UNIT 3 MYTHS AND MISCONCEPTIONS RELATED TO SEX AND SEXUALITY

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3.0 OBJECTIVES

After completing this unit, you will be able to:

- analyze the myths and misconceptions associated with adolescent growth;
- discuss the myths and misconceptions associated with adolescent sexuality;
- resolve the anxieties and social pressures arising out of these myths and misconceptions; and
- recognize your role in guiding the adolescents during the phase of change and development.

3.1 INTRODUCTION

The units so far must have already made you familiar with many facets of adolescent life. The concepts related to the growth and development of adolescents as also those related to adolescent sexuality which has been dealt with in detail in the previous blocks and units. This unit would deal with clarifying certain popular myths and misconception related to adolescent growth, development and sexuality.
To facilitate better understanding, a question and answer format has been adopted and these myths and misconceptions have been categorized under specific headings/topics.

The term “myth” refers to something that is generally believed but is not true. The term “misconception” refers to a wrong idea that one has about something. Why do you believe in something that is not true and is not supported by fact/evidence? This is because myths and misconceptions are normally passed on from one generation to another and consequently people believe and imagine that they have more problems than they actually have. In case of adolescents and youth, they rely more on their peers for getting information on various aspects of their lives, more so about sexual feelings and sexual behaviour. Adolescents are torn between growing sex drive and the societal pressure to make friends but not intimate relationships. They experience a great deal of emotional anxiety out of lack of knowledge about various aspects of their lives and the associated myths and misconceptions.

Hence, adolescents need appropriate and complete guidance of adults (parents, teachers, sexuality educators etc.) to guide them through the various body processes and help them alleviate their anxieties about various issues/aspects related to sexuality.

In addition, you will undertake several activities, to reflect and understand the structure and functions of reproductive organs of male. These exercises would help you in preparing your assignment. While reading through the unit you would have to work out and solve several activities and check your progress questions. So for further references and clear understanding you could have a notebook where you can note down details related to this unit, this would be your Learning Journal.

3.2 MYTHS AND MISCONCEPTIONS RELATED TO ADOLESCENT GROWTH

There are certain myths and misconcepts during growth and development of adolescence.

3.2.1 Body Changes

Over the years there have been several myths and misconceptions which have developed related to adolescent growth. There is a need to unveil these myths and bring the correct information to the adolescents and adults. Since these myths have been a concern and barriers for the healthy development of the adolescent. In the following subsection we will discuss the various myths and misconceptions and clarify them in a question answer format. The sub-section will have several sub divisions as body image, menstruation, masturbation etc.

Let us discuss here in the form of questions, Answers given below:

**Body Image (Myths & Misconceptions)**

*Q:* Tall people look smart and attractive. Short people do not have good personality.

*A:* Personality is not related to one's height.
Height varies from person to person. It is affected by many factors like heredity, diet, exercise, race, natural environment, growth hormones in the body etc. One cannot possibly change these factors to increase or regulate one’s height. However, by developing some likable traits like good communication skills and respect for opposite gender one can defiantly become smart. The point to understand here is not to compare heights but ones qualities not to worry about it.

Q: Body heat causes pimples and acne during adolescence.
A: Sudden appearance of pimples during adolescence is a natural phenomenon. Their appearance is caused by body hormones. Therefore, it is difficult to stop their appearance. Pimples are not caused either by ‘body heat’ or ‘upset stomach’.

Scars of pimples can be taken care of if one takes proper skin care as mentioned in unit of physical changes. One should always consult a doctor before using any skin care ointment or lotion.

Q: Only physical appearance constitutes a good personality.
A: Physical features like the color, height, feature and body image are influenced by socio-cultural factors. One cannot change these factors. However, one should not be worried about one’s body image. An attractive personality does not depend simply on physical appearance but depends more on one’s abilities, character, attitude, traits, actions, etc. Hence, these factors together with a healthy body and mind are more important than physical appearance.

Q: Boys who have thick body hair are considered manly or macho.
A: Growth of body hair especially on arms, legs, armpits and around genital area in both boys and girls, and growth of moustache and beard in case of boys during adolescence is natural phenomena. This growth is caused by the release of sex hormones in the body during adolescence. This growth varies from person to person. Being manly/macho has nothing to do with body hair.

