CHAPTER

2

Sexuality Research

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CHAPTER OBJECTIVES

1. Describe the various methods used in sexuality research, including the steps in the scientific process.
2. Identify the ethical issues involved in sexuality research.
3. Describe the work of early sexuality researchers, including how they set the stage for modern research.
4. Summarize the contributions of major modern sexuality researchers.

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Ethical Dimensions: Permission to Do Research on Sexual Behavior
Alfred Kinsey
William Masters and Virginia Johnson
Youth Risk Behavior Surveillance System

INTRODUCTION

You have probably heard the joke, "My mind is made up; don't confuse me with the facts." Unfortunately, when it comes to sexuality research, this attitude too often prevails. For example, a few years ago one of our students mentioned that one of his parents had asked him how his courses were going that term. When he mentioned he was learning about research on human sexuality, there were a few seconds of silence.

He explained that he had been raised in a home where sexuality was not discussed. He asked his parent about the silence, and the answer came back that it was a little difficult to think about research on such a topic. What did the researchers do? How did they do it? Why would they even want to do research on sexuality?

Our student explained that for a few minutes he felt he was the parent while he tried to answer these questions. Fortunately, he had already read information on this topic, so he thought he did a pretty good job.

This is not an isolated instance of lack of understanding, or even of repression, when it comes to sexuality research. For instance, in many places in this chapter you will find references to the National Health and Social Life Survey (NHSLS). In 1988, a team of researchers at the University of Chicago won a federal government grant competition to conduct an extensive research study on sexual behavior. In 1989, however, conservative members of Congress attacked its research for a number of reasons (Laumann, Michael, & Gagnon, 1994). They said it was a plot by homosexuals to legitimate the normality of gay and lesbian lifestyles; it was an unwarranted intrusion by the government in private matters; it was not needed; it should not be supported with taxpayers' money; and the project staff had an antifamily agenda.

During a federal governmental review, facts about the research were widely misrepresented. It was also claimed that the researchers had published statements that they had not, and statements were taken out of context in an attempt to show that the researchers should not be doing the research. As a result, the previously approved government grant was cancelled. The research was then completed with private funding. Since the study of human sexuality still prompts anxiety and even fear in some people, as well as a hesitancy to talk about the subject with other people, sexuality research can be difficult.

In this chapter we present some of the major 20th- and 21st-century research on sexuality to show you how knowledge about human sexuality is obtained and to discuss some of the findings that researchers believe can aid individuals in accepting and understanding the sexual parts of their personalities. We turn to the findings after identifying some of the methodology used in sexuality research.

Research Methods

Research is undertaken to expand our knowledge about specific factors in our environment. Our current knowledge of human sexuality is based on relatively few studies. Perhaps by reading about issues and techniques related to research in general, you will better understand and evaluate the studies we discuss, as well as ask yourself how valid the findings are.

The first task of any researcher, regardless of the subject, is to ask an explicit question. The next is to design a way of gathering the relevant information. In sexuality research the most common methods used are surveys, case studies, and experimental research. Less common is the method of direct observation, a method used more in sexual research clinics but also used extensively in the research of Masters and Johnson (discussed shortly). Each method of research has its advantages and disadvantages, some of which are discussed here.

A good researcher chooses a method according to the particular problem and population being studied. For example, a survey would be used when a large number of responses are desired, as in a study of adolescent behavior. Observation might be desirable when a small number of subjects are involved, as in measuring responses of people who are engaging in a sexual behavior while being electrically monitored.

The Scientific Method

Sexology is the study of sexuality. To study sexuality appropriately, it is necessary to use the **scientific method**—that is, research conducted in an atmosphere free from bias—because it is the most objective way to establish new knowledge in any field. Scientists must always approach research studies without preconceived ideas of what their studies will show. In addition, they cannot have preconceived agendas to show what sexual behavior *should* be. Researchers do not set out to "prove" something but instead conduct research scientifically to discover what *is*—not necessarily just what they want it to be. Researchers follow proper procedures and discover information through research that can then be generalized to the real world outside the study.

sexology
The study of sexuality.

scientific method
Research conducted in an atmosphere free from bias.

As we will explain, the scientific method involves the following steps:

1. *Identifying a research question* (which could be based on personal interest or experience, on social concerns, or on the interests of those funding the research, such as government agencies or private industry)

2. *Reviewing the literature*
3. *Formulating a hypothesis (or two or more hypotheses)*
4. *Operationalizing variables*
5. *Collecting data*
6. *Analyzing the data to test the hypotheses*

The scientific method first involves identifying a research question. Not all questions about sexuality lend themselves to scientific research, because many involve subjective values, morals, and philosophical questions. (However, scientific research can provide information that can help us address even these types of questions.)

Second, to inform themselves adequately, researchers must review literature related to the research question. Thus the researchers learn what is already known about the topic, think of ways to conduct the desired research, and possibly even come up with new research questions.

Third, a hypothesis is formulated. A **hypothesis** is a tentative proposal or an educated guess about the results of a research study. It often deals with the relationship between two variables. A **variable** is a measurable event that varies or is subject to change (such as frequency of sexual behavior, use of contraceptives, or amount of alcohol ingested).

hypothesis
A tentative proposal or an educated guess about the results of a research study.

variable
A measurable event that varies or is subject to change.

Fourth, operationalizing the variables means specifying how they are going to be measured. For example, some variables, such as gender or income level, are easy to measure. Others, such as sexual desire or satisfaction in a relationship, are not. There are many ways to measure these variables, and the research has to state clearly how this will be done.

Fifth, collecting the data involves using methods such as survey research, case studies, experimental research, and direct observation. Each of these is explained in greater detail shortly.

Sixth, the data are analyzed to test the hypotheses. Data can be analyzed to describe situations, to show a relationship between variables, or to show that one situation causes another. Each of these methods of analysis demands the use of appropriate statistical methods.

Various forms of bias can be problematic. For example, in addition to possible bias of researchers, there could be bias of research subjects. If all subjects are college educated, they will probably be biased. Or, if some subjects are really not willing to participate or to be honest even if they agree to participate, they will also be biased. This type of bias is referred to as **volunteer bias**—characteristics of volunteers that are likely to influence research results.

volunteer bias
Characteristics of volunteers that are likely to influence research results.

generalization
The ability to conclude that the same results would be obtained outside the study.

One of the goals of the scientific method is to find information that can be generalized to the real world outside the study. Obviously, when researchers are trying to learn more about human sexuality, they cannot get information from *all* human beings. Therefore, they must study a relatively small group of people from which the results may be generalized to a larger population. **Generalization**, the ability to conclude that the same results would be obtained outside the study, can occur only if all aspects of the scientific method are properly planned, carried out, and controlled as much as possible.

The **population** is the group being studied in a research project. Usually only a **sample** (a segment of the larger population) participates, because the total

Researchers on Antarctica's Ross Island have noted that female penguins, desperate for stones for their real nest, were willing to engage in "courtship" with an unpaired male penguin in exchange for stones. The penguin expert Eric Bennett decided to try an experiment at the Baltimore Zoo: He dressed up as a penguin and surrounded himself with lots of rocks. Within minutes, female penguins began presenting themselves for courtship. Does Bennett's experiment reflect the scientific method?

population
The group being studied in a research project.

sample
A segment of the larger population.

random sample
A sample that represents the larger population and that is chosen without bias, so that every member of the larger population has an equal chance to be selected.

population would be too large and unwieldy. A **random sample** represents the larger population and is chosen in a way that eliminates bias. If the sample is selected properly, the researcher can generalize findings to the larger population.

Survey Research

Much information about human sexuality has been obtained by **surveys** asking people about sexual attitudes and experiences. This kind of data can be obtained orally (face-to-face interviews) or in written form (pencil-and-paper questionnaires). Researchers use surveys when information from a large number of people is desired. For example, they might use a survey to find out how people feel about condom advertisements on television.

The **interview** allows the interviewer to explain the purpose and value of the survey, to clarify and explain the questions, and to report answers clearly. However, some individuals may not report their sexual experiences and views honestly because they may be embarrassed to admit particular behaviors and thoughts to a stranger. Also, the subjects being interviewed may be equally embarrassed to admit they do not participate in certain sexual activities.

Questionnaires are less expensive than interviews, which require many people to conduct the interviews. A questionnaire that the subject can fill out at his or her convenience makes many people feel more relaxed and reinforces anonymity; the privacy may also ensure more honest answering. In addition, the questionnaire eliminates the subject's being influenced by the interviewer's facial or bodily gestures.

The major concern with any **self-report data** is that subjects may include inaccuracies. Accuracy is obviously necessary for reliable research. For instance, people often have difficulty recalling past events, and events can become highly embellished or minimized the longer the time between experience and reporting. Recall involves estimating **frequency** and/or **duration** of behaviors, and many people have problems remembering numbers.

survey
Research in which people complete questionnaires or are personally interviewed.

interview
Oral research method designed to gather information.

questionnaire
Written instrument designed to gather information.

self-report data
The respondents' descriptions of something.

frequency
How often something occurs or has occurred.

duration
How long something occurs or has occurred.

Case Studies

Case studies are in-depth studies of individuals or small, select groups of individuals. Those under study are generally followed over a period of months or years. Case studies provide a chance to look at specific behaviors or characteristics in great depth. Also, because case studies generally cover a relatively long period, the researcher is able to explore cause-and-effect relationships in detail. For example, much information about sex offenders and people with sexual-response difficulties has been obtained through case studies.

case study
In-depth study of individual(s) or small groups.

With case studies, however, there is no way to use proper sampling techniques, making it difficult to generalize case-study results to the rest of the population. For instance, how do we know that sex offenders or those receiving treatment for sexual-response problems are like the rest of the population?

Experimental Research

In an **experiment**, behavior can be studied under controlled conditions. A common experimental design is one in which two groups are matched and compared. The groups are identical but for one important difference—the **experimental group** is subjected to a particular event or condition, whereas the **control group** is not. Both groups are observed, and the results are compared to determine whether the experimental condition had an effect. For example, a researcher could compare the responses of different groups of people (perhaps grouped by gender or age) to erotic materials.

Experimental research allows control over variables thought to influence responses or behavior. At the same time, the somewhat artificial setting may influence behavior or response. Merely knowing you are in a study or being in a laboratory might alter your reaction.

experiment
Observation of behavior (or effects) under controlled conditions.

experimental group
In an experiment, the group subjected to a particular event or condition.

control group
In an experiment, the group not subjected to a particular event or condition.

Ethical DIMENSIONS

Permission to Do Research on Sexual Behavior

A faculty member at Mercer University in Macon, Georgia, was told by the president of the university that he could not conduct research in the form of a survey of sexual behavior of undergraduate students at Mercer (Wilson, 2002). The president said the project simply was not appropriate at a Baptist institution.

The president was concerned that the survey's explicit questions might offend students and their parents. Even though a 13-member campus review board unanimously approved the survey, top university administrators said that the survey was also subject to their approval. This procedural step had never before been invoked. One of the vice presidents said that such a survey could have negative impacts on admissions and parents' attitudes about the school.

Taking the opposite position, the researchers involved in the study said that better safe-sex programs were needed for Mercer undergraduates, and that a well-done survey about sexual behavior would be a good place to start. The faculty and students working together on the project hoped to publish the results in a scholarly journal. They indicated that preventing them from conducting the survey denied them academic freedom. They were upset that the result was an apparently arbitrary decision of senior administrators.

What do you think? Was it ethical for the researchers to conduct the survey? Was it ethical for the president to tell them they could not conduct the survey? Should the senior administrators have allowed the survey to be conducted even if they did not like the idea of the survey's being done on their campus?

Source: Data from Wilson, R. An ill-fated sex survey, *The Chronicle of Higher Education, 48, no. 47* (August 2, 2002), A10–A12.

Direct Observation

Observation is a method in which subjects are watched in a laboratory, a class, a natural setting, or the workplace. It can be an accurate way to collect sexual information—particularly if the researcher controls the setting. A prime example of observational research has been the human sexual-response research of Masters and Johnson.

observation
Watching subjects in a particular setting.

The major drawback of direct observation is the required expenditure of time and money. In addition, people are likely to be reluctant to perform sexual activity in a laboratory where they are being observed. Some people also question the ethics of participating in observational research either as the researcher or as the subject. When people do feel relatively comfortable and volunteer for observational research related to sexuality, one must always ask whether their sexual responses in such a setting replicate those obtained in the privacy of their normal environment. Another important question is whether people who are comfortable doing this are similar to the majority of people who aren't: Put another way, can the findings be generalized?

Focus Groups

A **focus group** is a form of research where a group of approximately 6 to 10 people are asked about their feelings or attitudes toward a topic and then discuss related issues. For example, the participants might be asked what they think about equal rights for homosexuals and heterosexuals. The leader usually has a focus-group script that guides the discussion (it includes questions, follow-up questions, and other instructions). A typical focus-group session might last for 1–2 hours. It is important to have extensive interchange among the participants to get as many thoughts and ideas as possible from the group. Focus-group members sometimes talk among themselves in reaction to a topic or question from the focus-group leader—with the leader listening and taking notes for analysis later.

focus group
A form of research where a group of 6 to 10 people are asked about a topic and then discuss related issues.

There are arguments both for and against focus groups. Some experts believe they are valuable ways to get important information from a group of people in a relatively inexpensive way. Other experts think they can be very time-consuming, the group cannot

possibly be large enough to be a representative sample of the population, and the group can be unduly influenced by the researcher. Traditionally, most focus groups meet in person, but today there are also teleconference focus groups and online focus groups.

