and a more diverse sexual history. But whether one is having a lot of sex, just a bit, or none at all, 20-somethings are engaged in a complicated and often confusing developmental task: they must make sense of the divergent messages they receive about sexuality, clarify their own sexual values, and take charge of their sexual health in adulthood. Unfortunately, the gap between the onset of sexual maturity, first sexual experience, and—typically much later—commitment to a single sexual partner is dangerous terrain. And although sex is everywhere, real support for making healthy and sane sexual choices is scarce.

As professionals working with young people, we can't ignore the role sex plays in their lives. But let's keep it real—we would be well-advised to look beyond the stories, images, and messages, lest we be caught up in myths about sexual behavior in emerging adulthood. We need to be prepared to talk about it (they are!) and, more importantly, to *listen* without judgment and provide meaningful support as they move through their years in the sexual gap.

Annotated Bibliography

Brown, J. D., and Strasburger, V. C. (2007). From Calvin Klein to Paris Hilton and MySpace: Adolescents, sex, and the media. *Adolescent Medicine*, *18* (3): 484–507, vi–vii.

This review article describes the ways in which the media have become important

sources of sexual information for young people in the United States. The authors describe numerous studies that demonstrate the power of the media to influence adolescents' beliefs and attitudes about sex and highlight longitudinal studies of sexual health behaviors associated with media use. They also describe ways media could contribute to healthier sexual behaviors among young people.

Carpenter, L. M. (2005). Virginity lost: An intimate portrait of first sexual experiences. New York: New York University Press.

Carpenter describes her qualitative study of 61 women and men ages 18–35 and their understanding of virginity loss. She explores ambiguity around that experience and differences for male and female, straight and gay young people. She also describes three metaphoric interpretations—as a gift, stigma, or part of a process—and ways in which interpretations were associated with self-presentation, partner selection, and contraceptive practices.

Centers for Disease Control and Prevention. (2009, July 17). Sexual and reproductive health of persons aged 10–24 years—United States, 2002–2007. *Surveillance Summaries, MMWR, 58* (no. SS-6).

This report presents recent national surveillance data regarding the sexual and reproductive health of young people (ages 10–24) in the United States. The report addresses three primary topics: (1) current levels of risk behavior and health outcomes; (2) disparities by sex, age, race/ethnicity, and geographic residence; and (3) trends over time. It finds that many young people in the United States engage in high-risk sexual behaviors and experience adverse outcomes and that notable disparities exist in these behaviors and outcomes. Furthermore, while many negative outcomes have been declining in recent decades, progress has slowed recently and rates of certain outcomes are increasing.

Eisenberg, M. E., Ackard, D. M., Resnick, M. D., and Neumark-Sztainer, D. (in press). Casual sex and emotional health in sexually active young adults: Are "friends with benefits" psychologically damaging? *Perspectives on Sexual and Reproductive Health*.

This article describes a study of 1,311 sexually active young adults, approximately one fifth of whom described their most recent sexual partner as "casual." The authors find that casual partnerships were more common among males than females and among African American males compared to other race groups. Psychological well-being was extremely consistent across groups reporting a casual versus committed recent partner; widespread speculation that casual sex is harmful to young adults' emotional well-being was not supported.

Finer, L. B., and Henshaw, S. K. (2006). Disparities in rates of unintended pregnancy in the United States, 1994 and 2001. *Perspectives on Sexual and Reproductive Health*, *38* (2): 90–96.

The authors combine national data sets regarding pregnancy, birth, abortion, and population from women ages 15–44 to calculate the rate of unintended pregnancies. They found that approximately half of all pregnancies in the United States were unintended and that this rate was substantially higher among women ages 18–24, unmarried (particularly cohabiting) women, low-income women, women who had not completed high school, and minority women.

Halpern, C. T., Waller, M. W., Spriggs, A., and Hallfors, D. D. (2006). Adolescent predictors of emerging adult sexual patterns. *Journal of Adolescent Health, 39*, 926.e1–926.e10.

