



Adolescent Sexual Development

STAGE	FACTS	TIPS
<p>Early Adolescence</p> <p>females: 9-13 years males: 11-14 years</p>	<ul style="list-style-type: none"> • Puberty as a hallmark. Beginning of extreme growth of height/weight lasting 2-4 years. • Concern with body changes and privacy. Faster growth of extremities affecting coordination. Breast and genital enlargement in response to an increase in hormones. • Same-sex friends and group activities. • Concrete thinking. Beginning to explore new ability to think abstractly. Indecisiveness and lack of understanding. • Exploring music, hair and clothes. Media influence high. • Sexual fantasies are common and may serve as a source of guilt. • Masturbation begins during this period and may be accompanied by guilt. • Sexual activities are usually nonphysical. Early adolescents are often highly content with nonsexual interactions, such as telephone calls to peers. • Gay, lesbian and bisexual youth may feel differently without knowing why. • Menstruation begins for many females. 	<ul style="list-style-type: none"> • Effective communication tools for these teens must be very specific. • Use health education materials that emphasize style rather than tables, graphs and wordy explanations. • Focus on issues that most concern this age group (weight gain, acne, physical changes). • Foster development of positive identity.
<p>Middle Adolescence</p> <p>females: 13-16 years males: 14-17 years</p>	<ul style="list-style-type: none"> • Extremely concerned with appearance and one's body. • Experimentation with relationships and sexual behaviors. • More emphasis on physical contact • Movement towards defining sexual identity, often accompanied by identity confusion. • Increased abstract thinking ability. • Full physical maturation is attained. • Dating and making out (petting) are common and casual relationships with both noncoital and coital contacts are prevalent. • Sexual behaviors do not always match sexual identity. • Denial of consequences of sexual behavior is typical. Improving with age. • Often risk takers view themselves as invincible. 	<ul style="list-style-type: none"> • Healthcare provided in an authoritative manner might incite rebellious behavior at this age. • Teens must identify with the healthcare message to ensure compliance and success. • Illness may be used to avoid emotional or social problems. • Peer counseling, if carefully selected, can be effective with this age group. • Focusing on prevention and harm reduction is key during this stage. • Avoid making assumptions about sexual orientation and activities. Be sure to ask specific questions. • Be aware of the confusion sexual orientation may cause and help to provide gay and lesbian youth with role models and support systems.
<p>Late Adolescence</p> <p>females: 16-21 years males: 17-21 years</p>	<ul style="list-style-type: none"> • Body image and gender role definition nearly secured. • Attainment of abstract thinking. • Greater intimacy skills. • Sexual orientation nearly secured. • Concern for the future. • Sexual behavior becomes more expressive. 	<ul style="list-style-type: none"> • More abstract reasoning allows for more traditional counseling approaches, including consequences for decisions.