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Sexually Experienced Adolescents' Thoughts About Sexual Pleasure

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Little research on adolescents has examined developmentally normative facets of sexuality that are not obviously linked to physical health. The purpose of this secondary data analysis was to qualitatively analyze adolescents' thoughts about and experiences with sexual pleasure. The study sample consisted of 56 sexually experienced, ethnically diverse, predominantly female adolescents who were participating in a Web-based intervention to promote healthy sexual decision making. Comments on one message board, "Sexual Pleasure: Does It Matter to You?," provided an opportunity to examine adolescents' thoughts about and experiences with sexual pleasure, as well as their communication with partners about that topic. Adolescents' comments demonstrated that they experience difficulties with pleasure in their sexual relationships. Adolescents generally believed that men are more likely than women to feel pleasure due to differences that include biology, understanding of one's body, and control over partnered sexual behavior. Adolescents defined inequality of received pleasure differently and discussed contexts in which inequality may be acceptable. Adolescents expressed motivation to communicate with partners about sexual pleasure. However, their statements suggested they often lack the skills to do so. Future prevention and intervention programs should equip adolescents with skills to communicate with partners about sexual pleasure.

The literature on adolescent sexual and reproductive health is extensive but has traditionally focused on incidence and prevention of negative health outcomes (e.g., unwanted pregnancy, sexually transmitted infections [STIs]) (Centers for Disease Control and Prevention, 2011; Hamilton, Martin, & Ventura, 2013; Kost & Henshaw, 2012). Little research has focused on developmentally normative facets of sexuality that are not obviously linked to physical health, such as sexual pleasure and communication about this topic with romantic and sexual partners (Tolman & McClelland, 2011). This is true despite a rather well-developed body of

conceptual work relevant to sexual pleasure among adults. Definitions of sexual health and related constructs, as well as theories of sexual health and sexual satisfaction, provide guidance with respect to the study of sexual pleasure among adolescents. This conceptual work is reviewed in this section, as well as the limited empirical literature on sexual pleasure among adolescents and emerging adults.

Sexual health, as defined by the World Health Organization (2006), "is not merely the absence of disease, dysfunction, or infirmity" but also encompasses "a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences." Integral to the development of sexual health are sexual self-concept and self-efficacy (Anderson, 2013). Sexual self-concept is defined as an individual's overall concept as a sexual person; this includes

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positive aspects of sexual experiences such as arousability and agency (Impett & Tolman, 2006). Sexual self-efficacy includes the ability to enact one's sexual desires and goals, including the achievement of orgasm, as well as language to talk about sexual preferences, expectations, and boundaries (Anderson, 2013).

The sexual health model (Robinson, Bockting, Rosser, Miner, & Coleman, 2002) and related empirical research provide insight with respect to how formative experiences, such as communication with a sexual partner about pleasure, may contribute to the development of sexual health. The sexual health model focuses on an individual's overall sexual well-being. It is also relevant to public health more broadly, in that it assumes sexually healthy individuals will be more likely to make health-protective choices (e.g., condom use). The sexual health model includes components that are germane to sexual pleasure, including understanding one's own sexual anatomy and functioning, feeling comfortable with masturbation and fantasy, developing a positive understanding of one's sexuality, and talking about sex with partners. Comfort with masturbation and fantasy can aid sexual functioning through examination of and familiarity with one's body, which may increase an individual's feeling of control over their body and understanding of what he or she finds pleasurable (Coleman, 2003). Masturbation may also enhance women's body image and satisfaction (Shulman & Horne, 2003). When people have developed a positive understanding of their sexuality, they may be more likely to know and ask for what they find sexually pleasurable and to set boundaries that contribute to sexually satisfying relationships (Robinson et al., 2002).

Consistent with the sexual health model, Harden (2014) has challenged researchers to adopt a sex-positive framework of adolescent sexuality. She argued that adolescent sexuality is a multidimensional construct that encompasses sexual self-efficacy, sexual self-esteem, feelings of sexual pleasure and satisfaction, and freedom from pain and negative affect regarding sexuality. Moreover, she argued that consensual sexual activities during adolescence are developmentally normative and potentially healthy, particularly within the context of a positive, authentic relationship (e.g., being able to communicate one's preferences, desires, and feelings). Harden (2014) contrasted this sex-positive framework with the predominant "risk" perspective that underlies most research on adolescent sexual behaviors.

At least one study has examined a broadly conceptualized index of sexual health among adolescents. Hensel and Fortenberry (2013) conducted a study of young women ages 14 to 17 and found that a composite measure of sexual health was associated with a variety of behavioral health outcomes, including abstinence, condom use, hormonal contraceptive use, and lower likelihood of contracting STIs. The sexual health composite measure included individual factors (sexual esteem, sexual satisfaction, low sexual anxiety) and interpersonal factors (sexual autonomy, sexual communication, relationship quality) that are consistent with the conceptualizations of sexual health described by others

(Anderson, 2013; Impett & Tolman, 2006; Robinson et al., 2002). The sexual health composite measure also included more traditional correlates of health-protective sexual behaviors (pregnancy prevention attitudes, condom use efficacy). Hensel and Fortenberry (2013) concluded that the adoption of a multidimensional model of sexual health is important for promoting positive sexual development among young people.

A small body of research has specifically examined sexual pleasure among adolescents and emerging adults. This research has identified factors associated with sexual pleasure and sexual enjoyment. One such factor is gender. In a nationally representative sample of heterosexual men and women ages 18 to 26, young men reported greater regularity of orgasm from any type of sex and more enjoyment of receiving and providing oral sex than young women (Galinsky & Sonenstein, 2011). Autonomy, self-esteem, and empathy were found to be associated with greater enjoyment of receiving oral sex among young women, while only empathy was associated with greater enjoyment among young men. In a subset of the same nationally representative sample, greater relationship commitment was associated with greater regularity of orgasm and enjoyment of vaginal sex among both men and women (Galinsky & Sonenstein, 2013). Perceived equity in the relationship—as opposed to thinking one's partner or oneself had a better "deal" in the relationship—was associated with greater enjoyment of vaginal sex among both men and women. Women reported greater regularity of orgasm only when they perceived the relationship to be equitable, whereas men reported greater regularity of orgasm when they perceived the relationship to be equitable or that they had a better deal. Thus, quality of relationship is another important determinant of sexual pleasure and enjoyment among young people.

Other studies suggest that positive sexual self-concept may contribute to sexual pleasure. In one study of undergraduate women, those women who possessed a positive sexual self-concept had more positive attitudes toward sexual expression, higher levels of positive sexual affect (desire and arousal), and lower levels of sexual anxiety (Cyranski & Andersen, 1998). In another study of women ages 16 to 19, positive sexual self-concept was associated with greater sexual satisfaction (e.g., happiness, liking how one's body felt, feeling closer to one's partner) (Impett & Tolman, 2006).

