

# HUMAN SEXUALITY

## BOOKLET

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Sex lies at the root of life, and we can never learn to reverence life until we know how to understand sex.

-Havelock Ellis

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## PART I: Sexual Anatomy

1. What are anatomy and physiology?

**anatomy:**  
the study of "structure", what is it?

**physiology:**  
the study of "function", how does it work

### **Female Sexual Anatomy and Physiology**

2. Describe and state the function of the following female sex organs:

OVARIES

gonads, like the testicles, which secrete the female sex hormones, estrogen and progesterone directly into the blood stream, and which are responsible for the development of female secondary sex characteristics (e.g. breasts and pubic hair); the site from which one ovum is released on the average of one per month during the reproductive cycle; unlike the testicle, the ovary has no tube leading directly out of it; the ova leave the ovary by rupturing its wall and becoming caught in the fimbriae (fringed end) of the fallopian tube; as well, unlike the testicle, where sperm is produced continually. About 400,000 immature ova or follicles are present in the female at birth and begin their slow exodus following puberty. Only 300-500 of the follicles develop into mature ova.

FALLOPIAN TUBES or U-TUBES

two tubes about 4 inches long which extend between the ovaries and uterus; the sweeping action of the cilia (hair-like projections) which line the inner walls of the U-tube and the contractions of these walls help the ovum travel through the U-tube; the site where fertilization takes place.

UTERUS or WOMB

a hollow, muscular organ shaped like an inverted pear which is usually tilted forward, held in place by ligaments, normally 3 inches long, 3 inches wide at the top, and 1 inch thick; intertwined layers of smooth muscle fibers endow the uterine wall with tremendous strength and elasticity necessary during pregnancy; the site where the embryo (known as the fetus after the 8th week) is housed and nourished until birth

CERVIX or CERVICAL CANAL

the neck or lower portion of the uterus which projects into the vagina; doughnut shaped, normally 2 inches long; in the first stag of labour it thins out (effacement) and dilates (opens up); though part of the uterus, the fetus is not housed in this portion, and thus, the cervix acts somewhat as a protective layer between the upper portion of the uterus where the fetus is housed and the vagina

VAGINA

ordinarily a collapsed muscular tube, a potential rather than permanent space, about 4 inches long; the vaginal walls are poorly supplied with nerves, and like the shaft of the penis, the vagina is a rather insensitive organ; but the vaginal opening is highly excitable; the vaginal walls provide the primary source of vaginal lubrication; female organ of copulation and recipient of semen, passage for discharge during menstruation and the baby during birth; hovered does not serve for the passage of urine

VULVA

the external genitals which include the mons pubis, labia majora, labia minora, the clitoris, the introitus

MONS PUBIS

the soft, rounded elevation of fatty tissue which is covered with pubic hair following puberty

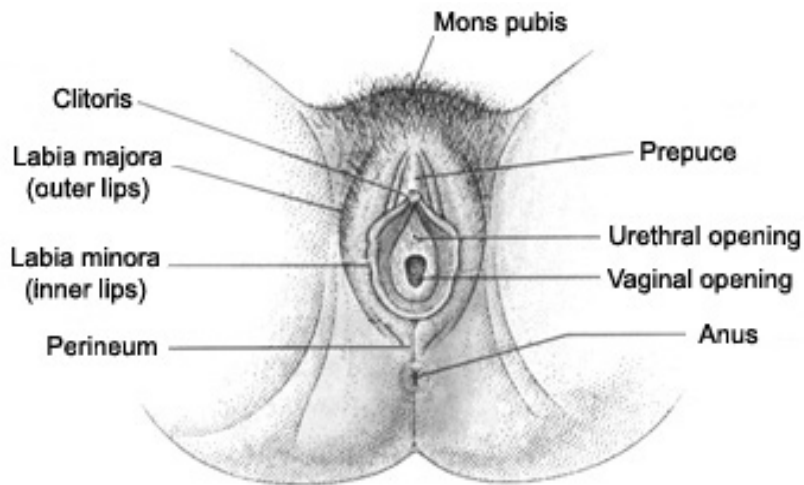
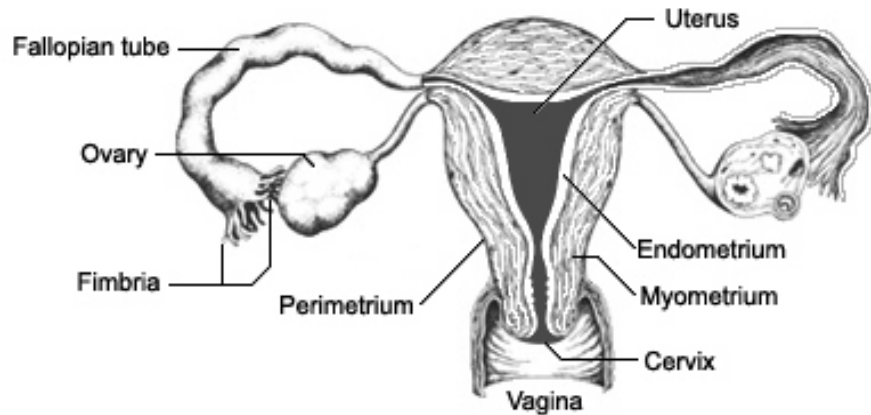
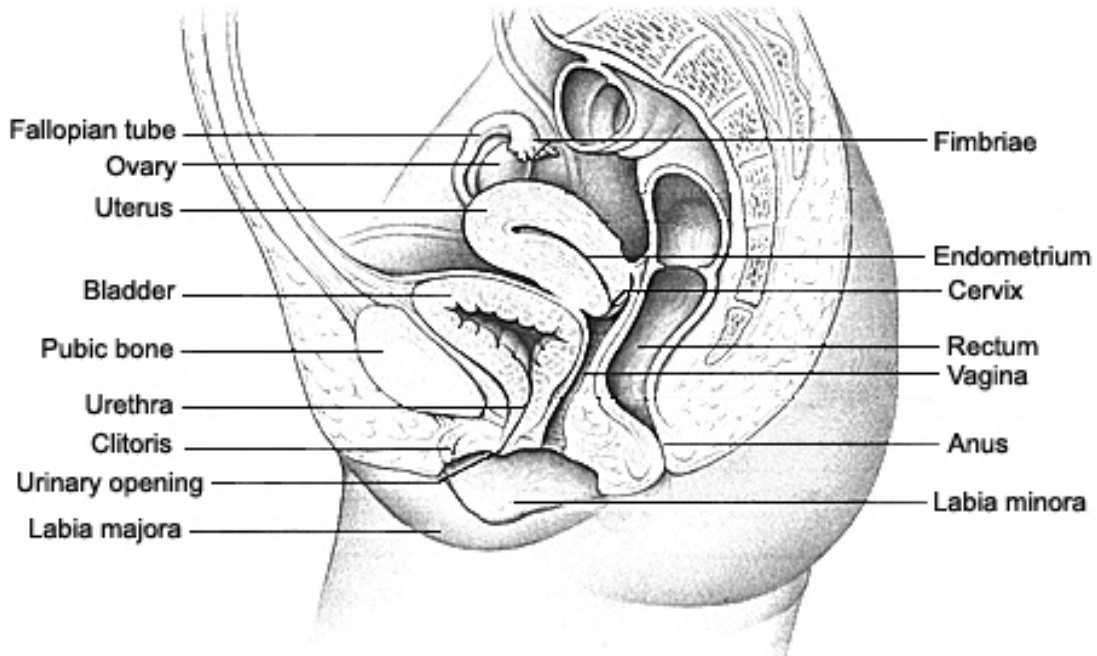
LABIA MAJORA or OUTER LIPS

two elongated folds of skin that run down and back from the mons pubis; ordinarily they are close together, and the female genitals appear "closed".

LABIA MINORA or INNER LIPS

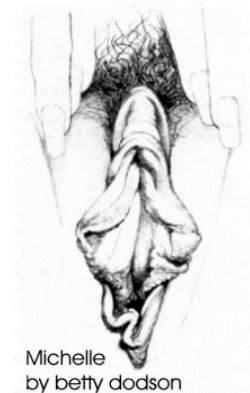
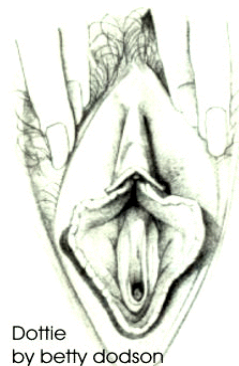
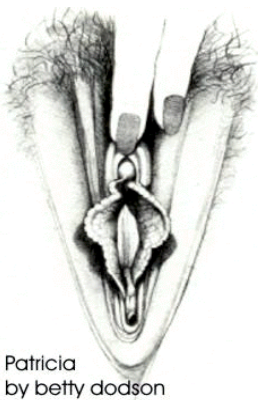
two pinkish, hairless folds of skin located between the major lips; the vaginal orifice and urethral orifice are located within the space between the inner lips

## Female Anatomy



CLITORIS	similar in structure to the penis, and located at the apex of the inner lips, it is richly endowed with nerves, highly sensitive, and a major focus of sexual stimulation
INTROITUS or VAGINAL ORIFICE	external vaginal opening which is very sensitive to sensory stimulation located between the minor lips
HYMEN	a thin membrane surrounding the introitus, partially blocking it, but almost never covering the opening completely; no known physiological function
URETHRA or URETHRAL ORIFICE	located above the vaginal orifice, serves exclusively for the passage of urine
3. Is the condition of the hymen a reliable measure of virginity?	no; the hymen may be easily torn accidentally in various forms of athletic activity. Occasionally, a very flexible hymen will withstand intercourse.
4. What are common sources of pain from first intercourse?	contraction of muscles at the introitus, or lack of vaginal lubrication; although it can happen in rare cases, it is a fallacy to believe that rupturing the hymen causes severe pain
5. Can a vagina be "too tight" or "too small"?	generally speaking, no; the vagina beyond the introitus is a soft and highly distensible organ which when relaxed should accommodate the penis.
6. How does the female pelvis differ from the male pelvis?	the female pelvis is broader in order to permit passage of an infant's head during birth.
7. What are the facts concerning breast size?	In Canada (and many other countries) breast size is a source of considerable preoccupation, with large ones linked to erotic allure and female "sexiness". In truth however, breast size does not bear any relation to a women's interest in sex. The sensitivity of the breast, nipple and areola are unrelated to their size and shape; and breast size is not related to a woman's capacity for sexual response or to how easily she will attain orgasm. The ability to produce enough milk to nurse is unrelated to breast size.