This study uses a sample of 11,407 emerging adults (ages 18–27) who participated in the National Longitudinal Study of Adolescent Health to categorize young people into three sexual transition groups: (1) those who had vaginal intercourse before marriage, (2) those who abstained until marriage, and (3) those who have never had vaginal intercourse. The authors further examine biological and psychosocial factors in adolescence that predict sexual transition patterns and find numerous characteristics associated with group membership.

Jones, R. K., Darroch, J. E., and Singh, S. (2005). Religious differentials in the sexual and reproductive behaviors of young women in the United States. *Journal of Adolescent*

Health, 36, 279–288.

This article describes a study using nationally representative data from the National Survey of Family Growth to examine the relationship between religious affiliation and frequency of service attendance at age 14, and a variety of sexual health behaviors among women ages 15–24. The authors find that, while both affiliation and attendance are related to several sexual health behaviors, most of these associations are no longer significant after personal characteristics, such as race and economic status, are taken into account.

Lefkowitz, E. S., and Gillen, M. M. (2006). "Sex is just a normal part of life": Sexuality in emerging adulthood. In J. J. Arnett and J. L. Tanner (Eds.), *Emerging adults in America: Coming of age in the 21st century* (pp. 235–255). Washington, DC: American Psychological Association.

This chapter applies a theoretical framework of emerging adulthood to sexuality in this age group. The authors provide an excellent overview of research, mostly from the late 1990s and early 2000s, regarding sexual behavior, sexual attitudes, predictors of sexual behavior, virginity, sexual minorities, condom and contraceptive use, pregnancy and parenthood, abortion, emotional consequences, sexually transmitted infections, alcohol use and sexual behavior, and sexual assault. They identify gaps for further research with this population.

Mosher, W. D., Chandra, A., and Jones, J. (2005). *Sexual behavior and selected health measures: Men and women 15–44 years of age.* U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics.

This report presents data from the 2002 National Survey of Family Growth (conducted by the Centers for Disease Control and Prevention), the most recent detailed data available on sexual behavior in the United States. The survey was based on in-person interviews with 12,571 people ages 15–44. Results are presented by age group and other demographic categories.

Rostosky, S. S., Wilcox, B. L., Wright, C., and Randall, B. A. (2004). The impact of religiosity on adolescent sexual behavior: A review of the evidence. *Journal of Adolescent Research*, *19*, 677–697.

This article reviews 10 longitudinal studies published between 1980 and 2000 and summarizes evidence that religiosity of adolescents is causally related to their subsequent sexual behaviors. The authors determine that religiosity delays the sexual debut of adolescent females, but this protective association is less evident among males. They found too few studies regarding religiosity and other sexual behaviors to draw valid conclusions; they note the limitations of this body of research.

Russell, S. T. (2002). Queer in America: Citizenship for sexual minority youth. *Applied Developmental Science*, *6* (4): 258–263.

This article uses a "citizenship" framework to consider the development of gay, lesbian, bisexual, and transgendered youth in the areas of family, faith, and education. The author describes ways in which sexual minority youth have created new communities to support their development and connect with others, including online social networks and high school student groups.

Santelli, J., Ott, M. A., Lyon, M., Rogers, J., Summers, D., and Schleifer, R. (2006). Abstinence and abstinence-only education: A review of U.S. policies and programs. *Journal of Adolescent Health*, *38*, 72–81.

In this article, the authors describe key issues regarding abstinence-only or abstinence-until-marriage education programs, as defined by federal legislation. They find general support for abstinence education as a part of sexuality education, but discuss many practical and ethical problems that arise when sexual abstinence is promoted as the only choice for unmarried young people and other options for pregnancy and disease prevention are omitted or misrepresented. They conclude that abstinence-only education programs are a threat to fundamental human rights to health, information, and life.

Scholly, K., Katz, A. R., Gascoigne, J., and Holck, P. S. (2005). Using social norms theory to explain perceptions and sexual health behaviors of undergraduate college students: An exploratory study. *Journal of American College Health*, *53*, 159–166.

This article describes a social-norms-based intervention targeting high-risk sexual behaviors among students at four colleges, which sought to change behavior by correcting widely held misperceptions of peers' behavior. The authors found that students tended to overestimate peers' sexual activity and underestimate protective behaviors. They did not, however, find changes in sexual behavior at the end of the nine-month intervention. They discuss possible modifications to their approach.