Interpreting Statistics

In many kinds of sexuality research, statistics related to the results will be presented. When we hear about statistical results, we have to differentiate between correlation and causation. **Correlation** is a statistical measure that shows how variables are naturally related in the real world. For example, studies might show that youth who watch more television also participate in more sexual behavior. That is interesting information, but it tells us nothing about *why* that relationship exists; it only tells us that the relationship *does* exist.

correlation
A statistical measure that shows how variables are naturally related to each other.

How do we know if the results of a study are accurate? Perhaps the findings just happened to occur in this study, but wouldn't occur in other similar studies. We can use statistics to help us determine how likely it is that the results will also occur in other studies. A number of statistical methods can be used to determine statistical significance. **Statistical significance** refers to the likelihood that a study's results are due to chance. If the results are significant at the .05 level, for example, there is only a 5% chance those results are due to chance. If it has been reported that people who don't use condoms develop HIV to a greater extent than those who do use condoms, and that finding is significant at the .05 level, we can be confident that the difference is attributable to not using condoms rather than to chance. In other words, not using condoms "caused" more people to develop HIV as compared to the rate found among people who did use condoms.

statistical significance
The likelihood that a study's results are due to the relationship uncovered between the study's variables as opposed to chance.

How can you use this information to contribute to your sexual health? When you are deciding whether to engage in a sexual behavior, you can read studies to see if there are statistically significant differences between those who engage in that behavior and those who do not. This will give you confidence that these differences are a result of that behavior, and that you can expect similar results if you decide to engage in that sexual behavior.

Issues in Sexuality Research

Despite the care and planning that go into implementing a research project, the success of a project depends on the cooperation of the subjects. The most difficult task in studying humans is finding a large group who will stay with the project to completion. When mail questionnaires are used, for example, the response rate is generally less than 40% of the total number distributed—and often close to 20%. Interviews are expensive, but the response rate can be high, depending on the interviewer's expertise and awareness. The interviewer must establish rapport with the subjects so that they are not embarrassed, intimidated, or totally unresponsive.

When asked to be surveyed about sexual behavior, many people will refuse, but others will participate. Therefore, those who do participate may be more or less sexually experienced and liberated than those who choose not to take part. This volunteer bias may allow us to draw conclusions from the study results about how some people view sexual matters, but it does not allow us to conclude that people in general behave or believe that way. When people answer surveys or consent to be interviewed, there are always problems of reporting accuracy, ability to recall past experiences as they really occurred, and willingness to be truthful, particularly about sexual matters, when facing an interviewer. Consider, for example, that reporting and evaluating how we feel now are easier than reporting how we felt sometime in the past. In recalling how and where we learned about sexuality or what sexual activities we were involved in as children, we are easily influenced by events that took place in intervening years, by changes in behavior socially defined as normal (or at least permissible), and by our own maturity. Even if subjects want and intend to give honest responses, they may feel reluctant to share the intimate details of their activities with a stranger, worry about the researcher's attitude toward their sexual behavior—particularly in an interview—or be afraid that their responses are not genuinely confidential.

Research on sexuality faces some additional problems. Many conditions affect our sexuality, including broad cultural and social definitions of sexuality roles and proper sexual behavior, as well as characteristics such as ethnic origin, religion, personal experience, and education. Such conditions and their effects may be too complex to measure or control. Also, cooperative subjects may be hard to find, because in our culture people feel anxiety, self-consciousness, and a

Multicultural DIMENSIONS

The Wyatt Surveys on African American and White Women in Los Angeles

You will sometimes see research findings indicating differences in sexual behaviors and attitudes between people of different races. Care is needed when interpreting such findings, because it is often hard to differentiate between what may be a result of racial culture, what may be a result of socioeconomic differences, and what may be random or coincidental. A good example of this is provided by the Wyatt surveys.

Wyatt and her colleagues used Kinsey-style face-to-face interviews to examine the sexual behavior of 122 white and 126 African American 18- to 36-year-old women in Los Angeles. The two samples were balanced in relation to demographic characteristics such as age, education, number of children, and marital status.

Wyatt reported that by age 20, 98% of the people in her study (both white and African American) had experienced premarital sexual intercourse. When social class differences were considered, the ages of first intercourse for African American and white women were similar.

To control for demographic differences between white and African American women, Wyatt limited the subjects to demographically similar (age, education, social class) women. Her sample of African American women then matched the demographic characteristics of the larger African American Los Angeles population. However, because of Wyatt's efforts to use demographically similar groups, the white sample did not match the demographic characteristics of the larger white Los Angeles population because it contained a greater proportion of white women from lower-income families. This is an example of a trade-off in research. Wyatt wanted to be sure her two groups were demographically similar but in doing so ended up with one group that was not demographically similar to its larger population. This is not necessarily bad; however, it illustrates that we must understand what the researchers have done to interpret the results accurately.

Sources: Data from Wyatt, G. E. The sexual abuse of Afro-American and white American women in childhood, *Child Abuse and Neglect, 9* (1985), 5, 7, 19; Wyatt, G. E., Peters, S. D., & Guthrie, D. Kinsey revisited, Part I: Comparisons of the sexual socialization and sexual behavior of white women over 33 years, *Archives of Sexual Behavior, 17* (3, 1988a), 201–209; Wyatt, G. E., Peters, S. C., & Guthrie, D. Kinsey revisited, Part II: Comparisons of the sexual socialization and sexual behavior of black women over 33 years, *Archives of Sexual Behavior, 17* (4, 1988b), 289–332.

reluctance to share private thoughts, experiences, and memories about sexuality. For example, many people would not want to talk about their experiences with forcible sexual behavior. Even talking about whether one masturbates and, if so, how frequently, is not something most people are eager to do.

There can also be some limitations in sexuality research. For example, nonresponse (refusal to participate) can make it difficult to get responses from the desired subjects. Also, self-selection volunteer bias may be a problem. Volunteers for sexuality research may be more sexually experienced and hold more positive attitudes toward sexuality than nonvolunteers. Finally, there may be a demographic bias. As seen in Kinsey's work and even today, it is often easier to get subjects for sexuality research who are white, middle-class, white-collar workers and college students.

Adding to the difficulty of gathering accurate information is the influence of the researcher's own values and biases. The researcher may have very strong opinions about issues in the study and may—perhaps unintentionally—phrase questions in favor of his or her views, emphasize certain words in a face-to-face interview, and/or have certain racial, ethnic, or cultural views that affect rapport with the subjects in the study. Interviewers and writers of questionnaires may have perceptions about the group they are surveying, which can also influence how questions are asked or phrased. When the information is collected and interpreted, the researcher must consciously prevent personal feelings and attitudes from affecting analysis and reporting. For example, a researcher who might be either strongly for or strongly against abortion would need to be very careful when asking questions about abortion and recording the answers of a research subject. It would be wise to have several researchers with different views work together to check questionnaires and procedures to be sure there is as much **objectivity** as

objectivity
Being sure the results are the same no matter who asks the questions or records the answers.

possible—that is, be sure the results are the same no matter who asks the questions or records the answers.

Ethical Issues in Sexuality Research

Recently there has been increased attention to the need to protect the people participating in any form of human research. Because of the intimate nature of sexual research, the ethical issues involved in this field are particularly important.

An ethical issue of particular concern is obtaining the **informed consent** of participants; subjects of research studies must agree in writing to participate *after* the purposes, risks, and benefits of the study have been explained to them. Consent is obtained to ensure that subjects both understand what the project entails and agree to undergo the experience as described. This requirement protects subjects against physical and psychological abuse by irresponsible researchers and protects researchers against claims that subjects were taken advantage of. Investigators are now required by law to obtain an individual's consent to be subjected to the project as described; those testing minors must also obtain parental or guardian permission.

informed consent
Document required to participate in a research study after the purposes, risks, and benefits of the study have been explained.

Researchers do not have the right to coerce people to participate in a study, and they must be honest when presenting information about the research. They also have a responsibility to protect the confidentiality of their participants. They must be sure that personal facts can never be connected to a given individual. It is obvious that participants must also be protected from physical and psychological harm. Many methods must be used to guarantee the anonymity of participants and to be sure confidential information is never released.

Human-research review committees commonly exist in government agencies and in universities. These committees must review and approve any research designs and procedures that will use human subjects. Such committees consider the value of the research and compare it to any potential risks to the participants. It can be difficult for committees to decide whether to allow a researcher to carry out a particular study—especially if children are involved. This is one reason why we do not have better information about the sexual thoughts and experiences of young people.

vaginal plethysmography
Insertion of a probe into a woman's vagina to measure changes in blood volume.

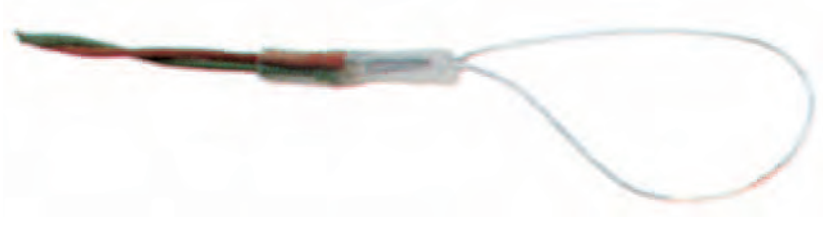
penile strain gauge
A wire or cuff placed around the penis to measure physiological changes over time.

plethysmograph
A laboratory measuring device that charts physiological changes over time.

Additional ethical questions arise in studies of the sexual behaviors and attitudes of various racial groups. Some people argue that such research is important to better understanding of diverse feelings and practices. In contrast, others believe that describing sexual behaviors and attitudes according to racial groups contributes to stereotypical thinking.

Another interesting ethical issue arises from the ways that have been developed to measure physiological changes in the vagina or the penis due to sexual stimulation. **Vaginal plethysmography** involves inserting a probe into a woman's vagina to measure increased blood volume, an indication of sexual arousal. Changes in blood volume over time can be charted with this device. Similarly, a **penile strain gauge** can be used. This is a wire or cuff placed around the penis that is attached to a **plethysmograph**, a laboratory measuring device that charts physiological changes over time and records changes in the girth of the penis as it responds to sexual arousal or loss of arousal.

The vaginal plethysmograph is used to measure sexual response by detecting changes in the amount of blood in the vaginal walls. The device is used in sexuality research.



The penile strain gauge is used to measure erectile response by detecting changes in the circumference of the penis. The device is used in sexuality research.

Plethysmography has been used to see whether a person has certain sorts of sexual interests, such as a sexual interest in children. For example, if it were suspected that a person were sexually attracted to children, the device might provide additional information that could lead to a referral for possible treatment. Following treatment, the device could be used again to see whether the degree of sexual interest in children has decreased. However,

because people can sometimes learn to control their physiological responses, this is not a foolproof test. Also, it would be a mistake to base too many assumptions about a person's future sexual behaviors on one measure of physiological response. Use of penile and vaginal plethysmography is likely to be debated for years to come.

Finally, it is crucial to be sure a test has **validity**—that is, that it tests what it is supposed to test. For example, a sexual-knowledge test must be a good representation of overall sexual knowledge. This might be shown by a comparison to a known good test or by expert ratings.

validity, validation
Demonstration that tests measure what they are designed to measure.

Most research on sexual feelings, attitudes, responses, and behavior depends on participants' reporting about themselves. Some people believe that sexuality research is useless and meaningless because subjects can lie about their sexual behavior, exaggerate their experiences, or feel too embarrassed to discuss personal sexual matters openly and honestly. Others believe that we need information about sexual matters and must encourage research, even while acknowledging its limitations. Although it is difficult to validate information that people include on a questionnaire or divulge in an interview, validation is frequently done by asking for the same information in another part of the survey or in conversation and cross-checking whether the information given is the same in both instances.

Given the variety of attitudes toward sexuality in our society, the many different opinions concerning moral and ethical issues related to sexuality, and even the disagreement as to whether sexuality should be researched at all, researchers have a difficult job. They must design a scientifically sound study, create confidence in that study, and guarantee their subjects' privacy.

Evaluating Sexuality Information on the Internet

Anyone who uses a search engine to look for information about "sex" or "sexuality" finds so many hits that it is not humanly possible to review all of the sites mentioned. In addition, although accurate and reliable information about sexuality can be found on the Internet, so can a preponderance of information about sexuality that is incorrect or misleading. How can you determine whether information about sexuality found on the Internet is accurate? Here are some suggestions (National Center for Complementary and Alternative Medicine, 2011);

1. *Who runs the site?* Any good website related to sexuality should make it easy for you to learn who is responsible for the site and its information.
2. *Who pays for the site?* The source of a site's funding should be readily apparent. The funding source can affect what content is presented, how the content is presented, and what the site owners want to accomplish on the site.
3. *What is the purpose of the site?* An "About This Site" link appears on many sites; if it's there, use it. The purpose of the site should be clearly stated and help you evaluate the trustworthiness of the information.
4. *Where does the information come from?* If the person or organization in charge of the site did not create the information, the original source should be clearly labeled. This identification allows others to easily find original sources of information.
5. *What is the basis of the information?* The site should describe the evidence on which the material is based. Facts and figures from valid research should have references. Also, opinions or advice should be clearly set apart from information that is based on research results.
6. *How is the information selected?* Is there an editorial board? Do people with excellent professional and scientific qualifications review the material before it is posted?
7. *How current is the information?* Websites should be reviewed and updated on a regular basis, and the most recent update or review date should be clearly posted. Even if the information is still accurate, you want to know whether the site owners have reviewed it recently to ensure that it is still valid.
8. *How does the site choose links to other sites?* What is the policy of the website owner about how links to other sites are established? What are the criteria for the sites that are linked to the website?
9. *What information about you does the site collect, and why?* Any credible website should tell you exactly what it will and will not do with personal data gathered about you. Many commercial sites sell data about their users to other companies. Don't sign up for anything you don't fully understand.

