

## CHAPTER 7: SEXUAL BEHAVIOR

Sex is fundamentally about pleasure, yet this aspect is often neglected by sexuality education programs. Educators need to be careful not to fall into the trap of teaching adolescents only about the risks and potentially harmful consequences of intercourse or giving indirect or vague information. Many children grow up receiving contradictory messages about sex; they want—and need—clear, honest answers. Many participants will have questions about human sexual response and pleasure. For instance, young people and even adults wonder if women have orgasms, if it's okay to masturbate, how to give pleasure to their partner, or how to know if their partner has had an orgasm. Myths abound. Addressing adolescents' curiosity will help them to understand their own bodies, make better decisions, and ease future communication with partners about their sexual desires.

Masturbation is particularly important to address because it is one of the most common, if not *the* most common, of all human sexual behaviors, yet it is surrounded by misinformation and taboo. Many teenagers, girls as well as boys, will begin to masturbate during adolescence but may feel distressed about it because of negative and threatening messages that they have received. Such messages usually do not make people stop masturbating; they only make them worry about it. It should be made clear that despite controversy, masturbation is in no way harmful, and in the age of HIV/AIDS, it is clearly a safe alternative to unprotected intercourse. Furthermore, it can help people get to know their bodies and sexual responses.

For women in particular, sexual pleasure in relationships often does not come automatically. Expectations and reality often collide and cause disappointment or bewilderment. Teaching about the variety of ways to experience sexual pleasure, including similarities and differences between men and women, and encouraging communication between sexual partners can increase the likelihood that both partners will enjoy their sexual lives. In many societies, sexual behavior is overly focused on intercourse. Encouraging people to learn the many sources of sexual satisfaction and different kinds of lovemaking not only offers adolescents alternatives to sexual intercourse but can also decrease the likelihood of sexual problems in adulthood.

### Teaching Tips

- Gather information about the average age at which young people first have sex and any other available information about the sexual behavior of young people in your country before teaching this topic.
- Find out your country's laws about age of consent and other laws on rape, including statutory rape.
- Many young people will feel somewhat shy or embarrassed when talking about sexual behavior. Acknowledge this discomfort and remind them how important it is that they learn to talk more comfortably so that they will be able to talk with their partners.
- If participants are very uncomfortable, try moving gradually toward direct verbal communication by having them work in same-sex groups and doing exercises in which they share ideas and questions in writing.
- Be open, honest, and direct in counteracting the misinformation and incorrect and negative messages that young people get about sexual behavior.
- Approach this topic understanding that this may be the primary, and perhaps the only, opportunity your students will have to get accurate and considered information before they have sex.

- Stress that decisions about sexual behavior are personal matters for individuals to make, so long as they respect the rights and safety of others.

### **Content Considerations**

- Cover a range of content, including reviewing the difference between the sexual system and the reproductive system; myths and misinformation about sexual pleasure and sexual functioning; different models of sexual arousal and response; definitions of pleasure; reasons for having sex; and a full range of sexual behaviors that provide pleasure, including the role of clitoral stimulation in women's pleasure. Help participants to recognize that sexual pleasure and sexual intercourse are not synonymous.
- Cover a broad spectrum of sexual behaviors, including oral and anal sex, even if you believe that most people in your society do not practice them. Very little is known about sexual practices in most countries and making assumptions based on impressions is unreliable.
- One of the most common reasons given for not using condoms is that they reduce sexual pleasure. Explore this idea with participants and discuss ways to increase pleasure when using condoms.
- Have students explore their attitudes about sexual functioning and pleasure. Examine with your students how gender-role stereotypes affect sexual response and pleasure. For example, how do they view men who experience or seek sexual pleasure compared to women who do so? Why? Who should be responsible for the sexual pleasure of the man? Of the woman? Why?
- Teach communication skills and emphasize that communication between sexual partners is one of the keys to a satisfying sexual life.
- Make use of the anonymous question box to solicit and answer participants' specific questions.
- Bring out the predominant cultural values around sexual behavior, but remember that your main purpose is to help participants as individuals to clarify their own values.
- Consider providing basic information about sexual concerns and dysfunctions. Many of the most common are related to sexual pleasure.

