

Original article

Who's Doing It? Patterns and Predictors of Youths' Oral Sexual Experiences

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Abstract

Purpose: To describe patterns of heterosexual oral sexual experience in a nationally representative sample of youth aged 15 to 21 and identify social and demographic correlates of oral sexual experience among youth who had not engaged in vaginal intercourse.

Methods: Descriptive analysis and multinomial logistic regression using data from Cycle 6 of the National Survey of Family Growth, conducted in 2002.

Results: More youth with coital experience than virgin youth had oral sexual experience, and the proportion of both groups with oral sexual experience increased with age. Having received oral sex was more common than having given it, regardless of virginity status and gender. Although fewer females than males had ever-received oral sex, equal proportions of females and males had ever-given. Multivariate analyses revealed that white females were more likely than black females, and white males were more likely than black and Hispanic males to be virgins and to have had oral but not vaginal sex. Intact family structure, a college-educated mother, and no religious affiliation were associated with higher odds of oral sexual experience among virgin females, whereas intact family structure, no religious service attendance, and central city residence were associated with higher odds of oral sexual experience among virgin males.

Conclusions: Oral sex with an opposite-gender partner is an established component of youths' initial sexual experiences, regardless of virginity status. Information on the risks of oral–genital contact should be integrated into sexual education programs targeted to youth. © 2008 Society for Adolescent Medicine. All rights reserved.

Keywords: Adolescents' sexual behavior; Oral sex; Race/ethnicity; Gender

The National Center for Health Statistics (NCHS) recently reported that over 30% of 15-year-olds and nearly three-quarters of 19-year-olds report having experienced oral sex with an opposite-gender partner [1]. At every age, a higher percentage of youth report oral sexual than coital experience [1], indicating that many youth who might not be considered “sexually active” by conventional standards are engaging in activities that place them at risk of contracting a sexually transmitted infection (STI) including herpes, gonorrhea, syphilis, and Chlamydia [2–4]. In light of its

prevalence and possible negative health consequences, youths' engagement in heterosexual oral sex is an issue with public health implications.

It is well-documented that oral sexual experience is not limited to nonvirgins [5–8], and youth with and without coital experience frame oral sex similarly [9]. Teens do not consider oral–genital contact to constitute “sexual” activity, and some believe that it carries little or no risk of STIs [9–11]. At the same time, oral sex looms large in youths' early sexual decision making [12]. Teens view oral sex as more acceptable than vaginal sex, even outside the context of a romantic relationship, and more anticipate engaging in oral than vaginal sex in the near future [10]. Oral sex also appears to serve as a means of status enhancement; nearly one-fourth of teens report enhanced popularity as a reason

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to engage in oral sex [9], and adolescents rate peers who have engaged in oral sex as more popular than those who have not [13,14].

Although past studies have done much to clarify youths' perceptions of heterosexual oral sex, less is known about the social and demographic characteristics of youth who engage in oral sex with an opposite-gender partner. The NCHS report largely confirms with nationally representative data the findings of prior school- and clinic-based studies: similar proportions of young men and young women and more white than African American or Hispanic youth report oral sexual experience, and the prevalence of oral sexual experience increases rapidly over the course of adolescence [1,6,7,15]. The NCHS report does not provide detailed analyses, however, and knowledge about the patterns of oral sexual experience and its sociodemographic correlates, particularly among virgin youth, remains limited.

To fill this gap in our understanding of youths' sexual experiences, the current study uses nationally representative data to describe patterns of oral sexual experience with an opposite-gender partner and identify the sociodemographic correlates of oral sexual engagement, focusing on youth who have no coital experience. Our intent is to expand the knowledge base informing health promotion efforts targeted to young people making the transition to sexual activity. To that end, we address three specific questions: (1) are young women more likely than young men to *give* oral sex to an opposite-gender partner—the riskier behavior with respect to STIs—or are patterns of giving and receiving similar across genders? (2) Are patterns of giving and receiving for young women and men similar for those with and without coital experience and across race/ethnic groups? (3) Do the social and family background variables that predict intercourse risk also predict oral sexual experience among youth who have not yet engaged in coitus?