10. *How does the site manage interactions with visitors?* There should be a way for you to contact the site owners with problems, feedback, and questions. Information about the terms for using any site services should be readily available as well.

Early Sexuality Researchers

We have some information about sexual practices throughout human history. Although not all of the information was gathered in a systematic way, in Western civilization attempts to study human sexual behavior systematically date back at least to the ancient Greeks. Physicians, such as Hippocrates, and philosophers, such as Plato and Aristotle, are the forefathers of sexuality research. They made extensive observations and offered the first elaborate theories regarding sexual responses and dysfunctions, reproduction and contraception, abortion, legislation related to sexuality, and sexual ethics (The Kinsey Institute, 1998).

In Rome, Greek physicians such as Soranus and Galen further advanced sexual knowledge. Their work prompted later Islamic scholars to spend much time on sexual questions. These studies, together with the Greek and Roman manuscripts, became standard texts at medical schools and stimulated a rebirth of anatomical research in the 16th, 17th, and 18th centuries. In the 19th century, new concerns about overpopulation and sexual psychology intensified efforts to study the topic of sexuality. Finally, at the turn of the 20th century, the investigation of sexuality became a legitimate endeavor in its own right (The Kinsey Institute, 1998).

Richard von Krafft-Ebing

Richard von Krafft-Ebing (1840–1902) wrote during a period when Victorian standards strongly suppressed thinking about human sexuality. Because he was a product of this period, and because he was a physician who worked primarily with sexually disturbed people, von Krafft-Ebing's writings (1902) indicated that sexual activity is something to fear.

He supported what we now know as the double standard, whereby men have sexual freedoms that women do not. He may have supported this perspective because of his apparent discomfort with the sexuality of women.

Von Krafft-Ebing's writings had a tremendous influence on many physicians as well as the public. Even though he seemed to be biased and made some false assumptions, his writings convinced some physicians and researchers that the study of sexuality was legitimate. This helped prepare the way for Ellis and Freud.

Henry Havelock Ellis

Henry Havelock Ellis (1859–1939), an English psychologist and physician who studied human sexuality, grew up in fear of what he had been told about the danger of nocturnal emissions. He was also concerned about his general ignorance of human sexuality. Between 1896 and 1910 Ellis published a six-volume series entitled *Studies in the Psychology of Sex,* which included the following beliefs:

1. Masturbation is common for both sexes.
2. Orgasm in males and females is very much the same.
3. Homosexuality and heterosexuality are a matter of degree.
4. Women do have sexual desire, contrary to Victorian thought.
5. There is no one norm for human sexuality. Thoughts and acts vary among individuals and cultures.
6. There should be sexuality education for both sexes starting at early ages.
7. There should not be laws against contraception or private sexual behavior.

It is clear that Ellis's ideas were controversial and ahead of their time, particularly his support of sexuality education. In fact, some people today still have difficulty accepting his beliefs. Ellis's work influenced the later pursuits of many sexuality researchers and writers.

Sigmund Freud

Sigmund Freud (1856–1939), a psychological researcher, developed theories about human development, personality, and psychopathology that have influenced our thinking today. To develop into a well-adjusted person, according to Freud, one had to progress successfully through a number of psychosexual stages.

Freud viewed sexuality and sexual pleasure as a central part of human life and felt that people naturally sought to have as much pleasure and as little pain as possible. He indicated that sexual activity was natural and that procreation was secondary to pleasure, and he cautioned against severe restrictions on sexual instincts. People, he maintained, could become neurotic if denied natural expression of their sexual instincts.

Freud's theories have influenced thinking about sexuality for more than 100 years.

One of Freud's important contributions was his suggestion that early childhood experiences had strong consequences for adult functioning. Largely because of Freud's work, sexual thoughts and behaviors are still considered to be major influences on contemporary life in general.

Magnus Hirschfeld

Magnus Hirschfeld (1868–1935) was a German physician who started his career in medicine and was soon drawn to the study of human sexuality. He was a transvestite (he coined the word "transvestism") in addition to being a homosexual. He believed that sexual orientation was a naturally occurring trait worthy of scientific study rather than social hostility. He urged homosexuals from all walks of life to come out and get involved in a growing campaign for emancipation. He promoted the idea that sexual honesty was necessary for healthy living.

Hirschfeld produced many books and papers concerning sexuality and succeeded in bringing the discussion of homosexuality into the halls of government as well as the homes of everyday people. As German fascists gained power in the 1920s, however, he was physically attacked at least twice and there were political attempts to suppress his work. By 1930 he was forced into exile and made his home in France.

Katherine Davis

Katherine Davis (1860–1935) was born in Buffalo, New York, and educated in the United States. She taught high school science for 10 years, then went on to earn a Ph.D. degree in economics in 1900. In 1901 she began working in the field of corrections, and in 1914 became the commissioner of corrections for New York City.

She quickly moved to improve conditions in the penal institutions, then became interested in topics related to the well-being of women. From 1918 to 1928 she was general secretary of the New York Bureau of Social Hygiene board of directors, where she directed research on many topics related to public health. In 1929 she published *Factors in the Sex Life of Twenty-Two Hundred Women*. In addition, she was the author of many articles in professional and popular journals (Women in American history, 2005).

Her survey of married Caucasian women of above-average intelligence, education, and social position revealed some interesting results (History of sex surveys: Factors in the sex life of 2200 women, 2005). For example, contraception (then called "voluntary parenthood") was approved in principle by almost 90% of the respondents and practiced by 73%. Of those who claimed to have "happy" marriages, only one out of four worked outside the home. Based on this fact, the researchers concluded that working was not conducive to marital happiness.

Ninety percent of the married women considered their husband's sex drives to be as strong as or stronger than their own. A little over 3% believed their sex drives were stronger. Masturbation was admitted to by 65% of the unmarried women and 40% of the married women, but 2 out of 3 of these women considered the habit "morally degrading." Slightly more than 50% of the single women said they had experienced "intense emotional reactions" with other women, and over 25% admitted that the relationship involved overt homosexual expression.

Dr. Davis's research included some opinion questions. She found that 39% of the women thought sexual intercourse was necessary for complete physical and mental health, 19% thought a young woman was justified in having intercourse before marriage, 21% thought a young man was justified in having intercourse before marriage, 85% thought married people were justified in having intercourse for reasons other than having children, 63% thought information regarding birth control methods should be available for unmarried people, and 72% felt that it was acceptable for an abortion to be performed.

Clelia Mosher

Clelia Mosher (1863–1940) was born in Albany, New York. She was educated at Stanford University, where in her master's thesis she debunked a widespread myth of that time: the belief that women breathed differently than men, and were therefore unfit for exercise. Mosher found that this difference was caused by women being laced into tight-fitting corsets, and that there was no reason that they could not otherwise participate in strenuous exercise.

Mosher completed medical school at Johns Hopkins in 1899. In 1923 she wrote a book entitled *Women's Physical Freedom*. She explained her views on women's health, menstruation, and breast care. She promoted a positive view of women's potential and argued against many Victorian attitudes.

Over a period of 30 years, she surveyed Victorian women, most of whom were born about the time of the Civil War, about their sexual lives. This was probably the first known survey of sexual attitudes and behaviors. She gave her nine-page survey to a total of 47 women. Therefore, the sample size was small and the women were not representative of Victorian women in general. Most were faculty wives at universities and also well educated for that era. Even though it was a biased sample, it is noteworthy because it is the only known survey of Victorian women. This was a period when women were not supposed to be sexual. Interestingly, her findings were not published until 1980. Here are some of them:

- Although Victorian women were not supposed to feel sexual desire, 35 of the 47 women indicated that they liked sexual intercourse.
- Thirty-four of the women had experienced orgasms.
- Many of the women indicated that it could be a problem because it took them longer to reach orgasm than their male partner. They said there was a need for men to know about this.
- More than two-thirds of the women used some kind of birth control. Douching was the most common, followed by withdrawal and "timing." Obviously, we do not consider these methods very reliable today. Some husbands used a "male sheath" (a condom), and two women used a "rubber cap over the uterus" (either a diaphragm or a cervical cap). One woman said she used "cocoa butter," but she did not explain why or how.
- Three of the women said that their ideal would be to never have sexual intercourse at all. But most of the women expressed their sexual desires and experienced orgasms. Most seemed to enjoy sexual relations with their husbands.

It is impressive that Mosher was able to accomplish her research at the height of the Victorian era. It seems that she was a talented woman who tried hard to improve the status of women at the same time she was doing groundbreaking research.

20th-Century Sexuality Researchers

The 19th-century model of sexuality and sexual behavior was a medical one. Individuals who differed from the accepted norms were considered ill or, in scientific terms, deviant or pathological; however, little was known about sexual attitudes, behaviors, and activities. There was a dearth of knowledge about human sexuality from the psychological, psychosocial, and physiological perspectives. Research into sexual attitudes and behaviors lacked respectability, and many institutions would not fund or support it. In the 1930s changes in public attitudes in the United States, desire for contraception (both for child spacing and for

Alfred Kinsey and his colleagues were at the forefront of using scientific methodology to study human sexuality. His research, begun in 1938, was revolutionary in that it covered a wide range of sexual activities and applied statistical methods to sexuality research.

population control), and a more open interest in the scope of sexual behavior led to greater acceptance of human sexuality as a legitimate field for research.

What follows is an overview of the more prominent research in human sexual behavior during the 20th century. Although some of this work was done in the late 1930s, you will find that many of the issues are not very different from those you are concerned with and possibly are experiencing now.

Our overview covers two categories—scientific literature and popular literature. In most instances it is obvious which category applies, but admittedly in a few cases the point is arguable. We hope that a review of these studies will not only add to your sum of information but also help you to expand and develop your sexuality and interpersonal relationships.

Scientific Literature

Alfred C. Kinsey: Establishing Scientific Sex Research

Alfred Kinsey, a biologist and zoologist, joined the faculty of Indiana University in 1920. He gained academic recognition early in his career through his writings in biology. In 1937 Kinsey became the teacher of a newly introduced course in marriage and sexuality education. As his interest in the subject grew, he began to amass information concerning sexual activities and beliefs about sexuality. Dr. Kinsey's scientific background led him to gather facts and statistical data. Kinsey eventually gathered the largest amount of information on human sexuality ever collected.

The interviews conducted by Kinsey and his colleagues covered six ways in which males and females achieve orgasm in our culture: masturbation, nocturnal sex dreams and emissions, heterosexual petting, heterosexual premarital intercourse, homosexual intercourse, and sexual contact with animals. The questions focused on nine major areas: social and economic data, marital history, sexuality education, physical and physiological data, nocturnal sex dreams, masturbation, heterosexual history, homosexual history, and animal contacts. Using these highly specific interviews, Kinsey and his associates collected data from only white males and females. They represented rural and urban areas in each state and a range of ages, marital statuses, educational levels, occupations, and religions. The sample contained a disproportionately high number of better-educated people living in cities. All subjects were volunteers. Kinsey's studies may be the best-known example of survey research related to sexuality, but his sample cannot be viewed as representative of the U.S. population. *Sexual Behavior in the Human Male* (1948) is based on interviews with 5,300 males; *Sexual Behavior in the Human Female* (1953) on interviews with 5,900 females.

Americans had little knowledge about sexual behavior in this culture until Kinsey presented his findings. His conclusions generated a great deal of public reaction. Kinsey concluded that there was a relationship between sexual behaviors and attitudes on the one hand and education and socioeconomic characteristics on the other hand. In males, the lower the educational level, the higher the premarital activity. For women, the findings were the opposite—the higher the educational level, the more likely the premarital activity. He found that those women who had experienced premarital orgasm were more likely to experience marital orgasm. Most of the married females reported orgasm response through coital and noncoital sexual behavior. Only about 2% of women reported a complete lack of sexual arousal. A great many of Kinsey's subjects reported childhood sexual experiences, which reinforced Freud's belief that sexual expression is experienced in childhood. Kinsey concluded from all the data that people are sexual from early childhood through adulthood. Despite its limitations, Kinsey's work was hailed as the first large-scale study of sexual behavior. Some of Kinsey's major findings are described in the following paragraphs.

Masturbation Close to 92% of males in Kinsey's sample stated that they had masturbated at some point in their lives, with the highest incidence reported between 16 and 20 years of age; about 62% of all females reported that they had masturbated. The higher the educational level, the greater the incidence of masturbation in both men and women. In both males and females, the stronger the religious adherence, the lower the incidence of masturbation.

Nocturnal Dreams About Sex Dreams about sex were experienced by both sexes. From the data Kinsey concluded that 70% of females had dreams about sex. About 90% of the females who reported sex dreams had heterosexual dreams with sexual partners they could not identify. About 37% of 45-year-old women had experienced dreams that led to orgasm. The highest incidence of nocturnal emissions was reported by 71% of single males aged 21 to 25 years.

