

the all-you-need-to-know
progressive sexuality guide
to get you through high
school and college



**"We thought we were liberated and informed,
but Heather Corinna puts us to shame. In
S.E.X. you get answers to everything you were
afraid, embarrassed or didn't know to ask."**

—JENNIFER BAUMGARDNER & AMY RICHARDS,
COAUTHORS, *MANIFESTA*



h e a t h e r
c o r i n n a

by the founder & editor of *scarleteen.com*,
the nation's premier online sex ed resource

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PRAISE FOR SCARLETEEN.COM AND

S.E.X.

“Not only would my own adolescence have been vastly less painful and confusing if I'd had access to the accurate, comprehensive, and above all nonjudgmental information that Heather Corinna so carefully provides, but *S.E.X.* is, literally, a lifesaving book: Corinna's vast commonsense wisdom—especially on topics relating to gender roles, queer sexuality, and gender identities—has the potential to improve the physical and emotional health of anyone who reads it, and to help heal our culture's unhealthy, conflicted approaches to sex, sexuality, and gender.”

—Lisa Jervis, cofounder, *Bitch: Feminist Response to Pop Culture*

•

“*S.E.X.* is a positive and informative all-embracing guide to sexuality by a dedicated author. Heather Corinna challenges adolescents and young adults alike to be proactive in owning their sexuality by being true to themselves, all the while laying the foundation of knowledge and acceptance—key factors for the development of a healthy sexuality.”

—Dr. LYNN Ponton, author of *The Sex Lives of Teenagers*
and *The Romance of Risk*

•

“Scarleteen editor and founder Heather Corinna is my new hero! Her Web site, ‘committed to delivering the best contemporary teen sex ed on the Net,’ is easily the most impressive sex education tool I've seen.... Scarleteen will appeal to adults and adolescents alike.”

—[Utne.com](#)

•

“Scarleteen won't send any kids rushing to high-school swingers parties.... Corinna does a good job of debunking sex myths and discussing sexual responsibility.”

—[MSNBC.com](#)

•

“[A] straightforward and no-BS teen-sex advice and info site to counter the ‘abstinence only’ school programs.”

—[SFGATE.com](#)

•

“The atmosphere of Scarleteen is a casual, funky, welcoming oasis in a topic that often suffers from a bad case of squeaky, white-tiled Clinical-osis.”

—KIM LANE, *Oxygen (Moms Online)*

about the author

HEATHER CORINNA is a queer writer, artist, educator, activist, peaceful warrior, professional saboteur, former musician, and early childho-

HEATHER CORINNA is a queer writer, artist, educator, activist, peaceful warrior, professional rabbitouser, former musician and early childhood educator, Internet publisher, and community organizer. She has been bringing original, inclusive, informative, feminist, creative, and radical sexuality and women's content—and an awful lot of commas—to the Web since 1997. Natively Chicagoan, she currently lives in Seattle with her partner, too many books, a scrappy old cat, and a terminally precious pug. Scarleteen is her full-time job and cause célèbre.

S.

e.

X.

*the all-you-need-to-know
progressive sexuality guide to get you
through high school and college*

heather
corinna

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dedicated to the readers of scarleteen ...

For bravely asking the questions that have helped millions more to find answers, support, and empowerment; for your trust, your honesty and for giving the educator the biggest, most challenging classroom around and a heightened sense of purpose that she wouldn't trade for all the world.

This book is *because* of all of you—so, this book is for all of you.

disclaimer

The information in this book is intended to help readers make informed decisions about their health and the health of their loved ones. It is not intended to be a substitute for treatment by or the advice and care of a professional healthcare provider. While the author and publisher have endeavored to ensure that the information presented is accurate and up-to-date, they are not responsible for adverse effects or consequences sustained by any persons using this book.

t-h-a-n-k y-o-u

FROM IDEA TO bookshelf, the process of riffing, writing, proposing, researching, writing some more, editing, surveying, researching again, rewriting, editing again, shopping, shopping again, researching again, and editing once more (with feeling) has taken nearly six years.

There're a lot of people in six years of work, and not enough paper to thank all of them properly. Those who cannot fit into these few pages have a substantial real estate in my heart. To all of you, my humblest thanks and deepest gratitude. I am incredibly lucky to have a wide, caring, and supportive network with so much faith in me.

Here's to you.

To the Grand Pooh-bah and their staff at Marlowe & Company for making my decade by taking this on, and for making the arduous process of publishing so painless. Boundless thanks to Renée Sedliar, who found this book a great home when I was sure it would remain ever homeless, fought the good fight, wielded her editorial machete like a peaceable ninja, took my serious stuff seriously, and laughed at my jokes. I could not have asked for a better advocate and editor; this is a book made far, far better for your irreplaceable part in it.

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To my wonderful, patient, and hard-working volunteers at Scarleteen, for their dedication to sex education, young adults, and sexual health and their faith in my unique approach.

To Clare Sainsbury, who saved—and keeps on saving—the day.

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To Joss Whedon, for providing me (and everyone else) many, many hours of the sort of productive, inspiring downtime a young-adult-sexuality author requires to sustain her sanity.

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My mom and my dad are two of the most wildly different people one can imagine, whose mean average somehow = me. I have my mother to thank for my unstoppable work ethic, for my understanding of enough medical mumbo-jumbo so that I could translate it for everyone else, for my fierce loyalties, and for being one seriously ass-kicking lady to look up to. Thanks to my dad for instilling in me the strong spirit of revolution, for empowering my voice, however I wish to use it, for our amazing friendship, and for never letting me forget for a minute (even when I wanted to) that if I think something's broken, I've always got to keep trying to fix it.

I love all of you immeasurably.

To that girl I once was: *I finally* found you that book that you wanted. Sorry it took me so long.

about scarleteen.com

SINCE DECEMBER OF 1998, Scarleteen has been used by millions of teens and young adults internationally to find real answers to their sexuality and relationship questions. **Scarleteen** provides comprehensive, fully inclusive, feminist, and nonjudgmental information on sexual anatomy and health, masturbation, arousal and orgasm, safer sex and contraception, reproductive options, gender and orientation, rape and abuse, body image, relationships, and sexual politics. Via both static content and an active message board, users can discuss their questions and concerns with staff and volunteers and get immediate answers, needed resources, and support. Scarleteen is a grass-roots, independent medium that has been applauded by the *Utne* Reader, the *Chicago Tribune*, the American Civil Liberties Union, GLAAD, the *Minneapolis City Pages*, the Oxygen Network, the Sexuality Information and Education Council of the United States, and other publications and organizations.

foreword

ANNE SEMANS

YOU ARE one lucky reader. And a deserving one. You are lucky because you hold in your hands the key to a lifetime of good sex information. And a happy, healthy sex life is something everyone deserves. You are lucky because someone cared enough about you to give you this book, or because you, my friend, were resourceful enough to seek it out on your own.

You might be thinking, "I can get sex information anywhere, what's so special about this book?" The problem, of course, is that "sex information" comes in all shapes and sizes—not all of it accurate or complete. And it won't come as any surprise that sex is not a subject you learn in school along with the rest of your ABCs. You can learn about the mating habits of whales, or how plants pollinate, but ask your school to put Sexual Response 101 on the curriculum and the responses run the gamut

S.E.X.: The All-You-Need-to-Know Progressive Sexuality Guide to Get You Through High School and College believes that you deserve access to all the facts. Remember “knowledge is power?” This book gives you the knowledge so that you have the power to make good choices about your own body and those of your partners.

Imagine what it would be like if you had taken a sexuality class at school, one where the teacher just focused on the facts, and the students were free of embarrassment and could listen in rapt amazement. Sure you would have learned the usual stuff, like how your body works, what your genitals look like, how babies are made, how contraception works, and how STDs get passed around. But you also would have learned that each person’s sexuality is unique and that gender identity and sexual orientation fall on a continuum. You would have learned that sex is a gift you give as well as receive, that it is based on mutual respect and responsibility, that it is about pleasure, that it is more than intercourse, and that being good at it has nothing to do with penis size or tight vaginas, but practice and presence. Imagine that by the time you graduated from high school you had learned all this and more, so that you were able to enter into your sexual relationships with confidence and care.

While that’s not the current model of sex ed, this book, along with the author’s Web site, Scarleteen, are the next best things. You will find these subjects and so many more, discussed a lot like you might imagine the teacher of this mythical sex ed class would discuss things—with a bit of science geekiness mixed with candor and an honesty that only someone who’s been in constant communication with teens for the past ten years can bring.

I know I wish I’d had a resource like this as a teen. As a sexually active teen in a Catholic family, I was given no sex information other than the nun who advised our 8th grade class to “think of a hamburger when you have impure thoughts.” Fortunately, luck spared me from dealing with teen pregnancy, and my curiosity eventually let me into a career as a sex educator. Now I find myself with a daughter fast approaching her teen years, and I’m not kidding myself that she’ll confide her every sex question or dilemma to me.

Lucky for me, lucky for her, and lucky for you, we have this book.

—Anne Seman
sex educator, author, parent

who’s this book for, anyway ?

A FOREWORD FOR PARENTS, TEACHERS, MENTORS, AND OTHER YOUNG ADULT ALLIES

THIS BOOK IS for adolescents and young adults.

