Chapter 10: Sexuality and Gender

Courtesy Dr. Julie Gralow
LEARNING OBJECTIVES: Part 1

- LO 1 Define sex and distinguish it from sexuality.
- LO 2 Identify the biological factors that determine sex.
- LO 3 Identify some of the causes of intersexual development.
- LO 4 Define gender and explain how culture plays a role in its development.
- LO 5 Distinguish between transgender and transsexual.
- LO 6 Describe the human sexual response as identified by Masters and Johnson.
LEARNING OBJECTIVES: Part 2

- LO 7 Define sexual orientation and summarize how it develops.
- LO 8 Identify the symptoms of sexual dysfunctions.
- LO 9 Classify sexually transmitted infections and identify their causes.
- LO 10 Describe human immunodeficiency virus (HIV) and its role in acquired immune deficiency syndrome (AIDS).
- LO 11 Define sexual scripts and describe some of the ways people deviate from sex-related cultural norms.
Sex

- Classification of someone as male or female based on biological characteristics and/or genetic composition; a sexual act such as intercourse

Gender

- Dimension of masculinity and femininity based on social, cultural, and psychological characteristics

Sexuality

- Sexual activities, attitudes, and behaviors
Stephen Patten has been a nurse for over three decades.

Dr. Stephanie Buehler is a certified sex therapist.
SEX: IT’S IN YOUR BIOLOGY

Research and sex

- Surveys
- Interviews
- Case studies
- Experimental method

Challenges

- Cultural and religious taboos
- Inaccuracy in self-reporting
Genetic sex

- Determined by your father’s sperm. Sperm united with egg to form a zygote. A zygote contains genetic material from both parents in the form of 46 chromosomes – 23 from mom, 23 from dad. Chromosomes provide the blueprint for biological development, including that of the physiological structures associated with sex.
- XX or XY

Sex chromosomes

- X chromosome from mother
- X or Y chromosome from father.
- When the sperm contributes an X chromosome to the 23rd pair, the genetic sex is a XX, and the zygote generally develops into a female. (XX – Female)
- If the sperm carries a Y chromosome, the genetic sex is XY, and the zygote typically develops into a male. (XY – Male)
- About 50% of sperm carry the X chromosome, and 50% carry the Y chromosome.
- The mother's egg carries an X chromosome, and the father's sperm carries an X or a Y chromosome.

Genes and hormones

- Structure and function of reproductive organs do not always match original genetic sex.
A typical person has 23 pairs of chromosomes (46 total) in almost every cell. The twenty-third pair, also referred to as the sex chromosomes, contains genes that determine the sex of the developing person. If the twenty-third pair is XY, then the zygote will develop into a male; if XX, it will become a female.

Can you tell what genetic sex is represented here? (See bottom of column on page 433 for answer)
Genetic males and females

- The development of reproductive anatomy is influenced by a variety of factors, including interactions among genes and the activity of hormones produced by the sex glands or gonads of the fetus.
- In a genetic male, the presence of the Y chromosome causes the gonads to become testes.
- If the Y chromosome is not present, as in the case of a genetic female, then the gonads develop into ovaries.
- Both the testes and ovaries secrete hormones that influence the development of reproductive organs: androgens in the case of the testes and estrogen in the case of the ovaries.
- Sex hormones are secreted not only by the gonads, but also by the adrenal glands.
Distinguishing between males and females

- Even though the genetic sex of the fetus
- It is not possible to ascertain the sex of the fetus until 7 weeks after conception through blood tests
- Fetal genital anatomy can be determined by ultrasound by the end of the first trimester.
- Androgens: The male hormones secreted by the testes in males and by the adrenal glands in both males and females.
- Estrogen: The female hormone secreted primarily by the ovaries and by the adrenal glands in both males and females.
- Testosterone: An androgen produced by the testes.
During puberty, the body changes and becomes sexually mature and able to reproduce. 

