

Understanding oral sex

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Any discussion of oral sex has clear links with the last two USA administrations. With regard to oral sex, most commentators would agree that the notorious denial of sex with Monica Lewinsky – issued by President Bill Clinton 10 years ago – ‘*I did not have sexual relations with that woman, Miss Lewinsky*’ 26 January 1998 – sparked the debates that have dominated our understandings of these sexual practices since. However, President George W. Bush has also had a major influence on the way in which we discuss and research oral sex. By promoting abstinence as a major strategy to reduce the risk of sexually transmissible infections (STI) and HIV, President Bush inadvertently also raised the issue of oral sex and a debate about ‘technical virgins’ – young people who might engage in oral (or anal) sex while remaining technically virgins.

The issues of what counts as sex and what one can actually do while remaining sexually abstinent are important questions. Effective communication about any topic requires agreement about the meaning of key terms – something that is currently lacking when talking about ‘sex’. The challenge presented by this fluidity in meaning is compounded by the large-scale shifts in sexual cultures that have occurred in the past and continue into the future.

The age at onset of sexual activity has been declining in Australia for at least the past 50 years.¹ Our surveys of secondary students demonstrate that the proportion of Australian students in Year 10 (median age 15 years) who reported having experienced sexual intercourse rose from 19.7% in 1997 to 32.0% in 2002.² This is, of course, a restrictive definition of what it means to be sexually active: 76.6% of those students reported having experienced deep kissing, 61.3% touching or being touched on the genitals and, notably, 37.3% giving or receiving oral sex.²

And the context of oral sex is changing. As we observed in 2003 ‘the temporal gap between oral sex and vaginal intercourse has narrowed considerably with the difference in median age at first intercourse and first oral sex reducing from 6 years (in older respondents) to 1 year (in younger respondents). There is also some suggestion that the temporal ordering may be changing, such that for some oral sex occurs before vaginal intercourse’.¹ These shifts have been paralleled with attitudinal changes: only 45.9% of study participants aged 16–19 years agreed with the statement ‘If two people had oral sex, but not intercourse, you would still consider that they had had sex together’, whereas 76.5% of participants aged 50–59 years did agree. If having oral

sex is consistent with not having sex, considerable ambiguity emerges around the notion of virginity and what it might mean to be sexually abstinent.

A recent study of 925 Californians aged 14–19 years randomly allocated half of the sample to answer questions about virginity with the remainder answering a parallel set of questions about abstinence.³ They found that 83.5% believed that an adolescent was still a virgin if they engaged in genital touching, 70.6% believed that virginity was retained if they participated in oral sex and 16.1% believed that engaging in anal sex did not disrupt one’s status as a virgin. A total of 44.2% of participants indicated that genital touching was consistent with being abstinent, as did 33.4% in relation to oral sex and 14.3% in reference to anal sex.

What is the relationship between giving and receiving oral sex? What are the motivations for those young people for whom oral sex is practised without vaginal sex, and those for whom vaginal and oral sex ‘go together’? What are the motivations and choices associated with oral rather than vaginal sex? One study of young people’s motivations for engaging in oral sex concluded that the most common reason that young people chose for why other young people might have oral sex was ‘pleasure’ at 35% of responses, to improve a relationship was chosen by 30% and for popularity or reputation was chosen by 25%.⁴ How generalisable are these findings and do they pertain to the majority of people who engage in oral sex, at any age?

If we know only a little about sexual practices (including oral sex) among young people, our knowledge of older individuals is even less. Data from our ongoing longitudinal study of health and relationships can provide some initial insights for people aged 16–64 years. When asked about their most recent sexual encounter, overall 53.7% of women and 63.2% of men reported oral sex as part of that encounter; thus, oral sex can now be considered normative with regard to sexual practices. Further, 38.2% of women reported giving oral sex compared with 43.4% who reported receiving oral sex at last sexual encounter; for men the equivalent figures were 48.2% giving and 50.9% receiving oral sex. An analysis by age of the respondents shows clearly the changes associated either with ageing or with length of relationship – it is not possible to distinguish between these in our cross-sectional analysis. For women under the age of 25 years, 45% of their most recent sexual encounters included oral sex, for young men the percentage was even higher at 61%

for men between the ages of 16 and 20 years and 48.3% for men between the ages of 21 and 25 years. In contrast, only 15% of women aged 56–60 years at the time of interview reported oral sex at last sexual encounter, and 30.6% of men in that age group reported oral sex. We need further analysis to investigate the cofactors associated with oral sex, including the nature of the relationship (casual or regular), the length of that relationship and the satisfaction or difficulties associated with the relationship.

Finally, to return to the starting point of these debates about oral sex the question may be why are we focussed on young people, particularly young people not engaged in vaginal sex? They are likely to be at less risk of STI, HIV and pregnancy than their more sexually experienced counterparts. However, most oral sex is happening concurrently with vaginal or anal sex and so must be understood within the context of a more complex and multifactorial sexual encounter, yet these other activities seem somehow less worthy of consideration or our attention. Could it be that the basis of our concern for these young people is a moral one, rather than a health concern? Is this a further promotion of the sexual agenda currently predominant in the USA? Perhaps we should be grateful to Presidents Bush and Clinton that at least we can now ask these questions.

Conflict of interest

None declared.

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