

# Sexual Health and Sexual History

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# Objectives

- Understanding the importance of sexual health and why obtaining a sexual history is important
- Describe how to set the stage for obtaining a sexual history
- Learn how to obtain a sexual history

# What this talk will not include

- Contraception (female, male, abortion)
- Sexual dysfunction – etiologies and treatment
- Sexually Transmitted Infections
- Safer sex counseling

# Sexual Health

- A state of physical, emotional, mental and social **well-being in relation to sexuality**; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a **positive and respectful approach to sexuality and sexual relationships**, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the **sexual rights of all persons must be respected, protected and fulfilled.**" (*WHO, 2006*)

# Quote from Dennis Fortenberry MD - ASHA

“Prior sexual health lectures treat sex and sexuality as a set of risk factors that we counsel against. This perspective on sex and sexuality as risk legitimates the stigma associated with STIs and contributes to our society’s poisonous intolerance of sexual diversity. **A sexual health perspective incorporates the concept of personal and epidemiologic risks of sex but recognizes the pervasive importance of sex in our lives.**”



# Health Benefits of Sex

- Lower blood pressure
- Better immune system
- Better heart health, possibly including lower risk for heart disease
- Improved self-esteem
- Decreased depression and anxiety
- Bladder control for women (strengthens pelvic floor muscles)
- For men it may decrease prostate cancer risk
- Increased libido
- Immediate, natural pain relief
- Better sleep
- Increased intimacy and closeness to a sexual partner
- Overall stress reduction, both physiologically and emotional

# Patient Centered

- Patients want to talk to their physicians about sex
  - Survey of 500 men and women, **85%** of respondents expressed an interest in talking to their providers about sexual concerns (Marwick JAMA 1999;281:2173-4)
- Sexual health was rated as “highly important” aspect of quality of life for 62% of men and 43% of women, even for those in poor health (Flynn et al 2016)
- Study of 57-85 y/o found majority of those involved in intimate relationship and consider sexuality to be an important part of life



# Sexuality

- Sexuality encompasses nearly every aspect of our being, from attitudes and values, to feelings and experiences.
- It is influenced by the individual, family, culture, religion/spirituality, laws, professions, institutions, science, and politics.
- Sexuality has to do with the way you identify, how you experience sexual and romantic attraction (if you do), and your interest in and preferences around sexual and romantic relationships and behavior.



# Sexuality

- Throughout the lifespan – Infancy to Elderly
- Sexuality can be fluid throughout someone's life
- Development:
  - gender identity is usually formed in early childhood (2-3)
  - Sexual attraction generally starts in adolescence.

# Sexuality throughout a person's life

- **Childhood**

- **0-2y/o:** no inhibitions around nudity, curiosity about their body including genitals, may touch their genitals including masturbation
- **2-5y/o:** May self stimulate in public or private, consensual and playful exploration with other kids (playing doctor), may ask where do babies come from, curious about adult bodies (may touch breast)
- **5-8y/o:** Potty humor, start to understand gender roles, activities that explore sexuality and bodies may occur with same and opposite gender friends. Self stimulation usually in private
- **9-12y/o:** Puberty begins, increase need for privacy, crushes start, curiosity about adult bodies, social norms around masturbation become clearer



# Sexuality throughout a person's life

- **Puberty-early adulthood**

- When most people begin to explore their sexual identity, orientation, and expression
- Begin to practice managing physical and emotional intimacy (pizza analogy)
- 42% of females and 43% of males aged 15–19 years have had sexual intercourse
- 97% of men and 98% of women over the age of 25 have had sex



# Sexuality throughout a person's life

- **Adulthood**

- Effective communication with intimate partners about sexual needs and likes/dislikes- many people struggle with this
- Fertility concerns: smoking and obesity can compromise sperm quality
- Relationship issues; arrival of children
- Effects of chronic disease and disability on sexual function



# Sexuality throughout a person's life

- Late **adulthood**
  - Menopause: cessation of menses and decrease in production estrogen
  - Andropause: decrease in testosterone
  - Low libido
  - Erectile dysfunction
  - Relationship issues