Conceptual Framework

The conceptual underpinnings of the current study are grounded in core constructs of what Jaccard refers to as “the social psychological approach to adolescent decision-making” [16]. We start from the assumption that, by mid-adolescence, most youth have at least a basic awareness of the various means of obtaining sexual gratification and nascent attitudes toward participating in these various sexual behaviors. From a social psychological perspective, these attitudes are a net function of the individual's perceptions of the potential outcomes of specific sexual behaviors, the likelihood that these outcomes will occur (i.e., *behavioral expectancies*), and the desirability of these outcomes (i.e., *outcome evaluations*) [16]. As youth become sexually active, then, they do not simply choose between sexual intercourse and chastity; instead, they weigh—albeit not necessarily systematically or deliberately—their attitudes toward an array of sexual behaviors against their feelings

about potential partners and their desire for physical and emotional gratification [12,17].

The calculus youth employ during the process of sexual decision making is shaped by contextual factors, including *environmental constraints* (e.g., parental supervision) and *social normative pressures*, and factors specific to the individual, including emotional reactions to specific sexual behaviors and consistency between behavior and self-image [18]. A substantial body of research indicates that environmental constraints and perceived normative pressures, as well as the propensity to engage in vaginal intercourse, are correlated with demographic, social, and family background characteristics. In the following paragraphs, we briefly review this research and speculate about the association of demographic, social, and family background characteristics with oral sexual engagement.

Age, gender, and race/ethnicity are particularly important predictors of youths' initial sexual experiences. Youths' independence from their parents and parentally circumscribed social networks increases with age [19], as does their identification with and interest in romantic partners [20]. The likelihood of experiencing first coitus and of engaging in oral sex also increases with age [21–23]. Gender influences sexual behavior through its impact on the dynamics of sexual decision making and its association with the physical and emotional outcomes of sexual activity [9,10,24,25]. Race/ethnic differences in initial sexual experiences are well documented, with black youth experiencing first intercourse earlier than their white, Hispanic, and Asian peers [23,26]. As noted above, race/ethnic differences also characterize oral sex engagement, with non-Hispanic white youth reporting heterosexual oral sexual experience at higher rates than other youth [1].

Families play a key role in youths' emerging adult identities and social interactions, and shape their knowledge and attitudes about sex and its consequences [19,21]. Our multivariate analyses assess the association of oral sexual engagement among coitally inexperienced youth with three aspects of family background known to affect intercourse risk: socioeconomic status, intact family structure, and immigrant status. Youth from intact families, immigrant families, and families of higher socioeconomic status delay first intercourse, presumably because they are more closely supervised and perceive the possible consequences of sexual activity as unacceptably high [21–23,27,28]. If the effects of family background are consistent across various forms of sexual involvement, then these three variables should be associated with a lowered likelihood of heterosexual oral sexual engagement among youth who have not experienced coitus.

Like demographic characteristics and family background, religious affiliation and religiosity are important components of self-identity. Mainstream religious affiliations tend to proscribe nonmarital sexual behavior and religious congregations serve as “moral communities” that

shape youths' sexual preferences and behaviors. Church attendance and religiosity are associated with less tolerant views of nonmarital sexual activity among youth and a later age at first intercourse [29,30], and a Protestant Fundamentalist affiliation is associated with lower likelihoods of coital experience and contraceptive use among young women [31]. We expect to find that service attendance and mainstream affiliation are negatively associated with the likelihood of oral sexual experience among virgins.

Youths' behaviors and attitudes also are influenced by characteristics of the places they live [32]. A long tradition in social science research addresses the association of individuals' attitudes and behaviors with place size, based on the argument that larger, more urban places have more diverse populations and, accordingly, provide more tolerant normative environments [33]. Urban dwellers report greater tolerance for diverse sexual behaviors [34], and urban residence is associated with earlier first coitus and more frequent intercourse following the onset of coitus [22,32]. We anticipate that urban youth will also have a higher likelihood of oral sexual involvement prior to initiating coitus.

Methods

Data source and sample

We used data from Cycle 6 of the National Survey of Family Growth (NSFG-6) conducted by the National Center for Health Statistics in 2002. Designed to produce national estimates of trends and differentials in fertility and reproductive health, the NSFG-6 was based on a multistage area probability sample representative of individuals ages 15 through 44 in the household population of the United States [35]. Information about sampling and content is available elsewhere (<http://www.cdc.gov/nchs/nsfg.htm>).