*Spermarche*, or first ejaculation (often occurring during sleep). The equivalent for females is *menarche*, or first menstruation.
Males and Female Differences

- Adult male brains, on average, are approximately 10% larger than adult female brains.
- There are also structural disparities in the brain; for example, the cerebral hemispheres are not completely symmetric, and males and females differ somewhat in these asymmetries.
- MRI analyses point to sex differences in the brain networks involved in social cognition and visual-spatial abilities.
- Some distinctions between male and female brains are believed to be influenced by hormones secreted prenatally, suggesting they have a biological basis.
<table>
<thead>
<tr>
<th>Cognition</th>
<th>Aggression</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Gender disparities in brain size and structure; no differences in general intelligence</td>
<td>- Men demonstrate more physical aggression; women demonstrate more relational aggression, or aggressive behaviors that are indirect and aimed at relationships, such as spreading rumors or excluding certain group members.</td>
</tr>
<tr>
<td>- Males and females can achieve similar levels of overall intellectual performance by using differently structured brains in different ways.</td>
<td>- About 50% of aggressive behavior explained by genetic factors</td>
</tr>
<tr>
<td>- Different patterns of neurological activity in males and females, but remember that brains can change in response to experience, a phenomenon called neuroplasticity.</td>
<td>- Environmental and cultural influences exist.</td>
</tr>
<tr>
<td>- Men better at mental rotation problems – with practice, women may be able to catch up.</td>
<td>- More variation within gender than between</td>
</tr>
<tr>
<td>- Women better at verbal competence – very small</td>
<td>- A significant proportion of gender differences in aggressive behavior results from an interaction between environmental factors and genetics.</td>
</tr>
<tr>
<td>- Environmental factors influence performance.</td>
<td>- Boys tend to be more aggressive when raised in nonindustrial societies; patriarchal societies, and polygamous societies, in which men can have more than one wife. Evolutionary psychology suggests competition for resources.</td>
</tr>
<tr>
<td>- Gender differences in cognition have decreased over the past several decades.</td>
<td></td>
</tr>
</tbody>
</table>
Tragic Outcome

Viewing Amanda Todd’s famous YouTube video is heartrending.

Todd was just 15 years old when she took her own life, a tragedy many people believe resulted from years of being bullied and harassed online and at school. (Shaw, 2013, March 13)

Most of the abuse Todd suffered took the form of relational aggression, a type of aggression that is not physical but extremely hurtful. (Archer & Coyne, 2005)
Intersexual

- Ambiguous or inconsistent biological indicators of male or female in the sexual structures and organs.
- Roots lie in early development, when fetal sensitivity to hormones determines the path of sexual differentiation, with timing and the amount of hormones as important factors.
- Androgen insensitivity syndrome – male fetus is insensitive to androgens, for example, he may develop more femalelike sex organs.
- A fetally androgenized female develops more malelike sex organs as a result of being exposed to excess androgens.
- Around 1% of infants are found to have differences of sex development at birth.
- Hermaphrodite: outdated, derogatory, and misleading term because it refers to the impossible condition of being both fully male and fully female.

Chromosomes and intersexuality

- Irregularities also involve sex chromosomes.
Different Layers of Sexual Determination

When discussing the biological factors that determine sex, most people mention the primary sex characteristics that indicate one sex or the other. The sex of an individual is made up of many factors with different influences. Though they often interact in unpredictable ways, they can be exceptions at any point. Looking at variations at all three layers demonstrates the complexity of sex that goes far beyond what is defined in our birth certificates.

- **Chromosomes**: One chromosome from each parent combine to determine genetic sex (XX females or XY males).
  - **Example**: Boys with Klinefelter’s syndrome (XXY) develop normally until puberty, but can have underdeveloped male characteristics or additional female secondary sex characteristics because of the extra X chromosome. Also, Turner’s syndrome ( XO) results in the absence of one or both of the X chromosomes.

- **Secondary sex characteristics**: Promoted by hormonal changes, these characteristics appear at puberty and are only indirectly involved with reproduction.
  - **Example**: Boys usually develop normally, but some may have underdeveloped male characteristics or additional female secondary sex characteristics because of the extra X chromosome.

- **Primary sex characteristics**: Tested at birth, these structures develop male and female secondary sex characteristics.
  - **Example**: Presence of Y chromosome causes males to develop testes, which then develop male secondary sex characteristics.

- **Gonads**: Presence of Y chromosome causes genes to become active, and if Y chromosome is not present, females develop into females.
  - **Example**: Presence of X chromosome results in female development, whereas absence of X chromosome results in male development.

