HUMAN SEXUALITY TODAY

BRUCE KING PAMELA REGAN

NINTH EDITION

Pearson

Human Sexuality Today

NINTH EDITION

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Preface

The many editions of this textbook have been a wonderful journey for me. Unhappy with the leading sexuality textbooks of the 1980s, I began work on my own book in 1985 resulting in two classroom testing versions coauthored with Cameron Camp. The first edition published by Prentice Hall appeared in late 1990, and I was the sole author for editions two through seven. I have always believed that a human sexuality book should be not only factual and thorough but also readable and interesting. My writing style is purposely conversational in many places, and the book has always included numerous case studies (most contributed by students) to personalize the coverage of scientific studies.

I am now in my 70s, and thus, for the eighth edition I added Pam Regan as a coauthor. Pam has been an outstanding scholar in the field of sexuality since the 1990s. In addition to her earlier work on the role of hormones, she brings considerable expertise to the book in the areas of relationships, sexual desire, and love. Pam shares my views on the purpose and style of a sexuality textbook. For this current ninth edition, Pam revised Chapters 4 and 11 through 16. I am turning the book over to Pam for the next edition but hope to continue to contribute wherever I can.

There has never been a greater need for comprehensive human sexuality education. Compared to many other nations, the United States has very high rates for sexually transmitted infections and teenage pregnancies, yet it is rare that, at the beginning of a semester, more than 30% of the students indicate that they have ever had a meaningful discussion with their parents about sexuality. As a result, there is much ignorance and misinformation about the topic (King, 2012). Unfortunately, a lot of information has been presented in a negative way. While one of our goals is for students to understand the relevant facts in order to make responsible decisions in their daily lives, an equally important goal has been to present the information in a warm, nonthreatening manner that leaves students with positive feelings about sex and their own sexuality.

—Bruce King

New in the Ninth Edition

Each chapter in this new edition contains the latest data and research findings. In addition, here is a detailed list of additions and updates:

Chapter 1. Why a Course in Human Sexuality?

- Condensed section "What Influences Our Attitudes About Sexuality Today"
- Extensively revised section "Sexuality Education"

Chapter 2. Our Sexual and Reproductive Anatomy

- Correlated Learning Objectives more closely with chapter

Chapter 3. Hormones and Sexuality

- Moved section "Regulation of Male Hormones" based on reviewer suggestions
- Rearranged and added Learning Objectives
- Updated coverage with new research and citations

Chapter 4. Similarities and Differences in Our Sexual Responses

- Expanded discussion of types and measurement of sexual responses; updated presentation of male and female sexual response cycles
- Expanded discussion of female genital mutilation
- Updated depiction of linear sexual response cycle to include five phases

Chapter 5. Sexually Transmitted Infections and Sexually Related Diseases

- Updated content with new research and citations
- Streamlined HIV/AIDS section
- New graph showing worldwide HIV cases and deaths

Chapter 6. Birth Control

- Condensed sections on birth and abortion
- Updated figures and tables to include latest statistics

Chapter 7. Pregnancy and Childbirth

- New images throughout

Chapter 8. Gender Identity and Gender Roles

- Several new images throughout
- Updated coverage of gender identity disorder and gender incongruence
- Updated information on gender roles

Chapter 9. Sexual Orientation

- Updated research on prevalence of homosexuality and bisexuality
- Updated research on attitudes toward marriage and parenting

Chapter 10. Life-Span Sexual Development

- Updated research on puberty and hormone therapy
- Updated statistics on sexual behavior of teenagers

Chapter 11. Adult Sexual Behaviors and Attitudes

- Updated research and citations throughout
- New table on sexual behaviors of U.S. men by self-identified sexual orientation

Chapter 12. Love and Relationships

- Updated research and citations throughout
- New table on styles of loving

Chapter 13. Sexual Problems and Therapy

- Revised and updated discussion of sexual problems and treatment
- New information on sexual disorders (DSM and ICD) as well as hypersexuality and sex addiction

Chapter 14. Paraphilias and Sexual Variants

- New discussion of the distinction among sexual variants, paraphilias, and paraphilic disorders
- Updated discussion on BDSM subculture
- New discussion about origins of paraphilias and why they are more commonly observed among men

Chapter 15. Sexual Victimization: Rape, Coercion, Harassment, and Abuse of Children

- Reorganized discussion of and updated research on sexual assault/victimization
- New section on the personal, interpersonal, and social factors implicated in sexual assault victimization and perpetration

Chapter 16. Selling Sex: Social and Legal Issues

- Expanded discussion of sexually explicit media and the Internet, as well as a detailed exploration of the distinction among pornography, erotica, and obscenity
- Extensively revised and expanded throughout to include research exploring the link between pornography viewing and personal well-being, relationship satisfaction, and sexual violence
- Significantly revised sections on prostitution and sex trafficking
- New discussion of the legal status of prostitution around the world as well as the contributing factors and personal and social consequences of sex work

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For the first time, the ninth edition of this text is available in Revel—educational technology designed for the way today's students read, think, and learn. When students are engaged deeply, they learn more effectively and perform better in their courses. This simple fact inspired the creation of Revel. Built in collaboration with educators and students nationwide, Revel is the newest, fully digital way to deliver respected Pearson content.

Revel enlivens course content with media interactives and assessments—integrated directly within the authors' narrative—that provide opportunities for students to read about and practice course material in tandem. This immersive educational technology boosts student engagement, which leads to better understanding of concepts and improved performance throughout the course.

Human Sexuality Today, 9e features many of the dynamic interactive elements that make Revel unique. In addition to the rich narrative content, *Human Sexuality Today* includes the following:

- Audio recordings of the text narrative help students who prefer to listen to the narrative to better absorb the content.
- Videos reinforce concepts, provide additional information, and keep students fully engaged.

- Key terms with pop-up inline definitions allow students to see the meaning of a word or phrase while reading the text, providing context.
- Hands-on, interactive activities connect students in an immediate and personal way, helping to improve their understanding and retention of the content.
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Features of the Ninth Edition

Human Sexuality Today includes the following pedagogical features:

- **Special sections on "Cross-Cultural Perspectives" and "Sexuality and Health"** are presented throughout the book to provide students with a global perspective and to familiarize them with the impact of cultural and ethnic factors.
- **End-of-chapter Study Guides featuring interactive reviews and true/false, matching, and fill-in-the-blank questions** provide students with self-contained, self-assessment tools (answers are provided at the end of the book).
- **Learning Objectives at the beginning of each chapter, boldfaced key terms, and marginal glossaries** provide students with tools to help them focus and build their understanding of the material.
- **Numerous case histories provided by students** draw students into the content and make the material more relevant.

Supplements

INSTRUCTOR'S MANUAL AND TEST BANK Thoroughly updated to reflect the new research included in this edition. The Test Bank, prepared by the authors, Bruce M. King and Pamela C. Regan, contains between 75 and 100 test questions per chapter. The Instructor's Manual and Test Bank are available to adopters at www.pearsonhighered.com.

MYTEST The Pearson MyTest is a powerful assessment-generation program that helps instructors easily create and print quizzes and exams. Questions and tests can be authored online, allowing instructors ultimate flexibility and the ability to efficiently manage assessments anytime, anywhere. For easy access, this software is available via www.pearsonhighered.com.

POWERPOINT PRESENTATION This completely revised PowerPoint presentation has been created specifically for the ninth edition and incorporates text art and outlines key points for each text chapter. The PowerPoint presentations are available to adopters at www.pearsonhighered.com.

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Finally, we cannot thank enough the thousands of students who provided us with chapter reviews and/or case histories. This book was written with students in mind. We hope it helps them to lead healthier, happier, and more fulfilling lives.

Bruce M. King

Pamela C. Regan

About the Authors


Bruce M. King

Bruce M. King received a B.A. in psychology from UCLA in 1969 and a Ph.D. in biopsychology from the University of Chicago in 1978. He taught for 29 years at the University of New Orleans and is presently in the Department of Psychology at Clemson University. He has taught human sexuality to over 60,000 students. In addition to conducting research in the field of human sexuality, he has published numerous papers in peer-reviewed journals on the biological basis of feeding behavior and obesity and has coauthored a textbook on statistics (B. M. King, P. J. Rosopa, & E. W. Minium, *Statistical Reasoning in the Behavioral Sciences*, 6th ed., John Wiley & Sons, 2011). Dr. King is a Fellow in the Association for Psychological Science, the American Psychological Association, and the International Behavioral Neuroscience Society. He shared his thoughts about 30-plus years of teaching human sexuality in an article published in *American Journal of Sexuality Education* (2012, vol. 7, pp. 181–186). In 2017, Dr. King authored a paper on the prevalence of human sexuality and gender/women's studies courses in U.S. higher education (*Health Behavior and Policy Review*, vol. 4, pp. 213–223).


Jim Lyle

Pamela Regan is Professor of Psychology at California State University, Los Angeles. She received her Ph.D. in Psychology with a supporting program in Statistics from the University of Minnesota and her undergraduate degree in English from Williams College. Her research interest is in the area of interpersonal relationships, with an emphasis on passionate love, sexual desire, and mate preference. She has published more than 100 journal articles, book chapters, and reviews (and has given over 75 professional presentations) on the dynamics of sex, love, and human mating, and she is the author of *Close Relationships* (Routledge, 2011) and *The Mating Game: A Primer on Love, Sex, and Marriage* (Sage, 2017) and the coauthor (with Ellen Berscheid) of *The Psychology of Interpersonal Relationships* (Pearson, 2005) and *Lust: What We Know About Human Sexual Desire* (Sage, 1999). In 2007, she was honored with the Outstanding Professor Award by her university for excellence in instructional and professional achievement.

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Chapter 1

Why a Course in Human Sexuality?

Certainly no aspect of human biology in our current civilization stands in more need of scientific knowledge and courageous humility than that of sex. . . . As long as sex is dealt with in the current confusion of ignorance and sophistication, denial and indulgence, suppression and stimulation, punishment and exploitation, secrecy and display, it will be associated with a duplicity and indecency that lead neither to intellectual honesty nor human dignity.

—Alan Gregg, quoted by Goldstein (2010)

Learning Objectives

When you have finished studying this chapter, you should be able to:

1.1 Describe cultural perspectives, other than our own, with regard to sexual behaviors and attitudes.

1.2 Explain the historical influence of Judaism, Christianity, the Victorian era, and the sexual revolution on contemporary attitudes about sexuality.

1.3 Explain the process of socialization and explain how one socializing agent, the media, has become an omnipresent influence on sexual socialization.

1.4 Explain the contributions of Sigmund Freud, Henry Havelock Ellis, Alfred Kinsey, and Masters and Johnson to the field of sexuality.

1.5 Explain the uses and limitations of scientific methodology.

1.6 Summarize the history of sexuality education.

Sexuality is an important part of our lives. We need only to look at the world population of over 7 billion people to see that sexual motivation is very strong. Although sex is necessary for procreation, it is doubtful that many people think of this on more than just an occasional basis when having sexual intercourse. Sex can be a source of great physical and emotional pleasure, enhancing our sense of health and well-being. It can relieve tensions and anxieties. It can boost self-esteem and make us feel more masculine or feminine. It is also the vehicle through which couples can express their affection for one another. In fact, there are a couple hundred reasons people give for having sex (Meston & Buss, 2007).

So why are you taking a course in human sexuality? Surely someone in your life took the time and responsibility to educate you about this important topic? Surveys in our course have consistently revealed that fewer than one third of the students each semester have ever had a serious and meaningful discussion with their parents about sex. This is typical throughout the United States (Cox et al., 2014; Lindberg et al., 2016). For many teens whose parents did talk to them about sex, it was just a single discussion—one "birds and bees" talk that was supposed to prepare them for life. Here are a few comments that we have received from students regarding their prior sex education. They are typical of the many comments we have gotten on end-of-semester course evaluations:

> "My father thinks this class is a waste because he feels people instinctively know how to deal with their sexuality. Maybe I'm just a freak of nature, but I've never had any instincts explaining any of this to me."
>
> "Until now my parents never spoke to me about sex. I'm from a very strict family. They made me feel as though it was a sinful subject to talk about."
>
> "I remember my mother finding a book my sister was reading and screaming at her, so everyone in the house could hear about what an awful, dirty book it was. It wasn't pornography. It was a book on sex education. She just wanted to learn something correctly."
>
> "When I was young the word sex was never brought up. My mother had one short talk with me, and that was to explain what a period is."
>
> *(All examples are from the authors' files.)*

Sexuality All of the sexual attitudes, feelings, and behaviors associated with being human. The term does not refer specifically to a person's capacity for erotic response or to sexual acts, but rather to a dimension of one's personality.

Students also provided the following comments regarding the usefulness of a human sexuality course. Apparently, it is never too late to learn:

> "I'm glad I registered in the class. I sure thought I knew it all and found I knew very little. I've been married 6 years and knew little about my own body, much less about my husband's."
>
> "I am a 46-year-old student with four children from 13 to 38. I knew nothing about sex before this course. I will now make sure my kids do."
>
> "When selecting this course, the thought came to me that it would be a very easy class because I knew everything about sex because Mother told me. After all, there are 18 of us in the family. Boy, was I wrong. I've learned more in one semester than Mother could teach me in 20 years."
>
> "I was very surprised at the amount of material I learned. I thought it was going to be just about sex. There is a lot more to sex than just sex."
>
> *(All examples are from the authors' files.)*

Where, then, did most of us learn about sex? Today's teens and college students say that they received most of their sex education from friends and the media rather than parents (American Academy of Pediatrics, 2010; Sprecher et al., 2008).

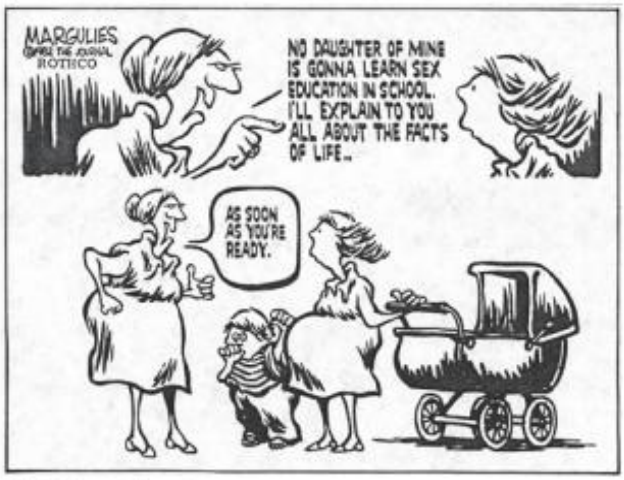
> "My friends learned most of what they knew from their friends… and the Internet."
>
> *(from the authors' files)*

The media as sex educators? Nearly three fourths of television shows contain talk about sex or show sexual behavior (Eyal et al., 2007; Kunkel et al., 2007). Over two thirds of television shows include sexual content, averaging 5.9 scenes per hour. Every year, the typical teenager sees 15,000 references about sex just on television (Strasburger, 2012). Many R-rated movies have sexually explicit scenes. At least half of teens have visited a sexually explicit website on the Internet (Braun-Courville & Rojas, 2009). Many stores have erotic magazines on open display. Advertisements frequently use sex (e.g., seductively dressed models) to sell products (Reichert, 2003). Sex is everywhere, and children are exposed to it all day long.

In the presence of all this, many parents continue to be silent with their children on the subject of sex. However, this, too, is a source of sex education. Making something mysterious only makes adolescent children want to know more about it—yet much of the information they receive from their friends is incorrect. As a result, a majority of Americans are amazingly ignorant about sexual behaviors and sexual health (Frost et al., 2012; King, 2012; Moore & Smith, 2012). Many believe, for example, that people over 60 do not have sex, that masturbation is physically harmful, or that you cannot get AIDS if you are heterosexual.

What all this adds up to is that many people do not fully understand or appreciate the consequences of engaging in sexual relations. Nationally, about 41.2% of all high school students have had sexual intercourse, including 58.1% of 12th graders (Kann et al., 2016). Three fourths of Americans have had sex by age 20 (Finer, 2007). Each year, over 550,000 pregnancies occur among girls aged 15 to 19, and 19.7 million Americans (of all ages) contract a sexually transmitted infection (Centers for Disease Control and Prevention [CDC], 2016; Kost & Maddow-Zimet, 2016). Many young people, including college students, believe that they are knowledgeable about sexually transmitted infections, but most do not know the symptoms of sexually transmitted infections and do not know where to turn if they think they have one (e.g., Lim et al., 2012; Moore & Smith, 2012).

So, once again, why are you taking a course in human sexuality? Probably because you desire factual information about a subject that plays, or will play, an important role in your life. If parents are not going to assume the responsibility, the next best alternative is the schools. Surveys consistently show that over 85% of Americans support the teaching of comprehensive sexuality education in public schools (see Constantine, 2008, for a review). This includes a large majority of all religious, age, ethnic, educational, and income groups. The purpose of taking human sexuality courses is much more than just learning about reproduction and sexually transmitted infections. People want to feel comfortable with their own sexuality and to feel good about themselves. Knowing about their bodies and understanding their feelings and emotions can help people achieve this. No part of our bodies should be shrouded in mystery. Understanding our partners' bodies will help with communication and prevent unnecessary problems. Appreciating that all people are sexual beings can give us a greater understanding of our children, parents, grandparents, and friends. Studies show that sexuality education courses in schools also result in a more tolerant attitude toward others (SIECUS, 1992). Understanding that people are different from ourselves, without condemning them, is an important part of getting along with others.



SOURCE: Jimmy Margulies

Personal Reflections

From whom (or from where) did you acquire most of your information about sex (e.g., parents, friends, the media, teachers, the Internet)? Did your parents discuss sexuality with you? If not, why do you suppose they did not? From whom do you hope your children will learn about sexuality?

A Sexual Knowledge Quiz

Many of you may already be sexually experienced, and as a result, you may think that you do not need a course in human sexuality. There is more to sexuality, however, than engaging in sexual intercourse. See how well you do on the following 50-question quiz. Do not be afraid to admit that you do not know the correct answer (don't guess)—no one but you will see the results. The answers are at the end of the quiz.