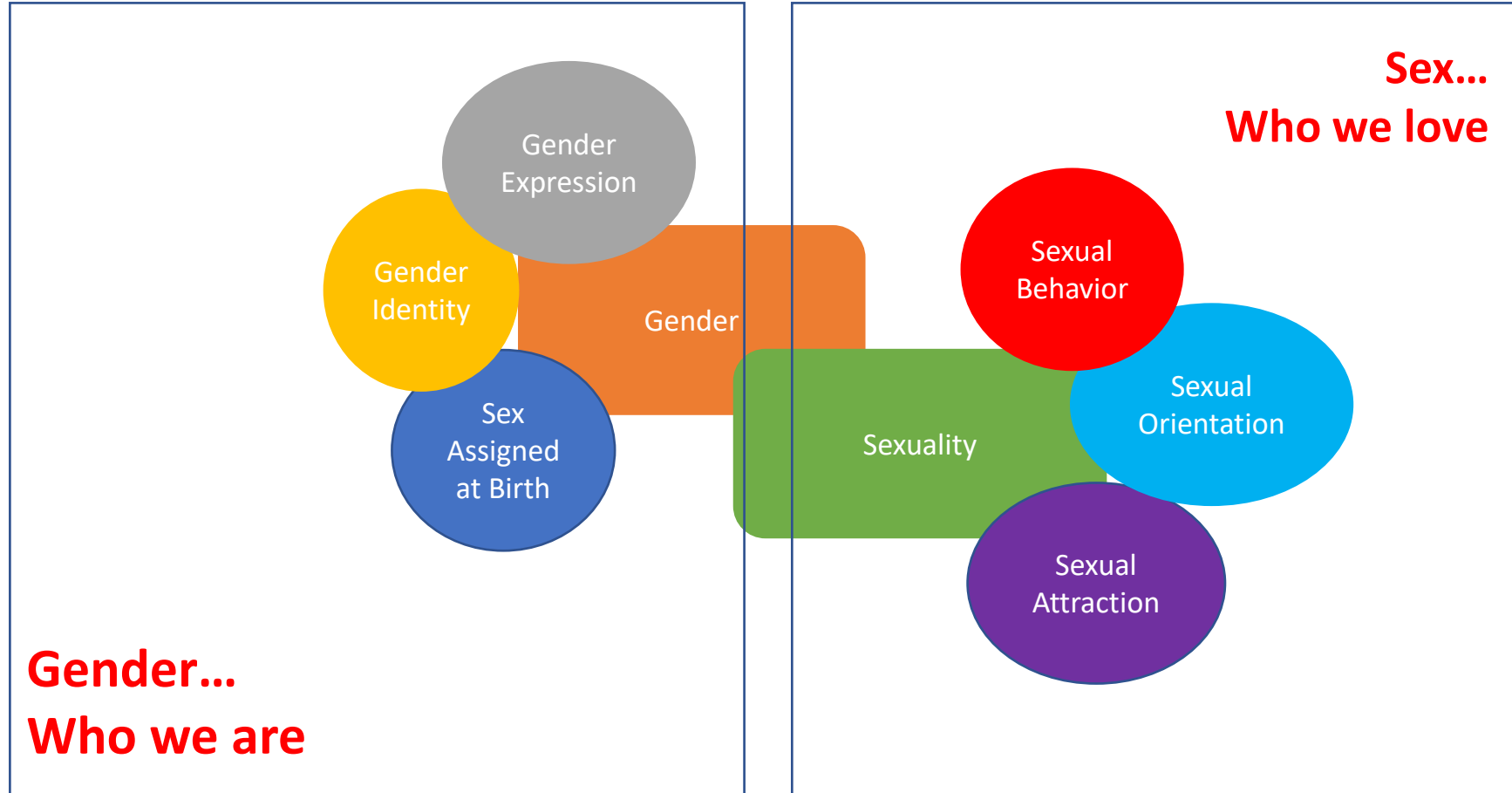
# Sexuality throughout a person's life

- **Elderly**
  - Sexual activity and satisfaction may change
    - People who are more sexually active/have higher sexual interest as younger adults are more likely to maintain these characteristics as they age
    - Sexual intimacy may change from penetrative sex to kissing, cuddling, touching
  - Affected by: patient and partner's health status, relationship duration, feelings of closeness in relationship
  - Perceive sexual health as important to their well-being, but it is infrequently discussed with healthcare providers

