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Oral Sex, Feminism, and Implications for Sex Education

by

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Dedication

This thesis is dedicated to Gretchen Hess, my mentor and friend, whose strength of character is nothing short of inspiring. She has shown me that, with the right attitude, one can rise to any challenge life sets before them. Gretchen, thank you for keeping me grounded and reminding me of what is really important in this world. Thank you for knowing when to push and when to let me be. Thank you for everything.

To my wonderful family, I cannot thank you enough for the unconditional love and support you have always given me. It is thanks to you that I have the courage to pursue my dreams – you give me confidence in my ability to succeed and security in knowing you will catch me if I fall. Without you I would never have accomplished this.

Abstract

In order to provide comprehensive sexual health education, it is important for teachers and health care professionals to understand trends related to adolescent sexual practices. Anecdotal reports over the past decade indicate that oral sex is becoming an increasingly common and casual activity among adolescent females. To investigate the validity of this claim the author set out to study the oral sex behaviours and related attitudes of Canadian young women. A total of 181 women (ages 18-25 years) completed two anonymous self-report questionnaires: one to gather data about intercourse and oral sex experiences, and the other to assess degree of identification with feminist ideology. Analysis revealed that oral sex and intercourse are equally prevalent among young women and that the two behaviours have similar emotional implications. However, as compared to intercourse, women tend to regard oral sex as less intimate and are significantly less likely to use protection against sexually transmitted infections when engaging in oral sex. The findings indicate that there is no significant relationship between oral sex and feminism, but that some women find fellatio empowering. Trends related to sexual activity as well as implications for school-based sex education programs are discussed.

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Oral Sex, Feminism, and Implications for Sex Education
Brea L. Malacad

Chapter 1

Introduction

The purposes of this introductory chapter are to explain the background of the topic, outline the purpose and method of the study, and provide an overview of the rest of the thesis.

Chapter 1: Introduction

Statement of the Problem

In order to provide comprehensive health care, physicians need to understand the sexual behaviour of adolescents; teachers also need this knowledge in order to promote healthy sexual practices within the context of sex education classes. Therefore, examining trends in adolescent sexuality is an important research endeavour.

Based on the findings of a growing body of research, casual sexual activity has become pervasive among young people in North American society. Over the past ten years, trends such as “friends with benefits” (sex in a non-romantic friendship) and “hooking up” (having a sexual encounter with an acquaintance or stranger without the expectation of developing a relationship) have been given attention in media and research. Findings indicate that a significant proportion of young adults are involved in “friends with benefits” relationships (Puentes, Knox, & Zusman, 2008; Hughes, Morrison, & Asada, 2005) and that “hookups” have become commonplace on American college campuses (Lambert, Kahn, & Apple, 2003; Paul, McManus, & Hayes, 2000). Although much of the research centers on college students, there is evidence that high school students are also engaging in casual sexual activity. According to large-scale data gathered in the United States, more than 70% of sexually active adolescents have engaged in sexual intercourse with a casual partner at least once (Grello et al., 2003). In a sample of Australian adolescents vacationing on spring break, *one third* of the females reported that they had engaged in sexual intercourse with a new partner within 24 hours of their initial meeting (Maticka-Tyndale, Herold, & Oppermann, 2003).

An alleged trend that has been given considerable media attention in recent years is that of adolescents engaging in casual oral sex. A number of popular press articles assert that casual sexual activity, particularly oral sex, has become rampant among young teenage girls. According to anecdotal reports published in the *New York Times*, many adolescents today are engaging in oral

sex because they consider it to be a safe alternative to vaginal intercourse (Lewin, 1997; Jarrell, 2000). An article in the *Washington Post* refers to oral sex as an “unsettling new fad” among middle school children, and reports that about half of American teenagers will have engaged in oral sex before entering high school (Stepp, 1999). In a recent documentary, titled “Oral Sex is the New Goodnight Kiss”, young middle-class Canadian girls admit to performing oral sex on older men in exchange for money and goods (Azam, 2008). A report in *USA Today* claims that adolescents have come to view oral sex as a casual sexual activity, and that some even engage in oral sex with multiple partners at parties (Jayson, 2005). There have been other articles and talk show specials devoted to the topic of “rainbow parties”, which are said to involve groups of teenagers getting together and performing oral sex on each other. Each female wears a different shade of lipstick, and the goal for each male is to get all the different colours on his penis by the end of the party. As summarized in Lewin (2005), many believe that the rainbow party is an urban myth that has been perpetuated by the media, whereas others assert that rainbow parties really have become a common practice in many adolescent groups.

The apparent trend toward casual oral sex among adolescents is a concern for parents and health professionals because of the negative impact that early casual sexual behaviour can have on physical and emotional wellbeing. There are health risks associated with engaging in oral sex with multiple partners, as unprotected oral sex can lead to a number of sexually transmitted infections (STIs). Oral-genital contact can transmit infections such as herpes and gonorrhoea, and is also a more frequent cause of HIV transmission than most people realize (Boekeloo & Howard, 2002). In addition to posing health risks, involvement in sexual activities before one is ready can have negative ramifications for future sexual relationships (Koch, 1988). Given that the trend appears to be toward fellatio with little reciprocity, there is also concern that adolescent females may be engaging in oral sex under circumstances that are exploitive or coercive (Remez, 2000). At this point, however, there is a dearth of

empirical data to verify or refute anecdotal reports. Little is known about the prevalence and correlates of oral sex among adolescents because this topic is infrequently examined in research.

Therefore, the purpose of the current study was to examine the oral sex practices and attitudes of young women. Females aged 18 to 25 years were surveyed about their behaviours, emotions, and opinions with respect to oral sex. The findings and their implications for sex education are discussed in this thesis.

Background

Prevalence of Oral Sex

Findings of current studies indicate that oral sex is certainly prevalent enough among adolescents to warrant further investigation. In a Canada-wide survey conducted in 2003, approximately 30% of grade 9 students and 50% of grade 11 students reported having engaged in oral sex at least once, and oral sex was significantly more commonly practiced than vaginal intercourse (Boyce et al., 2006). These rates are consistent with those found in a recent study of oral sex and condom use among adolescents in the United Kingdom: 56% of 16-18 year-olds surveyed reported having engaged in oral sex, 22% of whom had not yet engaged in intercourse (Stone et al., 2006).

In her interviews with health professionals, Remez (2000) gathered exploratory data about oral sex among teenagers. Although there was no consensus regarding whether oral sex is more practiced or just more talked about, the professionals that she interviewed agreed that “today’s adolescents consider oral sex to be less consequential and less intimate than intercourse” and “the type of oral sex practiced by young teenagers is overwhelmingly fellatio, not cunnilingus” (p. 300). This general trend is supported by data from a large-scale study conducted in the United States, in which 49% of the adolescent males surveyed reported having received oral sex but only 39% reported having performed oral sex (Gates & Sonenstein, 2000). Boekeloo and Howard (2002) surveyed 12-15 year-olds receiving general health examinations and found that

about 20% of the female respondents had engaged in oral sex, and only two of them had used protection.

Taken together, the studies described above tell us that a significant proportion of today's adolescents are choosing to engage in oral sex and that oral sex tends to precede intercourse on the continuum of sexual behaviours. In his comprehensive review of the current literature on this topic, McKay (2004) concludes that, although teen oral sex is not the epidemic the media claims it to be, there has been a modest increase in the percentage of adolescents who engage in oral sex and it is more common for females to perform oral sex on males.

Correlates of Oral Sex

Some researchers assert that increasing oral sex among teenagers is at least partially attributable to young adolescents being “caught between messages about AIDS and abstinence on the one hand and the saturation of the culture with sexual imagery on the other” (Remez, 2000, p.299). Indeed, it has been argued that abstinence programs and safe sex campaigns have inadvertently led young people to believe that oral sex is a risk-free alternative to sexual intercourse (Hess & Green, 2006). Interestingly, this belief also appears to be prevalent among adults. A recent study found that, although women tend to base choices about sexual intercourse on an abstinence or a relational approach, the casual approach was perceived to be appropriate when making decisions about oral sex (Hertzog, 2004).

Another contention is that risky sexual behaviour is one of the “symptoms of growing up female in a patriarchal culture” in which adolescent females are taught to concentrate on pleasing others rather than focusing on their own needs (Weiland-Bowling, Schindler-Zimmerman, & Carlson-Daniels, 2000, 2). The belief here is that, despite the feminist movement and the gains made for women's rights, physical attractiveness and heterosexual success remain the focus of media and cultural messages aimed at young females. As a result of this type of messaging, young girls may view oral sex as a way to solicit male attention and approval.

Although researchers have made progress in examining the prevalence of oral sex, very few studies have examined possible correlates of oral sex behaviour. Prinstein and colleagues (2003) argue that this is an area worthy of empirical investigation because little is known about the social influences and perceived benefits associated with engagement in oral sex. Among the adolescents in their study, those who reported engagement in oral sex were rated more popular by peers than those who did not engage in oral sex. In addition, adolescents' reported engagement in oral sex was strongly related to their perceptions of their best friends' oral sex behaviours. These patterns were not observed for vaginal intercourse, suggesting that oral sex is more strongly influenced and reinforced by social factors (Prinstein, Meade, & Cohen, 2003). This is an interesting finding as it points to an association between oral sex and social status, which is known to be a powerful motivator for teenagers.

This social theme emerges in another recent study, in which grade 9 students were asked to list reasons why teens engage in oral sex. For females the top three reasons cited were to improve a romantic relationship, for pleasure, and to increase popularity/improve social reputation (Cornell & Halpern-Felsher, 2006). This apparent relationship between oral sex and popularity is a bit surprising, given the negative connotation that has been traditionally associated with female promiscuity. Based on research in adults, Kitzinger (1995) concludes that it is *power* rather than sexual activity that influences a woman's reputation; "a woman may be 'promiscuous' and yet not be perceived as a slag because she is 'in control'" (p.187). This notion of power or control as an incentive for a woman to engage in oral sex raises an interesting debate about whether fellatio is demeaning or empowering for women.

In their article, Hunt and Curtis (2006) provide a genealogy of oral sex by exploring the discourses surrounding oral sex in marriage and sexual advice manuals published in the twentieth century. They found that oral sex first emerged in the literature within a physiological context: cunnilingus as a pragmatic way for a man to lubricate his partner's vagina in preparation for intercourse. The practice

of fellatio was not mentioned until much later, when the discourse began to shift away from male-dominance and female-passivity to one of sexual mutuality. Although one could argue that performing fellatio is degrading to women, it is possible that performing oral sex on a man can be empowering for a women by providing a way for her to take sexual initiative and control.

This empowerment theme emerged in interviews that Remez (2000) conducted with adolescent health and sex experts. One professional asserted that her female clients seem to view fellatio as a way to exert control, because “it’s something they can do to boys whereas sex is almost always described as something boys do to girls” (p.300). She has observed that this perception of control is often present, even in situations that are obviously exploitive. This notion of perceived control is further supported by exploratory data collected by Barrett (2004), who asked adolescents in grades 7 to 12 about motivation for and potential consequences of engaging in oral sex. Among the motivators identified by females were, “it may give her a sense of power – she is in control of his pleasure” and “it can make her feel grown-up or more adult” (p.198). Further to this, in a recent study it was found that adolescent females who engage in sexual activity at a young age report feeling older and more mature than they really are (Arbeau, 2007). In her documentary, Azam (2008) poses an interesting question: “what happens to young girls who are conditioned to feel empowered only when they are the sexual center of attention?”

Feminism and Oral Sex

Whether fellatio is demeaning or empowering is obviously context-dependent, and both views can be argued from a feminist perspective. In fact, many feminist authors take the stance that sexuality is socially constructed and therefore highly dependent on social and historical forces. This position holds that “physically identical sexual acts may have varying social significance and subjective meaning depending on how they are defined and understood in different cultures and historical periods” (Vance, 1989, p.19). Therefore, it is

necessary to understand how North American women today *view* fellatio before we can begin to understand why they are choosing to engage in it more frequently than ever before.

Sexuality has historically been constructed in the interests of men, which is why radical feminist theorists tend to regard heterosexuality as a primary impetus of male power and dominance (Richardson, 1997). Fellatio without reciprocity seems an obvious example of such dominance, as this scenario relegates the woman to a submissive role in which her only purpose is to serve the man's sexual needs. However, the findings discussed in the previous section suggest that adolescent females may not perceive fellatio as such. Rather than viewing it as an act of submission, oral sex is seen by some teens as a way to exert control over males and gain social status among peers. As noted by Richardson (1997), "if sexuality is socially constructed then it can be reconstructed in new and different ways" (p.157). Therefore, it is possible that young women today have come to regard fellatio as a sexual act that lends itself to *female* dominance and control. If this is the case they may believe that, by engaging in fellatio, they are embracing feminist ideals and rejecting gender-role stereotypes in which "women are supposed to let men determine the choice, timing, and sequence of sexual positions and techniques" (Rathus et al., 2007, p.154).

The sexualized *feminist* image is reflected in popular television shows and movies in which strong female characters are depicted as bold, sexually active, and unafraid to take control in interactions with males. Television characters that embody the traditional *feminine* gender role, on the other hand, are more likely to be presented as prudes who repress their sexuality in the interest of being ladylike. Findings of a recent research study indicate that there may actually be some truth to this stereotype; in a sample of adolescent girls femininity was associated with lower sexual self-efficacy and less sexual experience (Impett, Schooler, & Tolman, 2006). With respect to oral sex, it would be interesting to explore the potential relationship between feminism and engagement in fellatio. If fellatio is seen as an expression of female dominance and sexual confidence, then it is likely

a more prevalent activity among sexually active women who identify closely with feminist ideology.

It is equally possible, however, that the rise in fellatio reflects a movement away from feminism and back toward traditional gender role stereotypes in which the female is subservient to the male. Some authors argue that feminist messages are not even reaching young women today, as “the strongest cultural messages to female adolescents include pressures to be pleasing to others in society – beautiful, slender, helpful, caring, self-sacrificing, and passive” (Weiland-Bowling, Schindler-Zimmerman, & Carson-Daniels, 2000, p.1). As a result of these messages, young women may learn to compromise their own needs and values in order to serve the needs of males. If fellatio is seen as an obligatory act of service, then it is likely more common among those sexually active women who identify more with the traditional feminine gender role than feminist ideology. The potential relationship between feminism and oral sex is worthy of further investigation, as it could have important implications for sex education curriculum.

The Current Study

Purpose

Oral sex is an area that is under-represented in the research, particularly with regards to the possible correlates of oral sex behaviour among young women. If more was known about oral sex among young women today, then education and intervention programs could be addressing the issue more effectively.

The central purposes of my study were as follows: to gather current information about the oral sex behaviours and attitudes of young women, to investigate the relationship between feminism and oral sex, and to generate recommendations for addressing the topic of oral sex in school-based sex education programs. I hope that the findings will contribute to current understanding of women’s sexuality and assist in the development of sex education programming that is relevant for adolescent females today.

The plan for this study, which is outlined in the following three subsections, was reviewed for its adherence to ethical guidelines and approved by the Faculties of Education, Extension and Augustana Research Ethics Board (EEA REB) at the University of Alberta.

Participants

The participants in this study were 181 females between the ages of 18 and 25 years. I chose to sample young adults rather than adolescents for this investigation because doing so permitted considerably more flexibility in terms of research questions and method. Given the sensitive nature of the topic, there are a number of barriers to conducting research with minors. Many schools and community organizations are reluctant to get involved with research projects related to youth sexuality, for fear that permitting such research is a form of condoning adolescent sexual behaviour. Although it may have been possible to get approval for a study on oral sex among adolescents, there would have been a number of restrictions regarding the types of questions that could be asked of participants. Further to that, securing parental consent would likely have been a challenge. Some parents would not be comfortable allowing their adolescent to participate in a study about oral sex, and a high rate of refusal would have compromised the likelihood of obtaining a representative sample. Finally, it would be difficult to investigate the relationship between oral sex and feminism if only a small portion of the sample had actually engaged in oral sex before. The chance of participants being sexually active is higher in an adult sample than it would be in an adolescent sample.