	True	False	Don't Know
1. Erections in men result, in part, from a bone that protrudes into the penis.	____	____	____
2. Sperm can be produced only in an environment several degrees lower than normal body temperature.	____	____	____
3. A child's gender identity is caused primarily by the way he or she is raised.	____	____	____
4. The inner two thirds of the vagina is very sensitive to touch.	____	____	____
5. Many men experience nipple erection when they become sexually aroused.	____	____	____
6. Most men and women are capable of multiple orgasms.	____	____	____
7. Breast size in women is related to the number of mammary glands.	____	____	____
8. Before puberty, boys can reach orgasm, but they do not ejaculate.	____	____	____
9. During sexual intercourse, orgasm in women results from direct stimulation of the clitoris by the penis.	____	____	____

(Continued)

	True	False	Don't Know
10. Menstrual discharge consists of sloughed-off uterine tissue, blood, and cervical mucus.			
11. For hygiene reasons, you should avoid sex during menstruation.			
12. Ovulation generally occurs just before menstruation.			
13. After a vasectomy, a man can reach orgasm but does not ejaculate.			
14. AIDS is the diagnosis for people who have human immunodeficiency virus (HIV).			
15. A girl can get pregnant as soon as she starts having menstrual periods.			
16. The combination birth control pill works primarily by preventing implantation of a fertilized egg.			
17. Taking the oral contraceptive pill results in fewer serious health problems than do pregnancy and childbirth.			
18. Women show a dramatically higher level of sexual desire than usual at the time of ovulation.			
19. There are over 19 million new cases of sexually transmitted infections in the United States each year.			
20. The major cause of AIDS is homosexuality.			
21. If gonorrhea is not treated, it can sometimes turn into syphilis.			
22. Most women do not show symptoms in the early stages of gonorrhea or chlamydia.			
23. Gonorrhea, syphilis, and herpes can be successfully treated with antibiotics.			
24. In vitro fertilization involves a process where part of fetal development occurs in a test tube.			
25. It is usually safe to have sexual intercourse during the 7th and 8th months of pregnancy.			
26. "Prepared childbirth" (e.g., Lamaze) refers to delivering a baby without the use of drugs.			
27. Most healthy people in their 60s or older continue to engage in sexual behavior.			
28. Men's descriptions of orgasm are different from women's descriptions of orgasm.			
29. Excessive masturbation can cause serious medical problems.			
30. The birth control pill gives women some protection against sexually transmitted infections.			
31. Condoms are very effective in blocking the transmission of HIV (the virus that causes AIDS).			
32. The frequency of sexual relations is highest for married couples aged 25 to 35.			
33. Adult male homosexuals have lower-than-normal levels of male hormones.			
34. Douching is an effective method of birth control.			
35. Recent evidence indicates that environmental factors are the most important in determining men's sexual orientation.			
36. Serious sexual problems are uncommon in people under age 40.			
37. Most convicted rapists committed their crimes because of an uncontrollable sex drive.			
38. There is a demonstrated link between the availability of pornography and sex crimes.			
39. Until recently, it was against the law in many states for a married couple to engage in sexual behaviors other than penile–vaginal intercourse.			
40. Most cases of child molestation involve an acquaintance or relative of the child.			
41. A pregnant woman can transmit syphilis to the unborn baby.			
42. A woman's fertile period is 5 days before ovulation to 1 day afterwards.			
43. Nocturnal emissions ("wet dreams") are often an indication of a sexual problem.			
44. Alcohol is a central nervous system excitant that enhances sexual performance.			
45. Humans can crossbreed with animals with the use of artificial insemination techniques.			
46. Women's sexual desire decreases sharply after menopause.			
47. Vaginal infections can be prevented by regular use of feminine hygiene products.			
48. A woman's ability to have orgasms is related to penis size.			
49. Oral herpes can be transmitted to another person's genitals by oral-genital sexual relations.			
50. Unless testosterone is present during embryonic development, nature has programmed everyone to be born a girl.			

Answers

1. false
2. true
3. false
4. false
5. true
6. false
7. false
8. true
9. false
10. true
11. false
12. false
13. false
14. false (only in the final stages)
15. true
16. false
17. true
18. false
19. true
20. false (homosexuality does not cause AIDS)
21. false
22. true
23. false
24. false
25. true
26. false
27. true
28. false
29. false
30. false
31. true
32. true
33. false
34. false
35. false
36. false
37. false
38. false
39. true
40. true
41. true
42. true
43. false
44. false
45. false
46. false
47. false
48. false
49. true
50. true

These questions were not intended to be tricky or difficult. They are representative of the type of material that is covered in this book. How did you do? Fewer than one fourth of the students in our classes are able to answer 40 or more questions correctly at the beginning of the semester. Fewer than half get 30 or more correct. Did you really know all the ones that you got right, or did you just make a good guess on some of them? If you were not certain of the answers to some of the questions, then that is sufficient reason to read this book.

Cross-Cultural Comparisons

1.1 Describe cultural perspectives, other than our own, with regard to sexual behaviors and attitudes.

It should come as no surprise that people are different. Some people like short hair, while others like it long. Some people like to dress up; some like to dress down. People's sexual attitudes and behaviors differ as well. Some people, for example, have sexual intercourse only in the **missionary position** (i.e., the woman lying on her back with the man on top—so called because Christian missionaries instructed people that other positions were unnatural). Others prefer a variety of positions. Some people are most aroused by looking at breasts or a hairy chest. Other people become highly aroused by looking at legs or buttocks.

We learn to accept that other people in our own culture are different from ourselves, and we do not regard them as abnormal when their behavior falls within what we consider the "normal" range of responses. What is normal, however, is defined by the community in which we live. An outsider, such as a person from a different country, is often regarded as very strange by many people. Unfortunately, Americans have a reputation around the world of being **ethnocentric**—that is, viewing our own culture's behaviors and customs as correct or as the way things ought to be (a perception leading to the image of the "ugly American"). We must not lose sight of the fact that if we traveled to another country *we* would probably be regarded as strange. One country's customs and beliefs should not be regarded as correct or normal and another's as incorrect or abnormal.

The topics covered in some chapters of this book are the same for all peoples of the world (e.g., anatomy, physiology). When you read about behaviors and attitudes, it will be primarily from the perspective of people in the United States. Behaviors of people in other cultures will be presented in special boxes. However, before going on, here is a brief introduction to sexual attitudes and behaviors in a few other cultures around the world. Some of them may seem strange, but remember, *we seem just as strange to them as they seem to us.*

Missionary position A face-to-face position of sexual intercourse in which the woman lies on her back and the man lies on top with his legs between hers. It was called this because Christian missionaries instructed people that other positions were unnatural.

Ethnocentric The attitude that the behaviors and customs of one's own ethnic group or culture are superior to others.

Sexual Attractiveness

Cultures differ with regard to which parts of the body they find to be erotic. In the United States, most people have negative thoughts about armpits, but Abkhazian men are highly aroused at seeing women's armpits. The sight of a navel is considered highly arousing in Samoa, while a knee is considered to be erotic in New Guinea and the Celebes Islands. When anthropologist Martha Ward visited New Guinea in the early 1970s, she de-boarded the plane wearing a miniskirt, blouse, and brassiere, customary clothing for American women at that time. She caused quite a ruckus. She wrote the following letter to one of her colleagues in the United States:

> Dear Len,
>
> I have had to change my manner of dressing.... The minidresses and short skirts you all are wearing in the States cause quite a stir here. It seems that breasts are regarded as normal female equipment and useful only for feeding babies. Clothing for many women consists of a large towel or three-yard length of brightly colored cloth. This is worn around the waist inside the house or in the yard.... [In public] if you have on a bra, you don't need a blouse. Bras are considered proper dress for women.... When Americans are not around, it is sufficient to cover oneself only from the waist down....
>
> Breasts are not really erogenous, but legs are. Particularly that sexy area on the inside of the knee! No more miniskirts for me. Fitting in and observing local customs means that I have lengthened my skirts to below the knee....
>
> The American men watch women with nothing on above the waist. The Pohnpeian men comment on American women with short skirts. I am now dressed to please the standards of two cultures....
>
> (**EXCERPT** from *Nest in the Wind: Adventures in Anthropology on a Tropical Island*, by Martha C. Ward. Copyright © 1989 by Waveland Press, Inc. Reprinted by permission.)

This is not to say that men in New Guinea do not have preferences about breasts—they do. They generally prefer larger breasts with large, darkly pigmented areolas, whereas men in New Zealand prefer not as large breasts with medium-sized, medium-pigmented areolas (Dixson et al., 2011).

Just as in New Guinea, there are many areas of the world where women's naked breasts have no erotic significance (see Figure 1–2). They are important only to hungry babies. On the other hand, American men find female breasts so sexually arousing that women cannot even breast-feed in public. Here is an experience of one of our students, an African woman from Chad, shortly after she arrived in New Orleans:

> "One day my husband was driving and I was sitting in the back nursing my baby. The police stopped us and arrested me...."
>
> *(from the authors' files)*

Polynesian men are as fascinated with the size, shape, and consistency of women's genitals as American men are with breasts (Marshall, 1971). In some African cultures, a

Figure 1–1

Rubens' *The Three Graces* is a good example of how cultural ideals change over time. While thinness is admired today, a thin woman in Rubens' time would have been thought unattractive.

SOURCE: The Three Graces, c.1636, Museo del Prado, Madrid, Spain, Erich Lessing/Art Resource, New York

woman's labia minora are considered to be the most erotic part of her body (Pérez et al., 2014).

Many groups of people find body weight to be an important determinant of sexual attractiveness. There is a great deal of pressure in our culture, for example, for men and women to remain thin (Brown & Slaughter, 2011). It is no coincidence that fashion models are very thin and that movie stars who are considered to be "sexy" have small waistlines. In many other countries, however, these people would not be considered attractive. For example, women who would be considered obese by most American men are found highly attractive in some other cultures. Adolescent girls are sometimes kept in huts and fed high-calorie diets in order to become more attractive (Gregersen, 1982).

What is considered to be sexually attractive can also change over time. Plump women, for example, were also considered to be very attractive in Western cultures a few centuries ago. If you do not believe this, just look at some famous paintings of naked women that were done 300 to 400 years ago (see Figure 1–1).

Although walking around naked in public would be considered highly deviant by most people in the United States, there are some cultures in New Guinea and Australia where people go about completely naked. They do, however, have firm rules about staring at other people's genitals. The Zulus of South Africa also have public rituals that call for people to be naked. They believe that a flabby body results from immoral behavior, and thus if someone refuses to undress for these rituals, it is taken as a sign that the person is trying to hide his or her immorality (Gregersen, 1982). These attitudes about the human body are in marked contrast to those that prevail in Islamic societies, where female sexuality is suppressed and women must cover their entire body and most of their face when they leave the privacy of their homes.

In some cultures people carve holes in their lips, while in others they stretch their lips or necks or wear needles through their noses. In parts of Indonesia, the Philippines, and Malaysia, it is common for men to insert objects (e.g., ball bearings, precious stones, rings) in their penises (Hull & Budiharsana, 2001). In Borneo, for example, it is common for men to wear a rod through the end of their pierced penis. The rod, called a penis pin, has protuberances (e.g., gemstones, feathers, pig's bristles) at each end, which the men believe enhances women's pleasure during intercourse (Brown, 1990). Elaborate abdominal scars are considered to be very sexually attractive on women of the Kau culture in Sudan. It is obvious from the lack of universal standards that attitudes about the human body, and what is considered to be sexually attractive, are culturally learned responses.

Sexual Behaviors and Attitudes

Kissing is a highly erotic and romanticized part of sexual relations in Western cultures. You will probably be surprised to learn, therefore, that this practice is not shared by many cultures, including the Japanese, Hindus of India, and many groups in Africa and South America (Ford & Beach, 1951; Gregor, 1985). "When the Thonga first saw Europeans kissing they laughed, expressing this sentiment: 'Look at them—they eat each other's saliva and dirt'" (Ford & Beach, 1951). Foreplay before intercourse is entirely unheard of in some cultures.

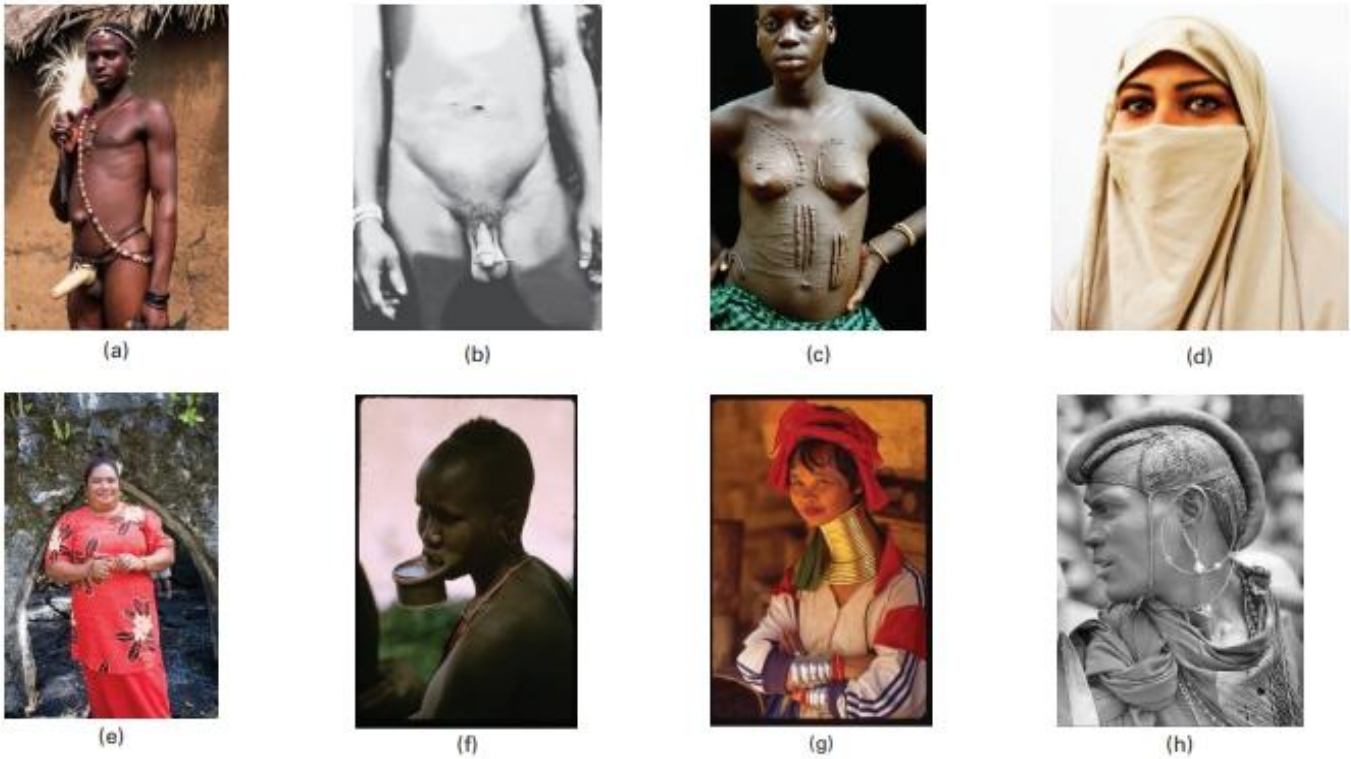
Anthropologists believe that the most sexually permissive group of people in the world are the Mangaians, who live on the Cook Islands in the South Pacific (Marshall, 1971). Mangaian boys and girls play together until the age of 3 or 4, but after that they separate into age groups according to sex during the day. When the boys approach adolescence, the arrival of manhood is recognized by superincision of the penis (cutting the skin of the penis lengthwise on top). As the wound heals, the boy is instructed in all aspects of sex, including how to bring a girl to orgasm, which is considered important. Girls receive similar instructions from older women. The boy is then given to an experienced woman, who removes the superincision scab during intercourse and teaches the boy an array of sexual techniques. After that, the boy actively seeks out girls at night, having sex an average of 18 to 20 times a week. Mangaian adolescents are encouraged to have sex with many partners and engage in all types of sexual activities. Once they reach adulthood, Mangaian men and women become monogamous.

Many other societies in the South Pacific, including Samoa and Pohnpei, similarly encourage their teenage children to

Figure 1–2

Cultures differ widely with regards to what they find to be attractive. In New Guinea, many men wear only a bamboo penis sheath (a), while in Borneo men have penis pins (b). Body scarification is common among Kuba (now Zaire) women (c). In contrast to these customs of nearly complete nudity, Islamic women must keep their faces covered while in public (d). In Samoa, men regard heavy women to be most attractive (e). Along the Ono River in Ethiopia, women use cans as lip ornaments (f), whereas among the Karen in Thailand an elongated neck is considered beautiful (g). Elaborate headdress and ear piercing are attractive among men in Tanganyika (h).

SOURCE: (a) Atlantide Phototravel/Corbis Documentary/Getty Images; (b) Peabody Museum of Archeology and Ethnology; (c) Eric Baccega/age fotostock/Alamy Stock Photo; (d) Pakistan Images/Alamy Stock Photo; (e) Douglas Peebles Photography/Alamy Stock Photo; (f) Jonathan Blair/Corbis Documentary/Getty Images; (g) Kevin R. Morris/Corbis/VCG/Getty Images; (h) Haywood Magee/Hulton Archive/Getty Images



(a) (b) (c) (d)

(e) (f) (g) (h)

enjoy sexual relations (Ward, 1989). In some of these cultures, the boys go into the huts where teenage girls live and have sex with them while the girls' parents are present. The parents ignore them and act as if the children are invisible. In all of these societies, the physical pleasure of both sexes is emphasized and emotional attachments come later. They regard our custom of emphasizing love before sex as very strange.

The most sexually repressed society in the world is believed to be the Inis Baeg, a fictitious name (coined by anthropologists to preserve anonymity) for a group of people who live on an island off the coast of Ireland (Messenger, 1971). Any mention of sex is taboo, so that children are never told about things like menstruation and pregnancy, which are greatly feared. Nudity is strictly forbidden. Even married adults do not see each other completely naked—they do not bathe together, and they wear smocks during sexual intercourse. Sexual relations are not regarded as something positive by either sex. Foreplay is unheard of, and intercourse, which is always done in the missionary position, is completed as quickly as possible because men consider it to be dangerous to their health (and, unlike Mangaian women, Inis Baeg women almost never achieve orgasm).

Between the two extremes of the Mangaians and the Inis Baeg is a large range of sexual attitudes and behaviors. You will find that many cultures are more restrictive (or repressed) than our own. For example, until very recently it was taboo to openly discuss sex in China, Japan, Russia, and many African cultures (Ecker, 1994; Kitazawa, 1994; Rivkin-Fish, 1999). Oral-genital sex is common in Western cultures, but most African cultures consider it disgusting. In many Islamic countries, women's sexuality is suppressed by genital mutilation during childhood (see Box 4–A).

On the other hand, many cultures are more permissive (or tolerant) than our own. In Chapter 9, for example, you will read about the Sambian culture where homosexual relations are expected among young boys and teenaged boys (Box 9–A). Sex with minors is a crime in Western culture, but in the Tiwi culture (Melville Island) girls are married to an adult man at age 7 and begin having sexual intercourse shortly afterward (Goodall, 1971). Incest is also a taboo in Western culture, but marriage between cousins or between uncles and nieces is often expected in other cultures (Box 15–C). Similarly, monogamy is the standard in Western cultures, while in many others polygamy is practiced (Box 12–B). Even the overall approach to sex can differ among cultures. For example, sex in Western cultures tends to focus on genital stimulation, orgasm, and physical gratification, whereas Eastern Tantric cultures emphasize spiritual union during sex (Box 13–A).