# Sexual Orientation

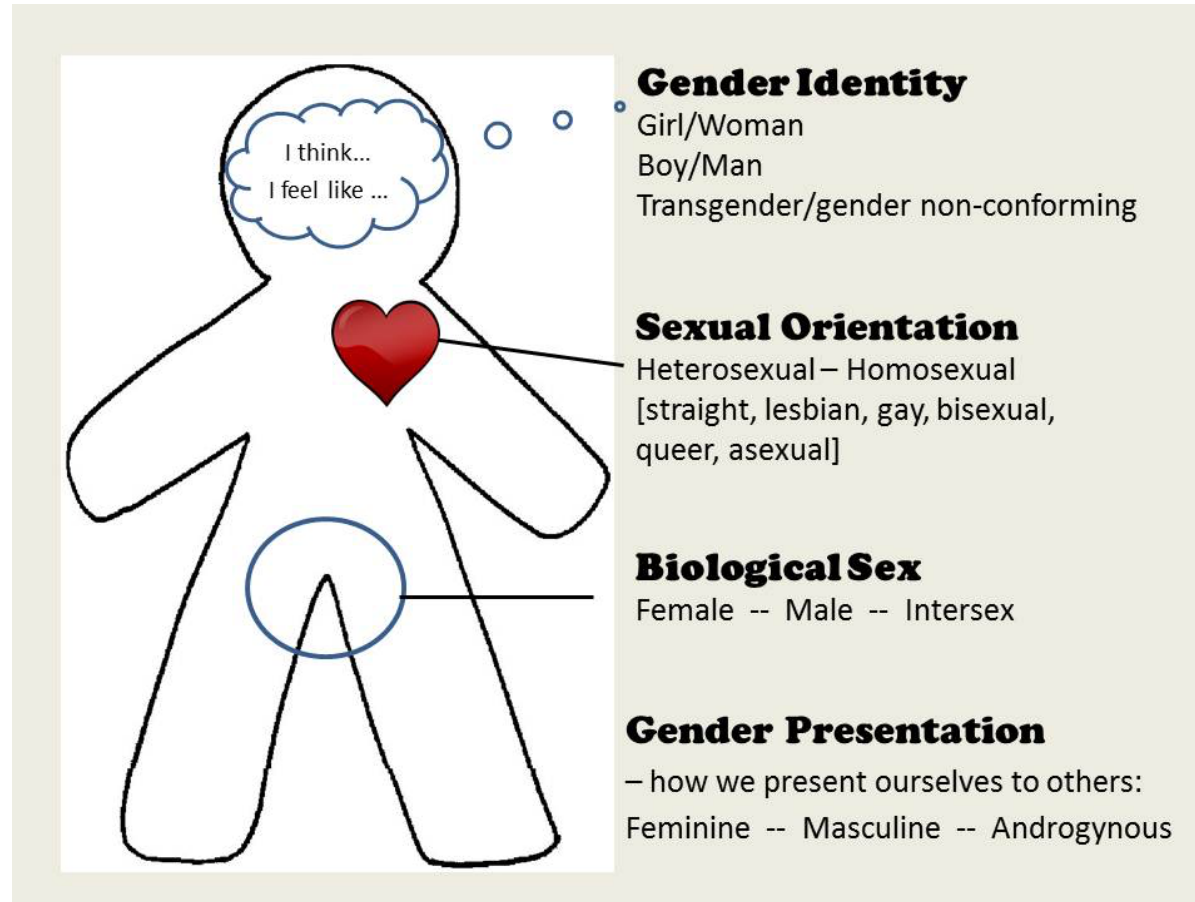
- Sexual Attraction
  - Who you are attracted to
- Sexual Behavior
  - Who you chose to have sex with
- Sexual Identity
  - Label you use to convey to others about your sexuality