In support of the sexual health model (Robinson et al., 2002), masturbation appears to contribute to positive sexual health outcomes among adolescents who feel comfortable with this behavior. In a qualitative study of young women ages 16 to 18, women who masturbated reported feeling pleasure, a sense of release, and inner calmness (Hogarth & Ingham, 2009). However, feelings about masturbation, especially for young women, are highly influenced by cultural and social stigma. In a qualitative study of college students, Kaestle and Allen (2011) found that feelings of shame and guilt prevented many young adults from being comfortable

with masturbation (Kaestle & Allen, 2011). In their qualitative study, Hogarth and Ingham (2009) found that many young women felt disinterest, discomfort, or disgust in relation to masturbation. Bowman (2014) used the Internet to collect data about masturbation from more than 750 American women, nearly 80% of whom were under age 30. A factor analysis of women's endorsed reasons for masturbation yielded five factors: obtaining sexual pleasure; learning about or better understanding one's body; finding release; substituting for partner sex; and resolving general sexual dissatisfaction. Women were more likely to feel sexually empowered by masturbation when their reasons for masturbating were to obtain sexual pleasure or learn about their bodies. Collectively, studies suggest that masturbation can have positive outcomes among young people if the behavior is viewed positively.

While a variety of factors appear to be associated with sexual pleasure and enjoyment among adolescents, self-efficacy to comfortably and explicitly talk about sex with partners seems particularly relevant to the enhancement of pleasure. The interpersonal exchange model of sexual satisfaction (Byers, 1999) defines rewards as exchanges that are pleasurable and beneficial to a partner and costs as exchanges that demand effort or cause pain, embarrassment, or anxiety. A conversation about sexual pleasure between partners might be either a reward or cost, depending on the degree to which the conversation is difficult and whether the result is viewed as positive or negative. A literature search yielded no studies examining whether communication with partners increases experiences of sexual pleasure among adolescent couples. In a cross-sectional study of heterosexual couples ages 21 to 65, open self-disclosure of sexual likes and dislikes with one's partner was associated with increased sexual satisfaction and sexual functioning (Rehman, Rellini, & Fallis, 2011). This suggests that communication about sexual pleasure can be rewarding.

Research on sexual pleasure among adolescents and emerging adults must also consider the role of the sexual double standard in determining the thoughts and experiences of young people, particularly young women. The sexual double standard socializes men to value sexual experience and women to value committed relationships (Lyons, Giordano, Manning, & Longmore, 2011). It affords men more power and freedom than women to direct and engage in heterosexual interactions (Fasula, Carry, & Miller, 2014) and confers less stigma for engaging in masturbation (Kaestle & Allen, 2011). This may lead young women to be conflicted about their embodied sexual feelings, given that sexual desire may result in relational and social problems (e.g., being perceived as a "slut" may lead to denigration and isolation) (Tolman, 1994). Research on the sexual double standard among adolescents shows that social norms for sexual behavior differ by gender, with more negative social consequences for females compared to males. For example, female adolescents who violate norms dictated by the sexual double standard may be less accepted by peers and have smaller peer networks (Kreager & Staff, 2009). Conversely,

there are potential drawbacks for adolescent females who follow the sexual double standard norms. For example, young women may adopt or be viewed as having an asexual "good girl" image that is disempowering; adolescent females may fail to perceive or may deny the role of sexual pleasure in sexual decision making (Fasula et al., 2014).

To expand the research base on sexual pleasure among young people, the present qualitative study examined Midwestern American adolescents' thoughts about and experiences with sexual pleasure and communication about this topic with sexual partners. Adolescents provided comments while participating in TeensTalkHealth, an interactive Web-based intervention whose goal is to promote healthy sexual decision making in the context of romantic and sexual relationships. Two overarching research questions guided the present analysis:

RQ1: What are adolescents' thoughts and experiences with respect to sexual pleasure?

RQ2: What are adolescents' thoughts and experiences with respect to communicating with partners about sexual pleasure?

These questions were informed by Robinson and colleagues' (2002) sexual health model and previous literature. Specific queries were made to adolescents regarding knowledge about what one finds pleasurable and perceived equality in received pleasure within a sexual relationship. Because the goal of the TeensTalkHealth intervention was to promote condom use and other healthy decision making, a specific query was also made to assess whether adolescents believed sexual pleasure was linked in any way to engagement in health risk or health-protective behaviors.

As sexuality is influenced by culture, this study examined thoughts and experiences that may be particularly relevant to young people living in the Midwestern United States. Findings from the present study can be integrated with current and future literature to understand what is similar and dissimilar across the experiences of young people from different geographic regions and cultures.

Method

Procedure and Participants

Data about sexual pleasure were collected from 56 adolescents who participated in the intervention arm of a pilot randomized controlled trial (RCT) of TeensTalkHealth, an interactive, Web-based intervention to promote condom use and other healthy decision making. The intervention was guided by the information-motivation-behavioral-skills (IMB) model of human immunodeficiency virus (HIV) risk reduction (Fisher, Fisher, Bryan, & Misovich, 2002) and communication theory (Fishbein & Cappella, 2006) to provide sexual health and risk reduction knowledge, motivation to engage in health-protective behaviors, and skills to

negotiate condom use and remove barriers to healthy decision making. The TeensTalkHealth study was approved by the University of Minnesota institutional review board (IRB), and a federal certificate of confidentiality was obtained.

Participants were recruited from three community clinics and three schools in metropolitan regions of Minnesota between January and October 2011 (Brady et al., 2015). The metropolitan regions (Minneapolis, St. Paul, and surrounding suburbs) are diverse, with higher numbers of multiracial individuals and racial/ethnic minorities than other areas of the state (Minnesota State Demographic Center, n. d.). Adolescents were eligible to participate in the study if they were ages 14 to 18 at the time of enrollment, had engaged in vaginal or anal sex at least once in the past three months, and typically used the Internet at least twice a week for a total of two hours. Adolescents who graduated from high school prior to spring 2011 or who were pregnant at the time of screening were ineligible for study participation. Pregnant adolescents were excluded from the present study because their relationship concerns were likely to differ in important ways from their nonpregnant peers (e.g., maintaining a relationship with the father, potentially navigating a new romantic relationship when one has an infant child); we also anticipated that they would represent a small proportion of adolescents on the Web site. In-person enrollment meetings were scheduled to obtain parental consent and the assent of adolescents under age 18. Adolescents who were already age 18 provided consent and did not need to be accompanied by a parent. As part of the enrollment meeting, participants chose a nonidentifying username and password to use on the Web site. Study involvement included a preintervention period, four-month intervention period, and two-month follow-up. Through completing seven surveys and assigned tasks, participants could earn a maximum of \$140 across the study period.

