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Information in this section has been adapted with permission from the *FACTS Project*, Planned Parenthood of North Texas, Fort Worth, Texas.

The Human Sexual Response Cycle

Throughout this article, the human sexual response cycle (Masters & Johnson, 1981) is referred to in the context of penis-to-vagina sexual intercourse. It is important to understand that these responses are not different when they occur during other sexual activities, such as masturbation, oral sex, anal sex, or use of vibrators or sex toys.

The physiological process that occurs during sex is similar to many other body functions. Most people are aware of having experiences of sexual response, but are at a loss when trying to describe what occurs.

It was not until the mid-1950s that scientific studies of the physical act of intercourse were carried out. Most of what we know about the physiology of sexual intercourse and sexual response is from the studies of William H. Masters and Virginia E. Johnson in St. Louis. For the first time, many men and women began to view sexual intercourse as an aspect of overall health and something to be discussed and appreciated. The research of Masters and Johnson produced a number of startling new findings.

Research Findings

1. The physical reactions that occur during intercourse involve much more than just how the genitals or sex organs work. In fact, many of the physical feelings that occur during sex are caused by an increase in blood pressure, heart rate, breathing, and muscle tension. In other words, sexual response involves the entire body, not just the sex organs.
2. Masters and Johnson also found very little difference between male and female orgasm. Both are caused by contractions of the muscles in the pelvic area. These contractions may occur in both males and females with equal intensity. In reading anonymous descriptions of the sensations felt during orgasm, it is difficult to tell whether the writer is male or female.
3. The clitoris is the most sensitive organ of female pleasure during sexual activity. Up until the 1960s, there had been a lot of debate as to whether female orgasms came from the clitoris or the vagina. Stimulation of the clitoris, with or without vaginal penetration, leads to orgasm in most women.
4. Masters and Johnson also identified four separate stages or phases of sexual response. They called these stages the Sexual Response Cycle. The stages are *excitement*, *plateau*, *orgasm*, and *resolution*. These stages occur in both men and women and usually follow the same order. What is felt during these stages is, of course, different for each individual but there are some amazing similarities.

Phases of Sexual Response

For example, during the *excitement phase*, the first physical signs of sexual excitement appear. In males, the penis becomes erect (an erection) and the testicles are pulled close to the body by the muscles in the scrotum. In females, the vagina becomes lubricated and the part of the vagina closest to the uterus expands. The clitoris becomes larger and more visible. Most women and some men notice that their nipples become erect and sensitive.

Plateau is the second stage of the sexual response cycle. In males, the blood flow to the testicles increases. In females, the labia (the skin folds surrounding the opening of the vagina) receive more blood and may flush to a reddish color. Fluids from both male and female lubrication glands are released. In males, this fluid may contain sperm cells. These sperm can cause a pregnancy to occur, even if the penis is removed before ejaculation. Both men and women may develop flushing in the face, neck, chest, and stomach area. During this phase, increases in blood pressure, heart rate, breathing, and muscle tension continue to occur.

The *orgasmic phase* for males culminates when semen is released from the penis. Strong contractions push the semen along the urethra, producing feelings of pleasure. In females, the clitoris becomes extremely sensitive and withdraws into the clitoral hood, a small layer of protective skin. Inside the vagina and pelvic area, muscles contract and relax every $\frac{3}{4}$ of a second, producing waves of pleasurable feeling. The muscles of the uterus or womb contract, which slightly opens the cervix (the opening between the uterus and the vagina). As mentioned before, the contractions of the muscles in the pelvic area are responsible for the sensation of orgasm in both men and women.

The final stage is called *resolution*. It is the stage where the body returns to a restful state. It is characterized by feelings of relaxation and well-being, and many people may sleep or doze for a while. This stage usually lasts about twenty to thirty minutes. During this time, if sexual stimulation doesn't begin again, muscles relax, blood pressure and heart rate return to normal, and swelling in the pelvic area decreases.

One of the more interesting ideas posed recently describes a phase that may occur prior to *excitement* called *transition*. This phase involves a person's ability to make the change from a day-to-day state of mind to a mental state that's open to the prospect of sexual activity. For example, a person who had a very stressful day may not be able to make the *transition* needed to engage in pleasurable sexual activity.

It is important to point out that sexual response involves more than physical reactions. There is a lot of truth in the statement that the most important sex organ is the brain! Many factors can affect our physical responses during sex. These may include our feelings about our partner, our physical health, past sexual experiences, alcohol or drug use, religious and moral beliefs, prescription medications, stress, illness, and so on.

Obviously, it is not necessary to completely understand human sexual response in order to engage in pleasurable sex. However, the complex physical changes experienced by men and women during sex are no less worthy of study and appreciation than any other aspect of the human body. When we understand our sexual responses, we are less likely to fear them and more likely to be able to deal with them in a realistic and healthy way.

Reference

Masters, W. H., & Johnson, V. E. (1981). *Human Sexual Response*. New York: Bantam.

Human Reproduction

Human reproduction is a process involving so many complex chemical and biological changes that a space mission seems simple in comparison. In ancient times, conception (becoming pregnant) and pregnancy were poorly understood. Some people thought that each male sperm contained a tiny person that was placed into the woman during intercourse. The tiny person was then fed in the womb (or uterus) until birth. Another theory was that the miniature child was already in the woman and “activated” by the male sperm.

Fertilization and Genetic Material

Today, medical researchers have shown in amazing detail how conception, pregnancy, and birth occur. The process begins with the union of a female egg cell with a male sperm cell. About 250 million sperm are deposited in the vagina when the male ejaculates during sexual intercourse. The sperm are equipped with whiplike tails which move them rapidly into the uterus (or womb) shortly after ejaculation. These sperm pass through the uterus and out into each of the female’s fallopian tubes. If an egg has been released from an ovary into one of the fallopian tubes around the time intercourse happens, sperm may eventually reach it. Fertilization occurs in the fallopian tube. When a single sperm unites with the egg, a chemical message is released by the egg that locks out all other sperm. Then the genetic material (chromosomes) of the sperm and egg unite. It takes several days for the fertilized egg to travel down the fallopian tube to the uterus, where it implants and begins to grow.

The chromosomes carry the plans for the characteristics of each individual. These chromosomes carry the genes that will determine the color of a person’s hair and eyes, the height of the person, and many other physical features. For the next nine months nothing will develop without the guidance of the chromosomes. There are 46 of these chromosomes, 23 from the male, and 23 from the female. The male’s 23rd chromosome determines the gender of the child. If the 23rd chromosome is a “Y” chromosome, the child will be a male. If it is an “X” chromosome, then the child will be female.

Types of Twins

Some women will occasionally release two eggs at the same time. If both are fertilized, fraternal twins will result. They may be as different as any brother or sister and, in fact, may be brother and sister. Identical twins come from a single egg that splits after fertilization. Identical twins will always be the same sex and very similar physically. Siamese twins result when a single egg fails to split completely apart and the developing fetuses remain partially attached throughout the pregnancy.

Pregnancy and Prenatal Development

When the sperm and egg meet and unite, the newly produced cells are called the zygote. As the zygote moves down the fallopian tube toward the uterus, it divides continuously. These cells move down the fallopian tube and implant in the wall of the uterus. The growing ball of cells is called the morula, blastocyst, and embryo at different stages of growth. At about the seventh or eighth week of development, the embryo is called the fetus.

The fetus is connected to the wall of the uterus by the placenta. The placenta is created by specialized cells from the egg. The placenta filters food and oxygen from the mother for the fetus. Food and oxygen travel from the placenta to the fetus by a tube called the umbilical cord. After the baby is born, the umbilical cord is cut and the place where it was attached becomes known as the “belly button.” The placenta is delivered after the baby and is then called afterbirth.

A “normal” pregnancy lasts about nine months. More precisely, a pregnancy is expected to last about 10 lunar months (the time it takes the moon to go from full moon to full moon) of 28 days each, or about 40 weeks. It is calculated based on the date of a woman’s last menstrual period before conception. These calculations are sometimes subject to error and the actual duration of a pregnancy can vary. Hospital records show that a mother has less than a 1 in 3 chance of delivering during the week predicted by her physician.

Medical science has made tremendous advances in understanding pregnancy and prenatal development. Many of the problems newborn babies have experienced in the past can now be prevented or treated before birth. For this reason, it is extremely important for a woman to seek medical or prenatal care as soon as she thinks she might be pregnant. To protect herself and her unborn child, women should avoid alcohol, smoking, and any type of drug use during pregnancy. A diet rich in vitamins and nutrients is also important for pregnant women.

Labor and Delivery

The physical processes leading to the birth of a child are called labor and delivery. Essentially, labor occurs when the fetus moves into birth position (usually head first) and the muscles of the uterus begin to contract. As this happens, the cervical opening of the uterus dilates and opens. There are a number of stages involved in the process of labor. As these stages progress, the length and duration of the birthing contractions intensify. The contractions become stronger and stronger, pushing the fetus into the birth canal (vagina). The doctor or attending midwife then helps ease the baby into the world.

During labor, the doctor or midwife will routinely monitor the vital signs of both mother and fetus, as well as the position of the fetus. If complications arise a Cesarean delivery may be required. During Cesarean

delivery, the baby is removed from the woman's uterus through a surgical opening made just below the navel.

Traditionally, labor has been viewed with a great deal of fear because of the physical discomfort that can occur. Anesthesia can eliminate much of this discomfort, and several kinds of anesthesia may be used. Many types of anesthesia (such as spinal, local, and epidural anesthesia) allow the mother to be awake during childbirth. Some women choose to attend classes, such as Lamaze, to help prepare them for what to expect during childbirth. These classes help teach different ways to lessen the discomfort of childbirth naturally through breathing and relaxation.

After Childbirth

After the baby is delivered, the uterus continues to contract in order to expel the placenta. The uterus will continue to contract for several hours after delivery. These mild contractions reduce bleeding and begin helping the uterus return to its normal size. When the newborn baby is put to the breast to nurse, the breasts are stimulated to produce milk (lactate), and at the same time, the uterus is stimulated to contract. Mothers who choose not to nurse are given medication to aid these uterine contractions and to inhibit milk production.

For the first few days after childbirth, the mother's breasts produce colostrum, a high protein fluid that helps protect the baby from infections and prepare its digestive tract to function properly. Beginning around the third day after birth, the mother's breasts produce milk. Milk is stored in special milk sacs within the breast and let down through the nipple in response to the baby's suckling. The milk produced by the mother meets her baby's nutritional needs for the first six to twelve months of life. Milk not used by the baby will gradually be reabsorbed by the mother's body. Although breast feeding reduces a woman's chances of becoming pregnant, breast feeding is not an effective method of birth control. If an additional pregnancy is not desired, it is important to either abstain from sexual activity or use an effective method of birth control while breast feeding.

Despite our scientific understanding of the process of reproduction and birth, we still regard it with awe. That two people can come together and create another human being is amazing, if not miraculous. The fact that we understand it does nothing to lessen the wonder of it all.