Premarital Intercourse With regard to heterosexual premarital intercourse, Kinsey found that 22% of all adolescent males had experienced intercourse. Among college males 67% had experienced premarital intercourse. Males of lower social class reported greater frequency of premarital intercourse than those of higher social class. Nearly 50% of the females reported premarital intercourse. About two-thirds of the married females reported sexual orgasm before marriage through any one of five

Global DIMENSIONS

The Liu Report: Sexual Behavior in Modern China

Dalin Liu and associates (1997) interviewed 23,000 Chinese people over a period of 18 months. The nationwide survey about sexual attitudes and behavior, a Chinese "Kinsey Report," was the first conducted in China. Liu reported the following:

1. For high school students, the mean age of first ejaculation was 14.4 years.
2. College students were highest in their masturbation rates (59% for males and 17% for females) as compared to high school students (13% for males and 5% for females), city married subjects (33% for males and 12% for females), and village married subjects (9% for males and 11% for females).
3. Thirteen percent of the college student males and 6% of the college student females had experienced premarital sexual activity. This compared with 22% of the city married men and 16% of the city married women, and 35% of the village married men and 15% of the village married women.
4. Among all groups, college students had the highest proportion of those who had homosexual behavior (8%) as compared to less than 1% of city married subjects and just over 2% of village married subjects.
5. Sexual satisfaction was reported by 55% of married males and 67% of married females.
6. Ninety-five percent of the college students and 67% of the married subjects felt positively about the female's initiating sexual activity. Four percent of the college students and 11% of the married subjects felt negatively about this idea.
7. Fifty-six percent of college students, as compared to 10% of married subjects, approved of extramarital sexual activity. Thirty-nine percent of the college students and 79% of the married subjects felt very negative about extramarital sexual activity.
8. Most Chinese couples engage in little or no foreplay before initiating intercourse. Many wives report some discomfort during intercourse as a result of insufficient vaginal lubrication.
9. Women are more likely than men to initiate divorce proceedings (three of five divorces are requested by women).

Source: Data from Liu, D., Man Lun Ng, Li Ping Zhou, & Haeberle, E. J. *Sexual behavior in modern China*. New York: Continuum, 1997.

techniques: masturbation, nocturnal dreams, heterosexual petting, heterosexual coitus, and homosexual contacts. At all social levels, males and females who were devoutly religious reported much less premarital intercourse than nondevout subjects. Kinsey also found that people who married earlier had experienced premarital intercourse at a younger age, and those who married later had begun premarital intercourse at a later age.

Homosexual Activity Kinsey found homosexual incidence highest in high school males. About 37% of all males had some homosexual experience between adolescence and old age. Twenty-five percent of females aged 30 years and over had been erotically aroused by other females, and 17% had experienced sexual contact with other females. Female homosexual contact was greatest in the college and graduate school groups.

The Kinsey Institute is still operating. It is called the Kinsey Institute for Research in Sex, Gender, and Reproduction and is located at Indiana University. In 2004 Kinsey's life was the subject of a popular movie.

William Masters and Virginia Johnson: The Physiology of Sexual Response

The research efforts and studies of Masters and Johnson are probably the most widely known and cited of all sex-related data. These researchers were the first to observe people's sexual behaviors in a laboratory setting and to identify physiological changes during sexual arousal. William Masters was a gynecologist and Virginia Johnson a psychologist. Together they were the directors of what was the Reproductive Biology Research Foundation in St. Louis and is now the Masters and Johnson Institute. In 1966 they published their data in *Human Sexual Response,* and in 1970 they published *Human Sexual Inadequacy.*

Once the two started their research, they informed university contacts and professionals that they were in search of volunteer study subjects. Of the 1,273 volunteers who initially applied, Masters and Johnson selected 694—276 married couples, 106 unmarried women, and 36 unmarried men. Ninety-eight of the single people had been married previously.

The investigators obtained social and sexual histories for all their subjects, gave them information to

explain the studies, and introduced them to the laboratory setting. For experiments involving sexual intercourse, married couples were used as subjects; in studies other than intercourse (such as masturbation and controlled vaginal tests with an artificial phallus), unmarried subjects participated.

Through direct observation, filming, and monitoring with instruments, Masters and Johnson recorded a variety of changes in the physiology of the body in general and in the genitals and reproductive organs in particular. Most of their findings related to physiological responses to sexual arousal that had never before been measured or documented. Their major finding, generally accepted as true since the results were published, was the existence of a cycle of physiological events in response to sexual stimulation. The whole cycle, known as the *human sexual response,* occurs in both sexes in four phases, always in order: excitement, plateau, orgasm, and resolution. This research showed that males and females have many similar responses, as well as responses specific to the physiology of each sex. The research of Masters and Johnson now serves as the basis for modern therapy, education, and counseling; cross-disciplinary research; and general information about sexual functioning.

William Masters and Virginia Johnson were the first sexuality researchers to observe people's sexual behaviors in a laboratory setting. Among their many contributions to sexuality research is the human sexual response cycle.

As well developed as it is, Masters and Johnson's research is not without criticism. Some professionals believe that their model of human sexual response ignores psychological and cognitive aspects of arousal. One can only speculate because Masters and Johnson are no longer here to defend themselves. However, it could also be argued that their original model was intended to only demonstrate what happens biologically and that other factors could be considered later. We will never know for sure, but you should realize that criticisms of their work do exist. It is interesting, however, that their second study was expanded to consider a broader range of factors related to human sexual response.

The second major Masters and Johnson study, *Human Sexual Inadequacy,* was published in 1970. This study of sexual dysfunction put the relationship of the physiology and the psychology of sexual response in sharper focus. Causes of sexual dysfunction, the relationship of the partners who experienced dysfunction, and sexual interaction in general were the concerns of this book. Masters and Johnson defined *sexual dysfunction* as an inability to respond emotionally and physically to sexual arousal. They were able to give a range of dysfunctions, defining six basic types—three for women and three for men. The dysfunctions were also defined in terms of the phases of the sexual response cycle. The physiological, psychological, and emotional (or situational) causes were suggested and defined, with treatment developed to deal with the causes and symptoms presented. Their research has provided a great deal of knowledge of physiological changes that occur in the body during sexual activities.

In 1979 Masters and Johnson published *Homosexuality in Perspective.* This study of the sexual response of homosexuals added much information to the human sexuality literature. The data were gathered by studying the sexual response cycles of 38 lesbian couples and 42 male homosexual couples between 1957 and 1970. The researchers reported that there was little difference between homosexuals and heterosexuals in sexual functioning and response to sexual stimulation. However, homosexuals appeared to communicate with partners more effectively during sexual activity than did heterosexuals. The broadest conclusion reported in this publication was that homosexuality is not a disease and that homosexuals, like heterosexuals, are individuals who have sexual concerns.

Masters and Johnson and You The work of Masters and Johnson affects your sexual life in many ways. Both you and your partner can now better understand your bodies' responses to sexual stimulation. Knowing that you proceed through several identifiable phases during your sexual response cycle will make you and/

Myth vs Fact

Myth: Most women prefer a sexual partner who has a large penis.
Fact: Surveys indicate this is not true. Plus, we know that a female's vagina can adjust to different size penises and that there is far less difference in the sizes of erect penises than of soft penises.

Myth: Sexual activity usually ends soon after age 60.
Fact: Most people older than 60 years in relatively good health continue to participate in many forms of sexual activity.

Myth: Masturbation is physically harmful.
Fact: Masturbation does not harm the body in any way.

Myth: Anal intercourse between uninfected people can transmit human immunodeficiency virus (HIV).
Fact: If there is no infection, there will be no HIV transmission. To contract acquired immunodeficiency syndrome (AIDS), a person must first be infected with HIV.

Myth vs Fact

Myth: Most husbands have extramarital affairs.
Fact: The rates may vary in different studies, but the National Health and Social Life Survey reported that 25% of men and 15% of women had extramarital affairs.

Myth: Few women masturbate.
Fact: Most men and women, married and unmarried, occasionally masturbate. About 50% to 68% of females masturbate at least once a month.

Myth: Most normal women have orgasms from penile thrusting alone.
Fact: Different women prefer different kinds of stimulation. Many do not reach orgasm from penile thrusting alone.

Myth: A man cannot have an orgasm without an erection.
Fact: He can have an orgasm even if he does not have an erection.

Myth: Erectile dysfunction (sometimes referred to as "impotence" by the layperson) usually cannot be treated successfully.
Fact: With counseling, medical treatments, surgical treatments, and better sexual knowledge alone or in combination, most instances of erectile dysfunction can be treated.

June Reinisch and Ruth Beasley found these nine myths to be commonly believed. More information about these myths can be found in later chapters in this book and in their book The Kinsey Institute New Report on Sex (1991). New York: St. Martin's.

or any sexual partner more willing to proceed at a sexual pace in synchrony with your physiology. The results will be greater sexual satisfaction and less sexual dysfunction. Because of the work of Masters and Johnson and that of others motivated by Masters and Johnson's studies, a person experiencing problems with sexual functioning has access to a whole warehouse of effective sexual therapy modalities. As with the work of Kinsey, the studies of Masters and Johnson not only broke ground for sexual research as a profession, but also produced some very useful information for the general public.

The National Health and Social Life Survey

A University of Chicago research team conducted the first comprehensive survey of adult sexual behavior since Kinsey's research (Laumann et al., 1994). The National Health and Social Life Survey (NHSLS) was designed to assess the incidence and prevalence of a broad range of sexual practices and attitudes within the U.S. population.

When the AIDS epidemic began in the 1980s, experts were not well informed about contemporary sexual practices. Believing that such data might help prevent the spread of HIV, in 1987 an agency within the U.S. Department of Health and Human Services asked for proposals to study adult sexual attitudes and practices. The research team from the University of Chicago was awarded a grant in 1988 to support a survey of 20,000 people.

As mentioned earlier, after 2 years of planning, federal funds for the project were withdrawn. In 1991, because conservative members of Congress were offended by the idea of using government funds for research on sexual behavior, legislation was passed to eliminate federal funding for such studies.

The research team then obtained funding from several private foundations. They were able to proceed, but with a much smaller sample. After sampling techniques were used to select a representative sample of 4,369 18- to 59-year-old Americans, 79% of the sample agreed to participate. This gave them a sample size of 3,432.

Although they did have a high participation rate, they had been forced to limit their sample size. This resulted in a population that was representative of white Americans, black Americans, and Hispanic Americans; however, there were too few representatives of other groups to provide useful information about them.

The research team trained 220 professional interviewers, and all 3,432 subjects were interviewed face-to-face. The interviewers made sure the respondents understood all questions. The questionnaire also had internal checks to measure consistency of answers and to validate the responses.

Here are a few examples of their findings: (1) Of married persons, 93.7% had had only one sexual partner in the last year as compared with 38% of those never married and not cohabitating; (2) married people were much more likely than singles to report being extremely or very happy; (3) 9.1% of men and 4.3% of women reported engaging in any same-sex activity since puberty (for nearly half of these men the behavior occurred only before the age

Gender DIMENSIONS

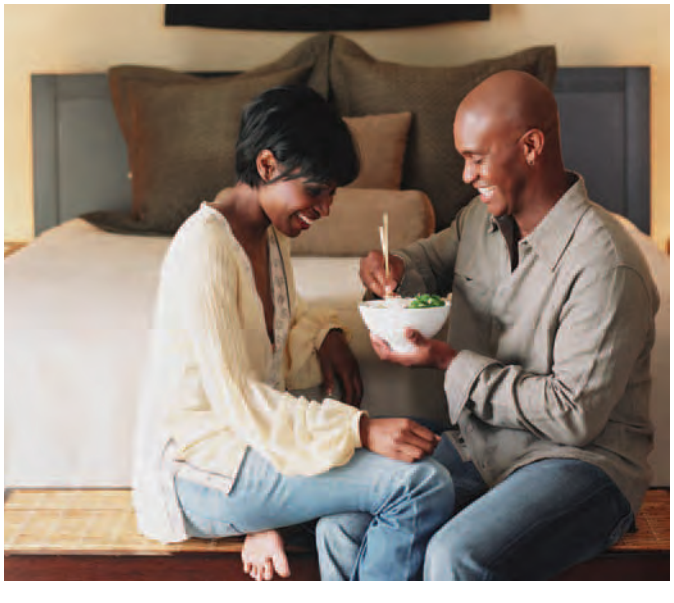
Differences in Research Results

When reviewing research results, researchers have historically commonly found relatively large differences between genders in the amount of heterosexual sexual behavior. Even when comparing the amounts for males and females of the same age, it is common to see much higher rates for males than females. The reasons for this are not known, but this situation makes for interesting discussion because one must wonder who the males are having heterosexual behavior with if the numbers are much smaller for females.

Gender differences also often exist when it comes to reasons for first sexual intercourse (Laumann et al., 1994). For example, among those females who wanted their first vaginal intercourse to happen when it did, just over half the males were motivated by a curiosity about sexual behavior, but a little less than one-quarter of the females were. However, about one-quarter of the males had intercourse because of affection for their partner, whereas 47.5% of the females did it for this reason. Only about 3% of the females said that physical pleasure was their main reason, compared to about four times as many men (12%) who said this.

However, Alexander and Fisher (2003) reported on the differences in self-reported sexual behaviors between males and females. They pointed out that at least some of these differences may be because women don't always answer such surveys honestly, but give answers that they believe are expected of them. Women's sensitivity to social expectations for their sexual behavior might cause them to be less than honest when asked about their sexual behavior. It might also be that men claim more sexual behavior than they actually had because they feel that is expected of them. In their study, men and women were asked about their sexual behavior when they believed they were connected to a lie detector machine. Although there were still some gender differences, women's answers were much closer to men's under these circumstances.