Participants for the study were recruited from a variety of university classes and workplace settings in Edmonton, Alberta. Unfortunately, as a function of convenience and accessibility, most studies of young adults tend to rely solely on data collected from university students, thus ignoring those young adults who have chosen not to pursue post secondary education. This subset of the population is so often neglected in research that it has come to be referred to as “the forgotten half” (Arnett, 2000). Particularly when conducting research related to health and

lifestyle, exclusion of this forgotten half is likely to result in skewed results that are difficult to generalize to the general population. For this reason, participants for the present study were recruited from employment settings as well as university classes. In order to further improve the generalizability of the findings, effort was made to recruit women from a diverse range of academic disciplines and job areas.

At the university level, I recruited participants by doing presentations in large undergraduate classes. A total of 134 university students volunteered to participate in the study. The majority of these participants were enrolled in general first-year courses that are open to students from various faculties and disciplines: Health Education 110 (n=65) and Psychology 104 (n=21). The remainder of the university student participants were enrolled in courses in the Faculty of Education: Educational Psychology 200 (n=34) and Educational Psychology 303 (n=14).

To recruit participants outside of the university setting I approached the managers of several Edmonton workplaces within the retail, food, and beauty, and hospitality industries. I was given permission to approach employees at 12 workplaces, and a total of 47 employees volunteered to participate in the study. These young women were recruited from five different types of employment settings: hotels (n=16), restaurants (n=10), financial institutions (n=9), hair salons (n=7), and coffee shops (n=5). I had initially hoped to recruit at least 100 participants from workplace settings, but was unable to reach that number due to barriers in gaining access to employees. Several of the managers would not grant permission to approach employees; some declined because they were concerned that the subject matter might make their employees feel uncomfortable, and others seemed apathetic about research in general. Although this is somewhat disappointing, the fact that 25% of the sample was recruited from non-university settings is noteworthy.

Instruments

The data for this study were collected using the survey method, which is widely recognized as a time and cost effective way to gather information from a large number of participants (Bryman & Teevan, 2005). Each participant completed two self-administered questionnaires: one designed to gather data on sexual behaviours and attitudes, and the other to assess feminist attitudes and ideology. The total time required to complete both questionnaires was approximately 20 minutes. The questionnaires were completed independently and returned unsigned in an envelope. This can help to put participants at ease and at minimize the potential impact of social-desirability response bias, which refers to the tendency for people to present a favourable image of themselves on questionnaires. Participants also had the option of returning the survey package by mail if they were concerned about anonymity. This is an important consideration in sexological research, as anonymity can help put respondents at ease and encourage them to disclose intimate information that they might not feel comfortable discussing openly (Rathus et al., 2007).

Information about participants' behaviours and attitudes pertaining to sexuality was collected using a Sexual Behaviour Questionnaire which I created, with assistance from colleagues, for the purposes of this study. Please see Appendix A for a copy of this questionnaire. This questionnaire is divided into four sections. The first section is for the collection of general demographic information, including: age, country of origin, education, occupation (if applicable), and religion. The second section pertains to sexual intercourse experiences, and includes questions related to the participant's age at first intercourse, number of partners, use of protection against sexually transmitted infections (STIs), emotions at most recent intercourse experience, and relationship to most recent intercourse partner. The third section pertains to oral sex experiences, and contains the same questions as the intercourse section but in relation to the participant's experiences with both "performing" and "receiving" oral sex. The last section is designed to gather the participant's opinions and

observations relevant to the topic under study, including: views on intimacy, primary motivations for engaging in fellatio, perceived prevalence of sexual activity among peers, and opinions related to sex education. Overall, the purpose of the Sexual Health Questionnaire is to gather detailed information about each participant's experiences, emotions, and attitudes with regards to sexual intercourse and oral sex.

The construct of feminism was assessed using the Liberal Feminist Attitude and Ideology Scale (LFAIS, Morgan, 1996), which is a Likert-type scale designed to provide a feminist attitude measure. The administration version of the scale is contained in Appendix B. On this scale participants are presented with 60 statements that tap into the domains of gender role attitudes, goals of feminism, and feminist ideology. The participant indicates how much she agrees or disagrees with each statement, using a 6-point scale that ranges from strongly disagree to strongly agree with no middle point. The participant's overall score on the LFAIS represents her level of identification with feminist ideology. Traditionally, feminism has been a difficult concept to measure because there are differing opinions regarding what constitutes feminist ideology. The LFAIS was constructed to provide a valid and encompassing measure of feminist attitudes and ideology, based on pilot studies with diverse groups of women (Morgan, 1996). This instrument is unique in that it surveys several important aspects of feminism, rather than focusing exclusively on gender-role attitudes as most other instruments do.

The LFAIS is designed to be used with general populations and pilot studies conducted with two samples provides evidence of high reliability, strong validity, and resilience to response bias (Morgan, 1996). In terms of reliability, Chronbach's alpha for the entire scale was .94 and the test-retest reliability was .83 (p.375). With respect to concurrent validity, correlations with other items assessing feminism ranged from .61 to .68 (p.376). Evidence of convergent validity was also provided, in that liberalism was significantly and positively associated with the LFAIS and conservatism was significantly and negatively

correlated with the LFAIS (p.377). Known-groups validity was also established in the pilot study in that female undergraduates were more feminist than the male undergraduates and the avowed feminist participants scored higher on the LFAIS than the undergraduate participants (p.377). Based on this evidence, I determined that the LFAIS would provide a valid and reliable measure of each participant's level of identification with feminist ideology.

Analysis

The results were examined with the three primary goals of the study in mind, which were to collect descriptive data about oral sex among young women, to examine the relationship between feminism and oral sex, and to generate recommendations on how to address oral sex in sex education programs.

The quantitative data were analyzed using Statistical Package for the Social Sciences - Version 10 (SPSS-10). Descriptive statistics were used to determine average age at first oral sex and intercourse experiences, average number of partners for both oral sex and intercourse, most frequently cited emotions at most recent sexual experiences, most frequently cited motivations for performing fellatio, percentage of participants who view oral sex as a less intimate activity than intercourse, and retrospective perceptions of sexual activity among junior high and high school peers. This information provides useful information about the prevalence of various sexual activities among young women, and also provides an indication of the typical age at which women start engaging in these activities. Further, findings related to motivations and emotions provide insight into how young women today *view* oral sex.

The second goal of analysis was to determine whether there is a relationship between feminism and oral sex and, if so, what the direction of that relationship is. Each participant's overall score on the Liberal Feminist Attitude and Ideology Scale (LFAIS) was used as her "feminism score". Pearson correlation coefficients were calculated to test for relationships between feminism scores and various measures related to oral sex behaviour including age at first

experience, number of partners, type of relationship with most recent partner, and emotions reported at most recent experiences. With regards to the potential relationship between feminism and oral sex, I was seeking answers to two questions. Firstly, are “feminist” women any more or less promiscuous when it comes to oral sex behaviour? Second, are “feminist” women any more or less likely to report positive emotions related to their recent sexual experiences?

The Sexual Behaviour Questionnaire contained two open-ended questions designed to elicit constructive feedback about school-based sex education. Specifically, the women were asked how sex education programming could be made more helpful and whether or not oral sex should be addressed directly in junior high sex education programs. This feedback, generated by women who attended high school within the last eight years, is useful in that it can provide guidance for sex education program developers and teachers. A fellow graduate student and researcher assisted me with the analysis of the qualitative data, using the process of thematic analysis as described by Braun and Clarke (2006). The two of us independently reviewed and blind-coded the data before working together to identify themes to describe the responses.

Overview of Chapters

The purposes of this study are to increase understanding of women’s sexuality and provide current information to guide sex education programming. In order to fulfill these purposes, it is essential that the findings be accessible to researchers and educators who can put the information to good use. For this reason, I decided to present my findings as a series of three independent projects; one poster which was presented at an international conference and two research papers which will be submitted for publication in two different periodicals. Each project focuses on one of the three central research questions.

Therefore, this thesis is composed of five parts: an introductory chapter, three projects addressing different elements of the research topic, and a summary chapter. The purpose of this introductory chapter is to explain the background of

the topic, outline the purpose and method of the study, and provide an overview of the rest of the thesis.

Chapter 2 is a poster project about oral sex and feminism, which was presented at the 10th European Society of Contraception & Human Reproduction Congress (May 2008). The primary purpose of this poster is to examine the relationship between feminism and oral sex, including emotions related to oral sex and motivations for performing fellatio. The chapter contains all of the information and graphs that were presented on the poster.

Chapter 3 is a research paper exploring the oral sex behaviours and attitudes of Canadian young women. Topics addressed in this paper include rates of engagement in oral sex, average age at first sexual experiences, lifetime number of sexual partners, type of relationship with most recent sexual partner, emotions during most recent sexual experiences, and opinions on oral sex and intimacy. These findings would likely be of interest to sexology and public health researchers, and thus will be submitted to either a national human sexuality journal or an international journal on reproductive health.

Chapter 4 is a research paper pertaining to oral sex within the context of school-based sex education programs. In this paper I discuss the findings that are most relevant to parents and professionals working with adolescent populations including prevalence of oral sex among junior high and high school students, reported use of STI protection, and young people's opinions and recommendations related to sex education programming. The information is used to generate recommendations for how oral sex can be effectively addressed in sex education programs. In order to increase the likelihood of this information reaching parents and educators this paper will be submitted a local education journal that is widely circulated and available to the public.

In the final chapter of the thesis I summarize the results of the study and discuss general conclusions that can be drawn from the findings. The primary purpose of this chapter is to recapitulate the key points made throughout the thesis, with focus on identifying how the findings contribute to the body of

research on oral sex and sex education. In the concluding chapter I also discuss the limitations of the study and suggest directions for future research.

Fellatio appears to be on the rise among young women, but there is a paucity of empirical data related to this trend. Before this issue can be addressed effectively in the adolescent population, more information is needed about young women's behaviour and attitudes with regards to oral sex. I hope that my thesis provides new insight on this topic and will serve to guide future research in the areas of oral sex and feminism, both of which should have a place within sex education curriculum.

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Oral Sex, Feminism, and Implications for Sex Education
Brea L. Malacad

Chapter 2

Oral Sex and Feminism: Implications for Sex Education

This chapter contains a poster project that was presented at the 10th European Society of Contraception & Human Reproduction Congress in May 2008. It was chosen as one of the Best Ten Posters out of the 280 posters on display at this medical conference. This chapter contains an image of the overall poster, followed by the text and graphs presented in paper format for improved readability.

Chapter 2

Oral Sex and Feminism: Implications for Sex Education



BL Murray, GC Hess, JJ Green, & S Plunne
University of Alberta
Edmonton, Canada

Background

There is a growing awareness and will to address the needs of women in the sexual health field. The current literature on the role of oral sex in sexual health is largely descriptive and does not address the needs of women in the sexual health field. The current literature on the role of oral sex in sexual health is largely descriptive and does not address the needs of women in the sexual health field.

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Purpose

If women use oral sex to reduce their sexual satisfaction, then oral sex education should be developed to address the needs of women in the sexual health field. The current literature on the role of oral sex in sexual health is largely descriptive and does not address the needs of women in the sexual health field.

Method

The participants in this study were female students at the age of 18 and 21. The current literature on the role of oral sex in sexual health is largely descriptive and does not address the needs of women in the sexual health field.

Results

The results of this study indicate that oral sex is used by women to reduce their sexual satisfaction. The current literature on the role of oral sex in sexual health is largely descriptive and does not address the needs of women in the sexual health field.

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References

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Contacts

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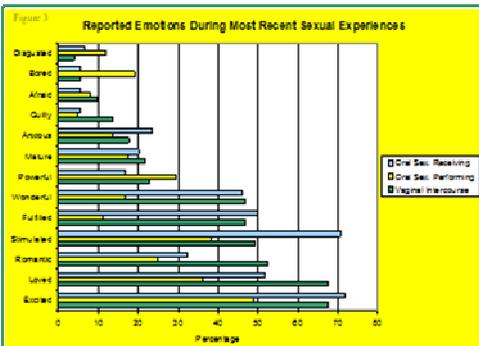
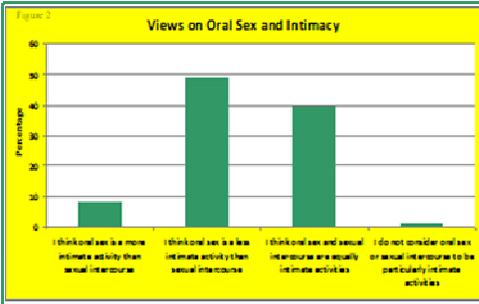
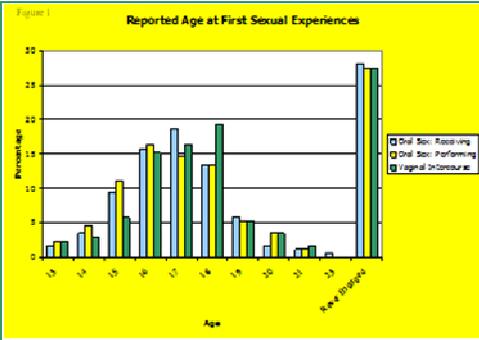


Figure 2-1: Poster presented at the 10th European Society of Contraception Congress¹

Background

In recent years awareness and talk about oral sex has increased dramatically, particularly in the popular media. News stories have brought attention to the issue of oral sex among adolescents, suggesting that fellatio is becoming an increasingly common and casual practice among females, especially among young teenagers (Jayson, 2005; Jarrell, 2000; Stepp, 1999).

Research related to oral sex is limited, but recent findings indicate that approximately 50% of high school students have engaged in oral sex and that, among adolescents, oral sex is significantly more commonly practiced than intercourse (Boyce et al., 2006; Stone et al., 2006). The apparent increase in casual oral sex raises concerns related to the health and sexual wellbeing of adolescents, and warrants further investigation into the prevalence and correlates of oral sex behaviour.

The trend in oral sex appears to be toward fellatio with little reciprocity, which could reflect female subservience and rejection of feminist values. However, some recent research findings suggest that young women view fellatio as empowering rather than submissive, in that it allows them to take initiative and control in sexual interactions (Barrett, 2004; Remez, 2000). The relationship between the practice of oral sex and belief in feminist principles is unclear among today's young women.

Purpose

If more was known about oral sex among young people today, then education and intervention programs could be addressing the issue more effectively. In the current study, the authors had two objectives: to gather descriptive data about the oral sex behaviours and attitudes of young women, and to investigate the relationship between oral sex and feminism. The authors hope that the findings will contribute to current understanding of women's sexuality and assist in the development of sex education programming that is relevant for adolescent females today.

Method

The participants in this study were females between the ages of 18 and 25 (n=171) recruited from a variety of university classes and workplace settings in Edmonton, Alberta, Canada.

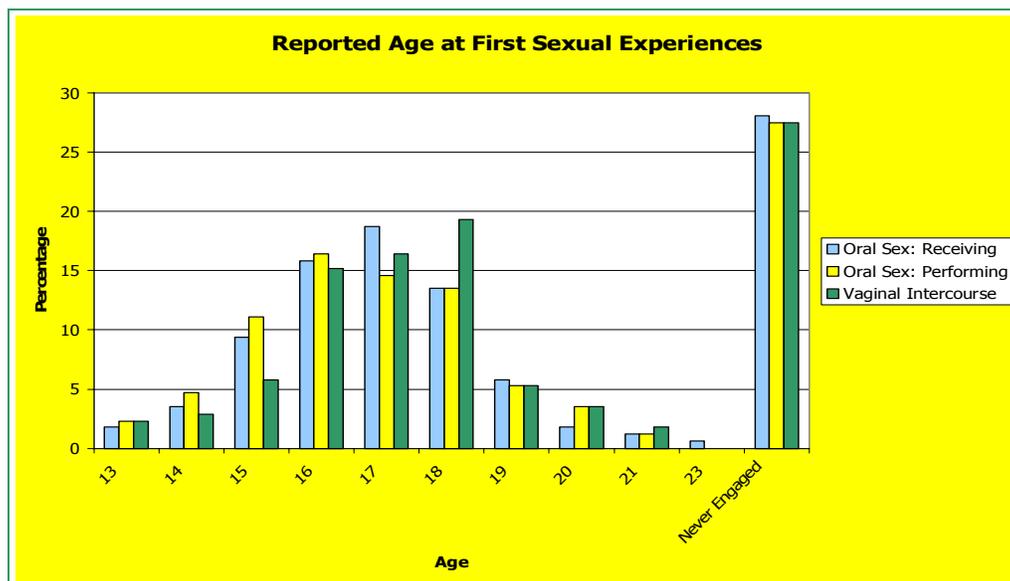
A sexual behaviour questionnaire was used to gather information about participants' experiences, emotions, and attitudes with regards to heterosexual intercourse and oral sex. The construct of feminism was measured using the Liberal Feminist Attitude and Ideology Scale (LFAIS, Morgan, 1996), which is a reliable and well-validated instrument designed to assess one's level of identification with feminist values.