Prenatal Development

TIME	NAME	SIZE	WEIGHT	DESCRIPTION
1-3 Days	Zygote	1/200"	1/7 mil oz	Fertilized egg begins dividing. Basic cell division occurring. Egg remains same size.
3-6 Days	Morula	16 cells		Solid ball of cells.
6-14 Days	Blastocyst	1/100"		Hollow ball of cells. Implantation in uterus begun and finished.
14-21 Days	Embryo			Different cell layers can be seen. The different layers are the beginning of different body systems.
21-28 Days	Embryo			Beginnings of embryo's support systems: amniotic sac, placenta, and umbilical cord.
Week 5	Embryo	1/4"		Backbone begins to form. Length of backbone extends past the body giving the embryo the appearance of having a tail.
Week 6	Embryo	1/3"		Beginning of arms and legs can be seen.
Week 7	Fetus	1"	1/1000 oz	Tail disappears, large brain apparent.
Week 8	Fetus	1 1/4"	1/30 oz	Fingers and toes can be seen.
Week 10	Fetus			Fetal heart contracting regularly.
3 Months	Fetus	3"	1/2 oz	Fetal muscles contract at random.
4 Months	Fetus	8 1/2"	6 oz	Sex may be determined by sonogram. Fetal movement may be felt.
5 Months	Fetus	12"	1 lb	Hair on head appears.
6 Months	Fetus	14"	2 lbs.	If born now, fetus has only a small chance of survival.
7 Months	Fetus	16"	4 lbs.	If born now, fetus may survive with extensive medical care.
8 Months	Fetus	18"	5 1/2 lbs.	Continued growth. All organs formed.
9 Months	Fetus	20"	7 lbs.	Fetus fully developed. Ready for birth.

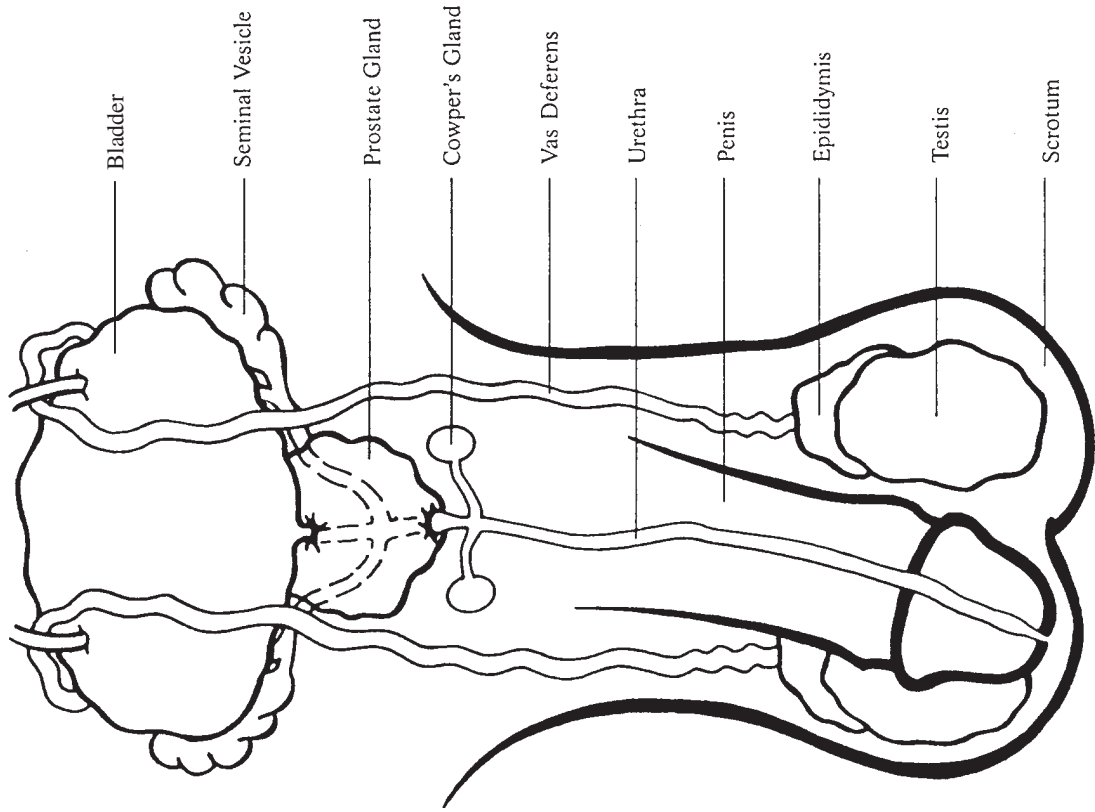
Stages of Labor

STAGE	PHASE	TIME IN STAGE OR PHASE	LENGTH OF CONTRACTIONS	HOW FAR APART	WHAT HAPPENS
1st	Prodomal	6 - 15 hrs* 2 - 4 hrs**	irregular	irregular	Baby moves into birth position. Mother feels ready to go.
	Latent	3 - 10 hrs* 1 - 7 hrs	30-45 sec	5 - 20 min	Doctor is contacted. Woman usually goes to hospital when contractions are 10 minutes apart. Usually very mild contractions.
	Active	3 - 5 hrs* 1/2 - 2 hrs**	40-60 sec	3 - 5 min	Breathing relaxation techniques help. Pain medication may be started here. Fetal monitoring done.
	Transition	3 - 5 hrs* 1 - 2 1/2 hrs** (May be shorter for second deliveries)	60-90 sec	2 - 3 min	Mother may have difficulty concentrating. Mother may be anxious and/or irritable.
2nd		1/2 - 2 hrs* 5 - 45 min**	90-110 sec	3 - 5 min	Cervix is fully open or dilated. Child is delivered.
3rd		5 - 30 min	120 sec	3 - 5 min	Placenta is expelled. Contractions not as intense.
4th		1 hour	100 sec	5 min	Recovery period continues until vital signs are normal.

* 1st Delivery

** Deliveries other than the first

Male Sex Organs — Front View



BLADDER — an expandable saclike organ in the pelvic region that stores urine until it is expelled.

SEMINAL VESICLE — a male gland located behind the prostate that produces much of the fluid in semen. The seminal vesicle fluids nourish and protect the sperm cells.

PROSTATE GLAND — a small, walnut-size gland located just behind the bladder in males. The prostate produces much of the fluid content of semen.

COWPER'S GLANDS — two pea-sized glands situated along the urethra just below the prostate gland in males. They secrete an alkaline fluid to neutralize the normally acid chemical condition in the urethra. This assures more sperm will survive the trip into the female reproductive system.

VAS DEFERENS — the tube that carries sperm from each testicle to the prostate and seminal vesicle. The two vas deferens merge with the urethra, which transports semen outside the body during ejaculation.

URETHRA — the tubelike organ that transports urine from the bladder to outside the body. In males it also transports semen and sperm during ejaculation.

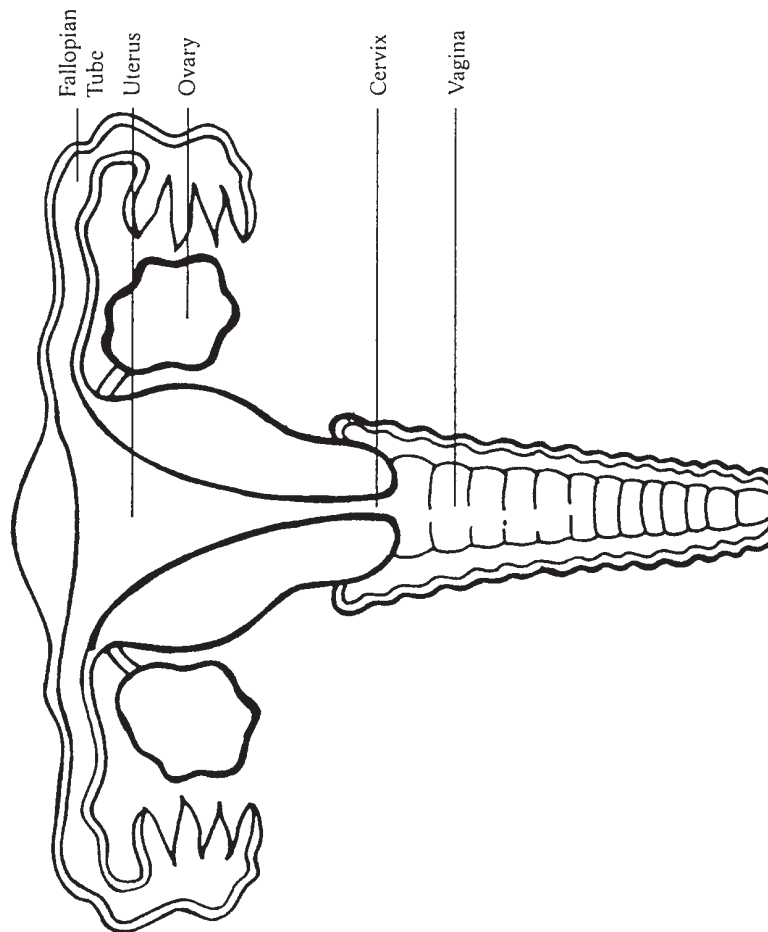
PENIS — the external male sex organ that becomes erect during sexual excitement. It has a reproductive function (semen and sperm pass through it) and a urinary function.

EPIDIDYMIS — small organs located at the back of each male testicle where immature sperm are stored until they mature.

TESTICLES — smooth, walnut-sized organs that produce sperm and the male sex hormone testosterone. Testicles are covered and protected by a skin sac called the scrotum.

SCROTUM — the sac of skin at the base of the penis that holds the testicles. Muscles in the scrotum tighten or relax in response to temperature, sexual excitement, or other factors.

Female Sex Organs — Front View



CERVIX — the lower end of the uterus (or womb) that extends into the vagina. A tiny opening in the cervix allows sperm to enter the uterus, and allows the menstrual flow to leave. During childbirth, the cervix stretches to allow passage of the infant from the uterus into the vagina.