## SELECTED LESSON PLAN 7.1: MASTURBATION AND OTHER SEXUAL BEHAVIORS

### SOURCE

“Session 16: Masturbation and Other Sexual Behaviors,” *Our Whole Lives: Sexuality Education for Grades 7–9*, by Pamela M. Wilson. Boston: Unitarian Universalist Association, 1999. Reprinted by permission of the Unitarian Universalist Association. [www.uua.org](http://www.uua.org)

### Suitable for ages 12 to 18

### Summary

This lesson provides a model for how to provide adolescents with direct, clear, and factual information about masturbation and other sexual behaviors. Unlike many lessons, it allows the discussion of topics of keen interest to teens and includes positive aspects of sexual behavior, including pleasure. Using participants’ own questions, collected from an anonymous question box (or questions provided in Leader Resource 25), the facilitator answers what she or he can and then opens up discussion to explore attitudes and feelings about sexual behavior. Participants write any remaining questions or concerns they have on cards and the facilitator answers their questions, including validating a range of values and attitudes toward masturbation. Finally, the facilitator reads two descriptions of orgasms written by teenagers. An excellent Leader Resource is provided.

### Teaching Notes

- Read Leader Resource 26, *Sexuality Facts*, to familiarize yourself as much as possible with facts on sexual behavior in general. Read any available materials about sexual behavior in your country.
- In the session prior to this one, ask participants to write any questions they have about sexual behaviors and put them in an anonymous question box.
- Before the session, separate the questions you have into those about facts and explicit sexual behavior and those about attitudes and feelings. Develop clear, direct, and simple answers to all the questions before the session, although you will only answer those on facts and explicit sexual behaviors.

### Adapting the Lesson

- Read over the questions provided on Leader Resource 25 and select any that your participants are likely to share.
- Please note that this lesson is excerpted directly from a larger sexuality education guide, and therefore contains minor references to materials not included in this manual (e.g., the homework assignment on the last page).

SESSION 16 **Masturbation and Other Sexual Behaviors****A WORD TO THE LEADERS**

A greater proportion of teenagers have sexual intercourse today than did so several decades ago. In the United States, more than one-half of teenage women and almost three-quarters of teenage men have had intercourse before their 18th birthday. By age 14, approximately one-quarter of teens have had intercourse. Both teens and public school teachers lament that the typical sexuality education program provides too little information, too late to be helpful to teens who are increasingly taking risks with sexual behavior.

Young people want the opportunity to discuss this important aspect of human behavior so that they can understand how best to prepare themselves for the experience when it becomes appropriate for them. They are frustrated by the simplistic explanation that intercourse is the act of placing the penis in the vagina. As one eighth grader remarked, "That makes it sound like the instructions that come with my model kits—insert tab A into slot B. There's got to be something more to intercourse than that!"

The issue of masturbation is rarely discussed in public-school programs, and yet it is a very common concern for young people. Often, teens shy away from the topic or pretend to be uninterested. Many have never been given permission to discuss the topic in any environment, including the peer group. A fascinating statistic comes from the Health Line program, a library of 600 taped messages offered by the University of Wisconsin—Madison Extension. Of the 80 tapes written for teen and young adult audiences, the tape on masturbation is requested most often in three states utilizing the program—North Carolina, Wisconsin, and Florida.

This session provides an atmosphere and a forum that makes it easier for teens to discuss this taboo topic. They are free to ask questions and receive honest, developmentally appropriate responses about masturbation and other sexual behaviors.

**SESSION GOALS**

- To provide a forum for youth to ask questions about sexual behaviors and receive developmentally appropriate answers.
- To explore participants' attitudes about masturbation.
- To dispel myths about masturbation.

**LEARNING OBJECTIVES**

After completing this session, participants will be able to:

- Express increased comfort during discussions of masturbation and other sexual behaviors.
- List at least two facts about masturbation.