- **Sexual orientation**: Though genetically male and female secondary sex characteristics develop, some people do not identify as male or female. This can result in non-binary or transgender identities.

- **Sexual development**: Individuals are born with sexual structures and organs that are ambiguous or inconsistent with genetic sex.

The complexity of sexual determination involves multiple layers, each contributing to the development of sex characteristics.
Differences of Sexual Development

<table>
<thead>
<tr>
<th>Differences of Sexual Development</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intersex (atypical genitalia)</td>
<td>1 in 1,500 births</td>
</tr>
<tr>
<td>Klinefelter’s syndrome</td>
<td>1 in 1,000 births</td>
</tr>
<tr>
<td>Turner’s syndrome</td>
<td>1 in 2,500 female births</td>
</tr>
<tr>
<td>Androgen-insensitivity syndrome</td>
<td>1 in 13,000 births</td>
</tr>
<tr>
<td>5-alpha reductase deficiency</td>
<td>Very rare—incidence unknown</td>
</tr>
</tbody>
</table>

People with ambiguous sexual characteristics are considered to have differences of sexual development. Listed above are the frequency estimates for some common causes of intersexuality.
1. __________ refers to our sexual activities, attitudes, and behaviors.
   a. Sex
   b. Sex determination
   c. Sexuality
   d. Gender
2. A physician attempts to explain to a young couple some of the biological factors that determine sex. She states that when the twenty-third chromosome pair contains an X and a Y, the zygote generally develops:

a. into a female.

b. into a male.

c. ovaries.

d. the anatomy of both sexes.
3. On occasion, the twenty-third pair of chromosomes does not follow the expected pattern and will include too many chromosomes. For example, a person with Klinefelter’s syndrome is born with at least one extra X chromosome.

4. How are chromosomes involved in differences of sex development?
Differences of sex development can be traced to irregularities in the 23rd pair of chromosomes, also referred to as the sex chromosomes. The 23rd pair provides the specific instructions for the zygote to develop into a female or male (the biological sex of the individual). However, the creation of the 23rd pair does not always follow the expected pattern of XX or XY. In some cases, genetic abnormalities will lead to differences of sex development (for example, too many sex chromosomes, or one missing). In other cases, the sex chromosomes are normal, but the developing fetus does not respond to hormones in a typical way.
GENDER: BEYOND BIOLOGY

Gender
Dimension of masculinity and femininity based on social, cultural, and psychological characteristics

Gender role
Collection of actions, beliefs, and characteristics that a culture associates with masculinity and femininity.

Gender identity
Feeling or sense of being either male or female, and compatibility, contentment, and conformity with one’s gender: reinforced by learning
Gender roles

- Are development of traits, interests, skills, attitudes, and behaviors that correspond to stereotypical masculine and feminine social roles
- Acquired through observational learning (social-cognitive theory)
- Influenced by reinforcement through operant conditioning (behavioral theory)
Gender Free

Toronto parents Kathy Witterick and David Stocker decided to raise their third child gender-free.

When baby Storm was born, Witterick and Stocker informed family and friends that the sex of the child would remain a secret for some time; they wanted Storm to make his or her own decision about gender identity.
GENDER: BEYOND BIOLOGY

Cognition

- Gender roles developed by actively processing information and development of gender-specific rules

Gender schemas

- Created by psychological or mental guidelines that dictate how to be feminine or masculine
- Impact how events and information are processed and remembered
BEYOND BIOLOGY

Does biology play a role in the development of gender-specific behaviors and interests?

- Research suggests a link between testosterone exposure *in utero* and specific play behavior.
- Very young infants demonstrate some gender-specific toy preferences.

What do you think?
A male vervet monkey rolls a toy car on the ground (left), and a female examines a doll (right). When provided with a variety of toys, male vervet monkeys spend more time playing with cars and balls, whereas females are drawn to dolls and pots. (Alexander & Hines, 2002)
THE CASE OF BRUCE REIMER

- As a result of an accident during circumcision, Bruce Reimer’s parents made the decision that he would undergo gender reassignment—beginning at the age of two.
- Struggle ensued throughout her early life and at the age of 14, Brenda decided to reassign himself and changed his name to David.
- David’s life ended tragically in suicide.