Cultural Diversity Within the United States

To this point, we have referred to Western culture as if it were composed of a homogenous group of people. North America may originally have been settled primarily by Caucasian Christians of European descent, but the population today is much more diverse. A sizable proportion of the U.S. population is made up of African Americans, Latinos, and Asian Americans. However, even within these ethnic groups, there are often distinct subgroups. Among Asian Americans, for example, there are people whose ancestors came from Japan, China, Vietnam, Thailand, Korea, the Philippines, and South Pacific islands. Within each subculture there are several factors that can influence sexual attitudes and behaviors. These include religion, level of education, and socioeconomic status. In short, it is sometimes difficult to make generalizations even about cultural subgroups. With these cautions in mind, what generalizations can we make?

One example of changing cultural differences in sexual behavior in the United States is found when we examine oral-genital sexual relations. This has been a very common behavior among white middle-class (especially college-educated) Americans for at least 60 years (Kinsey et al., 1948, 1953). However, until recently it was practiced by only a minority of African Americans (Laumann et al., 1994). The small proportion of African Americans engaging in this behavior could be explained in part by their African ancestry and also by the socioeconomic status of many black Americans. Oral-genital sex is less common among all low-educated, low-income groups, regardless of ethnic background. Today, with the greater assimilation of African Americans into the middle class, these cultural differences are disappearing and the percentage of blacks engaging in oral-genital sex is close to that for whites (Dodge et al., 2010).

On the other hand, African Americans tend to begin sexual intercourse earlier than Caucasians (Cavazos-Rehg et al., 2009). Asian Americans are generally the least permissive in their sexual attitudes and behaviors (Ahrold & Meston, 2010; Okazaki, 2002). This is partly a reflection of restrictive attitudes about sex in Asian countries but also results from the strong emphasis that people from many Asian countries place on family and social conformity. Asian Americans tend to have very low rates for both premarital intercourse and multiple sexual partners. On the other hand, they have the highest rate (among the subcultures discussed) for abortions. This is not only a reflection of non-Western religious beliefs (that do not question the morality of abortion) but, often, also a result of having immigrated from overpopulated countries where the prevailing attitude is that it is best for the general good to limit the number of children one has.

Another factor that can influence sexual attitudes and behaviors is the number of generations that have passed since one's ancestors immigrated to the United States. As people from other countries become more assimilated to American culture, their attitudes and behavior come to resemble those of mainstream Americans (e.g., Ahrold & Meston, 2010; Okazaki, 2002). Much of what you will read in the chapters ahead is true for nearly all subcultures in the United States. However, when there are major differences, you will read about them also.

Personal Reflections
Has your own cultural heritage affected your attitudes about sex? If so, how?

Historical Perspectives

1.2 Explain the historical influence of Judaism, Christianity, the Victorian Era, and the sexual revolution on contemporary attitudes about sexuality.

If the Mangaians and Inis Baeg represent the two extremes, where does American culture fall on this continuum? In many ways our behavior is permissive—we live during the so-called sexual revolution—but our attitudes about sex are often less than positive (evidenced, for example, by the fact that parents and children rarely talk about it together). The constant emphasis on sex on TV, in movies, in magazines, and on the radio gives children one type of message—sex is fun, sex is exciting, sex is great. At the same time, these same children get another type of message from their parents, school, and church—sex is not for you! Is it any wonder that many Americans are confused about sex? Sex is something good on the one hand yet bad on the other. We fall somewhere between the Mangaians and Inis Baeg. We are permissive yet repressed. To see how we arrived at this point in the 21st century, we must examine the history of sexual attitudes in our own culture.

Judaism

Life for the biblical Jews was harsh, and they considered it a great advantage to have many children. The Jews were directed to do so in the first chapter of the first book of the Old Testament:

> And God blessed them, and God said to them, "Be fruitful and multiply, and fill the earth and subdue it."
>
> (**GENESIS** 1:28, Revised Standard Version)

Having many children ensured the survival of the Jewish people and was viewed as an obligation. Thus, the Hebrews recognized that the primary purpose of sex was for *procreation* (to have children). Celibacy was looked upon as neglect of one's obligations and was regarded as sinful.

Sons were especially valued because of their dual roles as providers and defenders. In the strongly patriarchal Hebrew society, daughters and wives were regarded

as property (of fathers or husbands), and there were many rules to guarantee that material property was passed on to legitimate offspring. Thus the Hebrews were very concerned with the social consequences of sex. Sex outside of marriage, for example, was severely condemned and punished. A Jewish woman caught committing adultery was stoned to death, but a man who committed adultery was considered only to have violated another man's property rights. Rape, too, was considered to be a violation of property rights. The punishment for homosexuality and bestiality was death (Leviticus 18:22–29).

In contrast to those harsh views, the Old Testament presents a positive view of sex within a marriage. A good example of this can be found in the Song of Solomon (Song of Songs):

> How graceful are your feet in sandals,
> O queenly maiden!
> Your rounded thighs are like jewels,
> the work of a master hand.
> Your navel is a rounded bowl
> that never lacks mixed wine....
> Your two breasts are like two fawns,
> twins of a gazelle....
> You are stately as a palm tree,
> and your breasts are like its clusters.
> I say I will climb the palm tree
> and lay hold of its branches.
>
> **(SONG OF SOLOMON** 7:1–8, Revised Standard Version)

The human body, including the genitals, was not considered to be obscene, for God had created Adam and Eve in his own image. Mutual sexual pleasure was very important to Hebrew couples. In fact, sex between husband and wife was cause for rejoicing, a gift from God. A married couple could engage in any sexual activity, with only one restriction—the husband had to ejaculate within his wife's vagina (not doing so was considered "spilling of seed" because it could not lead to having children).

Personal Reflections

The Hebrews of biblical times believed that humans were created in the image of God, and therefore they were not ashamed of any part of their bodies, including their genitals. What do you think about this? How do you feel about your own body? (Do not just respond "good" or "bad," but explain in some detail.)

The Greeks and Romans

The ancient Greeks and Romans, like the Jews, placed a strong emphasis on marriage and the family. Although procreation was viewed as the primary purpose of marital sex, a couple had children for the state, not God. Unlike the biblical Jews, Greek and Roman men were allowed considerable sexual freedom outside marriage. In Greece, sexual relations between men and adolescent boys in a teacher–student relationship not only were tolerated but were encouraged as part of the boy's intellectual, emotional, and moral development.

The Greeks idealized the human body and physical beauty (as is evident in their art), but in the latter part of the Greek era there was a strong emphasis on spiritual development and a denial of physical pleasures. The basis for this change was **dualism**, the belief that body and soul are separate (and antagonistic). Dualism gave rise to an *ascetic philosophy*, which taught that from wisdom came virtue and that these could only be achieved by avoiding strong passions. Plato, for example, believed that a person could achieve immortality by avoiding sexual desire and striving for intellectual and spiritual love (thus the term *platonic* for sexless love). As you will see next, dualism was a major influence on early Christian leaders.

Christianity

Like the theology of the latter-period Greeks, Christian theology separated physical love from spiritual love. The period of decline of the Roman Empire, which coincided with the rise of Christianity, was marked by sexual excess and debauchery. The views of the early Christians regarding sex were partly the result of an attempt to keep order.

It is written in the Gospel of Matthew that Jesus said, "Everyone who looks at a woman lustfully has already committed adultery with her in his heart" (Matthew 5:27, Revised Standard Version). Thus, it was not enough for a Christian to conform behaviorally; there was to be purity of inner thoughts as well.

The teachings of the early Christian writers reflect their own personal struggles with sexual temptation. One of the most influential was Saint Paul (about A.D. 5–67):

> For I know that nothing good dwells within me, that is, in my flesh. I can will what is right, but I cannot do it. For I do not do the good I want, but the evil I do not want is what I do.
>
> **(ROMANS** 7:18–19, Revised Standard Version)

Saint Paul blamed Eve for the expulsion from the Garden of Eden and preached that a celibate lifestyle was the way to heaven. Marriage was only for the weak willed:

> To the unmarried and the widows I say that it is well for them to remain single as I do. But if they cannot exercise self-control, they should marry. For it is better to marry than to be aflame with passion... if you marry, you do not sin.
>
> **(CORINTHIANS** 7:8–9, 7:28, Revised Standard Version)

Dualism The belief that body and soul are separate and antagonistic.

Some have interpreted these ambiguous passages to mean that Paul believed that sex within marriage was sinful. Scholars now say that Paul did not believe that marital sex was a sin but that he was concerned that married couples who sexually desired one another would become too involved in worldly (physical) concerns (Deming, 1995; Poirier & Frankovic, 1996). Paul's argument was that celibacy was spiritually superior to marriage. Thus, Paul regarded marriage as a compromise (and a rather poor one at that) for dealing with the problems of the flesh.

Saint Jerome (about A.D. 340–420) said that a man who loved his wife too passionately was guilty of adultery:

> A wise man ought to love his wife with judgment not with passion.... He who too ardently loves his own wife is an adulterer.
>
> **(HUNT,** 1959, p. 115)

Pope John Paul II created some controversy within the Catholic Church when he appeared to echo the beliefs of Saint Jerome:

> Adultery in the heart is committed not only because a man looks in a certain way at a woman who is not his wife...Even if he were to look that way at his wife, he would be committing adultery.
>
> **(SERMON. ST. PETER'S SQUARE,** October 8, 1980.)

The major influence on Christian beliefs was **Saint Augustine** (A.D. 354–430) (Figure 1–3). As a teenager and young adult he led a promiscuous lifestyle, which included a mistress and son born out of wedlock (Boswell, 1980). He is reported to have prayed, "Give me chastity and continence, but do not give it yet" (*The Confessions*, Book VIII, chap. 7). After reading the works of Saint Paul, he converted to Christianity and thereafter led an ascetic life.

It was Augustine, more than anyone else, who solidified the Church's antisexual attitude. Augustine believed that all sexual intercourse was sinful and thus all children were born from the sin of their parents. As a result of the downfall of Adam and Eve, he argued, sex was shameful and equated with guilt. Augustine recognized that married couples had to engage in sexual intercourse for procreation but denounced sex between a husband and wife for the purpose of pleasure (see Soble, 2009). He even considered marital sex for the purpose of procreation to be an unpleasant necessity:

> They who marry... if the means could be given them of having children without intercourse with their wives, would they not with joy unspeakable embrace so great a blessing? Would they not with great delight accept it?
>
> **(CITED IN GOERGEN,** 1975)

Saint Augustine Person who was a major influence on Christian beliefs about sexuality.

Figure 1–3

Saint Augustine (A.D. 354–430) was the major influence on Christian attitudes about sex. He believed that all sexual acts were driven by lust and were therefore evil, including sex within marriage.

SOURCE: PAINTING/Alamy Stock Photo

Augustine not only departed from the Hebrews in denying the pleasures of (marital) sex but in the process also differed from them by showing complete disgust for the human body: "Between feces and urine we are born." Augustine's views on sexual intercourse were shared by nearly all early Christian leaders:

> Arnobius called it filthy and degrading, Methodius unseemly, Jerome unclean, Tertullian shameful, Ambrose a defilement. In fact there was an unstated consensus that God ought to have invented a better way of dealing with the problem of procreation.
>
> **(TANNAHILL,** 1980, p. 141)

The Catholic Church's view that the only reason married couples should engage in sex is for procreation was confirmed by Pope John Paul II as recently as 1993 ("Veritatis Splendor") and 1995 ("Evangelium Vitae"). Although not all Christians today are of the same denomination, they all share the same early history, and thus they all have been influenced by the beliefs of Saint Augustine.

> "I grew up being told my body was a filthy thing, sex was a sin, and I would burn in hell if I paid any attention to it. Everybody shoved the word 'sin' down my throat and showed disgust at the slightest infraction, real or imagined, of 'God's rules.' The result is that I had an extremely low self-esteem during adolescence, as well as an inner struggle between Mother Nature and the expectations of 'God,' which about drove me nuts."
>
> *(from the authors' files)*

Personal Reflections

Christian views about sex were strongly influenced by Saint Augustine, who believed that the only legitimate reason to engage in sex was to have children. How do you feel about engaging in sex for pleasure? How do you feel about masturbation? With regard to sexual behavior, how has your religious upbringing affected your opinions about what is right or wrong?

The Victorian Era

The 19th century is often referred to as the **Victorian era**, after Queen Victoria (1819–1901), who reigned in England for most of the century. It was an era of public prudery and purity. All pleasurable aspects of sex were denied. Influenced by conservative reform ideals of the British Evangelicals in the late 1700s and early 1800s, the Victorians came to view women (who just a few centuries before had been considered sexual temptresses) as asexual (i.e., having no interest in sex) and as innocent as children (Cott, 2002). Men were the ones who were viewed as responsible for lust. According to Victorian moralists, a woman's place was in the home, and wives engaged in sex only to perform their "wifely duties." Women's dresses covered the neck, back, and ankles, and the prudery was carried to such an extreme that even piano legs were covered. At the dinner table, it was considered improper to ask for a "breast" of chicken.

The medical views of the 19th century generally supported the antisexuality of the era. A prominent Swiss physician named Tissot had published a book in 1741 in which he claimed that masturbation could lead to blindness, consumption, other physical disorders, and insanity. As early as 1727, Daniel Defoe had written that excess sex leads to "Palsies and Epilepsies, Falling-Sickness, trembling of the Joints, pale dejected Aspects, Leanness, and at last Rottenness, and other Filthy and loathsome Distempers. . . ." (p. 91). Victorian physicians believed that loss of semen was as detrimental to a man's health as loss of blood, a belief that had originated with the Greek physician Hippocrates (Haller & Haller, 1977). Even the thought of sex was believed to be harmful to a man's health:

> If the thought is permitted to center upon the sexual relation the blood will be diverted from the brain and the muscles and the entire man will suffer because of the depletion. . . .
>
> **(DR. SYLVANNUS STALL**, 1897)

Victorian era The period during the reign of Queen Victoria of England (1819–1901). With regard to sexuality, it was a time of great public prudery (the pleasurable aspects of sex were denied) and many incorrect medical beliefs.

"If sex is dirty and disgusting, why should I save it for someone I love?"

SOURCE: Archival material from Playboy magazine. Copyright © 1993 by Playboy. Reprinted with permission. All rights reserved.

As a result of these beliefs, parents often went to ridiculous lengths to prevent masturbation (Hall, 1992) and nocturnal emissions ("wet dreams," or spermatorrhea, as it was called then), including having their boys circumcised or making them wear antimasturbation devices to bed at night (see Stephens, 2009). Between 1856 and 1932, the U.S. government awarded at least 33 patents for sexual restraint devices (Schwartz, 1973); even more were awarded in England. Three such inventions are shown in Figure 1–4.

Adults were supposed to show restraint in their desires for sexual intercourse as well, even within marriage. Here is an example of the attitudes that prevailed during that time:

> At this point, dear reader, let me concede one shocking truth. Some young women actually anticipate the wedding night ordeal with curiosity and pleasure! Beware such an attitude! One cardinal rule of marriage should never be forgotten: give little, give seldom, and above all give grudgingly.
>
> **(RUTH SMYTHERS**, *Instruction and Advice for the Young Bride*, 1894)

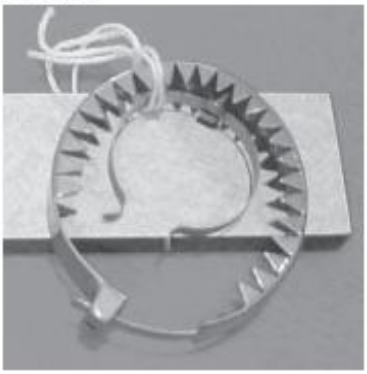
The amount of misinformation that was distributed by the medical community during the Victorian era is really quite appalling. For example, a group of British doctors claimed to have evidence that touching a menstruating woman could spoil hams (*British Medical Journal*, 1878). Consider also a book titled *Perfect Womanhood* by Mary Melendy, "M.D., Ph.D.," published in 1903. It was a book of advice for women, and in addition to the usual warnings about masturbation and excessive sex, it contained the following advice about when it was safest to have intercourse (to avoid pregnancy):

> It is a law of nature—to which there may be some exceptions—that conception must take place at about the

Figure 1–4

Three antisex devices invented and patented during the Victorian era: (left) a spermatorrhea ring to prevent nocturnal emission; (middle) a female chastity belt; (right) a male chastity belt.

SOURCE: (left) Courtesy of American Urological Association's Didusch Center for Urologic History, www.urologichistory.museum; (middle and right) Maison Faurie Antiquities



> time of the menstrual flow.... It may be said with certainty, however, that from ten days after the cessation of the menstrual flow until three days preceding its return, there is little chance of conception, while the converse is equally true....

As you will learn in Chapter 3, this is not true.

The private lives of most Victorians may not have been as repressed and prudish as the image conveyed by the moralists of that era. A questionnaire given to 45 married women in a study conducted by Dr. Clelia Mosher in 1892 reveals that most of the women desired and enjoyed sex (Jacob, 1981). There was also a great deal of hypocrisy during this era. Prostitution and pornography flourished, and extramarital affairs were common (Trudgill, 1976).

Although Queen Victoria died in 1901, the Victorian era of repressed sexuality continued well into the 20th century. For example, some television shows in the 1950s would show Elvis Presley only from the waist up. During this same time period, television hosts and actors were not even allowed to use the word "pregnant" ("with child" was considered to be the proper term). When Lucy of the *I Love Lucy* show first said "pregnant" on television, it caused a public outrage. With this degree of negativity and repressiveness regarding sex, how did Western culture enter into the sexual revolution?

The Sexual Revolution

It was not unusual for our great-great-grandfathers, whether they worked on the farm or in the city, to put in 12- to 16-hour days, often 6 days a week. Child labor was common, so that many children were also working these hours. In addition to puritanical Victorian ideals, the lack of leisure time limited opportunities for sexual relations.

The industrial revolution slowly changed all this. Mechanization and more efficient means of production eventually led to shorter workweeks, freeing people to engage in leisure activities. The invention of the automobile allowed young people to get away from the watchful eyes of their parents and neighbors. The Great Depression of the 1930s and then World War II in the 1940s again prevented most people from having much leisure time. The 1950s saw the first peacetime generation of American teens whose families were affluent enough to provide them with an automobile. For the first time, Americans had two things necessary to engage in leisure sex: time and mobility.

The growing women's rights movement eventually resulted in more equality for women, and they began to take an active role in sexual matters (they were not the passive, asexual creatures portrayed by Victorian moralists). With the introduction of penicillin in 1943, people worried less about deadly syphilis and other sexually transmitted infections (Francis, 2013). If they got these diseases, they could now be cured.