Watch for these kinds of comparisons as you consider research on sexual behavior and think about reasons why gender differences might exist.



The NHSLS found that married people are much more likely than singles to report being very happy.

of 18 years). About 1.4% of the women and 2.8% of the men reported a homosexual identity.

Popular Literature

Shere Hite: Women's Sexuality, Men's Sexuality, and Women and Love

Between 1972 and 1976, when her findings were published in *The Hite Report,* Shere Hite mailed more than 100,000 60-item essay-type questionnaires to such women's groups as the National Organization for Women, university women's organizations, and women's newsletters. She also placed notices in *The Village Voice, Mademoiselle, Brides, Ms.,* and *Oui* magazines asking women to send for questionnaires. Hite received completed questionnaires from 3,109 women, who expressed their personal feelings about masturbation, orgasm, intercourse, clitoral stimulation, lesbianism, sexual slavery (satisfying males' needs during sexual activity and ignoring their own needs), and the sexual revolution. Many women reported

Shere Hite completed several important research projects about sexual behavior.

that they experienced orgasm more frequently from clitoral stimulation than from coitus and that they achieved deep orgasm from masturbation. Furthermore, they described a history of orgasm in general. Of the sample, 8% preferred sexual activity with other women, 53% said that they preferred sexual activity with themselves, and 17% preferred no sexual activity at all. Although the question was not directly asked, many women offered the information that they were curious about and might be interested in a sexual encounter with another woman. The majority of older women said that sexual pleasure increased with age, but many respondents older than 45 years reported difficulty in finding new sexual partners.

The findings published in *The Hite Report* were of great interest, for despite the fact that only a relatively small portion of the total female population was reached, no study had previously afforded such large numbers of women the opportunity to express their preferences and desires in matters of sexuality. However, remember that Hite recruited her subjects by inserting a notice in magazines such as *Oui, The Village Voice, Ms.,* and *Mademoiselle*. Rather than being representative of all women, this small, select group of women is considered to be what is called a biased sample. Hite did not statistically analyze her data; rather, she used what are described as anecdotal reports—essays written by individuals describing their sexual activities and the feelings they experienced.

In 1981 Hite published *The Hite Report on Male Sexuality* using the same anecdotal analysis, this time presenting the views of 7,200 men. Men preferred intercourse to masturbation or oral–genital sexual activity. They were generally unaware that women could achieve orgasm by means other than intercourse. They expressed ignorance of when a female orgasm occurs and expressed anxious feelings about not knowing. Some of the males expressed anger over always being the initiators of sexual activity yet volunteered that sexually aggressive women were difficult for them to deal with. Many men stated that they grew up not being allowed to express themselves emotionally, for the culture demanded that men be strong and showing emotion was not defined as indicating strength. Again, because the Hite study of males was anecdotal, it is not considered to be of statistical note.

In 1987 Hite published *Women and Love: A Cultural Revolution in Progress*. After spending 7 years analyzing surveys from 4,500 women, she concluded that women are fed up with men. Despite women's liberation and the sexual revolution, Hite reported that women remain oppressed, and even abused, by men. Four of five women in her study said they still had to fight for their rights within relationships, 87% said that men became more emotionally dependent than women, 92% complained that men communicate with women in language that indicates "condescending, judgmental attitudes," 95% reported forms of "emotional and psychological harassment," 79% said they seriously question whether they should put so much energy into love relationships, 98% wished for more verbal closeness with male partners, 70% of the women married 5 years or more said they had extramarital affairs more often for emotional closeness than for sexual activity, and 87% of the married women said they have their deepest emotional relationship with a woman friend.

Many respectable researchers, both male and female, questioned Hite's findings. Criticisms pointed to a highly self-selected sample—only a 4.5% return from more than 100,000 questionnaires distributed to a variety of women's groups in 43 states—and a likely disproportion of unhappy people, because unhappy people were probably more willing to answer the questions than were happy people. Hite indicated a desire for men to see what women feel works in relationships, but others feared that Hite's

Did You Know . . .

Remember that the main purpose of sexual themes in newspapers, in magazines, and on radio and TV may be to sell newspapers and magazines and raise ratings of the programs. Also, there is a motivation to entertain people. It may be possible to get some sound information about sexuality through these sources; however, caution is needed if you are going to be a wise consumer. It is probably healthy to be skeptical until you have a chance to verify the information in accepted professional journals.

Readers must carefully evaluate information about human sexuality found in popular literature.

book encouraged women to take the easy way out and blame everything on men.

Lorna Sarrel and Philip Sarrel: The Redbook Report on Sexual Relationships

In 1980 *Redbook* magazine published a sexuality questionnaire to which approximately 20,000 women and 6,000 men responded. The questionnaire was primarily concerned with the quality of relationships and the interpersonal communication of couples. More than half of the men (60%) and less than half of the women said that sharing feelings was very important to their relationships. Seventy-five percent of those who answered the questionnaire rated their current sexual relationships as being good or excellent. Fifteen percent reported sexual dysfunction, and these people said that they spoke very little about sexuality with their partner. Of particular interest is the fact that 40% of men and women who were parents said that lack of privacy interfered in some way with their enjoyment of sexual activity. Many individuals accepted sexual activity to satisfy a partner even if they did not want to make love at the time, and half of those who did said they "end up enjoying it."

This study is not indicative of sexual relationships of the population in general, because the readership of *Redbook* in 1980 tended to be youthful, married, better educated, and financially more secure than the general population. However, these people do represent a very large group of our population and they certainly do show an interest in sexual matters, are comfortable with the subject, and possess a willingness to discuss sexuality and interpersonal relationships. It is fair to believe that they did represent many couples in the society (Sarrel & Sarrel, 1980).

June Reinisch and Ruth Beasley: The Kinsey Institute New Report on Sex

The inclusion of a 1991 book within our popular literature section may be debatable, but it is indeed written for the general public. In fact, one of its authors said, "It's a great book to have in the bathroom, when you have time to read bits and pieces. It is designed to be a 'friendly encyclopedia,' telling readers in question-and-answer format almost everything they wanted to know about sexuality" (Dolan, 1990).

Research from the Kinsey Institute and the results of a Roper poll of 2,000 adults show that knowledge about sexuality is still at a very low level. For example, half of the adults tested did not know that a lubricant such as Vaseline or baby oil can cause microscopic holes in a condom or a diaphragm in as little as 60 seconds. This lack of understanding hardly contributes to safer sex practices.

Of women aged 30 to 44 years, only 55% received a passing grade on the test, and 52% of men in the same age group did. Men answered correctly more often on matters of sexual practices, and women knew more about their own sexual health. People living in the Midwest had the highest scores, and those in the South and the Northeast had the lowest.

Seventeen Magazine and The Kaiser Family Foundation: SexSmarts Survey on Teen Sexual Behavior

The latest in a series of surveys of teens aged 15–17 years found that only 1 in 10 teens who have had

Communication DIMENSIONS

Talking About Sexuality Research Results

It is not easy to analyze findings of sexual research, and it is common to hear others talking about some "new findings" they just heard about. What if someone tells you about some sexual "research" and some interesting findings? What can you suggest to help the person (and you) analyze whether the research seems sound? Here are some possibilities for questions and conversational points.

- Was the scientific method used? This method does not rely just on testimonials or someone's opinion. It requires proper sampling techniques, accurate measurement and observation, and appropriate statistical analysis of the findings to reach valid conclusions.
- Is the study replicable? One study, taken alone, seldom proves anything. To be valid, one researcher's findings must be repeatable by others.
- Have the research findings been properly used? For example, conclusions based on data from one population may not apply to another population, and the results from animal studies cannot be applied with certainty to humans.
- Were the proper statistics used and were they used correctly? Many people tend to accept statistical data without question, although statistical errors do occur.
- What is the competency of the author or researcher? Does the person have a record of excellent previous research? What kinds of expertise does the author or researcher have?
- Has the research been reviewed by peers? Peer review is the process in which the work of a scientist is reviewed by others who have equal or superior knowledge. It may be done while the study is being developed or afterward, as when results of the study are being considered for publication in a scientific journal.

Even these questions will not guarantee appropriate judgments about the accuracy of sexual research, but it can be very helpful to see whether there are good answers to them. They may also inspire some very interesting conversation.

sexual intercourse discussed his or her sexual plans with parents ahead of time, and more than a third did not tell their parents about their sexual history at all. Forty-eight percent of all survey respondents and 56% of sexually active respondents never talked with a parent about "how to know when you are ready to have sex." Eighty percent of respondents said teens do not discuss sexual issues with their parents because they worry that their parents will disapprove or will assume that they are already participating in sexual behavior if they discuss the subject with them (Kaiser Family Foundation and *Seventeen* magazine release latest SexSmarts Survey on teen sexual behavior, 2002).

Eighty-four percent of all respondents said they had never talked with a healthcare provider about how to know when one is prepared for sexual behavior. More than two-thirds had not discussed contraception, HIV and AIDS, condoms, or STIs with a health care provider. Nearly two-thirds had spoken with a sexual partner about "what they are comfortable doing sexually." Fifty-eight percent had never discussed STIs with a partner, 56% had never discussed HIV and AIDS with a partner, and 53% of all respondents and 28% of sexually active teens had never discussed contraception with a partner. Most cited lack of knowledge about sexual issues, fear of what a partner might think, and embarrassment as reasons they do not discuss sexual issues with partners.

NBC News and People Magazine: National Survey of Young Teens Sexual Attitudes and Behavior

NBC News and *People Magazine* had the Princeton Survey Research Associates International conduct a survey of 1,000 young teenagers (ages 13–16) and their parents. The results were reported in 2004 and updated in 2005 (Nearly 3 in 10 young teens sexually active, 2005). Teens were asked about their sexual health, behavior, and attitudes, and parents were asked for their views on the sexual lives of today's teens.

The survey showed that parents and teens have somewhat different opinions on the pressure teens face and their attitudes. For example, 85% of parents strongly or somewhat agreed that "there is a lot of pressure on teenagers to have sex by a certain age," compared with 66% of the teens. Forty-seven percent of parents strongly or somewhat agreed with the statement, "for teens oral sex is not as big a deal as sexual intercourse," compared with 75% of teens.

The survey confirmed that teens engage in a wide range of sexual behavior, from kissing to sexual

By the time they finish high school, the percentage of females who have had sexual intercourse is about 62%, with about 38% who have not.

intercourse. For example, 58% of all teens (ages 13–16) reported having "kissed someone romantically," 27% reported having "been with someone in an intimate or romantic way," 21% reported having "touched someone's genitals or private parts," 13% reported having engaged in sexual intercourse, and 12% reported having engaged in oral sex. Among the 12% of all teens who reported having had oral sex, 1% first had oral sex at age 11, 8% at age 12, 19% at age 13, 22% at age 14, 29% at age 15, and 16% at age 16.

As might be expected, older teens (ages 15–16) reported higher rates of sexual behavior. Seventy-two percent had "kissed someone romantically," 41% had "been with someone in an intimate or romantic way," 37% had "touched someone's genitals or private parts," 21% had engaged in sexual intercourse, and 19% had engaged in oral sex.

Parents seemed to underestimate whether their teens had engaged in sexual behavior. When asked about their own child, 83% believed he or she had not engaged in sexual activity beyond kissing.

According to the study, many teens were not protecting themselves from pregnancy or STIs. Thirty percent who had oral sex reported "always" using "protection such as a condom" during oral sex, 14% reported using protection "most of the time," 13% "some of the time," and 42% reported "never" using protection during oral sex.

Thirty-six percent of teens who had sexual intercourse used birth control every time, 6% used it "almost every time," 8% used it "most of the time," 7% used it "only sometimes," 1% "hardly ever," and 40% never used birth control.

The survey showed that many factors, from parent's reactions to curiosity to sexual desire, play a role in teens' decisions about sexual behavior. Eighty-two percent of teens who had engaged in sexual intercourse cited having met the right person as a major or minor reason for their decision, 71% cited curiosity, 68% cited sexual desire, 56% cited a hope that it would make their relationship even closer, 34% cited pressure from their partner, and 18% cited a desire "to be more popular and accepted" as a major or minor reason for their decision.

For those who had never engaged in sexual intercourse, 89% cited feeling they were too young as a major or minor reason for their decision, 88% cited "a conscious decision to wait," 86% cited worries about STIs, 85% cited worries about pregnancy, 84% cited worries about what their parents would think, 75% cited not having met the right person yet, 63% cited religious or moral beliefs, 54% cited worries about what their friends would think, and 49% cited not having had the opportunity as a major or minor reason for their decision.

Among those who had engaged in oral sex, 76% cited "the other person wanted to" as a major or minor reason for their decision, 71% cited having met the right person, 69% cited the belief that "you are still a virgin if you have oral sex," 68% cited not having to worry about pregnancy, 64% cited curiosity, 40% cited wanting to avoid sexual intercourse, 35% cited the belief you can't get STIs from oral sex, 24% cited wanting to avoid being touched or undress, and 21% cited "wanting to be more popular and accepted" as a major or minor reason for their decision.

Examples of Research in the 21st Century

It is almost impossible to count the many research studies related to human sexuality done in recent years. And until these studies stand the test of time, it is difficult to tell which, if any, might become classics. The following is a chronological summary of selected, more recent, research studies.

Studies on Premarital Sexual Attitudes and Behavior
Dailard (2001) reported on the findings of the National Longitudinal Study of Adolescent Health (more commonly called the "Add Health Survey"). She indicated that teens' reports of ever having had sexual intercourse increase dramatically with grade level, from 16% among 7th and 8th graders to 60% among 11th graders. Teenagers who are African

Sexual standards are influenced by culture and gender.