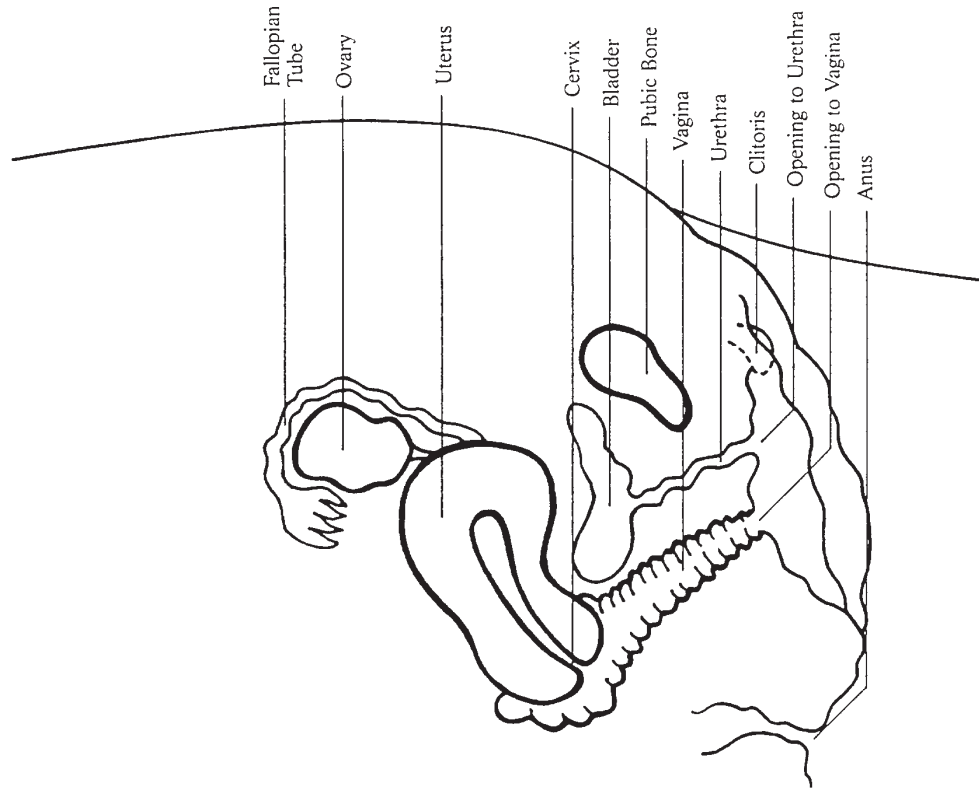
FALLOPIAN TUBES — two small, tubelike structures extending from the uterus to the ovaries through which an egg cell is transported. Fertilization of the egg by the male sperm occurs in the fallopian tubes.

OVARIES — the female reproductive organs that produce the ova (egg cells) and the female sex hormones, estrogen and progesterone.

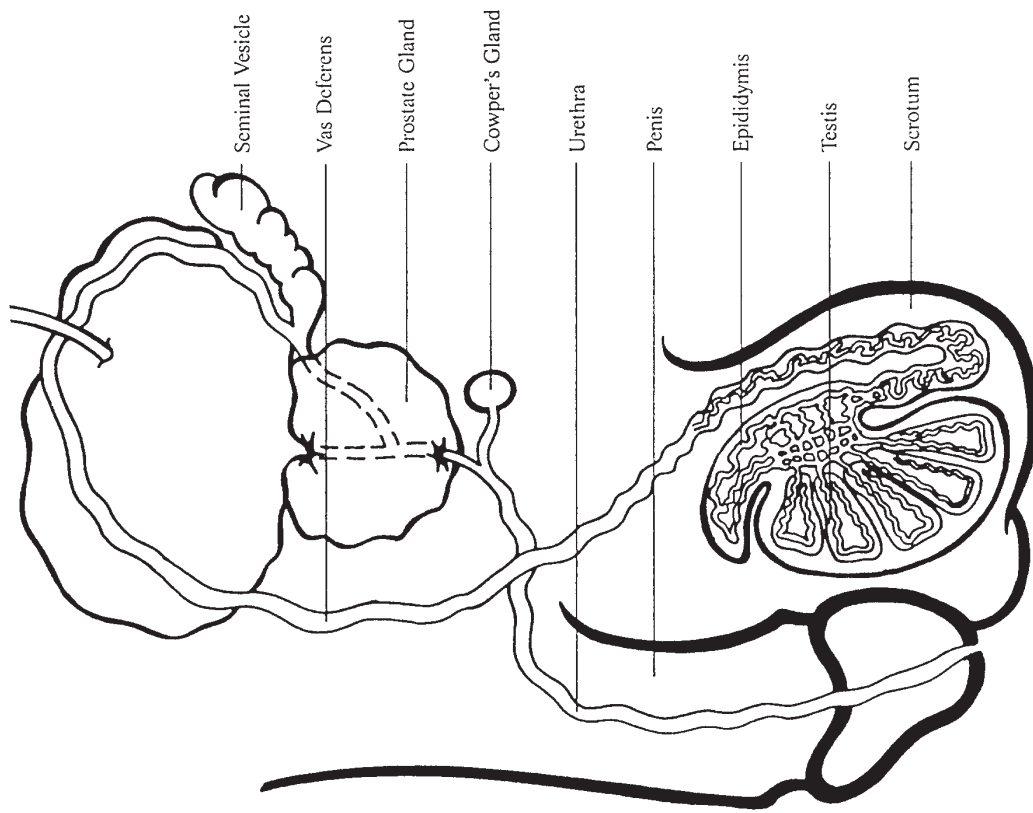
UTERUS (womb) — a muscular, pear size organ where the fetus develops during pregnancy. The lining of the uterus is shed monthly during menstruation.

VAGINA — the muscular, elastic, organ that creates a passageway from the uterus to the outside of the body. It holds the penis during heterosexual intercourse and serves as the birth canal during childbirth.

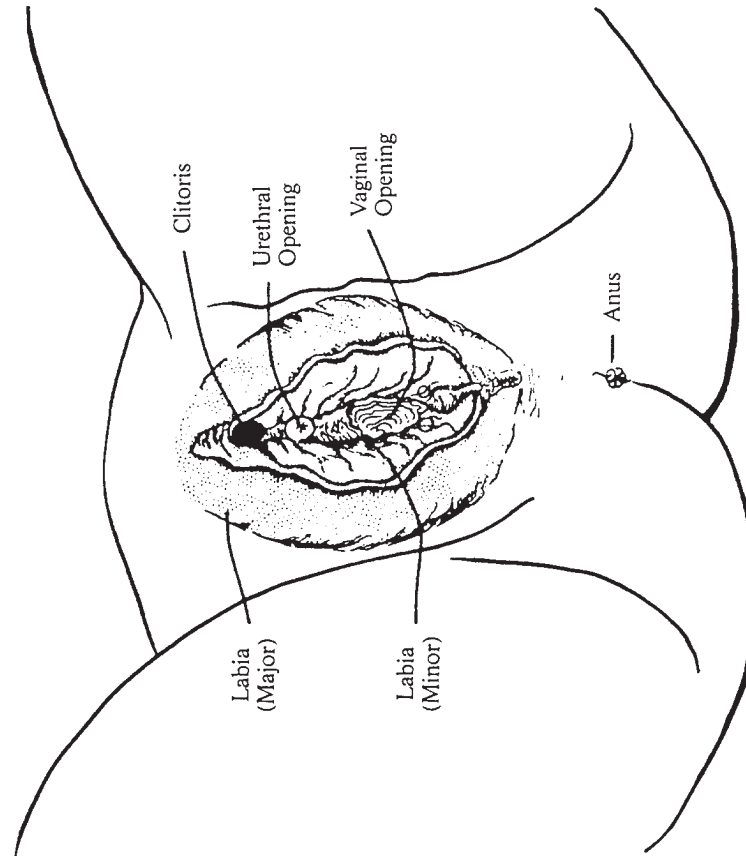
Female Sex Organs — Side View



Male Sex Organs — Side View



External Female Reproductive Organs



VULVA — the external female genitals, including the labia, the clitoris, and the vaginal opening.

CLITORIS — a tiny bump of tissue located directly above the urinary opening in females and made up of the same type of tissue as the male penis. The clitoris is the part of the female body most sensitive to sexual stimulation. It becomes enlarged during sexual excitement.

URETHRA — the tubelike organ that transports urine from the bladder to outside the body. In males it also transports semen and sperm during ejaculation.

VAGINA — the muscular, elastic organ that creates a passageway from the uterus to the outside of the body. It holds the penis during heterosexual intercourse and serves as the birth canal during childbirth.

LABIA MAJORA/LABIA MINORA — the outer folds of skin and tissue around the female vaginal opening. The labia majora are the larger outer folds that protect the more sensitive labia minora or inner folds.

PERINEUM — the area of skin between the genitals and the anal opening.

ANUS — opening of the bowels in males and females; solid waste from the colon leaves the body through this opening.

Sexual Terminology Glossary

ABORTION — the ending of a pregnancy before birth, either by miscarriage (spontaneous abortion), or through medical intervention (therapeutic or induced abortion).

ABSTINENCE — refraining or abstaining from sexual intercourse; not having sex.

ANDROGENS — hormones produced by the adrenal glands which influence masculine sex characteristics; in women, androgens help produce estrogen (female hormones) after menopause.

ANUS — opening of the bowels in males and females; solid waste from the colon leaves the body through this opening.

APHRODISIAC — foods or substances said to stimulate sexual desire; often used to describe substances which supposedly produce sexual desire against a person's will, such as "Spanish fly."

BARTHOLIN GLANDS — pea-sized glands located on either side of the vagina that release lubrication fluids during sexual excitement.

BISEXUAL — a person whose sexual interest in adulthood is for both men and women.

BLADDER — an expandable saclike organ in the pelvic region that stores urine until it is expelled.

BREASTS — a secondary sex characteristic of women which develops after puberty. Breasts are made up of fatty tissue and mammary glands, which produce milk after childbirth. Other parts of the breasts are the nipples, through which milk is passed during nursing, and the areola, a ring of tissue immediately surrounding the nipple.

BREECH PRESENTATION — a condition that develops during late pregnancy or during labor and delivery in which the baby is not in the normal head-first position for birth.

CESAREAN DELIVERY — the delivery of a baby through an incision in the mother's abdomen.

CELIBACY — a permanent or temporary lifestyle choice involving the decision to abstain from sexual relationships.

CERVIX — the lower end of the uterus (or womb) that extends into the vagina. A tiny opening in the cervix allows sperm to enter the uterus and allows the menstrual flow to leave. During childbirth, the cervix stretches to allow passage of the infant from the uterus into the vagina.

CHLAMYDIA — a sexually transmitted organism that causes symptoms similar to gonorrhea and is a leading cause of infertility. (See **NGU and Chlamydia FACT Sheet**.)

CIRCUMCISION — surgical removal of the foreskin of the male penis, usually performed shortly after birth for religious or personal reasons. There are no medical reasons for routine circumcision of newborn males.

CLITORIS — a tiny bump of tissue located directly above the urinary opening in females and made up of the same type of tissue as the male penis. The clitoris is the part of the female body most sensitive to sexual stimulation. It becomes enlarged during sexual excitement

COITUS — a medical term for sexual intercourse or having sex.

CONCEPTION — the point at which a fertilized egg implants in the uterus; the beginning of a pregnancy.

CONDOM — a sheath or covering made of latex or animal membrane which is placed over the erect penis before intercourse to prevent pregnancy or the spread of disease. (See **Condom FACT Sheet**.)

CONTRACEPTION — products and methods used to prevent pregnancy; the use of birth control to prevent pregnancy.

CONTRACEPTIVE FOAM — a method of birth control that uses spermicide, a chemical that kills sperm, to create a barrier inside the vagina. (See **Contraceptive Foam FACT Sheet**.)

CONTRACEPTIVE IMPLANTS — a method of hormonal birth control. Small, thin capsules containing hormone are inserted under the skin of the upper arm of females and provide about five years of contraceptive protection.