A total of 147 adolescents participated in the pilot RCT. The TeensTalkHealth intervention group consisted of 92 adolescents. The present study's purposive sample of 56 adolescents consisted of intervention group participants who were interested in interacting with other adolescents on a Web site that focused on healthy relationships and sexual health, and who were further interested in commenting on a sexual pleasure message board.

TeensTalkHealth Intervention

Adolescents in the intervention condition accessed Web site content for a four-month period. Although users were free to access any content that was available from the time they joined, health educators assigned standard weekly content through a section of the Web site called My Required Tasks. Participants were instructed to watch video vignettes that were three to five minutes in length, read teen-friendly articles, and participate in discussion topics posted by health educators. These materials served as conversation catalysts on message boards

visible to all adolescents participating in the intervention. Topics addressed planning for condom-protected sex, advocacy for condom-protected sex, and handling consequences of unprotected sex. Topics also addressed an array of factors that may impact condom use and other healthy decision making in the context of romantic and sexual relationships, including sexual pleasure. Each unique topic (video vignette, adolescent-friendly article, discussion topic) was associated with its own message board discussion. While the purpose of the intervention was to promote condom use and other healthy decision making, health educators on message boards encouraged adolescents to fully express their thoughts and feelings about a topic. For this reason, message boards may also be viewed as a forum for asynchronous focus groups on a specific topic (Wilkinson, Iantaffi, Grey, Bocking, & Rosser, 2014).

During the intervention period, all submitted comments by adolescents were read at least daily and approved by health educators before they appeared publicly. When enrolled, adolescents were told that identifying information and abusive language directed toward other Web site users would be removed. Potentially identifying information was rarely submitted (i.e., a few occasions); abusive language was never submitted. No other censorship of adolescents' comments was made.

Comments Analyzed in the Present Study

Comments on one message board provided an opportunity to examine sexually experienced adolescents' thoughts about and experiences with sexual pleasure, as well as their communication with partners about that topic. The following introduction and discussion questions were posed to participants at the beginning of a message board topic titled "Sexual Pleasure: Does It Matter to You?":

Some people hold back from saying what makes them feel good in a relationship, and this can be especially true when it comes to sex. It's not always easy to give pleasure to a partner. Even if someone wants to make their partner feel good, they often need guidance. Each person has to know what feels good to them and then feel comfortable sharing this. Otherwise you might be left guessing.

1. What are some different reasons for why people don't talk about pleasure? Do you think all men and women know what feels good to them physically? Is physical pleasure the only thing to consider, or are there other ways of feeling good? How can you help a partner feel comfortable communicating what they want?
2. With most partners, is sexual pleasure equal? Or does one person give more than they get in return? What does it depend on? When is it unfair, and when is it okay?

3. If you expect that a sexual experience should be pleasurable, does this impact the kind of decisions you make about relationships and sexual health? Do people who expect pleasure from sex take more risks or less, and why?

After reading the “Sexual Pleasure” introduction and discussion questions, adolescents were prompted to participate in the corresponding message board discussion. Adolescents were asked to answer a question posed by health educators, respond to another adolescent’s comment, or express any other thought about the topic. Health educators moderated discussion by providing health-promoting information, motivation, and behavioral skills in response to adolescents’ comments and questions. Health educators attempted to decrease social desirability by creating an environment where any expressed thought by an adolescent was valued. Comments that supported potentially unhealthy attitudes or behaviors were responded to in a nonjudgmental style that encouraged further discussion from both the individual and the group. Moderation guidelines are included in Appendix A. Adolescents’ comments, rather than health educators’ responses, are the focus of the present study. Health educator questions and comments that were posted to the message board are included in Appendix B.

Analytic Approach

An in-depth qualitative analysis of participants’ comments in response to the “Sexual Pleasure” topic was conducted. Comments made by adolescents were coded using thematic analysis (Braun & Clarke, 2006) and organized according to theme. The process for rigorous thematic analysis as described by Braun and Clarke (2006) was followed, including the collation of codes into potential themes and the iterative review of how themes related to one another in the construction of a cohesive story. Analysis consisted of a series of inductive and deductive open coding grounded in the responses to a priori questions from health educators, as well as emergent data generated organically by participants (Massey, 2011). An entire comment by a participant was treated as the unit of analysis with respect to assignment of codes. Comments and their corresponding codes were categorized under major themes and sub-themes using NVivo (QSR International, 2012), specialized software for organizing qualitative data. Coding and categorization of comments was performed by the first author, with frequent discussion with the principal investigator of TeensTalkHealth. Codes were agreed on by both individuals before being included. Data were organized under the discussion question to which specific codes best related. Selected quotes from participants’ comments were identified to illustrate themes and sub-themes. Notes are made to indicate whether comments

were in direct response to a health educator’s question or comment. The first author addressed the trustworthiness of data through maintaining a methodological journal, maintaining faithfulness to participants’ words, and discussion with the principal investigator of the TeensTalkHealth intervention throughout the coding process (Shenton, 2004). Reflexivity was addressed by reflecting on any biases or assumptions in a separate section of the methodological journal (Berger, 2015).

Results

Sample Demographics and Characteristics

The study sample consisted of 56 adolescents who commented on the “Sexual Pleasure” message board topic. The average age of participants at baseline was 17.5 years ($SD = 1$). A majority of study participants were female ($n = 53$, 95%). Participants’ self-reported race and ethnicity were coded into the following categories: Caucasian (54%), African American (13%), Asian American (7%), Hispanic (1%), and multiracial (25%). No significant differences were found between individuals who commented on the topic under study ($n = 56$) and those who did not ($n = 36$) in terms of age and race/ethnicity. The proportion of men who commented on the sexual pleasure topic was less than the proportion of men in the TeensTalkHealth intervention sample ($p < 0.01$).

Themes and Subthemes

Data are organized by “Sexual Pleasure” discussion question to show how comments may have been elicited by specific questions posed by health educators.

Discussion Questions

Do You Think All Men and Women Know What Feels Good to Them Physically? Is Physical Pleasure the Only Thing to Consider, or Are There Other Ways of Feeling Good? Participants discussed several factors they believed influence an individual’s experience of pleasure, including knowledge about what one finds pleasurable, gender and biological sex, and different aspects of one’s relationship with a partner.

Influence of Self-Knowledge on Pleasure. With respect to knowledge, a few participants asserted that people know what they find pleasurable, while many more asserted that people *do not* know what they find pleasurable. Several comments expressed the beliefs that people learn what is pleasurable by trying new things and that people who masturbate have a better understanding of what they find pleasurable. These comments appeared to generate reflection among other adolescents about how

their experience or lack of experience with masturbation may inform or hinder what they know about pleasure, respectively: “I don’t talk about it too much because I personally don’t know what feels good to me since I’ve never masturbated” (multirace female, 17 years).¹ A couple of participants highlighted personal experience with sex as a factor that influences pleasure, including one’s ability to provide pleasure for a sexual partner. As one young man noted, “I believe sexual please depends on sexual experience. Lately i have been with girls who are less experienced then me, so I’ve been giving more then receiving because they don’t know exactly what pleases a guy” (white male, 17 years).

