

CHAPTER

1

Introducing the Dimensions of Human Sexuality

FEATURES



Gender Dimensions
The Multifaceted Dimension of Gender



Ethical Dimensions
Should Human Embryos Be Used for Stem Cell Research?



Global Dimensions
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The CERTS Model



Multicultural Dimensions
Pregnancy and Health



Communication Dimensions
Talking About Your Human Sexuality Class

CHAPTER OBJECTIVES

1

Identify and discuss the dimensions of human sexuality, including biological, psychological, and sociocultural factors.

2

Discuss the historical aspects of human sexuality, including the sexual revolution, the role of gender, and the role of culture.

3

Apply critical thinking methods to human sexuality.

4

Outline the reasons to study human sexuality, including the steps of the decision-making process.



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Global Dimensions: Male Genital Mutilation and Circumcision Practices

Prostate Cancer

Care from Organizations and Available Publications

INTRODUCTION

Let us begin our exploration of the many dimensions of human sexuality by examining how they affect the life of one person: Lisa, an 18-year-old college freshman, involved in her first serious—and sexual—relationship. After several months of dating, Lisa experiences the scare of her life: Her period is late. After a few days she purchases a home-pregnancy kit. As she waits until the morning to take the test, she begins to think about the role of sexuality in her life.

Like most people who grow up in the United States today, Lisa received basic sexuality education in public school. But that brief overview—which Lisa and her friends giggled through—touched only on the physical aspects of reproduction. Nothing prepared her for the emotions she felt during her current relationship, or how her social and cultural upbringing would affect her sexual behavior.

Lisa is a Korean American, a member of a family who respect heritage and tradition. Her parents, a university professor and a homemaker, were born in Korea and had an arranged marriage. The traditional Korean view of sexuality is conservative, and virginity is highly prized for marriage. Although Lisa holds on to many traditional views, she also struggles with the permissive attitude toward sexuality that prevails in the U.S. culture today—an attitude that her boyfriend shares (Brennan, 1999).

An unexpected pregnancy for Lisa would be a major tragedy in her family. Pregnancy outside marriage would shame not only the individual (and make her an “unperson”) but also the entire family. Her family could choose to exile her.

Korean Americans tend not to tolerate secrecy by children and exert strict parental control. The Korean culture discourages open discussion of feelings and seeking out of psychological counseling. Thus Lisa is in a

crisis because she feels she cannot tell her parents, but she also cannot tell anyone else (who may in turn tell her parents). In fact, Lisa has yet to tell her boyfriend what is upsetting her.

Religion plays a major role in many people's sexuality. For Lisa's parents, whose cultural traditions in Korea can be traced to Confucianism, abortion may be a possibility (as a means of saving face for the family). But many Korean American immigrants are members of fundamentalist Christian groups, who often prohibit abortion. Lisa wonders what she will do if, in fact, she is really pregnant.

Lisa is lucky: She is not pregnant. But Lisa has realized that she has to start taking greater responsibility for her sexual behavior. How can she incorporate the many dimensions affecting her sexuality into her personal sexuality?

This chapter begins our exploration of the many dimensions of sexuality and how they affect our lives.

■ The Dimensions of Human Sexuality

When you think about human sexuality, what do you think of? Some form of physical contact? Human reproduction? Feelings when you see an attractive person? Human sexuality is all that and more. **Human sexuality** is a part of your total personality.

human sexuality

A part of your total personality. It involves the interrelationship of biological, psychological, and sociocultural dimensions.

It involves the interrelationship of biological, psychological, and sociocultural dimensions.

The Sexuality Information and Education Council of the United States (SIECUS) defines human sexuality as encompassing the sexual knowledge, beliefs, attitudes, values, and behaviors of individuals. Its various dimensions include the anatomy, physiology, and biochemistry of the sexual response system; identity, orientation, roles, and personality; and thoughts, feelings, and relationships. The expression of sexuality is influenced by ethical, spiritual, cultural, and moral concerns (SIECUS, 2012).

The Alberta Society for the Promotion of Sexual Health (ASPSH) indicates that sexuality means many things: feelings about ourselves, roles we play in society, and reproduction. It is not limited to how we behave sexually. It is the total of our physical, emotional, and spiritual responses, thoughts, and feelings. Sexuality is more about who we are than about what we do (ASPSH, 2011).

Sexuality is a natural part of life. The concepts of human sexuality are learned. From our viewpoint, human sexuality involves at least three dimensions—biological, psychological, and sociocultural. Each dimension has many subdimensions. The interactive relationship of these dimensions describes an individual's total sexuality.

The Interactive Nature of Sexual Dimensions

A complex set of biological, psychological, and sociocultural variables plays a role in all our sexual interactions. The decision to be sexually active is a result of many factors. Sexual arousal is a physiological function. Psychologically, our body image and feelings of self-worth may inhibit getting involved (“I’m not good enough for her”; “I’m not attractive enough for him”). A lack of self-worth may also inhibit arousal. Our culture helps us develop a sense of what is attractive—height, weight, hair style, skin tone. In addition, religious beliefs affect our sexual undertakings, as do legal and ethical considerations. Role models set by family and friends influence us as well.

All these dimensions constantly interact and influence our sexuality. Although we discuss them separately for clarity, remember that almost all sexuality-related decisions we make are influenced by more than one dimension.

Biological Dimension

The basis of understanding sexuality is physiological knowledge about how our bodies work. Factual information lays the foundation of decision making—without the facts, you cannot begin to think critically about your sexuality. The greater your knowledge, the more likely you are to take responsibility for your sexual health.

Until relatively recently, most of the research into human sexuality focused on physiology. For example, a model of the human sexual response cycle, published by the well-known researchers Masters and Johnson in 1966, focused mainly on physiology.

Fisher (1992) emphasizes the genetic aspects of behavior. In her view, humans have a common nature, a set of unconscious tendencies that are encoded

essentialism

Belief that once the cultural and historical aspects are taken away, the essence of sexuality is biological.

in our genes. She believes that although we are not aware of these predispositions, they still motivate our actions. Although she recognizes that cul-

ture plays a role in one's sexuality, she also seems to support **essentialism**, the belief that the essence of sexuality is biological.

The biological dimension of our sexuality involves our physical appearance, especially the development of physical sexual characteristics; our responses to sexual stimulation; our ability to reproduce or to control fertility; and our growth and development in general. Although human reproductive function does not begin until puberty, human sexual-erotic functioning begins immediately after birth and lasts a lifetime. It is important to realize that biological functioning, as it relates to sexuality, is a part of the natural functioning of human beings. These biological aspects also relate to the other dimensions of sexuality, and all the dimensions work together to produce an individual's total sexuality—which, in turn, is part of the total personality (Bruess & Schroeder, 2014).

The physiological differences between the sexes help to lay the groundwork for the development of psychological and social wellness, and our gender strongly influences our perceptions of sexual wellness. For example, the sexual double standard, in which men are expected to be promiscuous and women are not, is a belief held by many people in the United States. In our human sexuality classes we always ask students to complete the sentences “A man who carries a condom in his wallet is _____” and “A woman who carries a condom in her purse is _____.” The man is routinely described as “responsible,” the woman as “a slut.”



Gender

DIMENSIONS

The Multifaceted Dimension of Gender

The first words our parents heard after we emerged from the womb declared our biological gender: “It’s a boy!” or “It’s a girl!”

Our parents bought crib sheets and clothes that were pink or blue to match our gender.

We soon learned the sociocultural meanings of gender: Boys and girls are socialized to play in different styles and usually learn to prefer different sets of toys. Our moms and/or dads tended to do gender-specific chores. Teenage boys are somehow allowed to be sexually active, whereas girls are discouraged from such activities (a concept known as the “double standard”).

Psychologically, girls are encouraged to show their emotions, whereas boys learn to suppress emotions. This leads to differing communication styles as well: Females are generally more expressive verbally than males. (Of course, there are many expressive men and inexpressive females. Remember that Lisa in our opening story has been culturally socialized to suppress open discussion of feelings.)

One couple announced the birth of their baby, Storm, but decided not to share the baby’s gender. They felt that their decision gave Storm the freedom to choose who he or she wanted to be. They said that kids receive messages from society that encourage them to fit into existing boxes, including those with regard to gender. To other people they simply said, “Please, can you just let Storm discover for him/herself what s(he) wants to be?” (Roth, 2011).

Socially, there are many gender inequalities that will be covered in detail throughout this text. In the workplace, a woman often earns less than a man earns (a concept known as the “wage gap”) and often faces a tougher time getting promoted into upper management (a concept known as the “glass ceiling”). After a woman goes home from work, she usually does more household chores (known as the “second shift”) than her spouse.

Why are such topics covered in a human sexuality course? Because our gender—who we are as men and women and how we experience ourselves as male and female—is an essential component of our sexuality.

Myth vs Fact

Myth: Human sexuality relates mainly to biological functioning.

Fact: Human sexuality includes a biological dimension but also includes psychological and socio-cultural dimensions.

Myth: Most people are well informed about human sexuality.

Fact: Unfortunately, most people still have relatively poor knowl-

edge of sexuality. Therefore, many myths about human sexuality still exist.

Myth: Sexual “normality” is similar among various cultures.

Fact: Sexual attitudes and behaviors differ greatly among cultural groups. There is no set standard for “normality.”

Psychological Dimensions

Although sexual activity is definitely physical, it also involves psychology—our sense of being. The noted sexual therapist Dr. Ruth Westheimer has a favorite saying, that sexual behavior “is all between the ears.”

A major psychological factor that affects our sexual wellness is body image. A positive body image lends itself to a feeling of overall wellness; a negative self-image can lead to drug abuse (use of steroids or diet pills) or psychological disorders (anorexia, bulimia, binge eating disorder, or muscle dysmorphia).