COWPER'S GLANDS — two pea-sized glands situated along the urethra just below the prostate gland in males. They secrete an alkaline fluid to neutralize the normally acid chemical condition in the urethra. This assures more sperm will survive the trip into the female reproductive system.

DIAPHRAGM — a flexible, rubber birth control device that is placed over the cervix to prevent sperm from entering the uterus during intercourse. (See **Diaphragm FACT Sheet**.)

DOUCHE — the use of water or medicated solutions to rinse out the inside of the vagina. Douching is not necessary for hygiene.

DYSPAREUNIA — a medical term for pain experienced during sexual intercourse. Pain during intercourse may indicate a medical problem such as infection or endometriosis, and should be checked by a doctor.

ECTOPIC PREGNANCY — a term for a pregnancy in which the embryo begins to develop outside of the uterus, usually in the fallopian tube. This is sometimes called "tubal pregnancy" and is considered a medical emergency that requires surgery.

EJACULATION — the expulsion or release of semen from the penis during male orgasm.

EMBRYO — the name given to a fetus in its earliest stages of development, usually the period between two weeks and two months after conception in humans.

ENDOMETRIOSIS — a painful condition that occurs when small pieces of tissue normally lining the uterus (the endometrium) begin to grow outside the uterus. The cause of endometriosis is unknown, and the condition may result in chronic pain, infertility, heavy menstrual periods, and discomfort during intercourse.

ENDOMETRIUM — the lining of the uterus, which thickens and is discharged each month during the menstrual period.

EPIDIDYMIS — small organs located at the back of each male testicle where immature sperm are stored until they mature.

ERECTION — the enlargement and stiffening of the penis, caused by increased blood flow into the spongy tissues inside the penis and usually brought on by sexual excitement or stimulation.

ESTROGEN — one of the two primary female sex hormones. Estrogen is manufactured by the ovaries and helps regulate the menstrual cycle, pregnancy, and physical development during puberty.

FALLOPIAN TUBES — two small, tubelike structures extending from the uterus to the ovaries through which an egg cell is transported. Fertilization of the egg by the male sperm occurs in the fallopian tubes.

FEMALE CONDOM — a soft, loose fitting device made of a plastic material and shaped like a large condom with a soft plastic ring on one end. It's also called a "vaginal pouch." The ringed end is inserted in the vagina and positioned to cover the cervix. It protects by completely lining the vagina during sex. (See **Female Condom FACT Sheet**.)

FERTILITY — the ability to reproduce; the ability to bring about a pregnancy.

FERTILIZATION — the union of the female egg with the male sperm. Fertilization occurs in the female fallopian tube.

FETUS — the developing infant inside the uterus from around the sixth to eighth week after conception until birth.

FORESKIN — the thin skin which covers the head or tip of the penis. The removal of the foreskin at birth is called circumcision.

GENDER — a person's sex, as determined by having either male or female reproductive organs.

GENITAL HERPES — a sexually transmitted disease caused by the herpes simplex virus (HSV). Herpes causes painful clusters of blisters in the genital area of males and females. (See **Herpes FACT Sheet**.)

GENITALS — refers to the male and female reproductive organs; most commonly used to refer to the external organs such as the penis, testicles, vulva, or clitoris.

GONORRHEA — a sexually transmitted disease caused by a type of bacteria. It causes burning during urination and a discharge of pus in males. Females usually have milder symptoms in the beginning, but without treatment they may develop a serious pelvic infection. (See **Gonorrhea FACT Sheet**.)

GYNECOLOGIST — a doctor who specializes in the care of the female reproductive system.

HERMAPHRODITE — a very rare condition in which a person is born with both male and female sex organs. Doctors will usually correct the condition surgically after birth, using chromosome tests to determine the correct sex for the infant.

HETEROSEXUAL — a person whose sexual interest in adulthood is for people of the opposite sex.

HOMOPHOBIA — an unrealistic fear or hatred of homosexuality.

HOMOSEXUAL — a person whose sexual interest in adulthood is for people of the same sex.

HORMONE — the chemical secretions of the endocrine glands which influence bodily processes. The primary sex hormones are testosterone in males and estrogen and progesterone in females. Sex hormones regulate development during puberty, sex drive, and reproduction.

HYMEN — a thin membrane that partially covers the entrance to the vagina. As females mature, the hymen may be stretched or torn during physical exercise. In some cases it remains intact until first intercourse.

INCEST — traditionally refers to any type of sexual relations between blood relatives; however, the broader definition includes sexual abuse of children by adults who are not blood relatives, such as stepparents, and those who have power over children, such as a parent's friend, neighbors, or clergy.

INFERTILITY — the inability to conceive (in men to impregnate) or to maintain a pregnancy long enough to give birth. Infertility is caused by a variety of factors and is equally likely to involve male or female problems.

INTRAUTERINE DEVICE (IUD) — a small birth control device made out of plastic. It is placed inside the uterus to prevent pregnancy. (See **IUD FACT Sheet**.)

LABIA MAJORA/LABIA MINORA — the outer folds of skin and tissue around the female vaginal opening. The labia majora are the larger outer folds that protect the more sensitive labia minora or inner folds.

LABOR — the physiological processes which accompany childbirth, such as contractions, opening of the cervix, and urgency to push, etc.

LIBIDO — refers to the hidden drive behind actions; most commonly used to describe sexual desire or drive.

LUBRICATION — the release of fluids into the vagina, usually brought on by sexual excitement. The term also refers to cremes and gels (such as K-Y jelly) used to ease dryness during intercourse.

MASTURBATION — self-stimulation of one's genitals (and other sensitive areas) to produce sexual excitement, arousal, and/or orgasm.

MENOPAUSE — refers to the ending of menstruation. Menopause is brought on by normal hormone changes associated with aging in females and usually begins between the ages of 45 and 55.

MENSTRUATION — the normal, periodic shedding of the lining of the uterus (the endometrium) and blood through the vagina. The menstrual cycle (the number of days between bleeding) is controlled by hormones and ranges from 21 to 35 days.

MISCARRIAGE — the ending of a pregnancy by natural causes before the fetus is capable of survival. Many miscarriages happen very early after conception, often before the female even knows she is pregnant.

MONOGAMY — traditionally, marriage to one person. In current use, it refers to a relationship in which both partners are sexually faithful to each other.

NATURAL FAMILY PLANNING — a birth control method based on avoiding intercourse during the time when the female is most likely to be ovulating (releasing an egg). Effectiveness depends on calculating the female's "fertile" period as accurately as possible. (See **Natural Family Planning FACT Sheet**.)

NOCTURNAL EMISSION — orgasm during sleep in males, resulting in ejaculation of semen ("wet dream"). Females may also experience orgasm during sleep and increases in vaginal lubrication.

OBSTETRICIAN (O.B.) — a doctor who specializes in the care of women during pregnancy, labor, and delivery.

ORGASM — often referred to as climax or "coming," it is the pleasurable release of physical tension that builds up during sexual excitement.

OVARIES — the female reproductive organs that produce the ova (egg cells) and the female sex hormones, estrogen and progesterone.

OVULATION — the periodic release of a mature egg cell from the ovary. If the egg cell is not fertilized in 48 hours, it disintegrates.

PAP SMEAR — a test to detect cervical cancer and infection. Cells are gathered from the cervix during a pelvic examination, and are examined with a powerful microscope to check for cancer cells.

PELVIC EXAMINATION — examination and palpation (pressing/touching) of the ovaries, uterus, and vagina to check for lumps, swelling, infection, and other signs of possible disease.

PELVIC INFLAMMATORY DISEASE (PID) — a severe infection of the fallopian tubes, ovaries, and/or uterus. PID may be caused by sexually transmitted diseases such as gonorrhea and chlamydia, or by other types of bacteria that invade the reproductive tract. (See **Pelvic Inflammatory Disease FACT Sheet.**)

PENIS — the external male sex organ that becomes erect during sexual excitement. It has a reproductive function (semen and sperm pass through it) and a urinary function.

PERINEUM — the area of skin between the genitals and the anal opening.

PLACENTA — an organ made of spongy tissue that develops during pregnancy to nourish and remove waste from the developing fetus.

POLYGAMY — having more than one husband or wife at the same time.

POSTPARTUM — refers to a period of time after childbirth, during which physical recovery and adjustment to the new baby occur.

PREMENSTRUAL SYNDROME (PMS) — a variety of physical and emotional symptoms experienced by some women just before their menstrual periods.

PRENATAL — refers to the period from conception to birth; pregnancy.

PROGESTERONE — a primary female sex hormone produced by the ovaries that regulates physical development during puberty, the menstrual cycle, and pregnancy.

PROSTATE GLAND — a small, walnut-size gland located just behind the bladder in males. The prostate produces much of the fluid content of semen.

PUBIC HAIR — coarse, cushiony hair that begins to grow below the pubic bone and around the genitals as males and females reach sexual maturity.

RECTUM — the lower part of the colon that opens at the anus.

SCROTUM — the sac of skin at the base of the penis that holds the testicles. Muscles in the scrotum tighten or relax in response to temperature, sexual excitement, or other factors.

SEMEN — fluids produced by the prostate and seminal vesicle glands that are released along with sperm cells during ejaculation.

SEMINAL VESICLE — a male gland located behind the prostate that produces much of the fluid in semen. The seminal vesicle fluids nourish and protect the sperm cells.

SEXUAL DYSFUNCTION — a term used by therapists to describe a variety of problems that may arise in sexual functioning in men and women, including lack of desire, problems related to orgasm, or inability to maintain arousal. Sexual dysfunction may be related to psychological or physiological problems, including substance abuse.

SEXUAL INTERCOURSE — sexual activity between two persons (“having sex”); most commonly used to describe genital sex or penis-in-vagina sex.

SEXUALLY TRANSMITTED DISEASE (STD) — an infection or disease that can be transmitted through sexual intercourse or close sexual contact. In the past STDs were sometimes called VD or venereal disease.

SPERM — male reproductive cells produced in the testicles.

SPERMICIDE — a chemical used in some birth control products (such as foam and the sponge) that stops sperm from being able to fertilize an egg cell.

STERILITY — inability to conceive (in men, to impregnate). The term is most commonly used to refer to infertility due to accident, injury, birth defect, disease, or surgery.

STERILIZATION — surgery performed specifically to end reproductive ability. Procedures for both males and females involve cutting or blocking the tubes that transport egg or sperm cells (fallopian tubes in females and vas deferens in males).

SYPHILIS — a sexually transmitted bacteria that enters the body during intimate sexual contact with an infected person. Left untreated it can be fatal. (See **Syphilis FACT Sheet**.)

TESTICLES — smooth, walnut-sized organs that produce sperm and the male sex hormone testosterone. Testicles are covered and protected by a skin sac called the scrotum.

TESTOSTERONE — the primary male sex hormone that influences sperm production, development during puberty, and sex drive.

TRANVESTITE — a person who enjoys dressing in the clothing of the opposite sex (“cross dressing”). Most transvestites are not homosexual.

TRANSSEXUAL — men and women who feel they are members of the opposite sex trapped in the wrong body. These feelings may be strong enough to lead the person to seek a sex change operation.

