HUMAN SEXUALITY

ALI MUMBO REPRODUCTIVE HEALTH

Objectives

At the end of this session the students will be able to:

Define concepts in human sexuality; Outline the sexual system Explain sexual maturation Describe sexual dysfunction Outline effects of contraception on sexual function Outline sexual abuse

A. Human sexuality: concept encompasses
1. <u>physical capacity</u>: sexual arousal and pleasure (libido)
2. <u>personalized/ shared social meanings</u>: sexual behaviour and the formation of sexual and gender identities.

- A. Sexual identity: sex of rearing / definitive sex
- B. Gender identity: refers to the personal, private conviction each individual has about being "feminine" or "masculine."

- B. Sexual behaviour: actions that are empirically observable (in practice, at least):
 - what people do sexually with others
 - or with themselves how they present themselves sexually, how they talk and act. It includes:

1. Sexual partnerships (SPs): number SPs, current and past; the timing and duration of SPs throughout a person's lifetime; identity of partners (socioeconomic characteristics, relationship)

2. Sexual acts (SAs): nature of SAs, frequency of SAs and conditions of choice / coercion:

C. Sexual ideology / meanings (cultural and personal):

peoples ideas about sexuality; cultural understandings, what men and women are: how they interact (or should interact) with one another;.

C. Sexual ideology / meanings (cultural and personal):

Ideologies constitute (in) fidelity & sin, fornication & sin, " tume chill"; "fputa pumzi"
It includes masculine / feminine sexuality, perceptions of partnerships and meaning of sex acts.

D. Sexual Drives and Enjoyment: this element includes formation of sexual identities, socially conditioned sex drives, and perceptions of pleasure.

Summary of elements of human Sexuality

- > Sexual partnerships
- > Sexual acts
- > Sexual ideology / meanings
- > Sexual drive / enjoyment

The Sexual System 1

Genetic / chromosomal sex
Gonadal sex
Genital sex
Phenotypic sex
Sex of rearing
Psychosocial sex

The Sexual System 2

Sexual Identity / definitive sex

Sex of rearing i.e. maleness or femaleness and moral codes of parents, social mores and religious beliefs

The Sexual System 3

Psychosocial sex: concept of masculinity and feminity
 Culturally and socially determined / constructed:

Onset of 2° sex characteristics final step in development of sexual identity

SEXUAL MATURATION 1

Classification of sexual maturation in the female:

- Thelarche: Breast development (Tanner classification stages 1-5),
- Adrenarche/puberche: Hair development and distribution: Stages: 1-prepubertal; 2-first stage puberty; 3-second stage puberty; 4-third stage puberty; 5- adult Stages:
- Menarche

SEXUAL MATURATION 2

Classification of sexual maturation in the male:

- Testicular-adrenarche; penile; spermache
- Voice change
- Hair development and distribution
- Height attainment

Some physical changes of adolescence

> Girls

- menstruation
- enlargement of breasts
- Growth of pubic hair
- Enlargement of sex organs
- Production of ova
- Growth in height

Boys

- Deepening of voice
- Enlargement of sex organs
- Production of sperm
- · Growth of pubic hair
- · Growth of facial hair
- Erect penis in the morning
- Growth in height

SEXUAL MATURATION 3

Emotional / psychological issues: anxieties related to morphological, psychological and physiological maturation: normality in physical development, sexual desires and arousal, peer pressure

Sexual maturation 4

- Stage I: Infancy (birth 18 months)
- > Stage II: (18m-4yrs)
- Stage III: Childhood and pre-adolescence (5-12yrs)
- Stage IV: Adolescence (13-19yrs)
- Stage V: Adulthood (20-40yrs)
- Stage VI: Midlife (41-60yrs)
- Stage VII: Elderly (61yrs and above)

Sexual Response

- Vasocongestion and Myotonia
- > Stages
 - Excitement
 - Plateau
 - Orgasm
 - Resolution

> Other Sexual Response Issues

Sexual Dysfunction (SD)

Definition

 SD refers to some form of impairment of the ability to achieve sexual satisfaction during intercourse

Sexual Dysfunction (SD) 3: male

> Erectile Dysfunction
> Premature Ejaculation
> Retarded Ejaculation
> Lack of sexual desire
> Excessive sexual desire

Sexual Dysfunction (SD) : female

- > Vaginismus
- > Dyspareunia
- > Lack of sexual desire
- > Excessive sexual desire
- > Anorgasmia

Management of Sexual Dysfunction

Sexual dysfunction: most of the time this is due to the difficulty in interpersonal relationship between sexual partners and may be as a consequence of other areas of marital dysfunction Generally, management of sexual dysfunction in both men and women involves replacement of *emergency* emotions (of hate, frustration, betrayal, anger, fear, disappointment) with welfare emotions (of happiness, love, belonging, respect/appreciation)

Erectile Dysfunction (ED)

Erectile Dysfunction (impotence): inability to achieve or maintain an erection of the penis:1° organic/rare; 2° psychological/common

ANXIETIES ASSOCIATED WITH ERECTILE DYSFUNCTION

"I want to feel normal again"

Normal is ... not being afraid that a romantic walk together will lead to something I can't finish "I just want sex to be spontaneous"

Spontaneous is ... not planning my love life down to the hour but allowing things to happen when the time is right "I just want time for romance"

Romance is ... enjoying an intimate meal together "I just want to feel relaxed"

> Relaxed is ... knowing I am ready whenever the moment is righttoday, tonight, or tomorrow morning

Erectile Dysfunction: Diagnostic Testing

Mandatory or routine tests

- Comprehensive history (sexual, medical, drug and psychosocial)
- Focused physical examination
- > Recommended tests
 - Testosterone
 - Fasting glucose and serum lipids
- > Specialized tests
 - not required in primary evaluation

Jardin A, et al (eds). Recommendations of the 1st International Consultation on Erectile Dysfunction. *Erectile Dysfunction* July 1999

Erectile Dysfunction (ED)

> PDE5 INHIBITORS IN ED

> Sildenafil - Viagra
 > Tadalafil - Cialis
 > Vardenafil

CONTRACEPTION AND SEXUAL FUNCTION

1. Condoms (male) may increase sexual pleasure with the removal of the fear of pregnancy or HIV/STI transmission; can reduce penile sensation; may prevent/minimize premature ejaculation; may cause latex allergy; use may interrupt intercourse. Some men may not be able to maintain an erection with condom use. 2. Condoms (female) may increase sexual pleasure with the removal of the fear of pregnancy or HIV/STI transmission; do not significantly reduce penile sensation; may be noisy; may be considered unattractive; insertion may interrupt intercourse.

3. Combined orals / injectable: may increase sexual pleasure with the removal of the fear of pregnancy; improve perimenopausal symptoms; decrease vaginal lubrication; reduce free testosterone, resulting in diminished libido or loss of desire. 4. Progestin-only orals / injectables / implants; may reduce sexual activity in settings where sex with bleeding (spotting) in women is taboo or if sex in the presence of vaginal bleeding is not appealing.

Sexual abuse

Sexual harassment
Paedophilia
Rape
Incest
Prostitution

Summary

- Sexuality: sexual partnerships / acts, ideology / meanings, drive & enjoyment, and experience
- Sexual maturation: physical and psychosocial; sexual response
- Sexual dysfunction: mostly due to difficulties in interpersonal relationship between sexual partners as a consequence of other areas of marital dysfunction
- > Sexual abuse

Thank you