The psychological dimension of sexuality is probably the clearest example of learned aspects of sexuality. Our attitudes and feelings toward ourselves and other people begin to develop very early in life. From the time we are born, we get signals from all around us telling us how to think and act. We learn that some words are “wrong” or “dirty” and that certain parts of our body are “unmentionable.” We even learn to be careful about what conversational topics we enter into with certain people. If we feel one way about ourselves but think others would find these feelings unacceptable, we learn to hide our true feelings and to pretend. After all, thinking or talking about sexuality is not a good idea anyway (or so we have learned). Some of us are lucky enough to grow up with a more positive set of experiences. Regardless of whether our experiences are positive or negative, however, our learned responses to them become integral to our sexuality.

Sociocultural Dimensions

The biological and psychological components of sexuality are affected by society and culture. The sociocultural dimension of sexuality is the sum of the cultural and social influences that affect our thoughts and actions.

In contrast to a perception of sexuality’s being controlled mainly by biological or genetic characteristics,

Tiefer (1995) promotes the idea of **social constructionism**, which proposes that sexual identities and experiences are acquired from and influenced and modified by an ever-changing social environment. According to social constructionists, people acquire and assemble meanings, skills, and values from the people around them. This dimension of sexuality is the sum of the cultural influences that affect our thoughts and actions, both historical and contemporary. For example, historical influences become evident when one considers roles of males and females as well as certain customs.

Indeed, we are surrounded by social influences on our sexuality. Among the sources of influence are religion, multiculturalism, socioeconomic status, ethics, the media, and politics. We will look at each influence here briefly and will revisit them throughout the text.

Religious Influences

Religious and spiritual beliefs influence feelings about morality, sexual behavior, premarital sexual behavior, adultery, divorce, contraception, abortion, and masturbation.

It is hard to know for sure what influences the attitudes of college students toward many controversial issues, but religion is certainly one of the important influences. It is interesting to note the findings of the UCLA Higher Education Research Institute. Since 1966, this group has done a comprehensive survey of college freshmen.

In 1999 only 40% of freshmen agreed that it is OK for two people who like each other to have sexual intercourse, even if they have known each other for only a short time. In 2001, this percentage increased only slightly, to 41.8%, and in 2002 it was 42.2%. In 2005 it increased a little more, to 46.2%. This represents lower support for casual sexual behavior among the entering class than the all-time high of 52% in 1987. Interestingly, in 2002 this idea was supported by 55.2% of males and 31.7% of females. In 2005 it was supported by 59.8% of males and 35.1% of females. Only half of 1999’s freshman class backed efforts to keep abortion legal. This was after a record low figure after 6 years of decline, but in 2001 the proportion increased to 53.9% and in 2002 it was 55%—about equal for males and females. In 2005 it was 53.9%—again about equal for males and females. In 2007 it was 56.9%, and in 2009 it was 58.2%; in both instances it remained about equal for males and females. In 2012 support for legal abortion rose to 60.7%. Support for laws protecting abortion peaked

social constructionism

The belief that sexual identities are acquired from and influenced and modified by an ever-changing social environment.

Romance reality shows have been successful with television viewers. With so many people looking for love, networks have no shortage of candidates, but it remains to be seen whether real romance can blossom in front of the camera. Do you watch romance reality shows? Why do you think society has embraced them? Do you think it's healthy to make a game out of love?



in 1990 at 65% (Characteristics of freshmen, 2001; The nation: Attitudes and characteristics of freshmen at 4-year colleges, 2002; This year's freshmen at 4-year colleges: A statistical profile, 2005; The American freshman: National norms for fall 2007, 2008; This year's freshmen at 4-year colleges: A statistical profile, 2009; Survey Tracks Changes in Political Views of Freshmen, 2012).

The percentage of freshmen supporting the legal right of gay couples to marry was 57.9% in 2002, 59.3% in 2003, 56.7% in 2005, 63.5% in 2007, 66.2%

in 2009, and 71.3% in 2012. Interestingly, in 2007 this position was supported by 55.3% of males as compared to 70.3% of females. In 2009 it was supported by 58.8% of males and 72.4% of females. In 2003, 24.8% said they supported laws prohibiting gay relationships; in 2005, 21.5% believed this; and in 2007, 24.3% did (Rooney, 2003; This year's freshmen at 4-year colleges: A statistical profile, 2005; The American freshman: National norms for fall 2007, 2008; This year's freshmen at 4-year colleges: A statistical profile, 2009; Survey tracks changes in political views of Freshmen, 2012).

In 2011 it was reported that two-thirds of entering first-year students supported legal marital status for same-gender couples.

Slightly more than three-fourths of entering students (76.5%) agreed with the statement that "Gays and lesbians should have the legal right to adopt a child," with 48% agreeing strongly and 28.5% agreeing somewhat. Women supported the rights of gays and lesbians to adopt more than men, regardless of political orientation (The American freshman, 2011).

The percentage who believed married women should confine their activities to the home and family reached a 15-year low of 21.5% in 2002 and was 21% in 2005 (Rooney, 2003; This year's freshmen at 4-year colleges: A statistical profile, 2005; The American freshman: National norms for fall 2007, 2008; This year's freshmen at 4-year colleges: A statistical profile, 2009).

Religion plays a major role in many people's sexuality, including Lisa from the opening story. For Lisa's parents, whose cultural traditions in Korea can be traced to Confucianism, abortion might have been a possibility (as a means of saving face for the family).

Religion can also play a role in use or nonuse of medical services related to sexuality. It can even influence the availability of such services when policies allow service providers to refuse to provide services that are against their personal beliefs. For example, a pharmacist might refuse to sell contraceptives because he does not believe in their use, or a doctor might refuse to perform an abortion because she does not believe abortions are morally appropriate.

Through the years, religiosity (an intense religious belief) has been found to influence the number of sexual partners, the frequency of various forms of sexual behavior, the age at first sexual intercourse, types of sexual behaviors, standards related



In its infancy, television was reluctant to show a biracial couple. When Lucille Ball and Desi Arnaz proposed the *I Love Lucy* show in the early 1950s, television executives wanted a white actor to play opposite Lucy, fearing problems of showing a white-and-Latino couple. Lucy and Desi were forced to put up \$5,000 of their own money to create a pilot, which was, of course, a success.

to sexual activity before marriage, and even marital satisfaction. Religiosity also seems to influence the sexual behaviors of college students. A study conducted at a southeastern university showed that both males and females who reported less frequent worship attendance and weaker religious feelings were more likely to participate in sexual behaviors than those with more frequent worship attendance and stronger religious feelings (Penhollow, Young, & Denny, 2005).

Multicultural Influences

Cultures within the United States differ in their views of sexuality. Your ability to respect your sexual partner's cultural beliefs and feelings will result in a higher level of satisfaction for both of you.

First we must distinguish between ethnic background and ethnicity. A person's ethnic background

ethnicity

The degree of identification an individual feels with a particular ethnic group.

is usually determined by birth and is related to country of origin, native language, race, and religion. **Ethnicity**

refers to the degree of

identification an individual feels with a particular ethnic group (Harrell & Frazier, 1999).

Our opening story underscores this concept. Had Lisa been pregnant, she would have found herself torn between her parents' strong ethnicity and the individual cultural beliefs and practices that she



The cast of the movie *Rent*. Considered revolutionary in the mid-1990s, the story dealt frankly with HIV/AIDS and gay relationships. Such sensitivity has become commonplace in almost all media today.

learned in school and college. Such difficult cultural conflicts might place some people in a position like Lisa's at high risk for potential serious problems.

Cultural influences from citizens of other countries also play a dramatic role in U.S. culture. This is especially important for college students in the United States, because 1 in 10 students is from another country. These students' local cultural understandings of the body, health, and morality shape their use of contraceptive methods and abortion. For example, in the United States, abortion is not viewed as a method of contraception. In some other countries, however, abortion is viewed as a primary method of birth control. Some women from these countries might have as many as four or five abortions. Two other examples of multicultural influences related to Brazil and China follow.

In Brazil, compared with members of evangelical religions, other men are significantly more likely to report having had an extramarital partner and unprotected extramarital sexual intercourse in the last 12 months. Region of residence is also strongly associated with extramarital sexual activity. Compared with men in southern or central Brazil, those in the north are three times more likely to have had extramarital sexual intercourse and unprotected sexual intercourse in the last year (Hill et al., 2004).

Chinese women whose beliefs and experiences reflect traditional norms limiting gender equality may be at increased risk of being subjected to intimate-partner violence. In 2005, 43% of women said they had been physically or sexually abused by a partner, with 26% experiencing such events during the past year. Several factors suggesting adherence to traditional gender roles were associated with the likelihood of reporting intimate-partner violence. For example, women who had turned down a job because of their partner, women who thought that wife-beating is sometimes justified, and women who believed that a wife has a duty to have intercourse with her husband had elevated odds of having been abused (Xu et al., 2005).

A third multicultural example deals with the topic of gendercide. In some cultures, women are aborted, killed, and neglected to death. In China and northern India, 120 males are born for every 100 females. The destruction of baby girls is a product of three forces: the ancient preference for sons, a modern desire for smaller families, and ultrasound scanning and other technologies that identify the gender of a fetus. Unborn daughters are often sacrificed in pursuit of a son (Gendercide, March 6, 2010).

Socioeconomic Influences

Socioeconomic status and education also influence sexual attitudes and behaviors, at least within the same ethnic group. Examples of this influence include

low-income individuals often thinking and acting differently than middle-class individuals, being more likely to engage in sexual intercourse at an earlier age, and having children outside of marriage.

Educational levels also seem to influence sexual behavior. Examples include people with more education masturbating more and people with at least some college education having more sexual partners than those who did not attend college.