This book is also for parents, teachers, aunts and uncles, Mom and Dad’s cool best friends, mentors, allies, grandparents, friends, for anyone with an interest in the emotional and physical health and well-being of young people today.

Anyone who’s got a grip on history and current events, basic physiology, psychology, and sociology—and anyone with simple life experience—knows that sexuality is inevitable, important, and integral. Anyone with that knowledge and experience also knows that sexual choices, sexual identity, and sexual health have a huge impact on our world, interpersonally and globally. Poor sexual choices, sexual dissatisfaction, power inequities, sexual shame, aggression, violence and victimization, and the like all contribute to the personal and global problems of unprepared and unwanted parenting, negative body image and low self-esteem, the perpetuation of abusive and unhealthy relationships, unending cycles of rape and abuse, chronic physical and mental illness, sexism, homophobia, and sexual objectification and exploitation.

Accurate, accessible sexuality information offers important and needed protections for young adults. When young people know what consensual, enjoyable, and egalitarian sex is, they can understand what is not consensual, what is not enjoyable—physically, emotionally—and what is not mutually balanced. Learning preventative care that addresses sexuality—reproductive healthcare, safer sex practices, birth control—teaches them to care for their bodies as a whole, as well as protecting them from sexually transmitted infections or unwanted pregnancy. Learning to love and accept their *whole* bodies—including, but not limited to genitals and reproductive systems—promotes their lifelong sexual and general health, well-being, and self-esteem. Learning how to assess and improve the quality of intimate relationships, to figure how they do or don’t mesh with individual wants and needs—which may differ from cultural standards—and to advocate for oneself within a relationship is vital for anyone to be healthy, happy, and whole. Knowledge and acceptance of the range of positive, realistic human sexuality offer young adults protection from others who would—and often do—prey upon sexual ignorance or shame. All these aspects and more open the door not only to a safer sexual life but to one that is enjoyable, beneficial, satisfying, and empowering.

Chances are good that when it comes to matters of my opinion, my cultural and social analysis, or my assessments of teen sexual life and general sexuality you won’t always agree with me. That’s okay.

A few years ago, I got an unforgettable letter from a parent. He wrote that while he supported the work that I did, he didn’t share a lot of my personal views. He told me he was a “once-player,” now an avowed “Jesus freak,” and that he’d raised his daughter conservatively. But he also told me that he was glad as heck I was around, and that he, quite gladly, directed her to the information I gave out. He’d explained to her that she’d heard all the things he had say, and she should go read very different views—with accurate information throughout—and thus, be best equipped to make up her own mind, to make her own decisions, wherever they fell along that whole spectrum.

what’s in this book and what isn’t-the short list:

- The term abstinence is very rarely used, although discussion about celibacy and waiting until partnered sex can happen in a healthy, responsible way is paramount.
- It is not set forth as a given that saying no to partnered sex is always better than saying yes.
- Sexuality is not discussed in a context that requires or champions one specific sexual orientation, gender or gender identity, relationship model, set of values, religion, or age.
- It is presumed and asserted that all living beings are entitled to their sexuality, sexual identity, and fully consensual sexual partnership choices, to

the degree that they have the agency to make them.

- Because the current pervasive cultural approach to human sexuality and young adult sexuality is often considerably flawed, alternative approaches are often presented.
- I do not claim to have all the answers, nor do I assert that there is one set of sexual choices or behaviors that are best for everyone.

Ultimately, this book aims to provide information to help lay a solid foundation for clear, usable, informative, and healthy sex education to benefit individual readers and their support networks.

- HOW CAN YOU USE THIS BOOK?- ■

READ IT YOURSELF, FIRST, AND GET UP TO DATE.

Many of us—parents, teachers, and mentors—didn't get accurate, inclusive sex education ourselves, and haven't kept up with current information. If you're going to talk to the young adults in your life about birth control and safer sex, you will want to make sure that you're not unintentionally endangering them when you want to help protect them. Not only is it challenging to obtain accurate and sound sex information in the first place, but the information is constantly changing, both because of new research and new social contexts. I do this work full-time; I am constantly checking new reports, studies, and books, and reading new questions, and even *I* have a tough time keeping up.

Read this book yourself before you set it out for teens or young adults. Check out information available from other reliable, comprehensive sources such as the Sexuality Information and Education Council of the United States (SIECUS), the Guttmacher Institute, or Planned Parenthood and other sources and organizations and clearinghouses listed in the Resources section at the end of this book. You can get on mailing lists so that new information and studies are delivered right to your Inbox. Build a small library at home of accurate sexuality information. Ask your family doctor to help you learn what you need to know.

Not only can the information in this book be useful to you in discussions about sexuality with the teen in your life, but you may even find that the information benefits your own sex life, as well.

NORMALIZE SEXUALITY DISCUSSION.

To foster comfort, trust, and calm communication, discussions about aspects of sex and sexuality should be casual, ongoing, and commonplace from the get-go, rather than taking place when the issue is fever-pitch or personal. There's no need to wait for a time, year, or event to have that One Big Talk—have regular discussions about general health, body issues, development, relationships, and sexuality. Discussions about sex that concern cultural or world events or rules and policies at school, can take place over dinner, for instance, and are excellent ways to take a lot of steam out of the overheated engine that is parent/teen sex talk. By the time your kids are developing sexually when they are thinking about or having sexual partners, very little of this should be new to them, and talking about it should be pretty old hat, even if there are still some (inevitable) rough spots.

It can be trickier if you're feeling that NOW is the time to start these discussions. A whole lot of teens' sexual information and personal sexual ethics and values are ingrained even before they start puberty. (You might be pleasantly surprised to know how many reported parents as their sexual relationship role models in the surveys for this book.) But just as any birth control is better than no birth control, any time you choose to foster open, honest, and sensitive sexual discussion with a child or teenager is far better than never doing it at all.

IF YOU'RE PICKING THIS BOOK UP TO START TALKING TO YOUR TEEN OR YOUNG ADULT FOR THE FIRST TIME:

- You might want to open by explaining why the subject hasn't been discussed before (for instance, because you were worried about bringing it up at the wrong time, or in the wrong way, and lousing it all up).
- You might want to ask more questions at first, rather than doling out answers.
- If you've avoided talking about sex until now, or if you tried before and gave up because of embarrassment, know that you're not the first one. Talking about something so intimate is difficult for a lot of people. It may have been tricky for you to figure out how to talk about it without feeling that you're crossing boundaries or grossing your teen out. Let them know that. If you feel embarrassed, say so. If you're worried about boundaries, tell them. That sort of humility can be a real icebreaker because, often, they feel exactly the same way.
- You can let your teen know you'd be open to and interested in discussing the book or other sexuality information with them, and ask whether they'd like to initiate those discussions or have you do it. You could even organize an informal family or group book club about it, if that's your usual dynamic. As with anything else, the best approach is going to depend a lot on your family and your kid: what's empowering for one teen may be embarrassing for another.

“i” statements are your best friend



VOICING what your subjective viewpoints and ethics are, and explaining that they are yours-not theirs, not universals-is a very big deal. One of the easiest ways to isolate a young person in the process of forming a personal identity is to give the impression that your choices and experiences must or should be everyone’s.

Remarks like “casual sex is disrespecting yourself” and “you’d be better to focus on your homework than boys/girls right now” are not “I” statements and probably won’t be welcomed. Statements like “sex before marriage is wrong” or “you just think you’re bisexual, you can’t know that” are dogmatic and subjective. Teens aren’t stupid; they know these sorts of statements are based on your opinion. Strident presentations often leave them with resentment, with a feeling of being controlled, with disrespect for the differences between your generation and theirs. If you’ve made the same choices you’re telling them they shouldn’t make, they may feel (validly) that you’re being hypocritical.

Try this on for size: “I feel that starting to have sex at fifteen was too early for me because I didn’t understand the risks or consequences of sex, and it kept me from achieving my goals.” Or this: “I don’t understand how you can know you’re bisexual now, because I’m forty-one and even *I’m* still not sure about my orientation.” Or, “I’m concerned that if you’re dating now, other things I know are important to you are going to get the shaft,” or “I feel sex before marriage is wrong because I’m Catholic, and in our religion, premarital sex isn’t okay.” Then follow any statement like that with: “What do YOU think? Why do you feel that way?”

■ THE SILENT TREATMENT ■

One of the toughest things many adults face when it comes to talking to teens about sex is that many of their teens either aren’t going to—or just plain don’t want to—talk to them. That can happen to even the most open, honest parent, to the parents who have great relationships with their kids and have had good talks about aspects of sex throughout their kids’ lives. It can happen to the parent whose kid truly thinks of them as their best friend. And it can be heartbreaking for that adult, understandably.

Most of our sex lives are private; for a teenager, there’s no exception. (One teen in the surveys for this book said, “My parents don’t talk to me about their sex life, why should I talk to them about mine?”) Beyond that, for many teens, talking to parents about their sex lives is just a little too intimidating. They may not be toddlers anymore, and they may say they don’t care, but to many teens parents are still the sun, moon, and stars. That can make it difficult even for a teen who is behaving very responsibly, or who isn’t even sexually active yet. Even voicing doubts about whether or not they want to be active in the future, and how, can be uncomfortable if they’re worried about parental judgments.

Many young adults are far more likely to talk to almost everyone else before their parents: friends, partners, other relatives, teachers, you name it. That’s not necessarily a bad thing, even though it might make you feel like you’re out of a loop you should be in, or that you’ve erred in your parenting somehow.