Influence of Gender and Biological Sex on Pleasure.

For many participants, gender and biological sex were closely linked to whether an individual knew what was pleasurable and if pleasure was likely to be experienced during sexual activity. Several participants commented that pleasure does not always happen for young women while it almost always does for young men. Participants stated that men seemed to be the ones in control and the ones more likely to experience pleasure in the context of a heterosexual relationship. A couple of participants stated that most men were just concerned with “getting off” rather than assuring that pleasure was mutual. One participant stated that young women seem to think that pleasing a man is more important than feeling pleasure themselves. While many participants believed that males were more likely to experience pleasure than females, one participant noted that young men cannot “get off” or orgasm as often as young women.

In addition to describing gender-based differences in pleasure, participants described ways that biological sex can impact pleasure. Participants stated that women’s bodies are more complicated and that it is harder for women to masturbate, feel pleasure, and know what they find pleasurable in comparison to men. One participant expressed her feelings about masturbation in response to the health educator’s questions:

When it comes to me, I personally don’t quite know what pleasures me. It’s easier to know when you masturbate and study your body and what you like, but when it comes to people, like me, who don’t masturbate it’s harder to know what feels good and what doesn’t for your body. I don’t want to masturbate, not because I’m against it, but because I’m not comfortable with touching myself down there. In my opinion, it seems that it’s easier for a guy to know what feels good because, well, their penis is out there. They don’t have to go into themselves and feel around like us girls do. It’s difficult. (White female, 17 years)

In addition, a couple of participants expressed the belief that receipt of oral sex is more common for men than for women because of biological differences: “I think women

are more likely to feel less pleased because oral on a guy is pretty standard. A woman’s body is more complex and can be intimidating for a guy” (white female, 17 years).

Influence of Relationships on Pleasure. In addition to one’s knowledge about sex and gender, type of relationship was discussed as a factor that influences pleasure. Without being queried by health educators, one adolescent stated that sex is more pleasurable with someone you love; another commented that in a one-night stand, pleasure will not be shared: “It all depends on the type of relationship you have with each other. If the both of you care for each other than pleasure will be mutual. He’ll do things to satisfy her and vice versa. But in a relationship like a One Night Stand pleasure won’t be shared” (African American female, 17 years). Relationship quality was also highlighted as a factor that impacts pleasure. One participant stated that comfort with a partner increased pleasure.

While physical pleasure during sex was discussed most often, some participants highlighted the importance of non-physical aspects of pleasure in response to the health educator’s question. Participants described different aspects of relationship quality that were linked to nonphysical pleasure, including communicating well, spending time with one’s partner, encouraging each other, and being loved. Creating a comfortable atmosphere during sex was also described as an important nonphysical aspect of pleasure: “There are other ways of feeling good that is not just physical. During sex, understanding one another is pleasurable. Communicating well with one another is pleasurable. Creating an atmosphere that is right is pleasurable” (white female, 18 years).

Participants offered one another advice about relationships, sex, and pleasure more generally. Participants suggested getting to know one’s partner to have a better relationship, and understanding that sex by itself will not make two people closer. In response to another participant’s comment, one adolescent said:

A number of people kind of rush into sex and think that if they have sex with their boy/girlfriend, then they’ll be closer. That’s not really how it works. And as a result from this, it may seem awkward to bring up the topic of sex to their partner. Couples need to get to know their partner, if they want a better relationship, and talk about sex before it actually happens. (Multirace female, 17 years)

In response to a health educator’s question, another participant stated that when one is satisfied with things other than sex in the relationship, more sexual pleasure will be experienced.

What are Some Different Reasons for Why People Don’t Talk About Pleasure? How Can You Help a Partner Feel Comfortable Communicating What They Want? Communication was acknowledged as an important but often difficult way for an individual to share personal sexual preferences with a partner. Participants

¹ Participants are quoted verbatim without editing of spelling or grammatical mistakes.

described barriers to communication about sexual pleasure that were related to personality, emotions, cognitions, relationships, gender, and context. Personality-related barriers to communication about sexual pleasure included having a reserved personality and fearing to be too demanding during sex.

Emotion-related barriers such as embarrassment, uncertainty, discomfort, and awkwardness were the most frequently mentioned barriers to communication. Often, emotion-related barriers appeared to be linked with a cognitive barrier. Several participants described how lack of knowledge about what one finds pleasurable may prevent an individual from communicating with a partner. In response to the health educator's questions, one participant made the connection between self-knowledge and communication about pleasure: "I think some people don't know what needs to happen in order for them to feel good so that's why it's so hard to bring up to their partner" (white female, 18 years).

Other cognitive barriers to communication about sexual pleasure included thinking one is expected to know what one finds pleasurable, fearing that one's desires are not normal, fearing how a partner will react to desires, not knowing how to bring up desires in a conversation, not wanting to feel like one is doing something wrong, not wanting to make a partner feel like he or she is not doing things the right way, and fearing that one will hurt a partner's feelings, as illustrated by this respondent's comment: "I think a reason why partners don't talk about pleasure is because they're scared they'll hurt their partners feelings (if their sensitive) Their partner might take it personally if the other persons pleasure isn't getting fulfilled" (White female, 18 years).

Other comments identified relationship-related barriers to communication about sexual pleasure, including a partner only being casual, not knowing one's partner very long, not knowing one's partner very well, not feeling comfortable with one's partner, and feeling like one's partner does not care about giving sexual pleasure. In response to the health educator's question, one participant highlighted the importance of feeling comfortable with a partner: "Some people don't really take the time to get comfortable around there partner before sex which makes it hard for them to have that conversation about what makes them feel good or how they like to me pleased sexually" (African American female, 18 years).

A couple of participants highlighted gender-related barriers to communicating about pleasure with sexual partners. These participants stated that young women fear being viewed negatively if they talk about pleasure. In response to this concern, a health educator asked what advice participants would give others who have trouble talking about pleasure with sexual partners. One adolescent responded:

A lot of girls keep to themselves about it, because they don't want to sound like a slut to guys or something, when really guys probably like hearing girls being interseted in sex. That

way they don't feel like they are the only one thinking about it and so on. (White female, 18 years)

Contextual barriers to communication were also highlighted by participants. These barriers were related to timing of sex. Participants stated that sex could happen too quickly to talk in the moment and that sex could happen too quickly in the relationship to comfortably talk later.