Examples of variations in external female genitalia, (vulvas)

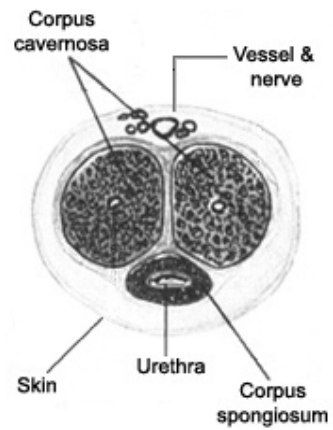
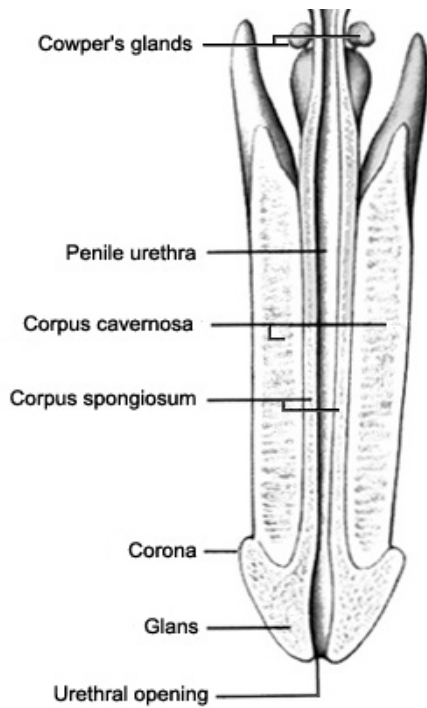
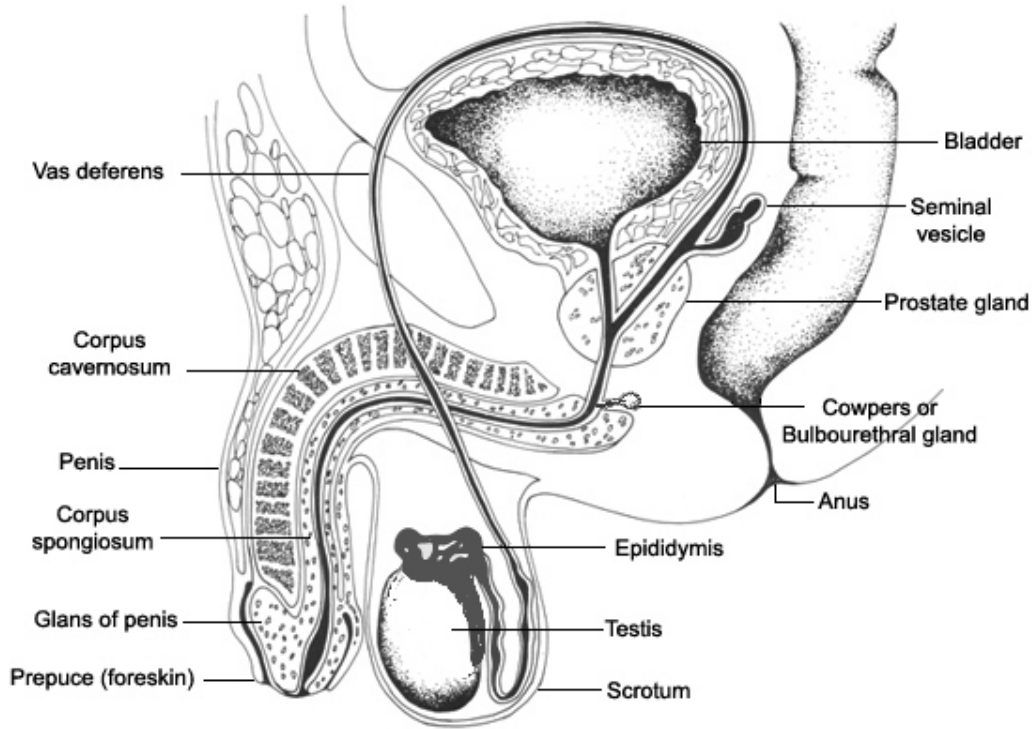


Vulva drawings by Betty Dodson, from her book Sex for One © 1986.  
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## Male Sexual Anatomy and Physiology

8. Describe and state the function of the following male sex organs:
- |                                 |  |
|---------------------------------|--|
| SCROTUM                         | sac containing two separate compartments, each of which houses a testicle and its spermatic cord; contracts in response to cold and sexual excitement; it does not protect them from injury  |
| TESTES or TESTICLES             | gonads or reproductive glands within the scrotum which secrete the male sex hormone testosterone directly into the blood stream, and which are responsible for the development of the male secondary sex characteristics; houses the seminiferous tubules which are the sites of sperm production.   |
| SEMINIFEROUS TUBULES            | thread-like structures within the testicles which are 1-3 feet long; combined length of the tubules in both testes measures several hundred yards; site for production of millions of sperm.   |
| EPIDIDYMIS                      | a C-shaped structure adhered to each testicle where sperm are stored to be eventually released through ejaculation into the vas deferens   |
| VAS DEFERENS                    | the two tubes through which sperm travel, each of which is connected at one end to the epididymis and at the other to the ejaculatory duct   |
| SEMINAL VESICLES                | the two vesicles which meet the vas deferens to form the ejaculatory duct; secretes fluids which helps the motility (movement) of sperm  |
| PROSTATE GLAND                  | the glands about the size and shape of a large chestnut whose secretions account for much of the seminal fluid and its characteristic odour  |
| COWPER'S or BULBOURETHRAL GLAND | two pea-sized structures flanking the penile urethra; during sexual arousal these two glands secrete a clear, sticky fluid that appears as a droplet at the tip of the penis, the fluid is alkaline and therefore may help neutralize the acidic urethra which is harmful to sperm, in preparation for the passage of semen; it does often contain stray sperm which explains pregnancies from intercourse without ejaculation   |
| PENILE URETHRA or URETHRA       | an 8-inch long vessel running from the bladder and the length of the penis; passage for both urine and semen   |
| PENIS                           | male organ 3-4 inches long when flaccid, and about 5¼ - 6 inches when erect; consists of cavities and spaces very much like a dense sponge which become engorged with blood during an erection; although the body or shaft of the penis is rather insensitive, the glans or glans penis -(smooth rounded head of the penis), the frenulum -(the underside of the glans where a thin strip of skin connects to the adjoining body of the penis), and the corona -(the crown or rim of the glans), are all highly sensitive to tactile stimulation and are therefore of particular sexual importance; organ used for copulation, for the secretion of semen, and for the secretion of urine. |
| PREPUCE or FORESKIN             | the retractable skin of the penis which folds over and covers part of the glans  |
9. Does an erection necessarily originate from sexual excitement?
- no, it can be a reflex action to sensory stimulation which is non-sexual in nature e.g. tactile stimulation from bed bath; 90% of males of all ages have an erection when they dream regardless of the content of the dream; in the morning many men awake with an erection which is often simply indicative of their need to urinate.
10. Are there bones or muscles in the penis?
- no bone or muscle are within the penis, though there are muscles surrounding the base i.e. bulb and crura.
11. What are the facts regarding penis size?
- The size and shape of the penis, contrary to popular belief, are not related to a man's body build, race, virility, or ability to give and receive sexual satisfaction.

## Male Anatomy



12. What is circumcision? the surgical removal of the prepuce (foreskin) and the glans of the penis is fully exposed
13. Why is circumcision performed? circumcision is done as a religious rite, as in Islam, or in Judaism, where it is performed shortly after birth to symbolize the covenant between God and Abraham. It is common among Christians for hygienic reasons alone. Medical evidence concerning the health benefits of circumcision appears to be mixed and inconclusive. A man who is not circumcised must retract the foreskin and clean the glans regularly to prevent growth of bacteria (smegma) which in rare cases could lead to phimosis -adhesion of the foreskin to the glans. Circumcision has never been widely practised in Europe and in North America, the trend today seems to be away from circumcision, which in part may be due to our health care plan no longer paying for the procedure.

Penis examples: (non-erect)



circumcised



un-circumcised

14. Should it be performed at birth? there are reasonable arguments for and against it; if not for religious beliefs, based on sound knowledge, parents should choose what they feel is best.
15. What is "smegma", and where is it produced? a cheesy-like substance with a distinctive smell that is produced by the small glands under the prepuce and at the corona of the penis.
16. What is the significance of "smegma"? in its fresh state, smegma is a wholesome and functional lubricant. It lubricates the cavity between the foreskin of the penis and the glans, thus allowing for smooth movement between them during intercourse. But, if allowed to accumulate in the foreskin cavity, it becomes changed into an unpleasant, unhealthy, and bad-smelling substance. It is stale and accumulated smegma that is a source of ill health for the penis. Freshly formed smegma, washed away regularly and constantly replenishing itself, is a healthy lubricant.

What is Erectile Dysfunction (ED)?

Not being able to achieve or maintain an erection for some reason can happen to all men at one time or another. Erectile dysfunction (ED) is defined as a total inability to achieve an erection, the inconsistent ability to do so, or the tendency to sustain only brief erections, insufficient for sexual intercourse. Contrary to popular mythology men are not always ready and able at any time. The occasional difficulty, even for healthy men, maybe brought on by such things as fatigue, drugs, too much to drink, or "performance anxiety", and does mean that you have serious problem. A number of medical conditions like, high blood pressure, cholesterol, diabetes, heart conditions, and medications like diuretics (water pills), high blood pressure medications, anti-depressants as well as anxiety, stress, depression, cigarette smoking, obesity, alcohol abuse and drug use can contribute to erectile dysfunction. Not only will erectile dysfunction have an impact a man's self-esteem, - it may also undermine a relationship. In a great many instances ED is not a reflection of a man's love for his partner or that he does not desire her. That desire however, may well wane if the problem is not dealt with. Discuss the problem with your partner and see your physician as soon as possible, there are options, medical treatments (Viagra, Cialis, Levitra) to help most men return to a satisfying sexual relationship.

## PART II: Physiology of Sexual Functions

1. What are erogenous zones and where are they located? erogenous zones are the more sensitive areas of the body which are believed to be especially susceptible to sexual arousal - glans penis, clitoris, labia minora and the space they enclose (vestibule), the area between the anus and the genitals, the anus itself, the breasts (especially the nipples), the mouth (lips, tongue, and the whole interior), the ears (especially the lobes), the buttocks, and the inner surfaces of the thighs - the shaft of the penis and vaginal canal are not considered erogenous zones.
2. Does this imply that all other areas of the body are insensitive to sexual stimulation? no; in fact, the erogenous zones are not necessarily sensitive to touch for everyone; they may actually be sexual "turn offs" for some; the secret is to know your preferences and know your partner's preferences.
3. What are the main reactions of the sex organs and general body reactions for men and women in each of the four phases of the Sexual Response Cycle, as explained by the laboratory studies of Masters and Johnson?

### **Summary of Physical Reactions of the Female and Male During the Sexual Response Cycle**

#### EXCITEMENT PHASE

##### **Female**

- vaginal lubrication - it occurs because vasocongestion in the walls of the vagina leads to moisture seeping across the vaginal lining in a process called transudation
- lengthening and expansion of inner two-thirds of the vagina barrel
- engorgement of vagina walls and inner lips with blood
- increase in diameter of clitoral shaft and swelling of glans clitoris
- flattening of outer lips and their retraction from the vagina entrance
- increase in breast size and nipple erection
- appearance of "sex flush", a rosy flush, much like blushing, over the chest, neck, face, shoulders, arms and thighs
- increase in muscle tension (myotonia)

#### PLATEAU PHASE

##### **Female**

- continued vasocongestion of outer third of the vagina and inner lips causes the tissues to swell, forming what is called the orgasmic platform where the outer 1/3 of the vagina narrows by 30% or more, which allows for the gripping of the penis
- the inner 2/3 of vagina expands slightly as the uterus becomes more elevated in a process known as "tenting"
- the clitoris retracts until it is completely covered by the clitoral hood and decreases about 50% in length
- the inner lips as a result of engorging with blood, enlarge dramatically, doubling or even tripling in thickness and push the outer lips apart allowing more immediate access to the vagina
- nipples continue to increase in size
- spread of sex flush to stomach, thighs
- increase in heart rate, respiration, and blood pressure
- increase in muscle tension

#### EXCITEMENT PHASE

##### **Male**

- penile erection - increase in the length and diameter due to vasocongestion, the spongy tissues of the penis rapidly filling with blood
- elevation of testes
- nipple erection for some men
- appearance of sex flush, occurs in 50% - 60% of males
- increase in heart rate and blood pressure
- increase in muscle tension
- increase in diameter and length of penis is not in direct proportion to its size when flaccid.

#### PLATEAU PHASE

##### **Male**

- testicles swell to 25% - 50% larger than in unstimulated state
- slight increase in glans penis
- full testicular elevation until up against the body
- mucoid secretion from Cowper's gland -clear sticky fluid at tip of penis
- spreading of sex flush
- increase in respiration (breathing becomes more rapid)
- increased muscular tension

## ORGASMIC PHASE

### **Female**

- muscular contractions in outer 1/3 of vagina i.e. the orgasmic platform. The contractions occur at 0.08-second intervals, the same as in the male
- contraction of uterus
- peak intensity and full distribution of sex flush
- peak level of respiratory rate and heart rate
- blood pressure rate elevated
- possible vocalization (e.g. moaning, etc.)
- no ejaculation in most women\*

## RESOLUTION PHASE

### **Female**

- loss of clitoral tumescence
- quick dispersion of blood in the outer third of the vaginal walls
- gradual return of colouring and size of the inner 2/3 of vagina to pre-stimulated state
- inner lips return to normal colour and size and outer lips close toward the vaginal entrance
- clitoris returns from under the clitoral hood to its normal exposed condition
- disappearance of sex flush
- gradual decrease in nipple and breast size
- breathing, heart rate, and blood pressure return to normal
- sweating reaction in 30% - 40% of women
- relaxation of body muscles
- no refractory period, therefore, female can be restimulated to excitement phase immediately or continue in relaxed state

\* There are conflicting opinions about female ejaculation, most women do not ejaculate during orgasm. Some women due expel fluid from the urethra at the time of orgasm, believed to brought about by the stimulation of the Grafenber spot, "G-spot " for short, named after Ernest Grafenberg, (1950) who first suggested the erotic nature and importance of this area. Some investigators of the G-spot confirm its existence, while others report that they were unable to find an area corresponding to the G-spot, a bean shaped area within the anterior wall of the vagina. Further complicating the matter is the nature of the fluid that is expelled and its origin which remain a source of controversy. Is it urine or is it a fluid distinct from urine that has been theorized to possibly come from the Skene's glands? More research is needed before reaching firm conclusions about the G-spot and female ejaculation.