Socioeconomic status influences more than just sexual activities. The poor have less access to proper health care, birth control, care during pregnancy, day care for children, and positive sexual role models.

Lisa, from our opening story, is affected by her family's high socioeconomic status. The prevailing indicator of success among second-generation Korean Americans is high academic achievement at prestigious universities, followed by pursuit of professional careers. Lisa's academic performance to this point has reflected this cultural value. An unexpected and unwanted pregnancy would create a major obstacle to achieving the expected success and thus create an added intergenerational cultural conflict.

Ethical Influences

The ethics of sexuality involves questioning the way we treat ourselves and other people. Examples of sexually oriented ethical dilemmas include the following:

- Should I or should I not participate in a certain sexual behavior?
- Is it ethical to use a prostitute?
- Is it ethical not to disclose my full sexual history to a new partner?
- Is it ethical to engage in sexual behaviors with a person who is underage?
- Is it ethical to use a position of power to obtain sexual partners?

Ethical issues are not necessarily the same as legal concerns. For example, prostitution is illegal in the United States except in a few counties in Nevada. However, the ethical question of prostitution would look at the morality of hiring a prostitute—who may be selling her body as a last resort to survive. Also, the age of maturity in your state (the age at which you are deemed legally of age to engage in sexual activity) is probably 16 or 17 years old. Thus, it would be illegal to have a sexual partner younger



All people are sexual beings, and our experiences influence our thinking about sexuality.

than that age. However, in Tokyo, Japan, the legal age for girls is 12 years. Is it ethical for you to have a sexual partner who is of age in the country you are visiting, even if she is very young?

How we consider such questions and ultimately decide what is right and wrong profoundly shapes our sexuality. Ethical decision making underscores the importance of taking responsibility for your sexual wellness.

Media Influences

It has long been recognized that the media help shape public attitudes on many topics—especially sexuality, gender roles, and sexual behaviors. The depictions of sexuality we encounter in the media are there mainly to entertain and sell products. Consequently, the media do not provide us with realistic depictions.

Television shows are filled with portrayals of sexual activity and “double-meaning” comments. The music industry has countless sexual images. Listen to the words of many currently popular songs and you will hear the sexual content. Magazines, tabloids, and books contribute to the many sexual themes that bombard us. Next time you are in the checkout line at the supermarket, take a look at the number of magazine covers that relate to sexuality. Numerous advertisements also use sexual themes to sell products. We are told that if we buy the right soap, toothpaste, clothes, or cars we will look sexier and be more attractive.

Some people have argued that, if they would so choose, the media could promote sexual health by



Ethical DIMENSIONS

Should Human Embryos Be Used for Stem Cell Research?

In 2005 the National Academies released guidelines for embryonic stem cell research. They were amended in 2007, 2008, and 2010. Stem cells are harvested 3 to 5 days after a sperm and egg unite—before implantation in the uterus. Such stem cells have the capacity to develop into almost any type of tissue in the body. Although it is also possible to extract “adult” stem cells from bone marrow, skin, blood, and other types of tissue, adult stem cells have more limited applications than stem cells from embryos. The National Academies developed guidelines because such research is controversial.

Supporters of stem cell research point out that stem cells can be used to treat many human conditions—such as diabetes, Parkinson’s disease, and multiple sclerosis. Someday stem cells might even be used to grow spare body parts. Supporters believe researchers should press on to find “cures” for such conditions because the

results could be helpful to so many people. Opponents are strongly against research in which embryos are destroyed. Pro-life groups and others believe government funding should not be provided for such research and that it should not be done at all.

For many years stem cell research has been an important political and ethical issue. Many issues, such as whether a woman should become pregnant to produce stem cells to be used for research, have been heavily debated. Others argue about whether stem cell research results in the taking of a human life.

The guidelines of the National Academies prohibit not only the cloning of human beings, but also payments to egg donors and use of eggs without the donor’s informed consent. Debates about stem cell research are likely to continue for years to come.

Source: Data from Stem cells at the National Academies. Washington, DC: National Academies, 2011. Available: <http://dels-old.nas.edu/bls/stemcells>.



On the surface, *Sex and The City* presented four successful, single women living, loving, and having it all in New York City. Beneath the shoes, clothes, and beautiful faces in beautiful places, some saw the show as an insightful commentary on loss, loneliness, and the failure of sexual liberation.

communicating accurate information and portraying realistic situations. For example, they might show effective communication about sexuality and relationships, interactions as verbally and physically respectful, more examples of responsible sexual activity, more instances where healthy sexual encounters are anticipated and not last-minute responses to the heat of passion, and the importance of having good

information and using contraceptives and condoms to prevent unwanted pregnancies and diseases.

Political Influences

Even public policy affects our sexual behavior. For example, the U.S. government’s *Healthy People 2010* and *2020* projects attempt to use health promotion to establish AIDS and sexually transmitted infection (STI) awareness, decrease unwanted teenage pregnancies, and increase the number of women who receive prenatal care. Also, the U.S. constitutional right to free speech allows the uncontrolled distribution of some pornographic material on the Internet.

Even political elections—including choosing elected officials and voting on ballot initiatives—can have a profound effect on policies and on thinking about human sexuality. Consider the political ramifications of election results.

As a result of the 2002 elections, for the first time in decades the same political party (in this case, the Republicans) that occupied the White House also controlled the U.S. House and the Senate. This provided an opportunity for that political party to strongly influence various policy issues, including those related to sexuality. The Republican Party has openly supported limiting the right of women to get abortions. It also has clearly desired to emphasize abstinence from sexual activity as the major way to



Global DIMENSIONS

The Islamic Influence

Islam is the world's fast-growing religion, and its followers are called Muslims. Islam is very common in the Middle East, but it also exists in many other parts of the world. One-fifth of the world's population is Muslim, and 2 to 8 million Muslims live in the United States.

As with other religions, Muslims have differing beliefs on many aspects of sexuality. However, generally Muslims oppose intercourse before marriage, but value it highly within marriage. Both genders are considered to have high interest in sexual behavior and get great satisfaction from it. Both males and females are encouraged to show modesty in public by wearing loose-fitting, body-covering clothing.

Controversy sometimes occurs among Muslims over traditions, such as, women wearing headscarves. Trying to support secularism, the Muslim country of Turkey for decades banned women from wearing headscarves in universities. In early 2008, Turkey's parliament lifted the ban, allowing university women to wear headscarves. However, the issue remains controversial. People opposed to women wearing headscarves protested at some campuses, while some university leaders continued to enforce the ban that parliament had removed.

Sources: Data from Hodge, D., & Nadir, A. Moving toward culturally competent practice with Muslims: modifying cognitive therapy with Islamic tenets. *Social Work*, 53 (2008), 31–41; Martin, C. A head scarf is not just a scarf. *Christian Science Monitor* (February 25, 2008) 9–11.



Even Miss America can be involved in politics related to sexuality.

control pregnancies and STIs among young people. It has gone so far as to provide federal funding for certain types of educational programs only if they emphasize abstinence. It also has not been very supportive of rights for homosexuals.

Many issues in the 2008 elections related to sexuality. There was the first female major party candidate for president. It was announced that the teenage

daughter of the female candidate for Vice-President of the United States was pregnant and not married. During the presidential campaign, platforms and debates included discussions about the legality of abortion, rights for homosexuals (including marriage and adoption), stem cell research, and abstinence-only versus comprehensive sexuality education. After Barack Obama was inaugurated as president in 2009, these issues, along with many others, continued to influence politics. Political issues, in turn, continued to influence human sexuality in many ways.

It remains common for political candidates to be questioned about their views on a number of issues related to sexuality. Abortion, homosexual rights, and some medical advances (e.g., genetic engineering, stem cell research, and variations of artificial insemination) are often the most common sexuality topics discussed in political circles. However, the context and focus of such discussions change periodically. For example, a discussion about health insurance might focus on whether abortion services should be covered. A discussion about homosexual rights might focus on tax issues or the future of homosexuals in the military. We can be confident that politics will continue to influence thinking about human sexuality, and vice versa.

■ Historical–Cultural Influences on Sexuality

Just as many sociocultural influences have affected human sexuality, so have some interesting historical–cultural influences. Because we cannot consider all of



Did You Know . . .

During the first seven to eight decades of the 1900s, there was a steady increase in the rates of premarital sexual intercourse for 15- to 19-year-old students. In 1991, 54.1% had ever engaged in sexual intercourse. The rates then gradually declined, reaching 45.6% in 2001. Then they again increased to 47.8% in 2007 (49.8% of males and 45.9% of females).

In 2007, the number of teens who have had sexual intercourse increased dramatically with grade level: from 32.8% of ninth graders, to 43.8% of tenth graders, to 55.5% of eleventh graders, to 64.6% of twelfth graders. Nationwide, 7.1% of students had sexual intercourse for the first time before 13 years of age. Overall, the proportion of students who had ever had sexual intercourse was higher among black (66.5%) and Hispanic (52.0%) students than among white (43.7%) students.

However, as reported in 2010, the numbers of each group who participated in sexual intercourse again went down. Overall,

the number having ever had sexual intercourse was 31.6% for ninth graders, 40.9% for tenth graders, 53% for eleventh graders, and 62.3% for twelfth graders. Nationwide, 5.9% of students had had sexual intercourse for the first time before age 13 years. Overall, the population of students who ever had sexual intercourse was higher among black (65.2%) and Hispanic (49.1%) students than among white (42%) students.

Note that in each case the numbers were *smaller* in 2010 than in 2007. This is mentioned because many people think that these numbers keep going up, and that is not necessarily the case.

Source: Data from Youth risk behavior surveillance—United States, 2007. *Morbidity and Mortality Weekly Report*, 57, no. SS-4 (June 6, 2008), 21–23; Youth risk behavior surveillance—United States, 2009. *Morbidity and Mortality Weekly Report*, 59, no. SS-5 (June 4, 2010), A–142.