Results²

Prevalence and Age

27% of the 171 young adults sampled report that they have **not** engaged in oral sex or sexual intercourse. Among the sexually active participants, the mean age at first intercourse was 17 years. The mean age at first oral sex was slightly younger, with 18% reporting engagement in fellatio at age 15 or earlier.

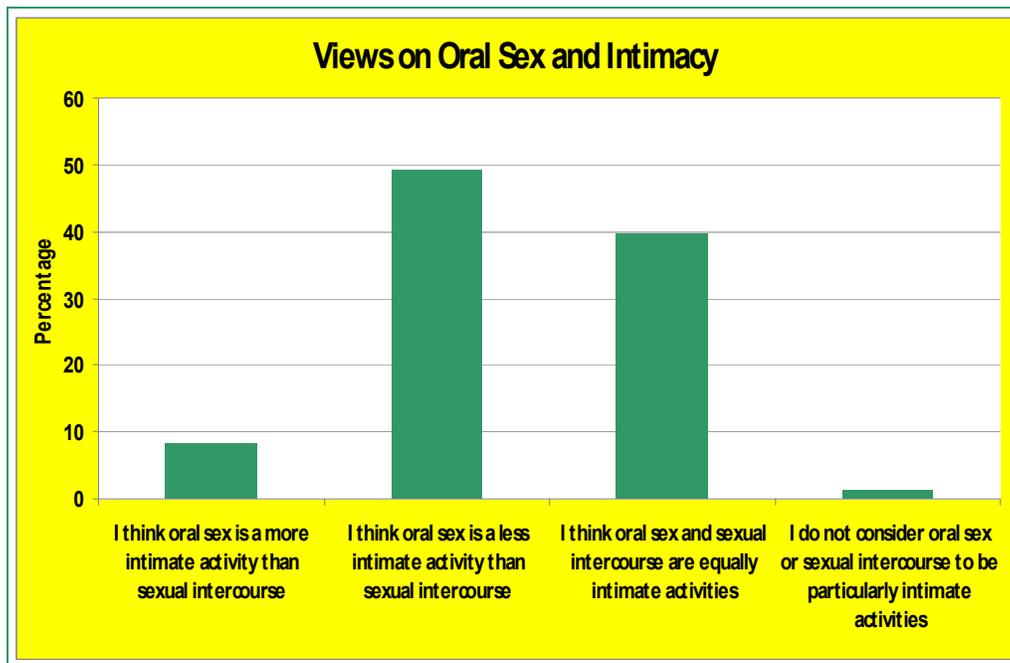
Figure 2-2: Reported Age at First Sexual Experiences (preliminary findings)³



Attitudes

49% of the participants view oral sex as a less intimate activity than sexual intercourse and 40% view oral sex and intercourse as equally intimate activities. Only 8% of the sample regard oral sex as a more intimate activity than intercourse.

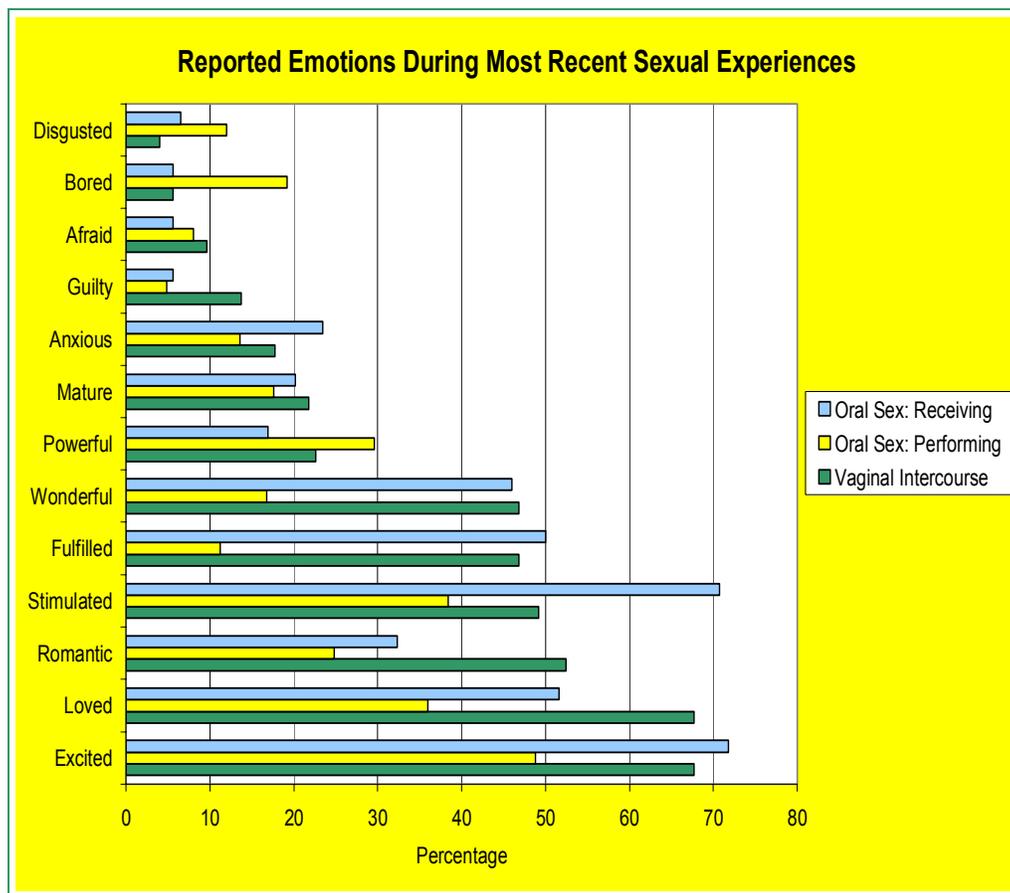
Figure 2-3: Views on Oral Sex and Intimacy (preliminary findings)



Emotions

Most of the sexually active participants reported experiencing a number of positive emotions and very few negative emotions during their most recent sexual experiences. Fellatio was associated with more negative emotions and fewer positive emotions as compared to intercourse and cunnilingus. It appears that some women find fellatio empowering, as 29.5% of the participants reported feeling “powerful” when performing oral sex.

Figure 2-4: Reported Emotions (preliminary findings)



Feminism

Analysis revealed no significant correlations between feminism scores and oral sex behaviours. Interestingly, a relationship was found between feminism and negative emotionality at most recent intercourse experience: the women who identified strongly with feminist values were more likely to report disgust, guilt, and disappointment related to sexual intercourse.

The most commonly selected motivations for performing oral sex were fairly submissive in nature: “I want to please my partner” (82%) and “my partner wants/asks me to” (71%). However, many of the women identified what might be considered more “feminist” motives for performing fellatio, including: “I feel

powerful when I am doing it” (42%), “I like to take charge in sexual interactions” (24%), and “doing it makes me feel like I am in control” (15%).

Based on these findings, desire for power and control influences *some* women’s decisions to engage in fellatio, but most appear to engage with subservient intentions. It would be interesting to conduct a similar study with a sample of adolescents aged 13-18 years, to determine whether younger females share similar attitudes, emotions, and motivations related to oral sex.

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Footnotes

1. Figure 2-1 is an image of the poster that was presented at the 10th European Society of Contraception & Human Reproduction Congress (Murray, Hess, & Green, 2008). The original poster size is approximately 36 inches x 48 inches.
2. This poster was a presentation of preliminary findings, as this study was not yet complete at the time of the conference. The results presented in this section are based on data gathered from 171 participants. After the presentation date, ten additional participants were recruited from workplace settings. The overall results, pertaining to the entire sample (n=181), are discussed in the following two chapters of this thesis.
3. It should be noted that the figures on this poster have variable percentage maximums on the y axes. This was done in the interests of display aesthetics, but is not ideal because it can be misleading. If the author were to create this poster again all tables would have a percentage maximum of 100.

Oral Sex, Feminism, and Implications for Sex Education
Brea L. Malacad

Chapter 3

Oral Sex: Behaviours and Attitudes of Canadian Young Women

This chapter contains a research paper exploring the oral sex behaviours and attitudes of Canadian young women, which will be submitted to either a national human sexuality journal or an international journal on reproductive health.

Chapter 3

Oral Sex: Behaviours and Attitudes of Canadian Young Women

Introduction

In recent years, awareness and talk about oral sex has increased dramatically, particularly in the popular media. Several North American news articles and television specials have brought attention to the issue of oral sex among adolescents, suggesting that fellatio is becoming an increasingly common and casual practice among young females (Jayson, 2005; Jarrell, 2000; Lewin, 1997). Oral sex has been called an “unsettling new fad” among middle school students (Stepp, 1999) and anecdotal reports indicate that it is not uncommon for teenage girls to perform fellatio on multiple partners at parties (Lewin, 2005). At this point in time, however, there is very little empirical evidence to verify these claims. In the current study the author investigates the prevalence and correlates of oral sex behaviour in a representative sample of Canadian young women.

Though perhaps not the epidemic described in the media, the trend toward increased adolescent oral sex has been substantiated by recent research. As compared to previous decades, it appears that young females today are more willing to engage in oral sex and more willing to admit to having done so. Based on the health records of nearly 11,000 Americans seen in STD [*sic*] clinics, young females were three times more likely to report having engaged in oral sex in 2004 than in 1994 (Gindi, Ghanem, & Erbeling, 2008). Although oral sex is more common among those who have had vaginal intercourse than among virgins (Lindberg, Jones, & Santelli, 2008), oral sex does appear to precede intercourse on the continuum of sexual behaviour in that it tends to occur earlier and with more partners than vaginal intercourse (Carlstrom, 2005). For example, of the women surveyed by Chambers (2007), approximately 40% of the technical virgins (those who had never engaged in intercourse) *had* engaged in oral sex. Further, data suggests that young women are more inclined to engage in casual

noncoital sex than they are to engage in casual vaginal intercourse (Hertzog, 2004; Weaver & Herold, 2000).

Different explanations have been proposed to explain the increase in noncoital sexual activity among young women. One viewpoint is that noncoital activities, including oral sex, are regarded by adolescents as less intimate and less consequential than intercourse (Remez, 2000). Research confirms that this may indeed be the case. For example, 70% of adolescents believe that a person is still a virgin if they have oral sex (Bersamin et al., 2007) and less than a quarter of Canadian University students consider oral sex to be “having sex” (Randall & Byers, 2003). Further, only 54% of college students regard oral sex as an “intimate” activity, compared to a much more unanimous 91% who think vaginal intercourse is intimate (Chambers, 2007). Perhaps this perceived difference in intimacy levels explains why Eshbaugh and Gute (2008) found that young women experience significantly more sexual regret after casual hookups involving intercourse than they do about casual encounters involving oral sex.

Traditionally, sexology research with adolescents has focused primarily on statistics and trends related to vaginal intercourse. It has only been in the last decade or so that researchers have begun studying the prevalence and correlates of noncoital activities such as oral sex. Based on the studies summarized above, adolescents view oral sex as a more casual behaviour than intercourse and are therefore engaging in oral sex earlier and with more partners. However, these conclusions are based primarily on data gathered in the United States and may not necessarily be true of populations in other countries such as Canada. Further, most of the available data about sexual behaviour among young adults was gathered exclusively from college and university students. A college campus is an ideal place for recruiting young people to participate in research, but this type of convenience sample fails to include those who are not pursuing post-secondary education. In order to obtain a truly representative sample of young adults it is essential to include this “forgotten half” when recruiting participants (Arnett, 2000). Finally, the current literature provides limited insight into women’s

opinions and emotional experiences with regards to oral sex. In trying to understand trends related to oral sex among young women, it would be useful to know what emotions women typically associate with the activity and how that compares to the emotions typically associated with vaginal intercourse.

It is clear, then, that the topic of oral sex among young people warrants further investigation. Thus the objective of the current study was to examine the oral sex behaviours and attitudes of Canadian young women. Based on data gathered from the participants in this study, the author set out to answer the following questions:

1. *How prevalent is oral sex among young women in Canada?*

What percentage of these young women have engaged in oral sex and is oral sex any more or less common than vaginal intercourse?

2. *Is there any evidence to suggest that fellatio is a more casual sexual activity than vaginal intercourse?*

What are the trends in terms of number of oral sex and intercourse partners?

What is the average age at first oral sex experience and how does that compare to average age at first intercourse? What types of relationships did these women have with their most recent oral sex and intercourse partners and how many women felt that they were “in love” with that person? Do women view oral sex as any more or less intimate than intercourse?

3. *What emotions do women associate with oral sex?*

What emotions did these young women experience during their most recent oral sex experience and how does that compare to those experienced at most recent intercourse?

The overall goal of this paper is to contribute to the current understanding of young women’s sexuality. The data gathered in this study provides useful information about the prevalence of different sexual activities among young women, as well as the typical age at which women start engaging in these activities. The results also shed light on how women today view oral sex and what

emotions women associate with both oral sex and vaginal intercourse. Taken together, the findings provide insight into how to make sex education programming relevant for young females today.

Method

Sample

The participants for this study were 181 females aged 18-25 years who were recruited from university classes and workplace settings in Alberta (Canada). The majority of the participants (n=134) were university students recruited through short presentations delivered to the following large undergraduate classes: *Introduction to Personal Health and Wellbeing* (n=65), *Educational Psychology for Teaching* (n=34), *Basic Psychological Processes* (n=21), and *Educational Assessment* (n=14).

Due to apprehension about the subject matter and apathy toward research in general, it was challenging to recruit participants outside of the university setting. The author visited several Edmonton workplaces within the retail, food, beauty, and hospitality industries. A total of 47 employees volunteered from five different types of employment settings: hotels (n=16), restaurants (n=10), financial institutions (n=9), hair salons (n=7), and coffee shops (n=5). Although it would have been ideal to have better representation from non-university students, it is noteworthy that one quarter of the sample was recruited outside of the university setting.

Instrument

Each participant independently completed a sexual behaviour questionnaire about her experiences, attitudes, and emotions with regards to both vaginal intercourse and heterosexual oral sex. One section contained items pertaining to intercourse and another asked about oral sex. Oral sex was defined in the questionnaire as “oral-genital contact” and was broken down into fellatio (“performing oral sex”) and cunnilingus (“receiving oral sex”).

The questions were exactly the same for all three behaviours (intercourse, fellatio, and cunnilingus). Each participant indicated whether she had engaged in the behaviour before and, if so, how old she was at her first experience, how many partners she had been with, what type of relationship she had with her most recent partner, and what emotions she experienced during her most recent encounter. On the emotion items participants were instructed to “check all that apply” from a list of 19 choices: afraid, anxious, betrayed, bored, disappointed, disgusted, excited, fulfilled, guilty, helpless, loved, mature/grown up, romantic, powerful, stimulated, used, wonderful, worried, hurt. Participants could also choose to check off “other” and elaborate in the space provided.

The questionnaire contained four items intended to collect basic demographic data, including age, country of origin, level of education, and degree of religiosity. Participants were not asked to provide their names or any identifying information beyond the general facts just mentioned.

Analysis

The results were analyzed using Statistical Package for the Social Sciences-Version 10 (SPSS-10). Means and frequencies were calculated with respect to number of sexual partners, age at first sexual experiences, and type of relationship with sexual partners. For each of these measures, comparisons were made between oral sex and intercourse. Percentage histograms were used to graph the distributions, with intercourse and oral sex displayed on the same graphs to facilitate ease of comparison.

For the questions related to emotions experienced at most recent sexual experiences, respondents were instructed to check all that apply and therefore multiple responses were permitted. Graphs were created to illustrate the frequency with which each emotion was reported for both intercourse and oral sex. To permit further analysis, each of the 19 emotions on the list was categorized as either positive or negative: eight positive (excited, fulfilled, loved, mature/grown up, romantic, powerful, stimulated, and wonderful) and 11 negative (afraid,

anxious, betrayed, bored, disappointed, disgusted, guilty, helpless, used, worried, and hurt). For each category the frequencies for all emotions were combined and recoded to create overall positive emotionality and negative emotionality scores for each participant. Pearson correlation coefficients were then calculated in order to examine potential relationships between women's sex-related emotional experiences and factors such as age and love with partner.