4. Why is the "resolution phase" important?

This is the quiet time when the two people can enjoy a peaceful moment together. Since tensions are released, the relaxed state is very conducive to just being together, light communication, or even discussion of more serious topics.

5. Explain the following terms:

vasocogestion

engorgement of blood vessels and increased influx of blood into tissues eg. erection of penis, nipples, clitoris, etc.

mytonia

increased muscle tension eg. orgasm

tumescence

swelling or enlarging of an organ eg. clitoral tumescence

detumescence

contraction following expansion, especially restoration of a swollen organ to normal size, eg. detumescence of penis in resolution phase

## ORGASMIC PHASE

### **Male**

- contractions starting from the tests and continuing through the epididymis, vas deferens, seminal vesicles, prostate gland, urethra and the penis itself
- occurrence of three or four powerful ejaculatory contractions at 0.08-second intervals, followed by some slower contractions of the anal sphincter, ejaculation
- peak level of respiration
- testes at their maximum elevation
- heart and respiratory rates at their maximum
- sex flush at its peak
- general loss of voluntary muscle control
- possible vocalizations (e.g. moaning, etc.)

## RESOLUTION PHASE

### **Male**

- loss of penile erection - return to unstimulated size
- testes descend and return to normal size
- disappearance of sex flush and loss of nipple erection
- heart rate, respiration, and blood pressure return to pre-excitement levels
- general relaxation of muscles
- sweating reaction 30% - 40% of males
- refractory period immediately follows ejaculation, during which time further arousal is not possible, it is not preset in the female's response cycle.

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|----|--|--|
| 6. | At what age can an erection be experienced?  | at any time following birth; however, during infancy, it does not necessarily indicate sexual arousal; in fact, it more than likely does not, although some studies indicate that some infant males do become sexually aroused.  |
| 7. | Can a man urinate with a fully erect penis?  | no, but an erection "pee hard-on" may precede the need to urinate  |
| 8. | How do older men differ from younger men with regard to the time necessary to achieve an erection and the time it can be maintained? | it takes less time for the younger man to obtain an erection; but the older man can usually maintain an erection for a longer period of time without ejaculating. In a sense, the older man is not as likely to experience "pre-mature ejaculation" and will be able to spend more time satisfying his partner.  |
| 9. | Generally, how do older women compare to younger women with regard to sexual response?   | postmenopausal women may find lubrication takes longer and is less profuse; orgasms may not be as intense; but all changes are based on individual differences. If thinner vaginal walls, delayed or inadequate lubrication, and the loss of tissue flexibility lead to painful coitus, the woman can use lubricants and sometimes hormonal treatments are prescribed. |

### **PART III: Sex Hormones and the Reproductive Period**

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|----|--|--|
| 1. | What is the study of endocrinology, and why is it important to the study of human sexuality?   | endocrinology is the study of the secretions of the endocrine, or ductless glands. There are many endocrine glands, but focus will be on the sex glands (ovaries and testes-both referred to as gonads), and the pituitary gland located at the base of the brain. These glands secrete hormones into the bloodstream which, in turn, exert profound physiological and psychological effects which are related to human sexual feelings and behaviour.   |
| 2. | What effect does deprivation of sex hormones through removal of the gonads have on the sex drive of most adults? Why might this be so?   | It has little effect upon the sex drive in most adults. This supports the belief that human sexual behaviour is profoundly influenced by learning experiences. However, there is growing evidence that sex hormones play a crucial role in the early development of the brain prior to birth. Deficiencies or excesses of sex hormones in utero may have permanent effects on later behavioural patterns.  |
| 3. | In some instances, what effect does the administration of female sex hormones to males, and conversely male sex hormones to females have?  | Administration of female sex hormones to males seems to diminish the sex drive in some instances; administration of male sex hormones seems to enhance the sex drive in some women.  |
| 4. | At the age of puberty, the anterior region of the pituitary gland secretes FSH (follicle stimulating hormone) which causes the ovaries to produce the hormone estrogen. What external changes take place in the female at this time in her life? | <p><b>external:</b> development of rounded contours in hips; growth of breasts; the areola become elevated; pubic and axillary (underarm) hair; acne</p> <p><b>internal:</b> muscular wall of the uterus enlarges; lining of vagina thickens as estrogen production increases; pelvis enlarges; skeletal growth soon stops - at about 17 it has stopped completely; menstruation begins</p>  |
| 5. | Do women secrete androgens(male sex hormones?) Which gland is responsible for this secretion? What effect does it have?  | yes; the adrenal glands which are located just above each kidney secrete androgens; androgens contribute to the growth of pubic and axillary hair and enlargement of clitoris.   |
| 6. | What effect do contraceptive pills have if taken by children?  | While the child is taking the pills, premature development of feminine characteristics will result. Once the child stops, development continues as before. NOTE: Estrogen has been used therapeutically to halt the physical growth of abnormally tall girls.  |
| 7. | Briefly describe the hormonal changes during the menstrual cycle.  | <b>pre-ovulatory:</b> The pituitary gland secretes FSH (follicle stimulating hormone) which leads to the secretion of the hormone estrogen. The follicle stimulating hormone does just what it implies - stimulates an ovarian follicle to mature into an egg; increased estrogen is responsible for the regrowth of the endometrium (uterine lining) and the rupturing of the mature follicle (egg) into the fallopian tube. This rupturing is ovulation; it can sometimes be felt as a cramp on the left or right side of the lower abdomen. It actually takes about 6½ days |

for the egg to travel from the ovary to the uterus.

PG---FSH---estrogen---ovulation

**post-ovulatory:** The increased estrogen stimulates the pituitary gland to now secrete the LH (luteinizing hormone) which leads to the development of the corpus luteum, a cell layer "yellow body" within the follicles. The corpus luteum secretes a hormone called progesterone as well as some estrogen. If the egg is fertilized the corpus luteum continues to produce progesterone and estrogen; these hormones are responsible for providing nourishment for the developing fetus. If the egg is not fertilized; the corpus luteum degenerates approximately 14 days following ovulation, and menstruation begins i.e. to calculate roughly when you ovulated, count 14 days back from the first day of your menstrual cycle.

PG due to FSH---estrogen---LH---CL---progesterone + some estrogen --- pregnancy, menstruation

PG - pituitary gland

FSH - follicle stimulating hormone

LH - luteinizing hormone

CL - corpus luteum

8. Can a woman menstruate without ovulating?  
yes; this is what happens when a woman takes birth control pills: a young woman entering puberty and middle-aged woman entering menopause will sometimes menstruate without actually ovulating, therefore menstruation is not an absolute indicator of a woman's fertility.
9. Why are prolactin and oxytocin important hormones?  
Prolactin stimulates the production of milk by the mammary glands, and oxytocin causes the ejection of milk from the breast in response to the suckling by the baby.
10. Why is the premenstrual period (4-7 days before menstruation begins) important?  
Most women experience symptoms that make them aware of the imminence of their periods. These symptoms which are partly the result of internal hormonal changes can range from fatigue, irritability, headaches, pain in the lower back, sensations of heaviness in the pelvic region, actual weight gain of several pounds because of retention of fluids to depression, and emotional vulnerability.
11. What effect does childbirth seem to have on menstrual cramps?  
Menstrual cramps often become less severe after a woman has experienced childbirth.
12. What is menopause, and when does it occur?  
Menopause is the medical term for the end of a woman's menstrual periods, and is a natural part of aging which carries no serious health risks for women. It usually occurs between the ages of 46 and 55 but can happen earlier. With menopause, the pituitary gland continues to release FSH, but the ovaries stop responding, and very little estrogen is produced.
13. What physical and psychological changes take place during menopause?  
It affects a woman's hormones, body, and feelings. It may be a stop and start process that may take months or a few years. Common symptoms of menopause stemming from lower estrogen levels are hot flashes (sudden intense waves of heat and sweating), achy joints, changes in sexual desire, headaches, frequent urination, vaginal dryness, mood changes, insomnia, and night sweats. Many women also notice changes in their skin, digestive tract, and hair during menopause. For most women, the symptoms of menopause last for a relatively short time.  
A woman's experiences during menopause may also be influenced by other life changes such as children leaving home, changes in domestic, social, and personal relationships, changes in identity and body image, increased anxiety about illness, financial security, loss of loved ones and/or friends, retirement, aging, dying or disability
14. Why is it that some women experience a new awakening of sexual desire after menopause?  
This change seems to be related to the fact that women can now become sexually active without worrying about pregnancy and contraception.
15. How does the onset and duration of puberty compare in boys?  
Puberty begins somewhat later and lasts longer in boys.

- |     |   |   |
|-----|---|---|
| 16. | What changes take place at puberty in the male?   | The pituitary gland secretes ICSH (interstitial-cell-stimulating hormone). The ICSH reaches the interstitial cells of the testes through the bloodstream, and stimulates them to produce the primary androgen (male sex hormones) known as testosterone. This results in the growth of the penis and testes; growth of axillary (underarm) hair; pubic hair, and some facial hair; deepening of the voice; acne; increase in height; broadening of shoulders and rib cage. By age 13 or 14, the prostate gland is producing fluid that can be ejaculated, but this fluid will probably not contain mature sperm until a year or two later when the pituitary hormone FSH (same as the female) leads to the production of sperm. Like girls, boys are very sensitive to their physical changes as well as emotional changes. |
| 17. | Is gynecomastia or breast enlargement unusual in pubertal boys?   | No; about 80% of pubertal boys will show some breast enlargement probably due to small amounts of female sex hormones produced by the testes.   |
| 18. | How does severe emotional shock, intercourse, drugs, and a high fever affect either testosterone secretion or sperm production? | severe emotional shock can cause temporary cessation of sperm production; intercourse is followed by an increase in the level of testosterone in the bloodstream; certain drugs, excessive alcohol, barbiturates, narcotics, and some antibiotics - may cause temporary sterility (or even impotence); high fever may also inhibit sperm production.  |
| 19. | What effect does castration (removal of testes) after puberty have on the adult male?   | The penis will remain adult size and will continue to be capable of erection. Although deprived of androgen from the testes, the castrated male will still produce some androgen in his adrenal glands located above the kidneys; can not produce sperm.  |
| 20. | What is the most common physical problem for men who reach the "climateric period" (somewhat similar to female menopause)?      | Enlargement of the prostate gland occurs in 10% of men by age 40 and in 50% of men who reach age 80. This results in interference with the flow of urine, and usually has to be partially or completely removed surgically if the problem becomes severe. Some men also experience depression and irritability during the climateric period although their hormone production doesn't decline as drastically as it does in the female during menopause.   |
| 21. | What is a hermaphrodite?  | individuals who exhibit external genital characteristics of both sexes  |
| 22. | What is normal chromosomal structure of the male and female?  | female: one X from the mother; one X from the father - female XX<br>male: one X from the mother; one Y from the father - male XY  |

### PART IV: Conception, Pregnancy and Childbirth

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| 1. | Where are sperm stored following production in the testes; what happens to sperm that is not ejaculated in 30-60 days? | epididymis; spermatozoa degenerate and are replaced by new ones that are constantly being formed (approximately 1,000 every second).  |
| 2. | How is sperm affected if the secretions in the vagina are strongly acidic?   | sperm is destroyed which is why vinegar or acetic acid have been used as a douche for contraceptive purposes - NOTE: This is, however, <u>not</u> a reliable contraceptive measure.   |
| 3. | How long does it take sperm to reach the fallopian tubes following ejaculation?  | an hour to an hour and a half   |
| 4. | How does an ovarian cyst form; what problems can these cysts present?  | It is simply an ovarian follicle which fails to mature and rupture and it can become very enlarged within the ovary which can cause pain in the pelvis, painful intercourse, and the ovary may be tender to external pressure.                              |
| 5. | Assuming the time of ovulation is known, when can a woman become pregnant?   | by having sex one or two days before, during or after ovulation -approximately a four day span each cycle. The egg (ovum) can be fertilized 2-24 hours after ovulation. Sperm are most active within 48 hours after ejaculation, but can live up to 7 days. |