Allowing them the freedom to talk to someone else can help open the doors of communication between you, so they can know you’re available and you CAN have productive discussions with them.

And if you’re waiting for your teen to be the one to initiate discussion, stop waiting! One of you has got to take the leap, after all, and it’s harder for the teen to do so than you.

■ GIVING THIS BOOK ■ TO YOUNG ADULTS

This book is intended for a readership between approximately the ages of sixteen and twenty-two. There are many readers who could utilize and absorb it at younger ages, and plenty of readers will still find a good deal of this information new at older ages. If you’ve been an involved parent or mentor, you probably have a pretty good idea of when a book like this is appropriate for the young adults in your life. Trust your instincts.

I suggest you make this book and others like it readily but casually available: don’t hide it or pass it over as if it were the Dead Sea Scrolls. Dedicate a small area of your bookshelf to books that concern shared family issues—or heck, books about sex, period—and when they’re curious and interested, your kids will seek the information out. If your teen asks a question about sex you don’t know how to answer, pull out this book, or another like it, and find the answer with them. Not only will doing this show them where and how to find accurate information, it has the added benefit of showing them that you are invested in providing them with this information. Further, this approach illustrates the fact that sex is a very big and complex topic to which none of us has all the answers: not them or their peers, not the media, not you.

is it ever too *early*?





GIVING a book like this to a ten- or eleven-year-old—maybe with the idea of being as supportive and proactive as possible—is unlikely to be in any way damaging, but it probably won't be very helpful, either. For instance, even very intelligent ten-year-olds are very unlikely to read information about birth control, STIs, or communication with sexual partners and store it in their minds for later, because it just isn't likely to be applicable to them now. For some preteens and even plenty of teenagers, making a big presentation of a book like this too early may actually feel like pressure, or a statement that they **SHOULD** be ready for or interested in these issues. If they're not interested yet, this can make them worry about what stage of development and sexual interest they should be in. For a list of a range of age-appropriate sexuality books, see the Resources section.

You may not need to hear this, but I'm going to say it anyway: I have **never**—not in years of reading tens of thousands of teenagers posting online about these issues, not in hundreds of e-mails—seen even one teen express that a parent who was down-to-earth, honest, compassionate, respectful of boundaries and primarily concerned with their well-being had seriously screwed things up in addressing sex with them. Never.

I certainly have heard more than a few express that they felt embarrassed or insulted when parents brought up sex in any number of ways, or with sexual education books or items parents gave them, of course. But that “Ugh! My super-uncool mom/dad/aunt!” stuff has never struck me as overriding the positives teens can glean from caring parents doing their level best to ensure that their teens are comfortable with their sexuality and have all the information possible to make the best choices about a healthy, happy sex life. And even if you do stumble—maybe you freak out at a teen coming out as gay, becoming sexually active, or taking up with a partner you feel is unsuitable, or even starting puberty—most of the time, brushing off your knees and plopping a Band-Aid on the wound heals them up in no time. Ultimately, if you care about your kids, accept they're becoming adults, and love the adults they're becoming just as much as the children they were, you're going to do just fine, and so are they.

Every teen is different. Some of the “facts” in this book might surprise you, in various ways. You may have thought, for instance, that the average age when teens are becoming sexually active these days was younger or older than in the past. Some of the issues addressed in this book may be pertinent to the young adult in your life, some may not. Some parts of this book may make you feel much more comfortable about young adult sexuality; some may make you more *uncomfortable*. You may have various levels of comfort with your teen even reading parts of this book at all.

But they do need this information. Right now, every day, the Scarleteen.com Web site is visited by between ten thousand and thirty thousand readers—readers who looked so intensely for the answers to their questions that they made Scarleteen.com the number one search engine result for sex ed. The information at the Web site and in this book is based on all the questions we've been asked over the years, on discussions the teens themselves are initiating and sustaining. We field as many pregnancy scares, rape crises, and anal sex questions in a day as we do questions about breast development, weight, gender inequities, bisexuality, or how to ask someone out; what teens want to know about sexuality at any given time is incredibly varied and individual. Given the number of unplanned pregnancies in young adults in a year, given that high-school and college-age people have been the fastest growing number of STD sufferers for quite some time, given the body-image and self-esteem issues so many teens grapple with, given the rates of sexual assault and abuse, given the dangerous social isolation of many gay youth, given the endless mixed messages from the media and the inaccuracy and politicalization in so much school-based sex ed, as well as the misinformation peers and partners disseminate, *they need this stuff*. At this point in their lives, they are establishing the patterns of their sexual identities and behavior that will be the primary foundation of their adult sex lives. If they feel unable to say no or yes now when they want to, if they feel ashamed or confused now, if they don't learn how to practice contraception or safer sex now, if they don't learn what they do or don't want sexually now, they may never learn it.

They need this information.

And they need you.

This book, and others like it, paired with proactive, informed, and relaxed (as relaxed as it gets, anyway, when it comes to sex) parenting and modeling, in loving environments, will nurture a much different world than we have now: a much *better* world.

In other words, this book is very valuable, but it increases in value substantially when you—parents, extended family, mentors, teachers, role models, and other caring adults—are just as big an influence as it is.

So, who's this book for?

Everyone.

1

I pledge allegiance ... to myself and the united state of my sexuali!y

AN INTRODUCTION FOR READERS

AS YOU START to read this book, I want you to make a bold choice: I want you to choose to create a healthy happy and fulfilling sexual life that is fantastic for you and for everyone else in it.

You *have* the power to do that, no matter your age or your gender, whether you're currently choosing to be sexually active with partners or not, or even if it feels too soon for you to do *anything* in terms of your sexuality just yet. You have the power to make every choice you make about sexuality support your happiness, health, and well-being, based on your own, unique criteria.

Sure, spelling out sexuality isn't simple: it's a big, bubbling stew of biology and chemistry, physical and emotional development and individuality, nature and nurture. Each person's sexual self is not only often shifting and evolving, but is a very individual combination of personal preferences and desires, gender identity and sexual orientation, body image, relationship needs, interpersonal patterns, ideals and previous experiences, and emotional, chemical, physical, and hormonal states. Add to that simmering pot personal and public health issues, reproductive issues and choices, laws, cultural and community values, attitudes, and expectations, personal ethics, and sexual fantasy and reality. That's a whole lot to sort out, process, and start learning to juggle and fit into the rest of your life. Take it all on the road with other people in relationships, add all of THEIR stuff to yours, and it's pretty easy to see why a whole lot of people can feel pretty overwhelmed by sexuality.

But when you make smart, healthy, and informed choices that really feel right for you, it's actually pretty easy not only to stay safe and sound, but to enjoy your sexuality and your sexual life, which is what it's there for in the first place.

In fact, you have more freedom to create and claim what is best for you sexually than your grandparents did, and more agency to do that than your parents had. We now have more complete and accurate information than ever before, about sexuality as a whole, about infection and disease, about reproduction and birth control. We have greater access to that information, and to sexual health services and support. Even though the mass media, public health, politics, and the ever-changing values of our world add extra complications and confusion—especially given the mixed messages we so often get about sexuality—you can pick and choose what you expose yourself to and support. You even have the ability to positively impact the media and public health policies when it comes to sex, both with your personal choices and your collective actions as a generation.

You have a unique opportunity to create, explore, nurture, and enjoy an authentic, personal sexuality that is beneficial to you and others, that is healthy and balanced, that is informed and empowering, and that allows you to find and express intimacy, joy, and pleasure in your life.

So, make a choice to do just that. That choice alone nearly guarantees that every other sexual choice you make will be a good one.

Maybe you picked up this book because at some point you felt that you wanted to begin exploring your sexuality, or because you felt that you couldn't get away with ignoring it any longer. Maybe someone else gave you this book because you've asked about sex, because you're at an age when you are likely to be asked, or just because they're a cool person who loves you to bits and wants you to have all the sexuality information you might need when you do want or need it.

No one person, group, or book can—or should—tell everyone what choices are right for them, because there is no one right set of sexual choices for everyone. What is absolutely right for one person can be absolutely wrong for someone else. Only you can find out what your sexuality should be like, and define it accordingly.

What this book can do is to give you a solid foundation of information so that you can make those choices more soundly for yourself. I may be something of an expert when it comes to general young adult sexuality, but the only person who is an expert when it comes to your sexuality is you.

There's no one right way to use this book. You might find that some parts of the book are more useful to you than others, that you're already past some of it, or that some of it isn't information you need just yet. (You might feel ambivalent about some parts of it, or even feel a little scared, weirded out, or overwhelmed by it now, and that's okay, too.) Some parts may be more useful to a sibling, friend, or partner than they are to you. Some of what's addressed may be within your personal experience, some may be outside it. The information in here might be something you want to digest and process alone, or you might want to use it to initiate or further discussions with friends, partners, or family. It should give you a whole lot of answers, and it should also give you some new questions. However you use it to help you make choices that are best for you at any given time is the right way.

My wish is that this book will help you to enter into or continue your sexual life gladly and comfortably—and with as much empowerment and support as possible for what's best for you. It's intended to help *you* spell out what *your* sexuality is and what *you* want it to be.