Results

Sample Demographics

The participants were all between the ages of 18 and 25 years, and the mean age overall was 20.29 years (SD 2.079). The majority (90%) of the participants were born in Canada, but 25% reported that at least one of her parents was born in another country; most commonly China (5.5%), England (2.8%), and Vietnam (2.2%).

In terms of education, 76.8% of the participants (n=139) were full-time undergraduate students. 8.3% (n=15) had never attended college or university, and 8.9% (n=16) had completed a few courses but were no longer students. The remaining 6% (n=11) had earned a post-secondary degree or diploma.

The sample was fairly diverse with respect to religiosity: 42% of the participants chose the response "I identify with a particular religion but I am not actively practicing"; 22.7% said that they have "no religious affiliation"; 17.1% identified themselves as "religious and practicing"; 10.5% called themselves "atheist/agnostic"; and 7.7% chose the response "I am very religious and active within my religious community".

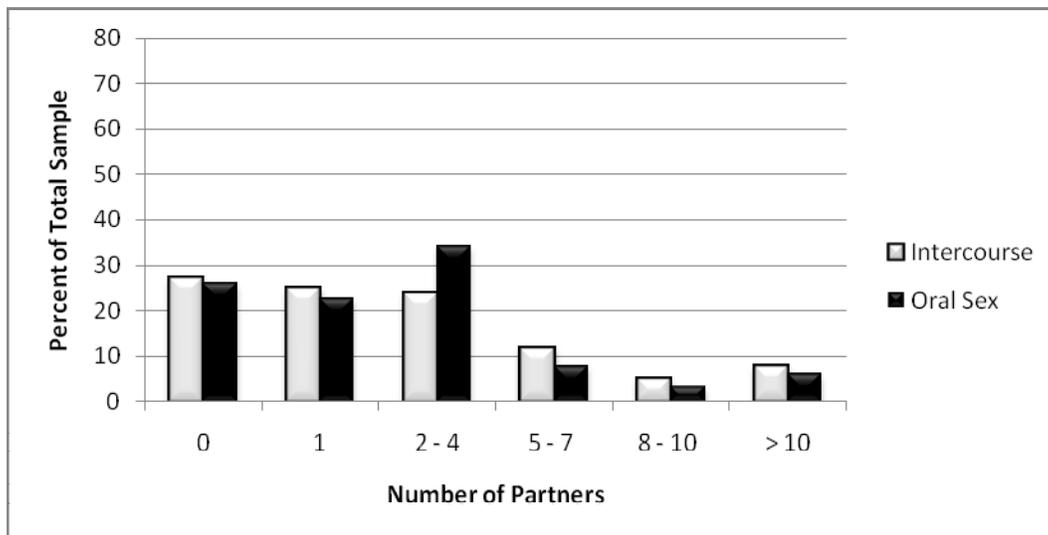
Sexual Activity

With regards to oral sex, the authors were more interested in examining trends related to heterosexual fellatio (females performing oral sex on males) than heterosexual cunnilingus (males performing oral sex on females). For the purposes of this paper, results will only be reported for vaginal intercourse (from

here on referred to as “intercourse”) and heterosexual fellatio (from here on referred to as “oral sex”).

Of the 181 participants, 132 (72.9%) had engaged in intercourse at least once and 134 (74%) had performed oral sex at least once. Figure 3-1 depicts the number of reported sexual partners for both intercourse and oral sex. As illustrated in the graph, approximately half of this sample were either not sexually active or had only engaged in sexual activity with one partner. For example: 27.1% of the women had never engaged in vaginal intercourse and 24.9% had only ever had intercourse with one partner. These percentages were almost exactly the same for oral sex. Of the remaining half of the sample, the majority had been with between two and four sexual partners. Of the total sample, 24% had engaged in intercourse with five or more partners compared to 17% who had performed oral sex on five or more partners.

Figure 3-1: Number of Sexual Partners



These results indicate that intercourse and oral sex tended to occur at the same frequency. Those who had engaged in one activity had also engaged in the other and vice versa. Only two participants had performed oral sex but had not yet engaged in intercourse, and all of the participants who had engaged in intercourse had also engaged in oral sex. To test the null hypothesis that there is no significant

difference between intercourse and oral sex with respect to reported number of partners, a series of two-proportion z-tests were run ($p=0.05$). The results of those analyses are presented in Table 3.1 below. Note that, within the table, ‘f’ refers to the frequencies with which each response was selected and ‘pr’ refers to the proportion of sexually active participants who selected each response.

Table 3-1: Two-Proportion Z-Test Results for Number of Sexual Partners

# of Partners	Intercourse (N = 132)	Oral Sex (N = 134)	Z	Significant? ($p=0.05$)
1	f = 45 pr = 34.1%	f = 41 pr = 30.6%	0.610	no
2 – 4	f = 43 pr = 32.6%	f = 62 pr = 46.3%	2.286	yes
5 – 7	f = 21 pr = 15.9%	f = 14 pr = 10.4%	1.327	no
8 – 10	f = 9 pr = 6.8%	f = 6 pr = 4.5%	0.813	no
> 10	f = 14 pr = 10.6%	f = 11 pr = 8.2%	0.671	no

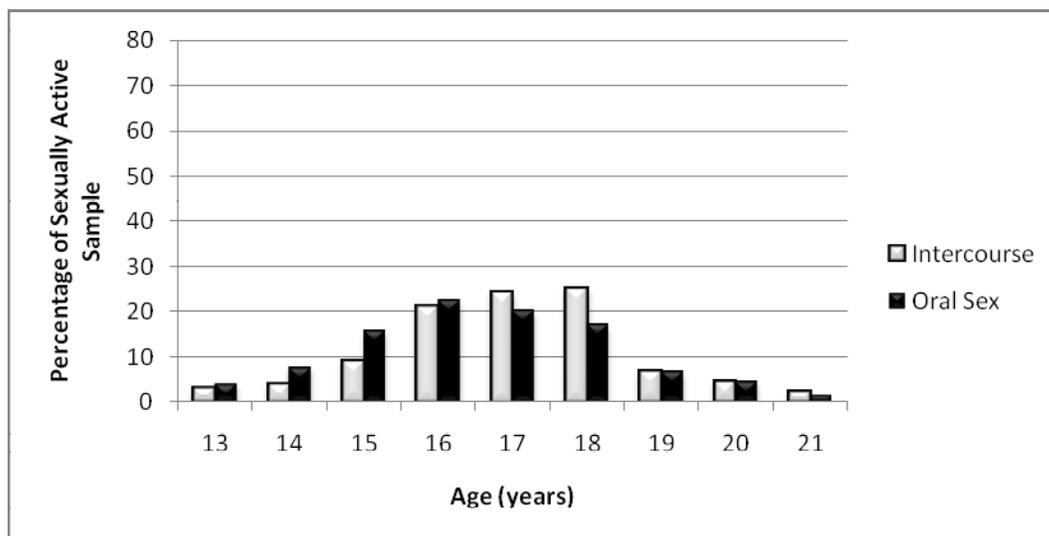
As indicated in Table 3-1, there was a statistically meaningful difference between the proportion of women who selected “2 – 4” for oral sex partners and the proportion who selected the same category for intercourse partners. That is, in comparison to intercourse, significantly more participants had performed oral sex on between two and four partners. However, the proportions did not differ significantly for any of the other response categories and the proportion of participants reporting more than five partners was actually slightly larger for intercourse than for oral sex. Therefore, the apparent difference is anomalous.

The reported age at first intercourse experience ranged from 13 to 21 years, with the mean age being 16.98 years ($SD=1.648$). The majority of these

women had sexual intercourse for the first time in mid to late adolescence: 18 years (25%), 17 years (24.2%), or 16 years (21.2%) of age. The reported age at first oral sex experience also ranged from 13 to 21 years, with the mean age of being 16.59 years (SD=1.754). As illustrated in Figure 3-2, the age distributions for first intercourse experience and first oral sex experience were quite similar, although oral sex was somewhat more common than intercourse among 14 and 15 year olds. Approximately 27% of the women had performed oral sex before the age of 16 years, whereas only about 16% had intercourse before age 16.

With regards to first intercourse and oral sex, participants were asked “looking back, how do you feel about the timing of this experience?” For both intercourse and oral sex, more than half of the participants selected “I was about the right age” as a response. Approximately one quarter of the women felt that they were too young when they had their first experience, and less than 1% felt that they were too old. Some of the women selected “I don’t think it matters” when asked about the timing of their first experience, and this response was slightly more common for oral sex (20%) than for intercourse (13%).

Figure 3-2: Age at First Sexual Experiences¹



When asked about what type of relationship they had with their *most recent* consensual sexual intercourse partner, the majority of the sexually active

participants (65.9%) selected “serious dating partner” as a response. About 10% of the women reported higher levels of commitment with their most recent intercourse partners (married, cohabitating, or engaged) and the remaining quarter reported more casual relationships (casual dating partner, friend, acquaintance, no relationship). The relationship frequencies were very similar across intercourse and oral sex, which implies that most of the women had both intercourse and oral sex with their most recent partner and were therefore referring to the same individual in answering the questions. Approximately 75% of the sexually active participants considered themselves to be “in love” with their partner at the time of their most recent intercourse and oral sex experiences.

Attitudes and Emotions

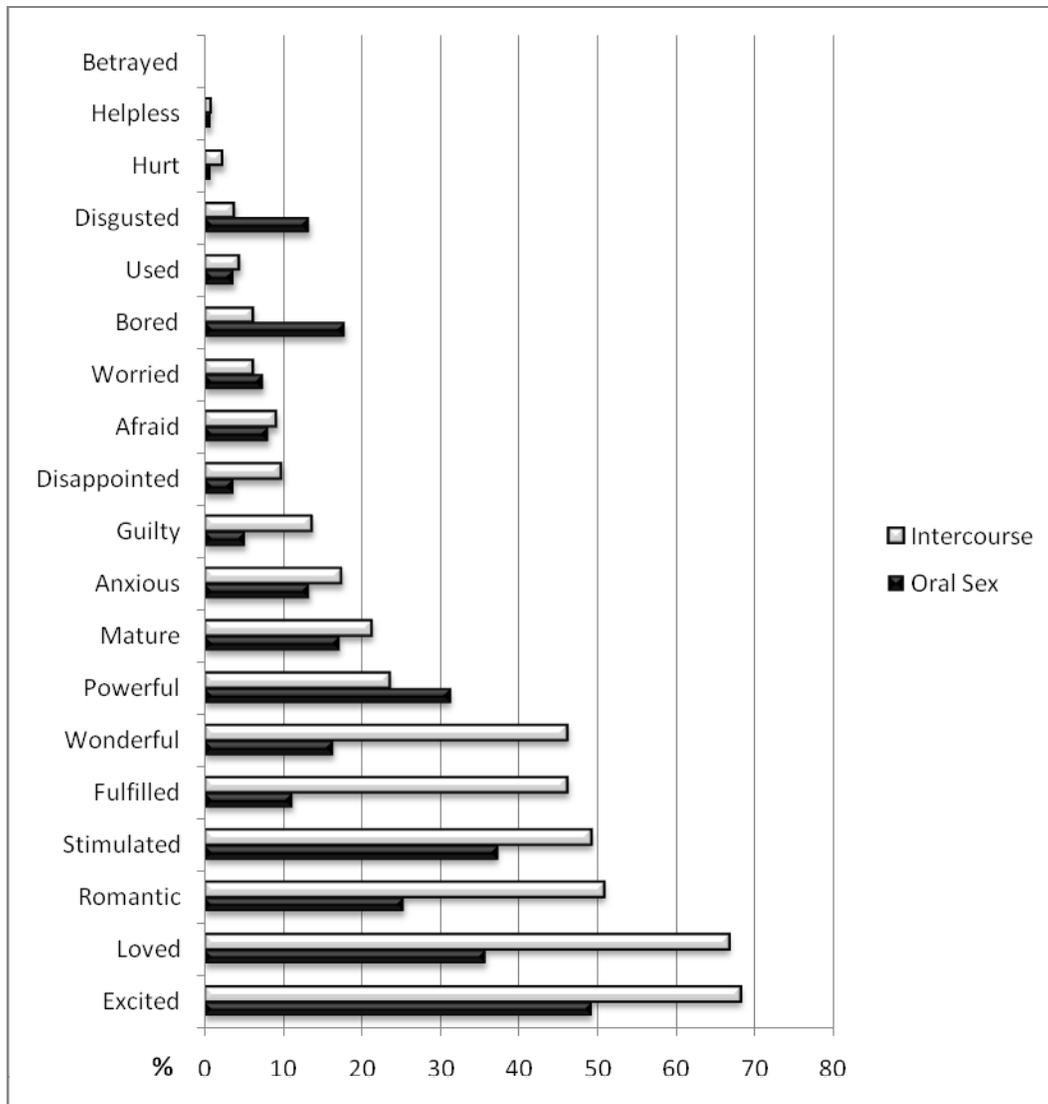
When asked for their opinion regarding the intimacy of oral sex, 50% of the women chose the response “I think oral sex is a less intimate activity than intercourse”. The next most common response was “I think oral sex and intercourse are equally intimate activities” (41%). About 8% of the women believe that oral sex is more intimate than intercourse and only 1% said that they do not consider oral sex or intercourse to be particularly intimate activities.

As illustrated by Figure 3-3, most of the women associate a number of positive emotions and very few negative emotions with their most recent sexual experiences. Based on this data, the most common emotions that young women experience during sexual activity are excitement, love, and stimulation. Anxiety and guilt were the most frequently reported negative emotions, though they were only experienced by 10-20% of the sample. Very few women (less than 3%) recall feeling betrayed, helpless, or hurt during their most recent sexual experiences. Most of the other negative emotions were reported by less than 10% of the women surveyed.

Although reported emotions were positive overall, oral sex was associated with more negative emotions and fewer positive emotions as compared to intercourse. Overall, the women found fellatio less stimulating, fulfilling, and

exciting than intercourse. They were also more likely to feel bored and disgusted when performing oral sex than they were when engaging in intercourse. It appears, though, that some women find fellatio to be an empowering activity, as 31.3% of the participants reported feeling “powerful” when performing oral sex (as compared to 23.5% for intercourse).

Figure 3-3: Emotions at Most Recent Sexual Experiences¹



Positive emotions at most recent intercourse were associated with positive emotions at most recent oral sex experience ($r = .524$; $p = 0.01$ level). Similarly, negative emotions at sexual intercourse were associated with negative emotions

during oral sex ($r = .554$; $p = 0.01$ level). This data indicates that women who enjoy sexual intercourse also tend to enjoy oral sex, and women who are troubled by their sexual intercourse experiences are likely to be troubled in the same way by their oral sex experiences.

There was a negative correlation between age and reported negative emotions at most recent fellatio experience ($r = -.288$; $p = 0.01$ level). That is, the younger women in the study were more likely to report negative emotions such as anxiety, disgust, and disappointment associated with performing oral sex. No such relationship was found for intercourse.

Being in love with one's partner was associated with more positive sexual experiences overall. Those women who said that they were "in love" with their most recent intercourse and oral sex partner were more likely to report positive emotions associated with those experiences ($r = .250$ for intercourse; $r = .243$ for oral sex; $p = 0.01$ level). Similarly, those women who said that they were *not* in love with their partner were more likely to report negative emotions associated with the experiences ($r = -.227$ for intercourse ($p = 0.01$ level); $r = -.218$ for oral sex ($p = 0.05$ level)). Although these correlations were statistically significant, it should be noted that the relationships are modest.

Discussion

The generalizability of these findings is limited, given the retrospective nature of the study and the relatively small sample size. However, these results still provide meaningful insight into the oral sex behaviours and attitudes of young women outside of the United States. This information contributes to the growing body of research on the topic of oral sex, and it has important implications for sex education programming.