## SESSION-AT-A-GLANCE

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|--|------------|
| Reentry and Reading (R&R)                | 15 minutes |
| Lovemaking: Questions and Answers        | 30 minutes |
| Masturbation                             | 40 minutes |
| Reflection and Planning for Next Session | 5 minutes  |

## MATERIALS CHECKLIST

- Newsprint, markers, and tape
- Index cards
- Anonymous questions about sexual behaviors from previous sessions
- Leader Resource 25, Questions About Sexual Behavior, and Leader Resource Leader 26, Sexuality Facts

## PREPARATION

- Read this session and decide together how to divide leadership responsibilities.

### *For Lovemaking: Questions and Answers*

- Assemble the questions from the Question Box that you will answer in this session. Write selected questions from Leader Resource 25, Questions About Sexual Behavior on index cards.
- Read Leader Resource 26, Sexuality Facts, thoroughly so you can answer all questions comfortably.

## Session Plan

### R&R

10 Minutes

#### **1. Reentry**

Welcome participants and help them reenter by asking the following questions:

- What are your reflections about our last session?
- Who had a conversation with someone about our last session? How did the conversation go?
- What's new in your life? What's going on that you'd like to bring up with the group?

#### **2. Question Box**

Explain that questions from the Question Box will be addressed in the first activity.

#### **3. Reading**

Remind the group that the focus of this session is masturbation and other sexual behaviors. Ask for volunteers to read some of the questions from Leader Resource 25, Questions About Sexual Behavior, and explain that these questions were asked by teens in other sexuality programs. (The simple act of reading questions about sexual behavior can increase comfort levels.) Let participants know that they will discuss these and any other questions in the next activity.

## LOVEMAKING: QUESTIONS AND ANSWERS

30 Minutes

1. Use questions related to sexual behavior from the Question Box and from Leader Resource 25, Questions About Sexual Behavior. Use Leader Resource 26, Sexuality Facts, to help answer the questions.
2. Begin by answering questions about explicit sexual behavior yourself. It is not usually a good idea to turn factual questions about sexual behavior over to the group because of the risk of having to correct misinformation.
3. Place selected questions, especially those about attitudes and feelings, in a bowl or basket. Have participants take turns selecting questions and answering them. Once a question has been answered, encourage other group members to offer their perspectives. Feel free to add your own comments when appropriate. The goal is to address the teens' real questions in honest ways and to promote program values related to responsible sexual behavior.
4. To close this activity, invite responses to the following questions:
  - What was this discussion like for you? [Comfortable, uncomfortable, fun, boring, etc.]
  - Which questions, if any, made you feel embarrassed or uncomfortable?
  - What do you think about the idea of outercourse [see Leader Resource 26]?
  - How comfortable do you think you would be discussing these issues with a parent? Friend? Partner? Doctor? Religious advisor? A son or daughter?

## MASTURBATION

40 Minutes

1. Ask if anyone can define the word *masturbation*. Explain that the literal translation of the Latin word *mastubari* is "to rape or defile by the hand." Ask, "What message does that translation send to you?"
2. Offer the following cross-cultural perspective on masturbation:
  - In Japanese, the word for male masturbation is *sensawari*, which means "one thousand strokes."
  - The Japanese, word for female masturbation is *monsawari*, which means "ten thousand strokes".Elicit reactions from participants about the words for masturbation in English and Japanese and the different images that the words evoke.
3. Distribute index cards and ask participants to write any questions or concerns they have about masturbation. Make sure that everyone writes something, even if it is "no question."
4. Collect the cards. Read the questions and lead a discussion of each.
5. Include the following information in the discussion:

*Reasons for Masturbating*

  - It feels good and releases sexual tension.
  - It is a safe and pleasurable alternative to intercourse, because there is no risk of pregnancy or disease.
  - It allows people to learn about the nature of their bodies and about their feelings and response to sexual stimulation.
  - It is a special and private way that people can give themselves pleasure.