6. What are the causes of male infertility? most common cause is low sperm count; other causes include infectious diseases that involve the testes (eg. mumps); infections of the prostate gland; direct damage to the testes. STI's can cause infertility.
7. State three ways that male infertility can be remedied? **1)** frequent ejaculation (one or more times a day for several consecutive days) will lower sperm count; therefore infrequent intercourse will increase the sperm count **2)** supplemental male hormones for such disorders as hypothyroidism and diabetes can increase sperm count **3)** artificial insemination with husband's semen can be used by collecting several specimens from the husband whose sperm count may be too low from a single ejaculation
8. What side effect is there from administration of fertility drugs to women who do not ovulate? There can be complications such as blood clotting and fluid accumulation in the abdomen; another problem is multiple births.
9. What are the causes of infertility in women? failure to ovulate; infections or obstructions in the vagina, cervix, uterus, tubes, or ovaries; STI's.
10. Can a woman become pregnant without having a menstrual period since her previous pregnancy? yes
11. Can a woman continue to have cyclic bleeding during her pregnancy? Yes, reduced bleeding or "spotting" occurs in about 20% of pregnant women. However, if a woman isn't normally spotting during her pregnancy, spotting can be a sign of a possible miscarriage.
12. What are the five symptoms in the first trimester which may indicate a pregnancy? failure to menstruate; enlargement and tenderness of the breasts; some women experience nausea at the smell or taste of some foods, i.e. "morning sickness"; frequent urination; fatigue and a need for more sleep
13. Can sexual intercourse take place in the first trimester of pregnancy? yes; however, if a woman miscarried before, it sometimes recommended to avoid intercourse the first three months during the time her period would normally be due. At other times during the first trimester, it is considered safe. For women who have no history of miscarriage, intercourse can continue as before.
14. Why might some women not want to engage in intercourse at this time? nausea, fatigue, general anxiety especially in women who are pregnant for the first time; breast tenderness
15. What functions does the placenta serve? the organ that exchanges nutrients and waste products with the mother; functions as an endocrine gland, producing hormones (progesterone and estrogen) necessary for the maintenance of the pregnancy.
16. What size is the placenta towards the end of the first trimester? approximately seven inches in diameter and one inch thick.
17. If a woman contracts rubella (German measles) in the first month, third month, or after the fifth month, what is the risk of an abnormality to the fetus? **first month:** 50% chance that the infant will be born with cataracts, congenital heart disease, deafness, or mental deficiency **third month:** the risk drops to 10% **after the fifth:** very little to no risk
18. How can a woman acquire immunity to rubella? rubella vaccination at least two months before conception
19. How can the incompatibility of the Rh factor be treated today? If a mother's blood is Rh- and the fetal blood is Rh+ due to a father with Rh+ blood, then the mother (usually after the first pregnancy) will build up antibodies in her bloodstream against the foreign Rh+ factor found in the fetal bloodstream. These antibodies can cross the placental barrier and at birth the baby can be stillborn, severely anaemic or retarded. In order to prevent the build up of antibodies, a shot of Rhogam can be given to the mother, and she can then have as many healthy, normal children as she wants. In the past, before Rhogam was developed, she could usually have only 1 or 2 children.
20. When do miscarriages most often occur? in the first trimester
21. What are the signs which may indicate a miscarriage? vaginal bleeding or "spotting"; cramping in the pelvic region; the symptoms of pregnancy disappear

22. When can fetal movement or "quickening" be felt by the mother? by the end of the fifth month or twenty weeks in first pregnancies and a few weeks earlier in subsequent pregnancies
23. Which trimester is usually the most pleasant for most women, and the one in which woman sometimes show increased sexual desire? second trimester
24. What are the three preferred positions for sexual intercourse during the second trimester? female superior; side by side; rear-entry positions
25. What is the size and weight of the fetus at the end of the first trimester; second trimester? **first:** 3-4 inches long, weighing about an ounce; **second:** 14 inches long, weighing about 2 lbs.
26. Does the fetus dream at the end of the second trimester? yes; in fact, premature babies dream more at birth than do full-term babies - that is, they spend more time in REM (rapid eye movement) sleep
27. What is the ideal weight gain for a full term pregnancy? there is no ideal weight gain during pregnancy; it will depend on the woman, her overall health, how her pregnancy is progressing and consulting with her doctor.
28. Can a woman who has no history of complications and who is otherwise healthy engage in sexual intercourse in the third trimester? yes, but she should not have sexual intercourse if her membranes have ruptured, the cervix is soft or is partly effaced (early stage of labour - effacement), the mucus plug has fallen out, or there are any other complications which could harm the baby or is advised not to by her doctor for some reason.
29. Why do some women lose sexual interest during the third trimester? There may be no physical dangers to mother or child yet some women may lose all interest in sexual intercourse due to physical discomfort, feelings of loss of attractiveness, or anxiety associated with fear of the actual labour and delivery or of giving birth to an abnormal child, i.e. the woman may focus her thoughts completely on the baby, and thereby lose interest in the father. This can cause obvious problems between the prospective parents.
30. What alternatives are available for women who cannot have sexual intercourse during the third trimester or for that matter at any time during the pregnancy for either medical or psychological reasons? oral sex; mutual masturbation; intracural (between the thighs), or any form of sexual expression which is agreeable to both partners. blowing into the vagina should be avoided during pregnancy as air getting into the uterine veins could result in damage to the placenta, and embolism.
31. How does a woman differentiate between the contractions in false labour and true labour? **false labour:** the contractions occur at irregular intervals, and they do not increase in intensity. **true labour:** the contractions occur regularly in successively shorter intervals, and continue to increase in intensity.
32. What takes place during the three stages of labour? **first:** cervix softens and flattens out (effacement); cervix dilates to about 8 cm (dilatation); completion of dilation of cervix to 10 cm. (transition-strongest contractions)  
**second:** baby's head (or presenting part) moves into birth canal; baby is born  
**third:** delivery of the placenta.
33. For what reasons are Caesarean sections performed? cervix doesn't fully dilate; the woman's pelvic structure is too narrow for the size of the baby; abnormal presentation or prolapsed cord which could suffocate baby; placenta previa (placenta first instead of baby first); excessive bleeding or any difficulties which could endanger mother or child.
34. Can a woman have more than one section? yes, she can have several sections; however, a section in one delivery does not necessarily require a section in future deliveries.
35. What are the possible psychological and physiological causes of post partum depression? the new added responsibilities of a new family member may overwhelm her; fatigue from irregular sleep (baby feedings at night); feeling of neglect or rejection by the husband whose attention may now be completely with baby (this may also be a problem in reverse for the husband - mother's attention is completely with the baby); drastic hormonal changes are only some of the factors involved.

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| 36. | What are the advantages of breast feeding?  | there is always close intimate contact between mother and child (contact-comfort), it's inexpensive and convenient (no bottles to prepare); antibodies to fight infection are passed from mother to child; uterus contracts faster; mother's nutrition is likely to be better since the baby's nutrition is dependent on mother's (sometimes viewed as a disadvantage -i.e. mother has to be careful of her diet); the milk is always the right temperature and consistency. |
| 37. | What are the advantages of bottle feeding?  | the husband or any one can participate easier in the feedings (actually this is possible also by hand expressing milk from the breast into a bottle - but it does take longer); a good method for women who have difficulty producing enough milk, or who feel self-conscious about breast feeding, or who have to return to a full time job soon after delivery.  |
| 38. | When does the menstrual period resume in nursing mothers, in non-nursing mothers? | within about four weeks (though it may only be one week) after delivery, the woman has a bloody vaginal discharge called lochia. One or two months later a mother who is not nursing may have a menstrual period. If she is nursing, her periods may not resume for as long as 19 months, though 5 months is more common.  |
| 39. | What effect does the birth control pill have if taken by a nursing mother?        | with some women milk production decreases  |
| 40. | Is nursing an effective means of contraception?                                   | no, nursing does not prevent a women from becoming pregnant.   |
| 41. | When can a woman resume sexual activity following delivery?                       | sexual activity, other than vaginal intercourse can resume anytime. However, vaginal intercourse can resume as soon as the episiotomy or any lacerations of the perineum (area between the vaginal orifice and anus) have healed and the flow of lochia has ended (lochia is not necessarily a deterrent for all couples).   |

## PART V: Contraception

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| 1. | What is the best type of contraceptive or birth control? | The answer to that question depends on how you define "best". What may be the "best" for an individual may not be "best" for another individual. The choice of birth control depends on factors such as a person's health, frequency of sexual activity, number of partners, desire to have children in the future and effectiveness of the method. Abstinence (not having heterosexual intercourse) is the only 100% effective form of birth control. |
| 2. | Brief summary of birth control methods?                  |  |
|    | Barrier method   | Barrier methods are contraceptives that work by physically trying to prevent the passage of bodily fluids from one person to another.  |
|    | Hormonal method  | Hormonal methods of birth control basically work by preventing pregnancy by blocking the release of eggs from the female's ovaries. When used correctly and consistently it is a highly effective and convenient method of birth control.  |
|    | Surgical Methods   | Surgical sterilization is a contraceptive option requiring a medical operation performed on men or women. It is intended for people who don't want children in the future and is considered permanent because reversal requires major surgery that is often unsuccessful.  |
|    | Intrauterine Devices (IUD's)                             | IUD's are small plastic devices usually T-shaped and wrapped with cooper (e.g. copper T) and placed inside the uterus by a doctor. It's not entirely clear how IUD's prevent pregnancy. The standard type seem to prevent sperm and eggs from meeting or by preventing fertilized eggs from implanting themselves in the uterus.   |
|    | Family Planning  | This method requires keeping a chart of the women's menstrual cycle to determine fertile periods. You then avoid unprotected sex during the presumed fertile period of the menstrual cycle. The method has a high risk of failure.   |

Withdrawal

In this method, also called coitus interruptus, the man withdraws his penis from the vagina before ejaculation. Fertilization is prevented because the sperm don't enter the vagina. Effectiveness depends on the male's ability to withdraw before ejaculation. It should be noted that some sperm may be emitted along with pre-ejaculatory fluid.

**Note:** None of the above birth control methods adequately protect against sexually transmitted infections (STI's) or HIV except latex male and female condoms.  
**Condoms, even when correctly used, make penetrative sex safer, not safe**

**Effectiveness Rates of various Birth Control Methods**

Method	Range of effectiveness % *
<b>Barrier</b>	
Female Condom	79 – 95
Male Condom	86 – 97
Diaphragm	79 – 95 <sup>1 2</sup>
Cervical Cap	70 – 91 <sup>1 2</sup>
Sponge	80 – 91
Lea's Contraceptive	76 – 87 <sup>1</sup>
Spermicides: foam, creams, jellies, tablet, Vaginal Contraceptive Film (VCF)	75 – 90
<b>Hormonal</b>	
Combination birth Control Pill	97 – 99
Progestin only pill (mini-pill)	95 – 99
Depo-Provera	99+
The Patch (Ortho Evra)	
Emergency Contraceptive Pill (the "morning after" pill)	86 – 97
Plan B (emergency contraception)	89 – 95
<b>Surgical method</b>	
Tubal Ligation (Female Sterilization)	99+
Vasectomy (Male Sterilization)	99+
<b>Intrauterine Devices (IUD's)</b>	
Copper T	97 – 99
Mirena ® levonorgestrel releasing device	98 – 99
<b>Natural Family Planning</b>	
Calender method, Basel Body Temperature (BBT) method, Cervical Mucus (Billings) method	75 – 98
<b>Withdrawal</b> (coitus interruptus)	60 – 70

<sup>1</sup> used with spermicide

<sup>2</sup> effectiveness rates will vary between women with previous births and those with no previous births

\* It should be noted that the lower percentages are more realistic of "real world" user effectiveness rates. Whereas the higher percentages represent the highest expected rate of effectiveness of a method under ideal conditions (using it perfectly), which is seldom achieved in everyday usage.