TUBAL LIGATION — refers to a surgical procedure used to close off the

fallopian tubes and bring about permanent birth control in females. (See **Tubal Ligation FACT Sheet**.)

UMBILICAL CORD — a hollow structure that connects the fetus to the placenta, the spongy tissue that nourishes and removes waste during prenatal development.

URETHRA — the tubelike organ that transports urine from the bladder to outside the body. In males it also transports semen and sperm during ejaculation.

UTERUS (womb) — a muscular, pear size organ where the fetus develops during pregnancy. The lining of the uterus is shed monthly during menstruation.

VAGINA — the muscular, elastic organ that creates a passageway from the uterus to the outside of the body. It holds the penis during heterosexual intercourse and serves as the birth canal during childbirth.

VAGINITIS — a mild infection of the vagina. Vaginitis is usually caused by bacteria, yeast fungus, or hormonal imbalance. (See **Vaginitis FACT Sheet**.)

VAS DEFERENS — the tube that carries sperm from each testicle to the prostate and seminal vesicle. The two vas deferens merge with the urethra, which transports semen outside the body during ejaculation.

VASECTOMY — refers to a surgical procedure used to cut and close off the vas deferens and bring about permanent birth control in males. (See **Vasectomy FACT Sheet**.)

VENEREAL DISEASE (VD) — another term for sexually transmitted diseases.

VULVA — the external female genitals, including the labia, the clitoris, and the vaginal opening.

WITHDRAWAL — an unreliable birth control method in which the male attempts to remove his penis from the vagina before ejaculation.

YEAST INFECTION — a common type of vaginitis caused by an overgrowth yeast fungus organisms in the vagina. (See **Vaginitis Fact Sheet**).

ZYGOTE — the cell formed by the union of the egg and sperm that goes on to become an embryo and later a fetus.

FACT SHEET

Contraceptive Implants

(e.g. Norplant)

WHAT IS IT? Small capsules (shaped like thin match sticks) containing the female hormone progestin. Implants are placed under the skin of the woman's upper arm.

HOW IT WORKS: The capsules slowly release hormone into the woman's system. The hormone interferes with ovulation and makes the woman's vaginal fluids thicker so sperm are unable to reach the egg.

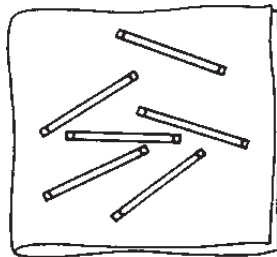
HOW IT'S USED: Six of these small capsules are placed under the skin of the upper arm by a doctor or trained clinician. A local anesthetic is used to deaden the arm. The capsules are inserted one at a time through a small incision. These capsules can stay in place for up to five years. However, a woman can have them removed at any time. Implants should **always** be removed by a doctor or clinician.

ADVANTAGES:

- ☺ Implants are about 98-99% effective
- ☺ Simple; nothing to remember; long-lasting
- ☺ Reversible; does not hurt future fertility
- ☺ Very low amount of hormone

DISADVANTAGES:

- ☹ Irregular bleeding (missed periods; heavier periods)
- ☹ Minor side effects (weight changes; headaches)
- ☹ May leave a small scar after removal
- ☹ Not good for smokers or women with heart problems



FACT SHEET**Birth Control Pills***(Oral Contraceptives)*

WHAT IS IT? Female hormone pills. Most pills contain estrogen and progesterone.

HOW IT WORKS: Pills work by stopping the release of an egg from a woman's ovaries each month. Birth control pills **do not** affect a woman's ability to get pregnant after she stops taking them.

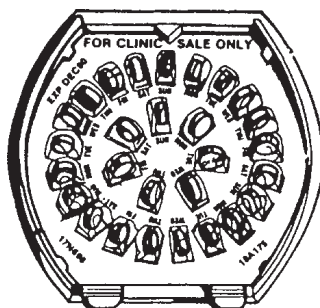
HOW IT'S USED: A pill is taken by mouth daily. To start taking the pill, a woman must have an exam and Pap Test. A doctor or health clinic will then give the woman a prescription. At family planning clinics (such as Planned Parenthood) a woman can get an exam and a supply of pills at low cost.

ADVANTAGES:

- ☺ If taken correctly it's 99% effective
- ☺ Simple and easy to use
- ☺ Does not interrupt sex act
- ☺ Has few serious side effects for healthy women
- ☺ Reduces cramps and heavy flow of monthly periods

DISADVANTAGES:

- ☹ Some women have weight gain or weight loss
- ☹ Not recommended for heavy cigarette smokers
- ☹ Forgetting to take pills may result in pregnancy
- ☹ Spotting or light bleeding between periods is common



FACT SHEET

The Intrauterine Device

(The IUD)

WHAT IS IT? The IUD is a small, specially shaped plastic device. It is inserted into a woman's uterus or womb. Some IUDs contain copper and hormones.

HOW IT WORKS: The IUD seems to work by irritating the lining of the uterus so a fertilized egg cannot implant.

HOW IT'S USED: The IUD is placed inside the uterus by a doctor or family planning nurse using a special instrument. It stays in place for a year or longer. When a woman no longer wants to use it, she returns to the doctor or family planning clinic to have it removed.

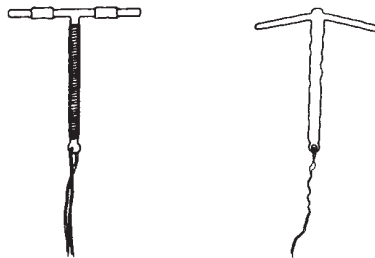
ADVANTAGES:

- ☺ Between 95% and 98% effective
- ☺ Provides continuous protection
- ☺ Does not interrupt the sex act
- ☺ Nothing to remember

DISADVANTAGES:

- ☹ Insertion may cause cramps for a few hours afterwards
- ☹ Periods may be heavier (more cramps & bleeding)
- ☹ Increased chance of infection or PID*

*Pelvic Inflammatory Disease (PID) is a serious infection of the reproductive organs in women. Women who use the IUD should become educated about the symptoms of PID, and visit their doctor or clinic if problems develop. (See **FACT SHEET** on PID.)



FACT SHEET

The Diaphragm

WHAT IS IT? The diaphragm is a soft latex device shaped like a shallow cup. It is inserted in the vagina before having sex.

HOW IT WORKS: The diaphragm covers the opening to the uterus. This prevents sperm from being able to fertilize the woman's egg. A special creme or gel that kills sperm is used with the diaphragm to make it more effective.

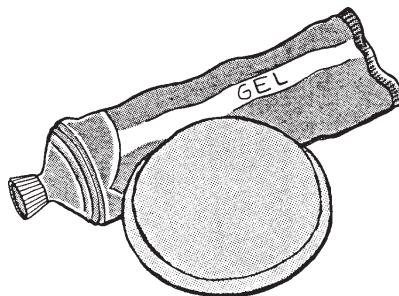
HOW IT'S USED: Diaphragms come in different sizes. A doctor or family planning clinic nurse will do an exam to determine the correct size. The diaphragm can be inserted in the vagina up to six hours before having sex. A small amount of sperm-killing creme or gel **must** be spread inside the diaphragm before it's used. After having sex, the diaphragm is left inside for about 6 hours before taking it out. It is then washed with soap and water, and stored until needed again.

ADVANTAGES:

- ☺ Up to 97% effective when used correctly
- ☺ Used only when needed
- ☺ Almost no side effects
- ☺ Provides some protection from sexually transmitted disease

DISADVANTAGES:

- ☹ May be forgotten in the heat of passion
- ☹ Learning to use it correctly takes time and practice
- ☹ Some people may be allergic to the creme or gel
- ☹ Must remember to use it **every time** you have sex



FACT SHEET

Condoms

WHAT IS IT? Condoms are also called rubbers or prophylactics. They are made out of very thin latex rubber. Some types are made from animal tissues. Condoms are made to cover a man's erect penis during sex. Only latex condoms should be used for disease protection.

HOW IT WORKS: The condom traps the man's fluids and sperm when he ejaculates ("comes"). This prevents the sperm from entering a woman's vagina and fertilizing her egg. A condom also prevents infection by blocking contact with semen or vaginal fluids.

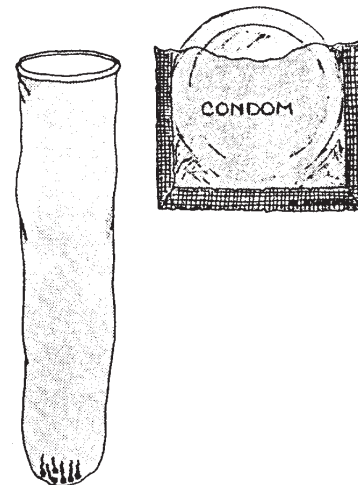
HOW IT'S USED: Condoms are unrolled over a man's erect penis before sex. Space is left at the tip of the condom to catch and hold the sperm. After sex, the condom is carefully removed so that the fluids don't spill. Condoms must be used **every time** you have sex in order to protect against pregnancy and disease. Sperm-killing creme, gel, or foam can be used with a condom to increase protection. If you are having sex, latex condoms are the best way to protect yourself against HIV/AIDS and other infections spread by sex.

ADVANTAGES:

- ☺ Up to 98% effective when used correctly
- ☺ Has no known side effects
- ☺ Protects against sexually transmitted diseases
- ☺ Low cost and easy to use

DISADVANTAGES:

- ☹ May be forgotten in the heat of passion
- ☹ Some men complain of reduced feeling
- ☹ Must be stored and handled carefully
- ☹ Must be used every time for complete effectiveness



FACT SHEET**Female Condom***(Vaginal Pouch)*

WHAT IS IT? A soft, loose fitting birth control device shaped like a large condom with a soft plastic ring at one end. It's also called a "vaginal pouch."

HOW IT WORKS: The female condom is inserted in the vagina. The end with the ring is positioned to cover the cervix, much like a diaphragm. It protects by completely lining the vagina during sex. Semen and sperm are blocked from entering the vagina.

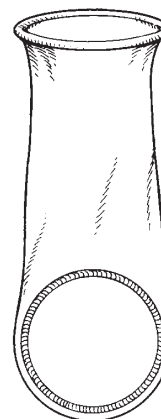
HOW IT'S USED: The female condom is inserted into the vagina before sex. Each condom comes with a packet of lubrication that helps make it more comfortable. Be sure to read the package instructions carefully. After sex, it is carefully removed and thrown away. A new condom should be used every time you have sex. The female condom provides good protection against HIV/AIDS and other infections that may be spread by sex.

ADVANTAGES:

- ☺ Up to 94% effective when used correctly
- ☺ Has no known side effects
- ☺ Protects against sexually transmitted diseases
- ☺ Gives the woman control in disease protection

DISADVANTAGES:

- ☹ May be forgotten in the heat of passion
- ☹ Learning to use it correctly takes time and practice
- ☹ Must remember to use it every time you have sex
- ☹ Penis must be carefully guided during penetration



FACT SHEET

Contraceptive Foams, Gels, and Suppositories

WHAT IS IT? Contraceptive foam is a foam that comes in a small aerosol can. Contraceptive gel comes in a tube. Contraceptive suppositories are small waxy tablets that dissolve when placed in the vagina.