The full sample comprised 7643 females and 4928 males. Our interest is in oral sex during the transition to sexual activity, a process that typically encompasses the teen and early adult years and occurs for most youth prior to marriage. Thus, our analyses were limited to the 1402 female and 1418 male respondents ages 15 to 21 who had never married and were not cohabiting at the interview date. All estimates were adjusted for the multistage sampling design using the *svy* commands in Stata SE, version 9 [36] and can be generalized to the national population of never-married, noncohabiting youth, aged 15 to 21 in 2002.

Measures

Outcomes

Our outcome variables are based on respondents' reports about having *ever given oral sex*, *ever received oral sex*, and *ever engaged in vaginal intercourse*. Coital experience was determined during the pregnancy history in the main interview; questions about oral sexual experience were administered through ACASI. Female respondents were asked

“Have you ever put your mouth on a male's penis (also known as fellatio or oral sex?)” and “Has a male ever put his mouth on your vagina (also known as cunnilingus or oral sex)?” Male respondents were asked “Has a female ever put her mouth on your penis (also known as oral sex or fellatio)?” and “Have you ever put your mouth on a female's vagina (also known as oral sex or cunnilingus)?” Levels of missing data on these sensitive items are negligible, and NCHS reported that response patterns are comparable to those in earlier surveys with similar items [1].

Covariates

With the exception of respondent's *age*, which is measured in single years, all covariates are categorical indicators. *Race/ethnicity* differentiates among white non-Hispanics, black non-Hispanics, non-Hispanics of other races, and Hispanics of any race. Family socioeconomic status is represented by *mother's educational attainment*, coded as did not finish high school, high school diploma or equivalent, and bachelor's degree or higher. *Intact family structure* distinguishes respondents who lived with both biological (adoptive) parents through age 15 from those who did not. *Immigrant status* distinguishes foreign-born respondents from all others. *Religious service attendance* distinguishes those who did not attend religious services at age 14 from those who did, and *childhood religious affiliation* differentiates between those reporting no family religious affiliation at age 14 and those who reported any affiliation. *Urban residence* differentiates respondents residing in the central city of a Census-designated Metropolitan Statistical Area (MSA) from those living outside central cities.

Results

Table 1 displays the sample's distribution across covariate categories and the prevalence estimates for coital and oral sexual experience, by gender. More youth reported engagement in heterosexual oral sex than coital experience, and fewer females than males had experienced either oral sex ($Z = -2.32, p = .01$) or coitus ($Z = -2.98, p < .01$). Having received oral sex from an opposite-gender partner was more common than having given it, and although females were less likely than males to have received oral sex ($Z = -2.67, p < .01$), they were no more likely to have given it ($Z = .64, p = .26$).

Figure 1 shows the percentages at each age that had ever-given and ever-received heterosexual oral sex, by gender and virginity status, and provides estimated slopes representing the average percentage point increase in experience with a single-year increase in age. Overall, fewer virgins than nonvirgins reported oral sexual experience, and the percentages with experience giving and experience receiving increased with age.

At younger ages, more youth had ever-received than ever-given; however, the latter increased more steeply with

Table 1
Distribution of sample across covariate categories and types of sexual experience, by gender: youth aged 15–21, National Survey of Family Growth, 2002^a

Covariates	Females		Males	
	Proportion	SE ^b	Proportion	SE ^b
Year of age:				
15	.154	.011	.146	.012
16	.161	.012	.150	.011
17	.169	.014	.133	.012
18	.146	.011	.173	.012
19	.139	.012	.145	.012
20	.113	.012	.127	.011
21	.118	.014	.122	.013
Race/hispanicity:				
Hispanic	.141	.017	.163	.018
Non-Hispanic:				
White (ref)	.641	.026	.641	.024
Black	.159	.018	.135	.014
Other	.060	.009	.062	.011
Foreign-born	.077	.019	.097	.011
Mother's educational attainment:				
Did not complete high school	.145	.015	.124	.012
High school graduate (ref)	.582	.016	.579	.019
Completed college	.273	.017	.296	.019
Intact family structure, age 15	.590	.019	.635	.016
No religious service attendance, age 14	.148	.013	.174	.014
No childhood religious affiliation	.112	.008	.154	.010
Central city residence	.467	.036	.499	.032
Sexual experience:				
Ever had vaginal intercourse	.482	.018	.538	.018
Ever had oral sex, opposite-sex partner	.567	.019	.610	.017
Ever given	.467	.021	.455	.018
Ever received	.528	.019	.578	.017
Unweighted N	1402		1418	

^a Weighted to represent national population.