3. How is the female condom used? The female condom is a strong, soft, clear sheath made of polyurethane with a ring at each end, and when inserted lines the walls of the vagina. The ring at the closed end is used to put the condom against the cervix and helps to hold it in place. The open end of the condom stays outside of the vagina and is held in place by the outer ring. Like the male condom it acts as a barrier to prevent the sperm and egg from joining to protect against pregnancy and STI's (including HIV). Can be inserted 6 hours before intercourse. Do not use a female condom together with a male condom - they will stick together and tear.
4. Female condom: -can be expensive \$3 -\$4 each verses \$1.00 or less for each male condom and are less widely available  
-may slip around and might be noisy (if there isn't enough lubricant)  
-outer ring may be cumbersome  
-not as effective as other methods of contraception-can only be used once
5. How is the condom used? A condom acts as a barrier or wall to keep blood, semen or vaginal fluids from passing from one person to the other during sex. Most condoms are made from latex rubber or polyurethane, while a small percentage are natural membrane condoms made from lamb intestines (sometimes called "sheepskin" or "lambskin" condoms). The thin condom sheath is unrolled onto the erect penis prior to intercourse, care must be taken if the condom does not have a reservoir tip to allow enough room at the tip to accommodate the ejaculate. Care must also be taken to hold the ring upon withdrawal, which should occur before complete loss of erection or the device may be left behind.  
Condoms come lubricated or non-lubricated, with or without spermicide. Only water-based lubricants (e.g. K-Y Jelly, Astroglide, Probe) should be used with latex condoms if further lubrication is desired. Never use petroleum or oil-based lubricants, they will break down the latex (rubber) condoms. Always check the expiry date before use, and avoid storing condoms in warm places (in a wallet or car glove box) since this can also cause the latex to deteriorate. Do not use a male condom together with female condom - they will stick together and tear.
6. What advantage does the condom provide over all other contraceptive measures?  
Except for abstinence, latex and polyurethane condoms are the most effective method for reducing the risk of infection from the viruses that cause HIV/AIDS, and other STI's.  
Note: Natural membrane ("sheepskin") condoms are not recommended for protection against STI's since certain bacteria and viruses can pass through the small pores in the material.  
Novelty item condoms that carry no disease or pregnancy prevention claim on their label should not be used for protection against pregnancy or STI's including HIV.
- Condom: -some individuals might have an allergy to the lubricant, spermicide or latex condoms  
-some people notice a decrease in sensation  
-risk of breakage or slippage if it is improperly used  
-some people feel that condoms can inhibit spontaneity
7. How effective is the condom? highly effective especially when used with a spermicidal foams, creams, or jellies.
8. Describe the Diaphragm & Cervical Cap? The diaphragm is a dome-shaped, thin rubber shield that is stretched over a flexible round ring, and varies in diameter from 2 to 4 inches. The muscles of the vagina hold it in place. The cervical cap is a small piece of rubber with a hard rim and soft, domed top. It fits snugly over the cervix (the opening to the uterus at the top of the vagina) and stays in place by suction. To ensure a correct fit, a physician does the initial fitting for a prescription.
9. How is the Diaphragm & Cervical Cap used? Both work by blocking sperm from entering the uterus and fertilizing the egg. They may have to be refitted if there is a weight gain or loss of more than 10 lbs or a vaginal birth. It is highly recommended that they be used with a spermicide which increases their effectiveness. Both may be inserted up to four hours before intercourse, and must be left in place for at least 6 hours after intercourse.

10. What are some difficulties with the diaphragm and cervical cap? Both, if left in place beyond 24 hours for the diaphragm and 48 hours for the cervical cap, is not recommended because of the risk, although low, of toxic shock syndrome. For intercourse after the six-hour period with the diaphragm, or for repeated intercourse within this period, fresh spermicide should be placed in the vagina with the diaphragm still in place. Some women find the cervical cap difficult to insert.
11. What is a Sponge? The contraceptive sponge is a very soft, small, round disposable polyurethane foam device that measures approximately five centimetres in diameter that is inserted into the vagina and covers the cervix. It prevents conception in three ways: 1) it acts as a physical barrier for sperm, 2) it absorbs semen, and 3) spermicidal foam, contained in the sponge, is released while it is in place. It can be inserted just prior to intercourse, or up to 2 hours before. It should be left in place for at least 6 hours after intercourse, but should not be left in for more than 24 hours. The sponge does not require a prescription. Each sponge is used only once.
- Sponge:
- possibility of irritation or allergic reactions to the spermicide contained in the sponge
  - the sponge may contribute to an increase in the risk of yeast infections
  - possibly cost? - about \$2.50 each
12. What is Lea's Shield? Lea's Shield is a reusable soft silicone rubber device that can be inserted into the vagina to cover the cervix. It is designed with a one-way flutter valve that prevents trapping of air between the device and the cervix, and allows for a snug and unobtrusive fit on the cervix. It is designed to fill the rear of the vagina (posterior fornix) at the cervix reducing the chance of becoming dislodged. As one size fits all, it does not have to be fitted by a physician and can be purchased over the counter at many pharmacies. It can be inserted anytime before intercourse and can be left inside a woman's vagina for up to 48 hours.
- It should be used with a spermicide and after using the device it should be washed with warm water and soap, and rinsed and dried.
13. Spermicides Spermicides either kill sperm, or makes them inactivate. They are available as foams, creams, gels, or suppositories (tablets). The chemical Nonoxynol-9 is the active ingredient in most available spermicide products. Spermicides are placed in the vagina or used in conjunction with other methods. They must be inserted about 15 minutes prior to intercourse. Foam and gel usually require an applicator for use. When used (and it is recommended) in combination with other methods (e.g. condom, diaphragm) protection against pregnancy is further improved. Using a condom with a spermicide is very effective in preventing pregnancy. Oral sex is not recommend after the application of a spermicide due to the chemical taste.
- Spermicides might offer some protection against some STI's, but they should NOT be relied upon as the only means of disease prevention. Spermicides are not an adequate means of STI protection.
- Note: Spermicidal preparations that contain Nonoxynol-9 may irritate (especially if used regularly) the vagina, penis and/or rectal walls. In such cases, continued use can actually put one at higher risk for STI's and HIV if the irritation has caused open sores or lesions.
14. Vaginal Contraceptive Film (VCF) VCF is a very small 2-inch square of thin translucent material that contains spermicide - Nonoxynol -9 that kills sperm. It is folded and inserted in the vagina next to the cervix and dissolves quickly. It should be inserted not less than 15 minutes and not more than 1 hour before intercourse. One VCF is to be used for each act of sex. It can be carried around easily and is less messy than spermicidal creams, foams and gels. Its effectiveness are the same as noted above under spermicides. And like other spermicides it has limited effectiveness when used alone and is best used with another birth control method. Not an adequate means of STI protection.

15. How does the birth control pill prevent conception? There are two types of birth control pills, the combination pill containing estrogen and progestin and the "minipill" containing only the hormone progestin. Combined oral contraceptives suppresses ovulation (the monthly release of an egg from the ovaries) by the combined actions of the hormones estrogen and progestin. These pills come in different dosages and combinations. Progestin only minipills work by thickening cervical mucus to prevent sperm from entering the uterus and fallopian tubes and reaching the egg. They also keep the uterine lining from thickening, which prevents a fertilized egg from implanting in the uterus. These pills are slightly less effective than combined oral contraceptives.
16. On which day of the menstrual cycle do you begin taking the pill; when do you stop; when do you continue? You begin taking the pill on the 5th day of your menstrual cycle; you continue taking the pill daily until all 21 pills have been taken; you stop for 7 days at which time you will have menstrual flow and then you begin taking them again. The Pill, should be taken at approximately the same time each day. If you feel nausea, take the Pill with a meal or after a snack at bedtime.
17. What are the four common side effects of the Pill? nausea, weight gain, headaches, and vaginal discharge.
18. What is the one serious side effect of the Pill which has been substantiated by research? Women with certain medical conditions, such as a history of blood clots or breast or endometrial cancer, may be advised against taking the pill. The pill may contribute to cardiovascular disease, including high blood pressure, blood clots, and blockage of the arteries. The risk is also greater in smokers, especially women over 35.
19. If you miss taking the Pill one day, should you take two the next day? yes, take the forgotten pill as soon as you remember it and take the next pill at the time you would normally take the pill for that day.
20. What should you do if you forget two pills in a row? take two pills as soon as you remember, then take two pills the next day to catch up and use an additional method of contraception for the rest of that cycle.
21. What should you do if you miss three to four pills in a row? withdrawal bleeding will probably begin, so act as though you are at the end of a cycle. Don't make up the missed pills, stop taking your pills and start a new package after you have been off for 7 days. Use another contraceptive measure from the day you realize you forgot the pills through two weeks of the next cycle.
22. What is Depo-Provera? Depo-Provera is an injection of a hormone (progesterone) and acts similarly to other progestin-only contraceptives. Depo-Provera works by preventing the development of the egg in the woman. One injection provides 3 months of protection and may be given in the upper arm or buttocks. Then every 12 weeks you must return to your doctor for another injection. Depo-Provera does not contain estrogen and can be used safely and effectively by most women.
- Disadvantages of Depo-Provera -causes menstrual cycle irregularities; spotting between periods is common (majority will stop menstruating after 6 to 12 months)  
-some women may experience other side effects, which may include weight gain, mood changes and headaches  
-once it is in a woman's body, she cannot stop any side effects that she may experience  
-may experience weight gain, some water retention
23. The Patch (Ortho Evra) Ortho Evra is a thin plastic squarish patch which adheres (band-aid like) to the skin. It may be placed on the buttocks, stomach, upper outer arm or upper torso -front or back (except for the breasts). The patch works on a 28-day, or four-week cycle and is changed each week for 3 consecutive weeks and then 1 week not wearing the patch. This method of birth control works by slowly releasing a combination of hormones (estrogen and progestin) through the skin. It works by preventing ovulation, and by thickening the cervical mucous, making it difficult for sperm to enter the uterus. The patch will adhere during daily activities (e.g. showering, bathing swimming). The patch works much like the pill. It does not protect against STI's.
- Disadvantages of the Patch -basically the same as the pill

24. What is the Emergency Contraceptive Pill (ECP)? (the "morning after" pill)
- The Emergency Contraceptive Pill (ECP) is a method of birth control that can be used after unprotected intercourse or if a condom breaks. Emergency contraceptives (EC) work by altering the cervical mucus so that it becomes "hostile" to sperm. They also thin out the lining of your uterus, making it very difficult for a fertilized egg to implant. In the unlikely event that implantation does occur, EC does not interrupt the pregnancy or put the fetus at risk. ECP should be taken within 72 hours after intercourse, although it should be used as soon as possible. ECP is not an abortion pill.
- Plan B -emergency contraception
- Plan B emergency contraception requires a prescription and must be taken with 72 hours of having unprotected sex, and if taken within 24 hours has a higher effectiveness rate. Plan B may prevent pregnancy by temporarily stopping the release of an egg from a woman's ovary, or by preventing fertilization. Each Plan B packet includes a single course of treatment and consists of two tablets, each containing 0.75 mg levonorgestrel (a synthetic progestogen). The first tablet should be taken as soon as possible within 72 hours (3 days) of unprotected intercourse. The second tablet must be taken 12 hours later. This is not an abortion treatment.
- Note:** Emergency contraception (EC), is not a substitute for regular contraception
25. How is an IUD inserted?
- most IUD's (e.g. copper-T) measure about an inch in diameter, and can be compressed for insertion through a thin, straw-like instrument; most have plastic or nylon strings that extend into the upper vagina, but do not interfere with intercourse - the string enables the wearer to check if the device is in place. IUD's are inserted through the cervix and into the uterus by a physician; the procedure requires less than 5 minutes. The standard type seem to prevent sperm and eggs from meeting by either immobilizing the sperm on their way to the fallopian tubes or preventing fertilized eggs from implanting themselves on the uterine wall.
- A second type available in Canada, the Mirena ® works in two ways by delivering a small quantity of hormone (levonorgestrel), which makes the mucus at the neck of the womb (*the cervix*) much thicker, preventing sperm from getting through and it also makes the lining of the womb extremely thin, stopping implantation. In some women it seems to prevent ovulation (the egg releasing). The Mirena ® costs approximately \$350 or more.
- What are the two most common side effects of the IUD.?
- Some women experience irregular bleeding and/or cramps using the device.
- What are the rare, but possible other complications which may arise with an IUD?
- infection of the pelvis, perforation of the uterus, and there is a slightly higher risk of ectopic pregnancy when using an IUD; remember these are rare occurrences.
- Does the IUD have any effect on subsequent fertility?
- no; following removal, if there were no serious complications, 60% of women become pregnant within three months; 90% within one year.
26. Describe the methods of female sterilization. (Tubal Ligation).
- Tubal ligation: the fallopian tubes are sealed, or cut and tied, thus preventing the egg and sperm from reaching one another. Women having the surgery continue to ovulate (release eggs) and menstruate. It is a major surgical procedure done under general anaesthesia. Tubal ligation can be done by either vaginal or abdominal surgery and should be considered a permanent, irreversible method.
- Laparoscopic or "Band-Aid" sterilization: After anaesthesia is given, a tiny incision is made at the bottom of the navel and carbon dioxide or nitrous oxide gas is injected into the abdominal cavity in order to move the intestines out of the way making it easier to view the pelvic organs and close off the tubes without injuring other tissues. The laparoscope, or light source, is then inserted through the incision to locate the tubes. Another incision is made lower in the abdomen for insertion of a forceps device to grasp and close off the tubes. This procedure is often referred to as "band-aid surgery" because the small abdominal incision is covered by one or two band-aids after completion.
- Vaginal method. After anaesthesia is given, the surgeon makes a small cut at the top of the vagina to reach the Fallopian tubes. This method leaves no visible scars.