Myth vs Fact

Myth: Rates of premarital intercourse increased rapidly in the first 60–70 years of the 20th century.

Fact: There was a rather steady rate of premarital sexual intercourse during the first six to seven decades of the 20th century.

Myth: We have long known that early childhood experiences are important to sexual development.

Fact: It was not until at least the middle of the 20th century that it was recognized that early childhood experiences are important to a child's healthy development.

them, and because most of these topics are covered in greater depth elsewhere in this text, we briefly focus on some from a historical standpoint—namely, the sexual revolution, control of sexual behavior, conception, contraception, and gender roles. As you read about these historical-cultural influences, think about how you and people you know may have been affected by them.

The Sexual Revolution

No doubt you have heard references to the sexual revolution. The meaning of this term varies according to the speaker; however, it is clear that many changes related to sexuality have occurred in the past 80 to 100 years. Whether there has been an actual revolution—or perhaps an evolution—is for you to decide after considering some facts and observations.

Many people talk about a sexual revolution in reference to rates of sexual intercourse before marriage. Many of our history books would lead us to believe that in the past, Americans were sexually chaste before marriage. If we read between the lines, however, we find that this is not necessarily true. Reiss (1973) informs us that in the late 1700s in Massachusetts, one of three women in a particular church confessed fornication to her minister (the actual number was probably higher yet). The U.S. western frontier society relied heavily on prostitution. The women's liberation movement of the 1870s revealed numerous sexual affairs. And the first vulcanized rubber condom was displayed at the Philadelphia World's Fair in 1876. These are not isolated events, and they should make us question what we think about the sexual purity and innocence of our forebears (Bruess & Schroeder, 2014).

Studies done between 1920 and 1945 do seem to indicate that the greatest increases in rates of premarital sexual intercourse occurred in the early 1900s (Bell, 1966). This means that the so-called sexual revolution began early in the 20th century and not in more recent years. Many older people who seem so concerned about changes in sexual behavior were in the middle of the sexual revolution themselves. Our best research tells us that approximately 35% to 45% of females and 55% to 65% of males participated in sexual intercourse before marriage during most of the first six to seven decades of the 20th century (Bruess & Schroeder, 2014).

Did You Know . . .

During the Middle Ages, some people believed in witches, whom they accused of having sexual relations with the devil. Because that was not generally acceptable behavior, something had to be done about it. Some women who were sexually “loose” were simply ignored, but others were labeled as witches, and witch hunts were common. Women were put

on trial, and, if they were found guilty of witchcraft, attempts were made to free them from the devil. This was done by a “laying on of hands” by an appropriate religious leader. If these attempts failed, it was sometimes thought better to kill the witch than to let her live.



Some people thought this performance by Elvis Presley was obscene.

Many changes that influence our thinking about sexuality occurred in the first six to seven decades of the 20th century. For example, as traditional moral viewpoints were questioned, people began to wonder about whether any one standard of morality could apply universally. Social scientists talked about people defining their own morality, while religious leaders often saw morality as determined by an order higher than mere humans.

Several events also occurred during this period that contributed to a trend toward more receptivity to the topic of sexuality. For example, wars exposed many people to other cultures, and the uncertainty of survival contributed to a philosophy of “Live tonight, for tomorrow we may die.” The result was a change in the concept of sexual morality. In addition, there was a rise in the status of women as they became better educated, a more significant part of the workforce, more aggressive, and more active partners in sexual activity.

Rapid improvements in communication and transportation also had a tremendous effect on sexuality. First the telephone became a convenient way to promote interpersonal relationships, and today the Internet provides a means for people to meet, send quick love messages, and stay in touch. Magazines,

Myth vs Fact

Myth: Contraceptive methods were not available until the 20th century.

Fact: Methods used to prevent pregnancy are as old as recorded history.

TV, and films continued to have many sexual themes, and the car became a “bedroom on wheels,” providing a way to have private sexual activity.

It became accepted that early childhood experiences are important to the development of young children—including their sexual development. This understanding has had ramifications for sexuality education programs for children of all ages.

Important events that influenced sexuality include the research of Alfred Kinsey in the 1940s and 1950s related to sexual behavior; the first nationwide appearance of Elvis Presley in 1956 (considered obscene by many), and the introduction of the bikini swimsuit in 1959. The lyrics of popular songs became more sexually suggestive, and record smashing by opponents of these songs occurred in an attempt to censor the music.

The 1960s work of William Masters and Virginia Johnson on human sexual response also greatly contributed to our knowledge of how we function sexually and how and why we sometimes do not function. In addition to basic information about sexual functioning, their research provided the foundation for sexual counseling and methods for dealing with human sexual inadequacy.

Increasingly reliable contraceptives, especially the pill (introduced in the United States in 1960), were developed and accepted by large numbers of people. Today many reliable and relatively safe contraceptive methods are available, and the vast majority of married couples use contraception.

In the late 20th century and early 21st century, books, classes, and radio and television programs about sexuality, as well as numerous websites related to sexuality, became common. The press reports the findings of virtually every new study, and discussions about sexuality in American society are out of the closet and into public forums.

Control of Sexual Behavior

Throughout the history of Western culture, there have been many attempts to control sexual behavior. Most of these are found in moral and legal codes of the time. For example, early Christian moralists taught that because sexual activity outside marriage

procreation

Sexual intercourse for the purpose of reproduction.

had a purpose other than **procreation**, it was a sin. Even within marriage, sexual union was lawful only if it was

performed for the purpose of begetting children. Almost all medieval theologians emphasized that it was a mortal sin to embrace one's spouse solely for pleasure (Aries & Bejin, 1985, 115).

There were many other religious influences and restrictions. For example, intercourse was objectionable on all fast or feast days, during the days a female was menstruating, for 40 days after childbirth, during pregnancy, and during breastfeeding. Also, intercourse between husband and wife was supposed to take place in the “natural” position, with the wife on her back and the husband on top. All other positions were considered “unnatural.”

Many religious people thought that only the lowest type of people engaged in oral–genital sexual activity or anal intercourse. Homosexuality was considered an abomination and punishable by death.

A belief in witchcraft was another means of controlling sexual behavior. Strong feelings, especially lust and passion, were believed to arise from evil spirits, and because women (and not men) inspired lust, some religious leaders saw women as witches or agents of the devil. Witches were tortured, ostensibly to drive the devil out of them, or killed. Bewitchment was said to account for the mysterious and overwhelming emotional effects that women had on men, sometimes driving them to irrational acts. Witch trials were held throughout the Middle Ages,

particularly during the 15th century (Sadock, Kaplan, & Freedman, 1973).

In 17th-century England, the Puritan influence was responsible for legislation to prevent amusements such as dancing, singing, and the theater. Women were treated as prostitutes if they wore long hair or makeup. On Sundays any activities not related to worship were banned.

By the end of the 18th century, sexual behavior was subdued and spontaneity inhibited. People conducted their lives very discreetly. Harsh negative attitudes toward same-gender sexual behavior were common during this time, and many people who practiced that behavior were reportedly put to death. So strong were fears and feelings during the period that people who asked for leniency for those convicted of sodomy (which includes almost any sexual behavior one wishes to prohibit) were themselves in danger of persecution. Eighteenth-century studies of sexuality emphasized physiology and generally concluded that excessive sexual activity—specifically, expelling of semen to excess—had debilitating physical consequences.

In the 19th century, during Victorian times, sexual drives were generally repressed. Though it was believed that men had natural and spontaneous sexual desires, women supposedly had dormant sex drives unless subjected to undue excitation. Children, it was believed, had no sexual feelings.

Much was done to protect the people of Victorian times from sexual arousal. Sexual references in literature and general conversation were suppressed, as were most sexual feelings. Masturbation, a particularly repudiated activity, was called the “secret sin,” “self-pollution,” and the “solitary vice.” Devices were even developed to place around the male's penis at night to prevent **spermatorrhea** (more commonly called **nocturnal emissions** or **wet dreams**) (Figure 1.1).

spermatorrhea (wet dreams, or nocturnal emissions)

Emission of semen during sleep.

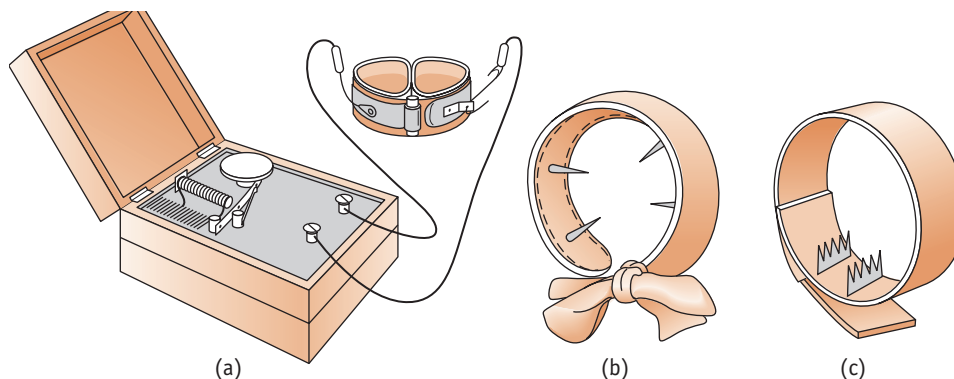


FIGURE 1.1 Devices designed to prevent wet dreams. One device caused a bell to ring when erection occurred (a). For some devices, no bell was needed (b and c).

In the early 20th century, as conservative morality about sexuality diminished and people argued that sexual expression was natural and normal, some secular attempts were made to legislate sexual morality. This resulted in censorship, prohibition, and the revival of old statutes against certain sexual behaviors, such as homosexuality, oral–genital relations, and sodomy.