With respect to the author's first research question (*how prevalent is oral sex among young women in Canada?*), it appears that oral sex has become a common sexual behaviour among young adults. Approximately three quarters of the women in this sample had engaged in oral sex, a prevalence rate that was

almost identical to that of vaginal intercourse. In fact, every participant who had engaged in intercourse had also engaged in oral sex. This finding supports the argument that oral sex should be addressed directly in sex education programs. If oral sex is as prevalent as vaginal intercourse, then interventions that only address intercourse are clearly inadequate. Oral-genital contact can result in the transmission of a number of infections, and young people should be made aware of risk and protective factors. Further, failure to discuss oral sex as part of sex education reinforces the notion that oral sex isn't really "sex" and leaves adolescents ill-prepared to make informed decisions about oral sex.

The second research question (*is there any evidence to suggest that fellatio is a more casual sexual activity than vaginal intercourse?*) pertains to the issue of female promiscuity and the media assertion that oral sex is a particularly common and casual practice among young females. Contrary to media messages portraying rampant adolescent sexual activity, one quarter of this sample of young adults had not yet engaged in sexual intercourse or oral sex. Further, more than 30% of the sexually active participants had only been with one partner. With regards to both vaginal intercourse and oral sex, the majority of the sexually active women in this study classified their most recent sexual partner as a "serious dating partner". Three quarters of the women indicated that they were "in love" with their most recent intercourse and oral sex partners. Among the sexually active young women, the average age of first sexual intercourse experience was 17 years and the majority of the women felt good about the timing of this experience. The average age at first oral sex experience was very similar, and the findings indicate that intercourse and oral sex are behaviours that tend to occur at the same frequency.

Taken together these findings suggest that casual sexual activity, including casual oral sex, is more the exception than the norm. However, it is worth noting that about 20% of these women had their most recent sexual experiences outside of a committed relationship: just over 10% had most recently engaged in intercourse and/or oral sex with a "casual dating partner", approximately 10%

with either a “friend” or an “acquaintance”, and 1.5% with someone whom they had “no relationship” with. Similarly, over 20% of these young women reported having been with more than four sexual partners. Further, although the mean age at first oral sex experience was similar to that of first intercourse, fellatio was more common among the 13-15 year olds by a margin of about 15%. Based on this finding, some Canadian adolescents do in fact engage in oral sex before engaging in intercourse. A related finding was that about half of the young women perceive oral sex to be *less* intimate than vaginal intercourse. This underscores the importance of discussing oral sex within the context of school-based sex education programs. Young people should have opportunities to reflect upon and discuss their definition of “sex” and their standards with regards to sexual behaviour.

The third research question (*What emotions do women associate with oral sex?*) addresses how women feel about oral sex, which is an area that has been given very limited attention in research. We know, based on decades of research, that sexual intercourse is associated with unpleasant emotions for many females. Studies reveal that between 40% and 60% of women associate their first intercourse experience with primarily negative feelings such as anxiety, pain, and guilt (Sawyer & Smith, 1996; Sorensen, 1973; Eastman, 1972). For many women, negative emotional experiences extend beyond the first intercourse experience in that 40% of women continually experience guilt after sexual intercourse and 16% feel psychologically dissatisfied by their current intercourse experiences (Darling, Davidson, & Passarello, 1992).

The results of the current study reveal that most young women today associate both intercourse and oral sex with positive emotions including excitement and stimulation. Less than 20% of the sample reported negative emotions at their most recent sexual experiences. This is a very positive finding, because it suggests that 18-25 year old women are engaging in sexual activity because they *enjoy* it. As compared to intercourse, however, fellatio was associated with fewer positive emotions and more negative emotions such as

boredom and disgust. At the same time, however, the women tended to feel more powerful when performing oral sex than when engaging in intercourse. This potential relationship between oral sex and empowerment is interesting and would be a worthy topic of further investigation.

Both intercourse and oral sex was more enjoyable for those women who were in love with their partners. This finding refutes the notion that casual sexual encounters are more fun and carefree than sexual encounters that take place within committed relationships. This relationship between love and emotionality is something that should be discussed with adolescents within the context of school-based sex education. It is both inadequate and irresponsible to ignore the affective and focus solely on the physical implications of sexual activity. Youth also need to learn about the emotional ramifications of sex, including the fact that sex outside of a loving relationship may bring on negative emotions such as anxiety and guilt.

For this study the author opted to use a sample of young adults rather than a sample of adolescents because doing so permitted more flexibility in terms of data collection and analysis. Given the sensitive nature of the subject matter, there would have been barriers and restrictions in conducting this research with minors. Further, it would have been difficult to make comparisons between intercourse and oral sex if only a small percentage of the sample was sexually active. Now, using the current data as a starting point, the logical next step would be to administer all or part of this questionnaire to a sample of high school students. It would be interesting to compare the oral sex behaviours and attitudes of adolescent females to those of college-aged women, to determine if there are differences in belief systems and practices.

The current findings indicate that, although not as rampant and casual as media reports suggest, oral sex has become a common practice within sexual relationships. Oral sex is as prevalent as vaginal intercourse among young people, and is actually slightly more common among younger adolescents. Consistent with prior research findings, many young women view oral sex as less intimate

than vaginal intercourse. However both oral sex and intercourse are more enjoyable for women when experienced within the context of a loving relationship. It is clear that oral sex is at least *as* common as intercourse and that it has the same emotional implications for women. Therefore, this topic should be given the same consideration as intercourse within the context of sex education. Young people must be informed about risks, protective factors, and emotional implications associated with engagement in oral sex.

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Footnotes

1. An earlier version of these results were presented at a European Society of Contraception & Human Reproduction conference:

Murray, B.L., Hess G.C., & Green, J.J. (May, 2008). *Oral Sex and Feminism: Implications for Sex Education*. Poster presented at the 10th European Society of Contraception Congress, 'Non-Contraceptive Impact of Contraception and Family Planning', Prague, Czech Republic.

Oral Sex, Feminism, and Implications for Sex Education
Brea L. Malacad

Chapter 4

Relevant Sex Education requires Honest Discussion of Oral Sex

This chapter is a research paper pertaining to oral sex within the context of sex education, including findings related to oral sex among adolescents and recommendations for school-based sex education programs. The goal of this paper is to provide information for parents and educators, and it will therefore be submitted for publication to a widely circulated education journal.

Chapter 4

Relevant Sex Education requires Honest Discussion of Oral Sex

Introduction

Sexuality education is now widely accepted as an important part of school-based health curriculum in North America. Research shows that school is the preferred source of sexual health information among adolescents and that the vast majority of adults are in support of sex education in schools (Herold & Hess, 1993). American students who report receiving meaningful sex education in school are more likely to delay their first sexual experience (Sawyer & Smith, 1996) and tend to have clearer personal sexual values as compared to those who learn about sex primarily from other sources such as peers and media (Somers & Surmann, 2005). Sex education programs are also gaining momentum and support in developing countries where research has revealed that these interventions are linked to reduced risky sexual behaviours among adolescents (Esere, 2006). With regards to sex education, however, there is disagreement regarding what content should be included in school-based programs. The purpose of the current paper is to explore the topic of oral sex within the context of sex education. The author did so by surveying Canadian young women about their experiences and opinions with respect to both oral sex and sex education.

Most sex education programs are based on one of two general perspectives: the abstinence-only approach or the comprehensive method. The objective of both is to encourage adolescents to make healthy decisions related to sexuality, but the methods used to achieve this objective are quite different. A typical abstinence-only program emphasizes the risks associated with sexual intercourse and teaches students to avoid these risks by delaying all sexual activity until marriage. In general, the topic of contraception is either avoided altogether or limited to discussion of myths and failure rates. Similarly, topics such as masturbation and noncoital sex are typically not addressed beyond noting that it is safest to abstain from *all* types of sexual activity. Although considerable effort and expense has gone into the promotion of abstinence-only sex education

in the United States (US Dept of Health and Human Services, 1998), there is very little evidence that this type of programming is effective in changing the sexual values and behaviours of adolescents. Sather and Zinn (2002) found that, among 7th and 8th grade students, abstinence-only sex education did not lead to any changes in attitudes or intentions related to premarital sexual activity. In fact, a thorough review of four exemplary abstinence-only programs revealed that teens who participated in the programs were no more likely to abstain from sexual activity than those who did not (Trenholm et al., 2007). Despite the lack of empirical support for the abstinence-only approach, the Bush administration continued to fund these programs at a rate of \$176 million annually. In what has been referred to as “a clear victory for evidence-based policies” (Guttmacher Institute, 2009) President Obama rescinded this policy shortly after coming into office. Obama’s proposed 2010 budget ends federal funding of abstinence-only programs, recommending instead that the funds be directed into programs that provide students with accurate information about safer sex practices.

This decision was applauded by critics of abstinence-only education, who have argued that this type of programming fails to address the needs of adolescents (Boonstra, 2007). The popular media, especially television and the internet, is saturated with sexual content. If young people are expected to be critical consumers of these media messages, then they need to be given accurate information and opportunities for meaningful discussion and reflection. Further, open discussion about developmentally appropriate sexual topics can help adolescents cope with the confusion and anxiety that is sometimes associated with sexual development. This is the position on which the comprehensive approach to sex education is based. From this perspective, the goal of sex education is not only to encourage young people to delay sexual activity but also to prepare them with information and skills that will help them to protect themselves if and when they do decide to become sexually active. As asserted by Herold and Hess (1993), an ideal comprehensive program would “teach physical, emotional, sociological, and psychological aspects of sexuality and sexual behaviours in such a way that

Canadian youth can use the information and discussions to make informed choices in their own lives” (p.184).

The argument for comprehensive sex education has been well-made elsewhere. Research demonstrates that quality comprehensive sex education programs are associated with lower rates of teen pregnancy (Kohler, Manhart, & Lafferty, 2008) and that the overwhelming majority of parents, teachers, and young people favour a comprehensive approach to sex education (Boonstra, 2007). In Canada, federal health policy supports comprehensive sex education that empowers individuals to make well-informed decisions related to their sexual health at all stages of life. According to the Canadian Guidelines for Sexual Health Education, effective sexual health education “recognizes that responsible individuals may choose a variety of paths to achieve sexual health” and provides “accurate information that is relevant to those choices” (Health Canada, 2003, p.23). In Alberta specifically, human sexuality education is a mandatory component of the Health and Life Skills Program (grades 4-9) and the Career and Life Management program (senior high). A diverse range of sexual-health related topics are covered in the Alberta curriculum, and the learning outcomes specify that students should learn about both abstinence and contraceptive methods (Alberta Learning, 2002).

Although the Alberta curriculum is intended to be comprehensive in nature, its sparse content provides very little guidance with regards to discussing noncoital sexual activities such as oral sex. This may reflect a deficiency in current programming, given that engagement in oral sex appears to be on the rise among young people. In fact, the topic of adolescent oral sex has been given a great deal of media attention in recent years. Newspaper articles have described oral sex as an “unsettling new fad in middle schools” (Stepp, 1999) and asserted that young adolescents have come to regard oral sex as “no big deal...safe and fun and a prelude to intercourse” (Jarrell, 2000). According to a new documentary and book titled “Oral Sex is the New Goodnight Kiss” (Azam, 2008), it is not uncommon for young middle-class Canadian girls to perform oral sex on older

men in exchange for money and goods. Although recent popular press articles have pointed out that this type of risky sexual behaviour is more the exception than the norm (Gillis, 2009; Parker-Pope, 2009), the majority of media coverage on this subject has boldly asserted that oral sex is rampant among teenage girls.

Empirical research indicates that, although not the epidemic portrayed in the media, oral sex has become a fairly common sexual practice among adolescents (Brewster & Tillman, 2008). Based on large-scale Canadian data, approximately one third of grade 9 students and one half of grade 11 students have engaged in oral sex (Boyce et al., 2006). There is also evidence that young people have more casual attitude toward oral sex as 70% of adolescents believe that a person is still a virgin if they have oral sex (Bersamin et al., 2007) and less than a quarter of Canadian University students consider oral sex as “having sex” (Randall & Byers, 2003). In addition, there appears to be confusion among young people about risks and forms of protection associated with oral sex. Chambers (2007) found that 20% of college students have erroneous beliefs about the health risks associated with engagement in oral sex and 70% are unaware of how to protect themselves from sexually transmitted infections when engaging in oral sex.

Taken together, these findings underscore the need for discussion about oral sex in the context of sex education. Given that oral sex is not mentioned in the curriculum, Alberta teachers need guidance in this area. Should oral sex be addressed directly in school-based sex education programs? If so, when and how should this sensitive topic be broached? The purpose of this article is to explore possible answers to these questions, based on feedback from a sample of young women who graduated high school within the last eight years. In order to deliver relevant and meaningful programming, it is important to establish what young people want from their sex education (Forrest, Strange, & Oakley, 2004). In this article the author summarizes Albertan young women’s experiences and opinions with regards to sex education including how many received meaningful sex education in school, suggestions for how school-based sex education could have

been more effective, and opinions regarding whether oral sex should be addressed in junior high sex education curriculum. In addition, the author examines the prevalence of oral sex activity among these young women including how many engaged in oral sex while in junior and senior high school, how common oral sex was perceived to be among junior and senior high classmates, and how frequently young women use protection against sexually transmitted infections (STIs) when engaging in oral sex.

Method

As part of a larger sexual health study, young women living in Alberta were asked about their experiences and opinions with regards to sex education and oral sex. The data were collected using a self-administered sexual health questionnaire, which contained a number of items pertaining to both vaginal intercourse and oral sex. Each participant completed the pen-and-paper questionnaire independently and returned it to the researcher in a sealed envelope either in person or by mail. Participants were not asked to provide their names or any identifying information beyond the following basic demographic data: age, country of origin, level of education, and degree of religiosity. The plan for this study was reviewed for its adherence to ethical guidelines and approved by the Faculties of Education, Extension and Augustana Research Ethics Board (EEA REB) at the University of Alberta.

The participants for this study were 181 females between the ages of 18 and 25 (mean = 20.29 years, standard deviation = 2.079). Most of the participants (n=134) were recruited through presentations to large undergraduate university classes. The remaining participants (n=47) were employees recruited from Edmonton workplaces within the retail, food, and hospitality industries. The majority of the women (90%) were born in Canada, although approximately one quarter reported that at least one of her parents was born in another country. In terms of religiosity the sample was fairly diverse, with the most common response being “I identify with a particular religion but I am not actively practicing” (42%).

With respect to oral sex behaviour participants were asked if they had ever engaged in heterosexual fellatio (“performed oral sex”) and/or heterosexual cunnilingus (“received oral sex”). If the respondent had engaged in oral sex before then she was prompted to answer a series of questions pertaining to her oral sex experiences including how old she was when she had her first oral sex experience and how often she uses protection against sexually transmitted infections when engaging in oral sex (possible responses included: “every time”, “most times”, “about half the time”, “once in a while”, and “never”).

All respondents, regardless of oral sex experience, were also asked for their retrospective estimate of how common sexual intercourse, fellatio, and cunnilingus were among students in their own junior high and senior high schools. For each behaviour (“sexual intercourse”, “girls performing oral sex on boys”, “boys performing oral sex on girls”) the participant selected from the following responses: “very common: many people were doing it and talking about it”, “common: there were definitely some people doing it”, “not common: very few were doing it, or if they were they weren’t talking about it”, “unheard of: as far as I know, no-one in my school was doing it”, and “I have no idea”. This set of items was answered twice; once based on recollections of junior high school (grades 7-9) and the other based on recollections of senior high school (grades 10-12). With regards to sex education, participants were asked if they had received sex education in either junior or senior high school, whether they had found that education to be helpful, and how it could have been more effective. All of the women were also asked whether or not they believe that the topic of oral sex should be addressed directly in junior high sex education classes. This item was followed with the open-ended question, “why or why not?” to give each participant an opportunity to explain what she is basing her opinion on.

