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Adolescent Sexuality

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Introduction

- ❑ World Health Organization (WHO) defines adolescence to be between the ages of 10 and 19 years.
- ❑ This dynamic and stormy phase of human development where a child transforms into an adult is characterized by multiple changes happening at the same time in the physical, psychological, emotional, and social environment.
- ❑ Psychologist Erik Erikson has described eight stages of psychosocial development and each stage has a specific task. The task during adolescence is identity formation, an important part of which is development of sexual identity. Understanding adolescent sexuality has important clinical, legal, social, cultural, as well as educational implications.
- ❑ Development of sexuality starts as early as in intrauterine life following conception and continues through infancy, childhood, adolescence, adulthood till death. The gender identity stabilizes as early as by 3 years. Self-awareness about sexuality (gender role, gender identity) evolves during the childhood.
- ❑ Adolescents are at the crossroads of sexual, cognitive, emotional and social development (biopsychosocial development), all of which affect and influence each other. Since the development of an adolescent occurs not in isolation, the family, society's attitude and cultural perception of sexuality, and media significantly influence the adolescent sexuality.

Some Important Terms

- ☑ **Sex** refers to a person’s biological characteristics. It is defined in terms sex chromosomes, sex organs, and hormonal make-up.
- ☑ **Gender** is the socially constructed characteristic of men and women.
- ☑ **Gender identity** is how a person self-identifies in terms of being a boy/man or girl/woman.
- ☑ **Sexual orientation** refers to a person’s emotional, romantic, and sexual (erotic) feelings to another person. It encompasses a spectrum from heterosexual (attracted to opposite sex), to bisexual, to homosexual (gay or lesbian) to asexual.
- ☑ **POCSO Act** (Protection of Children from Sexual Offences Act, 2012): This is an Act to protect those <18 years from sexual assault, harassment, and pornography.

The three phases of adolescence reflect their evolving sexuality:

1. *Early (10–13 years):* Sexual fantasy and masturbation.
2. *Mid (14–16 years):* Beginning of formation of sexual orientation and sexual identity. Since this development is very fluid and dynamic at this stage, it should not be labeled in a hurry.
3. *Late (17–19 years):* Journey toward becoming a sexually healthy adolescent.

- ☑ The ambience and environment of the clinic should be safe and conducive
- ☑ Complete history using home, education/employment, eating, activities, drugs, sexuality, suicide/depression, and safety (HEEADSSS) psychosocial assessment
- ☑ Ensure privacy, nonjudgmental attitude, and empathy
- ☑ Be honest and simple and respect his/her point of view
- ☑ Take parental consent and adolescent’s assent before examination
- ☑ Confidentiality can be assured only to an extent since most adolescents are legally minor.

Approach to Adolescent with Sexuality Issues (Table 1)

TABLE 1: Common sexuality issues associated with adolescents.

Issues	Presentation/query	Management/Counseling	Etiology
Masturbation	<ul style="list-style-type: none"> ☑ Consider it a sin ☑ Believe semen has become less and thin ☑ May feel they are not fit for marriage ☑ Guilt ☑ Preoccupation 	<i>Reassure that:</i> <ul style="list-style-type: none"> ☑ It is not abnormal ☑ It does not lead to infertility or waste of semen ☑ It does not change the shape of penis ☑ Counseling if excessive preoccupation with it 	Normal developmental behavior
Night falls and wet dreams	<ul style="list-style-type: none"> ☑ Undergarment getting stained ☑ Fear of weakness due to loss of semen 	<i>Reassure that:</i> <ul style="list-style-type: none"> ☑ Production of semen continues from adolescence to old age ☑ Semen has to flow out as it can not be stored ☑ It does not lead to weakness 	Physiological discharge of excess semen
Concern about sexual attractiveness	<ul style="list-style-type: none"> ☑ Concerns about being short and thin ☑ Not having sexual appeal ☑ Not being in a romantic relationship 	<i>Reassure that:</i> <ul style="list-style-type: none"> ☑ Every person is unique ☑ Personality does not depend on external factors alone 	<ul style="list-style-type: none"> ☑ Objectification ☑ False ideals of beauty in media
Size of genitals in males	<ul style="list-style-type: none"> ☑ Worried about small penis size ☑ Anxious about getting married ☑ Anxious about sexual performance/masculinity 	<i>Reassure that:</i> <ul style="list-style-type: none"> ☑ The length of penis required for optimum sexual pleasure is only around 5 cm ☑ Do not get wrongly influenced by the media 	<ul style="list-style-type: none"> ☑ Influence of media ☑ Pornography ☑ Peer influence
Shape and size of breasts in females	<ul style="list-style-type: none"> ☑ Worried about small or big breast size and being unattractive ☑ Concerns about femininity 	<i>Reassure that:</i> <ul style="list-style-type: none"> ☑ Function of breasts does not depend on its size ☑ Romantic relationships do not need only physical attributes 	Influence of media, pornography, peer influence
Fear of sexually transmitted infections	<ul style="list-style-type: none"> ☑ History of unprotected sex ☑ Multiple partners 	<ul style="list-style-type: none"> ☑ Screening for STIs ☑ Information about safe sex (contraception, barriers, avoiding multiple partners, and option of abstinence) ☑ Anticipatory guidance 	<ul style="list-style-type: none"> ☑ High-risk behavior due to impulsivity, experimentation ☑ Ignorance
Addiction to pornography, phone sex, and sexting	<ul style="list-style-type: none"> ☑ History of watching porn daily and enjoying ☑ History of getting aroused by sending and receiving sexy remarks and images 	<ul style="list-style-type: none"> ☑ Counseling and cognitive behavior therapy ☑ Explain that pornography is a business and everything shown is fabricated ☑ Sexting leaves a digital footprint and can cause emotional, social, and legal problems 	Experimentation, curiosity, and easy availability