What can be learned from this?
GENDER: BEYOND BIOLOGY

Gender-role stereotypes

- Strong ideas about nature of males and females
- Begin to form around age 3 and held tightly by young children
- Apparent in marketing, media, and academic settings

Androgyny

- Tendency to cross gender-role boundaries, exhibiting behaviors associated with both genders
BEYOND BIOLOGY

Transgender
- People whose gender identity and expression do not typically match the gender assigned to them at birth

Transsexual
- Individual who seeks or undergoes a social transition to the other gender, and who may make changes to his or her body through surgery and medical treatment
Show What You Know: Part 4

1. ________ refers to how masculinity and femininity are defined based on culture, social setting, and psychological characteristics.
   a. Sex
   b. Sex role
   c. Gender schema
   d. Gender
2. A sixth-grader states that men are more assertive, logical, and in charge than women. She has learned about this _________ from a variety of sources in her immediate setting and culture.

a. gender identity
b. observational learning
c. gender role
d. Androgyny

3. The psychological or mental rules that dictate how to be masculine and feminine are known as gender schemas.
4. Describe the difference between transgender and transsexual.

Transgender refers to the mismatch between a person’s gender assigned at birth and his or her gender identity. Some transgender people try to resolve this discontent through medical interventions.

A transsexual person seeks or undergoes a social transition to an alternative gender by making changes to his or her body through sex reassignment surgery and/or medical treatment.
Dr. Buehler found sex therapy so rewarding that she established her own sex therapy practice, The Buehler Institute, in Newport Beach, California. How would Dr. Buehler be received in your hometown or among your extended family? What about your friends?
Masters and Johnson

- Conducted pioneering laboratory research on basic physiology of human sexual response
- Concluded most people experience similar response
- Delineated human sexual response model

Let’s take a closer look on the next slide.
MASTERS AND JOHNSON’S HUMAN SEXUAL RESPONSE CYCLE

In the male sexual response, excitement is typically followed by a brief plateau, orgasm, and then a refractory period during which another orgasm is not possible.

In the female sexual response, there is no refractory period. Orgasm is typically followed by resolution (A) or, if sexual stimulation continues, additional orgasms (B).
WEEPING RELEASES A CHEMICAL THAT REDUCES SEXUAL AROUSAL. Sobel and colleagues collected tears from “easy criers” and held jars of these tears under the noses of male participants.

- Men who sniffed tears rated female faces as less sexually attractive and their sexual excitement dropped.
- MRI reports showed brain scans of males who smelled the tears and then watched a titillating movie scene, showed less arousal in areas where sexual arousal occurs.

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SEXUAL ORIENTATION

According to the American Psychological Association (APA, 2008):

- Sexual orientation is the “enduring pattern” of sexual, romantic, and emotional attraction that individuals exhibit toward the same sex, opposite sex, or both sexes.
SEXUAL ORIENTATION

Heterosexual
- Attraction to members of the opposite sex

Homosexual
- Attraction to members of the same sex

Bisexual
- Attraction to members of both the same and opposite sex

Asexual
- No attraction to others
SEXUAL ORIENTATION

What’s in a number?

- No clear-cut criteria for identifying individuals as homosexual, heterosexual, or bisexual
- Definitions of sexual orientation vary across cultures.
- According to one estimate, 8 million people in the US, or 3.5 percent of the adult population, are homosexual or bisexual. (Gates, 2011)
- Other estimates suggest the homosexual population is as low as 1 percent (referring only to same-sex behavior) and as high as 24 percent (defined as any sexual attraction to the same sex). This high end refers specifically to young women.
The Kinsey Sexuality Rating Scale

0 Exclusively heterosexual
1 Predominantly heterosexual, only incidentally homosexual
3 Equally heterosexual and homosexual
4 Predominantly homosexual, but more than incidentally heterosexual
5 Predominantly homosexual, only incidentally heterosexual
6 Exclusively homosexual
HOW SEXUAL ORIENTATION DEVELOPS

Genetics and sexual orientation

- **Twin studies**: Monozygotic twins were moderately more likely than dizygotic twins to have the same sexual orientation.
- **Key study on existence of “gay gene”**: Found several hundred common genes between gay male siblings; no replication of study conducted.