All quantitative data were analyzed using Statistical Package for the Social Sciences-Version 10 (SPSS-10). Means and frequencies were calculated in order to examine trends related to age at first sexual experiences, use of STI protection, and perceived rates of sexual activity among school peers. Those results are

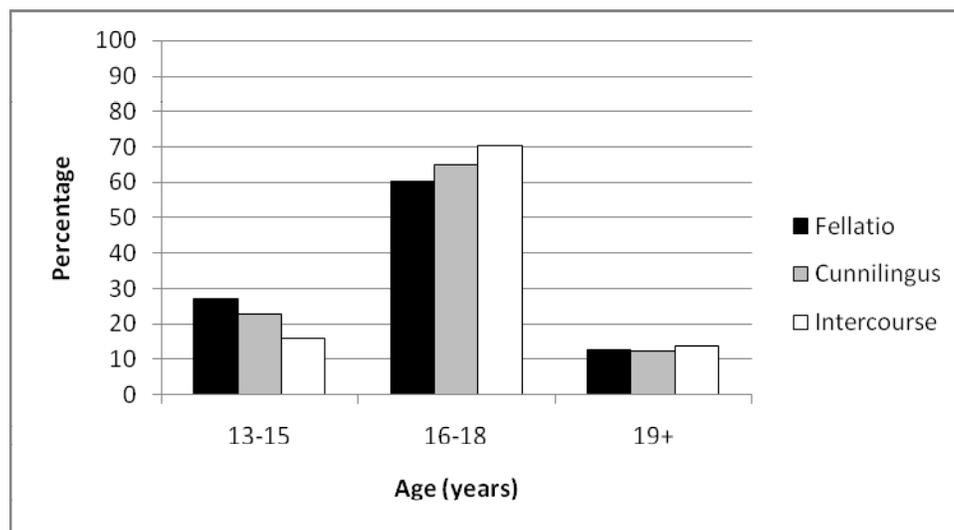
reported in the “sexual behaviour” subsection below. Responses to the open-ended sex education questions were reviewed and blind coded by two researchers, and responses were then collated into general themes using the thematic analytic process described by Braun and Clarke (2006). Those findings are summarized in the results subsection entitled “sex education”.

Results

Sexual Behaviour

Overall, about three quarters of this sample of young women had engaged in both oral sex and vaginal intercourse (74% had performed fellatio, 72.9% had received cunnilingus, and 72.9% had engaged in intercourse). The average age at first oral sex experience ranged from 13 to 21 years, with a mean age of 16.59 years for fellatio (SD=1.75) and 16.72 years for cunnilingus (SD=1.69). As illustrated in Figure 4-1, all but 10% of the sexually active women had their first sexual experiences between the ages of 13 and 18 years (school-aged). Further, 27% of the sexually active women performed fellatio on a partner before age 16.

Figure 4-1: First Sexual Experience Age Ranges

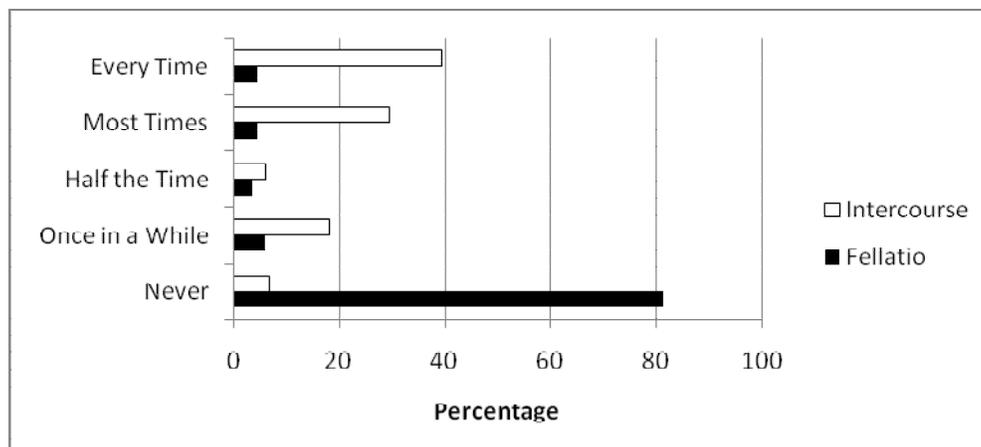


Retrospectively, the participants perceived fellatio to be much more common than cunnilingus among students in their junior high school. When asked to think back to junior high school, 13.8% of the participants recalled that fellatio

was “very common” (many people were doing it and talking about it) and 33.7% said that it was “common” (there were definitely some people doing it). In contrast, significantly fewer participants perceived cunnilingus to be either “very common” (1.7%) or “common” (19.9%). According to the women in this sample, intercourse is slightly less common than fellatio among junior high students: 2.2% perceived intercourse to be “very common” among their junior high peers and 33.1% recalled that it was “common”. At the high school level, the majority of the participants perceived both oral sex and intercourse to be either “very common” or “common” among their peers (a total of 89.6% for intercourse, 79% for fellatio, and 59.7% for cunnilingus).

The sexually active participants were asked how often they use protection against sexually transmitted infections (STIs) when engaging in sexual activity; their reported usage is summarized in Figure 4-2. The majority of the women reported using STI protection with some regularity during vaginal intercourse: 39.4% said that they use protection “every time” they engage in sexual intercourse, 29.5% reported that they do “most times”, 6.1% selected “about half the time”, 18.2% said “once in a while”, and the remaining 6.8% said that they “never” use protection when engaging in sexual intercourse. As the chart clearly illustrates, the use of STI protection during oral sex was significantly less common. In fact, the vast majority (81.3%) of the sexually active women said that they “never” use protection when performing oral sex on a partner

Figure 4-2: Use of Protection against STIs



Sex Education

An impressive 96.7% of the participants reported that they had received sex education in either junior or senior high school. Of those women who had received sex education, 76.7% perceived it to be helpful and 23.3% said that it had not been helpful. In response to the open-ended question “how could the sex education you received in school have been more helpful?” a number of the respondents (n = 71) provided suggestions. The author classified the responses into four general themes: comprehensiveness (n=27, 38%), practicality (n=18, 25.4%), curricular emphasis (n=18, 25.4%), and instruction (n=8, 11.3%). Table 4-1 contains a description of these themes along with data excerpts to illustrate the types of responses that were classified under each.

All of the participants were asked if they think that the topic of oral sex should be addressed directly in junior high sex education classes. The majority of participants (92%, n=167) said “yes”, one did not answer the question, and the remaining 13 said “no”. In response to the open-ended question “why or why not?” 157 of the young women cited a reason to support their opinion. In the analysis of these open-ended responses, four distinct themes emerged as reasons why oral sex *should* be addressed in junior high sex education: because it is a prevalent activity among adolescents (n=47, 32.6%), because it is important for STI prevention/health risk reduction (n=38, 26.4%), because students should be given honest and accurate information (n=35, 24.3%), and adolescents need to understand that it is an intimate sexual activity that has emotional implications (n=24, 16.7%). For reasons why oral sex should *not* be addressed in junior high, the responses were easily categorized into three general themes: because it is not an appropriate topic for a junior high age group (n=6, 50%), because it is not an appropriate topic to discuss in school at any age (n=4, 33.3%), and because of religious reasons (n=3, 16.7%). Table 4-2 provides an outline of all of these themes, including data extracts to illustrate the types of responses that were classified under each.

Table 4-1: Recommendations for School-Based Sex Education

<p style="text-align: center;">Theme 1: Comprehensiveness (not enough information – make sex education more in-depth and realistic)</p> <ul style="list-style-type: none"> • <i>It was based a lot on abstinence. Would have been better if there was more information for sexually active students.</i> • <i>Cover more realistic information: birth control and side effects, symptoms/curability of diseases, where to go for testing or birth control if you don't want your mom to know</i> • <i>Don't dance around the topic. Just give the facts that kids need to hear.</i> • <i>More time spent on birth control options.</i> • <i>More realistic pictures – no need to sugar-coat anything, as this only makes it seem more embarrassing instead of a natural thing.</i>
<p style="text-align: center;">Theme 2: Practicality (too much focus on biology – make sex education more relevant and interactive)</p> <ul style="list-style-type: none"> • <i>Less time should have been spent on anatomy and more time on safe sex practices and risks.</i> • <i>There should have been an increase in the emotional aspect – we learned a lot about pregnancy and STD's but there should have been more discussion about the emotional impacts of sex so it doesn't come across as just a physical issue.</i> • <i>More interactive. In our class we just sat and read out of books.</i> • <i>More real-life scenarios. My sex education was more so just Biology 30, where we learned about birth control pills and sexual anatomy.</i>
<p style="text-align: center;">Theme 3: Curricular Emphasis (it wasn't given enough attention – devote more instructional time to sex education)</p> <ul style="list-style-type: none"> • <i>The sex education was brief and I think a more extensive unit would be better.</i> • <i>We only had it once in 5 years – it was not enough.</i> • <i>Receiving it every year of high school would have been more helpful, because some information was forgotten over the 4 years.</i> • <i>Start sex education at an earlier age.</i>
<p style="text-align: center;">Theme 4: Instruction (hire sex education teachers who are properly trained / bring in more expert speakers)</p> <ul style="list-style-type: none"> • <i>I think guest speakers need to come into the classes and more questions need to be answered.</i> • <i>Better educated teachers would have helped.</i> • <i>By having professional people come in to the class and teach, rather than my gym and drama teachers trying to teach the course. Just because junior and senior high teachers have experience in that specific area does not mean they are capable of teaching it.</i>

Table 4-2: Discussing Oral Sex in School-Based Sex Education Programs

Yes, oral sex should be addressed directly in junior high sex education (n=167)
Theme 1: High Prevalence
<ul style="list-style-type: none"> • <i>It happens and should be included in discussion</i> • <i>It's becoming more common among younger people</i> • <i>Kids are doing it younger and younger</i> • <i>It is becoming more prevalent....ignoring the problem does not make it go away</i> • <i>At this age this is the sexual activity that they are most likely to engage in</i> • <i>It's the first step before actual sex, most kids start with oral and move on from there</i>
Theme 2: STI/Health Risk Reduction
<ul style="list-style-type: none"> • <i>Kids need to know that you can get STDs from oral sex</i> • <i>Many people have this theory that it's safer</i> • <i>Because there are risks and students should be made aware of how to protect themselves</i> • <i>They need to know about personal health and safety when performing oral sex</i>
Theme 3: Education and Information
<ul style="list-style-type: none"> • <i>Knowledge is power</i> • <i>Because kids need to be informed in order to make educated decisions</i> • <i>It's becoming more socially acceptable and people should be taught the facts</i> • <i>So people have a better understanding of all components of sexuality</i> • <i>Students will be entering high school and should know what's out there</i>
Theme 4: Emotional Implications
<ul style="list-style-type: none"> • <i>Because it is just as serious as sex</i> • <i>Kids need to be made aware that it is a big deal</i> • <i>It has a lot of misconceptions connected to it and is taken too lightly by most adolescents</i> • <i>Because there are emotional effects – it's not JUST oral...you will feel hurt</i> • <i>Girls should be taught that it isn't something to feel obligated to do and how to respond if they don't want to do it</i>
No, oral sex should not be addressed directly in junior high sex education (n=13)
Theme 1: Too Young
<ul style="list-style-type: none"> • <i>I think they are still a little young and it's not common enough to warrant it</i> • <i>Junior high school students are not the right age to tell these things to</i> • <i>I think it should be addressed in high school</i>
Theme 2: Inappropriate Topic
<ul style="list-style-type: none"> • <i>I think it's disgusting and really isn't sex at all, so it shouldn't be taught</i> • <i>I don't believe sex education is a good topic to begin with</i>
Theme 3: Religious Reasons
<ul style="list-style-type: none"> • <i>For religious reasons</i> • <i>No – religious school</i>

Discussion

It is important to note that this was a relatively small-scale study, and therefore limited in terms of how widely the findings can be generalized. The author does not presume that this sample is representative of the Canadian young adult population. However, given the fact that participants were recruited from diverse settings, the results provide a meaningful snapshot of the oral sex behaviours and attitudes of young women living in urban Alberta. Further, the opinions gathered from these young women provide a useful contribution to the discourse on oral sex within the context of sex education.

The fact that a full quarter of this young adult sample had never engaged in oral sex or intercourse suggests that sexual activity is not as rampant among teenagers as is suggested in many popular media accounts. However, of those participants who had engaged in sexual activity before, 90% had done so before age 19 years including 30% who had performed fellatio before the age of 16. In addition, when asked to think back to junior high school, almost half of the participants recalled that fellatio was either “common” or “very common” among their peers at the time. Most of the women perceived fellatio to be more common than intercourse among junior high students, whereas intercourse was regarded as a slightly more prevalent activity at the high school level.

Based on these findings, combined with the research discussed at the beginning of this paper, it is reasonable to conclude that a substantial number of high school students in Alberta are sexually active and that many of them had their first sexual experience while still in junior high school. It is also reasonable to conclude that oral sex is at least as common as, if not more common than, intercourse among younger adolescents. In the author’s opinion this is reason enough to justify the inclusion of oral sex as a topic within the junior high human sexuality curriculum. As stated by Brewster and Tillman (2008), “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 behaviours” (79). Based on the current data, young people agree with this

statement. More than 90% of the women in this sample believe that oral sex should be addressed directly in junior high sex education programs, and they provided some compelling reasons to justify this opinion.

When it comes to sex education, most people would agree that it is important to warn students about the health risks associated with engagement in sexual activity. Without question, oral-genital contact can lead to the transmission of infections such as herpes and gonorrhoea (Boekeloo & Howard, 2002). Despite this fact, the majority of the participants reported “never” using barrier protection when engaging in oral sex. In contrast, the women reported fairly consistent use of STI protection when engaging in vaginal intercourse with about 70% reporting that they use protection “every time” or “most times” when having intercourse. This suggests that the safer sex message has resonated with regards to the importance of using protection when engaging in sexual intercourse, but has failed to reach people with regards to oral sex. Adolescents need to be informed about the risks associated with engaging in oral sex and ways to protect themselves if they do choose to engage. This point was reflected in the qualitative data that we gathered – a number of the respondents commented on how prevalent oral sex is among teenagers and stressed the importance of teaching junior high school students about oral sex and STIs.

However, fear related to prevalence and infection rates is only part of the reason why young people support the inclusion of oral sex in sex education. Many of the respondents pointed out that, even if teenagers aren’t engaging in oral sex, it is important to give them honest and accurate information on the topic. Statements such as “knowledge is power” and “oral sex is sex too”, which came up in multiple responses, reflect support for sex education that is open and thorough in addressing a range of topics related to human sexuality. McKay (2004) points out that, over time, oral sex has become a normative sexual behaviour in our society and it should therefore not come as a complete surprise that teenagers are engaging. It is for this reason, rather than anxiety about negative outcomes, that it is important to discuss the topic of oral sex with adolescents.

“Once we have calmed everybody down about the myth of an epidemic of oral sex in the middle schools we can move forward in addressing the issue of oral sex openly and honestly” (McKay, 2004, 202). This honest and open discourse must extend beyond citing the health risks associated with oral sex; it should also include discussion of the intimacy, emotions, and social pressures that come into play. The goal should not be to scare young people off oral sex, but rather to provide them with accurate information and opportunities for reflection so that they can make informed decisions.

So are current sex education programs effective at reaching youth?

Although this was a small sample, the findings make a positive statement about the quality of sex education in Alberta. Almost all of the 181 participants received some kind of sex education in school, and three quarters of them found it to be helpful. However, it appears that there is room for improvement. Even though more of the women found sex education useful than not, a number of valuable suggestions were made for how it could have been more effective. The most common response was that sex education in school was not comprehensive or in-depth enough. A number of the women said that abstinence was overemphasized in sex education, and that they would have benefitted from more information about contraception and STI protection. A separate but related response theme was that sex education should focus less on biology and more on the practical concerns and social/emotional implications of sexual activity. Thirdly, it was pointed out that sex education was not given enough curricular emphasis in many schools in that the units were often too brief and that it wasn't taught every year. Some of the women did not receive sex education until high school, and said that they would have preferred if it had been started earlier than that. Lastly, some of the participants felt that the quality of instruction in their sex education courses was lacking. They suggested that sex education would have been more effective if their teachers had been properly trained or if more experts had been brought in to speak about certain topics.

The implications are evident: young people in this study stated clearly that they desire sex education that provides honest, accurate, and practical information about a variety of topics related to sexual health. These findings are very much in line with what the literature suggests about quality sex education programs. As is the case with any subject area, adequate instructional time should be devoted to sex education units and teachers should be knowledgeable about and confident with the subject matter. This underscores the importance of teacher education and professional development in the area of sex education. The most effective way to improve school-based programming is to equip teachers with the information and resources needed to implement evidence-based practices in the classroom. In the same way that they are taught how to teach math or language arts, pre-service teachers should be given specific training with respect to teaching sex education.