In 1960, the birth control pill and the IUD became available, so that having sexual intercourse could be spontaneous and people did not have to worry about unwanted pregnancies. The major impact of this was that the pleasurable aspects of sex could be completely separated from the reproductive aspects. It did not take long before people began to think that one had nothing to do with the other.

As a result of these several factors, we entered the so-called **sexual revolution**. From the 1940s to the 1980s there was a marked decrease in the average age at which Americans first engaged in sexual intercourse and a dramatic increase in the number of lifetime sexual partners (Liu et al., 2015). This trend continued from the 1980s to the early 2000s (Twenge et al., 2015). The newest generation of Americans to come of age was under pressure not to abstain from premarital sex but to engage in it.

Sexual revolution A period in U.S. history, beginning about 1960, of increased sexual permissiveness.

The 1980s saw the emergence of HIV (human immunodeficiency virus) and AIDS (acquired immunodeficiency syndrome) as a worldwide life-threatening infection. However, when the large majority of new cases in the United States were diagnosed in gay men and intravenous drug users, Americans were slow to respond. By the mid-1990s more and more people were becoming aware that the virus leading to AIDS could be spread during heterosexual intercourse, and researchers began to see evidence of what may be a more conservative attitude about sex. Between 1991 and 2015, there was a decline in the number of teenagers who had had sexual intercourse (Kann et al., 2016). As a result, there was also a decline in teenage pregnancies, births, and abortions (Finer & Zolna, 2013). However, the U.S. teenage pregnancy rate is still higher than for any other developed country.

We do not yet know whether these recent trends signal an end to, or a change in, the sexual revolution. Compared to past generations, behaviorally, our society is still permissive, but many people still do not have a positive attitude about their own sexuality. Many of the negative attitudes of the early Christian church and the Victorian era are still with us. Even at the height of the sexual revolution, most parents could not bring themselves to have meaningful discussions with their children about sex. It is no wonder that so many people still have so many questions, doubts, and anxieties about sex.

Personal Reflections
Did Saint Augustine's and the Victorians' views about sex seem strange or silly to you? Do you think people 100 years from now will think what we presently consider as "normal" to be strange?

What Influences Our Attitudes About Sex Today?

1.3 Explain the process of socialization and explain how one socializing agent, the media, has become an omnipresent influence on sexual socialization.

Socialization refers to the manner in which a society shapes individual behaviors and expectations of behaviors (norms). The social influences that shape behaviors are often referred to as **socializing agents**. These include parents, peers, school, religion, and the media. You have just learned that for centuries religion was the primary socializing agent for sexual attitudes in Western culture. For some teens, this is still true:

> "The media has always shown that everyone is having sex, no matter what type or what age. I have never followed the example of the media and that is mainly because of my religious beliefs. I don't believe that sex is wrong. I have just been taught that you wait until marriage."
>
> "I was raised in a Catholic home and I have been taught to wait until marriage, etc. Just because I see something on TV or in a magazine does not want to make me go out and try something."
>
> *(All examples are from the authors' files.)*

Teens who identify themselves as religious tend to have conservative attitudes about sex, often resulting in waiting until an older age to initiate intercourse (typically with a fiancé or new spouse) (Hull et al., 2011; Pedersen, 2014). Although learning about sex from parents and one's church leaders tends to delay initiation of sex, learning from friends and the media increases the likelihood of engaging in sexual intercourse (Bleakley et al., 2009). In the beginning of the chapter, you learned that the major sources of sexual information for most teens today are friends and the media, and your friends probably got most of their information from the media (American Academy of Pediatrics, 2010; Sprecher et al., 2008).

The Media as a Socializing Agent

Would it surprise you to learn that the average American child spends more than 7 hours a day watching, listening to, or reading some form of the media (Rideout et al., 2010)? When considered together, the sexually related messages received by young people from different branches of the media—television, movies, radio, music, magazines, and tabloids—are omnipresent and pervasive and generally overwhelm the input received from all other sources combined (American Academy of Pediatrics, 2010).

> "I would see on television and movies that everyone had sex. That's when I would say I used television to overcome my fear of sleeping with other people."
>
> "To me it's never a question of when to become sexually active. It's always how to become sexually active. What I really mean is that when you are watching television you see some love scenes and they make you want to try the same thing."
>
> "From a young age seeing sexual references and acts on TV clued me in on sex being a lot of fun and highly enjoyable. So sex was something I greatly anticipated. I watched women on shows or movies who were considered sexy and I wanted to be like them."
>
> "I had a very negative attitude towards sex and my body. I was raised with everything being a taboo. Now since I am so into television and movies and magazines, my whole sexual attitude has changed. I have dropped all of the negative attitudes that I was taught and I try a lot of the things that I see in the media."
>
> *(All examples are from the authors' files.)*

Socialization The process of internalizing society's beliefs; the manner in which a society shapes individual behaviors and expectations of behaviors.

Socializing agents The social influences (e.g., parents, peers, the media) that shape behaviors.

MAGAZINES You do not have to go to XXX bookstores to find magazines that use sex to make sales. *Penthouse*, *Hustler*, and other magazines for men are openly sold in drugstores and newsstands. And sell they do, with (double-digit) millions sold every month. Even more mainstream magazines sometimes increase their sexual content to boost sales. *Sports Illustrated* normally sells over 2 million copies a week, but its annual swimsuit issue sells over 5 million.

Many magazines for women also emphasize sex. Nearly all the articles in *Cosmopolitan* are about sex. As an example, the cover of one issue emphasized articles on multiple orgasms ("Yes! Yes! Yes! Cosmo's Come-Again Guide to Help You Climax Over and Over. Read This, Grab Him, and Head to Bed"). Even magazines that target young teen and preteen girls, such as *YM*, often have sexually related articles ("Look Summer Sexy").

Personal Reflections
What effect has the sexual content in magazines and magazine advertisements had on your attitudes about physical attractiveness? Masculinity? Femininity? Sex and what is sexually normal?

MUSIC In today's music world, it is common for groups and performers to release songs and albums with sexually explicit lyrics. In fact, over one third of the lyrics have sexual (often degrading) references (Primack et al., 2008). Much of this is not even played on the radio because it is so explicit, but it is readily available to teens at retail stores, online, and via YouTube and other video-sharing sites. A survey of undergraduates on a college campus found that students spent an average of 36 hours a month watching music videos (Ward, 2002). Most music videos contain sexual imagery. What effect do you suppose it has on teens when they watch their favorite rock and pop stars accompanied by sexual imagery?

Personal Reflections
What effect has sexual content in music (and music videos) had on your attitudes about sex? Have you ever wanted to be a rock star? Are rock stars sexier than other people? Why?

FILMS, RADIO, AND TELEVISION Since 1980, every R-rated movie directed at teens has included nudity and, frequently, sexual intercourse (Strasburger et al., 2009). The movie industry continues to push the limits of what is considered acceptable. Hollywood did not show women's breasts until the mid-1960s, but by the 1990s films showing women in full frontal nudity were commonplace. Sharon Stone's leg-crossing scene in 1992's *Basic Instinct* caused quite a stir, but since then films with male genitals have become common as well. Heavy sexual content is now commonplace in today's mainstream movies. Are the sex scenes always an integral part of the story, or are they included for gratuitous reasons, to arouse and titillate? Well, according to people who were present when *Basic Instinct* was being filmed, director Paul Verhoeven arrived on the set one day and loudly asked, "How can we put more tits and p— into this movie?" (Zevin, 1992).

> Life does not imitate art; it only imitates bad television.
> *(from Woody Allen's 1992 movie,* Husbands and Wives*)*

The average American child watches television for several hours a day. One expert on communication has described television as "the most powerful storyteller in American culture, one that continually repeats the myths and ideologies, the facts and patterns of relationships that define and legitimize the social order" (J. D. Brown, 2002, p. 44). And what is the primary message that television presents about sex?

Over three fourths of the programs shown at evening prime time have sexual content (70% of the shows that teens rate as their top-20 favorites and almost half of these involve sexual behaviors), with an average of 5.9 scenes per hour (Eyal et al., 2007; Kaiser Family Foundation, 2005; Kunkel et al., 2007). Mostly it is talk about sex, but about 10% of prime-time shows have scenes in which sexual intercourse is depicted or strongly implied. In all, a typical teenager sees 15,000 references about sex each year on television (Strasburger, 2012).

Only about 11% of television shows with sexually related content make any reference to sexual health or responsibility (e.g., unintended pregnancies, birth control, sexually transmitted infections) or risks (Kunkel et al., 2007). It is obvious that television studios find it easier to show pleasure and passion than responsibility and problems. As stated by researcher Jane Brown, "Content analyses suggest that media audiences are most likely to learn that sex is consequence-free, rarely planned, and more a matter of lust than love" (2002, p. 45).

Personal Reflections
How many of the movies and TV shows that you see contain sexual content (behaviors and talk about sex)? How many references a year do you think you see? What effect do you think this has had on your own sexual attitudes and behaviors?

ADVERTISING Did you know that the average American child sees about 40,000 commercials each year (Robinson et al., 2001)? And that is just on television alone. Many of these advertisements use sexual appeals to sell their products.

Figure 1–5

Rock and pop stars such as Lady Gaga and Miley Cyrus commonly use sex in music videos and on stage to promote themselves. Publishers of popular magazines similarly use sex appeal on the covers to sell their products.

SOURCE: (left) JGM/PacificCoastNews/Newscom; (right) Frank Micelotta/Invision/AP Images; (bottom right) Roberto Herrett/Loop Images Ltd/Alamy Stock Photo

Sex certainly sells, or at least manufacturers of perfumes and colognes, liquor and beer, cigarettes, and clothing think so. People find ads that use sexual appeal to be more attention-getting, more likable, and more persuasive than ads that do not use sexual appeal (Reichert, 2003). People remember sexual ads better as well (Furnham & Mainaud, 2011). As a result, sexual explicitness in ads has risen sharply since 1990 (Reichert, 2003).

The aim of sexy or romantic themes in advertisements is **identification**, not product information. The message of using young attractive models in sexy or romantic poses is that if you use this product, you too can be sexy and have exciting and romantic interactions. Advertisers argue that the use of models in ads merely reflects the present cultural attitudes.

Most children now have access to the Internet within their own home. Already today the most commonly used search term is *sex*. Over half of American teens have visited a sexually explicit website (Braun-Courville & Rojas, 2009; Brown & L'Engle, 2009; Tsitsika et al., 2009). This material is readily available, and try as they might, many parents have difficulties preventing their children from obtaining it.

Identification Two meanings: (1) in advertising, to identify or relate to a product; (2) the adoption of the sex roles of the same-sex parent by a child (see Chapter 8).

Sexual Socialization: Cause and Effect?

What specific evidence is there to support the idea that the media play a major role in sexual socialization? Half of American teens actively seek sexual content in the media (Bleakley et al., 2011). Many studies have found that teens who watch television shows, music videos, or movies with a lot of sexual content are more likely to begin having sexual intercourse earlier than other children (see American Academy of Pediatrics, 2010, for a review). This is true even when other characteristics of individuals are controlled (Collins et al., 2004). A national survey of teens conducted over 3 years found that the teens who watched the most sexual content on TV were twice as likely (12% to 5%) as others to get pregnant or get someone pregnant (again, the experimenters controlled for other known variables) (Chandra et al., 2008).

Figure 1–6

Many radio and TV personalities appeal to young people's interest in sex. Howard Stern (left) emphasizes the crude and vulgar aspects of sex, whereas Dr. Drew Pinsky (right) teaches sexual responsibility.

SOURCE: Mitchell Gerber/Corbis/VCG/Getty Images; Damian Dovarganes/AP Images

The problem with correlational studies is that we do not know which came first—maybe teens who have a greater interest in sex are drawn to TV shows with sexual content. However, in controlled experiments, teenagers who had just watched television shows with a lot of sexual content gave more positive ratings to casual sex than teenagers who had not been shown the programs (Bryant & Rockwell, 1994) and showed a greater acceptance of sexual stereotypes as well (Ward & Friedman, 2006). As for the question of cause or effect, it probably works in both directions. One study of 14- to 16-year-old teens (that again controlled for other variables) found that sexually active teens were more likely to access sexual content in the media, and that this exposure made it more likely that their sexual activity would increase (Bleakley et al., 2008).

In a review of many studies, Greenberg and Hofschire (2000) concluded that frequent sexual content on television has four major effects on viewers: (1) overestimation of the prevalence of certain sexual activities in the general public; (2) disinhibition—a more liberal attitude about sex; (3) increased interest in sexual issues; and (4) learning about sexual topics.

It is not uncommon for a publisher of a magazine or a producer of a particular television show to deny that his or her product could possibly, by itself, influence the attitudes and behaviors of large numbers of people. They are probably correct, yet at the same time they are missing the point. Kunkel et al. (1999) have summed up the process of socialization very nicely:

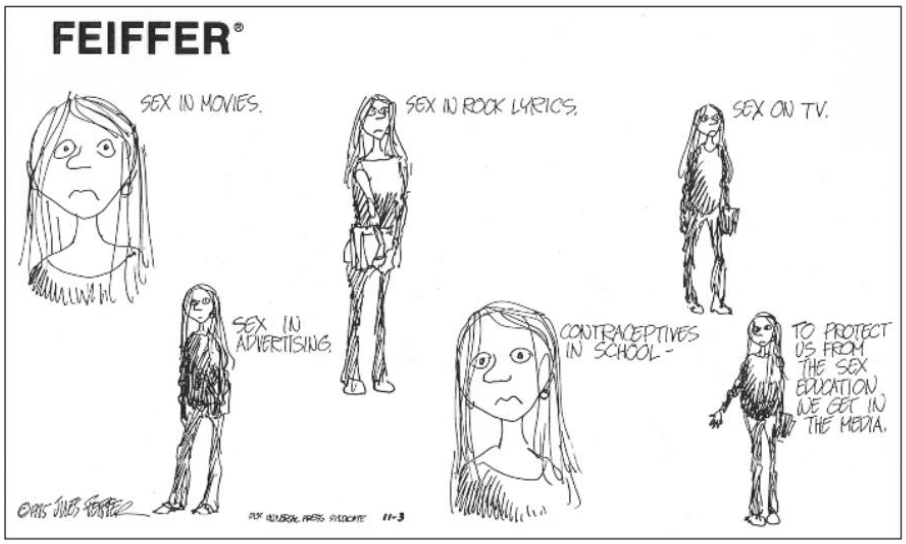
> As with most aspects of media influence, the effect of viewing sexual content.... is not thought to be direct and powerful, with a single exposure to a particular program [movie, or magazine] leading a viewer to think or act in any given way. Rather, the effects of messages about sex are conceptualized more as the product of a slow and cumulative process. Because such influence tends to be gradual in nature, it is the overall pattern of messages across the [media] landscape that is of primary interest for explaining the effects of long-term exposure. (p. 235)

In other words, the *cumulative effect* is that children take what they see and hear in the media to learn social norms (Brown et al., 1990). One group of communication experts described the mass media as "a kind of sexual super peer" (Brown et al., 2005). The early exposure to media and the huge quantity of information that children receive from the media simply overwhelm the input from other socializing agents. As recently concluded

Figure 1–7

Many advertisers use sex (in a process called identification) rather than product information to sell their product.

SOURCE: Henry Diltz/Corbis Documentary/Getty Images



SOURCE: © Jules Feiffer

by two experts: "A strong case can be made that in the United States, the media are…the de facto sex educators" (Strasburger & Brown, 2014).

Personal Reflections

In the three previous Personal Reflections, you were asked about the effects of specific branches of the media on your sexual attitudes and behaviors. You may have denied or minimized the effect of any one branch. Now consider them all together and the fact that you have been bombarded with messages about sex since early childhood. Do you suppose your attitudes about sex would be any different if you had been raised in a culture with no radio, movies, or television or if the media presented a negative portrayal of sex?

Sex as a Science

1.4 Explain the contributions of Sigmund Freud, Henry Havelock Ellis, Alfred Kinsey, and Masters and Johnson to the field of sexuality.

Until the past few centuries, religion was the primary influence in intellectual endeavors. The rise of science was slow and was met with much resistance. Galileo (1564–1642), for example, was forced to publicly recant his support for Copernicus' theory that the earth moved around the sun—and not vice versa, as stated in church doctrine—or face excommunication. People's desire for facts and knowledge could not be stifled, however, and the following centuries saw great advances in the biological and physical sciences. Science slowly replaced religion as the authority on most subjects.

Unfortunately, sexual behavior as a subject for scientific investigation met with more resistance than most others. It was not until the mid-1900s that researchers interested in studying sexual behavior were able to apply the two tools necessary for scientific inquiry: observation and measurement. Let us take a brief look at a few individuals who were responsible for making sexual behavior a serious, objective field of study. Further details of their work will be discussed in later chapters.

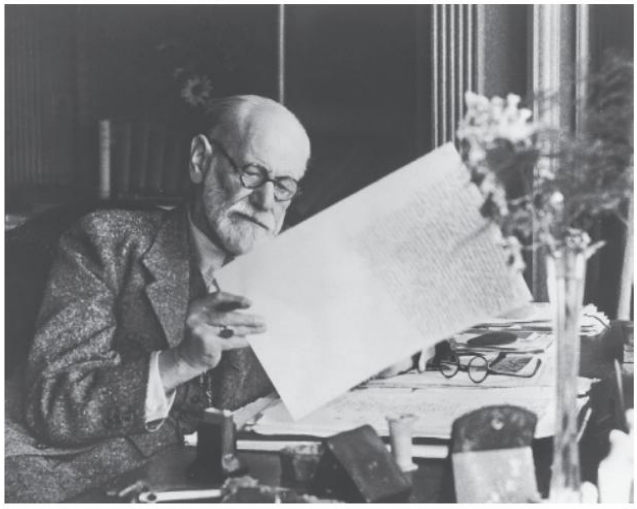
Sigmund Freud (1856–1939)

Sigmund Freud, perhaps more than anyone else, is responsible for demonstrating the influence of sexuality in human life (Figure 1–8). It is all the more remarkable

Figure 1–8

Sigmund Freud lived during the Victorian era, a period often described as being indiscriminately antisexual. He is given the major credit for showing the importance of sexuality in human behavior and motivations.

SOURCE: akg-images/The Image Works



Sigmund Freud Psychiatrist in the Victorian era who is responsible for emphasizing the importance of sexuality in human behavior and motivation.

that he did so during the antisexual atmosphere of the Victorian era. In actuality, Freud was not a sex researcher. Rather, he merely discussed sexuality as a primary motivation for behavior. Sexual energy—or *libido*, as Freud called it—was said to be channeled into particular areas of the body at different ages. Freud developed psychoanalysis as a means for evaluating and treating unconscious sexual motivations.