While many participants identified barriers that make communication difficult and uncomfortable, participants also acknowledged there were benefits to communication about sexual pleasure. Benefits included gaining reassurance that one is not alone in thinking about sex, turning on one's partner through communication, obtaining feedback, resolving difficulties, not having to guess what a partner finds pleasurable, both people being more likely to enjoy the sexual experience, feeling satisfied that one is pleasuring one's partner, and strengthening the relationship. Several participants highlighted the importance of communication, stating that one should talk about sex before it happens and that once one felt closer to a partner it would become easier to talk about sex. One participant encouraged others to communicate with their partners as a means of enhancing the sexual experience: "Your partner doesnt know what you feel during sexual relations. You have to let them know what feels good and what doesnt. Some people dont want to be too demanding during sex. Honeslty, a lot of people think its a turn on" (White female, 16 years). Another participant shared with others that communication could be a means of strengthening one's sexual relationship: "I love feed back so I encourage my partner to give me feed back after sex and I do the same for him. I feel that by giving each other feed back our sexual relationship will become stronger" (African American female, 18 years).

In response to the health educator's question, participants suggested several strategies for communicating about sexual pleasure. These strategies included asking questions, telling a partner what one wants, writing things one wants to say to prepare for a conversation, providing feedback when one likes something, and providing feedback when one does not like something. One participant shared the following advice with others: "You can help a partner feel more comfortable about communicating what they want by asking them questions or by telling them what you want" (Asian American female, 19 years).

Other strategies included suggesting a new position, saying things in a sexier voice, telling a partner what is wanted in the moment, waiting to see what a partner tries instead of providing instruction, and providing nonverbal cues. As one respondent offered: "I think actions speak liuder tha words. It may feel uncomfortable for people to talk about stuff like that so they can show it through their emotions and actions better!!" (African American female, 16 years).

With Most Partners, Is Sexual Pleasure Equal? or Does One Person Give More Than They Get in Return? What Does It Depend On? When Is It Unfair, and When Is It Okay?. Many comments from participants could be grouped under the themes of whether pleasure is typically equal between partners and whether pleasure needed to be equal. These themes could be further divided into beliefs about mutual pleasure, definitions of inequality of received pleasure, beliefs about inequality, experiential attitudes toward inequality, contexts where inequalities in received pleasure may be acceptable, and strategies to resolve inequality of received pleasure.

Several beliefs about mutual pleasure in the context of a relationship were expressed by participants, including that mutual pleasure is important; healthy relationships have mutual pleasure; and sex does not mean anything without mutual pleasure; For example, one participant asserted, "I feel like a sexual experience should entirely be pleasurable. Otherwise what's the point?" (multirace female, 14 years).

Participants defined inequality of received pleasure in different ways, including when one partner receives more pleasure than the other; oral sex and foreplay are not equal between partners; one person likes to give pleasure more than receive it; one person is uncomfortable with having sex; and a person is forced to do something he or she does not want to do. Participants were divided in their opinions of whether sexual pleasure could be equal in a relationship. Comments expressing that sexual pleasure was not always equal were more frequent than comments expressing that sexual pleasure should be equal and that equal pleasure was attainable.

Experiential attitudes toward inequality of received pleasure were generally negative. Participants asserted that inequality was annoying, frustrating, unfair, rude, and selfish. One participant described her difficulty attempting to create mutual pleasure in her relationship: "I've communicated with my partner many times about what feels good and they have yet to try anything. I think to be in a healthy relationship, there should most definitely be mutual pleasure" (white female, 16 years).

In contrast, a minority of participants stated that personally experiencing sexual pleasure was not important:

I don't think sexual pleasure is usually equal. One person is usually giving more than they get in return (which, in my case, is me). This is because I don't really specifically know what pleases me, whereas my boyfriend definitely knows what works for him. I'm okay with it, though, because my sexual pleasure isn't really that important to me. I'm more concerned with if he gets off. (Multirace female, 17 years)

Several participants asserted that inequality in received pleasure may be acceptable, depending on what individuals in a relationship think. Acceptable explanations for inequality included the pleasure being unequal for only

some of the time, there being agreement about the situation, and not being bothered by inequality. Comments about the acceptability of inequality often reflected gendered relationship dynamics. For example, this respondent stated:

Sexual pleasure being totally equal is attainable, but sometimes I feel for girls more than guys, it is given more than returned. Oral sex for males rather than females seems to be pushed a little more, and whoever is giving it doesn't get much in return. It's easy to say it's unfair in excess or if it's not returned back, but it all depends on what both partners really think. (Asian American female, 17 years)

A couple of participants believed that inequality of received pleasure was acceptable as long as there were no uncomfortable demands or forced sexual acts.

Overall I think in most relationships sexual pleasure is equal but I don't think it's unfair if it isn't equal. Sometimes one person wants to do something sexually more than the other but next time the roles could be reversed. It's only unfair when one person is uncomfortable or forced to do something that they either don't want to do or don't want to do at the time. (White female, 18 years)

A handful of participants suggested strategies to resolve inequality of received pleasure, including talking with one's partner and one person exerting effort to make up a difference in pleasure. For example, one participant stated, "Some positions may feel better for one partner and less so for the other. It is important to talk about these things and to give and take" (White female, 18 years).

If You Expect That a Sexual Experience Should Be Pleasurable, Does This Impact the Kind of Decisions You Make About Relationships and Sexual Health? Do People Who Expect Pleasure From Sex Take More Risks or Less, and Why? In response to queries by health educators on the TeensTalkHealth Web site, a couple of participants linked pleasure and communication to health. Comments focused on whether pleasure impacts relationship choices and taking sexual risks: "It does not impact my choices in relationships, but it does impact my decisions on sexual health ... I think people who expect pleasure take more risks, to see what they really like" (multirace female, 16 years).

One participant responded to the question by suggesting that cultural discomfort in talking about sex may be related to high rates of adolescent pregnancies in the United States:

unfortunately some people are really awkward and not open about these kinds off things in america and i think thats the reason for so many teen preganancies because everyones closed about whats actually going on behind their 16 year olds bedroom door or probably in the basement. (Multirace female, 16 years)

Discussion

Adolescents in the present study were sexually experienced and predominantly female. Their comments mainly referenced sexual behaviors in the context of heterosexual relationships. These sample characteristics are notable given the wide variance observed in the degree to which adolescents appeared to experience sexual pleasure.

Difficulties experiencing pleasure were often attributed to a lack of knowledge about what one finds pleasurable. Several adolescents expressed the belief that males experience pleasure more frequently than females because they have a greater foundation of knowledge about their bodies. Masturbation was viewed by many adolescents as an essential tool for understanding one's body and what one finds pleasurable. However, several female adolescents expressed discomfort with masturbation or difficulty masturbating because of biology. This finding is consistent with other qualitative research of masturbation among young females. In Hogarth and Ingham's (2009) study of female adolescents ages 16 to 18, several participants expressed disinterest in or discomfort with masturbation. However, other participants linked masturbation to benefits such as feeling pleasure, a sense of release, and inner calmness.