The brain and sexual orientation

- Small group of neurons in hypothalamus twice as big in homosexual men
- Corpus callosum thicker in homosexual men
HOW SEXUAL ORIENTATION DEVELOPS

Hormones, antibodies, and sexual orientation

- Presence of androgens influence development of sexual orientation toward women—leading to heterosexual orientation in men and homosexual orientation in women.
How Many Older Brothers?

The number of older brothers a man has seems to be associated with the probability of his homosexuality.

Interestingly, this link has been found to be more prominent among right-handed men.

How does right-handedness play a role?

- Maternal immune hypothesis
How Sexual Orientation Develops Bias

According to a recent survey, 58 percent of Americans support same-sex marriage, a significant increase from 37 percent in 2003. (Neary, 2013, March 25; Cohen, 2013, March 18)

- Differences in sexual orientation are universal and evident throughout recorded history.
- The non-heterosexual minority are still subjected to stereotyping, prejudice, and discrimination.
Across the World: Homosexuality and Culture

Concepts of sexual orientation depend on culture as well as individual attitudes and perceptions.

- Limited research on homosexuality in some parts of the world
- For regions where data exist, Cáceres and colleagues reported percentage of men who had sex with other men:
  - East Asia, 3–5 percent
  - South and South East Asia, 6–12 percent
  - Eastern Europe, 6–15 percent
  - Latin America, 6–20 percent
HOW SEXUAL ORIENTATION DEVELOPS

What is the purpose of sex?

- **Evolutionary psychology**: Sex ensures the survival of species.
- **Kin altruism**: Homosexual men and women support reproduction in family by helping relative care for children.
- **Pleasure**: Sex is for feeling pleasure, expressing affection, and forming social bonds.
THE SEX WE HAVE

Kinsey and colleagues

- Groundbreaking research in terms of data collection and methodology—include accuracy and confidentiality assurances and study of evolution of sexual behaviors over time
- Critics cite non-representation in sample

Michael and colleagues

- National Health and Social Life Survey (NHSLS) included samples more representative of population
Kinsey started gathering data with surveys, but then switched to personal interviews, which he believed to be more effective.

These interviews often went on for hours and included hundreds of questions. (PBS, 2005, January 27) Wallace Kirkland//Time Life Pictures/Getty Images
THE SEX WE HAVE

Sexual activity in relationships

Marriage

- United States: Average age at first marriage is 26 for women and 28 for men
- Odds for 10-year marriage: 68 percent for women and 70 percent for men
- Odds for 20-year marriage: 52 percent for women and 56 percent for men

Monogamous relationships

- Most Americans are monogamous and 65-85 percent have always been faithful to spouse.
- 4-5 percent report consensually non-monogamous relationships.
Looking across adolescence and into adulthood, the number of people having sex increases steadily with age. Of those currently having sex, 97 percent engaged in sex before marriage.

Adapted from Finer (2007), Figure 1.
## Table 10.2  WHAT’S GOING ON?

<table>
<thead>
<tr>
<th>Sexual Activity</th>
<th>Average Frequency in Prior Month for Men</th>
<th>Average Frequency in Prior Month for Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penile-vaginal</td>
<td>5.2</td>
<td>4.8</td>
</tr>
<tr>
<td>intercourse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral sex</td>
<td>2.3</td>
<td>1.9</td>
</tr>
<tr>
<td>Anal sex</td>
<td>0.10</td>
<td>0.08</td>
</tr>
<tr>
<td>Masturbation</td>
<td>4.5</td>
<td>1.5</td>
</tr>
</tbody>
</table>

How often do people engage in different types of sexual activity? Here are the monthly averages for adult men and women (the average age being 41). Keep in mind that significant variation exists around these averages.