Although many people disagree with Freud's theory today (see, for example, Gray, 1993), he remains important for his ideas on sexual motivation and sexuality in infants and children. However, like other Victorian doctors, Freud had many incorrect beliefs about sex, including the belief that loss of semen was as detrimental to a man's health as was loss of blood.

Henry Havelock Ellis (1859–1939)

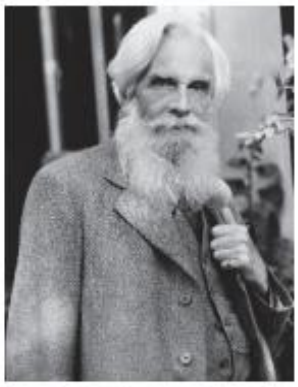
When he was a young man in the 1800s, **Henry Havelock Ellis** (Figure 1–9) had frequent nocturnal emissions (wet dreams), which at the time was called spermatorrhea because Victorian physicians believed it was caused by the same thing that caused gonorrhea. The end result, Ellis was told, would be blindness, insanity, and eventual death. He wanted to commit suicide but was too fearful, so instead he kept a diary to document his death by this dreaded "disease." When his eyesight and reasoning did not deteriorate over the passing months, Ellis concluded that loss of semen did not really lead to death, and he became angry about the misconceptions held by the medical profession. He devoted the remainder of his life to sexual research.

As a physician practicing in Victorian England, Ellis collected a large amount of information about people's sexual behaviors from case histories and cross-cultural studies. He eventually published six volumes of a series titled *Studies in the Psychology of Sex* between 1896 and 1910 and a seventh in 1928. He argued that women were not asexual and that men's and women's orgasms were very similar. Ellis was particularly important for his emphasis on the wide range of human sexual behaviors and for his belief that behaviors such as masturbation and homosexuality should be considered normal. His tolerant view of sexuality was in marked contrast to that of the Victorian moralists and was a major influence on researchers for several generations.

Figure 1–9

Henry Havelock Ellis.

SOURCE: Bettmann/Getty Images



Henry Havelock Ellis English researcher who published seven volumes about the psychology of sex between 1896 and 1928.

Alfred C. Kinsey (1894–1956)

The modern era of sex research did not begin until the publication of Alfred Kinsey's studies (1948, 1953) 20 years after Ellis' last volume. Similar to Ellis' boyhood fears of nocturnal emissions, as a boy Kinsey was greatly afraid he would go insane because he masturbated. Later in life he told a friend, "I decided I didn't want any young people going through the nonsense I went through" (Ericksen, 2000). When asked to teach a course on marriage at Indiana University in 1938, **Alfred C. Kinsey** was amazed to find how little objective data there were on sexual behavior. He started collecting his own data by giving questionnaires to his students, but he soon decided that personal interviews resulted in a greater amount of more detailed data. He was joined by Wardell Pomeroy, Clyde Martin, and Paul Gebhard, and their work was supported by the Rockefeller Foundation (see Figure 1–10). The final samples had a total of 5,300 men and 5,940 women.

Figure 1–10

Alfred C. Kinsey and colleagues. From left to right: Clyde Martin, Paul Gebhard, Kinsey, Wardell Pomeroy.

SOURCE: Topham/The Image Works

Alfred C. Kinsey College professor whose surveys in 1948 of male sexual behaviors and in 1953 of female sexual behaviors marked the beginning of the modern era of sexuality research.

Kinsey's work opened the door to a whole new field of research, but this did not come without a price. His findings that most people masturbated, that many people engaged in oral-genital sex, that women could have multiple orgasms, and that many men had had a same-sex sexual experience shocked many people. He was accused of being antifamily and amoral. One Columbia University professor stated that "there should be a law against doing research dealing exclusively with sex" (*New York Times*, April 1, 1948). Some researchers believe that Kinsey was the major influence in changing 20th-century attitudes about sex (Bullough, 2004). The Kinsey Institute for Research in Sex, Gender, and Reproduction at Indiana University continues to be a major center for the study of human sexuality.

Masters and Johnson

Kinsey paved the way for scientific studies of sexual behavior, but functional anatomy and physiological studies of sex were still limited to experiments with laboratory animals. William Masters (1915–2001), a physician, and Virginia Johnson (1925–2013) (Figure 1–11) did not believe that experiments with rats could tell us a great deal about sexual behavior in people. Therefore, in 1954, **Masters and Johnson** started to directly observe and record the physiological responses in humans engaged in sexual activity under laboratory conditions. Their results, which were based on over 10,000 episodes of sexual activity of 312 men and 382 women, were not published until 1966 (*Human Sexual Response*). Although some people were shocked at Masters and Johnson's observational approach, calling them "scientific peeping Toms," most people in the medical community appreciated the importance of their findings.

As in all other areas of medical science, the understanding of anatomy and physiology led to methods for treating clinical problems and abnormalities. Masters and Johnson developed the first methods for treating sexual problems and opened a sexual therapy clinic in 1965. Their techniques were described in their 1970 book *Human Sexual Inadequacy*. The behavioral approach to treating sexual disorders, based on Masters and Johnson's work, has helped thousands of people to overcome sexual problems.

Figure 1–11

William Masters and Virginia Johnson.

SOURCE: Globe Photos/ZUMA Press, Inc./Alamy Stock Photo

Masters and Johnson Researchers whose studies of sexual physiological responses led to the development of modern-day sexual therapy techniques.

Edward O. Laumann and the National Health and Social Life Surveys

In 1989, a panel of the National Academy of Science's National Research Council asked federal agencies to fund new surveys of sexual behavior in order to help with AIDS prevention. In the same year, the U.S. Department of Health and Human Services initially approved $15 million for a large survey of 20,000 Americans that would be led by sociologist Edward Laumann. However, U.S. Senator Jesse Helms of North Carolina introduced an amendment in the Senate to eliminate funding for surveys of sexual behavior, and the White House Office of Management and Budget eventually blocked attempts to fund the survey.

Despite the new political obstacles, Laumann and his colleagues Robert Michael, John Gagnon, and Stuart Michaels (see Figure 1–12) eventually received $1.7 million from private foundations, and after scaling down their project, in 1992 they interviewed 3,432 adults (Laumann et al., 1994). Their random sample had a 79% participation rate (very high for this type of survey) and was a good representation of all English-speaking adults aged 18 to 59 living in the United States. In short, the National Health and Social Life Survey

Figure 1–12

Robert T. Michael, John H. Gagnon, Stuart Michaels, and Edward O. Laumann. They headed the first sexual survey for which the sample was representative of the U.S. population.

SOURCE: Bruce Powell Photography

was the most comprehensive nationally representative survey to date, as in-depth as the Kinsey surveys but with scientifically sound sampling techniques. Since their initial work, Laumann and colleagues have continued to publish results of their surveys (e.g., Laumann et al., 1997, 1999, 2006, 2009).

The 2010 National Survey of Sexual Health and Behavior

In 2010, the first nationally representative sample of sexual behavior since the 1994 Laumann et al. study was published. The study was conducted by the Center for Sexual Health Promotion, led by Michael Reece, at Indiana University's School of Health, Physical Education, and Recreation. It was a comprehensive study of 5,865 people aged 14 to 94. Unlike previous surveys, much of the data were collected via the Internet. The participation rate was a respectable 52.6% for adults but only 38.2% for adolescents. One of the most important findings was that Americans engage in a wide variety of sexual behaviors. You will see many references to this study in the chapters ahead (see Reece et al., 2010 a, b, c, e).

Personal Reflections

How do you feel about sex as a subject for scientific study? Do you think researchers should ask people about their sexual behaviors? What about physiological studies in which researchers measure bodily responses while people actually engage in various sexual acts?

Scientific Methodology

1.5 Explain the uses and limitations of scientific methodology.

Scientific methodology such as surveys, correlational studies, direct observations, case studies, and experimental research can be used effectively to study human sexual behavior. In this section, we discuss the uses and limitations of each of these methods.

Surveys and Samples

Throughout this book you will see statistics about sexual behaviors (e.g., percentages of people, frequencies of behavior). In order to know such things, it was necessary for someone like Kinsey, for example, to ask people about their sexual attitudes and behaviors. This involves taking a survey. A **survey** is a study of people's attitudes, opinions, or behaviors. The researcher generally asks a standard set of questions, either in a face-to-face interview or on a paper-and-pencil questionnaire.

Survey A study of people's attitudes, opinions, or behaviors. Responses are usually obtained either in a face-to-face interview or on a paper-and-pencil questionnaire.

The researcher begins by specifying the **population**—the complete set of observations about which he or she wishes to draw conclusions. The population of interest may be quite large (e.g., all adults living in the United States), or it can be small (e.g., all adults living in a town). If the population of interest is large, it may not be possible to obtain responses from everyone. In this case, the researcher must take a **sample** (subset) from the population. There have been many surveys of sexual behavior, including surveys done by *Redbook*, *Cosmopolitan*, and other magazines. Sometimes the results of these surveys agree, but in other cases they disagree, sometimes considerably. Which ones should we trust to be true? Are any of them accurate?

It might seem to make sense to some of you that the accuracy of a survey would depend on the size of the sample (i.e., the number of people surveyed). Although sample size is important, there are other factors that, if not considered, can negate any advantage obtained by using a large sample. One of the most important questions is whether the sample is representative of the entire population. For this to occur, the sample must be taken randomly.

What is random sampling? Does it mean blindly picking names from a phone book or stopping people on the street? No, because these types of samples might have a built-in bias. A **random sample** is one in which observations are drawn so that all possible samples of the same size have an equal chance of being selected (see King et al., 2011). A special type of random sample is a **stratified random sample**, sometimes called a *representative sample* because it quite accurately represents the target population. This is the type used by the Gallup and Harris polls to predict the outcome of presidential elections. Before they take their surveys, these polls break the entire country down by sex, race, education, income, geographic location, and many other factors. They know, for example, exactly what percentage of the population is white, Protestant, college-educated, and living in the Northeast. Their sample survey includes this percentage of people with these characteristics. As a result, the Gallup and Harris surveys are rarely off by more than a few percentage points. Yet both polls survey only about 2,500 people out of an estimated 110 million voters.

Kinsey's two studies were quite large, but his samples were not randomly drawn from the U.S. population. They were what is known as *convenience samples*—samples made

Population The complete set of observations about which a researcher wishes to draw conclusions.

Sample A subset of a population of subjects.

Random sample A sample in which observations are drawn so that all other possible samples of the same size have an equal chance of being selected.

Stratified random sample A sample in which subgroups are randomly selected in the same proportion as they exist in the population. Thus the sample is representative of the target population.

up of whatever group is available (such as students in a course). Kinsey's samples overrepresented midwestern, white, college-educated people and also included a disproportionately large number of inmates from local prisons. Surveys conducted by magazines are also generally quite large, sometimes with over 100,000 respondents, but are they representative of the country as a whole? One third of the respondents to a 1982 *Playboy* magazine questionnaire said that they had engaged in group sex. Do you really believe this is true for the entire country?

There are more problems in taking a survey of people's sexual behavior than making sure it is representative of the population. Ask yourself the following questions:

1. How often do you masturbate?
2. How many sexual partners have you had in your lifetime?
3. Do you have sexual intercourse in different positions?
4. Do you engage in oral-genital sex?
5. Have you ever had a homosexual experience?
6. Have you ever had an extramarital affair?

Answering some of these questions may have made you feel uncomfortable, for these are very personal questions. How would we know that the people we are surveying are telling the truth? Some people might try to make themselves look good by lying when answering questions about their personal life, so some questionnaires contain "truth items," that is, questions such as "Have you ever told a lie?" It is assumed that everyone has told a lie in his or her life (maybe just a little one), so someone responding negatively to this item would be assumed to be not telling the truth.

Incorrect answers are not necessarily the result of intentional deceit but can also be due to faulty recall. How well do you remember all the events of your childhood, for example? If couples are surveyed, what does the interviewer do if there are discrepancies in the answers given by the two people? How can the interviewer decide who is telling the truth, or is it the case that they both recall events differently?

Some people may exaggerate their sexual experiences. Surveys often find, for example, that the number of female sexual partners reported by men is greater than the number of male partners reported by women (see Wiederman, 1997). Problems like these can sometimes be minimized if the survey is done by questionnaire rather than by interview and the questions can be answered anonymously; that is, the respondent is assured that no one (including the person doing the survey) will ever know who he or she is (Durant & Carey, 2000).

What do we do when people refuse to participate? In a survey by Morton Hunt (1974), which was an attempt to update Kinsey's data (1948, 1953), only 20% of the people contacted agreed to participate. From a scientific point of view, it is necessary that everyone randomly selected to be in a survey participate in it, but it probably would not surprise you to learn that many people refuse to answer questions like those you just read. We cannot force people to do so. This is the problem of **volunteer bias**.

In recent years, many researchers have used the Internet to ask people to participate in sex surveys. Are there differences between people who agree to participate in a sex survey and those who do not (McCallum & Peterson, 2012)? In fact, studies have found several differences between people who volunteer to participate in sexual studies and those who refuse. Volunteers had more sexual experiences, were more interested in variety, had a more positive attitude about sex, and had less sexual guilt (Bogaert, 1996; Strassberg & Lowe, 1995). What this means is that the greater the number of people in a survey who refuse to participate, the more cautious we should be in making generalizations about the entire population.

An Example of Problems in Survey Studies: What Do "Sex," "Had Sex," and "Sexual Relations" Mean?

In 1998, when President Clinton appeared on national television to address accusations that he had had sexual relations with Monica Lewinsky, a White House intern, he claimed, "I did not have sexual relations with that woman." Many people assumed that he had lied when it was later discovered that the president and Ms. Lewinsky had engaged in oral-genital relations. But did he really lie?

In a study conducted by the Kinsey Institute, researchers asked students at a midwestern state university, "Would you say you 'had sex' with someone if the most intimate behavior you engaged in was… a person had oral (mouth) contact with your genitals?" or "…you had oral (mouth) contact with a person's genitals?" (Sanders & Reinisch, 1999). Only 40% of the college students responded that they would say that they had "had sex." Interestingly, 20% of the respondents did not regard penile-anal intercourse as having "had sex." Today, many college students still do not regard oral sex as having sex (Byers et al., 2009; Hans et al., 2010), although they are more likely to regard it as having sex if they are considering their partner's behavior outside the relationship (Sewell & Strassberg, 2015).

> "…about a year into the relationship, after engaging in oral sex, we came very close to actually having sexual intercourse. I stopped because I didn't want to have sex until marriage…"
>
> *(from the authors' files)*

The Kinsey Institute's study makes it very clear that sex researchers must be specific when they use terms such as "sex" or "had sex." Unless otherwise specified (e.g.,

Volunteer bias A bias in research results that is caused by differences between people who agree to participate and others who refuse.

vaginal intercourse, anal intercourse, oral-genital sex), in this book we will use the terms *"sex"* and *"had sex"* in the way defined by the National Health and Social Life Survey (Laumann et al., 1994):

> ...By "sex" or "sexual activity," we mean any mutually voluntary activity with another person that involves genital contact and sexual excitement or arousal, that is, feeling really turned on, even if intercourse or orgasm did not occur.

Personal Reflections
Would you tell the truth on a survey about sexual behavior? What if you could answer anonymously? Why or why not?

Correlation

You are probably aware that there is a relationship between performance on certain standardized tests (the SAT or ACT, for example) and freshman-year grades. **Correlation** is a mathematical measure of the degree of relationship between two variables. Correlations can be either *positive* (increases in one variable are associated with increases in the other) or *negative* (increases in one variable are associated with decreases in the other).

The relationship between two variables is rarely perfect. We all know students who had mediocre scores on their SAT or ACT test but who did very well in college (perhaps because they were exceptionally motivated and worked hard). On the other hand, a few students who do very well on their entrance tests do rather poorly in college (perhaps because they were not motivated). Generally, however, the association is good enough so that colleges and universities can use the test scores to predict performance in school. The greater the correlation between two variables, the more accurately we can predict the standing in one from the standing in another.

Correlations are also found in studies of human sexuality. For example, in their nationally representative survey, Laumann and his colleagues (1994) found that the more sex a married person has, the more likely he or she is to masturbate (a positive correlation). This may be interesting, but there is a major limitation to the correlational method—correlation never proves causation. In the case of the relationship between sex and masturbation, we cannot tell whether frequent intercourse leads to (causes) frequent masturbation or frequent masturbation leads to frequent intercourse. Or maybe there is a third variable that similarly affects both frequency of intercourse and frequency of masturbation. Laumann's group, for example, believed that frequency of intercourse and masturbation was a reflection of a person's overall sex drive. Although we must use caution in drawing conclusions from correlations, they are often very useful in pointing the way to more systematic research.

Correlation A mathematical measure of the degree of relationship between two variables.

Direct Observation

You have just learned that one of the main problems with conducting a survey is ascertaining the truthfulness of responses. One way around this problem is to make **direct observations** of people's behavior. Anthropologists do this when they study the behavior of people of other cultures in their natural settings. This is the type of study that Marshall (1971) did of the Mangaians and Messenger (1971) did of the Inis Baeg. Of course, people may not behave normally if they know that they are being observed (the *observer effect*), so it is necessary for the observer to take great care to interfere as little as possible.

Direct observation studies can also be done in the lab. The classic example is the work of Masters and Johnson, who, you recall, observed over 10,000 episodes of sexual activity in their laboratory in St. Louis (Masters & Johnson, 1966). For Masters and Johnson, the advantage of observing behavior in the lab was that they could make close observations and also take measurements with electrophysiological recording equipment. However, the same limitations apply here as with the previous methods. Were the people Masters and Johnson studied affected by the fact that they knew they were being observed (observer effect)? Are people who would volunteer to have sex under these conditions different from the general population (volunteer bias)? Masters and Johnson were interested in physiological responses, which are probably the same for most people, but we still must be cautious when making generalizations about the entire population.

Case Studies

Clinical psychologists and psychiatrists commonly do in-depth studies of individuals, called **case studies**. They may gather information from questionnaires, interviews with other persons, and even public records, but most of what they learn usually comes from face-to-face interviews conducted over a long period of time. The goal of a case study is to understand a person's behavior and motivations as much as possible. Some of Freud's case studies—such as the case of Little Hans, a 5-year-old boy who had a great fear of horses—are still read today. Freud eventually concluded that Hans' fear of powerful animals grew out of his masturbatory behavior and was actually a disguise for his fear that his father might cut his penis off.

One potential problem with case studies is that the therapist's observations and conclusions might be biased

Direct observation Observing and recording the activity of subjects as they conduct their activities.
Case study An in-depth study of an individual.

by his or her own beliefs and values (**observer bias**). During the Victorian era, for example, Freud and other physicians believed that masturbation was dangerous and would eventually lead to neurosis (Groenendijk, 1997). In today's world, self-exploration is regarded as normal for young children. Do you suppose that a therapist today would attach great importance to Hans' masturbation?