^b Linearized standard error.

age, as highlighted by the slope estimates, so that the differences had narrowed substantially by age 21. At each age, more females than males had ever-given and more males than females had ever-received, regardless of virginity status; however, these differences were large enough to attain statistical significance in only seven of 28 comparisons and there was no discernible pattern by age or virginity status.

Table 2 provides percentages by gender, virginity status, and race/ethnicity for four categories of oral sexual experience—none, received only, given only, and given and received—and the results of significance tests for gender and race differences. Three patterns are of interest. First, the most frequently reported category among youth reporting any oral sexual experience was giving and receiving. Second, there were few significant gender differences, and the patterns suggest that the overall difference in oral sex experience (Table 1) was driven primarily by the greater percentage of white males who had received only. Finally, youths' experiences with oral sex were differentiated by

race/ethnicity, with whites more likely to report oral sexual engagement than other youth. Significance tests suggest that these differences were more pronounced among youth who had experienced coitus.

Multinomial logistic regression was used to determine whether these race/ethnic differences held when age and other individual characteristics were controlled and to assess the association of these characteristics with oral sexual engagement. Our dependent variable has three categories: no coital or heterosexual oral sexual experience ("virgins"), heterosexual oral sexual experience but no coital experience, and coital experience regardless of oral sexual experience. The model includes two contrasts: virginity versus any coital experience and oral but not vaginal sex versus any coital experience. Table 3 displays relative risk ratios (the coefficients' antilogs) and 95% confidence intervals for females (upper panel) and males (lower panel).

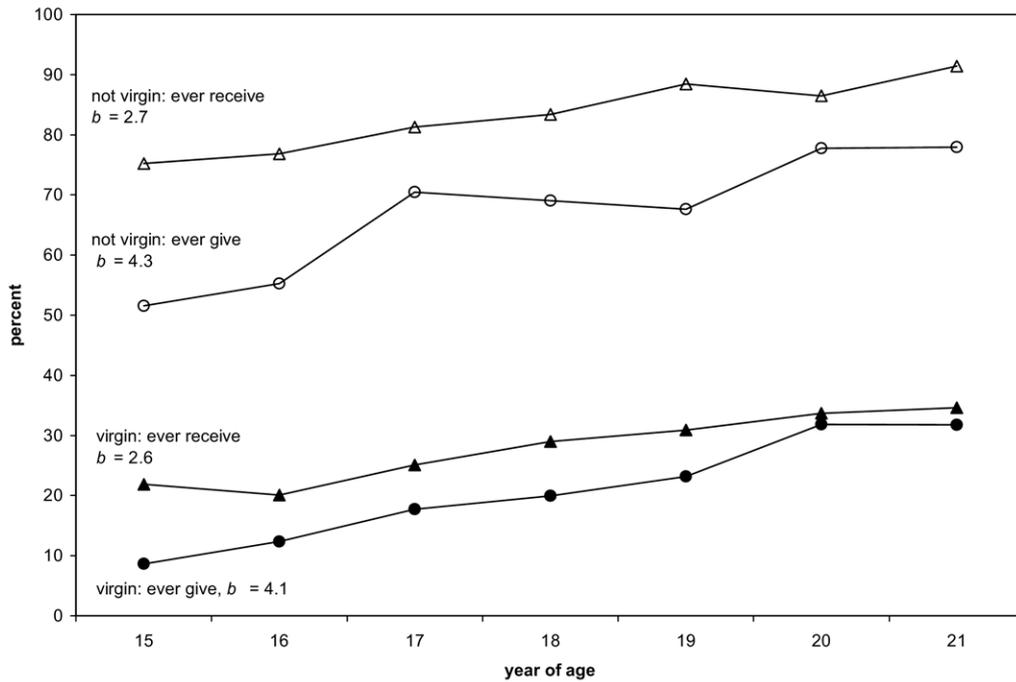
Race/ethnicity retained its effect in the multivariate models. Among females, blacks were significantly less likely than whites to be virgins and to have experienced only oral sex. Among males, Hispanics and blacks were less likely than whites to be virgins and to have had oral sex but not vaginal intercourse. Young men of other race/ethnicities were more likely than whites to be virgins but no different from whites with respect to oral sexual experience.