Discomfort and difficulty expressed by adolescents in the present study may have been due, in part, to lack of knowledge about female sexual anatomy and functioning. For example, one adolescent was initially unaware that she could experience sexual pleasure without having to "go inside" herself. Another adolescent noted that "it is easier" for males than females to masturbate. In addition to biology, gender norms appear to influence knowledge about what may be pleasurable. In Kaestle and Allen's (2011) qualitative study of masturbation among young adults ages 18 to 24, participants believed there was a double standard regarding masturbation. Specifically, women are not encouraged to explore their bodies and seek pleasure to the same degree as are men. Because masturbation increases knowledge of what one finds pleasurable, it also may increase the likelihood that individuals, particularly young women, will have more pleasurable sexual experiences when they choose to have sex. Comments by participants in the present study support this perspective.

Adolescents in the present study differed in their opinions as to whether equality of received pleasure was necessary in a relationship. This was due, in part, to adolescents' expectations that received pleasure would "even out" over the course of a sexual encounter or over time. Some adolescents expressed the belief that sexual experiences *should* be pleasurable. However, others expressed little interest in receipt of pleasure (e.g., "I'm more concerned with if he gets off"). Among most participants, inequality was viewed as acceptable only when there had been efforts to ensure that both members of the couple were comfortable with the situation. While adolescents in the present study were prompted to comment on equity of received sexual pleasure, overall equity in a relationship may be an important

determinant of pleasure. In Galinsky and Sonenstein's (2013) nationally representative sample of emerging adults ages 18 to 26, perceived equity in the relationship (i.e., no one having a better "deal") was associated with greater frequency of orgasm and sexual enjoyment among both young men and women.

Communication was acknowledged as an important but often difficult way for an individual to share personal sexual preferences with a partner. Comments demonstrated that adolescents have motivation to communicate with partners about sexual pleasure but sometimes lack the skills to initiate conversations and speak candidly. Many adolescents explicitly or implicitly referenced barriers to communicating, such as embarrassment or uncertainty. Emotion-related barriers were typically linked to specific cognitions, such as thinking that one should know what is pleasurable for oneself or one's partner, one's desires were not normal, and a partner would react negatively to specific requests. Relationship-related barriers to communication were also highlighted by adolescents. These barriers included not knowing one's partner very long or very well. Adolescents also described benefits of communication, such as improved relationship quality and feeling better able to meet a partner's sexual needs. The role of relationship quality in promoting one's own pleasure was also highlighted by adolescents. Participants' discussion of the benefits and barriers to communication is consistent with the interpersonal exchange model of sexual satisfaction (Byers, 1999). Adolescents appeared to vary in their perceptions of whether the rewards of having a conversation about sexual pleasure with a partner would exceed the costs, suggesting inconsistent patterns of communication and sexual satisfaction across relationships.

Implications for Sexuality Education

Findings from the present study can inform the manner in which adults address sexual health with adolescents. Adolescents had much to say about personal, relationship, and gender- or biologically based factors that may impact pleasure. Many female adolescents in the present study lacked knowledge about sexual anatomy and functioning, lacked comfort with masturbation, and felt reluctant to talk with partners about sexual pleasure. This highlights the importance of addressing different components of the sexual health model (Robinson et al., 2002) and the sexual health construct developed by Hensel and Fortenberry (2013) when providing sexuality education to adolescents, as opposed to only addressing behaviors that lower risk of unplanned pregnancy and STI transmission. Such an approach would be consistent with Harden's (2014) sex positive framework of adolescent sexuality, as well as recommendations made by Tolman and McClelland (2011) based on a review of adolescent sexuality research from 2000 to 2009.

Limited response from participants to a health educator's question about a possible connection between sexual

pleasure and sexual health suggests that adolescents may not perceive a relationship between the two. However, Hensel and Fortenberry's (2013) study of young women ages 14 to 17 suggests that factors such as sexual esteem, sexual satisfaction, sexual autonomy, and sexual communication contribute to health protective sexual behaviors, such as use of condoms and contraceptives. Sexuality education in schools typically does not include instruction on sexual pleasure and skills for communicating about this topic with a partner (Fine & McClelland, 2006). Sexual pleasure is not part of national sexuality education standards core content (Future of Sex Education Initiative, 2011). As Allen (2004) argued, the absence of discussion about sexual pleasure negatively impacts adolescents in many ways. Female adolescents are positioned as passive recipients of male desire and sexual behavior is framed as purely for procreation; both outcomes confine adolescents of all genders to hegemonic, heteronormative constructs of sexuality (Allen, 2004). However, some newer curricula designed for older adolescents include education about sexual pleasure and communication skills around pleasure (Charles, Kirby, Lepore, Walker, & Coyle, 2011; The Population Council, 2011).

Adolescents may be better able to communicate about sexual pleasure—and enhance the overall quality of their sexual experiences—if they delay having sex until they are familiar with their bodies, are comfortable with a potential partner, and have developed the skills to discuss sexual responses with a partner. When talking with adolescents, adults should emphasize the time required to understand how one's body works (Robinson et al., 2002). This may lead adolescents to become more patient with themselves and their partners. Comfort communicating with one's partner about sexual pleasure was linked by participants in the present study to several relationship characteristics, including whether one was in a committed relationship, the quality of the relationship, and if one talked about sex before having sex. This highlights the advantage of delaying sex with a potential partner until the adolescent knows the person well and is confident of the partner's investment in his or her pleasure and overall well-being. Adolescents in the present study did not specifically comment on the potential benefits of waiting until one is older to engage in sexual activity. However, it is plausible that waiting to have sex until one is familiar with one's body and perceives value in communicating about pleasure may enhance the quality of young people's sexual experiences. In support of this idea, a one-year prospective study of young women ages 16 to 25 at baseline found that perception of one's entitlement to sexual pleasure and desire increased over time (Zimmer-Gembeck, Ducat, & Boislard-Pepin, 2011). In their study of young women ages 14 to 17, Hensel and Fortenberry (2013) found that greater sexual health was associated with greater likelihood of abstinence as well as greater frequency of sexual behavior, condom use, and contraceptive use. While this may seem counterintuitive, Hensel and Fortenberry proffered that sexual health may impact behavior in different ways depending on an adolescent's

developmental stage. By discussing sexual pleasure with adolescents and providing communication skills, adults may reduce barriers to communication and normalize communication as an essential part of healthy sexual relationships.