Theoretically, in the United States there is a separation of church and state, but legal debates about such subjects as abortion, access to sexual information and services, homosexuality, and sexual behaviors have prompted some people to wonder about that separation.

Conception

Much of our information about prehistoric people is obtained by analyzing the remains of their art. In addition, we can make inferences about primitive cultures from the art that exists today. Prehistoric cave paintings indicate that more than 30,000 years ago sexuality was an important part of culture. Some of these stone engravings suggest human intercourse, and some show women and men with exaggerated body parts.



Despite the attention to sexuality in their art and perhaps their religion, prehistoric people apparently did not understand its role in reproduction. Consequently, theorists believe that a number of explanations for childbirth existed. One notion may have been that children were sent by ancestral deities; sexual intercourse was reserved solely for pleasure. Or a woman became pregnant by sitting over a fire on which she had roasted a fish received from the prospective father. An Australian tribe believed that a woman conceived by eating human flesh. Some cultures thought it was possible for a man to become pregnant (Tannahill, 1980). Some of these theories might seem humorous, but they are really no more peculiar, or at least no more wrong, than such modern superstitions as “You can’t get pregnant if you do it only once.” By the time of the first written records, however, it appears that humans were aware that they played some part in reproduction, even if they did not know how.

Throughout recorded history, many theories and myths about conception existed. For example, Aristotle theorized that the human fetus resulted from the mixture of menstrual blood and seminal fluid. One hundred years before Aristotle, the Greek poet Aeschylus believed that a child was conceived by a male alone (Where do babies come from?, 1987).

The microscope allowed scientists to see sperm for the first time. In 1677, the Dutch naturalist Anton van Leeuwenhoek described the human sperm discovered by one of his students. Many scientists, however, refused to accept that sperm could be responsible for creating human life. Other scientists claimed they had seen tiny humans inside sperm. This thinking led to the belief that a tiny, fully formed person would not grow until he or she reached the female “nest.” At the same time other scientists, known as **ovists**, claimed that the preformed baby was contained in the female and the sperm served only to activate its development. It was not until 1875 that it was demonstrated that the sperm penetrates and combines with the egg (Where do babies come from?, 1987).

ovist

Adherent to the 17th-century belief that the preformed baby was contained within the female body and that the male’s sperm simply activated its development.

Woody Allen’s farcical treatment of sperm cells in *Everything You Always Wanted to Know about Sex ...* reflects what was once thought true. When sperm cells were discovered by a magnifying glass in 1677, scientists believed that they saw tiny men (called *animalcules*) inside sperm cells. Other scientists even claimed to see microscopic horses in horse sperm!

It is impossible to know the overall effect of the accurate understanding of conception; however, it would seem that such knowledge was useful to both males and females. The understanding that sexual intercourse could result in conception must have influenced sexual behavior and made it possible to have at least some control over whether or not to procreate. The control of reproduction is possible today; throughout most of history it was not.

Contraception

Although the process of reproduction was not understood until relatively recently, **contraception**—

contraception

Means of preventing pregnancy in spite of sexual intercourse.

methods employed to prevent pregnancy—is as old as recorded history. More than 4,000 years ago Egyptian

women used medicated tampons as contraceptives. Lint, moistened in a mixture of acacia tips ground with honey, was placed into the vagina. Many other practices, some of them dangerous, were used in the centuries that followed (*The ecology of birth control*, 1971). Among these were inserting spongy or absorbent fabrics into the vagina or mixing crocodile dung with a paste and inserting the mixture into the vagina. It is said that Persian women placed lemon-soaked sponges in the vagina to prevent pregnancy. It is interesting to note that these methods have some merit. Most of them attempted to form a barrier or alter the acid–base relationship within the vagina. In fact, many of today’s contraceptive methods are based on these same principles.

The first modern contraceptive device, which was eventually called the condom, appeared in the mid-16th century. It was designed to protect the wearer against the plague of syphilis then spreading throughout Europe. The condom was first made of fine linen, then of animal intestine, and finally of rubber. Even though its original use was for protection from disease, its potential as a contraceptive was quickly noticed (*The ecology of birth control*, 1971).

In the middle of the 19th century, the German physician Mensinga perfected the rubber diaphragm. He believed that women should have equal rights with men and that their lives would be improved by controlling the number of children they conceived. In the United States, the diaphragm was generally unknown until after World War I. Although condoms were not as effective as diaphragms, and although they depended on the male’s willingness to use them, they were manufactured in great quantities at the end of the 19th century and thus became cheaper and more available (Bullough, 1976a, 651). Today, 5.5 billion condoms are manufactured in the United States each year.



Humans have sought and used contraceptives from the present day to ancient times, when ingredients ranged from lemons to crocodile dung.

The idea of the intrauterine device (IUD) was borrowed from an ancient practice of camel drivers, who put a round stone (or an apricot pit, according to some accounts) into the uterus of a female camel to prevent pregnancy on long trips. During the 1920s, a German gynecologist modernized the idea by substituting a ring of surgical silk or silver (*The ecology of birth control*, 1971). It was not until experiments with IUDs were performed in Israel and Japan in 1959, however, that their use became widespread.

A number of effective spermicides appeared on the market at the end of the 19th century. The early ones, marketed in a suppository form, probably worked by blocking the cervix with an oily film. Numerous other chemicals soon appeared on the market (Bullough, 1976a, 651). Foams and jellies were introduced in the early 20th century. Research on an oral contraceptive was widespread in the 1950s, but it was not until 1960 that the first oral contraceptive was approved for public use. It can probably be said that this event marked the beginning of the modern era of contraception.

It was 30 years later, in 1990, that the U.S. Food and Drug Administration approved levonorgestrel (Norplant). This hormonal contraceptive implant system was six capsules 34 mm long, inserted beneath the skin of a woman’s upper arm. Its release marked



Communication DIMENSIONS

The CERTS Model Wendy Maltz developed the CERTS model for healthy sexuality. The letters stand for Consent, Equality, Respect, Trust, and Safety. Consent means you can freely and comfortably choose whether or not to engage in sexual activity. Equality means your sense of personal power is on an equal level with your partner. Respect means you have positive regard for yourself and for your partner. Trust means you trust your partner on physical and emotional levels. Safety means you feel secure and safe within the sexual setting.

Maltz suggests that spending time together and engaging in lots of honest, open communication are good ways to make sure that the CERTS conditions are operating in your relationship. Meeting the CERTS conditions does not guarantee that everything will be perfect, but it can help you feel secure knowing that you've minimized the possibility of something bad resulting from your sexual experiences.

Source: Data from *The CERTS model for healthy sex*. 2011. Available: <http://www.healthysex.com/page/certs-model>.

the first time long-term (in this case, up to 5 years) hormonal control of conception was available in the United States (FDA OKs hormonal implant, 1990).

Not necessarily considered a form of contraception, abortion is a means of controlling births. Abortion early in pregnancy was legal in ancient China and Europe. In the 13th century the Roman Catholic church indicated that the soul developed 40 days after conception in males and 90 days after conception in females, and abortion was allowed within those intervals. In the late 1860s the Catholic church declared that life begins at conception; that doctrine led to its abortion ban (O'Keefe, 1995).

Early American law allowed abortion until the woman felt fetal movement, but during the 1860s abortion became illegal in the United States except to save the woman's life. In addition to the religious beliefs of some people, reasons for this included health problems related to crude abortion procedures, the belief that population growth was needed for economic reasons, and maybe a male-dominated political system's response to more women seeking independence and equality (Sheeran, 1987). It was not until 1973 that the U.S. Supreme Court in its famous *Roe v. Wade* decision legalized a woman's right to decide to terminate her pregnancy before the fetus could survive independently of the woman's body. Debates about this issue continue.

Gender Roles

"The paramount destiny and mission of women are to fulfill the noble and benign offices of wife and mother. This is the law of the Creator." Words of a time long past? Not quite. This is actually an excerpt from a Supreme Court opinion rendered in the first case tried under the Fourteenth Amendment in 1873. The court's decision upheld the denial of the right of

women to practice law (Bardes, Shelley, & Schmidt, 1998).

Historically, the role of the woman as a sexual partner has been to satisfy male needs. In India, for example, women were viewed as nothing without men. In the West, women who enjoyed sexual activity dared not speak of it publicly because of the severe penalties for doing so. Throughout the ages women were viewed as property of men (Spielvogel, 1997). In most societies, if a woman committed adultery, was raped, or lost her virginity, she was considered damaged property. A woman's father or husband could expect to gain compensation for this damage, or, in the case of adultery, he might even kill her and her partner if they were caught (Bullough, 1976b, 677–679).

Myth vs Fact

Myth: Open discussion about sexuality will have negative results—people will be more likely to be sexually permissive.

Fact: Healthy communication about sexuality will help people develop into sexually healthy adults—open discussions do not have negative results.

Myth: The relatively open attitudes in thinking about sexuality in Sweden have resulted in higher rates of teen pregnancy and sexually transmitted infections.

Fact: Swedish attitudes and practices related to sexuality have resulted in lower rates of teen pregnancy and sexually transmitted infections.

Myth: Abortion has been illegal throughout most of the history of the United States.

Fact: Early American law allowed abortion until a woman felt fetal movement. In the 1860s abortion became illegal in the United States, but in 1973 the Supreme Court legalized a woman's right to terminate her pregnancy.

Myth: What is sexually arousing to people is very much the same regardless of the culture.

Fact: In different cultures the idea of what is sexually arousing varies a great deal.

In many societies men enjoyed a status vastly superior to that of women. This status can probably be accounted for by (1) men's greater physical strength, (2) women's repeated pregnancies in the absence of reliable contraceptive methods, and (3) the ideology that disparity in male and female roles was divinely ordained. Men used their greater physical strength to trap animals and handle livestock, to defend themselves, and to intimidate women. Because women were often pregnant and spent much of their time caring for children, little time was left to alter their inferior status. Those who felt male and female roles had a divine origin saw any attempts to change these roles as antireligious (Murstein, 1974, 566).