Not all of the remaining covariates were associated with both virginity status and oral sexual experience, and several did not operate as we anticipated. Age was associated with a reduced likelihood of both virginity and oral sex relative to coital experience. Immigrant youth were more likely to be virgins, but no less likely to have experienced oral sex but not intercourse. Youth from intact families also were more likely to be virgins, and they were more likely to have experienced oral sex but not coitus. Young women whose mothers had college or professional degrees were more likely to have oral sexual but not coital experience than those whose mothers had completed high school only, but they were no more likely to be virgins. Having been raised with no religious affiliation was associated with a lower likelihood of both virginity and oral sex among females but not males. Similarly, not attending religious services at age 14 was associated with a lower likelihood of virginity and oral sexual experience among males but not females. Females living in central cities were more likely than their suburban and rural peers to be virgins but were no different with respect to oral sex without coitus. Males living in central cities were no more likely to be virgins but they were more likely to have oral sexual but not coital experience.

Discussion

Our findings lend support to the belief that oral sex with an opposite-gender partner is an established component of youths' sexual repertoires, particularly among non-Hispanic whites. White youth—virgins and nonvirgins, females and

Panel A. Males



Panel B. Females

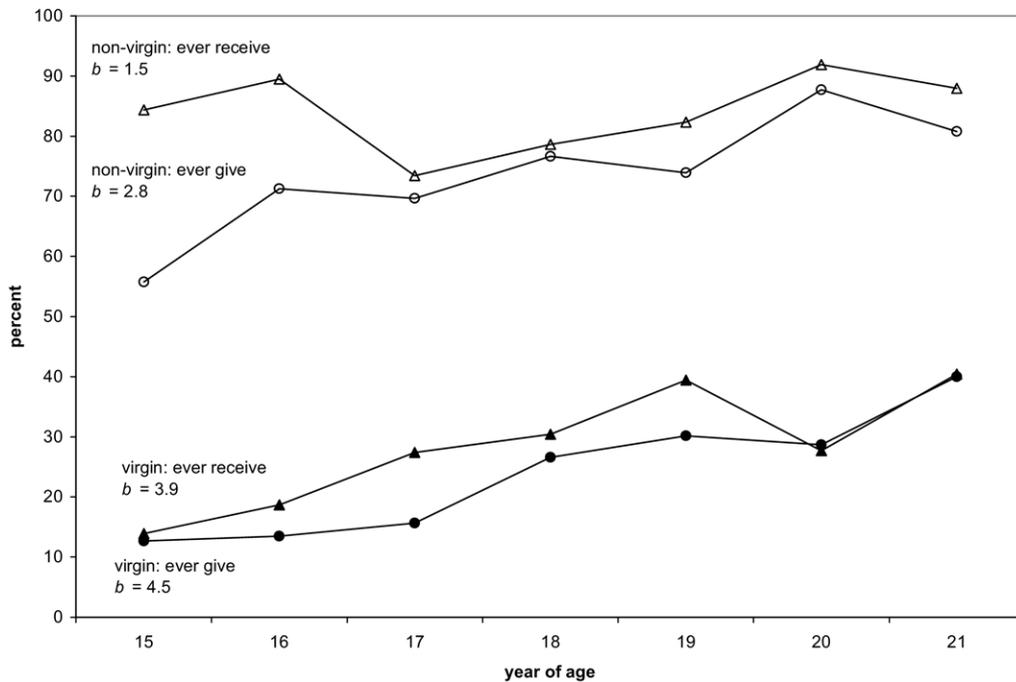


Figure 1. Percent with heterosexual oral sexual experience, by virginity status, experience type, and age. Youth aged 15–21, National Survey of Family Growth, 2002 (percentages weighted to represent national population).

males—more often reported oral sexual experience than other youth and, in multivariate analyses, white youths’ greater likelihood of oral but not vaginal sex was robust to controls for family background, childhood religious affilia-

tion and participation, and urban residence. This finding is consistent with the findings of research on adults [37], and suggests the continuing salience of race/ethnic identification to individuals’ perceptions of acceptable sexual behaviors.