In the three procedures the closing off of the fallopian tubes may be done by cauterization (burning) or by means of rings, bands, cutting and tying, or clips. Incisions are then closed with absorbable suture and covered.

27. What is a Hysterectomy?
- A hysterectomy is the surgical removal of the uterus, usually done because of some pathology. A partial (or supracervical) hysterectomy is the removal of just the upper portion of the uterus leaving the cervix intact. A total hysterectomy is the removal of the entire uterus and the cervix. A radical hysterectomy is the removal of the uterus, fallopian tubes, ovaries, cervix, and the upper part of the vagina. A hysterectomy may be recommended for conditions such as uterine fibroids, (fibroids are benign tumours), abnormal uterine bleeding, endometriosis, (e.g. the growth of endometrium tissue on the uterus or ovaries), uterine prolapse (descent of the uterus into or beyond the vagina) and cancer. The procedure is done under general anaesthesia and some risks include infections, bleeding and injury to kidneys, and bladder. Usually within six to eight weeks sexual activity may be resumed. While a hysterectomy leaves the woman sterile, it would usually not be performed for the purpose of sterilization.
28. Describe the method of sterilization available to men?
- vasectomy: involves sealing, tying or cutting a man's vas deferens, which otherwise would carry sperm from testicle to the penis. After the procedure when a man ejaculates the ejaculate does not contain sperm. A man still produces sperm after the vasectomy, and this sperm is naturally absorbed by the body. Vasectomies are generally safer and simpler procedures compared to tubal ligations.
- Are there any side effects to male sterilization?
- none have been demonstrated to date, the man can still obtain an erection, ejaculation still occurs since the seminal fluid originates from the seminal vesicles and the prostate gland which are not affected by the vasectomy; libido or sex drive is not affected; hormone production still continues as does sperm production. The procedure is done under a local anaesthetic, and cause discomfort such as pain at the site of the surgery or swelling.
29. What is the principle behind the rhythm method or natural family planning?
- avoidance of intercourse during the presumed fertile period of the menstrual cycle. This method requires keeping a chart of the women's menstrual cycle to determine fertile periods. You then avoid unprotected sex during these times. Charting is done by calendar, checking vaginal mucus, or body temperature readings. Both partners must make the commitment to the procedure and to abstinence from having sex during fertile periods. Accurate observations may be difficult due to factors such as irregular menstrual cycles, stress, fevers and vaginal infections. The method has a high risk of failure.
30. During what time should a couple abstain from intercourse in order to practice the calendar method?
- the ovum or egg has an active life of about 24 hours, in which time it can be fertilized by a sperm; however, since the sperm has an active life of about 48 to 72 hours, but a few may live as long as 5 days; (using 5 days to be safe), fertilization can occur as a result of sexual intercourse any time within this 120 hour period (5 days); normally a woman ovulates 12 to 14 days before Day 1 of her next menstrual period; add this to the 120 hour period in which fertilization may take place, and you will see that there is a period of least 13 to 18 days each month in which sexual intercourse can result in pregnancy - it is during that time when a couple should abstain from intercourse.
31. What measures can be used to help a woman determine the time she ovulates ?
- There are 3 other fertility awareness methods, each requiring the same great deal of planning and daily attention as the calendar method. All methods must be charted for 8 or more successive months before the method is actually used as a contraceptive. The **basal body temperature (BBT)** method charts a woman's lowest body temperature (BBT) to determine time of ovulation. Usually the temperature drops slightly before ovulation and rises thereafter. She should take her temperature every day immediately upon waking. The **cervical mucus method** observes changes in the appearance and consistency of the women's cervical mucus during the menstrual cycle to determine time of ovulation. The **sympto-thermal method** combines the BBT with the cervical mucus method to determine time of ovulation. A woman observes changes in the cervical mucus before ovulation and BBT to confirm that ovulation is occurring.

32. How effective is the rhythm method? it can be fairly effective if a woman has a very regular menstrual cycle each month and she and her partner are committed to abstaining from sex during the time she may be fertile, the "unsafe" period; however, it is useless for women who have an irregular cycle or during the post-partum period.
33. Why is coitus interruptus or withdrawal not an effective method of contraception? the clear sticky fluid secreted by Cowper's gland during the plateau phase of sexual intercourse may have stray sperm; the time between the point at which most men can accurately and consistently determine the imminence of orgasm and the point at which ejaculation occurs is a matter of 3-5 seconds; furthermore, since complete ejaculation does not always occur in a single emission, but rather in intermittent spurts or in a slow stream, withdrawal is often neither fast enough, nor complete enough to prevent conception.
34. Why is douching not an effective method of contraception? douching involves trying to washing sperm out of the vagina immediately after intercourse with water and vinegar or lemon juice or soap or salt; it is ineffective since within one or two minutes or less after ejaculation some sperm are already on their way up the cervical canal and beyond reach of the douche.

## **PART VI: Abortion**

Abortion, in its most commonly used sense, refers to the deliberate early termination of pregnancy, resulting in the termination of the embryo or fetus. Medically, the term also refers to the early termination of a pregnancy by natural causes, usually within the first 13 weeks. The material that follows is on deliberate or "induced" abortions.

### **1. History**

Abortion was completely banned in Canada in 1869. As in other countries illegal abortions were still performed, leading to the deaths of many women every year.

The movement to liberalize Canada's abortion laws began in the 1960's. Then Justice Minister Pierre Trudeau introduced a bill in 1967 that provided for abortions when the health of the mother was in danger as determined by a three-doctor hospital committee. This same bill also legalized homosexuality and contraception, and would be the subject of one of Trudeau's most famous lines: "The state has no business in the bedrooms of the nation."

Many felt the law didn't go far enough, and that the rulings of the three-doctor committees were inconsistent and often untimely (taking perhaps several weeks). Montreal doctor Henry Morgentaler, not wanting to break the law, initially turned away women from his practices seeking abortions. Soon, however, he began performing safe abortions in his clinic contrary to the law, and in 1973 stated publicly that he had performed 5000 abortions without the permission of the three-doctor-committees, even going so far as to videotape himself performing operations.

The Quebec government took Dr. Morgentaler to court twice, and both times juries refused to convict him despite his outright admission that he had performed many abortions. The government appealed against one acquittal and the appeal court overturned the jury's verdict. Dr. Morgentaler was sentenced to 18 months in jail. Public outcry over Dr. Morgentaler's treatment caused the federal government to pass a law preventing appeal courts from overturning a jury's not guilty verdicts. Having a government take exceptional steps to jail Morgentaler was especially unpalatable because he is a Holocaust survivor. Dr. Morgentaler was again acquitted at a third trial, causing the Quebec government to declare the law unenforceable.

Dr. Morgentaler struggle prompted a nation-wide movement to reform Canada's abortion laws. In 1970, 35 women chained themselves to the parliamentary gallery in the House of Commons, closing parliament for the first time in Canadian history.

Upon his release from prison in Quebec Dr. Morgentaler decided to challenge the law in other provinces, and over the next 15 years he would open and operate abortions clinics across the country in direct violation of the law. Following a fourth jury acquittal in 1984 the federal government appealed the decision and the appeals court reversed the decision. Dr. Morgentaler in turn appealed to the Supreme Court of Canada, which in a stunning 1988 decision declared the entirety of the country's abortion law unconstitutional.

In its decision the court stated:

"The right to liberty... guarantees a degree of personal autonomy over important decisions intimately affecting his or her private life. The decision whether or not to terminate a pregnancy is essentially a moral decision and in a free and democratic society, the conscience of the individual must be paramount to that of the state."

The court did, however, encourage the government to introduce a new and improved abortion law, which it attempted to do in 1989. This new bill, which threatened doctors with a two-year jail term if they approved an abortion when the mother's health was not in danger, was widely and loudly condemned by the country's doctors. While the bill was approved by the House of Commons, it was defeated in the Senate by a tie vote. This failure prompted the government to give up on legislating abortion entirely, leading to the unique situation of Canada having no abortion law whatsoever.

The above history is from [Abortion in Canada](http://en.wikipedia.org/wiki/Abortion_in_Canada) an article from Wikipedia. All text is available under the terms of the GNU Free Documentation License. [http://en.wikipedia.org/wiki/Abortion\\_in\\_Canada](http://en.wikipedia.org/wiki/Abortion_in_Canada)

## 2. Abortion: General Information

Abortions in Canada are performed in hospitals (not all hospitals perform abortions) and private clinics\*, and usually are unavailable outside urban areas. Abortions like any medical procedure require a patient's informed consent, which doctors are legally required to obtain. Informed consent means that a patient has been given enough information about the procedure's risks, complications and alternatives to make a knowledgeable decision about having it. Most abortions are performed during the first 12 weeks of pregnancy (first trimester), and are usually performed either under a general anaesthetic (usually in hospitals) or a local anaesthetic. To calculate how many weeks pregnant a woman is, a doctor will count from the first day of her last period. For example, if a woman had unprotected sex one week ago and her period started two weeks before that and she finds out today that she is pregnant, she would be considered to be three weeks pregnant by her doctor.

3. Although abortion is not a contraceptive measure, it is a means of birth control which must sometimes be used - cases of unplanned pregnancies, pregnancy through rape, or incest, health dangers to the woman, etc. What are the two most common types of abortion procedures performed in Canada?

**Manual Vacuum Aspiration (MVA)** is a surgical procedure that can be done between 4- 12 weeks from the start of your last menstrual period (LMP). The cervix is numbed with an anaesthetic, and a flexible plastic tube is inserted into the uterus. Pulling back on the syringe that is attached to the tube creates a gentle suction and the contents of the uterus are removed. You are awake during the procedure and it takes about 10 minutes.

**Vacuum Suction Curettage (VSC)** is a surgical procedure that can be done up to 14 weeks in the hospital and up to 20 weeks at some clinics. The cervix is dilated (opened up) using Laminaria tents (thin pieces of sterile seaweed that are put into the cervix). The laminaria insert slowly absorbs moisture from the cervix and it expands the cervical opening. After the cervix is dilated a thin plastic tube is inserted into the uterus and is connected to a suction pump which provides a gentle suction to remove the contents. Laminaria tents are used in all procedures done at the hospital, and for clinic procedures when the pregnancy is 14 weeks or over. The procedure takes about 10 to 20 minutes.

\* Note: Abortion services are available in all provinces except Prince Edward Island. Drug-induced abortions are currently not available in Canada.