HOW IT WORKS: Contraceptive foams, gels, and suppositories contain spermicide, a special chemical that kills sperm. When used before sex, the spermicide creates a barrier. This stops sperm from reaching the woman's egg.

HOW IT'S USED: Foams and gels are inserted into the vagina just before sex. (An applicator comes in the packages.) The suppository tablets are inserted before sex using a finger to push them deep inside the vagina. Be sure to read the package directions on all products carefully. In order to be the most effective, either foam, gel, or a suppository must be used every time you have sex. Using a condom at the same time increases protection. These products can be bought in most supermarkets or drug stores. Some people may be allergic to spermicides.

ADVANTAGES:

- ☺ Up to 90% effective when used correctly
- ☺ Up to 99% when used together with a condom
- ☺ You can buy foam, gel, or suppositories almost anywhere
- ☺ Has no bad side effects; low cost and easy to use

DISADVANTAGES:

- ☹ May be forgotten in the heat of passion
- ☹ Must be used **every time** for complete effectiveness
- ☹ May be messy; may cause allergic reactions
- ☹ Must be used correctly

**FACT SHEET**

Vaginal Contraceptive Sponge

WHAT IS IT? The sponge is a small, soft disk made of a spongy material that contains spermicide, a chemical that kills sperm.

HOW IT WORKS: The sponge acts as a barrier. It prevents sperm from reaching the woman's egg. Sperm are killed by the spermicide contained in the sponge.

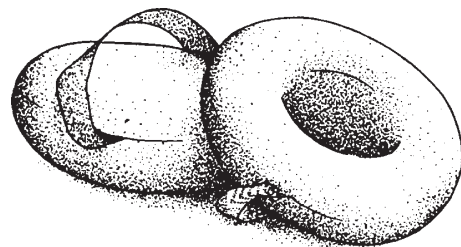
HOW IT'S USED: The sponge is moistened with water to activate the spermicide. It's then inserted deep inside the vagina. It can be inserted several hours before sex, and should be left in place for at least six hours after sex to kill all the sperm. Read the package instructions carefully before using the sponge. In order to be the most effective, a sponge should be used **every time** you have sex. Using a condom along with a sponge will increase protection. Sponges are sold in supermarkets and drug stores. Some people may be allergic to the spermicide in contraceptive sponges.

ADVANTAGES:

- ☺ Up to 92% effective when used correctly
- ☺ Available in drug stores and supermarkets
- ☺ Can be inserted hours before sex happens
- ☺ Has no bad side effects; low cost and easy to use

DISADVANTAGES:

- ☹ May be forgotten in the heat of passion
- ☹ Must be used **every time** for complete effectiveness
- ☹ May cause allergic reaction or irritation
- ☹ May be difficult to remove



FACT SHEET**Vasectomy***(Male Sterilization)*

WHAT IS IT? Vasectomy is a permanent method of birth control for men.

HOW IT WORKS: Vasectomy is a minor surgical procedure, usually performed in a clinic or doctor's office. A local anesthetic is given to deaden the scrotum. A small incision is made above each testicle. A tiny section of each vas deferens (the tube that carries sperm from each testicle) is removed and the ends are sealed. The whole operation takes about 20 minutes. Most men are fully recovered within a few days. When the man ejaculates (comes) in the future, his semen will not contain sperm cells. Vasectomy does not interfere with pleasure or sensation during sex.

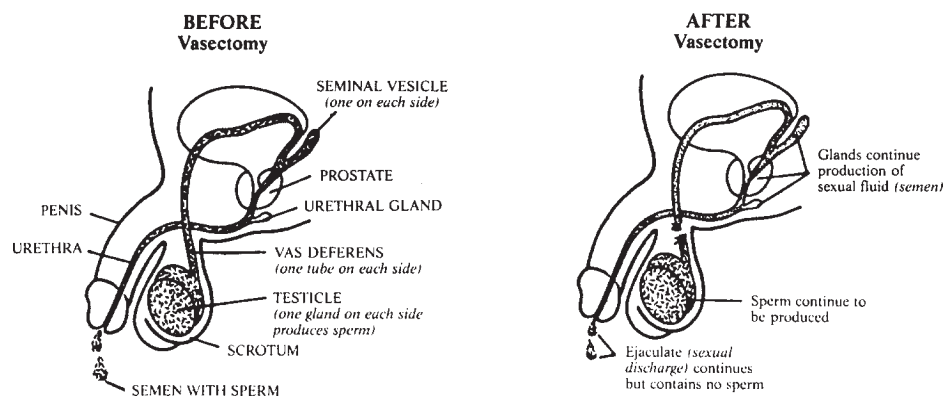
HOW IT'S USED: A man consults a doctor (usually a urologist) or a family planning clinic to discuss vasectomy. Vasectomy is permanent so he should be certain he doesn't want more children.

ADVANTAGES:

- ☺ Vasectomy is 99% effective
- ☺ Causes no problems with hormones or sexual ability
- ☺ May help reduce worry about unintended pregnancy

DISADVANTAGES:

- ☹ It's permanent and not easily reversed
- ☹ May be psychologically troubling for some men
- ☹ Slight risk of infection or other surgical complications



FACT SHEET

Tubal Ligation

(Female Sterilization)

WHAT IS IT? Tubal ligation is a permanent method of birth control for women. It's sometimes referred to as "having her tubes tied."

HOW IT WORKS: Tubal ligation is an operation that is usually performed in a hospital or as outpatient surgery. General anesthesia is given, and two small incisions are made between the navel and the pubic bone. The doctor uses special instruments to look inside the abdomen and locate the fallopian tubes. The tubes are then cut and surgically sealed off. The whole operation takes about 30 minutes. The woman's ovaries will continue to release an egg each month, but sperm can no longer pass through the fallopian tubes to fertilize the egg. Tubal ligation does not interfere with hormones or sexual feelings.

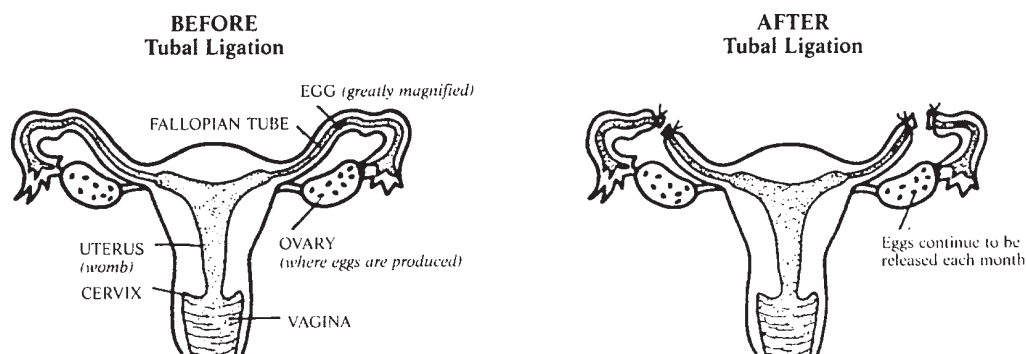
HOW IT'S USED: A woman consults a doctor (usually a gynecologist) or a family planning clinic to discuss tubal ligation. Having her tubes tied is permanent so she should be sure she doesn't want more children.

ADVANTAGES:

- ☺ Tubal ligation is 99% effective
- ☺ Causes no changes in menstrual periods or interest in sex
- ☺ May help reduce worry about unintended pregnancy

DISADVANTAGES:

- ☹ It's permanent and not easily reversed
- ☹ Surgery usually requires general anesthesia
- ☹ Slight risk of infection or surgical complications



FACT SHEET

Natural Family Planning

(Fertility Awareness)

WHAT IS IT? Natural Family Planning is sometimes called fertility awareness or the “rhythm method.” It’s a method of birth control based on avoiding intercourse around the time when the woman’s egg is released.

HOW IT WORKS: The couple learns to recognize and keep a record of monthly changes in the woman’s body that indicate her egg is about to be released. During those fertile days, intercourse is avoided or a barrier method of birth control is used (for example, condoms or a diaphragm).

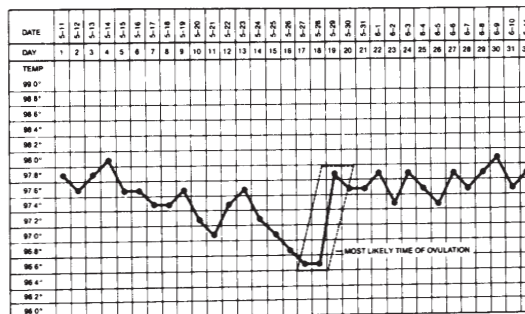
HOW IT’S USED: A couple interested in Natural Family Planning should get advice and training from a family planning clinic. The woman must learn how to take her temperature each day (there is a slight rise in temperature during ovulation). She learns how to check the natural fluids in her vagina for signs of fertility. She also keeps a calendar showing the dates of her menstrual periods. Some or all of this information may be used to help calculate when ovulation is about to occur.

ADVANTAGES:

- ☺ It’s safe, inexpensive, and has no side effects
- ☺ It’s acceptable to all religions
- ☺ It helps a couple understand the woman’s body and her fertility

DISADVANTAGES:

- ☹ On average, it’s only 76–85% effective
- ☹ It requires a large amount of paperwork and charting
- ☹ Abstinence or a barrier method must be used during fertile days



FACT SHEET

Sexually Transmitted Diseases (STDs) and Men's Health

Sexually transmitted diseases (STDs) are caused by bacteria and viruses. These organisms prefer to invade warm, moist body tissues, so the genitals, the anus, and the mouth are common sites of infection.

An STD is spread by having sex with an infected person. This includes vaginal sex (penis-in-vagina), anal sex (rectal), and oral sex (mouth on vagina or mouth on penis).

Men are more likely to have symptoms from STDs. Early diagnosis and treatment are important in order to avoid complications. Some STDs can cause serious problems if not treated, including infertility, blindness, and even death. The most common symptoms are:

- Sores, bumps, blisters, or warts around the sex organs or rectum
- Burning or pain when urinating
- Pus or milky discharge from the penis
- Swelling, inflammation, or pain in the testicles
- Swelling, burning, itching around the sex organ or rectum

If you ever have any of these symptoms, visit a doctor or health clinic for an examination and tests. Many STDs can be treated and cured. However, **prevention** is always the best bet. To reduce your risk of getting an STD:

- Always use a latex condom when you have sex. Condoms provide the best protection against STDs.
- Don't have sex with anyone who has symptoms of an infection. If you suspect you may have been exposed to an STD, get tested and treated.

**For confidential information, call the National STD Hotline:
1-800-227-8922.**

FACT SHEET

Sexually Transmitted Diseases (STDs) and Women's Health

Sexually transmitted diseases (STDs) are most often caused by bacteria and viruses. These organisms prefer to invade warm, moist body tissues, so the genitals, the anus, and the mouth are common sites of infection.

