
CHAPTER 1

Cultural Differences and Adolescent Sexualities

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IN APRIL 1992 a congressional report by the Select Committee on Children, Youth, and Families warned that HIV was spreading unchecked among the nation's adolescents.¹ Anxiety about AIDS, however, is only the most recent manifestation of a cultural panic over the tangible and perceived consequences for teenagers, especially teenage girls, who engage in sexual activity. The history of professional attempts to regulate adolescent sexuality is as old as the category of adolescence itself and is characterized by proscriptions against masturbation, petting, premarital intercourse, and certainly single motherhood. Because of a measure of cultural authority over issues of sexuality and gender, medical and health-related professionals constitute the front line of those who analyze, advise, and regulate adolescent sexual behavior.² The 1970s' invention of the idea that there is an "epidemic" of teenage pregnancy marks an apex of the medicalization of adolescent sexuality. The newer threat of AIDS consolidates this medical dominance.

Medical discourse on social problems is extremely circumscribed, however. In the case of adolescent sexuality, it fails to address the complicated historical, political, social, and economic influences that have infused teenage sex with a particular set of meanings. In the medical model, adolescent sexuality is a discrete biological event rather than an amorphous web of social relations. The discursive focus is on behavioral rates rather than an elaboration of the cultural logics of adolescent sexuality. The traditional literature offers a flattened perspective that elides the complexity and vitality of teen sexuality.

Perhaps the most serious shortcoming of the biomedical model is its one-dimensional view of adolescents. They are typically discussed as a monolithic (read white, middle-class, heterosexual) group. Difference is most commonly ignored or, as anthropologist Lee Strunin notes, is baldly presented in the ab-

sence of a broader contextual understanding of the many ways in which race, ethnicity, and culture affect sexual beliefs and behaviors.³ The literature on adolescents of color typically foregrounds social problems such as early pregnancy, substance abuse, or risk of sexually transmitted infections.

We are at a historical moment when the imperative to broaden the medical gaze on adolescent sexuality has never been more urgent, and not simply because of the potentially deadly threat of HIV infection, for sex has always been risky and even life threatening for some adolescents, particularly girls. Rather, current political battles such as those over abortion and sex education indicate that we are poised at a cultural crossroads of complex choices. Will we engage adolescents in frank discussion about sexual options and ethics, or will we enforce a silence that resonates with fear and shame? Can we talk with teenagers about what they want to know, or can we only tell them what we want them to know? Ultimately, we must decide whether we will craft a vision of sexuality for the future or attempt to recapture a mythic nostalgic past.

A truly comprehensive approach to adolescent sexuality requires a synthesis of literatures that currently seem to occupy parallel universes. Medical and epidemiological research is crucial in that it provides a focused snapshot of health risks and consequences. However, to be fully meaningful, this perspective must be infused with the complicated insights about adolescents and sexuality available from historians, social scientists, and other scholars engaged in research on the social construction of sexuality. It has been unfortunate that so many empirical researchers operate with little or no knowledge of the new theories and debates about sexuality. Using both literatures, I examine adolescent sexuality as a historical process mediated by a myriad of social and political influences. I argue for the centrality of cultural analysis, since to speak effectively to adolescents, we must understand the complex set of meanings they attach to sexuality and the ways in which their experiences are shaped by their cultures, communities, and identities. Finally, I present a schema of sociosexual diversity. This includes nine focus areas for working with sexual differences.

Adolescent Sexuality: History, Policies, Politics

The last century has marked an important transition in our system of sexual meanings. The seemingly inevitable link between sexuality and reproduction has weakened; the contemporary emphasis is on sex as an integral component of individual identity and personal fulfillment.⁴ We now deem sex vital to relationships, central to intimacy, romance, and physical pleasure. Yet another set of changes, prompted by economic, political, and demographic shifts, has occurred during this same historical period. Adolescence has emerged as a dis-

tinct life-cycle phase demarcated by childhood and adulthood.⁵ By the late nineteenth century adolescence was, as historian Joan Jacobs Brumberg notes, a period of dependence in which middle-class children, in particular, were sheltered and protected.⁶

Although a relatively recent social invention, adolescence is widely accepted today as a developmental stage with its own particular set of tasks and challenges. Yet, as Brumberg points out, "there was little recognition of the ways in which prolonged dependency and intensification of parent-child relations could generate their own psychopathologies."⁷ Her comment referred to eating disorders in the nineteenth-century bourgeois family. Yet it aptly describes the complex dynamics generated by the convergence of these two important historical transitions: the construction of adolescence and the increasing personal importance of sexuality and sexual identity. For we expect adolescents to eschew a range of activities that have enormous cultural salience. We demand that they "just say no" to sex despite the ubiquitous message that it will transform their lives. Their refusal to do so has prompted cultural tensions, familial "psychopathologies," and wrenching individual dilemmas.