The present set of findings suggests that young women, in particular, need support to validate the importance of their own pleasure and to learn skills to communicate about what they find pleasurable. Young women face increased burden and risk due to a lack of open discourse around their sexuality and pleasure (Fine & McClelland, 2006). Adults may need to challenge the belief that thinking and talking about pleasure would make young women seem like "sluts." Because adolescents' sexual and social behavior is influenced by peer groups, peer norms and social pressures also must be addressed when providing sexuality education to adolescents (Lyons et al., 2011). Young women may not feel comfortable communicating unless their sexual partners and peers are supportive of self-disclosures about pleasure.

Strengths and Limitations

Strengths of the present study include its innovative approach to collecting qualitative data. Adolescents engaged in moderated conversation on message boards that were part of a secure Web site; message boards functioned similarly to asynchronous online focus groups (Wilkinson et al., 2014). By using nonidentifying screen names, participants may have perceived fewer barriers to disclosing their thoughts about sexual pleasure. Because participants had access to the "Sexual Pleasure" topic during the course of a four-month intervention, they may have had more time to formulate thoughtful responses to health educators' questions.

Several limitations must also be acknowledged. Anonymity and moderation guidelines followed by health educators were intended to reduce the potential effects of social desirability. However, it is possible that adolescents shaped their statements to conform to perceived norms or intervention goals. Conversely, the present study's sample of adolescents may have been more comfortable articulating their true thoughts about sexual pleasure than typical adolescents, given their decision to comment on the sexual pleasure message board. TeensTalkHealth participants were a convenience sample comprised primarily of female adolescents who attended sexual health clinics in one geographic area. While participants were not asked to identify their sexual orientation, the majority of comments referenced either heterosexual relationships or dynamics. Thus, adolescents in the present study may not represent the views and experiences of adolescents more broadly. Adolescents in the United States differ from their global peers with respect to sexuality, which further limits transferability of findings. For example, compared to adolescents from countries in Asia and Latin America, first sexual intercourse for adolescents from the United States typically occurs outside the context of marriage (Bearinger, Sieving, Ferguson, & Sharma, 2007). Young

women in the United States may have greater choice and less guidance in terms of choosing partners with whom they may eventually have sex. Gendered norms around communication about sexual pleasure are also likely to differ. These differences may impact adolescents' understanding of their sexuality as well as their sexual decision making about the appropriateness or potential benefits of communicating about pleasure.

Despite limitations, the present study makes notable contributions to the literature. Findings are consistent with conceptual frameworks of sexual health that have not been tested extensively among adolescents (e.g., Harden, 2014; Hensel & Fortenberry, 2013; Robinson et al., 2002). Findings provide compelling information about young women's perceptions of gender inequities with respect to sexual pleasure. Further research, including quantitative data, is needed to determine the extent to which young women engage in sexual behaviors without experiencing pleasure, how expectations for and receipt of pleasure may change over time, and whether adolescents who expect mutual pleasure are more selective about partners and the timing of sexual behavior. Future implementation of the TeensTalkHealth intervention could be expanded to include other subsets of adolescents (e.g., pregnant and/or parenting adolescents), as sexual pleasure may be important in their relationships and sexual health decision making.

Conclusion

It is common for sexually experienced adolescents, particularly young women, to experience difficulties in attaining sexual pleasure and communicating to partners about what they find pleasurable. While adolescents believe there are benefits to communicating with partners about sexual pleasure, they can doubt their ability to initiate conversations and speak candidly. Sexuality education for adolescents should emphasize the importance of sexual pleasure for both men and women and acknowledge that it takes time to understand one's body and feel comfortable communicating one's preferences. Such discussions may lead some adolescents to be more selective in choosing sexual partners or more cautious about the timing of sexual behavior in the context of a new relationship. A focus on different components of sexual health models (Hensel & Fortenberry, 2013; Robinson et al., 2002), including sexual pleasure, may lead adolescents to experience happier and healthier relationships throughout their lives.

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Appendix A

Moderation guidelines were developed by the TeensTalkHealth research team (reference omitted). Guidelines are as follows:

1. Offer thought-provoking yet specific prompts to continue discussion.
2. Highlight adolescents' personal strengths.
3. Praise self-awareness and, when applicable, ask for additional information about thoughts and feelings that drive decision making and behavior.
4. Provide motivation (explicit rationales for engagement in health protective behavior) and cognitive-behavioral skills (explicit strategies to engage in health protective behavior) whenever possible.
5. Reframe and challenge risk-promoting statements; try to acknowledge or validate the essence of what has been said so that adolescents will be open to "hearing" a caution against risk.
6. Empathize with stressors (acknowledge difficulty) and, when applicable, provide cognitive-behavioral skills for coping.
7. Empathize adolescents' autonomy and choice with respect to behavior; foster a sense of agency.
8. Challenge the idea that it is possible to completely avoid negative experiences when choosing to engage in risk.
9. Encourage adolescents to think about how past negative experiences can inform healthy decision making in the future.
10. Encourage adolescents to plan ahead; foster a sense of intentionality.

Appendix B

TeensTalkHealth health educators posed discussion questions as part of the initial topic, "Sexual Pleasure: Does It Matter to You?" In addition, health educators posted several comments throughout the "Sexual Pleasure" message board in response to comments of participating adolescents. These comments made by health educators, as well as preceding comments made by adolescents, are presented in this appendix.

1.

Participant comment:

I agree with that. For me I think its sex comes to fast to talk about those things before hand, but if something that happens feels bad or good we tell each other. (Multirace female, 16 years)

Response:

It's common for people to have different timelines for having sex, whether it's in the moment or sex for the first time. One advantage of talking about expectations before sex, is that it's easier to give little reminders rather than pause to have a full-on conversation about what you want or don't want.

If you feel like sex comes too fast, could you find a way to take more control of the situation and make it happen on your timeline? Can you make it into a game? Does anyone have suggestions for ways to bring up this kind of thing? (Health educator)

2.

Participant comment:

Its sometimes just awkward to talk about it. If your just like oh hey, what feels good to you so i can please you the best way possible, that is seriously awkward. That would be the main reason I personally wouldn't talk about it. Not everyone even knows what feels good to them. If you don't masturbate or don't have experience then how would you even know? you wouldn't. Once you become closer to your partner it gets easier to talk about it but before that its awkward and hard to feel comfortable talking about it. (White female, 16 years)

Response:

It's true that sex and discussions about sex can bring some awkward moments. Handling those moments with humor, honesty, and/or maturity are important parts of developing a healthy sex life and healthy relationships. If sex feels emotionally or physically uncomfortable, maybe it's the wrong place, time, situation, or person. On the other hand, some people feel like talking about what they like and what feels good are super sexy. (Health educator)

3.