You can catch an STD by having sex with an infected person. This includes vaginal sex (penis-in-vagina), anal (rectal) sex, and oral sex (mouth-on-penis or mouth-on-vagina).

Women are more likely to have complications from STDs. Watch out for any of these symptoms:

- Discharge, pus, foul smell, or irritation in the vagina
- Sores, rash, blisters, or warts in the genital or anal area
- Pain or burning when urinating
- Pain in the lower abdomen with fever, chills, or vomiting
- Pain or bleeding during or after sex

If you ever have any of these symptoms, visit a doctor or health clinic for an examination and tests. Many STDs can be treated and cured. However, **prevention** is always the best bet. To reduce your risk of STDs:

- Always use a latex condom when you have sex. Condoms provide the best protection against STDs. The new "female" condom also works.
- Use a vaginal spermicide (e.g., nonoxynol-9) and a condom when you have sex. These chemicals may help kill STD germs. Don't use nonoxynol-9 if irritation develops.
- Don't have sex with anyone who has symptoms of an infection. If you suspect you may have been exposed to an STD, get tested and treated.

**For confidential information, call the National STD Hotline:
1-800-227-8922.**

FACT SHEET

Pelvic Inflammatory Disease (PID)

WHAT IS IT? Pelvic Inflammatory Disease (PID) is a severe infection of a woman's internal reproductive organs (uterus, ovaries, and fallopian tubes). PID is usually caused by gonorrhea or chlamydia, which are spread through sex.

SYMPTOMS:

- Pain in the lower abdomen; cramps
- Pus or heavy discharge from the vagina
- Pain or bleeding during or after sex
- Pain and burning when urinating
- Fever, chills, fatigue

COMPLICATIONS: PID can be very serious. It can lead to infection of other organs in the abdomen and may be life-threatening. PID can also cause infertility. In some women, scar tissue continues to cause pain even after the infection is cured.

TRANSMISSION: Most PID is caused by gonorrhea or chlamydia, which are spread by sex. Other types of bacteria may also be involved in PID. Men can carry these bacteria without showing symptoms. Women who have an IUD (a birth control device) may be more prone to infection. Using condoms during sex helps reduce the risk of PID. If a woman has symptoms, she should see a doctor or clinic immediately.

TREATMENT: Mild cases of PID can be treated and cured with the right type of antibiotics. In some cases, hospitalization and IV antibiotics are required. In severe cases, an emergency hysterectomy may be performed.

FACT SHEET

Gonorrhea

WHAT IS IT? Gonorrhea is an infection caused by a type of bacteria. This bacteria can infect the reproductive organs, anus, and mouth or throat. Symptoms usually appear from two days to three weeks after exposure.

SYMPTOMS:**In Women:**

- Milky discharge or pus from the vagina
- Pain in the lower abdomen (belly), fever, chills
- Painful urination or pain when you have sex

In Men:

- Pus or milky discharge from penis
- Painful urination (burning and stinging)
- Redness or swelling of the testicles

COMPLICATIONS: Untreated gonorrhea may lead to abscesses in the prostate gland or epididymitis in men and pelvic inflammatory disease (PID) in women. In both men and women it can lead to sterility (inability to have children). In rare cases, it may cause heart damage or arthritis.

TRANSMISSION: Gonorrhea is spread through sexual contact (vaginal, oral, or anal sex). In addition, an infected pregnant woman can pass it to her newborn during childbirth. Using condoms can help you avoid catching gonorrhea. If you notice symptoms, see a doctor or clinic immediately. Avoid sex with people who have symptoms.

TREATMENT: Gonorrhea usually can be treated and cured with the right kind of antibiotics. Visit a doctor or health clinic for a gonorrhea test and treatment. Your sex partners should also be tested and treated.

FACT SHEET

Syphilis

WHAT IS IT? Syphilis is an infection caused by bacteria that invade the bloodstream. The bacteria usually enters the body through sexual contact. The symptoms of syphilis appear in three stages:

SYMPTOMS:

- **First symptoms:** (Ten days to three months after infection). A small, painless sore, the “chancre” (pronounced *shanker*), appears at the site of infection (usually on the penis, genitals, mouth, or anus). It heals by itself and disappears, but the infection is still there.
- **Second symptoms:** (One to six months after infection). A body rash may develop, including the palms of the hands and soles of the feet. Raised patches may develop around the genitals. Other symptoms include fever, fatigue, aching joints, headache, loss of hair.
- **Late symptoms:** (Two to thirty years) By this time, there are no outward symptoms. However, the disease continues to cause damage to the body.

COMPLICATIONS: Untreated syphilis can infect the brain and heart and cause paralysis, insanity, heart attack, or stroke. A pregnant woman can pass syphilis to her baby, causing birth defects or death.

TRANSMISSION: Syphilis is usually spread through sex (vaginal, oral, or anal sex). Infected women who become pregnant can pass syphilis to their newborns. Using condoms can help you avoid catching syphilis. If you notice symptoms, see a doctor or clinic immediately. Avoid sex with people who have symptoms.

TREATMENT: Syphilis usually can be treated and cured with the right kind of antibiotics. Visit a doctor or health clinic for a syphilis test and treatment. Your sex partners should also be tested and treated.

FACT SHEET

Genital Herpes

WHAT IS IT? An infection caused by a virus that invades the nerve cells. The virus usually enters the body through sexual contact and can infect the genitals, anal area, and mouth. Symptoms appear two to twenty days after infection.

SYMPTOMS:

- Painful blisters on the penis, or around the genitals or anus
- In women, the blisters may be inside the vagina
- Swollen lymph nodes (armpit or groin area)
- Flu-like symptoms (fever, aches, feeling tired)

Herpes blisters are small sores filled with clear fluid. The blisters break open and ooze, forming painful ulcers. Eventually the sores crust over and heal. However, outbreaks of blisters usually reoccur, in some cases several times a year.

COMPLICATIONS: An infected woman can pass herpes to a newborn during childbirth causing brain damage, blindness, or death. People with HIV/AIDS may develop hard-to-treat cases of herpes.

TRANSMISSION: Genital herpes is usually spread through sex (vaginal, anal, or oral sex). It is most easily spread when the blisters are present, but it also can be spread when there are no visible symptoms. Herpes can also be passed from mother to child during vaginal delivery. Using condoms can help you avoid catching herpes. If you notice symptoms, see a doctor or clinic immediately. Avoid sex with people who have symptoms.

TREATMENT: There is no cure for herpes. However, there are several treatments to help reduce the pain and discomfort. A doctor or health clinic can diagnose and treat herpes. Your sex partners should also be checked and treated.

FACT SHEET**NGU and Chlamydia**

WHAT IS IT? NGU stands for Non Gonococcal Urethritis. (The name refers to an infection that is not caused by gonorrhea, but has the same symptoms.) NGU is most often caused by a bacteria called chlamydia. This bacteria can infect the reproductive organs and the rectum. Symptoms usually appear one to two weeks after exposure.

SYMPTOMS:**In Men:**

- Pain and burning when urinating
- Milky discharge or pus from the penis
- Swelling, pain, or inflammation in the testicles
- Men may have no symptoms

In Women:

- Increased discharge from the vagina
- Bleeding or pain during sex
- Pain in the lower abdomen often with fever and chills
- Most often, women have no symptoms or very mild symptoms.

COMPLICATIONS: Even though the symptoms of NGU or chlamydia may be mild, the disease can cause damage to the reproductive organs. If untreated, men may develop infection in the prostate or the testicles. Women may have serious complications such as pelvic inflammatory disease and infertility. In men, chlamydia also can cause infertility.

TRANSMISSION: NGU or chlamydia is spread through sex (vaginal or anal). It also can be passed from an infected mother to her baby during childbirth. Using condoms can help you avoid catching NGU. If you notice symptoms, see a doctor or clinic immediately. Avoid sex with people who have symptoms.

TREATMENT: Chlamydia can usually be treated and cured with the right kind of antibiotics. Visit a doctor or health clinic for a chlamydia test and treatment. Your sex partners should also be tested and treated.

FACT SHEET

Genital Warts

WHAT IS IT? Genital warts are caused by a virus. This virus can infect the genitals and the anal area. Genital warts are different from common skin warts. Symptoms usually appear one month to six months after exposure.

SYMPTOMS:

- Small, painless warts or hard spots on the penis or around in the genital or anal area
- In women, warts may appear inside the vagina.
- In men, warts may appear inside the urinary opening
- May cause burning and itching

COMPLICATIONS: Untreated genital warts may enlarge and multiply. In severe cases they may block the urinary opening. In women, genital warts may cause an increased risk of cervical cancer.

TRANSMISSION: Genital warts are spread through sex (vaginal, anal, and oral sex). Using condoms can help you avoid catching genital warts. If you notice symptoms, see a doctor or clinic immediately. Avoid sex with people who have symptoms.

TREATMENT: Genital warts are difficult to treat and cure. A doctor or clinic nurse may apply a chemical liquid to burn them off. In more advanced cases it may be necessary to remove them with laser or surgery. Visit a doctor or health clinic for diagnosis and treatment. Your sex partners should also be checked and treated.

FACT SHEET**HIV and AIDS**

WHAT IS IT? HIV infection is caused by a virus (HIV) which destroys the immune system. When the immune system is destroyed the body is open to many infections and cancers. When these infections or cancers begin to appear the disease is called AIDS. The HIV virus is carried in the blood, semen, and vaginal fluids of infected people. Symptoms may take ten years develop. Many people with HIV infection are not aware they have it.

SYMPTOMS

- Weight loss, loss of appetite, diarrhea, fatigue
- Fevers, night sweats, swollen lymph nodes (neck, armpits, groin)
- White patches in the throat, problems swallowing
- Dry cough, chest pain, problems breathing
- Painless purple or brown spots on the skin
- In women, recurrent vaginal yeast infections or pelvic infections

COMPLICATIONS: HIV/AIDS may lead to a variety of serious and life-threatening infections and cancers, including a type of pneumonia. A pregnant women may pass HIV to her newborn.

TRANSMISSION: HIV is usually spread through sex (vaginal, oral, or anal sex) and through sharing needles, syringes, or “works.” In rare cases it’s passed through a blood transfusion with infected blood. If you think you may have been exposed, visit a doctor or health clinic for an HIV test and counseling. Using condoms when you have sex can help reduce your risk of HIV infection.

TREATMENT: There is no cure for HIV/AIDS, but many of the infections and cancers it causes can be treated. Several drugs are available to help control the activity of the virus and reduce its damage to the immune system.

FACT SHEET**Pubic Lice (“Crabs”) and Scabies**

WHAT ARE THEY? Both pubic lice and scabies are tiny insects that can infest the body. Pubic lice (called “crabs” or “lobsters”) will infest the pubic hair, chest hair, and underarm hair, where they feed on blood and lay their eggs. Scabies are tiny mites that burrow under the skin in areas of skin folds such as the inside of the elbow, around the buttocks and genitals, in the back of the knee, or around the wrists. Scabies feed on skin tissue and lay their eggs under the skin.