If I have any agenda, it isn't for me to be the expert. It is for *you* to be the expert, for you to have a healthy, happy, and fulfilling sexual life that is great for you and for everyone else in it, because that's not only the right thing for you, but the right thing for all of us.

2

your body: an owner's manual

■ WHAT IS “SEXUALITY”? ■

SEXUALITY ISN'T TECHNICALLY “adult,” or something that pops out of the blue when anyone reaches a certain age: it's been with all of us from day one. When as infants we comforted ourselves by sucking on our thumbs, by nursing, by touching our own bodies, even our genitals, we were experiencing our sexuality, even though infant sexuality is very different from adult sexuality. When as children we enjoyed the smell, the feel, and the sound of things, when we learned about the world by putting everything we could grab into our mouths, when we peeked in underpants other than our own and asked about our parents' bodies, we were experiencing some of our sensual and sexual nature and curiosity. When we played doctor, experienced our interest in being physical with others, when we masturbated or examined our own bodies, began getting crushes on peers or adults, when we started to become more and more curious about sexuality, our soon-to-be-adult sexual selves were developing.

Sexuality isn't just about your genitals. It is a mix of many different things—of physical, chemical, emotional, intellectual, social, and cultural aspects—and that mix is different for, and unique to, everyone.

Our physical and emotional development from children into adults substantially changes our sexual wants, needs, and identity. By the time we're well into and finished with puberty, our bodies are fully capable of healthy solo or partnered sexual activity and reproduction—whether or not our emotions, minds, and goals agree or are in alignment.

- **Physical:** The development, health, and function of our sexual organs and reproductive system, the brain and nervous system (the big drivers of sexual arousal and function), and the whole of the body.
- **Chemical:** AKA hormones, which take the blame for a lot of hasty or poor sexual choices—choices there seems to be no other way of accounting for, as in, “Those dirty hormones made me do it!” Sex hormones include testosterone, the big chemical libido driver, and estrogen, but there are also others that take part in sexuality, like adrenaline, serotonin, oxytocin, dopamine, and endorphins.
- **Emotional and intellectual:** Feelings, values, and ideas about sexual anatomy; sexual self-image issues such as body image, gender, sexual orientation, and relationships; masturbation, sexual activity with oneself, and partners. The emotional and intellectual side of sexuality concerns the ways all of those drive us sexually, and the way we feel about ourselves, our sexuality, our sexual choices, and our sexual relationships.
- **Social:** Sexuality in the context of our relationships—with partners, friends, family—and the influences those relationships have had and have now on our feelings about our sexuality, our sexual wants and needs, and our sexual choices with others.
- **Cultural:** How the rest of the world—including peers, as well as local and larger communities, like the government and the media—views sexuality. The messages it gives overtly and covertly, what it allows and disallows, what it idealizes or punishes, the effect and influence it has on us, consciously and unconsciously. Where and how we fit within cultural attitudes toward, approaches to, and presentations of sexuality, in terms of our own sexuality, sexual identity and ethics, body image, gender identity, orientation, and relationships.

LET’S TALK ABOUT SEX

“Sex” is often used to mean heterosexual intercourse or partnered sex. But what the word “sex” *really* refers to is the categories into which a species is divided, by the appearance of the external sexual anatomy, and more accurately, by chromosomal structure. This usually refers to the binary (or two) categories male and female.

The basic aspects of human sexual development and anatomy differ for different biological sexes: for the male and the female. So, before we get started talking about the stages of puberty, it’s helpful to know where we stand when it comes to our gonads.

We are sexed at birth by visual examination of the genitals, but the most accurate way we are sexed is via the chromosomes in the nucleus of every cell. Sex chromosomes determine what kind of genitals and internal reproductive system we have, but they also guide the endocrine system as it generates sex hormones and other chemicals.

The classic sex chromosome pattern for males is called XY (because that’s what they look like under a microscope), and for women, XX. So the difference between men and women, chromosomally, is the Y chromosome.

Most of us can go through the following chapter with a pretty easy understanding of which parts apply or applied to us. If our sex wasn’t obvious enough before puberty, it usually becomes all the more so once it begins.

did you know... ?

There are also other chromosomal combinations, though they’re far more rare than XX and XY. There are sex chromosome structures like XO or XXY, XO/XY, and XYY, and there are individuals with even rarer patterns. Those with such genetics are known as intersexed. Some intersexed conditions are Klinefelter’s syndrome, androgen insensitivity syndrome, adrenal hyperplasia, Sawyer’s syndrome, and Turner’s syndrome. These can occur in as many as one in every thousand to twenty thousand births. But, because reports of intersex are often based on ambiguity in genital appearance, which doesn’t always occur to intergendered or intersexed people, and because many of us will never have our chromosomes investigated, it’s hard to have accurate figures.

While many intersexed people’s bodies at birth look like anyone else’s, some intersexed and intergendered people are born with what are commonly called “ambiguous” genitals—those that cannot easily be typed as male or female. Many infants born with ambiguous genitals have been given surgery at birth or nonelective hormone therapy to “correct” the variation, rather than simply accepting it as a normal variation, which is what intersex is. Some intersexed people, at a certain age, may want surgical or hormonal adaptations, but plenty may not. Those who had corrections done at birth or in early childhood, or those who did not have ambiguous genitals, may not even be aware they are intersex, though they may have a feeling that there is something different about them.

As growing and grown people, intersexed individuals may look slightly different than we’d expect someone sexed a certain way to look, but most look like anybody else, with differences that are very subtle or none you can see at all.

If you suspect you may be intersexed—either in terms of your sexual development, fertility, or general appearance, or if you’re experiencing what seems like a serious delay in the onset of puberty, or if you just have a profound feeling that your sex doesn’t “fit” you, talk to your doctor. Intersexed conditions often don’t require any sort of medical treatment, but it can be important for intersexed people to know, both in terms of fertility, if that’s a priority, and in terms of forming their own identity.

Puberty

Puberty doesn't start and end with breast growth and getting a period, or with a voice that has deepened. During puberty, the entire body goes through growth spurts until it completes its maturity in bone mass and overall size and shape, and the sexual organs and secondary sexual characteristics also finish their basic development.

On average right now, puberty begins for girls between the ages of eight and eleven, and for boys, usually between the ages of ten and fourteen. In some girls, puberty might begin as early as age six; puberty is currently considered to be "precocious," or early, if it begins before the age of eight for girls and nine for boys. Puberty is currently considered to begin late if NO sexual development has occurred for girls by the age of thirteen, or for boys by fourteen. No matter when puberty begins, most men and women are finished with puberty by the time they're in their twenties. Overall, the entire process—when it starts and ends—tends to occur in a similar order for everyone.

basic stages of puberty in girls and young women:

- **Breast development:** The first part of puberty for girls is most often initial breast growth, called "breast budding," because the growth starts with small lumps just under the nipples (and not always at the same time; sometimes one begins before the other). Breast development includes changes in the size and shape of the areola, or nipple area, as well as the rest of the breast.
- **Vaginal discharges:** At or around the same time as breast budding, vaginal discharges will become apparent. As a woman gets further into puberty, or after she becomes sexually active, it's common to become far more aware of what's going on down there, so if you've just noticed discharges, it's likely nothing new.
- **Body hair and pubic hair growth:** After breast budding, pubic hair and other body hair will usually begin growing. For some, pubic hair may appear before breast growth.
- **Menarche:** Usually about two years after breast budding, the menstrual cycle begins, starting with first ovulation and then with the first period, called menarche. Menstruation may be delayed if a young woman is underweight, malnourished, overexercising, excessively dieting, or experiencing an eating disorder.
- **Body size and shape changes:** The body will both grow taller and change shape. By the time a woman has her first period, the peak growth in terms of height and bone mass is usually complete. It's normal during puberty to be gaining weight, to be eating more than before and probably more than after puberty. It's also normal for the shape of the body to feel a bit disproportionate sometimes, which is one reason why teen body ideals should not be based on adult bodies.

basic stages of puberty in boys and young men:

- **Penis and testicles:** Puberty in boys commonly starts with testicular growth. During the whole of puberty, the penis and testes will grow to their adult size. It's common for the length of the penis to grow faster than the width of the penis, and for testicle growth to start before penis growth. Growth of the penis and testicles often is not complete until the end of puberty.
- **Growth spurts:** Because puberty starts later in boys, it's normal for young men to be shorter than their female friends of the same age, for a while. Through puberty, men become taller, muscle mass increases, and, as with girls, it's normal to be gaining weight, and normal to feel out of proportion at times. While men don't develop breasts, it is also common to experience nipple swelling, and larger young men may see some breast development, which is normal.
- **Erections:** While even infants can get erections, during puberty, they often occur frequently and involuntarily—something that is a source of embarrassment for many young men, but is completely normal. Most men get erections several times a day, and young men often get them even more regularly. Plenty of times, it isn't about sex or arousal; it can happen due to friction, temperature changes, and hormone fluctuations. Every erection does not mean a guy wants or needs sex right at that moment, and sex or masturbation isn't required to make an erection go away. They can just be waited out, and will pass in a relatively short amount of time.
- **Ejaculation:** When ejaculation begins—well after the ability to achieve erection—it's typical to have "wet dreams": ejaculation that occurs while sleeping, due to sexual dreams, high levels of semen accumulation, stimulation from sheets and blankets, and/or having a full bladder. First ejaculation is sometimes called "spermarche," just like a woman's first period is called menarche.
- **Body and pubic hair:** Pubic hair—around the base of the penis, as well as on the thighs and around and between the buttocks—is usually the first adult body hair to crop up, and continues growing around the anus, buttocks, and legs. Growth of underarm hair usually follows, and chest and facial hair often develop last, sometimes even after the end of puberty. For some men, body hair is sparser than others: for instance, many fully-developed men have little to no chest hair at all.
- **Voice changes:** During puberty, the male voice deepens, and may go through stages of being all over the place. At times, men may experience voice cracking or croaking.