The ancient Greeks believed that men were primarily mental and spiritual in their makeup and that women were primarily physical and earthy. Because the Greeks believed the mind and body were separate entities, this meant men had a higher nature and deserved greater privileges. Several centuries later, however, Jesus insisted on the basic equality of the sexes. He opposed Jewish divorce law, which allowed women to be disposed of as property (Nelson, 1978).

Throughout medieval times, women were thought to be inferior to men. Their motives were suspect, they were thought to be sinful, and their female functions were belittled. Some still believed Aristotle's earlier claim that the female was little more than an incomplete male. Both religious and scientific thinking seemed to support these ideas (Bullough, 1976b).

In the early 1800s there were more male children than female children in the western states and territories of the United States. Some researchers have thought this was because nutrition and health of young females were neglected because their labor was not as economically valued. Others have indicated that this imbalance simply occurred because more boys were born in, survived childhood in, or moved to western regions (Courtwright, 1990). This presents another example in which it is difficult to determine the real reasons for the situation.

However, the mid- to late 1800s and the early 1900s witnessed many advances in the status of women in the United States. After the first major organized meeting on the rights of women in 1848, there was a sort of legal emancipation, an opening of work opportunities, and an ideological acceptance of the equality of the sexes. Actual changes in behavior,



Women did not get the right to vote in the United States until 1920.

however, did not keep pace with this verbal acceptance. The average woman was probably more interested in receiving greater respect and consideration, and in receiving the right to vote, than in having equal professional rights. Most articles advocating the causes important to women today were written by highly educated men and women, and probably the majority of Americans were not even aware of these new ideas (Murstein, 1974, 379). Nonetheless, the seeds of the women's rights movement were planted.

The women's suffrage movement began in the late 19th century with the goal of obtaining the right to vote for women. The passage in 1920 of the Nineteenth Amendment to the U.S. Constitution guaranteed women the right to vote. World War II created an environment for increased gender equality. As men were required to leave home for military duty, thousands of women left their traditional roles in the home and took paying jobs for the first time. It was not until the 1960s, however, after many postwar marriages, the baby boom, and continued disappointment about women's roles, that a new movement for gender equality became evident.

Some people had thought that the ratification of the Nineteenth Amendment would end the struggle for women's rights, but this had not happened. In 1963 the Equal Pay Act, which stated that women must receive pay equal to that of men if they perform the same work, was enacted. In 1964 women were included in the protections of the Civil Rights Act. This made it clear that equality of opportunity for women was endorsed by the federal government (Degler, 1980, 442). Still, women today earn an average of less than 90 cents for every dollar men earn.

In 1963 Betty Friedan published *The Feminine Mystique*, which helped create a widespread movement for women's rights. She urged women to make a life for themselves in addition to their homes and families. The case for women's equality was also championed in a number of other books. In 1966 Friedan organized the National Organization for Women (NOW), which has consistently advocated women's rights. By 1970 a number of other organizations that pushed for women's equality were formed, including the Women's Equity Action League and



Multicultural DIMENSIONS

Pregnancy and Health

When speaking of culture, sociologists generally refer to the “learned values, beliefs, norms, behaviors, and even material objects that are passed from one generation to the next.” Within the culture of the United States, however, are many subcultures—groups of people with shared values within the overall culture. Each subculture has a distinctive way of looking at life that sets it off from the prevalent culture. In the United States, these groups may be defined by ethnicity, age, religion, sexuality, geographical location, and national origin. The Multicultural Dimensions boxes look at varied subcultures within the United States.

The first multicultural issue we explore relates to teen pregnancy in developing countries. In January 2009, UNICEF released its annual report entitled *The State of the World's Children, 2009*. The report pointed out that women in the world's least developed countries are 300 times more likely to die in childbirth or from pregnancy-related complications than are women in developed countries. Put another way, women in developing coun-

tries have a 1 in 76 chance of dying from pregnancy or childbirth-related complications, compared with a 1 in 8,000 chance for women in developed countries. A child born in a developing country is almost 14 times more likely to die during the first month of life than a child born in a developed one. Approximately 70,000 young women ages 15 to 19 die in childbirth annually.

It is obvious that better medical intervention is a key to improving the health of mothers and their children. But more than just medical intervention is required: There also needs to be a change in how women are viewed and how things get done to really make a difference. For example, it is essential to have a stable environment that empowers women and respects their rights. Educating girls and women is one of the most fundamental ways to improve maternal and newborn health and benefits both families and societies. Essential interventions will be guaranteed only within the context of improved education and the abolition of discrimination.

Source: Data from *The state of the world's children, 2009*. New York: UNICEF, 2009.

the Women's Political Caucus. So successful was the women's movement that it has been considered “possibly the most lasting legacy of the ... period of protests” (Degler, 1980, 446).

In recent years many issues related to women's roles have been raised. Women now work in a variety of jobs previously thought to be only for males, and there are more women in positions of authority. Discrimination against pregnant women in the workplace has lessened, many women delay having children to pursue other interests, and there is an increased acceptance of child care while women work. Varied opinions about women's roles continue. Studies about gender and leadership style, gender differences in work, family conflict, gender and the influence of achievement evaluations, gender in the college classroom, among others, continue to provide reams of information about women and their roles and status. But whether we have achieved equality between the sexes is still a matter of debate.

Thinking Critically About Human Sexuality

You have probably observed that, when it comes to many topics related to health and sexuality, there are

“experts” everywhere. The concept of critical thinking is important to being able to judge the accuracy of what these people say as well as lots of other information you hear related to sexuality. In this case, the word *critical* does not mean being negative or criticizing people or things. It means being careful and somewhat analytical.

In essence, then, **critical thinking** is thinking that prevents blindly accepting conclusions or arguments (or headlines) and instead closely examines all assumptions. This includes carefully evaluating existing evidence and cautiously assessing all conclusions (Baron, 1998).

critical thinking

Thinking that avoids blind acceptance of conclusions or arguments and closely examines all assumptions.

Critical thinking is like the scientific methods you may have used in other classes. In practice, it involves guidelines such as these (Baron, 1998):

1. Never jump to conclusions; gather as much information as you can before making up your mind about any issue.
2. Keep an open mind; do not let your existing views blind you to information or new conclusions.
3. Always ask “How?” as in “How was this evidence gathered?”

4. Be skeptical; always wonder about *why* someone is making an argument, offering a conclusion, or trying to persuade you.
5. Never be stampeded into accepting some view or position by your own emotions—or by arguments and appeals designed to play on your emotions.

Not every guideline will apply in every situation, but the important goal is to develop a style of thinking using as many of the guidelines as seems appropriate in a given situation.

Correlation Versus Causation

A research study found that for people 60 years and older, the 62% who drank coffee still enjoyed active sex lives, compared with only 37% of those who were not coffee drinkers (Plotnik, 1993). Does coffee lead to a better sex life for seniors? Or

correlation

A relationship between two events.

causation

A relationship in which one event causes another event to occur.

are the two events just coincidental? The study shows a **correlation**, a relationship between two events. But it does not show a **causation**, a relationship in which one event causes the other.

It is easy to show that a correlation exists, but correlations do not show cause and effect. There is a high correlation between the winning conference of the Super Bowl and the stock market: When the NFC wins, the stock market goes up in most years; when the AFC wins, the market goes down in most years. In fact, from 1972 to 1985 there was a perfect correlation. However, no scientific study is needed to understand that the Super Bowl does not cause the stock market to go up or down.

Returning to the coffee example, perhaps people older than 60 years old who are in good health enjoy both coffee and sexual activity. However, there does not appear to be a causal link between caffeine use and sexual activity. In contrast, a study showing a correlation between the drug Viagra and an active sex life would appear to have a causal link. So, correlations can sometimes help predict behavior and point to possible causes of behavior. Further studies can help validate the causation.

Being a Good Consumer of Sexual Information

We are bombarded with information—and misinformation—about sexuality issues. In fact, most best-selling newsstand periodicals lure readers with information about “new” sexual techniques or sex

surveys. It is important to keep the principles of the scientific method in mind when reading popular literature.

Consider a study that garnered a great deal of media attention: The medical anthropologists Soma Grismaijer and Sidney Ross Singer (2002) surveyed 4,700 women and concluded that their odds of having breast cancer increased the longer women wore bras. Their hypothesis was that the cinching effect of a bra suppresses the lymphatic system below a woman’s armpit, blocking an internal network of vessels that are intended to flush toxic wastes from the body. Over time, these toxins accumulate in the breast tissue and create an environment in which cells can turn cancerous.

The results of the survey appear to confirm their hypothesis: Of women who wore bras 24 hours a day, in three of four breast cancer developed; of women who wore bras less than 12 hours a day, in one in seven breast cancer developed; of women who rarely wore bras, in only 1 in 168 did breast cancer develop (Joseph, 1998).

The study appears to have found a *correlation* between length of bra-wearing time and breast cancer. However, few medical scientists would agree that a *causation* exists; many would even question the correlation. First, consider the design of the survey on which the conclusion was based: Participants were not randomly selected, following accepted statistical guidelines. For example, women who have had breast cancer might be more willing to participate in a breast-cancer study. Nor were participants questioned about preexisting breast-cancer risks. In addition, participants answered only 12 questions regarding their bra-wearing habits.

A scientific approach to the correlation of bra use and breast cancer would be to find a large, randomly selected sample of women who wear bras for specific lengths of time each day. The women would need to be prescreened for breast-cancer risk and would need to undergo medical exams before participating. Family history of cancer, age, race, body mass, weight, diet, exercise, alcohol or drug consumption, and other factors would have to be controlled in some manner. A matching control group (not selected by bra-wearing time) would add further validity. The study could follow the women across a long period, perhaps 15 to 25 years.