SOURCE: BRODY AND COSTA (2009), TABLE 1, P. 1950.
THE SEX WE HAVE

Sexual activity and gender differences

 In the United States, 54 percent of men report thinking about sex “every day or several times a day”; 67 percent of women report thinking about sex only “a few times a week or a few times a month.”
 Men report higher frequency of masturbation.
### Hookup Behavior

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kissing</td>
<td>98%</td>
</tr>
<tr>
<td>Sexual touching above waist</td>
<td>58%</td>
</tr>
<tr>
<td>Sexual touching below the waist</td>
<td>53%</td>
</tr>
<tr>
<td>Performed oral sex</td>
<td>36%</td>
</tr>
<tr>
<td>Received oral sex</td>
<td>35%</td>
</tr>
<tr>
<td>Sexual intercourse</td>
<td>34%</td>
</tr>
</tbody>
</table>

What exactly do college students mean when they say they “hooked up” with someone? As you can see from the data presented here, hooking up can signify anything from a brief kiss to sexual intercourse.
Across The World

What They Are Doing in Bed—or Elsewhere

- **STD**: 13 percent
- **Happy with sex life**: 50 percent
- **Most sex**: People in Greece
- **Least sex**: People in Japan
- **Average age for losing virginity**: Icelanders (15-16 years old); India (19-20 years old)
- **Worldwide average number of sexual partners**: 9 (11 for men; 7 for women)
- **Worldwide use of sexual aids**: Porn (41 percent); oils and creams (31 percent); lubricants (30 percent); vibrators (22 percent)
CONTEMPORARY TRENDS IN SEXUAL BEHAVIOR

- Generational differences in definition of sex
- Sex education
- Sexting
1. Masters and Johnson studied the physiological changes that accompany sexual activity. They determined that men and women experience a similar sexual response cycle, including the following ordered phases:

a. excitement, plateau, orgasm, and resolution.

b. plateau, excitement, orgasm, relaxation.

c. excitement, plateau, orgasm.

d. excitement, orgasm, resolution.
2. Some have suggested that “kin altruism” may explain how homosexual men and women contribute to the overall reproduction of the family, by helping to care for children of relatives. This explanation draws upon the evolutionary perspective.

3. Explain how twin studies have been used to explore the development of sexual orientation.
Because monozygotic twins share 100% of their genetic make-up, we expect them to share more genetically influenced characteristics than dizygotic twins, who only share 50% of their genes. Using twins, researchers explored the impact of genes and environment on the same-sex sexual behavior. Monozygotic twins were moderately more likely than dizygotic twins to have the same sexual orientation. They found men and women differ in terms of the heritability of same-sex sexual behavior (34-39% for men, 18-19% for women). These studies highlight that the influence of the environment is substantial with regard to same-sex behavior.
4. Sexual orientation is the “enduring pattern” of sexual, romantic, and emotional attraction that individuals exhibit toward the same sex, opposite sex, or both sexes.

5. A neuroscientist gives a lecture at a senior citizens center in which he describes what is known about the origins of sexual orientation. Which might he report?
   a. Dizygotic twins have greater similarity in sexual orientation than monozygotic twins.
   b. Some brain structures, such as areas in the hypothalamus, have differences that correlate with sexual orientation.
   c. Sexual orientation is definitely a matter of choice.
   d. Sexual orientation results entirely from biological factors.
SEXUAL DIFFICULTIES

Sexual dysfunction

- Significant disturbance in the ability to respond sexually or to gain pleasure from sex

Sexual dysfunction may result from a variety of problems:

- Desire
- Arousal
- Orgasm
- Pain
## Sexual Dysfunctions

<table>
<thead>
<tr>
<th>Sexual Dysfunction</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delayed ejaculation</td>
<td>Frequent delayed ejaculation or failure to ejaculate</td>
</tr>
<tr>
<td>Erectile disorder</td>
<td>Issues in getting or maintaining an erection, or a decrease in penile rigidity</td>
</tr>
<tr>
<td>Female orgasmic disorder</td>
<td>Consistent inability to reach orgasm, reduced orgasmic intensity, or not reaching orgasm quickly enough during sexual activity</td>
</tr>
<tr>
<td>Female sexual interest/arousal disorder</td>
<td>Reduced interest in sex, lack of initiation of sexual activity, lack of sexual excitement during sexual activity, or lack of genital sensations during sexual activity</td>
</tr>
<tr>
<td>Genito-pelvic pain/penetration disorder</td>
<td>Refers to four types of co-occurring symptoms specific to women: difficulty having intercourse, genito-pelvic pain, fear of pain or vaginal penetration, and tension of pelvic floor muscles</td>
</tr>
<tr>
<td>Male hypoactive sexual desire disorder</td>
<td>Reduced interest in and desire for sex, lacking or absent sexual/erotic thoughts or fantasies</td>
</tr>
<tr>
<td>Premature (early) ejaculation</td>
<td>Related to the timing of, or the inability to control, ejaculation when it occurs, specifically in relation to vaginal sex</td>
</tr>
</tbody>
</table>