Attraction ≠ Behavior ≠ Identity



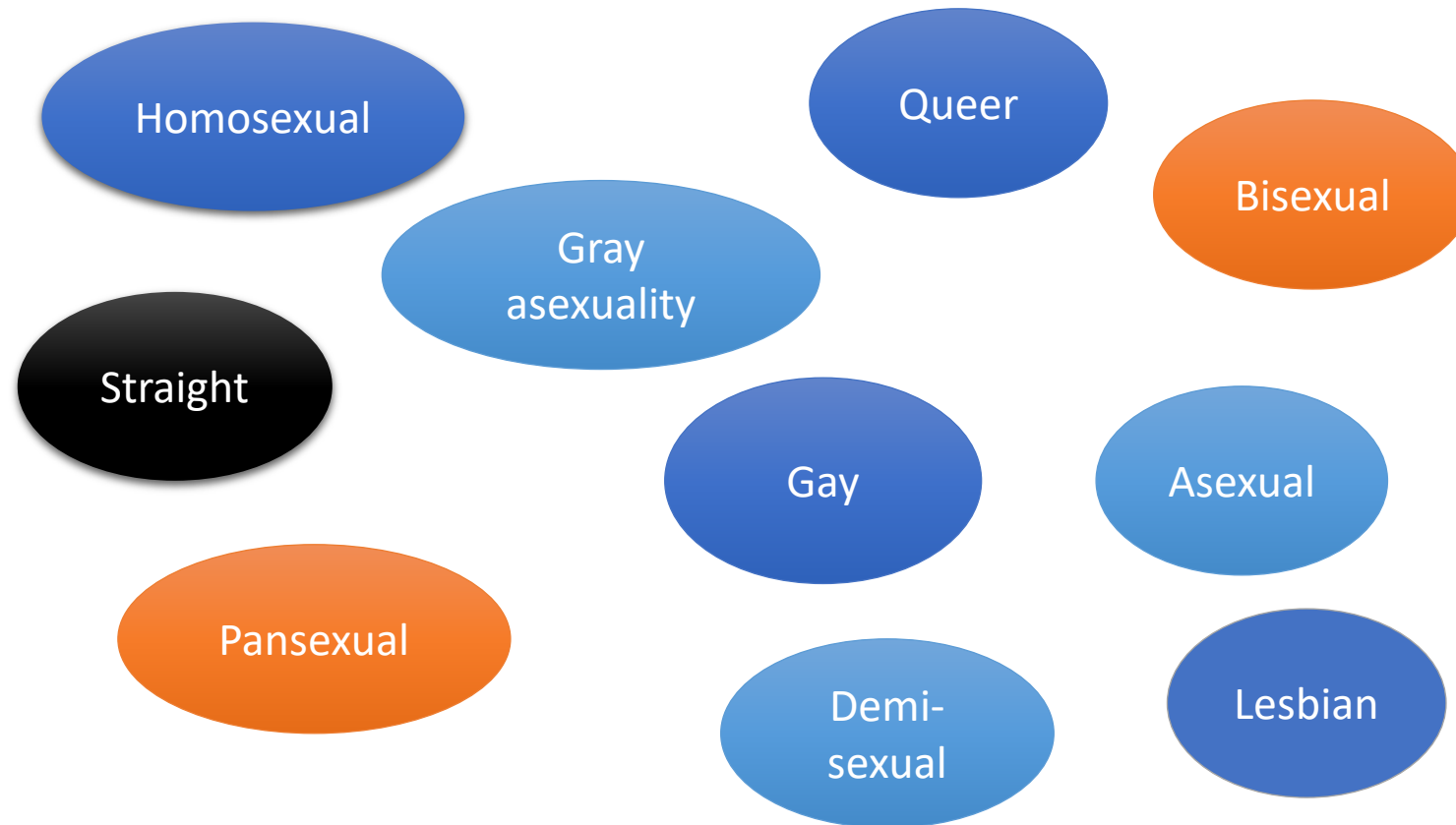
*Michelle Forcier, MD, MPH and Johanna Olson, MD*