It's normal and common for anyone to feel awkward or to have body image issues during puberty. People gain weight as a necessary part of puberty, and that can be hard in a culture where thinness is idealized. Acne, voice changes, body hair, various stages of breast development (or slow development), unwanted erections for young men and the unexpected arrival of monthly periods in young women can all be sources of body image woes. Adults and peers, often without even realizing it, may call unwanted attention to your changing body. A parent may feel a daughter needs a brassiere before she wants one (if she ever wants to wear one at all), or may inadvertently make public a son's wet dreams—and things like that can

seriously up the social discomfort of puberty.

in both men and women:

Skin changes: As everyone goes through puberty, it's normal for the skin to become oilier, and for perspiration and body odor to become stronger because hormones are shuttling through the body at higher levels than before. Adolescent acne (pimples and zits), suck as it may, is as common as the sun in the sky.

Our bodies feel pretty simple during childhood. We don't have to worry about body odor, acne, wet dreams, or menstruation. Sexual feelings and maturation, and the attention from others that comes with those things, can be big-time uncomfortable. Plenty of folks going through puberty have times when they truly hate their bodies, or feel that certain developing parts—like breasts, pubic hair, or erections—are gross, and feel ashamed of them. Some may even wish they could avoid becoming adults altogether, physically and otherwise. The ideas other people have about young adult bodies as they're developing can be hard to deal with sometimes: like insistence you should be excited about development that doesn't thrill you at all, or that you should hide things you either really can't or don't want to hide.

There are other added stresses for teens who start developing either far earlier or later than most of their peers. Late bloomers may feel like babies—be treated like them—compared to their friends or siblings. Early developers may find themselves the center of a lot of unwanted or inappropriate sexual attention or teasing. Since boys start puberty later than girls, and many girls aren't aware of that, boys may encounter expectations of sexual development or desire from their female peers that they don't feel ready for yet, or don't want at all.

Puberty is unavoidable, and there's no healthful way to curb certain parts of it. Excessive dieting, for example, in an attempt to prevent normal weight gain or breast development, or to try to make menses stop, is only going to make you sick. You also can't make it hurry up by using herbal supplements or hormones, by weight training, or by behaving in certain ways.

Puberty has its own timetable for everyone, and no matter what you do, it's going to stick to that individual schedule. But puberty is also temporary: it does end, and you only have to go through it once.

■ WHAT'S UP DOWN THERE? ■

Male and Female Sexual Anatomy

Quick: what's the name for the external female genitals? The vagina, right?

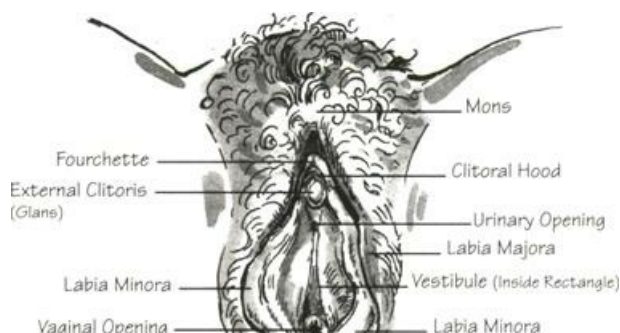
Bzzzzzt. Nope.

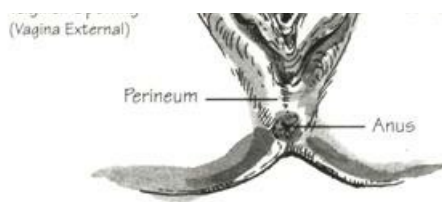
Even if you think you know all about sexual anatomy-yours or that of the opposite sex-you might be surprised to find that even some of the most basic things you've learned aren't accurate.

So, what's the name for the external female genitals?

■ FEMALE SEXUAL ANATOMY: ■

From the Outside In





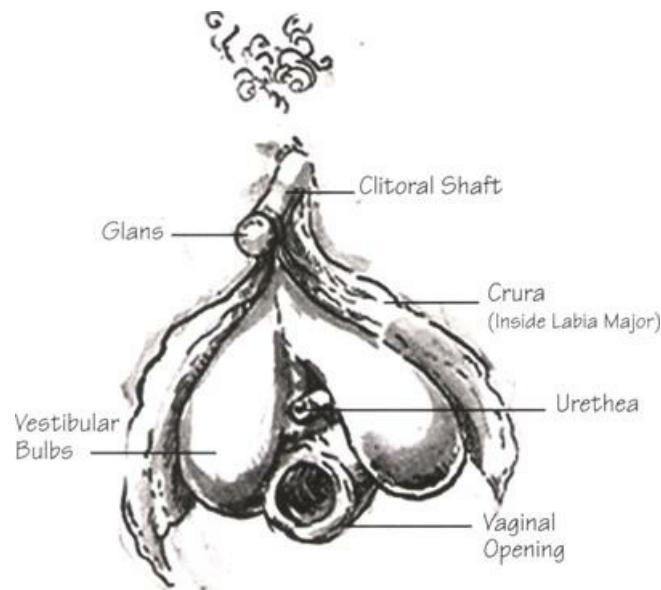
Vulva is the name for the external female genitalia. *Cunt*, *pussy*, *fanny*, *twat*, *coochie*, *muff*, and *snatch* are some common slang names for the vulva.

The vulva begins with the *mons*, a fatty area of skin below the lower abdomen, where most of the pubic hair is. The mons continues downward, to form the *labia majora*, or outer labia (Latin for lips). The mons and outer labia are skin like that on our arms and legs, rather than the mucous membrane of other parts of the genitals. The size of the labia majora varies a good deal among women, as does the flatness or puffiness of the mons, depending on body size and shape, and on bone structure, as the pubic bone is just beneath the mons. (If you've ever been horseback or bicycle riding for a long time, you know exactly where your pubic bone is, because it can feel mighty sore afterward.) And it's normal for the mons to be a bit puffier for teens than it is in fully grown women.

Between the labia majora, you may see the *labia minora*, or inner labia, peeking out. Because the length of the inner labia varies a lot—not just between women, but between one woman's own pair—some women's inner labia will peek out even when her legs are closed, and others will have shorter inner labia that aren't visible unless the legs or outer labia are spread open. The inner labia are made of mucous membrane, contain sebaceous glands and sensory nerve endings, and tend to look a lot like flower petals or two little tongues. They can vary a lot in color, from pink to red, brown to violet. Many women have asymmetrical labia minora, with one labium longer than the other. The labia minora also aren't very uniform in shape—some may have ragged looking edges, and that's normal.

The inner labia are important: not only do they help to keep bacteria and other ickies from getting into the *vestibule*—the area between the inner labia, which houses the clitoris, urethra, and vaginal opening—they're also connected to the clitoral hood, so they play a part in genital stimulation and sexual arousal.

Clit Lit



Just inside the vestibule—beneath the *fourchette*, where the inner labia connect—is nestled the visible part of infamous *clitoris* (sometimes called the *clit*). Beneath the clitoral hood (a little skin fold), is the *glans*, or the tip of the clitoris, often mistaken for the whole of the clitoris. If you explore your own clitoris with your fingers, you'll usually feel an intense tingle or a tickle. Pressing down on it, you may be able to feel a firm portion that is the *shaft* of the clitoris. The clitoris also has little "legs" inside the body, called the *cnira*, which run down the sides of the vulva, inside the labia majora. There is one more portion of the clitoris, the *vestibular*, or *clitoral*, *bulbs*. Those are also internal, beneath the inner labia, and surround the vaginal opening (the bulbs—which are erectile tissue, much like the penis—and the crura can provide some clitoral stimulation during vaginal sex). You can see, then, that the clitoris is a *whole* lot bigger than she looks. The whole of the clitoris is similar in size to the penis.

The clitoris is usually the most sensitive spot of the vulva. In fact, the tiny glans of the clitoris alone has more sensory nerve endings than the penis or any other part of the human body—and it is the only organ of the human body whose **ONLY** purpose is to provide sexual pleasure. It's attached to ligaments, muscles, and veins that become filled with blood during sexual arousal and contract during orgasm.