To summarize, a quality school-based sex education program should provide students with: accurate information about the risks associated with different sexual activities, skills for refusing sexual activity or for protecting oneself if choosing to engage, increased awareness of the social pressures that influence sexual decision-making, opportunities to reflect upon one's own values and standards with regards to sexual behaviour, and discussion about sexual relationships and the emotional implications of sexual activity. Although not an epidemic, there is ample evidence to indicate that oral sex is at least as prevalent as vaginal intercourse among adolescents today. A sex education program that neglects to discuss oral sex is one that fails to address the needs of adolescents today.

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Footnotes

1. An earlier version of these results were presented at an International Council of Psychologist Conference:

Plume, S., Murray, B. L., Hess, G. C. & Green, J. J. (July, 2008). *“Don’t dance around the topic”*: *Opinions about Sex Education*. Poster presented at the 66th International Council of Psychologists (ICP) Conference, ‘Families and Societies in Transition’, St. Petersburg, Russia.

Oral Sex, Feminism, and Implications for Sex Education
Brea L. Malacad

Chapter 5

Conclusion

This chapter provides a summary of the key findings of the study, as well as discussion of limitations and directions for future research.

Recapitulation

The topic of youth sexuality is frequently sensationalized in the media. The idea of very young teenagers engaging in casual sexual activity with multiple partners is quite shocking and disturbing, and thus the extreme examples tend to be given the most coverage. Case in point is the elusive “rainbow party”, which is often mentioned in popular media accounts of rampant youth promiscuity. At rainbow parties or lipstick parties, which are reportedly becoming more common among young teenagers, girls don exotic shades of lipstick and then perform fellatio on multiple partners, leaving a trademark coloured ring on each boy’s penis. The females compete for who can leave the mark of deepest penetration and the males aim to complete the rainbow. This lewd trend was given high profile coverage on a 2003 *Oprah* show, and since then a number of anecdotal reports on rainbow parties have been published newspapers such as the *New York Times*. There is also said to be a variation on this theme which involves girls performing sex acts on boys in exchange for bracelets – each act earns a different colour of bracelet and girls supposedly wear them with pride, competing to have the most extensive collection. This casual sex game has also been mentioned in media reports and made appearances in the storylines of television shows such as *Degrassi: The Next Generation*.

Amidst reports of girls demeaning themselves to win rainbow contests and exchanging oral sex for bracelets, one wonders if feminism is dead for this generation of young women. Are teenage girls being pressured into engaging in unreciprocated oral sex because they lack the confidence to stand up for themselves? Are they submitting to the demands of the boys because they are so desperate for male approval? These are predictable speculations that have been brought up in media reports on this topic. But a different viewpoint on the issue is the possibility that adolescent females are performing casual fellatio because they perceive it to be *empowering*. This mentality has been referred to as a “perversion of girl power” (Harris, 2007) which is said to have occurred as a result of sexualized cultural messages aimed at young girls, conditioning them to regard

sexiness as the key to their empowerment. Interestingly, preliminary research on the topic reveals that some adolescents perform fellatio because they see it as a way to gain social status and wield influence over males (Cornell & Halpern-Felsher, 2006).

All of the cultural attention on the issue of oral sex among adolescents is precisely what made this a compelling topic to research. Is oral sex actually becoming a more common and casual practice among young females? If so, why is that the case? Without empirical data it is difficult to validate or refute claims made in anecdotal reports. Parents and educators are left wondering how prevalent oral sex actually is among young teenagers and how to best broach this subject in sex education programs. In response to this need for accurate information on the topic, the body of literature related oral sex has expanded in recent years. Despite the amount of media attention that has been given to the rainbow party and its variations, there is no empirical evidence to indicate that adolescents are actually engaging in this behaviour. Although some educators and counsellors believe that rainbow parties are real cause for concern, most experts agree that the issue of teen promiscuity has been blown wildly out of proportion and that the rainbow party is something of an urban legend (Lewin, 2005). However, the research findings indicate that oral sex is indeed more common among adolescents today than it was in previous decades and that many young people view oral sex as a less intimate and less consequential activity than intercourse (McKay, 2004).

To recap, I conducted my study with three key purposes in mind. First, I wanted to generate some concrete data about oral sex among young people in Alberta. Specifically, I wondered whether there are significant differences between vaginal intercourse and oral sex behaviours in terms of rates of engagement, age at first experience, lifetime number of partners, and use of protection against sexually transmitted infections. I also wondered what emotions women tend to associate with oral sex relative to intercourse and whether the two behaviours are seen as equally intimate activities. Knowing that oral sex is still

relatively underrepresented in the sexology literature, I believe that these descriptive statistics offer a useful contribution to the body of research.

Secondly, given my interest in the “perversion of girl power” premise discussed above, I wanted to explore the potential relationship between oral sex and feminism. I wondered if there might be a correlation between a woman’s oral sex behaviours and her degree of identification with feminist values. I surmised that this relationship could go either direction, depending upon whether fellatio is seen as an act of submission or empowerment, and that the findings would shed light on how young women view fellatio. Understanding how feminism fits in to young women’s sexual decision-making would be helpful in planning intervention programs that effectively reach teenage girls.

The final and overarching goal of my study was to gain a better understanding of how to address oral sex in school-based sex education programs. If anecdotal accounts are accurate, casual oral sex among adolescents is a cause for concern. Understanding a concern is the essential first step in determining how it should be addressed. In gathering data from young women who graduated high school in the last decade, I was hoping to gain insight into trends related to oral sex among adolescents. In addition, I was interested in young women’s views regarding what a quality school-based sex education program should be like.

Summary of Key Findings

One quarter of the women in this sample had never before engaged in either vaginal intercourse or oral sex. All of the participants were at least 18 years old, and many had been out of high school for five or more years. The fact that so many of them had abstained until this point demonstrates that adolescent sexual activity, including oral sex, is really not as widespread as the media would have us believe. Further, among the sexually active women, 30% had only engaged in intercourse and oral sex with one partner before and approximately 80% had their most recent sexual experiences within the context of a committed relationship. The remaining 20% of the sexually active women reported sexual lifestyles that

might be considered more casual, in that they had been with more than four sexual partners and/or had had their most recent sexual experiences outside the context of a committed relationship. Of the entire sample, about 8% reported having been with more than 10 sex partners and about the same number had their most recent sexual experience with a friend or an acquaintance. These findings indicate that, although about three quarters of college-aged women are sexually active, a relatively small proportion of them are engaging casual sexual activity with multiple partners.

In terms of sexual behaviours, there were very few differences between oral sex and intercourse. Every participant who had engaged in intercourse had also engaged in oral sex and the distributions in terms of number of partners were very similar. The average age at first oral sex experience was about 16.5 years which was slightly younger than the average of 17 years for intercourse. Based on these young women's recollections, oral sex was somewhat more common than intercourse among their junior high school classmates. About half of the women said that they believe oral sex to be a less intimate activity than intercourse. Based on these findings together it is reasonable to conclude that oral sex is about as prevalent as vaginal intercourse among young people and that oral sex tends to precede intercourse on the continuum of sexual behaviours.

The one way in which the oral sex practices differed significantly from intercourse practices was use of protection against sexually transmitted infections (STIs). About half of the women reported using STI protection regularly when engaging in vaginal intercourse, whereas less than 10% said they do when engaging in oral sex. In fact, a striking 80% of the participants admitted that they never protect themselves against STIs when performing oral sex. This finding is alarming but perhaps not surprising. As discussed in the earlier chapters, some authors have argued that the apparent increase in oral sex behaviour is a result of teenagers mistakenly believing that oral sex is a risk-free alternative to vaginal intercourse (Remez, 2002; Hess & Green, 2006). This finding reiterates the importance of discussing oral sex in school-based sex education programs. It is

important that young people be made aware of the health risks associated with engaging in unprotected oral sex.

I found out that the majority of young women associate positive emotions such as excitement, love, and stimulation with their most recent intercourse and oral sex experience. In contrast to findings from earlier studies, very few of the women in this sample reported negative emotions associated with their most recent sexual intercourse experience. Relatively speaking, fellatio was associated with more negative and less positive emotions. That is, the women tended to feel somewhat less stimulated, fulfilled, and excited when performing oral sex as compared to engaging in intercourse. They were also more likely to associate fellatio with negative feelings like boredom and disgust. For both oral sex and intercourse the reported emotions were most positive for those women who said that they were “in love” with their partner at the time, which suggests that being in love contributes to a better sex-related emotional experience overall.

Analysis revealed that there is no direct correlation between sexual behaviour and feminism as measured by the Liberal Feminist Attitude and Ideology Scale (Morgan, 2006). Feminism scores were compared to measures of sexual promiscuity including lifetime number of partners, type of relationship with most recent partner, and age at first sexual experiences. In terms of all three of these measures, there were no significant differences between the women who identify strongly with feminist ideology and those who do not. With regards to feminism and sexual experiences the one significant finding was a positive correlation between feminism scores and negative emotionality at most recent intercourse. That is, the higher a woman’s feminism score the more likely she was to report feeling disappointed, disgusted, and guilty during intercourse. This relationship was not significant for oral sex.

Related to the topic of feminism is the question of whether performing fellatio is empowering or subservient for women. When the participants were asked what motivates them to perform oral sex the most commonly cited reasons were fairly submissive in nature, including “I want to please my partner” and “my

partner wants/asks me to”. Also common were responses reflecting mutuality, including “my partner performs oral sex on me, and I want to return the favour” and “it is a good way to get my partner in the mood to have sexual intercourse”. However, a number of the women (approximately 30%) identified what I would consider to be more “feminist” motives to perform fellatio given that they reflect themes of empowerment and dominance, including “I feel sexy when I’m doing it”, “I feel powerful when I’m doing it”, and “I like to take charge in sexual interactions”. On the whole, then, these results are fairly inconclusive. It is clear that desire for power and control is what motivates *some* women to perform fellatio, but more typically women engage for subservient reasons.

With respect to school-based sex education, the young women in this study provided some meaningful feedback that can be used to guide programming. First of all, in what can be seen as a positive commentary on the state of sex education in Alberta, 97% of the participants received sex education in school and the majority found it to be helpful. The women identified four ways in which school-based sex education could have been more helpful: make it more comprehensive (include information on a range of topics), increase the practicality (focus less on biology and more on “real life” scenarios), place more curricular emphasis on sex education (treat it like a serious subject and devote more instructional time to it), and improve quality of instruction (ensure that teachers are adequately trained and bring in guest speakers to share expertise).

In addition, approximately 93% of the participants believe that oral sex should be addressed directly in junior high sex education classes. Most feel this way because they see oral sex as a behaviour that precedes intercourse and is prevalent among young teenagers. They believe that it is important to educate young people about the health risks and ways to prevent STIs as well as about the emotional implications of engaging in an intimate activity like oral sex.

Limitations

Although the sample size for this study (n=181) was acceptable, the validity of the findings would have been strengthened if the sample was larger. It also would have been preferable to have more respondents who were not university students. In hindsight, given the challenges that I encountered in recruiting participants from workplace settings, it would have been wise to expand my search to other settings frequented by young adults. Effort was made to recruit participants from a variety of workplaces and academic programs, but it is still important to note that the final sample of young women was relatively small and homogeneous and therefore the results cannot necessarily be generalized to all Canadian young women. This study was an important *first step* in understanding the oral sex practices, attitudes, and emotions of young women. More research, based on a larger and more diverse sample of women, is needed.

The retrospective nature of the questionnaire can also be regarded as a limitation of this study. Much of the data were based on the women's recollections of past events, and therefore subject to distortion. For example, a participant's memory of how common oral sex was in her own junior high school may be influenced by her current perceptions of teen sexual activity, which may have been influenced by the media. It is important to keep this possibility in mind when drawing conclusions based on the results. Related to this is the fact that many of the findings are based on women's recollections of their most recent sexual experience. The participants were asked about their *most recent* sexual partner and the emotions they recall experiencing during their *most recent* intercourse and oral sex encounters. This was a useful way to obtain a "snapshot" of women's sexual behaviours and emotions, but it is also limited in that a person's most recent sexual experience may not be representative of their *typical* sexual experiences. This is another limitation that must be considered when making conclusions based on the data.

General Conclusions

Based on the findings of this study, which were discussed throughout this thesis and summarized in the section above, I have come to five general conclusions:

1. Casual sex is more the exception than the norm among Canadian young women. A sizeable percentage of college-aged women have never engaged in vaginal intercourse or oral sex before and the vast majority of sexually active young women are engaging with one partner within the context of a committed relationship. Further, women tend to have more positive sex-related emotional experiences when they are in love with their partner. All of this information should be communicated to adolescents, so that their decisions are not influenced by the misguided belief that “everyone” is having sex or that sex is “no big deal” to young adults.
2. Consistent with the findings of earlier studies, oral sex has become a fairly normative sexual behaviour in our society (McKay, 2004). Young adults today are about as likely to engage in oral sex as they are to engage in intercourse. Oral sex is not the teenage epidemic that the media has painted it to be, but it does appear to be slightly more common than intercourse among younger adolescents. Further, a significant proportion of young people view oral sex as a “less intimate” activity than intercourse. These are two compelling reasons why oral sex should be addressed in all school-based sex education programs.
3. The “safer sex” message has made an impact on young women’s intercourse-related behaviour, but has not appeared to resonate when it comes to oral sex. While more than half of the women in this study report regular use of STI protection during intercourse, very few of them take any precautions to protect themselves against sexually transmitted infections when performing oral sex.

Unprotected oral sex can lead to the transmission of a number of infections (Boekeloo & Howard, 2002), and therefore more needs to be done to educate young people about risk and protective factors.

4. There is no direct correlation between oral sex behaviour and feminist attitudes, meaning that women who identify strongly with feminist ideology are no more or less likely to engage in oral sex. *Some* women do indeed engage in fellatio with the feminist motive of wanting to feel empowered in the sexual interaction. More women, however, report performing fellatio for subservient reasons such as sense of obligation or the desire to please one's partner. Given these inconclusive results, the potential relationship between feminism and fellatio remains unclear. The topic of empowerment and oral sex is one that warrants further investigation.

5. Young people see school-based sex education as a valuable source of information and they want programming to be comprehensive and practical in nature. A truly meaningful sex education program should cover a range of topics related to sexual health, including oral sex, and should include discussion of the emotional and social implications of sexual activity.

Directions for Future Research

There is still more analysis that could be done with the current data, particularly with respect to feminism and sexuality. Given that there was no significant relationship between feminism scores and oral sex behaviour, I chose to focus on other aspects of the data for the purposes of this thesis. However, the potential relationship between feminism and oral sex is a topic that I intend to explore further. I am planning to write a paper entitled "Empowering or Submissive? Exploring the Relationship between Feminism and Fellatio", in which I will examine women's motives and emotions pertaining to oral sex. I

would also like to explore how feminism scores are affected by demographic variables such as religion, age, and level of education.

In terms of gathering new data the logical next step would be to conduct similar research with a sample of high school students. It would be very interesting to find out if adolescents in the current generation report similar behaviours, emotions, and attitudes as the college-aged women in this study. I think it would be especially pertinent to focus on examining adolescents' motivations for performing fellatio. Additional information about the perceived benefits of performing oral sex would give sex educators a more realistic idea of the pressures that teenagers are facing when making decisions related to oral sex.

I also think it would be worthwhile to administer these same questionnaires to a sample of young men and then make comparisons between the sexes. It would be fascinating to see if and how men differ from women in terms of sexual behaviour, attitudes toward intimacy, motivations for performing oral sex, sex-related emotional experiences, and level of identification with feminist ideology.

Given the scope of my study I was forced to focus exclusively on heterosexual oral sex in order to keep my research focused and manageable. I think it would be important to explore the topic of oral sex within the GLBTQ (Gay, Lesbian, Bisexual, Transgender, and Queer) community, as my findings cannot be generalized to this subset of the young adult population.