# Gender





# Sexual Orientation



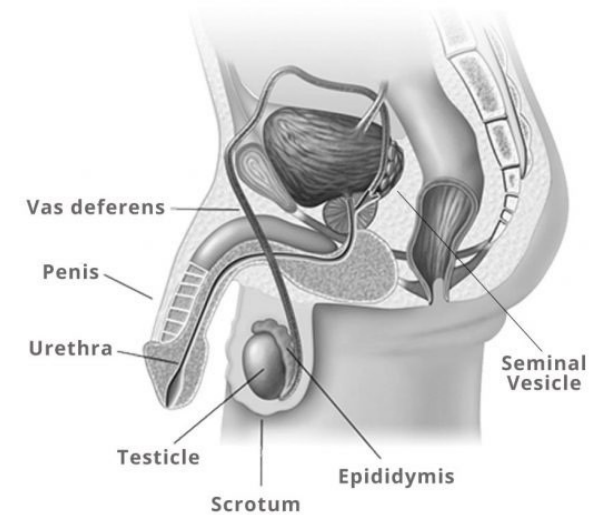
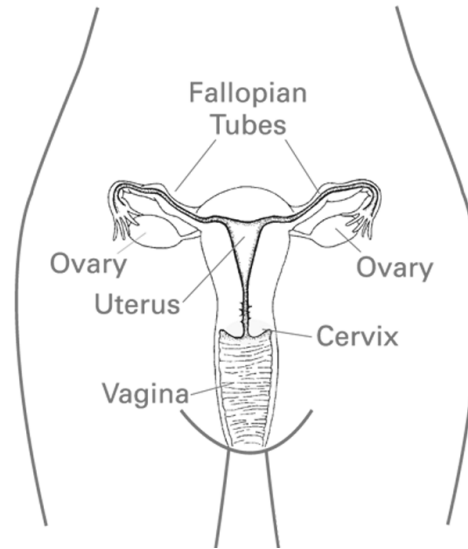
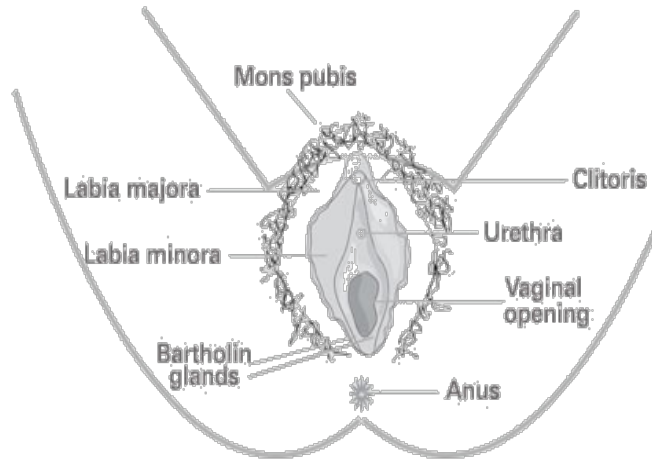


# Trans

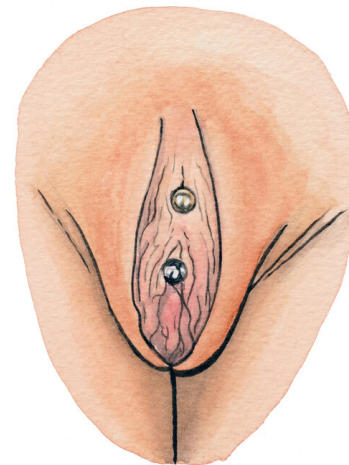
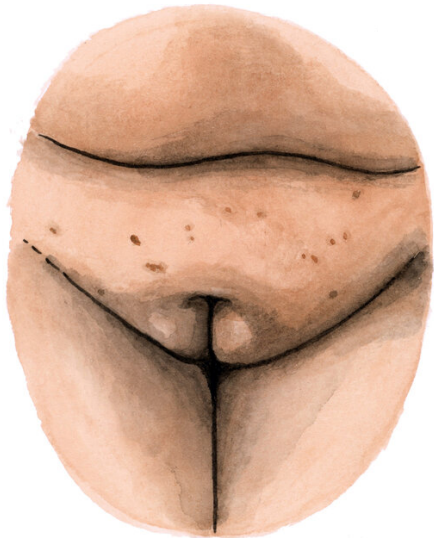
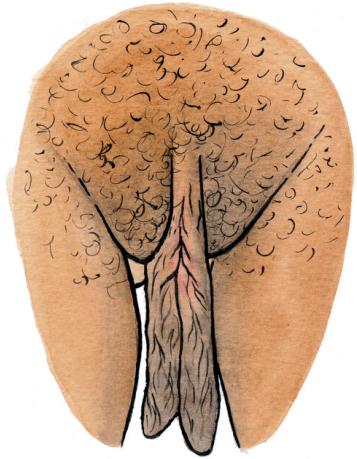
- **Transgender**: individual who feels themselves to be of a different gender than their sex assigned at birth
- **Transexual**: archaic term previously used to describe a transgender person who has undergone genital surgery.
- **Transvestite (cross dresser)**: person who dresses in clothing of the opposite gender and derives pleasure from it.
- **Drag Queen/King**: Individuals, usually in L/G community who crossdress for entertainment purposes and/or to challenge social stereotypes
- **Intersex or DSD (disorders of sex development)**: variety of conditions involving anomalies of sex chromosomes, gonads, reproductive ducts and genitalia
- **GenderQueer (or gender fluid)**: someone who rejects the gender binary and blurs the distinction between male and female