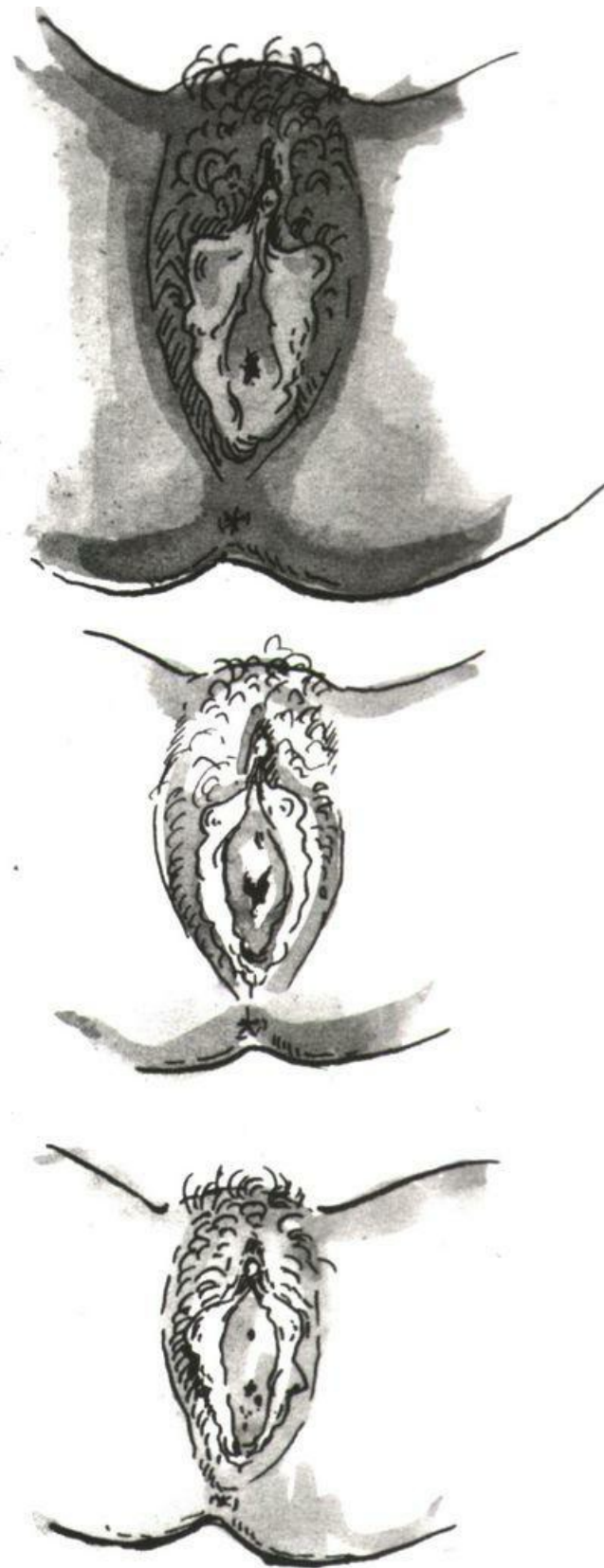
The clitoris is the area that most women give the most airplay during masturbation, and what most women like to have stimulated during oral or manual sex (sometimes called *fingering*) and during intercourse. Because of differences in sensitivity, preference, and tolerance, women differ in how and where they like the clitoris touched.

Right below the clitoris is a little dot or slit, which is the *urethral opening*, the door from the *urethra*, where a woman urinates (pees) from. You may or may not be able to see it easily, especially since it's so tiny. Just inside the urinary opening, and on the upper wall of the vagina inside, are glands called the

not be able to see it easily, especially since it's so tiny. Just inside the urinary opening, and on the upper wall of the vagina inside, are glands called *Skene's glands*, or *paraurethral glands*, which drain into the urethra. The male equivalent of the Skene's glands is the prostate gland.

Below that is the *vaginal opening*, the opening to the *vagina*.

Some hymens look like ..



Around the vaginal opening, there may or may not be a *hymen*.

It's a pretty safe bet that all women are born with hymens, and before puberty, barring injury or sexual assault, the hymen usually covers the vaginal opening completely or partially. It isn't a full seal, as it contains small holes and perforations called *hymenal orifices*, the size and shape of which vary widely. After puberty starts, estrogen, menstruation, and physical and sexual activity start to wear the hymen away. When someone talks about "popping cherry," they are referring to the hymen. Really, hymens are rarely "popped" or "broken." Instead, they simply wear away, often gradually and without much

notice, especially since the hymen doesn't have any sensory nerve endings in it. Some young women who experience pain or discomfort during initial vaginal entry or intercourse may be feeling hymenal micro-tearing or stretching, which can put pressure on the parts of the vaginal opening the hymen is attached to, and these parts DO have plenty of nerve endings. That's normal, and it's just as normal NOT to feel pain or discomfort—or for the hymen to be stretchy enough or worn away enough by that time so that it's not in the way at all. (Pain and discomfort can also happen for different reasons altogether; for more on pain or discomfort during vaginal sex, see page 160).



Even after the hymen has been worn away, little folds of tissue from it often remain just inside the vaginal opening.

Below the vaginal opening, there is an area of skin called the *perineum*. That leads to the *anus*, the external opening to your *rectum*, through which bowel movements pass.

Life on the Inside

If you slide your finger inside the vaginal opening (whether that's into your own vagina or someone else's), you're in the *vagina*. The vagina is the muscular tube between the external genitals and the internal reproductive system: the cervix, uterus, and fallopian tubes. It's where the action happens during vaginal play or intercourse, and it's where an infant passes through during a vaginal childbirth.

Just inside the vaginal opening are glands called the *Bartholin's glands*. During sexual arousal, these glands may provide some lubrication.

The vagina isn't a passive object. In other words, it DOES things, rather than simply being an empty place that just sits around like a slacker. When nothing is inside it, the walls of the vagina lie together, closed. When something is inserted within it—be it a tampon, fingers, a penis, or a dildo—it can hold whatever it is pretty intensely: it's flexible and muscular! When whatever was inside it is removed, it goes right back to its collapsed, "resting" state. You or your sexual partner can feel that yourself, with your fingers, and you can feel some of the muscles that surround the vagina, the PC—*pubococcygeus* (and if you want to sound like a smarty-pants, it's pronounced pew-bo-cock-se-GEE-us)-muscles, too. If, while urinating, a woman squeezes to stop the flow of urine, those are the PC muscles at work.

The vaginal canal is curved, rather than straight—if you could see it inside in profile, you'd see a soft U-shape from opening to cervix—and there are a lot of different textures within it. On the front wall of the vagina, you may be able to feel a small, spongy or textured area, kind of like the roof of your mouth. That is the infamous *G-spot*, or *Grifetiberg spot*, another potential contributor to sexual pleasure and orgasm.

Female internal reproductive anatomy





Even farther back into the vagina, you might feel something deep inside, sticking out a bit, the edge of which will have a little dimple. This is the *cervix* (Latin for *neck*), and the dimple is the opening of the cervix, the *os* (Latin for *mouth*). The *cervix* is the passage from the uterus to the vagina. There's no reason to ever worry about losing a tampon, a toy, or anything else in the vagina: the *os* is very, very small. The very back of the vagina, slightly above and around the base of the cervix, is called the *fornix*. During sexual arousal, the *fornix* gets larger, or "tents," to make extra room for whatever might be inside the vagina.

Inside the body, the cervix leads into the *uterus* (also called the *womb*), a pear-shaped and muscular internal organ that's about four centimeters thick and about eight centimeters long. The uterus is the area of the female sexual anatomy where a fetus develops and grows. The lining of the uterus, called the *endometrium*, builds up every menstrual cycle to prepare for a fertilized egg, and this is what a woman sheds each cycle when she does not become pregnant and has her period.

On either side of the uterus is a *fallopian tube*. Eggs travel through the fallopian tubes, also called the oviducts, to get to the uterus. Fingerlike structures called *fimbriae* at the end of the fallopian tubes sweep the eggs from the ovary into the tubes. At the end of each fallopian tube is an ovary, which both stores and releases eggs, or *ova*, one at a time during each menstrual cycle (though some women may ovulate more than once in a cycle, and women may also sometimes release more than one egg at a time). The ovaries produce the hormones estrogen and progesterone, which are responsible for the development of sex characteristics, but also keep the genitals flexible, elastic, and lubricated and help keep the vaginal lining healthy. Some estrogen is also produced by fat tissue.

honorably discharged

VAGINAL DISCHARGE and secretions are a normal, healthy part of the female reproductive system and reproductive cycle.

The vagina is a passageway between the outside of the body and the internal reproductive system. The pH balance of the vagina is acidic, with "good" bacteria that help keep infections away. The vagina is a self-cleaning organ. Secretion is its way of cleansing and regulating itself, in the same sort of way that secreting saliva helps keep our mouths clean and healthy. So, while we need to wash the external genitals, there's no need to try to clean inside the vagina with soap or douching. It does it best all by itself!

Normal vaginal discharge:

- Can be clear and thin—that sort of discharge usually occurs around ovulation, and vaginal secretions during sexual arousal also tend to have this appearance and consistency.
- Can be white or slightly yellowish and thick, much like the consistency of school paste. This sort of discharge tends to occur during less fertile times of the monthly cycle.
- Often has a mild but not a strong or unpleasant odor.
- May have a brown or reddish tint just before or just after menses.
- Will appear on underpants, around the vaginal opening, and/or on the inner labia a lot of the time.

Normal discharge is just that: **normal**. It's nothing to be worried or embarrassed about, there's nothing wrong with it, and you need it to stay healthy. During times when vaginal secretions are especially profuse, or more "wet" than at other times, some women feel more comfortable using a washable disposable panty liner, but there's no need to do that if you don't want to: your underpants are more than absorbent enough to handle most normal vaginal secretions.