Sexual dysfunction can stem from problems with desire, arousal, orgasm, and pain. Above are some of the most common sexual dysfunctions.
1. Difficulties related to sexual activity can be divided into four categories:
   a. being heterosexual, homosexual, bisexual, and nonsexual.
   b. excitement, plateau, orgasm, and relaxation.
   c. desire, arousal, orgasm, and pain.
   d. desire, arousal, orgasm, and the sexual response cycle.
2. A man in his late fifties is concerned because he has occasional troubles with delayed ejaculation and his wife is not interested in sex. They have three small children and both work full time. Many of their friends are “empty nesters” whose grown children have moved out, and they seem to be celebrating their second honeymoons.

3. Use the biopsychosocial perspective to help understand what might be contributing to this couple’s sexual problems.

Answers may vary, but could include biological factors (for example, age-related changes to physiology, hormonal changes, physical exhaustion), psychological factors (for example, balancing the stressors related to raising a family and working, raising young children), and social factors (for example, finding alone time to be together, feeling slightly jealous of friends who do not have small children at home, media influences).
How would you define sexually transmitted infection?
SEXUALLY TRANSMITTED INFECTIONS (STIs)

Bacterial infections
- Syphilis
- Gonorrhea
- Chlamydia (Infection of urethral tube or cervix; pelvic inflammatory disease)

Viral infections
- Genital herpes (HSV-2)
- Human papillomavirus (HPV)
## Sexually Transmitted Infections (STIs): Part 2

<table>
<thead>
<tr>
<th>STI</th>
<th>Symptoms</th>
<th>Estimated Annual Prevalence of New Infections in the U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>Women often have no symptoms; men can experience discharge from penis, burning when urinating, and pain/swelling of the testicles.</td>
<td>2.86 million</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>No symptoms may be present in men or women. Men can experience burning when urinating; white, yellow, or green discharge. Women can experience pain/burning when urinating, or vaginal discharge.</td>
<td>820,000</td>
</tr>
<tr>
<td>Herpes</td>
<td>Blisters on the genitals, rectum or mouth; painful sores after blisters break; fever, body aches, and swollen glands can occur.</td>
<td>776,000</td>
</tr>
<tr>
<td>Human papillomavirus (HPV)</td>
<td>Genital warts; certain cancers; warts growing in the throat.</td>
<td>14.1 million</td>
</tr>
<tr>
<td>Syphilis</td>
<td>Firm, round sores that first appear where the infection enters the body and can then spread to other parts of the body.</td>
<td>55,400</td>
</tr>
</tbody>
</table>

Sexually transmitted infections (STIs) are extremely common. HPV, for example, is so widespread that nearly all sexually active people are infected at one time or another.
SEXUALLY TRANSMITTED INFECTIONS (STIs)

HIV and AIDS

- Human immunodeficiency virus (HIV)
- Acquired immune deficiency syndrome (AIDS)
Nine-year-old Fatsileni Luwanda (center) poses with friends at the Chifundo Orphan Care Center in the African nation of Malawi.

Luwanda is among those children orphaned as a result of the AIDS epidemic. About 1 in 10 Malawians between the ages of 15 and 49 are HIV-positive. (UNAIDS, 2012a)
Sex, Its Consequences, and Culture: “Normal” Is Relative

Sexual scripts
- Cultural rules that tell us what activities are appropriate and do not interfere with healthy sexual activity

Fetishism
- Sexual fixation with object or nongenital body part (APA, 2013)

Paraphilia
- Uncommon sexual acts
STIs Around the World

STIs Around the World

Should you be concerned about sexually transmitted infections (STIs)? Every year in the U.S., new STI cases number 20 million. Half of these new infections occur among people aged 15 to 24. In the Americas, the graph at right shows the number of people living with selected STIs. In the Americas, the bacterial STIs shown here are not on track, but for some time, health agencies have been using a variety of strategies to prevent and control them. In the U.S. and Europe, the trend is up, but the recent data is encouraging. The story below provides a timeline of the rise and fall of STIs around the world.