## **PART VII: Sexually Transmitted Infections (STI's)**

Sexually transmitted infections (STI's) are infectious diseases that are passed from one person to another through intimate sexual contact, such as vaginal intercourse, anal intercourse, or oral sex. STI's are not only unpleasant, but also can be very serious, some can lead to chronic diseases, infertility, some forms of cancer or even death. A lot of people with STI's are asymptomatic (do not have symptoms). You may not be able to tell if someone is infected just by looking at him/her or some one who has been treated may not tell you they have been infected. While men may have mild and/or severe complications such as generalized and localized infections, women are more susceptible to STI's and the resulting complications. Many STI's are more easily transmitted to women than they are to men; and some STI's lead to increased risk of ectopic pregnancies, infertility or to the development of cancer of the cervix in some women. Infections can also be passed on to a baby during pregnancy or childbirth.

## Sexually Transmitted Infections (STI's)

STI	Symptoms	Transmission	Effects	Treatment
Chlamydia (bacteria)	Women often show no signs until the Chlamydia has spread elsewhere but may notice extra discharge and pain when passing urine. Men may get symptoms of NSU <sup>1</sup> if infected: a white cloudy discharge from the penis and a burning sensation when passing urine.	Passed on through unprotected vaginal, anal or oral sex.	If left untreated can cause pelvic disease inflammatory (PID) <sup>2</sup> a disease which infects your pelvic region and can lead to infertility in women and men.	Antibiotics: doxycycline, tetracycline or erythromycin
Gonorrhoea <i>Neisseria gonorrhoea</i> Clap, Drip (bacteria)	Males: urethral discharge, painful urination. Females: often a symptomatic: vaginal discharge, pain or burning with urination.	Passed on through unprotected vaginal, anal or oral sex.	It can affect the cervix, urethra, rectum, and the throat. It can cause sterility, arthritis or heart problems. Females: PID.	Antibiotics: ceftriaxone, cefixime, penicillin
Syphilis <i>Treponema pallidum</i> , (a bacteria-like microbe)	1 <sup>st</sup> stage: A few weeks after infection a painless sore (chancre) appears usually on the genitals lasting about 2 - 3 weeks. Often no symptoms.	Passed on through unprotected vaginal, anal or oral sex. Pregnant mother to child.	2 <sup>nd</sup> stage: About 2 - 6 months after infection, a rash may appear on the body and flu-like symptoms may occur. These symptoms disappear but the infection remains. 3 <sup>rd</sup> stage: damage to vital organs, e.g. heart, liver, brain.	Penicillin, doxycycline
Vaginal Infections: yeast, vaginitis, trichomonas e.g.: <i>Candida albicans</i> (yeast) <i>Trichomonas vaginalis</i> (bacteria)	Females: vaginal discharge or odour; vaginal itching; burn with urination. Males: very often symptom free; but may have itching or rash on the penis.	Sometimes sexually spread, but some types are not. (e.g. antibiotic use) <i>Trichomonas</i> can affect female babies born to infected mothers.	Usually none. Yeast infection may become a chronic or recurrent condition causing painful inter-course and vaginal soreness.	Metronidazole and numerous intervaginal creams or tablets such as miconazole, nystatin or others.
Genital Warts <i>Human Papilloma virus</i> (HPV) (virus)	Often there are no symptoms - no visible warts. Small to large fleshy bump-like growths that appear in the genital and anal area. Often cauliflower like in appearance and maybe in clusters or alone	The virus is passed on by skin-to-skin contact so it is easily transmitted through vaginal, oral, and anal sex. Condoms do not seem to protect against HPV. <sup>3</sup>	Warts may grow in size and number. Some HPV types cause warts and others certain types cause (CIN) that can lead to cervical cancer in women. Cervical cancer is caused by HPV.	Treatment depends on the size and location of warts. Podophillin, liquid nitrogen, surgical removal

<sup>1</sup> **NSU (Non Specific Urethritis)** Urethritis is an inflammation of a man's urethra (the passage in the penis that urine and semen pass through). It can be caused by chlamydia or gonorrhoea, although frequently the cause is not identified. If neither gonorrhoea nor chlamydia can be isolated, the condition is known as non-specific urethritis.

<sup>2</sup> **PID (Pelvic inflammatory disease)** An infection of the upper genital tract. PID can affect the uterus, ovaries, fallopian tubes, or other related structures. Untreated, PID causes scarring and can lead to infertility, tubal pregnancy, chronic pelvic pain, and other serious consequences. Many different organisms can cause PID, but most cases are associated with gonorrhoea and genital chlamydial infections.

<sup>3</sup> "No scientific data support condom use specifically for genital HPV prevention; however, condoms should be recommended for prevention of other STDs." (and for more information on HPV see) Prevention of Genital HPV infection and Sequelae: Report of an External Consultants' Meeting Division of STD Prevention December 1999. report is available at: [http://www.cdc.gov/nchstp/dstd/Reports\\_Publications/99HPVReport.htm](http://www.cdc.gov/nchstp/dstd/Reports_Publications/99HPVReport.htm) (CIN) cervical intra-epithelial neoplasia. CIN is usually the result of a viral infection: the human papillomavirus (HPV). It is important to know that most women with CIN do not develop cancer.

(Table continues, next page)

## Sexually Transmitted Infections (STI's)

STI	Symptoms	Transmission	Effects	Treatment
Genital Herpes <i>Herpes Simplex virus HSV Type II</i> <sup>4</sup> (virus)	Small painful blister-like sores with a red-coloured ring around them appear on the vaginal lips, penis, anal area or mouth (they can also be inside the vagina, urethra, rectum and on the cervix). Sometimes accompanied by fever, swollen glands, aches and pains, burning urination. HSV II is related to Herpes Simplex Virus Type I: cold sores	Almost exclusively by vaginal, oral or anal sexual activity. Most contagious during active out-breaks. Asymptomatic persons without any visible blisters may be contagious (Note: It is possible for herpes simplex Type 1 infection to pass from the mouth to the genital area through oral sex.)	HSV remains in the body as a lifelong infection which may recur periodically. Attacks can be made less severe and/or less frequent by taking antiviral medicines.	Acyclovir (brand name: Zovirax) may shorten duration of initial attacks, providing relief and reducing frequency and severity from recurrences, but there is not a cure.
Hepatitis B (HBV) & C (HCV) (virus)	Ranges from being asymptomatic to flu-like symptoms fatigue, appetite loss and more serious symptoms may include abdominal pain and jaundice (yellowish) skin and eyes.	Unprotected sex, sharing personal hygiene items such as tooth-brushes, razors (that may have blood on them) or dirty needles. Mother to child.	No cure. Liver disease and or cancer of the liver.	Hepatitis B vaccination. No vaccine for Hepatitis C. Treatment antiviral medications.
Human Immunodeficiency Virus (HIV) (virus)	Most infected people may initially be asymptomatic (have no symptoms) until their condition progresses to full blown AIDS. HIV is a virus that continually attacks your immune-system until your body loses its ability to fight other diseases and infections that may be trying to enter your body.	Unprotected vaginal or anal sex. Sharing unsterilised needles, syringes; Mother to baby, across the placenta, during childbirth or through breast feeding.	(AIDS) Acquired Immune-Deficiency Syndrome) is characterized by fever, weight loss, fatigue, night sweats, skin rashes and diarrhea and opportunistic infections such as rare forms of cancer (Kaposi's sarcoma) and pneumonia, (PCP) Pneumocystis carinii Pneumonia.	There is no cure for AIDS. A number of different cocktail of retroviral drugs are available to limited benefit for managing the virus.
Pubic Lice <i>Phthirus pubis</i> Crabs (parasite)	Intense itching, which worsens at night. in the genital and anal areas where eggs and crabs become visible. Scratching worsens the situation by risking proliferation of other infections.	Mainly sexual, but can be spread from infested clothing, bedding, towels, etc., as they can survive without a human host for one to two days.	No major health risk. Secondary infections may occur because of skin breakdown from frequent scratching.	Kwell (gamma benzene hexachloride) lotion, shampoo, or cream.

<sup>4</sup> Other strains of the herpes virus that cause disease in humans other than HSV type I & II are: Varicella Zoster Virus: Chicken Pox and Shingles, Human Herpes Virus 6: Roseola, Human Herpes Virus 8: Kaposi's Sarcoma and the Epstein-Barr virus, frequently referred to as EBV, is a member of the herpes virus family and one of the most common human viruses.

<sup>5</sup> **HIV** is a retrovirus. Usually, the genetic material in cell is DNA, and when genes are expressed, the DNA is initially copied into messenger RNA which then functions as the model for the production of proteins. In a retrovirus, this process is essentially reversed: the RNA is covered into DNA before it can be expressed or duplicated. In other words, retroviruses reverse what had seemed to be the normal flow of genetic coding. (Haseltine, W.A., and Wong-Staal, F., "The molecular biology of the AIDS virus," *Scientific American* 259 (4):52-62, October 1988).

**DNA** - short for DeoxyriboNucleic Acid - is found within the nucleus of most types of *cells*.

**RNA** is short for RiboNucleic Acid. Like DNA, RNA molecules are manufactured in the nucleus of the cell. However, unlike DNA, RNA is not restricted to the nucleus. It can migrate out into other parts of the cell. Some RNA, called messenger RNA (mRNA) communicate the genetic message found in the DNA out to the rest of the cell for the purpose of promoting the synthesis of proteins. *Strategis.ga.ca* Industry Canada, "Bio Building Blocks" <http://strategis.ic.gc.ca/SSG/tc00007e.html>

\* For more extensive and in-depth information on any of the above topics see related materials at the Centers for Disease Control and Prevent (CDC), <http://www.cdc.gov/> or Panned Parenthood Federation of Canada, <http://www.pffc.ca/>