Participant comment:

I think it's sometimes hard for people to talk about pleasure because it can be embarrassing. I remember in the beginning of my relationship I was afraid to tell me partner what I thought was pleasurable because sometimes they weren't common. Talking to them makes it a whole lot easier though because then there is no guessing and you each know what is pleasurable to your partner and you are both able to have a good time. (Multirace female, 15 years)

Response:

Hey [Username], Good for you finding a way to talk about pleasure with your partner. So many people think that they alone have "strange" or "uncommon" sexual desires or things that feel good. It's true that talking about what feels good makes sex more pleasurable, more honest and more connected. It's also helpful because you might learn that what feels good to you isn't entirely uncommon after all! Each person's body feels and responds differently. In that way we are all uncommon! (Health educator)

4.

Participant comment:

I believe sexual please depends on sexual experience. Lately i have been with girls who are less experienced then me, so I've been giving more then receiving because they don't know exactly what pleases a guy. Then again here is where communication comes in and where i could have told them and t[a]ught them. (White male, 17 years)

Response:

There are many ways of gaining knowledge about sexual pleasure. The best way of learning is through masturbation because you can try lots of things, and you can change it up if it's not working. (If you're waiting for someone else to 'discover the key' of your own sexual pleasure, you might be in for a long wait!) If you're starting to learn your body, pleasurable feelings may be subtle at first.

Having sexual experiences (either alone or with a partner) can definitely help you better understand what feels good to you. It may or may not help you understand what feels good to another person, since every person is different and not everyone feels comfortable sharing what they like. It can be hard to communicate what feels good. What would make it easier for you to share that with a sexual partner? Is it harder to say what you like depending on if you're a guy or a girl? Are there risks of saying what you like sexually? (Health educator)

5.

Participant comment:

I don't think its equal, ever. In a lot of relationships, mine included, it was harder for me to be pleased, therefore more work. Once he was done, he was done and he

didn't really care about much else. When it only happens sometimes, its fine, but when it's a consistent thing, it is annoying. (White female, 18 years)

Response:

That sounds annoying and unfair! It's a common perception that it's 'harder' for females to feel pleasure, but it's just different for guys and girls. Trying different positions or other types of sex that involve the clitoris is likely to increase feelings of pleasure. It's also different from one person to another, and it's not a flaw if one person takes more time (or less time) to have an orgasm. There may be guys who would not only be willing to do that kind of "work," but enjoy helping you feel good.

What do people think? Does unequal pleasure 'mirror' other inequalities in relationships? Are there other positives in relationships that make it okay for sexual pleasure to be unequal? Or does unequal sexual pleasure on a regular basis mean that it's time to end a relationship? (Health Educator)

6.

Participant comment:

I do not know the exact reason why people find it hard to talk about their sexual pleasure with their partner, but as for me I do not have a problem talking to my partner about our sexual behav[i]or. I love feed back so I encourage my partner to give me feed back after sex and I do the same for him. I feel that by giving each other feed back our sexual relationship will become stronger. I do not believe that sexual pleasure are equal, in my re[la]tionship my boy friend does most of the physical work, now if that brings him pleasure by making him feel dominan[ce], is a question I would not know how to a[n]swer. (African American female, 18 years)

Response:

You shared a great example about having open communication about sex. In a sexual relationship, two people might take on different roles. There's no one right way, the key is making sure each person is happy. Some people do get pleasure by giving pleasure to someone else. If you wanted to, you could talk about if he likes the way things are, which might make for some fun new ideas. (Health educator)

7.

Participant comment:

I complet[e]ly disagree i love talking about it with my partner (White female, 18 years)

Response:

Hey [Username], It's great that you love talking about pleasure with your partner. What tips would you give another teen who wants to be more open to talking about pleasure? When and how do you and your partner talk about pleasure? (Health educator)

8.

Participant comment:

When it comes to me, I personally don't quite know what pleasures me. It's easier to know when you masturbate and study your body and what you like, but when it comes to people, like me, who don't masturbate it's harder to know what feels good and what [doesn't] for your body. I don't want to masturbate, not because I'm against it, but because I'm not comfortable with touching myself down there. In my opinion, it seems that it's easier for a guy to know what feels good because, well, their penis is out there. They don't have to go into themselves and feel around like us girls do. It's difficult. (White female, 17 years)

Response:

Figuring out what feels good can be intimidating and difficult for girls. It's a common misconception that girls should have to "go into themselves and feel around ..." For many females, most of the pleasure is found "outside." Inside the vaginal canal has fewer nerve endings and doesn't always yield much in the way of pleasure.

You don't have to touch yourself if you don't like the idea. If you do want to try it, here are some facts: The area on the outside—the vulva—is where girls are more likely to find pleasure. The clitoris is a great place to start. A hand mirror can be super helpful to make the process less intimidating. Often as a person is discovering what feels good, directly touching the vulva might be too sensitive. You might start with just a little pressure or a light touch and/or fantasizing. Each person will find some things work for them and others don't. You can also start with exploring other erogenous zones such as breasts, stomach, ears, neck, upper legs.

Knowing your body is important for a variety of reasons. The more you know about your own body, the more pleasurable sex will be if you want to have sex with another person. There are lots of health reasons to know your body too. If you are more familiar with your body, you will have an easier time identifying lumps in the breasts, testicles, and other places—both normal and concerning ones—and identifying irregular versus regular discharge. Since every body is different, it's really about knowing what YOUR body looks, feels and smells like so you can recognize when something changes.

Masturbation can be pretty taboo in some societies, especially for girls. What would make you (or has made you) feel more confident about getting to know your body? Does anyone have any tips? What holds you back? (Health educator)

9.

Participant comment:

I think most guys are just concerned about them getting off ... Thus they do what feels good to them. Not exactly what feels good to the girl. (White female, 17 years)

Response:

Hey [Username], I am sorry your experiences led you to have this opinion. What a bummer to have sex with someone who is

not invested in YOUR pleasure too. A truly good partner cares about their partner's experience of intimacy. Our hope is that by encouraging you to think about your own expectations and experiences of pleasure, you will come to value your needs more and will seek out a partner that cares about you in this way too. When you improve your ideas about yourself and strengthen your expectations for your relationships, it's more likely that you can develop meaningful relationships where your partner cares about ALL aspects of your physical, mental and emotional health in the same way that you care about his. (Health educator)

10.

Participant comment:

I don't always think it's fair for one person to get more than the other. I think it's different if the person doesn't want to be pleased, but if they do and they aren't getting

any, I find it very unfair. I've communicated with my partner many times about what feels good and they have yet to try anything. I think to be in a healthy relationship, there should most definitely be mutual pleasure. (White female, 16 years)

Response:

Having your feelings acknowledged and having an equal partnership are qualities in most healthy relationships. And while sex is just one part of some relationships, it can still be important. Are there other things that you've brought up that are being dismissed, or is this the only area? If things never changed in the pleasure department, would you still be happy in this relationship? Talking to your partner is a great first step. If that hasn't worked, maybe you could show your partner in the moment what feels good to you. What other ways could someone communicate their needs or wants to a part[n]er? (Health educator)