Thus a critical review of the study quickly calls into doubt the causal factor between bra use and breast cancer. Even the correlation appears to be contrived. However, it does open the door for further studies.

A final point about the scientific method should be made here: When this study first appeared in popular print media, the information provided varied

by the source. News media presented the story as provocative and quirky but with powerful opposition voiced by medical doctors and cancer specialists. But one popular “health” magazine reported the study in a way that suggested a causal link—and placed an ad on the opposite page for a “health drug” claiming to lower risk of breast cancer. Always remember to think about why someone is publishing the study. In this case, it was clearly done to help sell a product.

■ Why Study Sexuality?

There are many reasons for studying human sexuality, including obtaining accurate sexual knowledge, clarifying personal values, improving sexual decision making, learning the relationship between human sexuality and personal well-being, and exploring how the varied dimensions of human sexuality influence one’s sexuality.

Sexual Knowledge

A major reason for studying human sexuality is to acquire a sound foundation of sexual knowledge. Only knowledge can dispel sexual myths, superstitions, and misinformation that block understanding, inhibit communication, and create confusion. Correct information lays the groundwork for sexual decision making. The greater your knowledge, the more likely you are to take responsibility for your sexual health. Studies have found that college students want specific factual information (probably pertaining to a sexual encounter), as well as the answer to the age-old question, “Am I normal?” (Caron & Bertran, 1988).

The issue of sexual and physical normality underscores the psychological dimensions of human sexuality. It is normal to wonder whether your appearance and/or sexual desires are normal. Many men worry about the size and shape of their penis, and women often worry about the size and shape of their breasts. Learning about the wide variety in appearances may help you feel better about yourself.

self-esteem

Sense of personal worth.

Learning more about sexuality can often increase your sense of personal worth, or **self-esteem**.

Factual knowledge can also help you interpret sociocultural traditions or myths. History is filled with examples of myths about the biological nature of sexuality. Aristotle, for example, thought that menstrual fluid was the substance from which the embryo was formed, a belief held for centuries. Leonardo da Vinci’s anatomical drawings show a tube running

from the uterus to the breasts of a woman, depicting the common belief that the menstrual fluid that did not flow during pregnancy was diverted to the breasts to make milk—this in spite of the fact that he had dissected female cadavers and certainly never saw such a tube! The U.S. culture is by no means free of sexual myths, as you will discover throughout this text.

A major issue relating to sexual knowledge involves how to engage in “safer sex.” Which activities can lead to the transmission of STIs and HIV? Is your partner, for example, in a high-risk group? What can be done to lower the risk of transmitting STIs and HIV? Does your partner share your knowledge—and concern—about such issues? If not, should you be willing to engage in sexual activity with that person?

Personal Values

A second reason for studying sexuality is to clarify personal sexual **values**, those beliefs to which we attach the most worth.

By exploring your own dimensions of human sexuality, you may come to understand the origins and nature of your sexual values, as well as the values of others.

values

Those beliefs to which we attach the most worth.

Remember Lisa from our opening story. She began to understand how sexuality fit into her personal values, especially those involving her family. The values that her family and culture held were very important to Lisa, and she fretted over the prospect of becoming an “unmember” of her family, were she to become pregnant outside marriage.

Responsible Sexual Decision Making

A third reason for studying sexuality is to improve your sexual decision-making skills. Most people have had some sexual experience. A large majority of college students have had sexual intercourse, and almost all have participated in some form of sexual activity. But experience alone does not necessarily provide wisdom or skill in sexual decision making. The study of sexuality provides a sound foundation of sexual information, promotes an understanding of sexual attitudes, and examines a broad range of sexual issues.

For example, assume you were dating Lisa in the opening story. Without an understanding of the many social and cultural factors that influence her sexuality, you would find it hard to understand her feelings. Her communication style is restricted by her cultural background, which discourages openly discussing feelings and seeking psychological



Many values influence sexual decision making.

counseling. Lack of understanding of why Lisa holds in her feelings could lead to a deterioration of your relationship.

Dr. Drew, the dry-witted host of *Loveline*, a radio and TV talk show that answers viewers' sexuality questions, often suggests that listeners think about their actions before they get involved in sexual situations. A frequently occurring situation on the show is that of having sexual activity with a roommate's lover, which callers often claim "just happened." Dr. Drew responds that, in most cases, it does not just happen—the two parties consciously flirt, possibly dress enticingly, and in the end must find a time and place to be alone. Dr. Drew suggests that had the parties stopped to think about the actions they were taking, they could have made the sexually responsible decision not to engage in sexual activity.

A Decision-Making Model

A simple but formal model of the decision-making process consists of the following steps (Bruess & Richardson, 1995).

1. *Recognition.* Only with the recognition of an issue can a decision be made. For example, a couple who consider engaging in sexual intercourse need to recognize the risk of pregnancy, transmission of STIs or HIV, and overstepping of a partner's personal dimensions.



Sound knowledge influences sexual decision making.

The best decision making requires defining the issue as precisely as possible: For example, which forms of contraception are acceptable? Which forms are unacceptable? What can be done to promote safer sexual activity? How does my partner feel about this? Which physiological or cultural dimensions might influence my partner's decisions?

2. *Evaluation.* Having recognized a need to make decisions, it is time to gather relevant information, analyze the possible choices, and decide on the best alternative. For example, the latex condom might be a choice for contraception and lowering of the possibility of STI transmission. But the condom also has a lower rate of contraception effectiveness than some other methods. Another choice might be using a contraceptive method with a higher effectiveness rate—such as the pill—combined with a latex condom for STI protection. Further consideration might be necessary if one person is unwilling to use contraceptives because of religious beliefs. Or perhaps one partner has an allergy to latex condoms (in which case polyurethane condoms could be substituted). The decision to remain abstinent could also be discussed.
3. *Implementation.* When a decision has been reached, the plan needs to be put into action. A decision to combine the pill with latex condoms is not effective unless you can delay intercourse until the woman has received a prescription for the pill and taken it for about a month and the man has purchased latex condoms (and learned how to use them).



Communication DIMENSIONS

Talking About Your Human Sexuality Class

Expect to find a great deal of interest when you tell people you are taking a class in human sexuality. Inevitably, many of your friends, colleagues, neighbors, and family members will ask, “What are you learning?” How you answer that question says a great deal about your tactfulness, how people perceive your knowledge, and how interestingly and humorously you can present delicate information. We have dealt with this question for years, and here are some suggestions:

- Be careful talking about sexual information at work. One *Seinfeld* episode revolved around Jerry being unable to remember a new girlfriend’s name—except that it rhymed with a female body part. Eventually, he remembers her name is Dolores—which rhymes (sort of) with clitoris. One man embarrassed a sexually inhibited female colleague by describing the episode at work. The woman, who did not know the term *clitoris*, was further embarrassed when the man showed her the definition in a dictionary (in front of several colleagues). She complained to human resources, and he was fired. He sued the company and won a settlement, which is currently in the appeals process. Do not give people sexual information they do not want to hear! As illustrated in the *Seinfeld* case, it is best to change subjects—or even apologize—if

someone is uncomfortable with what you are saying. Watch for nonverbal cues as well. Pressing a point may cost you friends.

- Do not go into detail. Use the KISS method (Keep It Simple and Sincere). If you find the human sexual response cycle interesting, discuss it in general terms: “I was surprised to learn that males and females have the same physiological response to sexual activity.” If asked further questions, simply arrange for the person to borrow your book.
- Do not gross people out. In general, people do not want to hear sordid stories relating to sexuality. Information on atypical sexual behaviors, female genital mutilation, or sexual slavery is not usually dinnertime conversation. Recognize diversity. In fact, many people will be highly offended by hearing such information.
- Do not be afraid to say something in a straightforward manner. Show comfort with the subject matter by using sexual terminology in a polite, accurate manner. No one will be offended by the use of the word *penis* or *vagina* if used in context—especially if you are answering someone’s question.
- Do not lecture. No matter how hard you try (or how sincere you are), you simply will not change friends’ sexual behavior by telling them what they are doing wrong.

4. *Review.* After putting the decision into practice, there should be a periodic review. Are the desired results being achieved, or should another alternative be tried? Perhaps after making the decision, something new is learned about the issues that raises questions about the choice. For example, Lisa’s pregnancy scare would likely make her seek out a more effective contraceptive method. If so, the decision-making process can be started again. In fact, you will find yourself renewing the decision-making process throughout your life, according to how your circumstances change.

Sexual Health and Wellness

Finally, sexual education can contribute to safer sexual behavior. Given that some sexual behaviors can result in pregnancies and/or the spread of STIs

(including HIV), it is important for people of all ages to understand which practices can result in safer sexual behavior and to incorporate such practices into personal relationships.

Note that although we use the term *safer sex*, no sexual activity can be deemed *perfectly* safe. Although knowing a partner’s sexual history, using latex condoms consistently, and avoiding certain sexual behaviors can *reduce* your risk of STIs and HIV, they do not *eliminate* the risk. Condoms can break or be improperly used. Your partner may not wish to disclose a complete sexual history (especially embarrassing or abusive situations). Alcohol can also get in the way of judgment.

Following safer sexual practices does not end with youth. The number of older Americans with HIV/AIDS is rising steadily. As of 2011, 28% of those diagnosed with HIV were 45 years and older (Centers for Disease Control and Prevention, 2011).