- Boys can train themselves to delay ejaculation through masturbation to provide more pleasure to their partners and themselves when they engage in sexual intercourse.
- It can be used by couples to bring one of them to orgasm if the other one reaches orgasm early in intercourse.
- It is a lifelong form of sexual expression, enjoyable at any age, and appropriate whether one has a regular sex partner or not.
- It does not depend on a mutual decision to participate as sex with a partner does.

*Reasons for Not Masturbating*

- Not ready for the experience.
- Parents, peers, or significant others disapprove.
- It goes against one's religious convictions.
- The desire to save sexual experience for a partner.
- Fear and anxiety about the consequences of masturbation.
- Guilt.

6. Explain that both males and females have the capacity to enjoy sexual stimulation and to reach orgasm during masturbation or some other sexual activity. Read the following teenagers' descriptions of orgasm from *Changing Bodies, Changing Lives* by Ruth Bell et al. (NY: Vintage Books, 1987).

As I feel the orgasm coming I forget about everything else and get lost in this feeling that starts in the tip of my penis and spreads all over my body. It's like my body begins swimming all by itself, like there's something in me reaching out, welcoming the pleasure. As it becomes really intense my body begins shaking with excitement. The sensations take me over, and just at the peak of it I can feel this pulsing at the base of my penis and I feel the sperm shooting out of me like I'm sending it off, far away. It's amazing.

How does it feel to have an orgasm? Well, for me it's like this buildup of excitement—you know, everything starts feeling better and better and with me, my fantasies get really vivid. Then as I get closer and closer to coming, it's like all my muscles tighten up, especially around my butt, and I feel tingly all over. All my concentration is on my clitoris because that's the place that is responding to every movement. I kind of cheer myself on in my head, Come on, come on, you're getting closer. Then I get to the point where I know it's going to happen and my whole body relaxes, and with that I feel this flood of sensation—don't know how to describe it—it's like these waves of pleasure that just take me over. When you're having an orgasm, you're just focused on that. Total involvement in that; nothing else exists. It's the most wonderful feeling of just being alive in your body without your head getting in the way telling you things. For me it's very peaceful.

7. End with the following questions:

- What was this discussion like for you?
- If you were a parent, what would you tell your children about masturbation?

## **REFLECTION AND PLANNING FOR NEXT SESSION**

5 Minutes

1. Use the ball-toss or “whip” technique to have each person offer a word to describe what they thought of today’s session.
2. Give the following homework assignment: Your task is to initiate a conversation about some aspect of sexual behavior (your values, sexual response, masturbation, condoms, risk reduction, pleasure) with a parent or family member, partner, or friend. Be prepared to tell us about your conversation at our next session.
3. Explain that the next session [Session Seventeen] focuses on conception, pregnancy, and childbirth. Distribute index cards and ask participants to write any questions they have about pregnancy and birth. If you have not already done so, arrange for expectant parents and a health-care practitioner (optional) to meet with the group next session. Alternatively, if you plan to show a video about pregnancy and birth, ask participants what videos they have seen on this topic before making your selection for Session Seventeen.

## **LEADER REFLECTION AND PLANNING**

Take a few minutes to discuss the following questions with your coleader:

1. What was good about this session? Why?
2. What was not good? Why?
3. What can I learn from this session to strengthen future sessions?
4. What preparation do I need to do for the next session?



# Leader Resource 25

## SESSION SIXTEEN

### QUESTIONS ABOUT SEXUAL BEHAVIOR

What does groping mean?

Does sex hurt girls the first time?

How old should you be to have sex?

Do women get erections?

Can lesbians get AIDS through intercourse just like gay men?

What is the average age of people having sex for the first time?

It seems like all the guy's [sic] questions are about girls and sex. Why?

Is it wrong for a girl to have sexual needs as much as a male?

How do girls masturbate? Boys?

How do lesbians have sex?

Is sex better with a big penis?

What is a blow job?

What is 69?

How come when a girl has sex she's considered a "ho" [whore], slut or something, but if the guy does, it's cool?

What's the best way to satisfy a man?

What about jacking off? Is it bad?

What is four [sic] play? (foreplay)

What do girls like you to do when you have sex?

How do you know when you have an orgasm?

Do girls have orgasms?

Can masturbation make you blind?