Bacterial, yeast/fungal, or sexually transmitted infections (STIs) can create changes in the amount, consistency, color, or scent of vaginal discharges, and when in doubt, ask your healthcare professional. For more information on general vaginal infections, see page 194, and for information on STIs, see chapter 9 and Appendix A.

The hormone testosterone, which is partially responsible for libido, or sexual desire, is also produced in the ovaries (and by the adrenal glands elsewhere in the body).



Oocytes **OOCyte**—the name of ova, or eggs, before they are released—aren't created every month, but are all lying in wait by the time puberty begins, around a half-million of them. They then mature, one at a time, in one of your two ovaries randomly, and will continue to be released until menopause, when you're around fifty. If you do the math, you'll find that a whole lot of them that never see the light of day; that's because, during each cycle, about

a thousand of them naturally degenerate, and the cells are just absorbed by your body. There are ova still remaining at menopause, so no one is likely to “run out” of ova before then.

The Menstrual Cycle. Period.

The menstrual cycle isn't just something that happens when a woman is on the rag. Periods are only one part of a complex hormonal, physiological, and emotional fertility cycle that takes place about every month, and some parts of it have effects on women every single day.

The menstrual cycle is divided into three phases: the menstrual phase, the proliferative phase, and the secretory, or luteal, phase.

Every monthly cycle is considered to begin on the first day of each menstrual period, starting the **menstrual phase**. A menstrual phase, or period, might last anywhere from just a couple of days to around seven days, with both light and heavy flows. During a period, there may be days when there seems to be no flow at all, and then it reappears the next day. It is also normal to find that vaginal discharge, which may be scanty or thick during menstruation, has a brownish hue a couple of days after the end of a period, because it is carrying slight residue from the previous days. On average, menstrual flow is only about 35 percent blood. The rest of its contents are endometrial tissue and other vaginal and cervical secretions, so it's perfectly normal to sometimes see globules rather than simply liquid.

The next phase is the **proliferative phase**. In a section of the brain called the *hypothalamus*, substances are produced and released that travel down to the pituitary gland and stimulate it. The pituitary then releases two hormones: *the follicle-stimulating hormone* (FSH) and the *luteinizing hormone* (LH). They create changes that cause an ovum to mature and be released. It is at the end of the proliferative phase that this occurs, and a woman ovulates: the egg is released from the ovary and begins its slide down to the uterus.

The majority of women are most fertile during the end of the proliferative phase and the start of the secretory phase; sometimes the time just before and during ovulation is called the **ovulatory phase**.

Right at ovulation the **luteal**, or **secretory**, phase begins. At this time, the hormone progesterone is produced by the ovary, and this hormone is what prepares the lining of the uterus, the endometrium, to nourish and house an egg, should it be fertilized. During this phase, vaginal secretions will become thinner and more fluid, with a stretchy, egg-white consistency. This happens because that type of mucus provides the best environment for sperm to reach an egg. If an egg is fertilized by sperm and implants on the uterine wall—creating a pregnancy—even more progesterone is released. If there's no fertilized egg, then the level of progesterone drops; it is that hormonal drop, and the shedding of the endometrium—a period—that starts the cycle all over again. It is typical at the end of this phase, before the next cycle begins, for vaginal secretions to be thick, sparse, or pretty nonexistent.

Menses Management

Menstrual flow—only about three or four ounces total over the course of each period—has gotta go somewhere, and there are many options to help women manage menstrual flow. That choice boils down to personal preference when it comes to ease of use, environmental and health concerns, certain situations (for instance, a pad while swimming isn't usually a good option), cost, and availability. When used properly, all of the following methods are safe and healthy. Some women find that combining a few methods works best for them; others feel that one alone does the job.

Pads: Pads are usually the best choice when first starting menstruation, for heavy flow, and/or while sleeping. Disposable pads come in various levels of absorbency, and have an adhesive backing that attaches to underwear. If using disposable pads, avoid any with added perfumes, as these can irritate the vulva. Most pads are a blend of natural and synthetic fibers, but organic, unbleached cotton pads are also available. Some women may experience vulval irritation due to the synthetic fibers, bleaching, plastic backing, or casing of some commercial pads.

Washable, reusable pads are a better choice for the environment and the body than disposable pads. In the long run, they're also much less expensive even though they cost a bit more at the outset. Most are constructed with a cotton outer liner over an inner absorbent core, and come in different levels of absorbency. Some brands have a heavier “filler” you can remove, as well. Some have snaps on little wings that wrap around underwear, and others attach like a pair of underwear, with a little g-string. They are washed for reuse, and doing so is just as sanitary as any other menstrual product. When you wash your underwear, it's clean enough again for wearing—same with washable pads. Menstrual flow is really no different from daily vaginal discharge when it comes to germs. You can find washable pads at most natural foods markets or health stores, and some standard pharmacies have started to carry them, as well. They're also available via the Internet, or you can even make them yourself. See the Resources section for some sources.

Tampons: Tampons are good for swimming, for very active women, for use during special occasions or during outercourse (sexual activities like manual or oral sex), or if you just don't like pads. As with pads, tampons without fragrance or perfumes are healthiest. While menstrual flow, like other vaginal fluids, does have its own scent, the idea that it is a “bad” or foul scent is nothing but a marketing ploy—and at the expense of vaginal health. A woman smells just fine so long as she's good with basic hygiene and changing menstrual supplies often enough. Perfumes aren't meant to be inside the vaginal canal, and

flow chart

IT'S A GREAT idea to keep track of menstrual cycles each month, whether you have to worry about pregnancy or not. The first day of a period, just mal

Sometimes tampons—especially those left in for too long—may separate or shred when removed, and extra fibers may be found coming from the vagina even a week later. While that's nothing necessarily major, if you discover you've got other symptoms, like itching, redness, soreness, extra spotting, headaches, dizziness, or a foul scent, you should see your doctor or gynecologist.

Natural sea sponges: They're reusable, natural, and all you do is soften them with a little water, curl them up, and insert them inside the vagina. To change them, just pull the sponge out gently, rinse it with warm water, and put in a fresh one. At the end of each cycle, sponges can be cleaned by soaking them for a few hours in a cup of warm water with a teaspoon of baking soda, a half-cup of hydrogen peroxide, or a few drops of tea tree oil. Sponges are a good alternative for someone who feels "poked" by tampons, or is looking for an alternative that creates less waste. Natural sponges can be found at most natural foods stores, and should be replaced every few months.

Menstrual cups: Reusable cups have the adaptability and ease of a tampon, but without the waste and the downsides of fibers, or the endless cost. A menstrual cup (like The Keeper or the Divacup, see Resources), may well last your entire reproductive lifetime for one modest payment. Made of gum rubber or silicone, they collect and hold menstrual flow within the cup until you remove it, empty the cup, and reinsert. At the end of a period, menstrual cups are boiled before they're used again. Disposable menstrual cups are also available, but tend to work less well and are far less cost-effective.

Because they collect flow rather than absorb it, they don't disrupt the moisture balance of the vagina, and some users report less cramping than when using tampons. Menstrual cups can often also be used safely for longer periods of time than tampons.

To date, cups have not been associated with TSS. Menstrual cups are often harder to obtain, but as with washable pads, natural foods stores often carry them, and they can be ordered internationally from a handful of online vendors.

For very light flow, for the end of your period, or for someone who just doesn't want to use anything at all—no one has to. Some women have undergarments they keep just for menses, or wear dark skirts; some have special sheets set aside for flow at night so they can go product-less. Doing this generally doesn't work very well for work or school, but there isn't a thing wrong with just letting flow go, if that works for you.

When the Rag's a Drag

Cramps: It's normal to experience cramping just before and/or during a period, generally due to chemical and hormonal changes during menstruation (namely, increased prostaglandin, which decreases blood flow to the uterus and causes it to contract). It also is common for young women to have more painful periods than they will once they're older.

There are many ways to relieve cramps.

Over-the-counter anti-inflammatories, like ibuprofen or another analgesic, are often very effective. Warm baths, beverages, or compresses can be very helpful with cramps. Deep stretching, yoga, other exercise, activity, or self-massage are helpful, and acupuncture can also save the day. Calcium, magnesium, and vitamins E and K, which are usually in a regular daily multivitamin, can be of help with cramping and other menstrual discomforts. Some foods that tend to make cramping and other menstrual discomforts worse are caffeine, processed foods, sugar, salt, alcohol, and dairy products, so it's best to pay special attention to diet and consume light, healthy meals while menstruating. An herbal tea of red raspberry leaf, strawberry leaf, peppermint, and ginger can help minimize cramps and balance cycles (and it tastes nice, too).

Irregularity: The menstrual cycle can take a few years to become regular. It's typical during the first few years of menstruating to go a few months without a period sometimes, or have shorter cycles, or bleeding every three weeks instead of every four.

If periods go missing for more than a couple of months outright, or if after a few years of menstruation they're still occasionally very late or missing, diet and exercise can also be the cause. Not eating enough, being very inactive, or overexercising (more than four hours a day, or running over ten miles a day) can throw a body out of whack, and you may begin to miss periods. Stress can also make you miss a period, and sometimes stress because a woman *thinks* she may be pregnant can actually fool her body into acting like it is, thus causing a missed period. Obviously, if there has been a pregnancy risk and a missed period, a pregnancy test is in order.