Practicing safer sexual behavior can promote sexual health and wellness, as well as improve self-esteem. The failure to practice safer sexual

behavior can result in physiological, psychological, and social trauma. Although many STIs are “curable,” some (such as genital herpes) can only be controlled. Knowing that you have herpes or genital warts may lead to lower self-esteem and a reluctance to seek out partners. Contracting HIV would mean a lifetime of treatment to prevent contracting AIDS. An unwanted pregnancy can have devastating results for both the parents and the child. For Lisa, pregnancy outside marriage could have resulted in losing her family.

So how do we know if someone is sexually healthy? The Alberta (Canada) Society for the Promotion of Sexual Health lists 17 criteria for sexually healthy individuals. Among the criteria are: appreciate their own bodies, avoid exploitative relationships, interact with both genders in appropriate and respectful ways, demonstrate tolerance for people with different values, decide what is personally “right” and act upon these values, talk with a partner about sexual activity before it occurs, and seek further information about sexuality as needed.

Service–Learning Projects in Your Community

While we focus on how you can develop a healthy and sexually responsible lifestyle, we recognize that all of us also have a responsibility to contribute to

the health of our communities. We live in a college community, and in a city, town, or village. We live in a state and in this country. And, of course, we are part of a global community as well. With the knowledge you learn in your sexuality course and by reading this book, you have a unique opportunity to contribute to the sexual health of the communities with which you are associated. One of the best ways to do that is through service–learning.

Service–learning is an educational method that involves students applying what they learn in their coursework in the community so as to

contribute to the welfare of that community. For example, after studying the effects of gangster rap music on the sexual attitudes of young people, you might choose to write to local government representatives advocating that warnings be provided with music of this nature. Or you might volunteer at a rape crisis center. As a result of our commitment to you, and to help you organize to meet your commitment to your communities, we provide suggestions for sexuality-related service–learning activities on the website for this text.

service–learning

Educational method that involves students applying what they learn in their coursework in the community to contribute to that community's welfare.

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

Many factors influence our sexuality. For example, consider your physical appearance. At first glance, it appears to be a biological factor, set by genetics. But your body image, or self-concept of your appearance, is psychological. Sociocultural factors also come into play—your perception is influenced by the culture in which you live and conveyed by the media that surround you.

Biological Factors

- Gender
- Genetics
- Reproduction
- Fertility control
- Sexual arousal and response
- Physiological cycles and changes
- Physical appearance
- Growth and development

Sociocultural Factors

- Socioeconomic status
- Laws
- Religion
- Culture
- Ethnic heritage
- Media and ad information
- Family, neighbors, and friends
- Ethics

Psychological Factors

- Emotions
- Experience
- Self-concept
- Motivation
- Expressiveness
- Learned attitudes and behaviors
- Body image

Summary

- Sexuality is part of our personality, and it involves the interrelationship of biological, psychological, and sociocultural dimensions.
- Sociocultural influences include religious influences, multicultural influences, ethical influences, and political influences.
- The sexual revolution had many influences on present thinking about human sexuality.
- Throughout history there have been many attempts to control sexual behavior. Most of these efforts can be seen in the moral and legal codes of the time.
- Throughout recorded history, many theories and myths about conception have existed. It was not until 1875 that it was demonstrated that the sperm penetrates and combines with the egg.
- Methods employed to prevent pregnancy have been used for thousands of years. The condom first appeared in the mid-16th century.
- Abortion in early pregnancy was legal in ancient China and Europe. In 1973 the U.S. Supreme Court legalized a woman's right to decide to terminate her pregnancy.
- There have been changes in gender roles throughout the centuries. In recent years many issues related to women's roles continue to be raised.
- It is important to use sound critical thinking skills when making decisions related to human sexuality.
- Studying human sexuality is important to obtain accurate sexual knowledge, clarify personal values, improve sexual decision making, understand the relationship between human sexuality and personal well-being, and explore how the varied dimensions of human sexuality influence one's sexuality.

Discussion Questions

1. List the three main dimensions of sexuality and their subdivisions, and give examples of each.
2. Trace the historical aspects of human sexuality, including the sexual revolution and the changing roles of gender and culture.

3. Explain a method for critical thinking, and differentiate between correlation and causation. Give examples to back up your answer.
4. Explain the main reasons for studying human sexuality.

Application Questions

Reread the chapter-opening story and answer the following questions.

1. If Lisa were pregnant, what advice would you give her? Consider Lisa's sexual dimensions, including the reaction of her family, her religion, and her communication style.
2. If you were Lisa's lover, how might you respond to the situation? To answer this question, you need to reconcile your sexual dimensions with Lisa's.
3. Do all Korean Americans have the same set of sexual dimensions? How might such dimensions differ, depending on age? Length of time in the United States? Geographic location? Socioeconomic status?

Critical Thinking Questions

1. Consider your own sexuality. Write about how each of the three dimensions affects you. Which has the greatest effect on you? The least? Explain your answers.
2. Use the decision-making model to decide whether to engage in a sexual activity that you have not yet done. Having thought the issue through, would you proceed? Which precautions might you take to promote safer sexual behavior?

Critical Thinking Case

Should an Artificial Womb Be Used?

People often need to focus on ethical questions related to conception. For example, an article in the *New York Times Magazine* by Perri Klass (September 29, 1996, 117–119) reports that Japanese researchers developed a technique called *extrauterine fetal incubation* (EUFI). They took goat fetuses, supplied them with oxygenated blood, and suspended them in incubators that contained artificial amniotic fluid (the fluid that surrounds a fetus in a pregnant woman's uterus) heated to body temperature. So far, the researchers have been able to keep goat fetuses alive for 3 weeks, but they are confi-

dent they can extend the length of time and ultimately be able to apply this technique to humans. When they do, we will have an artificial womb. This will allow us to have more control over conception and birth than ever before.

If it were ever possible, should an artificial womb be used for human pregnancies? Which circumstances would warrant the use of an artificial womb for human births? Consider the case in which a woman had fertile eggs but had had her uterus removed as a result of cancer. Should she be able to use EUFI to have a baby? What about the female executive who wants a family but worries that a pregnancy (and postpartum leave) will sideline her career? What about the couple who would otherwise use a human surrogate womb?

Consider further social consequences: Should insurance companies pay for the cost of using the artificial womb? Should the government allot Medicaid money for the socioeconomically deprived who wish to use such a service? Or should such a service be available only to the wealthy?

Exploring Personal Dimensions

Sexuality and Human Relations

A number of internal and external forces in your life influence the decisions you make regarding sexual behavior. What you do may be in harmony with some of these forces and in conflict with others.

Directions

Give a value to the following forces in your life as they pertain to your sexual behavior (i.e., what makes you choose to be sexually active or what makes you refrain from sexual activity). If you are married, apply this tool to a specific sexual behavior such as your degree of fidelity to your spouse or your degree of sexual activity with your spouse.

- a = a major force influencing my sexual behavior
- b = a moderate force influencing my sexual behavior
- c = an insignificant force influencing my sexual behavior

- | | | | |
|-----------------------------------------------------|---|---|---|
| 1. Religious influence | a | b | c |
| 2. Family influence | a | b | c |
| 3. How it feels when we kiss and hug | a | b | c |
| 4. My own self-image (how I think I look to others) | a | b | c |
| 5. My sense of right or wrong | a | b | c |
| 6. Radio, television, or movies | a | b | c |

- | | | | |
|-----------------------------------------------------------------------------------------------------------------------|---|---|---|
| 7. How it feels to touch someone | a | b | c |
| 8. How I learned to act | a | b | c |
| 9. The way I feel inside | a | b | c |
| 10. Literature (books, magazines) or music | a | b | c |
| 11. Pleasure | a | b | c |
| 12. My judgment | a | b | c |
| 13. My sense of what I should and should not do | a | b | c |
| 14. Friends' influence | a | b | c |
| 15. Physical stimulation | a | b | c |
| 16. Introversion or extroversion (how outgoing I am) | a | b | c |
| 17. My morals or values | a | b | c |
| 18. The expectations/relationship I have with boyfriend/girlfriend (for marrieds, consider friends other than spouse) | a | b | c |
| 19. Fear of, or anticipation of, pregnancy | a | b | c |
| 20. Desire to feel good about myself | a | b | c |

Scoring

a = 3 b = 2 c = 1

Total values as follows from top to bottom of the four columns.

<i>Column A</i>	<i>Column B</i>	<i>Column C</i>	<i>Column D</i>
1. _____	2. _____	3. _____	4. _____
5. _____	6. _____	7. _____	8. _____
9. _____	10. _____	11. _____	12. _____
13. _____	14. _____	15. _____	16. _____
17. _____	18. _____	19. _____	20. _____
Totals _____	_____	_____	_____

Interpretation

Column A represents the degree to which your morals and values or beliefs influence your sexual behavior and decisions.

Column B represents the degree to which social forces influence your sexual behavior.

Column C represents the degree to which biological factors influence your sexual behavior and decisions.

Column D represents the degree to which psychological forces influence your sexual behavior and decisions.

The relative influences can be compared directly with each other to see which area is the strongest

or whether they are equal. You may interpret the results as follows:

- 11–15 major influence
- 6–10 moderate influence
- 1–5 insignificant influence

Suggested Readings

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Web Resources

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

Sexuality Information and Education Council of the United States

www.siecus.org

Source for the Consensus Statement on Adolescent Sexual Health and other information related to healthy sexuality.

Alberta Society for the Promotion of Sexual Health

www.aspsh.ca

Source for an excellent definition of sexuality.

Sex & Sexuality

www.plannedparenthood.org/health-topics/sexuality-4323.htm

Information from Planned Parenthood about how understanding our sexuality can help us enjoy our lives more.

Sexual Health Network

www.sexualhealth.com/aboutus.php

A network dedicated to providing easy access to sexuality information, education, support, and other resources.

Teens Health

http://kidshealth.org/teen/sexual_health

Designed to help both males and females learn the facts about sexual health.

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