What is a G-spot?

—These questions come from teens in other sexuality programs.

# Leader Resource 26

## SESSION SIXTEEN

### SEXUALITY FACTS

#### *Female Sexual Response*

A woman's body goes through predictable stages when she becomes sexually excited. Many of these responses are the same in both men and women.

*Excitement:* Nipples become erect; clitoris and labia become larger as they become engorged with blood; vagina lubricates; breathing and heart rate increase.

*Plateau:* Excitement builds until it gets to its highest point, then triggers a reflex called orgasm.

*Orgasm:* The rhythmic contractions of the outer portion of the vagina. Not all women are aware of these contractions. Unlike men, women are capable of moving from one orgasm to another (multiple orgasms) if the sexual stimulation continues, but not all women have multiple orgasms. Some women report having ejaculations of fluid (not containing sperm) from the urethral and/or vaginal openings during orgasm, but not all women experience ejaculation. Female orgasm is very individual; each woman's experience is unique. Generally, orgasm is pleasurable and includes a sense of release from sexual tension caused by excitement.

*Resolution:* The genitals and entire body return to an unstimulated state. Breathing and heart rate slow down, nipples and genitals decrease in size, and the body relaxes.

#### *Male Sexual Response*

A man's body also goes through predictable stages when he gets sexually excited.

*Excitement:* Nipples become erect; penis, testicles, and other body parts swell as they become engorged with blood; penis becomes erect; scrotum and testicles contract and move up closer to the body; muscle tension increases; breathing and heart rate increase.

*Plateau:* Excitement builds until it gets to its highest point, then triggers a reflex called orgasm.

*Orgasm:* Ejaculation is a spinal reflex that reverses the flow of blood in the body, draining it away from the penis and releasing the muscular tension that has been building. Ejaculation occurs in two phases. First, glands containing fluids contract and deposit their fluids into the urethra; men feel these contractions, which are like a signal saying, "I'm about to come." The second phase occurs when the fluids are propelled out of the urethra by strong rhythmic contractions; involuntary muscle contractions and spasms may occur in various parts of the body. The pleasurable sensations of orgasm usually accompany ejaculation, but sometimes men can experience the peak pleasure of orgasm without ejaculation and *vice versa*.

*Resolution:* The genitals and entire body return to an unstimulated state. Breathing and heart rate slow down, nipples and genitals decrease in size, and the body

relaxes. For most men, a period of rest, called the refractory period, is necessary before they are able to have another erection and another ejaculation. The length of this period varies according to age, how exciting the situation is, and the amount of time since the last ejaculation. Young men have short refractory periods and can often get erect again very quickly. As men age, the refractory period gets longer.

### ***Vaginal Intercourse***

Vaginal intercourse can be a part of lovemaking between a man and a woman. Because sexual intercourse is such a serious behavior, it is ideally put off until two partners are mature and fully committed to their relationship.

According to the dictionary, the word *intercourse* involves *exchange* and *communication*. In sexual intercourse between partners who respect and care about each other, there is an exchange of caring or love, a desire to please each other. In unprotected sexual intercourse (sexual intercourse without a barrier such as a latex condom), there is an exchange of body fluids, which can transmit disease, including HIV, and can result in pregnancy.

When a man becomes sexually excited, his penis becomes erect. Either the man or the woman places the penis inside the vagina. The man moves his penis in and partially out of the vagina. Both partners move their bodies to increase their pleasure. When a woman becomes sexually excited, her vagina lubricates, allowing her to receive the penis comfortably. Without lubrication, intercourse can cause friction and be painful.

### ***Oral Sex***

Oral sex, or oral-genital sex, is another form of sexual intercourse that involves an exchange of body fluids. The term refers to two behaviors: mouth contact with the vulva, which is called *cunnilingus*, and mouth contact with the penis, which is called *fellatio*.

Oral sex given simultaneously by two people to each other is commonly called *69*, or from the French, *soizante-neuf*. This is because the body positions of a couple having mutual oral sex can resemble the numeral 69.