PMS: Symptoms of PMS, or premenstrual syndrome, include acne, bloating, feeling very tired, backaches or general body soreness, tender breasts, headaches, constipation or diarrhea, food cravings, mood swings, serious crabbiness or depression, and troubles with concentrating or managing normal stresses. Some degree of PMS is normal, and can usually be managed. Track your cycles so you know when to expect it, and do your best during that time to get plenty of rest and exercise, reduce the amount of sugar and caffeine you're taking in, and take basic good care of yourself. Some women also find that blood-thinning medication, like simple aspirin, helps with PMS symptoms and may reduce cramps at the onset of a period.

Severe effects: If your period produces more severe side effects, such as highly painful and constant heavy cramping (dysmenorrhea), deep abdominal pain, very heavy flow (menorrhagia) or irregular vaginal bleeding during other times in your cycle, heavy-duty acne, strong loss of appetite, very intense mood swings or depression, extensive PMS symptoms—or if you have stopped getting your periods altogether (amenorrhea)—talk to your doctor. Many menstrual maladies can be remedied with the proper treatment or medication, and some may be a result of other conditions, like pelvic inflammatory disease (PID) or endometriosis, which require treatment.

Some breasts look like ...

BREAST BASICS





Post-puberty female breasts are composed of four different things: connective tissue, fat, mammary (milk-producing) glands known as lobules, and lactiferous (milk-carrying) ducts. The breasts sit on the rib cage, over the chest or pectoral muscles, and are connected to the body by ligaments.

There's no muscle in the breast itself. The parts of the breasts that create their size and shape are fat and glands. Between the ligaments of the breast are pockets of fat that contain the mammary glands (lobules), and those lead to the lactiferous ducts.

The area of the breast that is darker and surrounds the nipple is called the areola. Milk ducts behind the areola—about fifteen to twenty of them in each breast—lead to the nipples from the mammary glands, and during and after pregnancy, those glands will produce milk, which comes through the ducts to nourish a baby. There are also glands called *Montgomery glands* within the areola, which can sometimes be seen, and look like little bumps. Most women's nipples protrude slightly (and noticeably when a woman's aroused or cold), but some women have what are called inverted nipples, which turn inward into the breast—a totally normal variation.

Breasts come in a lot of different shapes: some look round or globelike; other breasts may appear more triangular. For women with very small breasts, often the areola and nipple may protrude or have visible shape. Some women have what are called tubular breasts, which have less glandular tissue than other breasts and look a little long and cylindrical. No one breast shape is necessarily more functional or better than another.

Areola size doesn't necessarily correspond to breast size. Women with large breasts can and do have small areolas; women with smaller breasts can and do have larger areolas. It's normal for breast size and shape to differ slightly in one set of breasts. Areola and nipple size, however, tend to be pretty symmetrically matched.

bogus boob stuff

- Bras aren't needed for good health, and there has yet to be any viable data that shows that brassieres prevent breasts from sagging over time. Wearing them is an individual preference based on comfort. For those who like wearing a bra to bed, there's little to suggest that it's unsafe, especially if the bra is soft and flexible.
- There are no supplements or creams on the market that can increase breast size. Using some of them may cause the skin to swell, but not only are those results temporary, but many such supplements contain compounds dangerous to long-term health.
- Cosmetic breast surgery and implants in teens are on the rise. Breast implants, while safer than they used to be, still pose risks such as inability to nurse a baby properly, rippling (wrinkling), scarring, sensory loss, and serious and even life-threatening infections. FDA scientists have found a significant link between silicone gel implants and fibromyalgia, a disorder that causes pain and fatigue in the muscles, tendons, and ligaments. According to the FDA, 43 percent of all implant patients have complications within just three years of surgery. The BBC reported in 2003 that scientists at the University Medical Centre in Utrecht found that suicide rates in women who had breast implants were considerably higher than in the general population. They attributed this to profound self-image problems that implants did not correct. Considering that the cost of breast implants—usually thousands of dollars—can be equivalent to the cost of a full four-year college education at a state school, and that breast implants are not one-time surgeries but require upkeep every few years, even removal or replacement, and all the risks they pose, they're pretty iffy stuff.

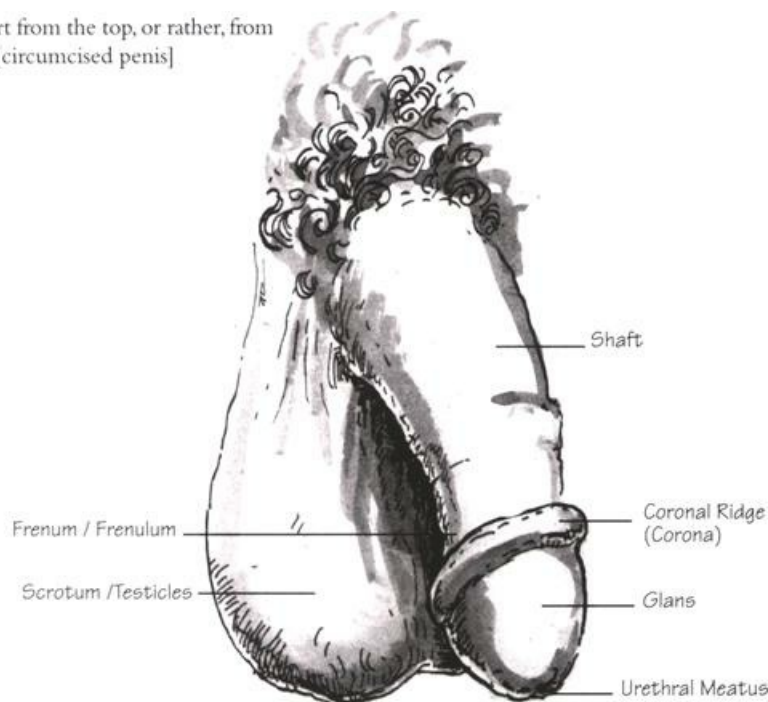
The size and shape of breasts vary so widely because each person's breasts are made up of different amounts of the various sorts of fatty, mammary, and fibrous tissue, and because the individual fat and muscle composition and structure, as well as the hormones in the body (estrogen, progesterone, and prolactin), vary so widely. That's one reason why even in one person, in a given month, breast size can vary slightly, as can the tenderness of the breasts. Most of breast size and shape is determined by genetics, but because genetic combinations are so unique, it's still possible for a given woman's breasts

look nothing like her mother's or sister's.

■ MALE SEXUAL ANATOMY: ■

From the Outside In

Let's start from the top, or rather, from the tip. [circumcised penis]



At the end of the penis—the name for the external male genitalia, not including the testicles and anus, sometimes called the dick, boner, cock, willie, johnson, or schlong—you'll see the *urethral meatus*, or the opening of the *urethra*. All fluids from the penis, including urine, come through the urethra. Unlike a woman's, a man's urethra has both a urinary function and a reproductive one: semen and pre-ejaculate come out through the urethra, too.

The urethral meatus is at top and center of the *glans*, or the head of the penis. The glans is mushroom-shaped, and the ridge along the edge at the bottom of the glans is called the corona, or coronal ridge. On the underside of that ridge, on the side of the penis facing the stomach when erect, is the *frenum*, *frenulum*. For many men, this and the glans are the most sensitive areas of the penis.

At birth, the *shaft*, or area of the penis from beneath the coronal ridge to the base, is covered by a loose tube of skin, called the foreskin. This is attached to the penis in two ways: at the base, and along the length by the *frenar* band, which extends from the frenulum and runs in a long loop within the foreskin.

The foreskin is chock-full of sensory nerve endings, and looks a lot like a little sleeping bag for the penis. When a penis is flaccid—not erect—the whole of the shaft and glans are covered by the foreskin. When erection occurs, the foreskin retracts: it slides backward down the shaft of the penis, so that the glans and some of the shaft are visible outside the foreskin. When an intact (uncircumcised) penis is erect, the foreskin essentially blends in with the shaft, so it's generally easier to see the difference between circumcised and uncircumcised penises when they're flaccid. The foreskin should slide and retract comfortably both by itself, with the hands, or during sexual activity; if you've got a foreskin and yours doesn't do this, check in with your doctor, as most infections and conditions that cause foreskin problems are easily treatable.

Intact penises are self-lubricating to allow the foreskin to move comfortably along the shaft (though men with foreskins may still find they or their partners want or need additional lubrication). It's normal for *smegma*, a white and waxy substance, to be found beneath and around the foreskin. It's made up of shed skin cells and secretions from glands within the foreskin, called the *Tyson's glands*, and the glands of the testes. Basic gentle hygiene takes care of most smegma, but it's likely to be present in some amounts at all times, and that's both normal and healthy.

All men are born with foreskins. However, about 20 percent worldwide, and about 80 percent in the United States, have been circumcised: the foreskins were removed, usually in early infancy, due to cultural traditions or the belief that a circumcised penis is healthier. However, in 1999, the American Academy of Pediatrics (AAP) made clear that there is no medical basis for infant circumcision.

Penises with and without foreskins are healthy and hygienic. It's both normal to have one and not to have one.

In men who have been circumcised, the frenulum isn't attached to the foreskin or frenar band, so it may look like a small V-shaped area. Because circumcisions vary, different degrees of the frenulum, and sometimes the frenar band, may remain. On both circumcised and uncircumcised men, a line called the *raphe*, can be seen on the side of the penis that faces downward and that follows through the testicles and down to the anus.

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