Table 2

Percentage distribution across categories of oral sexual experience, by gender, race/ethnicity, and virginity status: youth aged 15–21, National Survey of Family Growth, 2002^a

	White		Black		Hispanic		Other		Total	
	F	M	F	M	F	M	F	M	F	M
Virgins										
No oral sexual experience	70.3	67.5	82.3	76.4	75.0	81.0	78.9	87.8	73.4	74.2
Received only	6.7	12.7*	10.3	17.7	12.2	11.6	2.4	1.6	8.2	11.0
Given only	3.2	3.3	0.5	2.2	3.3	4.6	2.4	0.0	3.2	3.2
Given and received	19.9	16.5	7.0	3.7	9.5	2.9*	16.3	10.6	15.1	11.5
N (unweighted)	383	403	117	74	146	105	47	47	693	629
χ^2 test of independence, race/ethnicity and oral sexual experience: Females: $F(1078.8) = 2.1, p = .04$ Males: $F(659.6) = 2.0, p = .09$										
Nonvirgins										
No oral–genital contact	5.9	4.9	22.6	23.4	14.1	20.2	34.2	14.7*	12.7	11.4
Received only	5.6	10.2*	35.1	43.0	16.1	19.4	4.1	18.3*	14.1	21.0
Given only	5.6	3.3	1.6	0.1	7.3	3.5	2.7	3.2	4.1	3.0
Given and received	82.9	81.6	40.7	32.9	62.5	57.0	59.0	67.0	69.0	64.4
N (unweighted)	387	399	171	170	115	182	36	38	709	789
χ^2 test of independence, race/ethnicity and oral sexual experience: Females: $F(1233.2) = 14.0, p < .001$ Males: $F(1320.6) = 14.4, p < .001$										

F = females; M = males.

Significance levels, tests of gender differences: * $p < .01$.

^a Percentages weighted to represent national population.

The net association of race/ethnicity with virgins' oral sexual engagement was driven largely by the significant contrast between non-Hispanic white and non-Hispanic black youth, recalling prior research suggesting that black youth moved more rapidly to intercourse than white youth because they engaged in fewer noncoital sexual behaviors [26]. Does oral sexual engagement slow the transition to coital activity? Lacking data on the sequencing of oral sexual and coital behaviors, we cannot answer this question directly, but the net effect of age in the multivariate model suggests that it does. In the contrast between virgin youth with no oral sexual experience and nonvirgin youth, each 1-year increase in age was associated with a 46% increase in the odds of coital experience; among virgin youth with oral sexual experience, however, progression toward coitus was slower, with each 1-year increase in age increasing the odds of vaginal sex by 31%. Also consistent with the argument that oral sexual engagement delays the onset of vaginal sex were the effects of intact family status, a variable we found to be associated with a higher likelihood of oral but not vaginal sex among females and males.

Patterns of oral sexual engagement were largely undifferentiated by gender. Although significantly more males than females had ever-received oral sex, the proportions ever-giving were statistically equal, and a more finely grained breakdown of oral sexual experience revealed that males and females were equally likely to have both given and received oral sex. Although it is tempting to interpret

the gender similarities in oral sexual experience as suggesting a degree of reciprocity between heterosexual partners, it is important to note that we lack data on both the relational context and frequency of youths' oral sexual experiences. It may be, for example, that our results reflect the nature of our measure: *ever-giving* rather than *frequency* of giving. A recent finding that girls who have engaged in oral sex are more likely than boys to report that their experiences had negative emotional consequences [25] highlights the need for more detailed data on the social and relational contexts of youths' sexual experiences.

Virginity pledge programs, which have roots in the conservative religious community, have been linked to an increased likelihood of oral sex among youth who have not experienced vaginal sex [8]; our data show, however, that females' childhood religious affiliation and males' childhood religious service attendance lower the likelihood of oral sexual engagement. Publicly proclaiming the intention to remain abstinent may discourage vaginal intercourse while simultaneously encouraging noncoital sexual activity, but our findings suggest that having a personal connection with a specific religious community inhibits both intercourse and oral sexual experimentation.