Cunnilingus and fellatio are common sexual behaviors for same-sex couples and for couples of different sexes. While there are various body positions for oral sex, it is the mouth that provides the stimulation in all cases.

Acceptance of oral sex among groups has increased dramatically since the 1930s and 1940s when the first data on sexual behavior was collected. By the 1970s, the majority of men and women surveyed participated in oral sex. A comprehensive study conducted by the University of Chicago in 1994 revealed that about 80 percent of males and 75 percent of females surveyed had participated in some form of oral sex during their lifetime. There was some variation in participation according to education and race/ethnicity, with higher rates among whites and people with more education.

Scientific and medical evidence have made it clear that oral sex in and of itself does not lead to disease. The mouth contains many more bacteria than the genitals when they are free of disease. Still, oral sex is a risky sexual behavior because it is a mode of transmitting disease. Because diseases can be transmitted in semen, partners should avoid ingesting any fluid from the penis, including semen. In order to avoid exposure to any STD, men should put on a condom before having oral sex performed on them.

Likewise, because HIV (the virus that causes AIDS) can be transmitted in vaginal secretions, a partner should use a form of latex protection called a dental dam when performing oral sex on a woman. If monogamous sexual partners know for sure (as a result of HIV and STD testing) that they are free of disease, they can participate in any sexual activity without fear of getting an STD. Of course, being sure that a partner is monogamous is risky business.

Myths about oral sex include:

- Only white people do it.
- Oral sex is unsanitary.
- A man who wants oral sex performed on him is probably gay.
- Penis-vagina intercourse is the only normal way to have sex.

### ***Anal Sex/Anal Intercourse***

Anal sex means sexual intercourse in the anus, penis in the anus (or butt), a behavior that can be performed by a man and a woman or by two men. Because intercourse of any type is such a serious behavior, it is ideally put off until two partners are mature and fully committed to their relationship.

The anus is an erogenous zone, meaning that it contains sensory nerve endings. Some people enjoy having the anus caressed, licked, and/or penetrated. Some women report orgasmic response from anal intercourse. Heterosexual and homosexual men often experience orgasm from stimulation during penetration. Because the anus is tight and dry, it must be lubricated with K-Y jelly or another water soluble lubricant before being entered by the penis.

A comprehensive study conducted by the University of Chicago in 1994 revealed that about 25 percent of males and 20 percent of females surveyed had participated in anal sex during their lifetime. Some people think of gay men when they consider anal sex. As this survey has shown, however, about one in five women have engaged in anal sex with men, and not all gay men engage in anal sex, especially now because it is a primary way to transmit HIV.

Anal sex is a very risky sexual behavior because it is a mode of transmitting disease. Various intestinal infections, hepatitis, and STDs can spread through oral-anal contact. Because anal intercourse is such a risky behavior, it should be avoided altogether unless both partners know for sure that they do not have any STDs and are completely monogamous. People who have decided to take the risk of engaging in anal sex should use a condom with additional lubrication and should practice withdrawal prior to ejaculation.

### ***Outercourse***

Outercourse is jargon for sexual activities that exclude any type of intercourse—vaginal, anal, or oral. Many people have not considered the many ways that two people can express their sexual feelings outside of intercourse. Possible behaviors include kissing, hugging, giving each other massages, manual stimulation of the genitals, rubbing bodies together, mutual masturbation, sharing fantasies, and so on. Some of these behaviors can lead to orgasm or a release of sexual tension.

Often, outercourse behaviors are considered to be foreplay, activities that may lead to intercourse. This type of thinking assumes that a sexual relationship cannot be satisfying or valid without intercourse. Males, in particular, have been taught to focus

most of their sexual energies on their penis, which does not allow them to become aware of the sensuousness of the entire body. All of the skin is an erogenous zone to be explored by both partners. Learning to please self and partner with outercourse can be wonderful preparation for a healthy lifetime adult sexual relationship.

Couples considering outercourse rather than intercourse must make a decision about which behaviors are off-limits for them. This requires couples to talk intimately, to understand and respect their partner's attitudes, and to keep their commitments to avoid certain behaviors.