Q: Bad body odor shows poor personal hygiene.
A: During adolescence, oil and sweat glands are activated. This leads to the development of body odor. This is very normal. Some sweat more than others. They need to take special care of their personal hygiene (more frequent baths, using body spray/powder, keeping under arms clean etc.).

Q: If you are born with a swollen or odd shaped nose, it will stay that way for ever.
A: The nose looking swollen or taking an odd shape in some cases is also a part of the natural growth during adolescence. There is nothing unusual about it. From birth to adolescence, the shape and size of the nose changes at different stages. But after adolescence, it stabilizes.

Q: Frequent attack of cold and cough in voice makes their voice hoarse during adolescence.
A: The voice becoming hoarse during adolescence is due to the changes which
occur in the voice box during the period. The changes in the voice box are caused by release of the male sex hormones and are natural.

Q: **Real men have thick beard and moustache.**

A: Growth of beard/moustache (its thinness/thickness) mainly depends on secretions of certain hormones in the body which vary from person to person. Therefore, the growth cannot be altered. Hence, one should not worry about it. Shaving more frequently also does not help.

Q: **Girls become fat during adolescence.**

A: Some people grow obese or fat during adolescence. This is a natural phenomenon. One should not worry about it. Little diet control and exercise can help but do so only on the advice of a doctor.

Q: **Girls with broad hips and narrow waist look more feminine.**

A: These changes are part of the natural growth during adolescence. In this period the body of a girl starts taking feminine shape. Factors like heredity, diet, exercise, race, natural environment, growth hormones in the body influence the physical personality of an individual. However, femininity is much more than physical characteristics of a woman/girl.

**Related to Breast**

Q: **Exercise, application of cream and injection of hormones are of great help in breast development.**

A: No, there is no medicine, cream or injection of hormones that can develop or enlarge the breast. Exercise can strengthen and tighten the muscles of the chest wall behind the breast. Breasts are made up of milk glands and fatty tissue. The amount of fatty tissue present determines the size of the breast.

Q: **Larger breasts produce more milk than smaller ones.**

A: The breasts are basically made up of the fatty tissue which determines the size of the breast and the milk glands which secrete the milk for the newborn baby. Hence, the milk production is independent of the size of the breast.

Q: **Breast feeding causes the breasts to sag.**

A: Breasts of any size sag eventually. During pregnancy, breasts increase in size in preparation for the forthcoming birth. It is failure to support this extra weight with a good brassier or bodice that causes breasts to sag.

Q: **Girls/women with bigger breasts look attractive and confident. Those with smaller breasts are made fun off.**

A: The development of breasts in girls is part of the normal growth process during adolescence. One should not be worried about the asymmetry of breasts as no two parts of the body are exactly same and this is corrected by the time development is complete. However, just like natural differences between body color, shape and size of two individuals, the shape and size of the breasts of two individuals also cannot be compared.
Related to Penis

Q: A man with a large penis is sexually more potent than a man with a smaller one.

A: The size of the penis and male sexual potency are unrelated. While size is determined hereditarily sexual potency is a psycho-physiological process affected by feelings, thoughts, touch, fantasy, prevailing environment, use of drugs which may increase or decrease it etc. and hence it’s varies in a single person from time to time. The erection of the penis is also dependent on the nerves and blood that reach it.

Q: A large penis is of greater importance to a woman’s sexual gratification as it can easily touch the cervix.

A: In a woman the outer one-third of the vagina is sensitive to sexual pleasure. Even 5 to 7 cm smaller erect penis can give sexual pleasure to a woman as the outer one-third of the vagina and clitoris (approximately 5 cm) are sensitive to such kind of pleasure. The gratification through the penis touching the surface of the cervix does not arise.

Q: It is unusual for the penis to be inclined to the left.

A: In majority of men/boys, the penis is inclined to the left. This is so because of left testis is lower than the right. Therefore, while wearing undergarments, most men’s penis inclined to the left side as compared to the right.

Q: A slight curvature of the penis leads to difficulty in penetration.

A: A slight curvature of the penis, either to the left or to the right is common and does not affect penetration at all. It is a myth that an erect penis should always be at right angle.