Rates of sexual activity vary with differences in ethnicity.

American or in low-income or single-parent families are more likely to have had sexual intercourse than their peers. In addition, the Add Health Survey strongly indicates that whether a teenager has ever had sexual intercourse is largely explained by that individual's own sexual history and his or her perceptions about the costs and benefits of having sexual intercourse. In sharp contrast, the data indicate that other major risk behaviors—such as cigarette smoking, drug and alcohol use, weapons-related violence, and suicidal thoughts and attempts—are shaped more by factors such as problems with school or work or the number of friends who regularly smoke or drink.

Dennison and Russell (2005) pointed out that more than 1,000 published reports employed data from the Add Health Study. Findings from these reports indicate that adolescents at the upper and lower ends of the intelligence distribution were less likely to have engaged in intercourse, religiosity reduced the risk of coital debut in both males and females, youth from intact families were less likely to have engaged in intercourse, greater parental involvement was related to a lower likelihood of sex initiation, and most teens had their first sexual experience within the context of a romantic relationship. The average waiting time before engaging in sexual intercourse within these romantic relationships was 5 months. In addition, students who felt connected at school reported later ages at sexual initiation, girls participating in sports tended to delay sexual activity, and students who took abstinence pledges were less likely than nonpledgers to practice safe sex once they became sexually active.

In 2002 the Kaiser Family Foundation reported the results of a national survey of 1,200 adolescents and young adults 13–24 years old (Substance use and risky sexual behavior, 2002). It concluded that for many teens and young adults, alcohol use and drug use are closely linked to sexual decision making and risk taking. Nearly 90% said their peers used alcohol or drugs before having sexual intercourse at least some of the time, and many young people reported that condoms are often not used when people are drinking or using drugs. More than a third of sexually active young people reported that alcohol or drugs had influenced their decisions about sex. Almost as many had "done more" sexually than they had planned while under their influence. As a result, they reported they worried about STIs and pregnancy.

It is interesting that most sexually active teenagers had sexual intercourse for the first time in their parents' homes, late at night (Most sexually active teens first had sex at home, 2002). On the basis of a national survey that had tracked 8,000 children aged 12–16 years since 1997, the study found that 56% of those who had been sexually active said they first had sexual intercourse at their family's home or at the family home of a partner, 12% said at a friend's house, 4% said in a vehicle, 3% said at an outdoor location, 3% said at a hotel or motel, and 10% said at another location. In addition, 42% said they first had sexual intercourse between 10 P.M. and 7 A.M. and 28% said between 6 P.M. and 10 P.M. Only 15% of respondents said they had intercourse for the first time between 3 P.M. and 6 P.M. This study dispels the myth that teens most often have sexual intercourse after school, when parents are at work.

Did You Know . . .

Many studies of sexual behavior have examined only whether a person reports ever having had sexual intercourse. When investigating the safety of sexual behavior, it is also helpful to know how often people have participated in sexual intercourse in a recent time, with whom, and which types of sexual practices have been used. For example, we know that teenagers and nonwhite women are at greater risk of contracting HIV than are older women, but teenagers are less consistently sexually active than are older women (Klitsch, 1990). Similarly, nonwhite women are statistically more likely to contract sexually transmitted infections than white women; however, they are less consistently sexually active than white women. Again, researchers need to consider the type of behavior or practice, not just the amount, to determine the degree to which safe sexual behavior is practiced.

TABLE 2.1 Youth Risk Behavior Surveillance (YRBS) Results, 2004 and 2010

Sexual Behavior	2004	2010
Percent of high school students (grades 9–12) who had sexual intercourse	47%	46%
Percent of sexually active students who used a condom at last sexual intercourse	63%	61%
Incidence of intercourse for African American males	74%	72%
Incidence of intercourse for Hispanic males	57%	53%
Incidence of intercourse for white males	41%	40%
Incidence of intercourse for African American females	61%	54%
Incidence of intercourse for Hispanic females	46%	45%
Incidence of intercourse for white females	42%	45%
Incidence of intercourse for 9th grade students	33%	34%
Incidence of intercourse for 10th grade students	44%	41%
Incidence of intercourse for 11th grade students	53%	53%
Incidence of intercourse for 12th grade students	62%	62%
Had first intercourse before age 13 years	7%	6%
Had sexual intercourse during their lifetime with four or more partners	14%	14%

Sources: Data from Grunbaum, J., Kann, L., Kinchen, S., Ross, J., Hawkins, J., Lowry, R., Harris, W. A., McManus, T., Chyen, D., & Collins, J. Youth risk behavior surveillance—United States, 2003. In: *Surveillance Summaries, Morbidity and Mortality Weekly Report, 53, no. SS-2* (2004), 1–20; Eaton, D. K., Kann, L., Kinchen, S., Shanklin, S. Ross, J., Hawkins, J., Harris, W. A., Lowry, R., McManus, T., Chyen, D., Lim, C., Whittle, L., Brener, N. D., & Wechsler, H. Youth risk behavior surveillance—United States, 2009. In: *Surveillance Summaries, Morbidity and Mortality Weekly Report, 59, no. SS-5* (2010), 1–143.

Changes in sexual risk behavior among U.S. high school students (grades 9–12) over a 10-year period were reported in 2002 (Trends in sexual risk behaviors among high school students, 2002). The percentage who reported ever having had sexual intercourse decreased by 16%. In 1991, 56% had participated, but in 2001 only 46% had done so. Also, the overall proportion who had had four or more partners dropped by 24%—from 19% in 1991 to 14% in 2001.

The overall prevalence of "current sexual activity"—defined as having intercourse at any point during the 3 months preceding the survey—did not change between 1991 and 2001. It was reported by about one-third of the respondents. Condom use rose between 1991 and 1999 but had "leveled off" since then. In 2001 about 58% of sexually active teens used condoms, compared to about 46% in 1991. The percentage of sexually active students who had used drugs or alcohol before their most recent intercourse increased 18% between 1991 and 2002.

For a number of years the U.S. Centers for Disease Control has periodically conducted a Youth Risk Behavior Surveillance (YRBS). A portion of the questions within the survey of health behaviors of students in grades 9–12 relate to sexual behavior. Some of the YRBS results reported in 2004 and 2010 are shown in Table 2.1.

In 2005 Halpern-Felsher et al. reported that ethnically diverse 9th-grade adolescents evaluated oral sexual activity as significantly less risky than vaginal

intercourse on health, social, and emotional consequences. They also believed that oral activity is more acceptable than vaginal intercourse for adolescents their own age in both dating and nondating situations, oral sexual activity is less of a threat to their values and beliefs, and more of their peers will have oral sexual activity than vaginal intercourse in the near future. More study participants reported having had oral sexual activity (20%) than vaginal intercourse (14%), and more intended to have oral sexual activity in the next 6 months (32%) than vaginal intercourse (26%).

In 2005, South et al. studied the effect of residential mobility on the timing of first premarital sexual intercourse. They found that adolescents who had recently moved were about one-third more likely than nonmobile adolescents to experience first premarital intercourse. They further found that much of the difference between adolescents who moved and those who didn't in the onset of sexual activity was attributable to the greater propensity for delinquency and weaker academic performance among members of movers' school-based friendship networks.

In 2008, Lescano et al. studied factors associated with anal intercourse among adolescents and young adults. Recent heterosexual anal intercourse was reported by 16% of the 1,348 respondents. Females who engaged in anal intercourse were more likely to be living with a sexual partner, to have had two or more partners, and to have experienced coerced intercourse. For males, only a sexual orientation other than heterosexual was a significant predictor of engaging in heterosexual anal intercourse.

In 2011, Lehmiller et al. reported on gender differences in approaching friends with benefits (FWB) relationships. They defined FWB relationships as consisting of friends who are sexually, but not romantically, involved. They engage in sexual activity on occasion, but otherwise have a basic friendship. Their results indicated many similarities in terms of how males and females approached FWB relationships, but several important differences emerged. Sexual activity was a more common motivation for men to begin such relationships, whereas emotional connection was a more common motivation for women. Also, men were more likely to hope that the relationship stayed the same over time, whereas women expressed more desire for it to change into either a full-fledged romance or a basic friendship. Both men and women were more committed to the friendship than to the sexual aspect of the relationship. The researchers felt their findings were largely consistent with the notion that traditional gender role expectations and the sexual double standard may influence how men and women approach FWB relationships.

Studies on Ethnic Differences in Sexual Attitudes and Behavior

Only relatively recently have researchers looked at the influence of ethnic differences in sexual attitudes and behavior. Examples of such studies are given in the following discussion.

Ford and coworkers (2001) reported that the sexual partners of white and black adolescents are likely to be similar to them. In contrast, the sexual partners of Latino adolescents and of adolescents of "other" race or ethnicity are more likely to be of a different racial or ethnic group. As adolescents get older, their partners become more heterogeneous.

Cavanagh (2004) studied the sexual debut of girls in early adolescence. She found that among white girls, those who matured early were more likely to have sexual intercourse in early adolescence, and this was partially due to the friendship groups of which they were a part. Early puberty seemed to draw white girls into larger friendship groups characterized by riskier behavior and lower academic achievement. Hispanic girls were similar to white girls in key ways, but different in others. For them, as for whites, both early puberty and friendship group characteristics were closely related to sexual debut, but unlike whites, friendship group characteristics did not mediate the association between early pubertal timing and sexual debut. Early pubertal timing mattered for Hispanics in other ways not captured in the model used in the study. There was also another factor uniquely characterizing Hispanics—the presence of older boys. Interestingly, among African American girls, there were no meaningful associations among early pubertal timing, the friendship group, and sexual debut.

Other studies have shown a variety of ethnic differences related to sexuality. For example, Connell et al. (2004) found that African American groups are more aware of STIs and HIV than either white or Hispanic groups. However, African Americans tend to have a higher percentage of people testing positive for HIV/AIDS (Johnson & Jackson, 2004). The prevalence rate of HIV has been found to be 16% for African Americans, 7% for Hispanics, and 3% for whites (Harawa et al., 2004). Also, Hispanic youth seem to be at a greater risk for experiencing early intercourse than white youth (Adam et al., 2005).

Regarding birth control, use of injectable contraceptives is high among African American women, but not as high among Asian Indian or white women (Burgard, 2004). Knowledge disparities can also be seen when comparing ethnic groups. For example, 41% of Hispanic women and 75% of African American women have heard of emergency contraception as compared to 99% of white women (Chuang & Freund, 2005).

Studies on the Use of Contraception

Ford and colleagues (2001) reported that the less similar adolescents and their sexual partners are to one another—whether because of a difference in age, grade, or school—the less likely they are to use condoms and other contraceptive methods. The likelihood of having sexual relations with adolescents with different characteristics increases as adolescents get older.

Oncalem and King (2001) reported that many college students either have tried to talk their sexual partners out of using a condom or have had a partner try to dissuade them from condom use. Nearly 14% of women and nearly 17% of men who had engaged in sexual intercourse admitted to having actively tried to dissuade a partner from the couple's using condoms. Thirty percent of men and 41% of women said that a sexual partner had tried to dissuade them. The most frequent reasons cited were (1) that sexual intercourse feels better without a condom, (2) that the woman will not get pregnant, and (3) that the person will not get a sexually transmitted infection.

Adolescents give many reasons why they did not use contraception.

While it may seem obvious, Bruckner et al. (2004) reported that the factor most strongly associated with the risk of pregnancy among young women is contraceptive use, with nonusers being significantly more likely than inconsistent and consistent users to become pregnant. However, these researchers also indicated that adolescents who become pregnant do not sufficiently appreciate the negative consequences, and that prevention programs should target participants' attitudes toward pregnancy. If more positive attitudes toward contraception can be developed, this will help shape effective contraceptive use.

While there are many reasons for close involvement between parents and adolescents, Frisco (2005) pointed out an interesting relationship to contraceptive use. Her research showed that parental involvement in education shapes teenagers' attitudes about school and work by encouraging achievement and by providing a home environment that values education. Such parental involvement also increases the odds that young women will use contraception, especially increasing the likelihood of using specific reliable birth control methods.

Manlove et al. (2008) examined a sample of sexually experienced 15- to 19-year-old males to identify factors associated with condom use. They found that Hispanic males and those who did not receive formal sexuality education had lower odds of condom use and/or consistency. African American males and those with more positive attitudes about condoms had greater odds of both using condoms and using them consistently. Males who were older at most recent sexual intercourse, who had an older sexual partner or a casual sexual partner, who were in longer relationships, or who engaged in more frequent sexual intercourse had reduced odds of contraceptive use.

In 2010, the Guttmacher Institute (Facts on contraceptive use in the United States, 2010) reported that of the 43 million fertile, sexually active women who do not want to become pregnant, 89% use a method of contraception. Sixty-three percent of reproductive-age women who practice contraception use nonpermanent methods, including hormonal methods (such as the pill, patch, implant, injectable, and vaginal ring), the IUD, and condoms. The remaining women rely on female or male sterilization. For women younger than age 30, the most common method is the pill. Among women aged 30 and older, more rely on sterilization. Overall, pills are used by 28% of users, tubal sterilization by 27%, male condoms by 16%, a vasectomy by 10%, an IUD by 6%, withdrawal by 5%, an injectable by 3%, a vaginal ring by 2%, an implant by 1%, and periodic abstinence (calendar method) by a little less than 1%.