Unexpectedly, we found urban residence to be associated with increased likelihood of virginity among females and increased likelihood of oral sexual but not coital experience among males. Urban youth may have had greater exposure to messages promoting abstinence to reduce pregnancy and STI risk, and some may have turned to noncoital activities

Table 3
Multinomial logistic regression model of oral sexual and coital experience: youth aged 15–21, National Survey of Family Growth, 2002

Covariates	No coital or oral sexual experience			Oral sex, not coitus		
	RRR ^a	CI	<i>p</i> ^b	RRR ^a	CI	<i>p</i> ^b
Females (n = 1381)						
Age	0.54	(0.49, 0.60)	<.001	0.69	(0.62, 0.77)	<.001
Race/ethnicity			.010			.012
White non-Hispanic (ref)	1.00	—		1.00	—	
Black non-Hispanic	0.59	(0.39, 0.90)		0.42	(0.23, 0.77)	
Other non-Hispanic	1.71	(1.00, 2.69)		1.25	(0.51, 3.07)	
Hispanic	1.14	(0.70, 1.87)		1.32	(0.68, 2.55)	
Foreign-born	1.89	(0.95, 3.08)	.034	0.90	(0.37, 2.17)	.813
Mother's education			.229			.004
Less than high school	1.53	(0.87, 2.68)		1.33	(0.74, 2.38)	
High School (ref)	1.00	—		1.00	—	
College or more	1.21	(0.84, 1.74)		2.05	(1.32, 3.20)	
Intact family, age 15	1.76	(1.22, 2.54)	.003	2.27	(1.44, 3.59)	<.001
No service attendance, age 14	0.61	(0.36, 1.00)	.060	1.35	(0.70, 2.60)	.374
No childhood religious affiliation	0.47	(0.28, 0.78)	.004	0.45	(0.20, 0.98)	.045
Central city residence	1.42	(1.02, 1.97)	.036	0.94	(0.61, 1.44)	.770
Males (n = 1386)						
Age	0.49	(0.44, 0.55)	<.001	0.58	(0.50, 0.67)	<.001
Race/ethnicity			<.001			<.001
White non-Hispanic (ref)	1.00	—		1.00	—	
Black non-Hispanic	0.30	(0.18, 0.50)		0.26	(0.14, 0.46)	
Other non-Hispanic	1.94	(1.10, 3.44)		0.71	(0.08, 6.29)	
Hispanic	0.47	(0.31, 0.71)		0.39	(0.20, 0.74)	
Foreign-born	1.63	(0.98, 2.68)	.056	0.90	(0.26, 3.04)	.863
Mother's education			.163			.118
Less than high school	1.39	(0.81, 2.39)		0.66	(0.34, 1.27)	
High school (ref)	1.00	—		1.00	—	
College or more	1.40	(0.98, 2.01)		1.42	(0.88, 2.29)	
Intact family, age 15	2.29	(1.60, 3.27)	<.001	2.88	(1.84, 4.49)	<.001
No service attendance, age 14	0.40	(0.23, 0.61)	<.001	0.46	(0.25, 0.86)	.016
No childhood religious affiliation	0.64	(0.37, 1.11)	.113	1.28	(0.62, 2.60)	.501
Central city residence	1.27	(0.93, 1.75)	.133	1.60	(1.08, 2.38)	.019

RRR = relative risk ratio; CI = 95% confidence interval.

Estimates adjusted for design effects.

^a Relative to experienced coitus.

^b *p*-Value, adjusted Wald test for variable main effect.

as a result. It also is possible that recent shifts in the demographic composition of American urban areas, whereby many large cities are increasingly populated by immigrant groups with more traditional beliefs about youths' sexuality, have engendered urban normative environments that are less tolerant of nonmarital coital activity than has previously been the case. Clearly, further research is needed.

The prevalence of oral sexual experience prior to and following the onset of coitus argues for the need to broaden reproductive health education programs to include noncoital sexual behaviors. About one-fifth of 15-year-old virgins and four-fifths of their nonvirgin peers have oral sexual experience, indicating the need for more comprehensive discussion of sexual behaviors, relationship dynamics, and decision making well before high school. The race/ethnic differences we observed suggest that such programs must be

sensitive to subgroup differences in sexual norms; at the same time, however, it is important to recognize that oral sexual experience, whether before or after the onset of coitus, is common among all race/ethnic groups. Youth heed public health messages about the risks of sexual behavior, as evidenced by a recent report attributing more of the decline in teen pregnancy rates to greater use of effective contraceptive methods and multiple method use than to abstinence [38]. At the same time, however, youth sometimes heed these messages in unanticipated ways, as indicated by the higher rates of oral–genital and ano–genital activity among virginity pledgers [8]. Romantic relationships and sexual experimentation are normative during early adulthood [20], and the narrow focus of sexuality programs on vaginal intercourse needlessly restricts youths' information about the noncoital sexual activities in which so many of them are participating.

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