Experimental Research

The biggest limitation of the research methods you have just read about is that none of them can be used to demonstrate cause-and-effect relationships between two variables. To do so, we must use the **experimental method**. With this approach, the researcher systematically manipulates some variable, called an *independent variable*, while keeping all other variables the same. The variable that is measured is called the *dependent variable*. Typically, the researcher compares two groups (sometimes more). One group receives the experimental treatment and the other (called a control group) does not. If there is any difference between groups in the dependent variable, we can conclude that it was caused by manipulating the independent variable.

While experimental research has advantages over the other methods, it, too, often has limitations. Often, the two groups studied are convenience samples, so we must be cautious about generalizing the results. Moreover, researchers simply cannot use experimental designs to address some questions. We may believe, for example, that an infant's hormone levels shortly after birth strongly influence future sexual orientation, but we cannot purposely manipulate hormones in children in order to prove our hypothesis.

In the chapters ahead you will see references to hundreds of studies. Although each study has its limitations, it is often the case that a particular topic has been studied in numerous investigations using a variety of methods. The more agreement there is among the results of different studies, the safer we can feel about making general conclusions.

Sexuality Education

1.6 Summarize the history of sexuality education.

According to historian Phillippe Ariès (1962), "in medieval society the idea of childhood did not exist." Young children were treated as miniature adults and expected to start working in the fields shortly after they learned to walk. The idea of a separate category called childhood, different from adults, did not arise until the mid-1700s. Although other scholars disagree with Ariès, they agree that the concept of childhood was different than the way we view it in Western culture today. In England during the 1600s, for example, children were believed to be carriers of original sin, prone to evil impulses, and thus childhood was the time of life in which parents and society had to instill control. During the 1700s, this view gave way to the modern view of children as vulnerable and needing protection (Hockey & James, 1993). However, at that time children were considered asexual. Just a century later Freud argued that even young children between the ages of 3 and 5 were sexual. Children now had to be protected from their own sexuality.

The biological immaturity of children is an irrefutable fact, but "childhood is a concept, and it is determined by how a society interprets that biological fact, and by the meanings it attaches to it" (Parsons, 2000). Children of the 1600s, 1700s, and 1800s were understood differently because the concept of childhood was different for each of those time periods. We can see verification of this by examining how other cultures interpret childhood. In the section on cross-cultural comparisons you read about both the Sambian culture in the South Pacific where young boys (starting at age 7) are expected to perform oral-genital sex on adolescent boys (Herdt, 1993) and the Tiwi culture (Melville Island, north of Australia), where girls are married and begin having intercourse at age 7 (Goodall, 1971). Boys of the Batek tribe in northern Sumatra are introduced into sex by masturbating with an older man (Geertz, 1960). Among the Azande of Sudan, boys perform the role of wives to adult warriors (Ford & Beach, 1951). In the Hausa culture of Nigeria, childhood for girls ends abruptly at age 10 when they are married (James et al., 1998). In other cultures (e.g., Chewoy in Malaysia) girls are not regarded as women until they give birth. In our own culture, a person is generally not recognized as an adult until he or she turns 18. Obviously, different cultures attach different meanings to childhood and being a child.

Most of us assume that sex educators teach factual information. But as you have just learned, what is believed to be factual about children's sexuality depends on the culture and the era. What do you suppose sex educators (parents, others) in Mangaia, the most sexually permissive culture in the world, teach children about sexuality? How do you suppose this would differ from what the sex educators among the Inis Baeg, the most sexually repressed culture in the world, teach children?

The History of Sex Education in the United States

In the United States, sex education in schools originated as part of a social hygiene movement to prevent rising levels of sexually transmitted infections (Imber, 1994). The first printed matter for sex education appeared in the early 1900s (see Fitz-Gerald & Fitz-Gerald, 1998). The "education" (lectures and printed matter) was in actuality moralistic and anti-sex, designed to repress sexual behavior (Kyman, 1998). Why?

Observer bias The prejudicing of observations and conclusions by the observer's own belief system.

Experimental method A study in which an investigator attempts to establish a cause-and-effect relationship by manipulating a variable of interest (the independent variable) while keeping all other factors the same.

In addition to sexually transmitted infections, recall that the medical profession of that era also believed that loss of semen was harmful to men's health (Stephens, 2009). Masturbation, for example, was called "self-abuse," and physicians believed it to be the cause of insanity. Thus, for sex educators the prevailing philosophy of the day was prophylactics—protection from "distorted knowledge" by teaching restraint (Penland, 1981). Girls, in particular, were to be protected because of their delicate and asexual (pure) nature. The teaching of sexual physiology and hygiene was reserved for boys.

By 1940, the focus of sex education in the United States was changing from prophylactics to personal relationships and long-term adjustment. The curriculum now included a biological component, but the basic approach was still moralistic, focusing on sex within marriage and family life (Penland, 1981). Normal, healthy sexuality was supposed to be expressed only in marriage. As was the case earlier in the century, the basic message was still "Just Say No" (Moran, 2000). Girls were now allowed to take sex education, but classes were almost always segregated by sex (Fine, 1988).

Another generation later the sexual revolution was in full swing. By the mid-1960s, the first scientific surveys and studies had been conducted (e.g., Kinsey and colleagues and Masters and Johnson). The philosophy that emerged among sex educators was a comprehensive sex education presented in a nonjudgmental, impartial manner with open discussion (Kyman, 1998). Girls were now included in the same classes as boys. In addition to sexual anatomy and sexual health, a variety of behaviors were presented as normal (e.g., masturbation, oral-genital sex), so that people could now engage in them without guilt or shame.

It should be obvious from this brief history that what is taught in sex education reflects the prevailing concept of child sexuality of the time. However, sex education is also a powerful socializing agent for children and adolescents; thus, today sexuality education has become a battleground among groups with different moral and political ideologies. Even if sex educators do not openly talk about values, sex education cannot be value-free (Reiss, 1995), and conflict about values is probably inevitable in democratic societies in which there is a diversity of ethnic, religious, and sexual groups.

Debates Over the Curriculum

On one side of the debate are those who wish to guide their children toward their own view of the world and who regard sexuality education as the exclusive right of the family (thus protecting the children from other points of view). This group is guided by the belief that there has been a decline in morals within our society and that only a narrow set of sexual behaviors is normal and moral. They tend to view sexual diversity as part of the problem of moral decline, and their ideology with regard to sex education is to restrict the curriculum.

On the other side are those who favor what is called comprehensive sexuality education. They believe that children should be exposed to a wide variety of beliefs so that they can make their own choices as to what is best for them.

Nowhere is the battle over curriculum more heated than with regard to the subject of how to prevent teenage pregnancy and sexually transmitted infections. At the heart of this debate is the central issue of the purpose or goal of sexuality education. Those favoring comprehensive education argue that students should be taught about birth control methods and the use of condoms in the interest of public health. Those favoring a restrictive curriculum, on the other hand, see schools as agents of socialization that shape the moral and sexual norms of future generations, and they want sexuality education to promote family values and abstinence.

Nationally, only a small minority of Americans favors abstinence-only education, but politically they have a strong voice (see Constantine, 2008). Abstinence-only programs often have young teens make a formal virginity pledge. Some studies claim that they work (e.g., Bersamin et al., 2005; Martino et al., 2008), but many well-conducted studies have found that any behavioral changes made by abstinence-only programs are only short term and that those who take abstinence-only education and/or virginity pledges are more likely to engage in oral-genital sex (Brückner & Bearman, 2005), less likely to use protection (Lindberg & Maddow-Zimet, 2012), and more likely to get pregnant (Kohler et al., 2008). In 2007, a national study authorized by Congress reported that abstinence-only programs had no effect on whether teenagers engaged in sex (Trenholm et al., 2007).

The National Institutes of Health's (NIH) Consensus Panel on AIDS concluded that "abstinence-plus" programs (programs that teach abstinence, contraception, and the prevention of sexually transmitted infections) are more effective than "abstinence-only" programs (National Institutes of Health Consensus, 1997). Other reviews came to the same conclusion (Kirby, 2008; Stranger-Hall & Hall, 2011).

The American Medical Association, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American Nurses Association, and the American Public Health Association have all endorsed comprehensive sex education.

> Telling teenagers, "Wait until you're older to begin having sex, but if you can't wait, use birth control" is a double message. But, it is a double message that every teenager in America can understand and benefit from, and it is consistent with normal adolescent psychology, because it acknowledges that adolescents do not always listen to their elders.
>
> —**AMERICAN** ACADEMY OF PEDIATRICS, 2010.

SOURCE: Paul Fell Cartoons

Among teens aged 15 to 17, there was a marked drop in pregnancy risk behaviors between 1995 and 2002, and over 75% of the decline was found to be due to improved contraceptive use (Santelli et al., 2007). Nevertheless, between 1998 and 2009, the federal government spent over $1.3 billion on abstinence-only sex education programs (Jayson, 2009b). In most states, this effectively ended teaching about other types of birth control. In 2009, President Obama's administration attempted to stop funding abstinence-only in favor of more comprehensive programs, but funding from Congress has continued and actually increased in 2016 (Hall et al., 2016). As of August 2016, only 24 states required sex education in high schools, and only 13 of those required that it be medically accurate. As a result, the percentage of teens receiving school-based instruction about birth control decreased between 2006 and 2013 (Lindberg et al., 2016).

Many northern European countries introduce sexuality education to schoolchildren as early as elementary school, and these countries have much lower rates of teenage pregnancies than the United States (Sedgh et al., 2015). In these countries teenage sexuality is regarded not as a political or religious issue but instead as a health issue (Kelly & McGee, 1999).

> Adolescent sexual health in these countries is based on values of rights, responsibility, and respect. Government and the general society consider it not only a duty to provide accurate information and confidential contraceptive services to the young, but also that provision of such services and information to adolescents is part of their rights. There is no attempt to motivate behavior of teenagers through a collective effort to demand abstinence. Thus, the goal is not to prevent adolescents from having sex but to educate and thereby empower them to make responsible decisions. By respecting the independence and privacy of adolescents the expectation is that, in return, the majority will act responsibly to try to avoid pregnancy and sexually transmitted infections.
>
> (**LOTTES,** 2002, *pp.* 80–81)

Often left out of the debate are the opinions of young people themselves. Most teens want to receive sexual health education in school. Here are some opinions of students in our own course:

> "I believe human sexuality should be taught in public schools. The media exposes young people to every imaginable kind of sexual topics already."
>
> "I think that sex education should be included in public high schools. . . . I knew girls that actually thought urinating after sex or bathing after sex prevented pregnancy. I think it is vital that teens know the real truth about a very important issue."
>
> "Yes, because it gives students, especially at that age, the ability to learn about sex without feeling stupid because their friends know more than they do."
>
> "Ignoring the fact that teens have sex will never help them to be responsible. By giving them knowledge of the consequences and responsibilities that go along with having sex, they are more inclined to make a better decision."
>
> *(All examples are from the authors' files.)*

Today, young people have their own culture—they interact electronically. Without opportunities for formal sex education, many young people are turning to the Internet and social media. Although not all Internet sites provide good information, there are many excellent online sites (see Resources at the end of the chapter), and most teens are able to evaluate the sources well (Simon & Daneback, 2013). When used properly, Internet-based interventions can be effective in promoting sexual health knowledge and behavior change (Guse et al., 2012; Jones et al., 2014; Simon & Daneback, 2013; Swanton et al., 2015).

As a student at a college or university, you were probably not required to take this course. When you enrolled, you exercised your freedom of choice. In this text, we will provide accurate information and attempt to make you aware of the diversity in sexual behavior and values. We do not advocate one lifestyle over another or one set of values over another. Our goal for you is that, upon completion of this course, you will feel more comfortable with your own sexuality and at the same time find a tolerance and respect for the beliefs of others.

Personal Reflections

Do you believe that sexuality education should be taught in school? If not, why not? If so, beginning at what level? Why?

Study Guide

Key Terms

Alfred C. Kinsey, p. 18
case study, p. 22
correlation, p. 22
direct observation, p. 22
dualism, p. 9
ethnocentric, p. 5
experimental method, p. 23
Henry Havelock Ellis, p. 18
identification, p. 15
Masters and Johnson, p. 19
missionary position, p. 5
observer bias, p. 23
population, p. 20
procreation, p. 8
random sample, p. 20
Saint Augustine, p. 10
sample, p. 20
sex, "had sex", p. 21
sexuality, p. 2
sexual revolution, p. 12
Sigmund Freud, p. 17
socialization, p. 13
socializing agent, p. 13
stratified random sample, p. 20
survey, p. 20
Victorian era, p. 11
volunteer bias, p. 21

Interactive Review

Answers can be found on p. 468.

Some people feel that sexuality education should be the responsibility of parents, yet fewer than one third of college students report ever having a meaningful discussion with their parents about sex. Most young people turn to (1) _____ and (2) _____ for information about sex, but much of what they learn is incorrect. The best alternative would be for children to receive factual information in school. Surveys indicate that more than (3) _____ % of Americans favor sexuality education in school.

Sex is only a part of (4) _____, which encompasses all of the sexual attitudes, feelings, and behaviors associated with being human. Sexual behaviors and attitudes (such as what is considered to be sexually attractive) vary from culture to culture and can even change within a culture over time. American sexual attitudes are both permissive and repressed, and as a result many people in the United States have ambivalent feelings about sex.

The idea that the primary purpose of sex is for procreation (to have children) originally came from (5) _____, who also had a very positive attitude about their bodies and sexual pleasure between husbands and wives. The early (6) _____ affirmed the procreational purpose of sex but completely denied its pleasurable aspects. Sexual desire, even within marriage, was now associated with guilt. The biggest proponent of this view within Christianity was (7) _____. In Western culture, negative attitudes about sex reached their zenith during the reign of (8) _____ of England. During this time, the medical profession contributed many incorrect negative beliefs about engaging in sex, including the belief that excess sex, particularly masturbation, could lead to serious medical problems and eventually to insanity.

The industrial revolution slowly changed Americans' lives, including their sex lives. With shorter workdays and workweeks and greater mobility (e.g., automobiles) than in past generations, people now had more free time to spend together. With the availability of (9) _____ during World War II and the marketing of (10) _____ in 1960, the United States entered the sexual revolution.

The manner in which society shapes behaviors and attitudes is called (11) _____. There is probably no other socializing agent with as much of an impact on young people's sexual attitudes and behaviors as (12) _____, especially television. Many advertisements, whether on television, in magazines, or online, provide little product information but instead use sex to sell their products in a process called (13) _____ Sexual socialization does not occur as a result of a single exposure but instead is a slow and cumulative process. The sexual content in the media is omnipresent, but the manner in which sex is portrayed may be just as important as the quantity.

Because of the antisexual attitudes of the Victorian era, scientific study of human sexuality was slow to develop. (14) _____, who emphasized the sexuality of all people, including children, and (15) _____ who published seven volumes about the psychology of sex, were two researchers of the Victorian era who attempted to counter antisexual attitudes. However, it has only been within the past 60 years that the scientific and medical communities have accepted sex as a subject for serious discussion and research. The first large-scale surveys were done by (16) _____ in the 1940s and early 1950s. (17) _____ published their physiological investigations of human sexual behavior in 1966.

Sexuality education is a socializing agent, and thus today it is mired in controversy, with those who favor abstinence-plus education opposed by those who favor abstinence-only education.

Self-Test

Answers can be found on p. 468.

A. True or False

T F **18.** The Old Testament presents a positive view of sex within marriage.

T F **19.** American sexual behaviors are considered to be the norm by the rest of the world.

T F **20.** Because of AIDS, all states now require that public schools offer education about sexually transmitted infections.

T F **21.** The larger the number of people in a survey, the more accurate it always is.

T F **22.** All cultures consider women's breasts to be highly erotic.

T F **23.** Kissing is one sexual behavior that is done worldwide.

T F **24.** One good method of obtaining a random sample is to randomly pick names from a phone book.

T F **25.** Half of all Americans will get at least one sexually transmitted infection in their lifetime.

T F **26.** Over half of all American teenagers have had sexual intercourse by the time they graduate from high school.

T F **27.** The era of permissiveness known as the "sexual revolution" started during the Victorian era.

T F **28.** Kinsey's surveys are a good example of the use of random sampling techniques.

T F **29.** A strong positive correlation between two variables is evidence of a cause-and-effect relationship.

T F **30.** Starting in the 1990s, there has been a decline in the percentage of teenagers engaging in sexual intercourse and in teenage pregnancies.

T F **31.** According to historian Phillippe Ariès, the idea of childhood did not exist in medieval society.

T F **32.** The biological immaturity of children is an irrefutable fact, but childhood is a social concept.

T F **33.** In some cultures girls are expected to marry and begin having intercourse before puberty.

T F **34.** Children who watch a lot of television shows with sexual content are no more likely than others to have begun sexual intercourse.

T F **35.** In a controlled experiment, teenagers who had just watched television shows with a lot of sexual content gave more negative ratings to casual sex than teens who had not watched the programs.

B. Matching

_____ **36.** A Victorian-era physician who emphasized the sexuality of children and adults

_____ **37.** He viewed sex for procreation as an unpleasant necessity and equated guilt with sexual desire

_____ **38.** Conducted the first large-scale physiological study of human sexual behavior

_____ **39.** They believed that the purpose of sex was for procreation, but had a very positive attitude about sexual relations between a husband and wife

_____ **40.** They believed in an ascetic philosophy: Wisdom and virtue come from denying physical pleasures

_____ **41.** He conducted the first large-scale survey of American sexual attitudes and behaviors

_____ **42.** A Victorian-era sex researcher with a tolerant attitude about sexuality

_____ **43.** They held antisexual attitudes that were reinforced by the mistaken medical beliefs of that time

_____ **44.** He headed the first survey of a nationally representative sample of adults living in households

a. Henry Havelock Ellis
b. Edwardians
c. ancient Greeks
d. Jesus
e. Sigmund Freud
f. Masters and Johnson
g. biblical Hebrews
h. Puritans
i. Victorians
j. Saint John
k. Saint Thomas Aquinas
l. Alfred Kinsey
m. Saint Augustine
n. Edward Laumann

C. Fill in the Blanks

45. Anthropologists believe the most sexually repressed society in the world to be the _____.

46. Four important influences that led to the sexual revolution were (a) _____, (b) _____, (c) _____, and (d) _____.

47. A random sample is properly defined as a sample drawn from a population in a manner so that _____ has an equal chance of being selected.

48. A major influence on early Christian thought was the Greek philosophy of dualism, which separated _____ and _____.

49. Victorian physicians called nocturnal emissions _____ because they believed they were caused by the same thing that causes gonorrhea.

50. In the National Health and Social Life Survey (Laumann et al., 1994), "sex" or "had sex" was defined as _____.

51. _____ has been called "the most powerful storyteller in American culture, one that continually repeats the myths and ideologies, the facts and patterns of relationships that define our world and legitimize the social order" (Brown, 2002).