In our society, adolescent sexuality is framed as a social problem. The national discussion is freighted with statistics that quantify the negative consequences of sexual activity among young people. Pregnancy, sexually transmitted infections, AIDS, poverty, and lack of education are but some of the specters haunting those young people who would defy the sanctions against sexual intercourse. For decades, concerns over adolescent sexuality have been subsumed under the escalating cultural panic about teenage pregnancy.⁸ In this formulation, it is largely the sexuality of young women that is the source of public anxiety and the target of social control. The AIDS epidemic has restored a modicum of gender parity in that adolescent men have also become a focus of behavioral-change campaigns. Yet rising concern about AIDS and other sexually transmitted infections has reified the discourse on adolescent sexuality as one of risk, disease, and death. Prevention of both sexual consequences and sexual activity itself is the central goal for many of those who work with teens.

Cultural anxiety about adolescent sexuality is fueled by research that couples comparatively earlier sexual activity with heightened risk of negative outcomes. The major national surveys indicate that the prevalence of intercourse among adolescents is much higher than it was in the early 1970s.⁹ In 1971 approximately 30 percent of all young women between fifteen and nineteen reported having coitus. The figure had jumped to almost 50 percent in 1979, and the National Longitudinal Survey of Youth (NLSY) reported rates of 56 percent in 1983. The rates are consistently higher for young men; the NLSY reported 70 percent of adolescent men had experienced intercourse. Both adolescent males and females are having intercourse at earlier ages, and most have

participated in some sexual activity by the age of twenty. Race, ethnicity, and social class shape sexual behavior, and data indicate that first intercourse is earlier among youth of color, poor adolescents, and those who drop out of school.¹⁰

Unprotected sexual intercourse may have destructive consequences for adolescents.¹¹ Unintended pregnancy and birth, sexually transmitted infections, and HIV infection are among the most common risks. And since some data indicate associations between early sexual behavior and the use of alcohol and drugs, these activities may exert a synergistic effect on risk exposure.

Tragic outcomes, typically disproportionate among poor teenagers and youth of color, encourage the dominant perspective that casts adolescent sexuality as a social problem. Valid concern about the health and lives of young people prompts energetic public policy and public health initiatives. In the face of real danger, however, it is important to point out the hyperbolic and often distorted use of data by those with a moral, political, or professional agenda concerning early sexual activity. Feminist scholarship, including an important early critique by Rosalind Petchesky, has cogently demonstrated that the inflamed rhetoric about teenage sexuality and pregnancy is not simply an artifact of the Reagan-Bush administrations and the New Right.¹² Rather, liberal demographers and family planners who had a professional stake in the construction of the adolescent pregnancy problem interpreted data so as to craft a widespread image of rampant teenage sex. As both Petchesky and sociologist Kristen Luker point out, the Alan Guttmacher Institute's widely quoted 1975 statistic of a "million pregnant teenagers" a year escalated the discursive elaboration of an "epidemic" of adolescent pregnancy. But while the starkness of the statistic evokes the image of very young unmarried women, the figure actually includes married nineteen-year-olds as well. Eighteen- and nineteen-year-olds composed two-thirds of the "million," almost 40 percent of them were married, and two-thirds of the married women were married before the pregnancy.¹³

Just as the discourse on teenage pregnancy is often deceptive, so too are discussions about adolescent birth. The adolescent birth rate reached its highest peak in the 1950s and has declined since then. The absolute numbers of adolescent births have risen, however, due to the demographic bulge of baby-boom teenagers having babies. As Constance Nathanson notes, "The 'magnitude' of the problem represented by adolescent fertility can be exaggerated or minimized depending on whether the observer's attention is drawn to increasing numbers and percentages or to declining rates."¹⁴