## Glossary

- adultery** Sex between a married person and a person other than their spouse.
- anilingus** Stimulation of the anus with mouth and tongue.
- anus** The opening through which feces are eliminated.
- balls** Slang for Testicles
- beating Off** Slang usually for male masturbation
- bestiality** See zoophilia
- blow job** Slang for Fellatio (which usually does not involve "blow[ing].")
- blue balls** Slang expression for pain in the groinal area due to prolonged vasocongestion.
- boner** Slang of an erection
- circle jerk** Slang for masturbation in a group.
- circumcision** The removal of the foreskin by a surgical procedure. Done in some cultures and religions as a rite of passage, or in some cultures, the clitoral hood, clitoris and/or labia.
- clitoridectomy** The surgical removal of the clitoris and all or part of the labia. Also known as female circumcision.
- clitoris** A small, fleshy fold at the top of the vaginal area which fills with blood during sexual arousal and can cause an orgasm if stimulated. The clitoris is developmentally analogous to the male penis, so it contains many nerve endings that deliver pleasure sensations when stimulated
- cock** Slang for penis
- cowper's Gland** A part of the male reproductive system that secretes pre-ejaculatory fluid.
- cum** Slang, as a noun, it usually refers to semen; as a verb, it means to reach orgasm. Also sometimes spelled "come."
- cunnilingus** The act of putting the mouth in the vaginal area and stimulating the vagina and clitoris with the tongue.
- cock** Slang for penis
- deep throat** Slang term for a type of oral sex in which a man's partner is able to overcome his or her gag-reflex and allow the penis to go deeply into their mouth, and sometimes actually down their throat.
- dildo** A device made of plastic or rubber used by females to penetrate the vagina, or males to penetrate the anus, during masturbation or sex play. Some battery-powered dildos vibrate.
- domination and submission (D&S)** Sexual arousal derived from the acting out of sexual fantasies in which one person dominates while the other submits.
- dominatrix** In bondage and discipline, a woman who specializes in "disciplining" a submissive partner.
- drag** Cross-dressing.
- drag queen** A gay man who dresses as a woman for comic effect.
- dry humping** Slang term for rubbing the genitals against a part of another person's body (such as the thigh), often through clothes.
- dyke** A term referring to a lesbian who dresses and acts in a stylized masculine manner.
- dysmenorrhea** Painful menstruation.
- dyspareunia** Painful intercourse.
- eat out** Slang for performing cunnilingus.
- ejaculation** The emission of semen from the penis, usually at the climax of sexual intercourse or masturbation.
- erection** The stiff, hard state of a penis that has filled with blood during sexual arousal. Erection can also happen spontaneously without sexual arousal, particularly among teens or during sleep.
- fag** Pejorative, slang term for a homosexual.
- fellatio** Oral stimulation of the male genitals.
- female circumcision** The surgical removal of the clitoris and all or part of the labia. Also known as clitoridectomy.
- fellatio** The act of placing the mouth on the penis and sucking and/or stimulating with the tongue.
- fetishes** Obtaining sexual excitement primarily or exclusively from an inanimate object or a particular part of the body.
- fist fucking** Slang term for a sexual variation in which an individual inserts his or her entire hand into their partner's vagina or anus.
- foreskin** A piece of skin surrounding the head of the penis. It is removed in the operation known as circumcision. In uncircumcised men, the foreskin often rolls back during erection.
- fornication** Sexual intercourse between two unmarried people.
- frenulum** The extra-sensitive, loose piece of skin under the head of the penis.
- frottage** Rubbing one's genitals against another person, either clothed or unclothed.
- fuck** Slang term for intercourse.
- G-Spot** Abbreviation for Grafenberg spot; a bean or dime-sized, extra-sensitive area located approximately 3 inches inside the vagina, where the urethra runs closest to the top of the vaginal wall.
- getting laid** Slang term for having sex.
- getting off** Slang term for having an orgasm; usually used in reference to a male.
- gigolo** A male prostitute.
- giving head** Slang term for fellatio.
- going down** Slang for performing either fellatio or cunnilingus.
- golden showers** Slang expression for a sexual variation involving urinating on a partner.
- gynecomastia** A condition that causes enlargement of a male's breasts during puberty.
- hand job** Slang term for manual stimulation of the genitals by a partner.
- Hard-on** Slang term for an erection.
- hermaphrodite** A person with both male and female primary sex characteristics.
- heterosexism** The tendency to see the world in exclusively heterosexual terms and to dismiss or devalue homosexuality. Also known as heterosexual bias.
- heterosexual** A person who is sexually attracted primarily to members of the other gender.
- HIV** Acronym for human immunodeficiency virus; the virus that causes AIDS.
- homo** Pejorative, slang term for a homosexual.
- homophobia** An irrational fear of and hostility towards homosexuals.
- homosexual** A person who is sexually attracted primarily to members of her or his own gender.
- homosexuality** Sexual relationships with individuals of the same gender.
- horny** Slang term for being sexually aroused or excited.
- human papilloma virus (HPV)** The virus that causes genital warts.
- incest** Sexual activity between relatives or family members.
- introitus** The opening to the vagina.
- jacking off** Slang term for male masturbation
- jerking off** Slang term for male masturbation
- Jilling** Slang term for female masturbation.

**Kaposi's sarcoma** A formerly rare cancer of the blood vessels that is now common as one of the opportunistic infections that strike people with AIDS; it appears as lesions on the skin.

**Kegel exercises** A set of exercises designed to strengthen and give voluntary control over the muscles surrounding the genitals (known as the pubococcygeus muscles) and thereby increase sexual pleasure and awareness.

**lesbian** A female homosexual.

**lesbo** Pejorative, slang term for a lesbian.

**masturbation** Self-stimulation of the genitals for sexual pleasure.

**menarche** The onset of menstruation; the first menstrual period.

**menopause** The cessation of menstruation at the end of a woman's reproductive capacity, usually during late middle age.

**mutual masturbation** Two people masturbating each other at the same time.

**necrophilia** A paraphilia characterized by sexual arousal from, or activity with, a corpse.

**nocturnal emission** Ejaculation of semen during sleep. It is usually accompanied by erotic dreams and is most prevalent during the teen years — though males who masturbate regularly may experience it rarely or not at all.

**nuts** Slang for testicles

**nymphomania** A pejorative, unscientific term that is used to refer to sexual behavior or desire in women that is considered "excessive" or "abnormal."

**on the rag** Pejorative, slang term referring to a woman having her period.

**Onanism** An archaic term referring to masturbation based on the story of Onan in the Bible, who withdrew during sexual intercourse with his deceased brother's wife and thereby ejaculated onto the ground.

**oral sex (oral-genital sex)** Sexual activity in which the mouth is used to stimulate the genitals.

**orgasm** The pleasurable release of sexual tension; the climax. In males who have reached puberty, it is normally accompanied by ejaculation.

**paraphilia** A sexual behavior characterized by intense recurrent sexual urges and sexually arousing fantasies lasting at least 6 months and involving nonhuman objects or parts of human objects, the suffering or humiliation of oneself or one's partner, or children or other nonconsenting individuals.

**PC Muscles** See Pubococcygeus.

**penis** The cylinder-shaped external male sexual organ, used for copulation (sexual intercourse).

**perineum** The area of skin between the anus and the scrotum in a male, or the anus and the vagina in a female.

**phallus** Another word for Penis.

**pre-cum** Slang for pre-ejaculatory fluid, a clear, sticky liquid, produced by the Cowper's gland, which lubricates the urethra during sexual arousal, preparing it for ejaculation.

**pederasty** Sex between an adult and a child, usually an adult male and a male child.

**pedophile** An individual who is sexually attracted to prepubescent children.

**pedophilia** A paraphilia characterized by intense, recurring sexual urges or fantasies involving sexual activities with a prepubescent child.

**phimosis** A condition in which the foreskin is so tight against the glans that it cannot be pulled back and must be loosened or removed surgically.

**prepuce** Another word for Foreskin.

**prostate** An organ located beneath the male bladder in front of the rectum, which produces one of the fluid components of semen.

**puberty** The stage of development in which the body becomes capable of reproducing sexually. It can start as early as age 8 or as late as age 18, but usually it begins between ages 10 and 14.

**Pubococcygeus (PC) Muscle** Actually, a group of muscles at the floor of the pelvis stretching from the pubic bone in front to the tailbone in back; Sometimes known as the PC muscle, it controls urine flow and contracts during orgasm. The PC can be controlled voluntarily (you relax it when you want to urinate); it also contracts involuntarily at orgasm. See Kegel exercises.

**queer** Pejorative, slang term for a homosexual.

**queef** Slang, refers to a vaginal fart. Sometimes, when the penis goes all the way in the vagina and all the way out periodically, air gets trapped within the vaginal walls causing the expulsion of air, and causing what is commonly known as a fart.

**rectum** The internal canal leading from the intestines to the anus.

**rape** Forcible sexual relations with an individual without that person's consent under actual or threatened force.

**refractory period** The period of time in men immediately following ejaculation, during which further erection or orgasm is not possible; not present in the female's sexual response cycle.

**retarded ejaculation** A sexual dysfunction in which the male is unable to have an orgasm despite sufficient arousal and stimulation.

**retrograde ejaculation** A condition in which, during orgasm in the male, the semen is expelled backward into the bladder rather than out of the urethral opening.

**retrovirus** A virus capable of altering the normal genetic writing process, causing the host cell to replicate the virus instead of itself. HIV is an example of such a virus.

**rimming** Slang term for anilingus.

**rubber** Slang term for condom.

**refractory period** The period of time in men immediately following ejaculation, during which further erection or orgasm is not possible; not present in the female's sexual response cycle.

**scatology** In psychology, a scatology is an obsession with excretion or excrement, or the study of such obsessions.

**S&M** Abbreviation for sadomasochism.

**sadism** A sexual variation in which the person derives sexual pleasure from inflicting pain on someone else.

**sadomasochism (S&M)** A popular, nonclinical term for behaviors that involve both sexual sadism as well as masochism, often in a consensual, role-playing manner.

**safer sex** Sexual activities that do not involve the exchange of bodily fluids. Used to prevent the transmission of diseases such as HIV.

**satyriasis** A pejorative, unscientific term that is used to refer to sexual behavior or desire in men that is considered "excessive" or "abnormal ". It is the male analogue of the more common term "nymphomania."

**screw** Slang term for intercourse.

**semen** The alkaline fluid expelled from the penis during ejaculation, containing fluids combined from several glands as well as sperm.

**seminal vesicles** One of two glands lying on either side of the prostate which secrete much of the fluid in semen.

**seminiferous tubules** Tightly coiled tubules in the testes that manufacture sperm.

**serial monogamy** An increasingly common form of dating and marriage in which a person mates with just one other person at a time but then ends that relationship and forms another.

**sex flush** A rash that appears on the skin during sexual arousal due to vasocongestion.

**sex toy** A device, such as a vibrator or dildo, designed to enhance sexual pleasure.

**sexual dysfunction** A difficulty with sexual responding that causes a person subjective distress (e.g. anorgasmia).

**sexual masochism** A sexual variation in which the individual derives sexual pleasure from experiencing pain.

**sexual orientation** The pattern of sexual, social, romantic, cognitive and emotional attraction based on the gender of one's partner.

**sexual sadism** A sexual variation in which the individual derives sexual pleasure from inflicting pain.

**sexual selection** An evolutionary theory used sometimes in an attempt to explain gender differences.

**sexual surrogate** A member of a sex therapy team who has sexual interactions with a client as part of their therapy.

**sexual variation** Sexual behavior that is not part of the norms for a given culture; atypical sexuality.

**smegma** A cheesy substance formed by several small glands beneath the foreskin of the penis and hood of the clitoris.

**sodomy** An ambiguous legal term which, depending on the jurisdiction, which refers to so called "unnatural acts" such as anal intercourse, sexual relations with animals, or oral sex.

**softcore** Nonexplicit sexually oriented material.

**spermarche** The beginning of the ability to ejaculate sperm in adolescent boys.

**spermatic cord** The cord suspending the testicle within the scrotum, containing nerves, blood vessels, and the vas deferens.

**spermatogenesis** The production of sperm.

**spermatozoan** Sperm.

**spermicide** A substance that acts to kill or immobilize sperm; usually used as a contraceptive.

**spinnbarkeit** The elasticity of preovulatory cervical mucus.

**spirochete** The type of spiral shaped bacteria that causes syphilis.

**spontaneous abortion** The natural expulsion of the conceptus; commonly referred to as miscarriage.

**squeeze technique** A technique used by sex therapists for the treatment of premature ejaculation in which the man or his partner squeezes the erect penis below the glans when he feels the likelihood of ejaculating, thereby reducing the urge.

**statutory rape** Sexual intercourse with a person who is under the legal age of consent.

**STI** Acronym for Sexually Transmitted Infection.

**sterilization** A surgical procedure performed to make an individual incapable of reproduction.

**straight** Heterosexual.

**swingers** Individuals who do not believe in monogamy, or engage in activities involving sexual activities with their primary partner and others simultaneously, such as in "wife swapping."

**semen** The white, yellowish, or clear sticky fluid that carries and nourishes sperm.

**snatch** Slang for vagina

**sperm** Microscopic, tadpole-like reproductive cells contained in semen. A sperm cell contains half the genes necessary to create a child; the other half is contributed by the mother's egg.

**stiffy** Slang for an erection

**sucking Off** Slang for fellatio

**tit fuck** Slang term for a form of intercourse in which a man thrusts his penis between a woman's breasts.

**tits** Slang term for a woman's breasts.

**transsexual** An individual whose individual gender identity is different from his or her anatomical sex. They thus feel trapped in the body of the wrong gender.

**transvestism** Dressing in the clothing of the other gender.

**transvestite** A person who enjoys wearing the clothes of the other gender.

**tribadism** A sexual activity in which one woman lies on top of another, often "scissoring" her legs with her partners', and moves rhythmically for mutual clitoral stimulation.

**troilism** A sexual behavior in which three people engage in sexual activity together.

**TS** Slang term for a transsexual.

**TV** Slang term for a transvestite.

**Uncut** Slang Uncircumcised (see Circumcision).

**urethritis** Inflammation of the urethra.

**urophilia (or urolagnia)** A sexual variation in which the person derives sexual excitement from urine or urination. Such activities are often referred to as "water sports."

**Vulva** A general terms referring to the entire external female genitalia, including every part of a woman's genital area that can be seen: the mons, labia, clitoris, and perineum.

**wank (off)** Slang term for masturbation.

**wet dream** Slang term for nocturnal emission.

**Whacking Off** Slang for Masturbation

**woody** Slang term for an erection.

**wet dream** Slang term for nocturnal emission

**zoophilia** A nonspecified paraphilia referring to sexual excitement derived from sexual interactions with animals; often referred to as bestiality