Suggested Readings and Resources can be found on p. 459.

Chapter 2

Our Sexual and Reproductive Anatomy

When most people think of body image, they think about aspects of physical appearance, attractiveness, and beauty. But body image is so much more. It's our mental representation of ourselves; it's what allows us to contemplate ourselves. Body image isn't simply influenced by feelings, and it actively influences much of our behavior, self-esteem, and psychopathology.... Indeed, our body is our personal billboard.

—*David Garner*, Psychology Today

Learning Objectives

When you have finished studying this chapter, you should be able to:

2.1 Describe each part of the external female anatomy—mons veneris, labia majora, labia minora, clitoris, and vaginal and urethral openings—and explain its function(s).

2.2 Explain why early detection of breast cancer can save lives and describe how to perform a breast self-examination.

2.3 Describe each of the female internal anatomical structures—vagina, uterus, Fallopian tubes, and ovaries—and explain its function(s).

2.4 Explain the importance of pelvic examinations and Pap smears for women's health.

2.5 Describe each of the structures of the external male anatomy—penis and scrotum—and explain its function(s).

2.6 Discuss the advantages and disadvantages of circumcision of the penis.

2.7 Describe each of the male internal anatomical structures–testicles, epididymis, vas deferens, ejaculatory ducts, urethra, prostate gland, seminal vesicles, and Cowper's glands—and explain its function(s).

2.8 Describe how to perform a testicular self-examination.

2.9 Identify the early signs of prostate problems and understand the importance of regular prostate examinations for men's health.

2.10 Explain why having a positive body image is important to sexual health.

Many of the first words that we learn are anatomical terms. Parents often spend hours teaching their young children to point to and name different parts of the body, such as the mouth, eyes, ears, and nose. Unfortunately, when naming body parts, many parents simply skip from arms, chest, and "tummy" to legs, knees, and feet, completely omitting any mention of the genitals and anus. Other parents teach their children the correct anatomical words for all other parts of the body but substitute such "cute" words as "weeney," "booty," "peanut," and "talleywacker" for the genitals (see Martin et al., 2011). As for the functions of this mysterious body area, many of us are simply taught during toilet training to make "pee-pees" and "poo-poos."

As we grow older, we learn new words from our peers that describe our sexual anatomy and behavior, but quite often these are slang terms. Men are more likely than women to use slang terms when referring to **genitalia** (and generally use a greater number of terms) (Braun & Kitzinger, 2001; Fischer, 1989). Many of the slang terms have negative connotations. Interestingly, both men and women are likely to have a negative opinion of those who use sexually degrading terms for female genitals (Murnen, 2000).

Slang terms can also result in misinformation about sexual anatomy and behavior. In response to an item on a questionnaire given on the first day of our class, many students indicated that they believed that an erection in men occurs when a bone protrudes from the base of the penis. This belief should not be surprising, for after all, why else would an erection be called a "boner?" Slang terms such as "cherry," "nuts," and "pussy" can be misleading.

There is perhaps no better example of the distorted negative attitudes that some people have toward sex than the common use of the word "fuck" instead of intercourse. It is frequently used to express displeasure ("What the fuck is going on here?"), trouble ("I got fucked over at work"), or aggression ("Fuck you!"). At many other times we think of sexual intercourse as a pleasurable experience. The word "fuck" probably originated from the Middle English word "fucken." At one time its use was not considered improper, but the word acquired negative connotations in the mid-1600s.

It is not our intent to teach "dirty" words or slang terminology. In fact, people who take courses in human sexuality often end up using the proper terms more frequently (Fischer, 1989). We must acknowledge the fact, however, that many of us come to class with a sexual vocabulary that consists almost entirely of slang words. The question that many students have, of course, is "What good will it do to learn the correct anatomical terms, which are almost always Latin or Greek?" The lack of such knowledge obviously does not hinder most people from becoming sexually experienced. Learning correct anatomical terms may result in our becoming less inhibited about our own bodies and those of our partners. Many people are so ashamed of their genitals that they do not consider their genitals to be a positive part of their anatomy. This is more often true of women than men (Herbenick, 2009; Reinholtz & Muehlenhard, 1995). Here are a few comments that we have received from students:

> "As for the illustrations in Chapter 2, I thought they were good and very well illustrated, but they were rather embarrassing to look at."
>
> "Figure 2–3 made me feel uncomfortable. I felt as if everyone could see me."
>
> "The pictures in this chapter were quite graphic. I wish they were on another separate page so that we wouldn't have to look at them the entire time we read a particular page. Even just reading this by myself was a little embarrassing."
>
> "I had difficulties looking at the pictures without embarrassment and shame. I should be able to look without any bad feelings."
>
> *(All examples are from the authors' files.)*

No one should feel embarrassed or ashamed about any part of his or her own body, including the genitals. If you have never done so, we encourage you to examine yourself during this part of the course.

Personal Reflections

Do you use sexual slang terms (a) to refer to your genitalia or (b) when you are upset? Why? If you do, list the terms you use, and then write down the correct word next to each. Say each correct term out loud a few times. Are you comfortable or uncomfortable doing this? Could you use these terms in normal conversation without being embarrassed or uncomfortable? If you cannot, why not? After all, you probably use the slang terms.

External Female Anatomy

2.1 Describe each part of the external female anatomy—mons veneris, labia majora, labia minora, clitoris, and vaginal and urethral openings—and explain its function(s).

You can see the location of the female reproductive system in Figure 2–1. A picture of the external female genitalia, collectively known as the **vulva** (Latin for "covering"), is shown in Figure 2–2. The vulva consists of the mons veneris, the labia majora, the labia minora, the clitoris, and the vaginal and urethral openings. When examining herself (which requires use of a hand mirror), a woman should not consider herself to be abnormal if she does not look

Genitalia The external reproductive organs of the man or woman.

Vulva A term for the external female genitalia, including the mons veneris, labia majora, labia minora, clitoris, vaginal opening, and urethral opening.

Figure 2–1

Anatomical location of the female reproductive system.

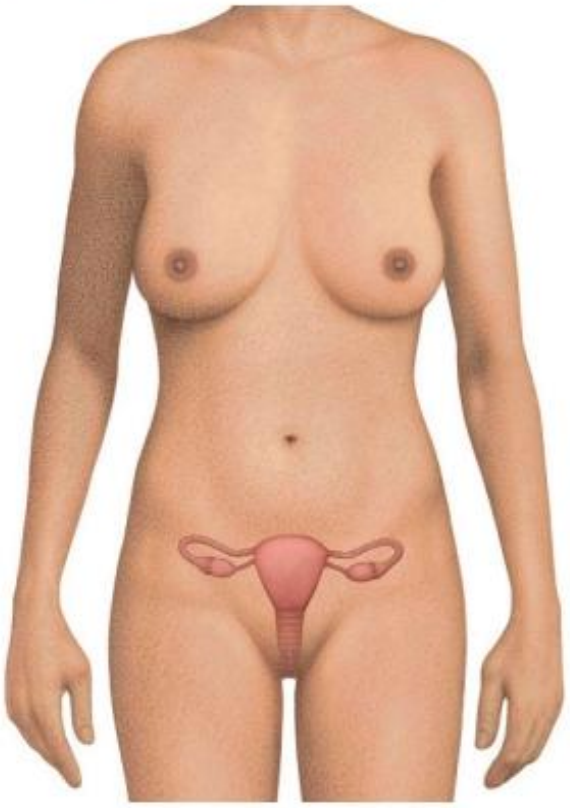
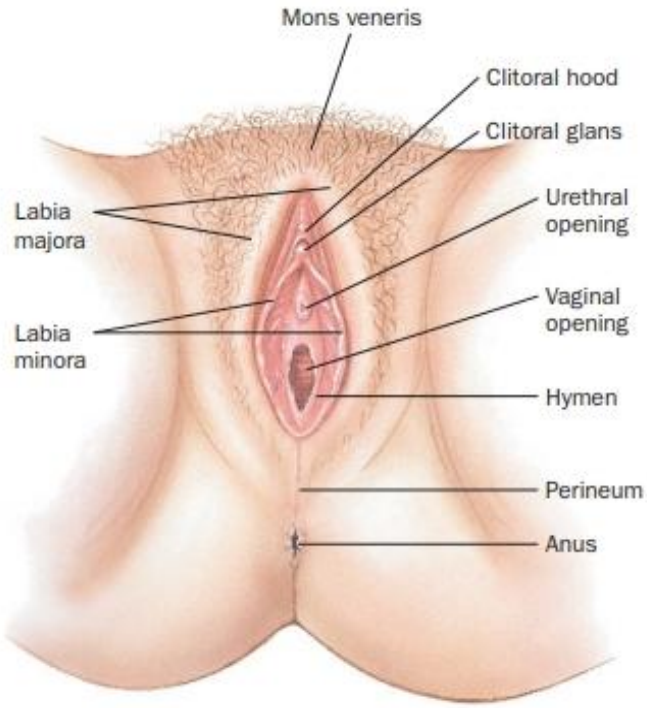


Figure 2–2

The female genitalia (vulva), with the labia parted to show the vaginal and urethral openings.



identical to the drawing in Figure 2–2. As with all other parts of the body, women's genitalia vary in appearance from person to person, differing in size, shape, and color (see Figure 2–3). The positive or negative feelings that a woman has toward her genitalia are directly related to her participation in and enjoyment of sexual activity (Reinholtz & Muehlenhard, 1995).

The Mons Veneris

Translated from Latin, **mons veneris** means "mount of Venus." The term refers to the soft layer of fatty tissue overlaying the area where the pubic bones come together. Venus, of course, was the Roman goddess of love, and the mons area is considered to be very erotic after puberty, when it becomes covered with hair.

Our sensitivity to touch is dependent on the density of nerve endings in a particular area of skin. Areas such as the lips and fingertips have a high density of nerve endings and thus are very sensitive to touch, while areas such as the back have a much lower density of nerve endings and are much less sensitive to touch. Because of numerous nerve endings in the mons area, many women find gentle stimulation of the mons pleasurable.

The soft layer of fatty tissue cushions the pubic region during intercourse, but one can only speculate as to what is the purpose of *pubic hair*. Some researchers believe that this pocket of hair on an otherwise mostly hairless body is meant to be sexually attractive.

Until the 1970s, it was uncommon for women to shave their pubic area. This changed as bikini bottoms and panties became smaller. At first, women just trimmed their pubic hair or got bikini waxes, but today it is common for young women to shave or wax most or all of their hair (Herbenick et al., 2010b; Smolak & Murnen, 2011). The most common reasons given are cleanliness and sexual attractiveness (Butler et al., 2015). Unfortunately, this has led many people to have negative attitudes about women who do not shave, and many women now feel pressured to do so. Here are some representative attitudes from students in our course.

> Men:
>
> "I don't have any preference when it comes to women's pubic hair. Sometimes shaved can be more attractive, but both are equally acceptable."
>
> "Personally, I like hair. To me it looks more appealing with hair on the vagina. But too much hair is a turn off. I like hair to be trimmed."

Mons veneris The soft layer of fatty tissue that overlays the pubic bone in women. It becomes covered with pubic hair during puberty.

Figure 2–3

Some variations in the appearance of female genitalia.

SOURCE: John R. Foster/Science Source; Daniel Sambraus/Science Source; Medicshots/Alamy Stock Photo

"I do not like women's pubic hair at all. It is much more attractive to see a girl with none. Pubic hair can sometimes be a turn off."

"I feel that female pubic hair is gross. I can't imagine playing in a jungle, so I feel that it's common courtesy for a woman to at least trim."

"My girlfriend doesn't shave and I'm glad. I've been with a woman who did, and it seemed weird—she was like a little girl down there. I prefer a woman who looks like a woman."

Women:

"I am a very neat person when it comes to my appearance. Since women shave their underarms and legs, why not shave other body parts too? Being smooth and hairless makes me feel sexy."

"I shave pubic hair because it is gross and annoying. I do not see why it is any different than shaving your legs. Plus pubic hair gets in the way during menstruation."

"I don't shave at all. I like my body the way it is—and that includes my vaginal area. It's never been an issue for any of my partners, either."

"I shave my bikini area, but not completely. If a man doesn't like it, he can get over it."

"Anytime a girl becomes sexually active, they become very insecure about what their partner will think of their body, especially pubic hair. Shaving is painful, time consuming, and just a nuisance. Most girls assume guys like shaven because that's how most women in the media are portrayed. Models wearing next to nothing; it's obvious they shave, but most women aren't models and don't need to be hairless for a photo shoot. Pubic hair is part of a woman's body and should be embraced, not something to be ashamed of."

(All examples are from the authors' files.)

Personal Reflections

What do you think have been the major socializing agents leading to the change in attitude about women's pubic hair during the past 3–4 decades? Is this change in attitude good? Should women be made to feel self-conscious or ashamed about yet another part of their bodies?

The Labia

The labia consist of two outer (**labia majora**, or major lips) and two inner (**labia minora**, or minor lips) elongated folds of skin, which, in the sexually unstimulated state, cover (and thus protect) the vaginal and urethral openings. The labia majora extend from the mons to the hairless bit of skin between the vaginal opening and the anus, called the **perineum**. The outer surfaces of the labia majora become covered with hair at the time of puberty. After childbirth it is not uncommon for the labia majora to remain separated to some extent in the unstimulated state.

Labia majora Two elongated folds of skin extending from the mons to the perineum in women. Its outer surfaces become covered with pubic hair during puberty.

Labia minora Two hairless elongated folds of skin located between the labia majora in women. They meet above the clitoris to form the clitoral hood.

Perineum Technically, the entire pelvic floor, but more commonly used to refer to the hairless bit of skin between the anus and either the vaginal opening (in women) or the scrotum (in men).

The pinkish and hairless labia minora are located between, and sometimes protrude beyond, the labia majora. Among some African groups, elongation of the labia minora is considered to be highly erotic, and girls are taught to pull on them from early childhood (Pérez et al., 2015).

The labia minora, which meet at the top to form the **clitoral hood** (or *prepuce*), are very sensitive to touch. They have numerous blood vessels that become engorged with blood during sexual stimulation, causing them to swell and turn bright red or wine colored.

Located at the base of the labia minora are the **Bartholin's glands**, which, during prolonged stimulation, contribute a few drops of an alkaline fluid to the inner surfaces via ducts. The small amount of fluid does not make a significant contribution to vaginal lubrication during sexual intercourse, but it does help to counteract the normal acidity of the outer vagina (sperm cannot live in an acidic environment).

Piercing of the labia and clitoral hood has become increasingly popular in recent years. However, the practice is associated with a significant number of problems (Meltzer, 2005). Unfortunately, today some women are having genital plastic surgery ("designer vagina"—but actually called labiaplasty) because they have such negative attitudes about the appearance of their genitals (Deans et al., 2011).

The Clitoris

The **clitoris** (from a Greek word meaning "hill" or "slope") develops from the same embryonic tissue as the penis but has twice as many nerve endings as the much larger penis, making it extremely sensitive to touch. In fact, it is the only structure in either men or women with no known function other than to focus sexual sensations (Masters & Johnson, 1970). The only visible portion is the *glans*, which in a sexually unaroused woman looks like a small, shiny button located just below the hood of skin formed where the two labia minora meet.

The body, or *shaft*, of the clitoris is located beneath the clitoral hood. It is about 1 inch long and one-quarter inch in diameter. The clitoris contains two parallel cylinders of spongy tissue called *corpora cavernosa*, which, toward the rear, form much larger structures called *crura* (Latin for "legs") that fan out and attach to the pubic bone (O'Connell & DeLancey, 2005). The spongy tissues of the clitoris become engorged with blood during sexual arousal. This causes the clitoris to increase in size, but because of the way it is attached to the pubic bone, the clitoris does not actually become erect like the penis. If sexual stimulation continues, the clitoris pulls back against the pubic bone and disappears from view beneath the clitoral hood.

Experts have long believed that women's sexual pleasure is not related to the size of the clitoris or other anatomical features that allow for direct stimulation by a penis (such as a shorter distance between the clitoral glans and the vaginal opening) (Money, 1970). Although one recent study suggests that such features may play at least some role in women's sexual pleasure (see Oakley et al., 2014), the reality is that the penis usually does not come into direct contact with the clitoris during (heterosexual) sexual intercourse.

Surgical removal of the clitoris was sometimes performed in the United States and Europe during Victorian times in order to prevent girls from masturbating and growing up "oversexed." *Clitoridectomy* is no longer legally performed in America, but it is very common in Northern African countries and parts of the Middle East, Malaysia, and Indonesia (see Box 4–A).

Thick secretions called **smegma** can accumulate beneath the clitoral hood and result in discomfort during sexual intercourse by causing the glans to stick to the clitoral hood. The secretions can generally be washed off, however, by bathing thoroughly.

The Vaginal Opening

The vaginal and urethral openings are visible only if the labia minora are parted. The area between the two labia minora is sometimes referred to as the **vestibular area** (Latin for "entrance hall") and the vaginal opening as the *introitus* (Latin for "entrance"). The vaginal opening has lots of nerve endings and thus is very sensitive to stimulation. It is surrounded by the **bulbocavernosus muscle**, a ring of sphincter muscles similar to the sphincter muscles surrounding the anus. Sexually experienced women can learn to voluntarily contract or relax these muscles during intercourse. In sexually inexperienced women, on the other hand, these muscles may involuntarily contract as a result of extreme nervousness, making penetration very difficult. The **vestibular bulbs**, which are located underneath the sphincter muscles on both sides of the vaginal opening, also help the vagina grip the penis by swelling with blood during sexual arousal.

Clitoral hood The part of the labia minora that covers the clitoris in women.

Bartholin's glands Glands located at the base of the labia minora in women that contribute a small amount of an alkaline fluid to their inner surfaces during sexual arousal.

Clitoris A small, elongated erectile structure in women that develops from the same embryonic tissue as the penis. It has no known function other than to focus sexual sensations.

Smegma The cheesy secretion of sebaceous glands that can cause the clitoris to stick to the clitoral hood or the foreskin of the penis to stick to the glans.

Vestibular area A term used to refer to the area between the two labia minora.

Bulbocavernosus muscle A ring of sphincter muscles that surrounds the vaginal opening in women or the root of the penis in men.

Vestibular bulbs Structures surrounding the vaginal opening that fill with blood during sexual arousal, resulting in swelling of the tissues and a narrowing of the vaginal opening.

In sexually inexperienced women, a thin membrane called the **hymen** (named after the Greek god of marriage) may partially cover the opening to the vagina. This membrane is found only in human females. Until shortly before birth, the hymen separates the vagina from the urinary system. It ruptures after birth but in humans remains as a fold of membrane around the vaginal opening. It is found in all normal newborn girls (Berenson, 1993). The hymen has one or more openings that allow for passage of menstrual flow. In the rare instance that the hymen has no opening, a simple surgical incision can be made at the time of first menstruation.