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Issues	Presentation/query	Management/Counseling	Etiology
Sextortion	Being blackmailed and exploited by threat of using one's private, sexual images/videos	<input checked="" type="checkbox"/> Counseling regarding cyber safety <input checked="" type="checkbox"/> Providing support and help for proper intervention	Criminal mentality and hacking
Premarital relationship	In a dilemma about premarital relationship, pressured by the partner	<i>Counseling on:</i> <input checked="" type="checkbox"/> Making right choices in life <input checked="" type="checkbox"/> Possibility of physical and mental scars for lifetime <input checked="" type="checkbox"/> Need of mutual respect and safe health practices in a relationship	<input checked="" type="checkbox"/> Ignorance and taboo about the subject <input checked="" type="checkbox"/> Peer pressure
Sexual abuse	<input checked="" type="checkbox"/> Feeling of sadness, helplessness, and hopelessness <input checked="" type="checkbox"/> Scared to get intimate to anyone	<input checked="" type="checkbox"/> Counseling with coping techniques <input checked="" type="checkbox"/> Group therapy <input checked="" type="checkbox"/> Legal help	Wrong ideas about masculinity, pedophilia
Confusion about gender and sexual orientation	Depression, anxiety about self and/or about romantic relationships	<input checked="" type="checkbox"/> Reassurance and scientific information <input checked="" type="checkbox"/> Counseling and psychotherapy if needed to explore and to cope	Newly developing sexual identity
Early marriage and teen pregnancy	<input checked="" type="checkbox"/> Missed periods <input checked="" type="checkbox"/> Fear and anxiety <input checked="" type="checkbox"/> Forced sexual relations	<input checked="" type="checkbox"/> Creating awareness <input checked="" type="checkbox"/> Age-appropriate management of pregnancy <input checked="" type="checkbox"/> Legal help	<input checked="" type="checkbox"/> Still prevalent social customs <input checked="" type="checkbox"/> Ignorance of law

STIs: sexually transmitted infections

- Complete physical examination [vital parameters, height, weight, BMI (body mass index)]
- All medical illnesses to be dealt with appropriate detailed examination
- Examine for suspicious physical injuries
- Assess for pubertal development (Tanner staging), identification of signs of genetic issues (ambiguity of external genitalia)
- Assess for structural abnormalities (phimosis, varicocele, and uncorrected hypospadias)

Investigation

Adolescent may need specific tests such as screening for STIs, pregnancy, and endocrine abnormalities depending on the history and physical examination (**Table 2**).

TABLE 2: Management of adolescent sexual issues.

Prevention	Treatment
Information about puberty	Counseling, psychotherapy as needed
Age-appropriate information about sexuality right from childhood	Treatment of STIs
Awareness about safe touch and safe sex	Life skills
Anticipatory guidance regarding safe sex and experimentation	Treatment of depression, anxiety
Media literacy	A psychiatry referral in case of suicidal thoughts/behavior
Identifying at risk adolescents	
Creating awareness regarding POCSO Act (Protection of Children from Sexual Offences)	

(STIs: sexually transmitted infections)

Guidance for Parents to Deal with Adolescent Sexuality Issues

- ☑ Keep updated about pubertal, psychosocial, and neurological development of adolescents.
- ☑ Use every opportunity to have age-appropriate discussions about sexual health with adolescents.
- ☑ Try to recognize and address sexuality related health issues in adolescents as it can affect their emotional and mental health. Do not overreact or label them, as they are still exploring their sexuality.
- ☑ Inculcate strong family values and make the adolescent understand the importance of refraining from sexual experimentation.
- ☑ Seek help of medical health professionals whenever required.

Further Reading

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