Instead of a reaction to actual rates, therefore, the intensification of public outcry about teen pregnancy may reflect anxiety over changes in how adolescent reproduction is currently managed. For although the overall birth rate among teenagers has dropped, the nonmarital birth rate has doubled since 1970

among white women because these women are much less likely to negotiate a pregnancy by either marriage or adoption.¹⁵ Teenage pregnancy raises the moral specter of "promiscuity" and uncontained sexuality. Adolescent pregnancy has also been a trope for lost opportunity, poverty, and welfare dollars. Despite data indicating that teen mothers largely emerge from the most economically disadvantaged social groups, popular wisdom identifies the pregnancy itself as the ticket to social disadvantage. In this equation, teen pregnancy is demonized, not racism and poverty. And significantly, the litany of negative outcomes associated with adolescent pregnancy by public health professionals has frozen in the public imagination. Yet, as Nathanson observes, "these are severe consequences but they are not inherent consequences of these behaviors; they are the outcome of meanings that are attributed to these behaviors within particular historical settings, settings that shape how those meanings will be understood and the responses that they will evoke."¹⁶

Nathanson has appropriately inserted the importance of social history and social context into a largely static discourse on the sexuality of young people. The social critics examining the historical construction of adolescent sexuality reveal that our contemporary preoccupation with it is simply another maneuver in the set of ongoing strategies by a range of social actors, from public health officials to moral agents, to manage and control the sexuality of young people, particularly girls.¹⁷ Adolescent sexuality, especially the visible manifestation of pregnancy, serves as a condensed symbol for social upheavals associated with gender roles, the role of sex and pleasure, and inequities of race and socioeconomic class. Teenage pregnancy serves as a stand-in, a convenient displacement of complicated social problems of the political and sexual economy.

This metaphoric quality of adolescent pregnancy complicates public discussion, inflames public opinion, and inhibits effective research. The professional literature, specifically, has been prone to exceedingly narrow conceptualizations of teenage sexuality. There are several important dimensions of this limitation. First, much of the literature addresses adolescent sexuality in static, ahistorical terms. Adolescence itself is viewed as a universal, transcultural phenomenon rather than a recently invented life stage shaped by economic and political influences. Second, most of the discourse on adolescent sexuality represents sex as a set of homogeneous and physiological imperatives. Professionals often refer to teenagers as "walking hormones," implying that sexual behavior is predetermined and biologically driven. In this essentialist configuration, sex loses its social and political moorings. Finally, most of the literature on adolescent sexuality is remarkably devoid of cultural analysis. As Jill Taylor notes, adolescent development theory assumes the white heterosexual male experience as the universal standard.¹⁸ Research that ignores the salience of culture renders invisible the experiences of most adolescents.

Effective policies and education for teenagers depend on sophisticated anal-

ysis that integrates historical, sociological, cultural, and public health insights. The current limitations in the theoretical literature and in research initiatives inhibit a nuanced understanding of the lived experience of adolescents, of how they negotiate sexual development and create a coherent set of meanings from their sexual thoughts, feelings, and behaviors. Adolescent sexuality is informed by a complex set of factors, including gender, race, class, and sexual identity; and the meanings teenagers attach to sexuality and relationships will vary based on different messages and imperatives from their myriad social worlds. A rich and complicated vision of sexuality and culture is vital not simply to reach "high-risk" youth but to devise theories and interventions that can encompass the mosaic of experiences of the wide diversity of adolescents.

Cultural Theory and Analysis

An expanded discourse on adolescent sexuality can be informed by theoretical traditions that seek to explain the construction of sexual meanings, the formation of sexual cultures and identities, and the organization of systems of sexuality and gender. One important advance in the study of human sexuality has been the application of social construction theory to questions of individual behavior and collective experience. Social construction theory has a rich intellectual history, having emerged from such sources as social interactionism, symbolic anthropology, and feminist and lesbian/gay scholarship.¹⁹ It posits that rather than an essentialist perspective of sexuality as an innate drive or biologically determined force, our sexual interests, behaviors, communities, and perhaps even desires are mediated by culture. As anthropologist Carole Vance notes, "Cultures provide widely different categories, schema, and labels for framing sexual and affective experiences."²⁰ Cultures infuse sexuality with meaning.

The displacement of essentialist thinking and the application of social construction theory would enrich the discourse on adolescent sexuality in several key dimensions. First, constructionism would challenge popular formulations of teenage sexuality as a hormonally driven imperative. A constructionist frame on adolescent sexuality suggests that like all of us, teenagers fashion their sexual ideas, expectations, and willingness to act, on the set of cultural options available to them. Second, constructionism offers a historical, rather than a static, perspective on sexuality. Analysis is enhanced by an understanding that "adolescent sexuality" is not a behavioral constant but rather a historically evolving set of ideas that evoke a range of responses and attempts at regulation. Finally, social construction theory definitively inserts culture as the key factor for understanding adolescent sexuality. Adolescence is not simply a developmental stage characterized by physiological surges; rather, these very changes