# Terminology

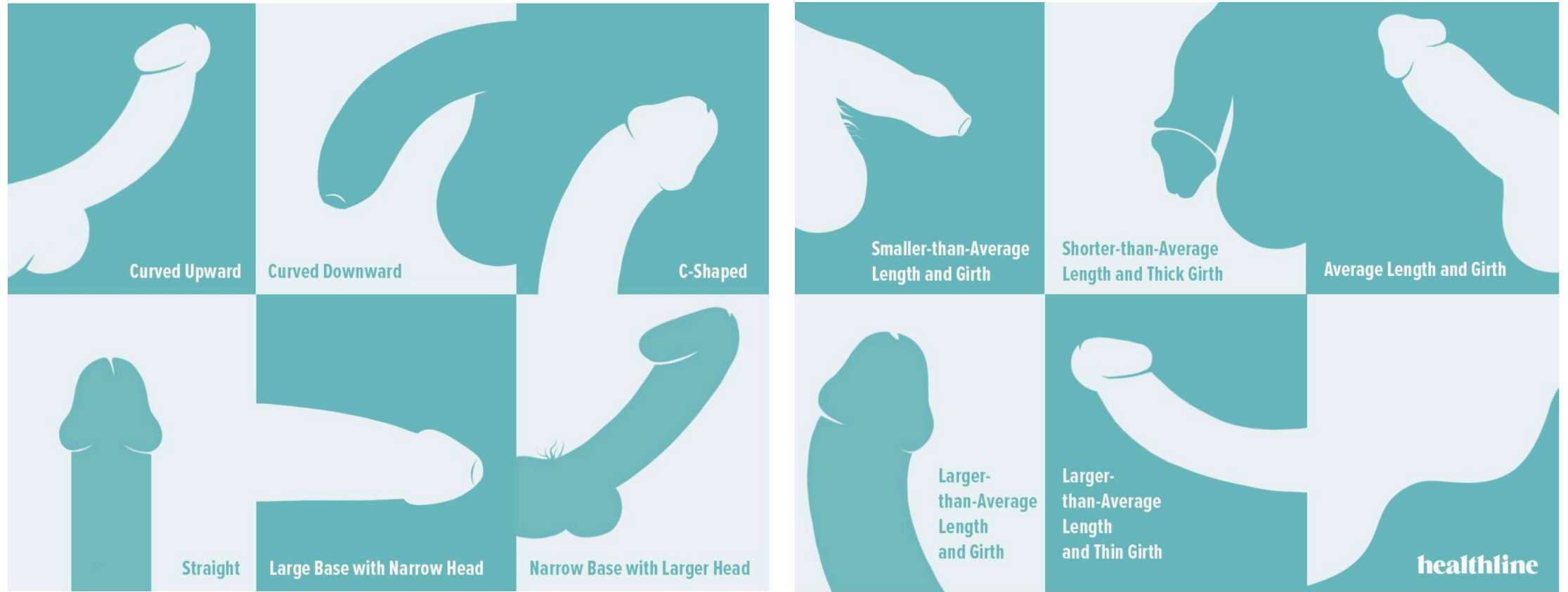
- Makes sure you use the right terms. Know anatomy!
- Variations in external appearance of genitalia are normal



# Variations to genitalia are normal



# Variations to genitalia are normal





# Diversity in Sexual Practices

- Sex can be alone or with another person(s)
- Sex can be within a relationship or out of a relationship
- Many relationship structures:
  - Monogamy – single long term sexual partner or marriage
  - Polygamy – marriage to multiple partners
  - Polyamory – having multiple long term sexual partners
  - Consensual or Ethical Non-Monogamy
- Asexual individuals may be in a relationship. They may also experience other types of attractions.