Related to control of births, in 2011 it was reported (Facts on induced abortion in the United States, 2011) that the overall U.S. abortion rate declined after 1981. The abortion rate among U.S. women of childbearing age declined from about 29.3 per 1,000 women in 1981 to about 19 in 2011. Sixty-one percent of abortions are obtained by women who have one or more children; 18% are obtained by teenagers. Women in their twenties account for more than half of all abortions, and women who have never married and are not cohabiting account for 45% of all abortions.

Among the 34.2% of currently sexually active high school students (grades 9–12) in the United

Young people say they get a lot of their sexual information from their peers.

States, 61% reported that either they or their partner used a condom during the last sexual intercourse, 20% used birth control pills, 3% used Depo-Provera, 23% used either birth control pills or Depo-Provera, and 9% used both a condom and birth control pills or Depo-Provera (Eaton et al., 2010).

Other Representative Studies

The Guttmacher Institute (Facts on American teens' sexual and reproductive health, 2011) reported that each year almost 750,000 U.S. women ages 15–19 become pregnant. Two-thirds of all teen pregnancies are among 18- and 19-year-olds. The peak rate of teen pregnancies was 117 per 1,000 women ages 15–19, which occurred in 1990. Since then, there has been a steady decline to about 70 per 1,000. However, the U.S. teen pregnancy rate continues to be one of the highest in the developed world—more than twice as high as rates in Canada (28 per 1,000) or Sweden (31 per 1,000). About 59% of U.S. teen pregnancies end in birth, 27% in abortion, and 14% in miscarriage.

In 2011, Pazol et al. reported that approximately 410,000 teens ages 15–19 gave birth in 2009. The national teen birth rate was 39.1 per 1,000 females, a 37% decrease since 1991, and the lowest rate ever recorded. State-specific teen birth rates varied from 16.4 to 64.2 births per 1,000 females and were highest among southern states. Birth rates for black and Hispanic teens were 59.0 and 70.1 births per 1,000 females, respectively, compared with 25.6 for white teens.

In 2011, Torian et al. reported that sharp increases were reported from 1981 to 1995 in the number of new AIDS cases and deaths in the United States, reaching highs of over 75,400 in 1992 and 50,600 in 1995, respectively. However, with the introduction of highly active antiretroviral therapy, AIDS diagnoses and deaths declined substantially from 1995 to 1998 and remained stable from 1998 to 2008, at an average of just over 38,200 AIDS diagnoses and 17,400 deaths per year, respectively. Despite the decline in AIDS cases and deaths, at the end of 2008 an estimated 1,178,350 persons were living with HIV, including 236,000 (20.1%) whose infection was undiagnosed. Most (75%) persons living with HIV were male, and 65.7% of the males were men who have sexual activity with men. HIV prevalence rates for blacks or African Americans (1,819 per 100,000 population) and Hispanics or Latinos (593) were approximately eight times and two and a half times the rate among whites (238), respectively.

Daniel and Balog (2009) reported that the age of female puberty seems to have decreased in the United States and western countries as child health and nutrition have improved and obesity has become more common. Environmental contaminants, particularly endocrine disruptors, may also play a role in lowering the age of puberty. Puberty at an early age increases the risk of stress, poor school performance, teen pregnancy, eating disorders, substance abuse, and a variety of health issues that may appear later in life, including breast cancer and heart disease. The age of first breast development is dropping faster than that of first menstrual period (menarche). While the age of menarche dropped from a mean of 17.5 years in the middle of the 19th century to 12.5 years by the middle of the 20th century, girls begin menstruating only a few months earlier today than girls 40 years ago.

Biro et al. (2010) indicated that 15% of U.S. girls have breast development, an early sign of puberty, by age 7. Black girls are more likely to have early breast development, with 23% starting by age 7 compared to almost 15% of Hispanic girls. They found that 10% of white girls began developing breasts by age 7, which is twice the rate of a 1997 study.

Examinations of associations between religiosity and sexual behaviors and attitudes have shown interesting results. In 2004 Lefkowitz et al. found relationships between religiosity (group affiliation, attendance at religious services, attitudes, perceptions of negative sanctions, and adherence to sanctions) and sexuality. They reported that religious behavior was the strongest predictor of sexual behavior. In 2005 research by Penhollow et al. indicated that religiosity variables, especially frequency of religious attendance and religious feelings, were significant predictors of sexual behavior.

Interestingly, in 2011 McFarland et al. reported that among older married adults religion is largely unrelated with frequency of sexual behavior and satisfaction, although religious integration in daily life shares a weak, but positive, association with pleasure from sexual activity.

In 2004 Vlassoff et al. assessed the costs and benefits of sexual and reproductive health interventions. Their study showed that poor sexual and reproductive health account for a substantial share of the global burden of disease. Their research indicated that the benefits of sexual and reproductive health interventions are far-reaching. For example, in addition to medical benefits, maternal health care lowers death and disability due to pregnancy-related causes, helps families remain intact, enables higher household savings and investment, and encourages higher productivity. Prevention and treatment for STIs and treatments for medical conditions also help reduce social stigma and help parents remain healthy so they are better able to care for and invest in their children. Contraceptives, together with maternal health services, minimize the adverse health effects of unintended pregnancy and high-risk births, including unsafe abortion, hemorrhage, infection, anemia, low birth weight, and malnutrition. These researchers concluded that sexual and reproductive health interventions are a good investment.

In 2005 Mosher et al. reported data from the National Survey of Family Growth. They indicated that, among adults 25–44 years of age, 97% of men and 98% of women had had vaginal intercourse; 90% of men and 88% of women had had oral sexual activity with an opposite-sex partner; and 40% of men and 35% of women had had anal sexual activity with an opposite-sex partner. About 6.5% of men had had oral or anal sex with another man. Eleven percent of women reported having had a sexual experience of any kind with another female.

Koch (2006) reported on women's bodies being a "puzzle" for college men. She found that college men believed women and their bodies are complex "puzzles" that are difficult to understand. The college men also felt ignorance about women's bodies, particularly their genital/reproductive anatomy and menstruation. Confusion over how to deal with women's body image was another major theme. The men believed that women are too concerned about their body image. Most felt that having better knowledge of women's bodies and the experiences they go through would improve their relationships with women.

As electronic devices have played much larger roles in the lives of college students, some issues related to electronic devices and sexuality have arisen. For example, the National Campaign to Prevent Teen and Unplanned Pregnancy and CosmoGirl.com commissioned a survey of teens and young adults to explore electronic activity (Sex and Tech, 2008). The key findings showed that a significant number of teens have electronically sent, or posted online, nude or semi-nude pictures or videos of themselves. Sexually suggestive messages were even more prevalent than sexually suggestive images. Most respondents knew that it was potentially dangerous to post sexually suggestive content, but did it anyway. Many of the teens and young adults said they were pressured by friends to send or post sexual content. Most said it was a "fun and flirtatious" activity.

The National Survey of Sexual Health and Behavior (NSSHB) (2010) included data from the largest nationally representative study of sexual-health behaviors ever fielded. It included information about sexual experiences and condom-use behaviors of 5,865 adolescents and adults ages 14–94. This survey generated so much information that the initial findings were presented in nine separate research articles in a special issue of *The Journal of Sexual Medicine* published on October 1, 2010. According to the study's findings, 1 in 4 acts of vaginal intercourse in the United States are condom protected (1 in 3 among singles). Information was obtained on the percentage of Americans (by age group) performing certain sexual behaviors in the past year. Behaviors included masturbated alone, masturbated with partner, received oral from woman, received oral from man, gave oral to woman, gave oral to man, vaginal intercourse, received penis in anus, and inserted penis in anus. As one example, percentages for vaginal intercourse by age group were as follows: 14–15 (9% for males and 11% for females); 16–17 (30% for males and 30% for females); 18–19 (53% for males and 62% for females); 20–24 (63% for males and 80% for females); 25–29 (86% for males and 87% for females); 30–39 (85% for males and 74% for females); 40–49 (74% for males and 70% for females); 50–59 (58% for males and 51% for females); 60–69 (54% for males and 42% for females); and 70+ (43% for males and 22% for females).

Here is a sampling of other findings from the NSSHB:

- Condoms are used twice as often with casual sexual partners as with relationship partners.
- The sexual repertoires of U.S. adults are extremely variable, with more than 40 combinations of sexual activity described at adults' most recent sexual event.
- Many older adults continue to have pleasurable sex lives, reporting a range of different behaviors and partner types.
- About 85% of men report that their partner had an orgasm at the most recent sexual event; this compares to 64% of women who report having had an orgasm at their most recent sexual event. (A difference that is too large to be accounted for by some of the

men having had male partners at their most recent event.)

- Men are more likely to have an orgasm when sexual activity includes vaginal intercourse; women are more likely to have an orgasm when they engage in a variety of sexual acts and when oral sexual activity or vaginal intercourse is included.
- Whereas about 7% of adult women and 8% of men identify as gay, lesbian, or bisexual, the proportion of individuals in the United States who have had same-gender sexual interactions at some point in their lives is higher.
- At any given time, most U.S. adolescents are not engaging in partnered sexual behavior. While 40% of 17-year-old males reported vaginal intercourse in the past year, only 27% reported the same in the past 90 days.
- Adults using a condom for intercourse were just as likely to rate the sexual event positively in terms of arousal, pleasure, and orgasm than when having intercourse without one.

Research on Sexuality Education

Research has been done to evaluate the effect of sexuality education programs. For example Kirby (2001) reported that some sexuality and HIV education programs can delay the onset of intercourse, reduce the number of partners, reduce the frequency of sexual intercourse, increase condom or contraceptive use, and thereby decrease sexual risk taking. Also, some programs that have addressed nonsexual risk or protective factors (such as attachment to family, parental monitoring, and attachment to school) have reduced sexual risk taking. Characteristics of effective programs include the following: (1) They focus on reducing one or more behaviors that lead to unintended pregnancy or STIs; (2) they provide basic, accurate information about the risks of teen sexual activity and about ways to avoid intercourse or use methods of protection against pregnancy and STIs; (3) they provide examples of practice with communication, negotiation, and refusal skills; (4) they continue for a sufficient length of time; and (5) they employ teaching methods designed to involve the participants and induce them to personalize the information.

In 2004 Albert reported on a poll that showed a divide among parents and teenagers on whether comprehensive sexuality education encourages young people to engage in sexual activity. Forty-four percent of the parents said that messages beyond abstinence-only education might encourage sexual activity, but 68% of the teens said that "more information does not automatically translate into more sex." The survey also showed that teenagers most often seek information about sexuality from their parents, but most parents don't believe their kids listen to them. Ninety percent of the parents said they do not know how to discuss sexuality with their children.

Unfortunately, evaluations of comprehensive sexuality education have tended to focus mainly on whether the programs have helped young people delay sexual activity and prevent unwanted pregnancy and disease (Haffner & Goldfarb, 1998). Other goals, such as helping young people develop an appreciation of their bodies or communicate effectively with peers and partners, are often overlooked. Evaluations of sexuality education need to be improved so they reflect broad program goals. In the meantime, many evaluations have found that high-quality sexuality education programs increase knowledge, clarify values, increase parent–child communication, help young people delay the initiation of sexual intercourse, increase the use of contraception and condoms, do not encourage young people to begin intercourse, and do not increase the frequency of sexual intercourse.

Kohler et al. (2008) found that young people who received comprehensive sexuality education were significantly less likely to report a teen pregnancy compared to those who received no sexuality education. Abstinence-only programs were not significantly associated with a risk reduction for teen pregnancy when compared with no sexuality education. In comparing abstinence-only programs with comprehensive sexuality education, comprehensive programs were associated with a 50% lower risk of teen pregnancy. Also, teaching about contraception was not associated with an increased risk of adolescent sexual activity or an STI.

Kirby (2008) found that most abstinence programs did not delay initiation of sexual activity and that only 3 of 9 had any significant positive effects on any sexual behavior. In contrast, two-thirds of comprehensive programs showed strong evidence that they positively affected young people's sexual behavior, including both delaying initiation of sexual activity and increasing condom and contraceptive use for those who decided to become sexually active. He concluded that abstinence programs have little evidence to warrant their widespread replication; conversely, strong evidence suggests that some comprehensive programs should be disseminated widely.

In their publication *Comprehensive Sex Education: Research and Results* (2009), Advocates for Youth summarized what the research indicates. They stated that evaluations of comprehensive sexuality education programs show that such programs can help youth delay onset of sexual activity, reduce the

frequency of sexual activity, reduce the number of sexual partners, and increase condom and contraceptive use. Also, those who receive comprehensive sexuality education are "NOT more likely to become sexually active, increase sexual activity, or experience negative sexual health outcomes." Conversely, they also indicated that there is little, if any, evidence to show that abstinence-only programs are effective—even at achieving abstinence among teens.

Related to sexuality education, some professionals have promoted virginity pledges. Rosenbaum (2009) found that 5 years after giving pledges, 82% of pledgers denied having ever pledged. Pledgers and nonpledgers did not differ in premarital sexuality activity, sexually transmitted diseases, and anal and oral sex variables. Pledgers were less likely to protect themselves from pregnancy and disease before marriage.

The Future of Sexuality Research

More sexuality research is definitely needed. Not only do we need to have more information on sexual behavior itself, but we also need to explore how we make decisions to engage in sexual activity, how the quality of relationships can be improved, and which factors will be important in helping people achieve sexual satisfaction throughout the life cycle. A variety of cultural and societal factors (age, religion, education) have always affected sexual decision making, but recently a change in societal attitudes toward marriage, divorce, childbearing, and sexual relationships has become evident. The stresses these new attitudes bring to bear on personal relationships need to be explored in the near future.