SYMPTOMS:

The primary symptom of pubic lice or scabies is intense itching. Pubic lice bite their host to suck blood, resulting in irritation, rash, and reddish bite marks. They lay their eggs (called “nits”) on the hair shafts and new lice will hatch out every 10 days if not treated. Scabies burrow under the skin producing rash, red welts, bumps, and intense itching, especially at night.

COMPLICATIONS: Although neither parasite is dangerous, infection can eventually develop from scratching the bites.

TRANSMISSION: Pubic lice and scabies may be spread during sex or close intimate contact. However, they also may be spread through sleeping on infected bed sheets or mattresses, or by sharing infected clothing or towels. Scabies are too small to be seen easily with the naked eye. However, pubic lice can sometimes be seen by combing the pubic hair over a piece of white paper using fine-toothed comb. The dark gray lice can then be seen moving about on the paper.

TREATMENT: Both pubic lice and scabies are treated the same way— with a special shampoo or lotion that contains a type of insecticide. There are several treatments sold over-the-counter in drugstores. Ask the pharmacist for advice. All clothing, bedding, and towels should be washed. All household members exposed through skin contact, bedding, clothes, or towels should be treated if symptoms develop. If the itching and rash continue after treatment, see a doctor or health clinician.

Using Role Plays to Build Assertiveness Skills

Role play is often used in both educational and therapeutic settings. Clinicians use it in individual or group counseling sessions; educators use it to enhance classroom learning. Most often role play is used to help people practice interpersonal communication skills and is sometimes referred to as “behavioral rehearsal.”

For HIV/AIDS prevention groups, role play can help participants understand the benefits of assertive communication for negotiating risk reduction. Role play allows participants to gain an understanding of what assertiveness sounds like and feels like, and it provides an opportunity to practice specific skill areas. Role play activities based on real-life situations help participants learn and rehearse effective responses to pressures to engage in HIV-risky behavior.

Group role plays provide benefits for the players and the observers alike. Group members have the opportunity to discover that many real-life problems are shared, and this awareness may help reduce feelings of isolation. The role player who practices the assertiveness techniques (the “asserter”) has the opportunity to think about, feel, and actually do a new behavior. The co-player and other observers have the chance to learn by seeing themselves in the role play and reflecting on what their own strategies might be in a similar situation. The observers also are given a chance to help others by providing insightful and constructive feedback.

INTRODUCING ROLE PLAY ACTIVITIES

Once they get the hang of it, most people enjoy role play activities and are enthusiastic about participation. It’s helpful to introduce the purpose of and process for role playing before getting started.

Here are some introductory ideas to share with group members:

- **The purpose of the role plays is to practice and observe assertiveness skills.** When you take part as a “player,” you get a chance to see what it feels like to actually respond assertively. When you take part as a co-player or observer you can see assertiveness in action, and think about how you would respond in a similar situation.
- **No one will be *forced* to role play; however, you may be encouraged to volunteer.**
- **Observers and co-players will be asked to give *constructive* feedback after the main player practices an assertive response.** Constructive means helpful and respectful. Try to think of positive suggestions about how the player might improve his/her style as opposed to telling the player what he/she did “wrong.”
- **Help keep distractions to a minimum for the role players.** Avoid laughing, snickering, giving instructions, interrupting, etc.
- **Listen carefully to what goes on in the role play.** How might the role player improve his/her assertiveness skills? Think about how *you* would use assertiveness skills in the same situation.

Here are some ideas for the role players:

- **Participating in the role play exercise allows you to practice being assertive and to get a feel for how others may respond when you are assertive.** Your job as a role player is not to be a comedian or a great actor or actress. Be yourself, have fun, and concentrate on learning more about how you can use assertiveness skills to protect yourself in HIV risky situations.
- **There are two “roles” in each role play.** We can think of them as the star and the co-star, or as the asserter and the assistant. The person in the asserter role focuses on practicing specific assertiveness techniques; the person in the assistant role helps create and define the potential risk-taking issue or situation by playing to the asserter.
- **The assistant should avoid giving in completely and also should avoid making the situation impossible to deal with.** The assistant’s job is to help the asserter practice, not to trip him/her up. It’s most helpful if the assistant can provide honest, “real-life” reactions (or comebacks) to the asserter.

Here are some ideas for the group leader:

- **If either role player begins to feel uncomfortable, upset, angry, embarrassed, or afraid —stop the role play.** It’s not useful to continue if either player is experiencing discomfort. If this happens, encourage sharing of feelings and take time to process the issues behind the feelings. Likewise, avoid forcing an overly shy or introverted person to be a player or co-player. Some people will learn more from observing than they will from being “on stage.”
- **It’s not necessary to wait for the role players to reach closure on the issue in the role play.** In fact, some role plays could go on for hours if allowed to do so. In general, the longer the role play goes on, the less effective it becomes for skills practice. Both players and observers may get muddled if more material than can be realistically processed is raised.
- **Stop the role play and process the interaction as soon as useful material is raised.** One, two, or three “volleys” or exchanges between the players will usually generate enough feelings and skill concepts for discussion. Since, ideally, the focus is on building and practicing specific assertive responses, limiting the length of the role plays allows the asserter several chances to repeat his/her assertions (i.e. “take two”) after receiving constructive feedback from the observers and group leader.
- **Allow the asserter role to have at least one more “take” after the role play is processed and feedback is given.** This repeated practice helps build confidence and reinforces learning. Ideally, if time is not an issue, the asserter should be allowed to continue practicing (do several “takes”) until he/she is satisfied with his/her use of assertiveness techniques.
- **Process the feelings and experiences of both role players before asking the observers for feedback and before giving feedback yourself.** Both the asserter and the assistant should be given the chance to talk about their feelings, their perceptions, and their reactions to their interaction in the role play. In most cases you’ll want to allow the asserter to debrief first, then the assistant, and then the observers (the rest of the

group). Save your feedback and suggestions for last, and then encourage the asserter to try a second or third “take.”

- **When giving feedback, use lots of praise and be gentle.** Avoid criticism; instead, provide positive direction or suggestions. For example, “How do you think you might make your refusal a little stronger next time?” rather than “That was a really *weak* refusal!” Encourage observers also to give this type of constructive feedback, and model for them how it’s done.

FORMATS FOR ROLE PLAYS

The format or method used for leading group role plays can vary. There are several methods that are useful for skills rehearsal, and group leaders may want to experiment with formats in order to discover which ones best suit their needs.

Whole group as observer. This is the method described in the **Core Curriculum** in this manual. In this format, an asserter role plays with an assistant, and the rest of the group observes and provides feedback.

Single observer. With this structure, there is an asserter role, an assistant role, and a “formal” observer role. After the role play interaction occurs and the two players have discussed their feelings, the designated observer provides direct feedback to the asserter. After the observer has commented, the rest of the group is invited to give feedback.

Small groups (triads). In this variation, the larger group is divided into smaller groups of three. One person begins as the asserter, another as the assistant, and a third as the observer. After the role play, the observer provides feedback and all three participants discuss the experience. After a few rounds of practice, the participants change roles and practice using another role play situation. The group leader circulates among the triads, providing encouragement, feedback, and direction as needed.

Script plays. Group members work in pairs or in groups of three. Each pair or triad is given a situation (or asked to generate its own), and then instructed to write a script. The script writers should focus on developing assertive responses for the main character to use in dealing with the HIV-risk issue in their scenario. The pairs or triads then read their scripts to the larger group (with different people playing the different parts), and the use of assertiveness techniques is discussed. A variation is for the participants to exchange scripts and read each other’s aloud, then discuss them and offer feedback.

Resources for Teaching Materials

Testicular Self-Examination Models

For information about breast models available for loan in your area, contact:

The American Cancer Society Headquarters

1599 Clifton Road, N.E.

Atlanta, GA 30329

Telephone: 1-800-227-2345 (toll-free)

Texas Division, 2433 Ridgepoint Dr., Suite A

Austin, TX 78754

Telephone: 1-512-919-1800

<http://www.cancer.org>

For purchase, contact:

HEALTH EDCO

P.O. Box 21207

Waco, TX 76702-1207

Telephone: 1-800-299-3366 (toll-free)

<http://www.healthedco.com>

Videos and Films about Testicular Exam and Prostate Health

For information about films and videos for loan in your area, contact:

The American Cancer Society Headquarters

1599 Clifton Road, N.E.

Atlanta, GA 30329

Telephone: 1-800-227-2345 (toll-free)

Texas Division, 2433 Ridgepoint Dr., Suite A

Austin, TX 78754

Telephone: 1-512-919-1800

<http://www.cancer.org>

Planned Parenthood Federation Affiliates

Check your phone book for an office in your area.

To purchase or rent the video **Your Pelvic and Breast Exam**, which is used in Session Four, contact:

Perennial Education

930 Pitner Avenue

Evanston, IL 60202

Telephone: 1-800-323-5448 (toll-free)

**Safer Sex
Demonstration
Materials**

Many of the materials suggested for use in Session 7 are usually available for sale through drug stores and pharmacies.

For information about materials available for loan in your area, contact:

Planned Parenthood Federation Affiliates

Check your phone book for an office in your area.

Any AIDS Services or AIDS Resources organization

Check your phone book for an office in your area.

To purchase a safer sex demonstration kit (condoms, penis demonstration model and instruction tape), contact:

Lifestyles Condoms

Ansell Healthcare, Inc.

200 Schultz Drive

Red Bank, NJ 07701

Telephone: 1-800-327-8659 (toll-free)

<http://www.lifestyles.com>

For information and samples of the female condom, contact:

The Female Health Company

515 North State Street, Suite 2225

Chicago, IL 60610

Telephone: 1-800-274-6601 (toll-free)

or 1-800-635-0844 (toll-free)

<http://femalehealth.com>

**Sources for
Pamphlets and
Literature about
Prostate Cancer
and Testicular
Exam**

The American Cancer Society Headquarters

1599 Clifton Road, N.E.

Atlanta, GA 30329

Telephone: 1-800-227-2345 (toll-free)

Texas Division, 2433 Ridgepoint Dr., Suite A

Austin, TX 78754

Telephone: 1-512-919-1800

<http://www.cancer.org>

Planned Parenthood Federation Affiliates

Check your phone book for an office in your area.

**Sources for
Pamphlets and
Literature on
HIV/AIDS, Safer
Sex, and
Sexually
Transmitted
Diseases**

U.S. Department of Health and Human Services

Public Health Service
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-3285

American Red Cross National Headquarters

HIV/AIDS Education
1709 New York Avenue, N.W., Suite 208
Washington, DC 20006
Telephone: (202) 639-3223
or contact your local Red Cross Chapter

Planned Parenthood Federation Affiliates

Check your phone book for an office in your area.

Any AIDS Services or AIDS Resources organization

Check your phone book for an office in your area.

In Texas, contact:

Texas Department of Health

Bureau of HIV and STD Control
1100 West 49th Street
Austin, TX 78756
Telephone: (512) 458-7207