HIV Around the World

HIV can cause a serious infection, especially for young men. For the first 6 months after infection, the person is not infectious. The CDC recommends testing for HIV if you have had sex with another person, or if you have had sex with a partner who is at risk for HIV. STIs are preventable. If you are concerned that you may be at risk for STIs, talk to your doctor.

STIs can have serious consequences, especially for young people. Some people with STIs are asymptomatic. Many infections are asymptomatic. If you are not sure if you have an STI, talk to your doctor. The CDC recommends routine testing for HPV and other STIs, depending on age and sex.
# Paraphilias

<table>
<thead>
<tr>
<th>Type of Paraphilia</th>
<th>Description</th>
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<tbody>
<tr>
<td>Exhibitionism</td>
<td>Sexual arousal as a result of exposing one’s self to an unwilling bystander</td>
</tr>
<tr>
<td>Fetishism</td>
<td>Sexual arousal with an object or nongenital body part</td>
</tr>
<tr>
<td>Frotteurism</td>
<td>Sexual arousal as a result of touching or rubbing against an unwilling person</td>
</tr>
<tr>
<td>Klismaphilia</td>
<td>Sexual arousal associated with receiving enemas</td>
</tr>
<tr>
<td>Pedophilia</td>
<td>Sexual arousal associated with sexual fantasies or urges about prepubescent children</td>
</tr>
<tr>
<td>Sexual masochism</td>
<td>Sexual arousal as a result of experiencing pain or suffering</td>
</tr>
<tr>
<td>Sexual sadism</td>
<td>Sexual arousal as a result of inflicting pain or suffering</td>
</tr>
<tr>
<td>Telephone scatologia</td>
<td>Sexual arousal as a result of making obscene phone calls to an unwilling person</td>
</tr>
<tr>
<td>Voyeurism</td>
<td>Sexual arousal as a result of watching unsuspecting individuals undress or engage in sexual activity</td>
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</tbody>
</table>

*Paraphilia refers to unusual sexual interests. A paraphilia becomes problematic when it causes pain or suffering in oneself or others.*
Culture plays a significant role in the determination of acceptable sexual behaviors.

- Sexual motives and preferences vary among people and across time and cultures.
- Gender disparities in motives exist, but are small.
  - Women are more likely to seek love, commitment, intimacy, and stable relationships.
  - Men are motivated by physical appearance of partner, pleasure, and desire to reduce stress.
ARE YOU MY NATURAL SELECTION?

- Men and women have same goal to ensure their genes last, but they have different roles in reproduction.

- Women invest in childbearing and rearing and are capable to limited number of offspring → Look for mate who will ensure children will survive and reproduce.

- Men do not have same biological constraints and are capable of fathering many children → Look for mate who is fertile and can bear many children.

- Research findings suggest these gender-specific selection criteria are found across many cultures.
1. Syphilis and gonorrhea are both bacterial infections that are spread through unprotected sexual activity.
   a. Syphilis; gonorrhea
   b. Pelvic inflammatory disease; herpes
   c. Human papillomavirus; herpes
   d. Syphilis; acquired immune deficiency syndrome

2. Most people learn sexual scripts, which are the rules our culture has taught us about what is “appropriate” for sexual activity.
3. Describe how HIV is transmitted and how it progresses to AIDS.

Human immunodeficiency virus (HIV) is spread through the transfer of bodily fluids (blood, semen, vaginal fluid, or breast milk) and eventually causes the breakdown of the immune system. Although HIV often does not show up on blood tests for up to 6 months after infection occurs, it eventually progresses to acquired immune deficiency syndrome (AIDS), which generally results in a severely compromised immune system. A weakened immune system makes the body much more susceptible to opportunistic infections caused by bacteria, viruses, or fungi, and this vulnerability increases as the disease progresses.