Overall, I hope that my study serves to generate further research and discourse surrounding the topics of oral sex and sex education. Oral sex is at least as prevalent as sexual intercourse among adolescents today, and it should therefore be addressed in school-based sex education programs. However, moral panic and scare tactics surrounding the issue of adolescent sexual activity are not helpful in generating real solutions. The popular media served an important function by raising public consciousness about this issue, but the time has come to stop perpetuating unsubstantiated claims of an oral sex epidemic among young teenagers. In the words of Albert Einstein, "no problem can be solved by the same

consciousness that created it. We need to see the world anew”. As the body of research on oral sex expands, we can begin to take a more realistic and evidence-based approach to the issue. Teenagers need accurate information about the potential physical, emotional, and social implications of engaging in oral sex. Parents and educators need guidance on how to best approach this topic with adolescents. I believe that my research provides a meaningful contribution to the current literature related to oral sex, and I hope that my findings will impact people’s perspectives on this issue.

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Appendices

Appendix A: Sexual Behaviour Questionnaire



UNIVERSITY OF ALBERTA

Sexual Behaviour Questionnaire

By completing this questionnaire you are providing consent to participate in this study, with full understanding of the nature of the study and your own involvement and rights as a participant.

Thank you for deciding to complete this Sexual Behaviour Questionnaire. Please answer the following questions as honestly and accurately as possible. All of the information that you provide here is completely anonymous and will be kept in strict confidence.

Section 1: Demographic Information

Age: _____ Gender: F M Your country of birth: _____

Mother's country of birth: _____

Father's country of birth: _____

Which of the following most closely describes your experience with post-secondary schooling?

- I have not attended college or university
 I have completed between 1 and 5 college or university courses, but I am no longer a student
 I am currently a part-time student in a college or university program
 I am currently a full-time student in a college or university program
 I have earned a post-secondary degree or diploma

If you are currently employed and working more than 20 hours per week, what is your occupation?

Which of the following most closely describes your religiosity?

- I am very religious and active within my religious community
 I am religious and practicing
 I identify with a particular religion but I am not actively practicing
 I have no religious affiliation
 I am atheist / agnostic

Did you ever receive sex education in junior or senior high school?

- Yes
 No (**If no, please proceed to Section 2**)

Do you believe that the sex education you received in school was helpful?

- Yes
 No

Are there any ways in which it could have been more helpful? If so, please explain.

Section 2: Sexual Intercourse

1. Have you ever engaged in consensual heterosexual intercourse?

- Yes
 No (**If no, please proceed to Section 3**)

2. How old were you the first time you engaged in consensual heterosexual intercourse?

_____ years old

3. Looking back, how do you feel about the timing of this experience?
- I was about the right age
 I was too young
 I was too old
 I don't think it matters
4. How many partners have you engaged in consensual heterosexual intercourse with?
- 1
 2-4
 5-7
 8-10
 more than 10
5. When engaging in sexual intercourse, how often do you use protection against Sexually Transmitted Infections (STIs)?
- Every time
 Most times
 About half the time
 Once in a while
 Never
6. Please think back to your **most recent** consensual heterosexual intercourse experience. Which of the following most closely describes your relationship to your partner at the time?
- Spouse/Common Law
 Engaged
 Serious dating partner
 Casual dating partner
 Friend
 Acquaintance
 No relationship
 Other, please elaborate _____
7. At the time, did you consider yourself to be "in love" with this person?
- Yes
 No
8. Which of the following adjectives best describe your emotions during your most recent consensual heterosexual intercourse experience? **Please check all that apply.**
- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Afraid | <input type="checkbox"/> Loved |
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Mature / Grown up |
| <input type="checkbox"/> Betrayed | <input type="checkbox"/> Romantic |
| <input type="checkbox"/> Bored | <input type="checkbox"/> Powerful |
| <input type="checkbox"/> Disappointed | <input type="checkbox"/> Stimulated |
| <input type="checkbox"/> Disgusted | <input type="checkbox"/> Used |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Wonderful |
| <input type="checkbox"/> Fulfilled | <input type="checkbox"/> Worried |
| <input type="checkbox"/> Guilty | <input type="checkbox"/> Hurt |
| <input type="checkbox"/> Helpless | <input type="checkbox"/> Other, please elaborate _____ |

Section 3: Oral Sex

1. Have you ever engaged in heterosexual oral sex (oral-genital contact)? **Check all that apply.**
- Yes, I have performed oral sex
 Yes, I have received oral sex
 No, I have never engaged in oral sex (if no, please proceed to Section 4)

The following 7 questions (#2 - #8) relate to your experiences with *performing* oral sex on a partner. If you have received but never performed oral sex, please proceed to question #9. If you have never engaged in oral sex at all, please proceed to Section 4.

2. How old were you when you first **performed** oral sex on a partner?
 years old

3. Looking back, how do you feel about the timing of this experience?
 I was about the right age
 I was too young
 I was too old
 I don't think it matters

4. How many partners have you **performed** oral sex on?
 1
 2-4
 5-7
 8-10
 more than 10

5. When **performing** oral sex, how often do you use protection against Sexually Transmitted Infections (STIs)?
 Every time
 Most times
 About half the time
 Once in a while
 Never

6. Please think back to your **most recent** experience with **performing** oral sex. Which of the following most closely describes your relationship to your partner at the time?
 Spouse/Common Law
 Engaged
 Serious dating partner
 Casual dating partner
 Friend
 Acquaintance
 No relationship
 Other, please elaborate _____

7. At the time, did you consider yourself to be "in love" with this person?
 Yes
 No

8. Which of the following adjectives best describe your emotions during your most recent experience **performing** oral sex? **Please check all that apply.**

<input type="checkbox"/> Afraid	<input type="checkbox"/> Loved
<input type="checkbox"/> Anxious	<input type="checkbox"/> Mature / Grown up
<input type="checkbox"/> Betrayed	<input type="checkbox"/> Romantic
<input type="checkbox"/> Bored	<input type="checkbox"/> Powerful
<input type="checkbox"/> Disappointed	<input type="checkbox"/> Stimulated
<input type="checkbox"/> Disgusted	<input type="checkbox"/> Used
<input type="checkbox"/> Excited	<input type="checkbox"/> Wonderful
<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Worried
<input type="checkbox"/> Guilty	<input type="checkbox"/> Hurt
<input type="checkbox"/> Helpless	<input type="checkbox"/> Other, please elaborate _____

The next 7 questions (#9 - #15) relate to your experiences with *receiving* oral sex from a partner. If you have never received oral sex from a partner, please proceed to Section 4.

9. How old were you when you first **received** oral sex from a partner?
 _____ years old
10. Looking back, how do you feel about the timing of this experience?
 ___ I was about the right age
 ___ I was too young
 ___ I was too old
 ___ I don't think it matters
11. How many partners have you **received** oral sex from?
 ___ 1
 ___ 2-4
 ___ 5-7
 ___ 8-10
 ___ more than 10
12. When **receiving** oral sex, how often do you use protection against Sexually Transmitted Infections (STIs)?
 ___ Every time
 ___ Most times
 ___ About half the time
 ___ Once in a while
 ___ Never
13. Please think back to your **most recent** experience with **receiving** oral sex. Which of the following most closely describes your relationship to your partner at the time?
 ___ Spouse/Common Law
 ___ Engaged
 ___ Serious dating partner
 ___ Casual dating partner
 ___ Friend
 ___ Acquaintance
 ___ No relationship
 ___ Other, please elaborate _____
14. At the time, did you consider yourself to be "in love" with this person?
 ___ Yes
 ___ No
15. Which of the following adjectives best describe your emotions during your most recent experience **receiving** oral sex? **Please check all that apply.**
- | | |
|------------------|-----------------------------------|
| ___ Afraid | ___ Loved |
| ___ Anxious | ___ Mature / Grown up |
| ___ Betrayed | ___ Romantic |
| ___ Bored | ___ Powerful |
| ___ Disappointed | ___ Stimulated |
| ___ Disgusted | ___ Used |
| ___ Excited | ___ Wonderful |
| ___ Fulfilled | ___ Worried |
| ___ Guilty | ___ Hurt |
| ___ Helpless | ___ Other, please elaborate _____ |

Section 4: Opinions and Observations

1. Which of the following most closely describes your opinion with regards to oral sex?
 - I think oral sex is a more intimate activity than sexual intercourse
 - I think oral sex is a less intimate activity than sexual intercourse
 - I think oral sex and sexual intercourse are equally intimate activities
 - I do not consider oral sex or sexual intercourse to be particularly intimate activities

2. Listed below are some reasons why people choose to perform oral sex on their partner. If you choose to **perform** oral sex on a partner in the future, which of the reasons are most likely to be your motivation for doing so? **Please check all that apply.**
 - My partner wants/asks me to
 - I get sexual satisfaction from doing it
 - My partner performs oral sex on me, and I want to return the favour
 - I like to take charge in sexual interactions
 - I want to please my partner
 - Doing it makes me feel like I am in control
 - It is a good way to get my partner in the mood to have sexual intercourse
 - I feel sexy when I am doing it
 - I feel powerful when I am doing it
 - I hope to improve my social reputation
 - I want to avoid having sexual intercourse with my partner
 - I find it exciting
 - I feel obligated to do it
 - It makes me feel mature and sexually experienced
 - I am afraid of what will happen if I don't do it
 - I want to practice so I can perfect my technique
 - I think it is part of my duty
 - Other, please elaborate _____

For the next 3 questions (#3 - #5), please think back to when you were in *junior high school* (or grades 7-9).

3. Among the students in your junior high school, how common was it for males and females to engage in sexual intercourse?
 - Very common: many people were doing it and talking about it
 - Common: there were definitely some people doing it
 - Not common: very few were doing it, or if they were they weren't talking about it
 - Unheard of: as far as I know, no-one in my school was doing it
 - I have no idea

4. Among the students in your junior high school, how common was it for females to perform oral sex on males?
 - Very common: many people were doing it and talking about it
 - Common: there were definitely some people doing it
 - Not common: very few were doing it, or if they were they weren't talking about it
 - Unheard of: as far as I know, no-one in my school was doing it
 - I have no idea

5. What about the other way around? That is, among the students in your junior high school, how common was it for males to perform oral sex on females?
 - Very common: many people were doing it and talking about it
 - Common: there were definitely some people doing it
 - Not common: very few were doing it, or if they were they weren't talking about it
 - Unheard of: as far as I know, no-one in my school was doing it
 - I have no idea

For the next 3 questions (#6 - #8), please think back to when you were in *senior* high school (or grades 10-12)

6. Among the students in your high school, how common was it for males and females to engage in sexual intercourse?

___ Very common: many people were doing it and talking about it
 ___ Common: there were definitely some people doing it
 ___ Not common: very few were doing it, or if they were they weren't talking about it
 ___ Unheard of: as far as I know, no-one in my school was doing it
 ___ I have no idea

7. Among the students in your high school, how common was it for females to perform oral sex on males?

___ Very common: many people were doing it and talking about it
 ___ Common: there were definitely some people doing it
 ___ Not common: very few were doing it, or if they were they weren't talking about it
 ___ Unheard of: as far as I know, no-one in my school was doing it
 ___ I have no idea

8. What about the other way around? That is, among the students in your high school, how common was it for males to perform oral sex on females?

___ Very common: many people were doing it and talking about it
 ___ Common: there were definitely some people doing it
 ___ Not common: very few were doing it, or if they were they weren't talking about it
 ___ Unheard of: as far as I know, no-one in my school was doing it
 ___ I have no idea

9. In your opinion, is oral sex a topic that should be addressed directly in junior high sex education classes?

___ Yes
 ___ No

Why or why not? _____

Please share any other information that you feel is relevant to this study.

Appendix B: Liberal Feminist Attitude and Ideology Scale (LFAIS)

LFAIS (Morgan, 1996)

By completing this questionnaire you are providing consent to participate in this study, with full understanding of the nature of the study and your own involvement and rights as a participant.

Below are a number of statements about gender and society. Using the 6-point scale shown below, please indicate your level of agreement or disagreement with each statement by blackening the corresponding number on the **answer sheet**. There are no “right” or “wrong” answers! We are interested in your opinion only, so please be as honest as possible when responding to the statements.

For example:

Strongly Disagree — — — — — Strongly Agree
 ① ② ③ ④ ⑤ ⑥

(Blackening the 5 would indicate that you agree quite strongly with the statement)

*** Please blacken the corresponding number for each item on the Answer Sheet**

Strongly Disagree — — — — — Strongly Agree
 ① ② ③ ④ ⑤ ⑥

1. If the husband is the sole wage earner in the family, the financial decisions should be his.
2. It is insulting to the husband when his wife does not take his last name.
3. Most group protests only serve to make the public see the protestors as fanatics.
4. A radical restructuring of society is needed to overcome status inequalities between the sexes.
5. The government should definitely play a role in helping to improve women’s status in society.
6. A “Women’s movement” is basically irrelevant to the most vital concerns of our society.
7. Although women can be good leaders, men make better leaders.
8. Men still don’t take women’s ideas seriously.
9. Childrearing, whether done by men or women, needs to be valued more by society.
10. There are too few admirable roles for women on TV.
11. Women in Canada are treated as second-class citizens.
12. As head of the household, the father should have final authority over his children.
13. A woman should have the same job opportunities as a man.
14. Both husband and wife should be equally responsible for the care of young children.
15. Boys and girls should be able to be whatever they want to be provided that they have the skills and training the job demands.
16. If we leave well enough alone, eventually men and women will be treated fairly.
17. Equality between the sexes is a worthwhile goal.

*** Please blacken the corresponding number for each item on the Answer Sheet**

Strongly Disagree — — — — — Strongly Agree
 ① ② ③ ④ ⑤ ⑥

18. Gay and lesbian couples should be able to publicly show their affection for one another, for instance by holding hands while walking.
19. Most group protests fail to result in any real change.
20. An employed woman can establish as warm and secure a relationship with her children as a mother who is not employed.
21. Women need to unite and work together to achieve equal political and social rights in this country.
22. A man who has chosen to stay at home and be a house-husband is not less masculine than a man who is employed full-time.
23. Homemakers deserve to earn social security benefits for their work in the home.
24. Women should be more concerned with clothing and appearance than men.
25. The prior sexual conduct of a rape victim should be admissible as evidence in court.
26. It is reasonable to boycott a company's product if you think that their commercials are sexist.
27. Men and women should be able to freely make choices about their lives without being restricted by their gender.
28. A woman who has many sexual partners is not necessarily a slut.
29. A woman should not let bearing and rearing children stand in the way of a career if she wants it.
30. Men should respect women more than they currently do.
31. In order to change inequities between the sexes, we have to do more than just treat men and women fairly in our own lives.
32. Doctors need to take women's health concerns more seriously.
33. New mothers should receive full pay for 4 months of maternity leave.
34. Violence against women is not taken seriously enough.
35. I agree with having legislation to insure that a woman can keep her job after she has a baby.
36. Women are already given equal opportunities with men in all important sectors of their lives.
37. The first duty of a woman with young children is to home and family.
38. A woman should not have to get permission from important people in her life in order to get an abortion.
39. Gay and lesbian couples should be provided with "spousal privileges" such as the extension of medical benefits to one's partner.
40. Women have been treated unfairly on the basis of their gender throughout most of human history.
41. Sexual harassment is a serious problem in Canada's workplaces.

*** Please blacken the corresponding number for each item on the Answer Sheet**

Strongly Disagree — — — — — Strongly Agree
① ② ③ ④ ⑤ ⑥

42. Men have too much influence in Canadian politics compared to women.
43. If men were the sex who got pregnant, more reliable and convenient birth control would be available.
44. When they go out, a man and woman should share dating expenses if they both have the same income.
45. Abortion is an issue of women's rights.
46. Women should be considered as seriously as men as candidates for the Prime Minister of Canada.
47. Stereotypes of men and women hurt everyone.
48. Even though some things have changed, women are still treated unfairly in today's society.
49. The government has not given enough attention to providing quality low-cost daycare to parents.
50. The achievements of women in history have not been emphasized as much as those of men.
51. Women have fewer choices available to them as compared to men.
52. There are circumstances in which women should be paid less than men for equal work.
53. While women may be right to be unhappy about some aspects of their roles in society, they are wrong in the way they are protesting.
54. Access to education is a crucial part of gaining equal rights for women.
55. People who complain that pornography treats women like objects are overreacting.
56. All men receive economic, sexual, and psychological benefits from male domination.
57. Many women in the work force are taking jobs away from men who need the jobs more.
58. Women can best overcome discrimination by doing the best that they can at their jobs, not by wasting time with political activity.
59. It is our society's responsibility to provide good daycare for children.
60. There is no such thing as rape between a man and his wife.