The hymen has no known physiological function, but the presence of the hymen has been used by men throughout history as proof of virginity (Blank, 2007). In the time of the biblical Hebrews, a newlywed woman who did not bleed during first intercourse was sometimes stoned to death:

> But if the thing is true, that the tokens of virginity were not found in the young woman, then they shall bring out the young woman to the door of her father's house, and the men of her city shall stone her to death with stones, because she has wrought folly in Israel by playing the harlot in her father's house. . . .
>
> (**DEUTERONOMY** 22:20–21, Revised Standard Version)

Even today, in many parts of the world a newlywed wife can be divorced or exiled if her husband believes her to be unchaste. Many Muslims, Chinese, and Moroccans display a bloodstained sheet on the wedding night as proof of a new bride's chastity. In other cultures, girls are ritually "deflowered" with stone phalluses or horns. Although these extreme customs are not found in Western culture, many American men nevertheless expect their female partners to bleed during first intercourse, so much so that some sexually experienced women elect to have a hymen surgically reconstructed before marriage (Goodman, 2011).

> "When my girlfriend and I first had intercourse it was just understood by listening to my peers that she was supposed to bleed and I should see some kind of skin hanging (hymen). This didn't happen and for years it bothered me because I thought she lied to me when she told me that I was her first. It wasn't until after taking this course that I realized how ignorant my friends and I were."
>
> "Being very athletic came natural for me and by the time I was 12, I had won four athletic trophies and many certificates. My mother took me to a doctor right after I turned 14 and he told her that I was not a virgin because my hymen was not in place. I cried for 2 weeks. It was not true. My life was very traumatic for the next 6 months. Now at 40 years old, I am still angry."
>
> *(All examples are from the authors' files.)*

Hymen The thin membrane that partially covers the vaginal opening in sexually inexperienced women. Its presence or absence, however, is really a very poor indicator of prior sexual experience.

In actuality, there is often very little bleeding or discomfort during first sexual intercourse. The hymen sometimes ruptures during insertion of a tampon, and in some women the opening in the hymen only stretches rather than tears during first intercourse (thus there would be no bleeding). Untold millions of women throughout history have probably suffered much grief (and even death) for failing to display what many men wrongly believe is the appropriate response to first intercourse.

The Urethral Opening

Urine passes from the bladder through a small tube called the **urethra** and out the urethral opening, which is located below the clitoris and above the vaginal opening. A man's urethra serves for the passage of sperm as well as urine, but a woman's urinary system is not related to her reproductive system. Women are more susceptible to urinary tract infections than men. Many factors increase the risk, including recent sexual intercourse and rectal bacteria (see Chapter 5).

The Breasts

Although **breasts** are not part of a woman's reproductive system, they are considered to be highly erotic by most men in Western societies, and therefore we must consider them part of a woman's sexual anatomy. Recall from Chapter 1, however, that women's breasts have no erotic significance in many cultures around the world.

Breasts develop at puberty as a result of increasing levels of the hormone *estrogen*, which is produced by the ovaries. Thus, the breasts are really a secondary sex characteristic, just as pubic hair is. Interestingly, it is common for one breast (usually the left) to be slightly larger than the other.

Each adult breast consists of 15 to 20 **mammary** (milk-producing) **glands** (see Figure 2–4). A separate duct connects each gland to the *nipple*, which is made up of smooth muscle fibers and also has lots of nerve fibers (making the nipples sensitive to touch). When a woman becomes sexually aroused, the smooth muscle fibers contract and the nipples become erect. The darkened area around the nipple, called the *areola*, becomes even darker during pregnancy. The small bumps on the areola are glands that secrete oil to keep the nipples lubricated during breast-feeding.

In the late stage of pregnancy, a hormone called *prolactin* from the pituitary gland (at the base of the brain) causes the mammary glands to start producing milk (called *lactation*). A baby's sucking on the nipple causes the pituitary to produce the hormone *oxytocin*, which results in the ejection

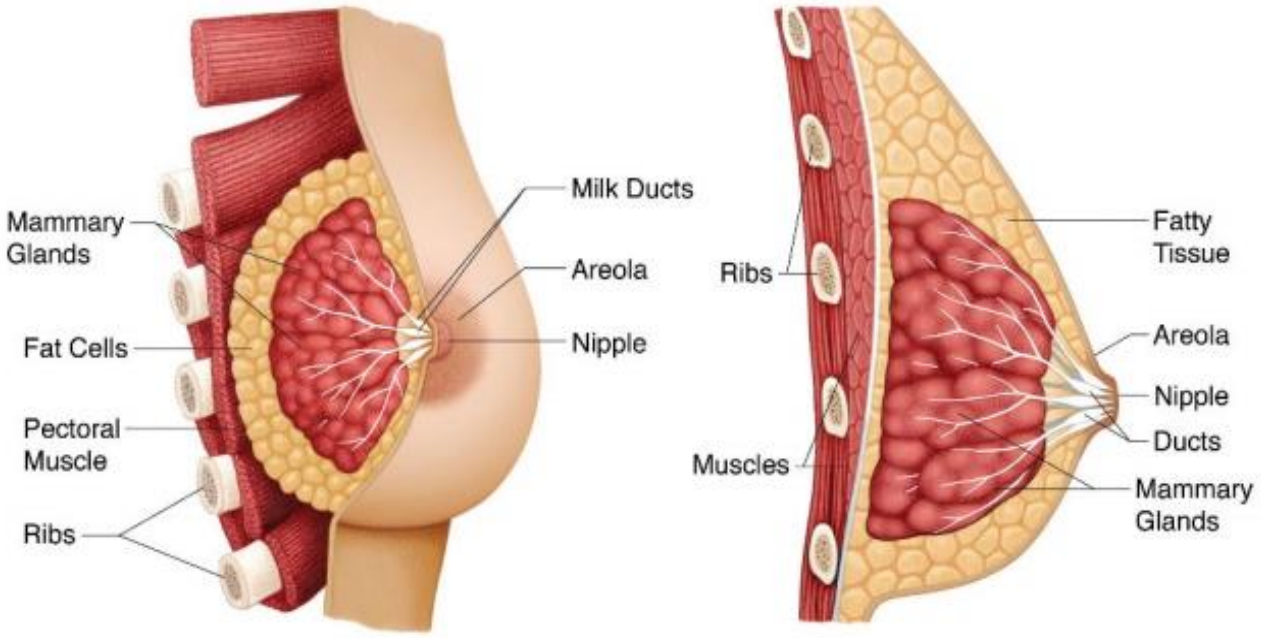
Urethra The passageway from the bladder to the exterior of the body. In men, it also serves as a passageway for semen during ejaculation.

Breasts In women, glands that provide milk for infants; located at the front of the chest.

Mammary glands Milk-producing glands of the breast.

Figure 2–4

Anatomy of the female breast.



of milk. There can also be secretions from the breasts at other times (a condition known as *galactorrhea*) as a result of certain drugs, birth control pills, stress, or rough fabrics rubbing against the breasts. Some people, including men, have inverted nipples or an extra nipple, but this generally does not pose a health problem.

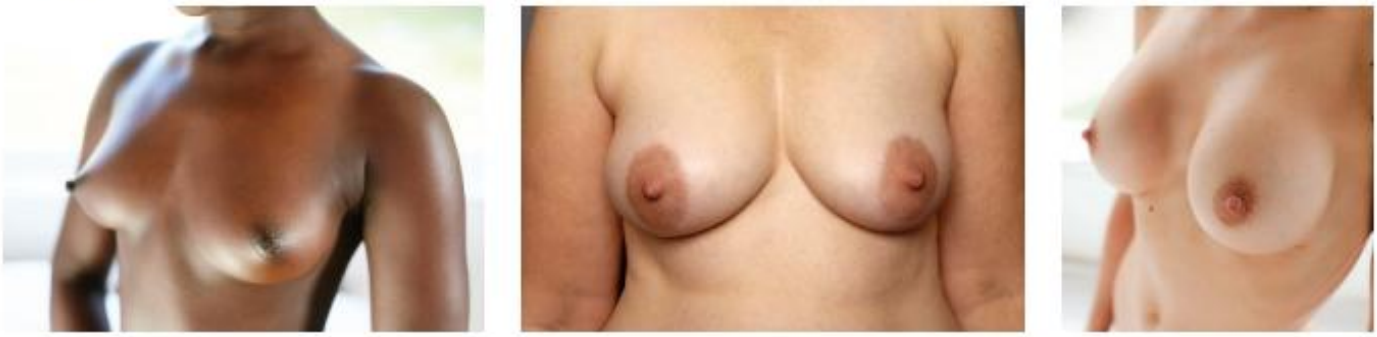
Breasts vary in size from woman to woman (see Figure 2–5). Breast size is not determined by the number of mammary glands, which is about the same for all women, but by the amount of fatty (adipose) tissue packed between the glands. This is determined primarily by heredity. There is no relation between breast size and sensitivity to touch (Masters & Johnson, 1966). Large breasts do not have a greater number of nerve endings than small breasts. Nevertheless, because of the attention that many men give to breast size, many women are not satisfied with the appearance of their breasts (Ålgars et al., 2011) and wish they were larger.

Breast augmentation exercises and the lotions and mechanical devices advertised in women's magazines do not work (remember, breast size is determined by the amount of fatty tissue). In the 1960s, plastic surgeons began implanting soft pouches filled with silicone to increase the size of breasts. About 260,000 American women have their breasts enlarged in this manner each year, 80% of them for cosmetic purposes. However, complications are common (in fact, about 35,000 women a year have their implants removed). Sooner or later, most implants begin to leak. This initially raised concerns about the possibility of cancer and autoimmune disease, but the Institute of Medicine concluded that there was no evidence that silicone implants caused cancer or connective tissue disease (see S. L. Brown, 2002).

Figure 2–5

Some variations in the appearance of female breasts.

SOURCE: Chris Rout/Alamy Stock Photo; David J. Green - studio/Alamy Stock Photo; Chris Rout/Alamy Stock Photo



Box 2–A Sexuality and Health

Breast Cancer and Examination

2.2 Explain why early detection of breast cancer can save lives and describe how to perform a breast self-examination.

Apart from skin cancer, cancer of the breast is the most common type of cancer (and the second leading cause of cancer death) in women, with about 246,660 new invasive cases and about 40,450 deaths per year (American Cancer Society, 2016). One in eight American women will develop breast cancer in her lifetime. A fact that is less well known is that men can get breast cancer too and the number of cases has been increasing (about 2,600 men will be diagnosed this year and about 440 will die).

Some of the factors that put a woman at high risk include a family history of breast cancer (about 5% of new cases are caused by an inherited gene mutation BRCA1), extensive dense breast tissue, being older than 50 years (most women with breast cancer are postmenopausal), never having given birth or having the first child after age 30, starting menstruation before age 12, or undergoing menopause after age 55 (American Cancer Society, 2016).

A majority of breast cancers (especially in postmenopausal women) are fueled by the female hormone estrogen. Most birth control pills contain estrogen, but the current consensus is that today's low-dosage birth control pill does not increase the risk (e.g., Marchbanks et al., 2012; Nelson & Cwiak, 2011). On the other hand, there is evidence that long-term hormone replacement therapy for postmenopausal women increases the risk of breast cancer (see Chapter 10).

With early detection, there is a 99% survival rate (American Cancer Society, 2016). However, about half of all cases of breast cancer have spread beyond the breast before they are discovered. Unfortunately, there is currently a big controversy about what women should do to detect breast cancer early. The American Cancer Society (2016) recommends that women at average risk should examine their breasts on a monthly basis starting at age 20 and have a **mammogram** (breast X-ray) every year starting at age 45 and screenings every other year starting at age 55 (Oeffinger et al., 2015). Mammograms have reduced deaths by about 20% (Myers et al., 2015). On the other hand, the U.S. Preventive Services Task Force recommended in 2015 against self-exams and routine mammograms before the age of 50, claiming that the procedures resulted in too many false positives and unnecessary biopsies and saved very few lives. So, what should you do? If you are at average risk, consult with your doctor and decide with him or her what is best for you.

Mammogram Low-radiation X-rays used to detect breast tumors.

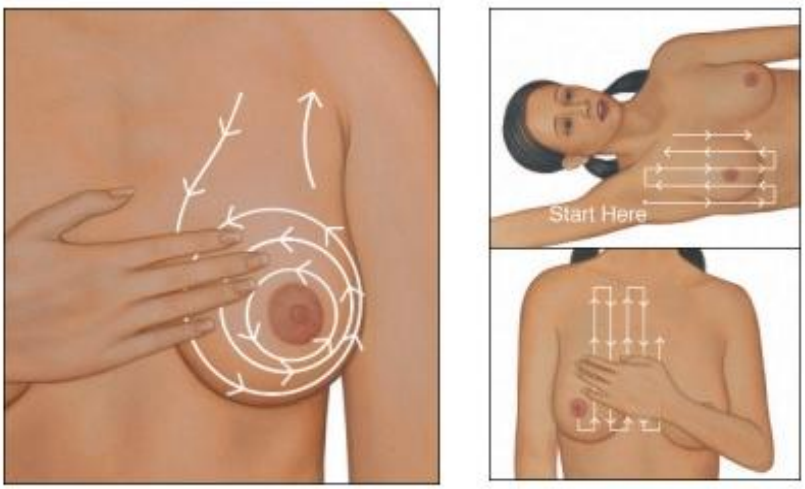
If you wish to conduct self-exams, the best time is immediately after menstruation ends, when estrogen levels are low and the breasts are not tender or swollen. First look at yourself in front of a mirror. Do this with your hands at your sides, then with your hands on your hips, and finally with your hands raised above your head. Look for any bulging, flattening, dimpling, or redness. The symptoms are usually painless. In each position, examine one breast with the opposite hand. With fingers flat, press gently in small circular motions, starting at the top, and check the outermost part of the entire breast in clockwise fashion (see Figure 2–6). It is normal to have a ridge of firm tissue in the lower curve of each breast. After you have completed the circle, move your fingers an inch closer to the nipple and make another complete check around the breast. At least three to four complete circles around the breast will be required. Be sure to examine under your arms as well because this is one of the most common areas for cancer to occur. In addition, examine the nipple by squeezing it and noting any discharge. Repeat the same procedure on the other breast. An alternative method of examining the breasts in which you examine yourself with vertical strips has been gaining in popularity (Barton et al., 1999).

Whichever method you use, report any suspected abnormality to your doctor immediately.

> "I am a 33-year-old nurse that has instructed many other women about self-examination, but unfortunately, did not practice what I preached. After one of your lectures I did examine my breasts and was horrified to find a small lump."
>
> *(from the authors' files)*

Figure 2–6

Breast self-examination: the traditional method (left) and the new alternative method (right).



Eight out of 10 lumps that are discovered are benign (noncancerous) cysts (fluid-filled sacs) or fibroadenomas (solid tumors). They are known as *fibrocystic disease* and (because they are rare after menopause) are believed to be caused by hormones. Therefore, do not panic if you find a lump in your breast, as the chances are good that it is not malignant.

Should you have a lump and it is diagnosed as cancerous, a number of surgical procedures might be performed: (1) radical *mastectomy*, in which the entire breast, underlying muscle, and lymph nodes are removed; (2) simple mastectomy, in which only the breast is removed; and (3) *lumpectomy*, in which only the lump and a small bit of surrounding tissue are removed. Chemotherapy, radiation therapy, and hormonal therapy (tamoxifen) are also used. Treatment will depend on how early the cancer is detected and the type of tumor. Genetic tests are used to identify three types of tumors. As a result of the new targeted treatments, the 10-year survival rate has more than doubled since the 1960s (Grayson, 2012).

Whatever the therapy, it is not uncommon for women with breast cancer to experience sexual problems and the need to make adjustments (Meyerowitz et al., 1999; Moyer, 1997). The reaction of a woman's partner is important. For example, a woman who has had a breast removed needs to be reassured that she is not going to be desired or loved less than before. Would you expect your partner to love you less if you lost a toe, foot, leg, finger, hand, or arm? Of course not. So why should it be any different if she loses a breast? This may seem obvious to you, but your partner will probably want to hear you say it.

> "I came from a family consisting of five daughters and no one had ever been diagnosed with breast cancer. I had never given it a thought that I would be the one to have a lump in my breast.... I had a modified radical mastectomy of my left breast.... When my doctor told my husband and me my husband was wonderful about it. All you need to get over the shock is an understanding and supportive husband and family. Emotionally I was able to get over the surgery because he never made me feel like 'half' a woman."
>
> *(from the authors' files)*

Personal Reflections (women)

Do you regularly examine your breasts for abnormal lumps? If the answer is no, why not? The Centers for Disease Control and Prevention report that nearly 81.1% of women aged 50 or older have had a mammogram (Richardson et al., 2010). If you are in this age group and have not had one, why not?

One study found that in nearly 15% of women who receive breast implants a painful fibrous capsule forms around the implant (called capsular contracture), making the breast hard, tight, and unnatural in appearance and often requiring additional surgery (Hvilsom et al., 2009). Another study found that the number of these complications was 25% (S. L. Brown, 2002). Breast implants may also decrease the survival rate for women diagnosed with breast cancer (Lavigne et al., 2013).

Talk-show host Jenny Jones has had six operations because of the damage her implants did to her breasts. She was quoted in *People* magazine as saying, "I hate my body a thousand times more now than I ever did before.... I would sell everything I own to be able to have the body back that I gave up." Students in our class have relayed similar experiences:

> "My mom had a breast augmentation job done about 2 years ago and has had nothing but problems. She started growing too much scar tissue and lumps in her breasts, and now, after all the pain and money and aggravation she went through, she's having them removed this summer. I know she did it for my dad, but she can never tell me enough times how sorry she is she ever did it."
>
> *(from the authors' files)*

Many naturally large-breasted women would like to be smaller. One common reason is that many very large-breasted women suffer from bad back pain:

> "I currently wear a DD cup.... My chest has become a large nuisance. It is hard for me to dance, jog, or do any kind of activity that involves moving around a lot. Finding clothes is very hard.... I just recently talked to a friend of mine who had a breast reduction. I really want to have this operation. It would make me feel better about myself."
>
> *(from the authors' files)*

Personal Reflections (women)

Do you wish you had different-sized or different-shaped breasts? How would you like to be different? Why? Should a woman's breast size be an important factor in sexually pleasing a partner?

Internal Female Anatomy

2.3 Describe each of the female internal anatomical structures—vagina, uterus, Fallopian tubes, and ovaries—and explain its function(s).

The vagina, uterus, Fallopian tubes, and ovaries are often referred to as a woman's reproductive system (see Figure 2–7). The vagina serves as a depository for the man's sperm. Eggs are produced by the ovaries. During a woman's reproductive years, one or more eggs will mature on a monthly basis and will be released from an ovary and picked up by one of the Fallopian tubes. It is