# Diversity in Sexual Practices

- Insertional intercourse
  - Vaginal
  - Anal
  - Digital penetration
  - Oral
  - Penile
- Oral
  - Cunnilingus
  - Fellatio
  - Oral Anal Stimulation or Rimming

# Diversity in Sexual Practices

- Sex Toys: vibrators, dildos, butt plugs, cock rings
- Role playing: Acting out sexual fantasies, may involve costumes
- Bondage: Sexual practice involving tying up or restraining partner
- Masochism: sexual satisfaction or pleasure from one's own pain or humiliation
- Sadism: Sexual satisfaction or pleasure from inflicting pain or humiliation on others



# Genital Piercings & Modifications



- Male: Prince Albert, Frenum, Apadravya and Ampallang, Dydoe, scrotum (Hafada), perineum (Guiche), Lorum
- Female: Clitoral hood, Labia, Christina
- Pearling: small beads are placed under the skin of the penis

# Sexual Health and Keys to the Sexual History

# How to start the conversation

- **Ask Permission**

- *“Is it okay if we talk about your sexual health and sexual practices. I understand that these questions are very personal, but they are important for your overall health.”*

- **Normalize**

- *“Just so you know, I ask these questions to all of my adult patients, regardless of age, gender, or marital status. These questions are as important as the questions about other areas of your physical and mental health. Like the rest of our visits, this information is kept in strict confidence. Do you have any questions before we get started?”*

# What if patient says “NO”

- **That is okay, respect decision**

- Remind why this information is important and revisit in the future
- Another person they would be more comfortable with (care team member of another gender?)

# Setting the Stage

- **Starts at the front door**
  - does pt feel comfortable
  - intake forms
- **Use open-ended questions**
  - Explore patients' understanding of their own sexual health
- **Be non-judgmental yet direct and specific**
  - Accept patients may withhold information but offer to revisit question
- **Reassure about confidentiality**
- **Avoid stereotypes and assumptions**
- **Read the room.**

# Language to Avoid

- **Avoid asking questions that imply a correct answer**
  - “You always use condoms, right?”
- **Avoid judgmental terms to describe behavior**
  - “wrong” “bad” “promiscuous” “sleep around”
- **Don’t let your beliefs interfere with providing best care**
  - Check your body language and facial expressions



# The 6Ps

# 1

## Partners

- **Tell me about your current sexual relationships.**
  - **Are you sexually active with men, women, or both?**
  - **How do you identify gay, lesbian, bisexual, straight?**
  - How many partners have you had in the last year?
  - Do you feel safe in your sexual relationships? Have you ever felt unsafe or forced into a sexual encounter?
  - Have you ever participated in sex for money, shelter, or drugs?

# 2 Practices

- **What kinds of sex are you having?**
  - Are you having vaginal, oral, or anal sex (top, bottom, both) with your partners?
  - Do you use alcohol or drugs before or during sex?

# 3

## Past STDs

- **Have you ever had a STI like chlamydia, gonorrhea, herpes, warts, syphilis, hepatitis?**
  - If so, when?
  - When were you last tested for STI and HIV?
  - Have any of your partners had an STI?
  - Have you had any partner(s) who are HIV positive?

# 4

## Protection from STDs

- **What do you do to protect yourself from STIs and HIV?**
  - Do you use condoms, dental dams, gloves?
  - Have you been vaccinated for Hepatitis A, B, and HPV?
  - Have you ever been on PrEP?



# 5 Prevention from Pregnancy

- Do you want to become pregnant in the next year?
  - What are you doing to prevent pregnancy?
  - Do you want information on birth control?
- Be careful to avoid assumptions about pregnancy risk or need for prevention
- Do not assume LGBTQ+ patients are not interested in children



# 6 Plan for future sexual activity

- Do you plan on becoming sexually active in the next year?
  - Great opportunity to counsel/educate regarding safer sex



# Thank you! Questions?

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