There are real challenges related to sexuality research. Tiefer (1994), in her presidential address to the International Academy of Sex Research, emphasized three crises facing sexology. First, the media are inundating the public with sexual topics. Second, many people in academic circles still hesitate to accept sexuality research as being as legitimate as other forms of research. Finally, there is a tendency for sexuality research to focus only on medical topics and not on the comprehensive nature of people and society. We have learned a great deal through sexuality research; however, even better research methods are needed to fit together the psychological, the biological, and the sociological aspects of sexuality research.

In closing, Tables 2.2 and 2.3 summarize the sexuality research of selected researchers.

TABLE 2.2 Selected Sexuality Researchers and Their Studies (Grouped by Type of Method)

Author(s)	Date	Title
Interview survey		
Scientific literature		
Kinsey, Pomeroy, & Martin	1948	*Sexual behavior in the human male*
	1953	*Sexual behavior in the human female*
Laumann, Gagnon, Michael, & Michaels	1994	*The social organization of sexuality*
Carolina Population Center	2001	National longitudinal study of adolescent health (The "Add Health Survey")
Karofsky	2001	Parent–teen communication and the initiations of sexual intercourse
Bancroft et al.	2004	Sexual activity and risk taking in young heterosexual men: The relevance of sexual arousability, mood, and sensation seeking
Burgard	2004	Factors associated with contraceptive use in late and post apartheid South Africa
Bruckner & Bearman	2004	Ambivalence and pregnancy: Adolescents' attitudes, contraceptive use and pregnancy
Cavanagh	2004	The sexual debut of girls in early adolescence: The intersection of race, pubertal timing, and friendship group characteristics
Connell & Freund	2004	Investigating ethnic differences in sexual health: Focus groups with young people
Harawa et al.	2004	Associations of race/ethnicity with HIV prevalence and HIV related behaviors
Johnson & Jackson	2004	What is the significance of black–white differences in risky sexual behavior?

Continued

TABLE 2.2 Selected Sexuality Researchers and Their Studies (Grouped by Type of Method)—cont'd

Author(s)	Date	Title
Interview survey		
Scientific literature		
U.S. Centers for Disease Control and Prevention (Grunbaum et al.)	2004	Youth risk behavior surveillance system
Adam et al.	2005	Acculturation as a predictor of the onset of sexual intercourse among hispanic and white teens
Chuang & Freund	2005	Emergency contraception knowledge among women in a Boston community
Frisco	2005	Parental involvement and young women's contraceptive use
Halpern Fisher et al.	2005	Oral versus vaginal sex among adolescents: Perceptions, attitudes, and behavior
South et al.	2005	Residential mobility and the onset of adolescent sexual activity
Popular literature		
Hite	1976	*The Hite report*
	1981	*The Hite report on male sexuality*
	1987	*Women and love: A cultural revolution in progress*
Sarrel & Sarrel	1980	The *Redbook* report on sexual relationships
Reinisch & Beasley	1991	*The Kinsey Institute new report on sex*
Kaiser Family Foundation and *Seventeen* magazine	2002	SexSmarts survey on teen sexual behavior
NBC News and *People Magazine*	2004	National Survey of Young Teens Sexual Attitudes and Behavior
Direct observation		
Scientific literature		
Masters & Johnson	1966	*Human sexual response*
	1970	*Human sexual inadequacy*
	1979	*Homosexuality in perspective*

TABLE 2.3 Examples of Additional Research

Author(s)	Date	Title
Oncalem & King	2001	Comparison of men's and women's attempts to dissuade sexual partners from the couple using condoms
Kirby	2001	Emerging answers: Research findings on programs to reduce sexual risk taking and teen pregnancy
Ford et al.	2001	Characteristics of adolescents' sexual partners and their association with use of condoms and other contraceptive methods
Kaiser Family Foundation	2002	Substance use and risky sexual behavior: Attitudes and practices among adolescents and young adults
Child Trends	2002	National longitudinal survey of youth (Most sexually active teens first had sex at home, late at night, survey shows)
Greenbaum et al.	2004	Youth Risk Behavior Surveillance—United States, 2003
Lefkowitz et al.	2004	Religiosity, sexual behaviors, and sexual attitudes during emerging adulthood
Vlassoff et al.	2004	Assessing costs and benefits of sexual and reproductive health interventions
Penhollow et al.	2005	The impact of religiosity on the sexual behaviors of college students

TABLE 2.3 Examples of Additional Research—cont'd

Author(s)	Date	Title
Moshser et al.	2005	Sexual behavior and selected measures: Men and women 15–44 years of age, United States, 2002
Koch	2006	Women's bodies as a "puzzle" for college men: Grounded theory research
Kirby	2008	Impact of sexuality education programs on adolescent sexual behavior
Kohler et al.	2008	Sexuality education and the initiation of sexual activity
Lescano et al.	2008	Correlates of heterosexual anal intercourse among at-risk adolescents and young adults
Manlove et al.	2008	Condom use and consistency among male adolescents in the United States
Sex and Tech	2008	Results from a survey of teens and young adults
Daniel & Balog	2009	Early female puberty
Rosenbaum	2009	Patient teenagers? A comparison of the sexual behavior of virginity pledgers and matched nonpledgers
Biro et al.	2010	Pubertal assessment and characteristics
Eaton et al.	2010	Youth Risk Behavior Surveillance—United States, 2009
Guttmacher Institute	2010	Facts on contraceptive use in the United States
National Survey of Sexual Health and Behavior (NSSHB)	2010	Research about sexual-health behaviors
Guttmacher Institute	2011	Facts on induced abortion in the United States
Guttmacher Institute	2011	Facts on American teens' sexual health
Lehmiller et al.	2011	Friends with benefits relationships
McFarland et al.	2011	Role of religion on sexual behavior and satisfaction
Pazol et al.	2011	U.S. teen pregnancy statistics
Torian et al.	2011	U.S. HIV statistics

Exploring the Dimensions of Human Sexuality

Our feelings, attitudes, and beliefs regarding sexuality are influenced by our internal and external environments. Go to go.jblearning.com/dimensions5e to learn more about the biological, psychological, and sociological factors that affect your sexuality.

Case Study

It's amazing how many factors are involved in even basic research on sexuality. Political forces have banned the use of government money for research dealing with sexuality, so monies must be provided by private foundations or companies, which may have a political or financial agenda of their own.

Learned behaviors prompt many people to answer questions as they think they should be answered, instead of with the truth, and that tendency can create survey bias. The limited number of people willing to respond to a sexuality survey, especially in lower socioeconomic classes, also hinders researchers.

Finally, cultural, ethnic, and religious biases may hinder researchers from getting the data needed. For example, a survey of sexual behavior based on religious affiliation would do poorly, because many Muslim (the number-two religion in the United States) women would not allow interviews or would do so only with their husband present.

Biological Factors

- The medical model was the focus of sexuality research in the 19th century.
- The sexual response cycle was discovered by the researchers Masters and Johnson.
- Physiological changes in the vagina or penis can be monitored by the vaginal plethysmograph and penile strain gauge, respectively.

Sociocultural Factors

- The gender "double standard" research goes back to the 19th century, when discomfort with women's sexuality prompted such beliefs.
- Education leads to both a later age of first intercourse and a higher likelihood of using contraception at first intercourse.
- Religious adolescents are less likely to participate in sexual intercourse; when they do, they are less likely to use reliable contraceptives.
- Ethical considerations abound in sexuality research.

Psychological Factors

- The NHSLS data found that married people were much more likely than single people to report being extremely or very happy.
- Behaviors and practices, as well as frequency of sexual activity, need to be accounted for in sexuality research.
- Motivation to respond to a sexual research survey may create a bias in the sample.
- Learned attitudes and behaviors may influence answers given on sexuality surveys.

Summary

- The scientific method involves identifying a research question, reviewing literature, formulating a hypothesis, operationalizing the variables, collecting data, and analyzing the data to test the hypothesis.
- Research in sexuality can involve surveys, case studies, experimental research, and direct observation.
- Ethical issues in sexuality research include informed consent, confidentiality, anonymity, and protection of subjects.
- Evaluating information about sexuality found on the Internet is often difficult. We need to ask ourselves important questions, such as the purpose of the site or the source of the information, to better evaluate Internet sexuality content.
- Early sexuality researchers included Richard von Krafft-Ebing, Henry Havelock Ellis, Sigmund Freud, Magnus Hirschfeld, Katherine Davis, and Clelia Mosher.
- In the mid-20th century, Alfred Kinsey did extensive research on sexual attitudes and behavior of males and females.
- The research of Masters and Johnson gave us a great deal of information about human sexual response.
- Many studies have been done to help us know more about premarital sexual attitudes and behavior, teen pregnancy, ethnic differences in sexual attitudes and behaviors, use of contraception, changes in selected statistical relationships, and the effects of sexuality education.
- More sexuality research is definitely needed. Needs include knowing more about how we make decisions about sexual behavior, how to improve the quality of relationships, and which factors will help achieve sexual satisfaction throughout the life cycle.

Discussion Questions

1. Compare and contrast the varied methods of sexuality research.
2. Describe the ethical issues involved in sexuality research, citing examples of each.
3. Who were the early sexuality researchers, and what did they figure out? Is their research still considered valid?
4. List the major modern sexuality researchers and describe their contributions. How has their research changed sexuality?

Application Questions

Reread the story that opens the chapter and answer the following questions.

1. Imagine your parents asked you to explain what sexuality researchers do—and why. Prepare a brief response to their query.
2. Explain which dimensions of human sexuality would influence congressional funding for a study on sexuality. Would representatives from some states be more willing to support sexuality research? Explain your answer.
3. For over a year, allegations of sexual relations between former President Clinton and White House intern Monica Lewinsky rocked the news. Evaluate why, in light of a sexual scandal, the president's approval ratings continued to climb.

Critical Thinking Questions

1. What motivates a person to take the time and effort to respond to a human sexuality research questionnaire? Could that motivation lead to a sample bias?
2. Masters and Johnson were not the only team to discover a human sexual response cycle. How is it possible that different research groups obtained different results regarding a physiological response?
3. In 1991, the U.S. federal government pulled support from the NHSLS research project and passed legislation prohibiting the spending of federal funds on sexuality research. Although this was clearly a political move, it raises the question, Why should the government support such research? Put another way, how does sexuality research help the American people?
4. Imagine that you and/or your lover read a popular magazine sex survey that showed that a large percentage of people were doing a sexual activity that you had never tried. Would that motivate you to try something new? Would you encourage your lover to try it? How would you feel if your lover asked you to try it?

Critical Thinking Case

Years ago it was widely reported that Russian track and field athletes were encouraged to have sexual relations the night before a major meet. In fact, reports claimed that those who did so performed better (closer to their potential). Imagine that the coach of your college's track team has just learned this information. He has asked you to design a sexuality research project, using scientific methodology, to prove or disprove the hypothesis that sexual activity leads to improved athletic performance.

Which method(s) of research would give you the best results? Explain why. Is it possible to prove the validity of such a hypothesis? Which other factors might be involved? Which ethical issues might you encounter? How could those issues be overcome?

Exploring Personal Dimensions

Sexuality Research

Mark each of the following statements "true" or "false."

____ 1. All research completed as part of the National Health and Social Life Survey was financially supported by the U.S. federal government.

____ 2. The first step in the scientific method is identifying a research question.

____ 3. A hypothesis is a statement based on research results.

____ 4. Kinsey's research is an example of survey research.

____ 5. The research of Masters and Johnson is an example of experimental research.

____ 6. A plethysmograph is used in the laboratory to measure and chart physiological changes over time.

____ 7. Most normal women have orgasms from penile thrusting alone.

____ 8. The Sex and Tech study in 2008 showed that a significant number of teens have electronically sent, or posted online, nude or semi-nude pictures or videos of themselves.

____ 9. The Liu Report can be correctly referred to as a Chinese National Health and Social Life Survey.

____10. More than half the U.S. students in grades 9–12 have participated in sexual intercourse.

____11. Both the proportion of adolescent females in the United States who have experienced sexual intercourse and their likelihood of pregnancy have increased in recent years.

____12. Good sexuality education programs do not hasten the onset of sexual intercourse and may increase the use of contraception—particularly condoms.

Interpretation

All of the even-numbered statements are true and all of the odd-numbered statements are false. If you were correct on at least 10 statements, you did well. If you were not correct on at least 10 statements, find the correct answers in the chapter. All of the correct answers are in this chapter on sexuality research.

Suggested Readings

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Web Resources

For links to the websites below, visit go.jblearning.com/dimensions5e
and click on Resource Links.

Information on Marie Stopes, an early sexuality researcher
www.encyclopedia.com/topic/Marie_Carmichael_Stopes.aspx

Contains additional information about an early sexuality researcher.

Society for the Scientific Study of Sexuality: Annual Review of Sex Research
www.sexscience.org

Provides updated information on various sexuality research topics.

The Kinsey Institute Research Program
www.kinseyinstitute.org/research/surveylinks.html

Information about many present and past sexuality research studies.

The Alan Guttmacher Institute: New Research and Analysis
www.agi-usa.org

With emphasis on research related to pregnancy and to abortion, the Guttmacher Institute has information on many sexuality research topics.

Sexuality Information and Education Council of the United States
www.siecus.org

Information and publications on numerous sexuality topics are available from the Sexuality Information and Education Council of the United States (SIECUS).

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