Q: If the penis is aroused and erect, a boy/man should have sexual intercourse or it may be harmful for his sexual health.

A: It is not harmful and one should develop the ability to refrain or masturbation is an option.

Related to Semen

Q: One drop of semen is equivalent to 40 drops of blood which in its turn requires a lot of nourishing food.

A: This statement is not scientifically correct. One drop of semen has no relationship with 40 drops of blood.

Q: Men are born with a fixed quota of semen and excessive dissipation of semen will devitalize them, promote ageing and will lead to seminal bankruptcy.

A: Semen is being constantly prepared by the body and a healthy body can produce it throughout life. There is no fixed quota of semen in the body of male.

Q: Nocturnal emissions or wet dreams indicate a sexual disorder.

A: Nocturnal emissions are normal to any adolescent boy or adult man and
hence should not be considered either as illness or a disorder. Testes are constantly producing sperms from puberty. Hence, the older sperms have to be thrown out of the body so that fresh ones take their place. These emissions may occur spontaneously or as a result of erotic dreams; or a prone position in sleep may cause stimulation resulting in erection and emission of semen.

Q: Absence or deficiency of sperms affects one’s potency.
A: The quantity of sperms produced by a male does not have any relationship with erectile tissue of his penis. Hence his potency is independent of the absence or deficiency of sperms.

Q: Swallowing of seminal fluid during fellatio (oral intercourse) leads to obesity and pregnancy.
A: The semen consists of sperm cells, fructose and alkaline material. None of these has the ingredients for making one obese. For pregnancy the sperm has to reach the Fallopian tube or oviduct to meet mature ovum and fertilize it. The only entry for the sperm is through the vagina. There is no connection between the digestive tract and the Fallopian tube. So swallowing semen will not lead to pregnancy. The sperms are destroyed in the stomach due to the acidity in it.

Q: Conservation of semen leads to longevity and athletic excellence.
A: No. If this had been based on physiological facts, then all bachelors would have become athletes and lived longer. Longevity and athletic excellence requires good balanced nutrition and appropriate exercising.

Q: Reduced consistency of semen indicates sexual inadequacy.
A: No. The consistency of semen may vary as it depends on several factors like the period of abstinence, the intensity of stimulation etc. However, as the man grows older, the consistency of semen does thin out but has nothing to do with the individual’s sexual or reproductive prowess.

Q: Reduced quantity or change in color of semen indicates a waning virility.
A: No. The quantity of semen often depends on the age, intensity of stimulation and the period of abstinence. As the man grows older, the color of semen changes from white to light yellow and the quantity of semen has nothing to do with the sexuality of the individual nor does it have any relation to partner satisfaction.

Q: People feel weak after sleep emissions.
A: Post emission weakness is largely psychological as one does not lose any significant no. of calories or content of body by this process. Right from childhood the idea has been drilled to our minds that genitals are special and anything coming out of it is equally special. This misconception about value of semen adds further anxiety in an individual.

Related to Hymen

Q: Presence of a hymen is the only test of a woman’s virginity.
A: Presence of the hymen cannot be a test of virginity. Sometimes the hymen can be broken due to heavy exercise, horse riding, use of tampons, etc. A girl may be a virgin and still have a ruptured hymen. A girl may even be born without a hymen but this is rare.

Q: Pregnancy is not possible when hymen is intact.

A: The male may place the penis near the female vagina and ejaculate the semen containing sperms outside the hymen. Although the penis has not entered the vagina, the sperms shed outside can very easily enter through the small opening in the hymen and swim up through the vagina, cervix and uterus to the Fallopian tubes. If such a sperm needs a mature ovum in the Fallopian tube, fertilization can take place leading to pregnancy.

Related to Sexual Cleanliness

Q: Regular douching is essential to keep vagina clean.

A: A douche is a rubber pouch with a tube with one end. The douche is filled with the fluid and tube inserted in the vagina. The pouch is then squeezed so that the fluid squirts out of the tube into the vagina. The vagina is self-cleansing. Regular douching destroys the natural protection of the vagina resulting in irritation and infection. Douching is wrongly considered by some as a method of birth control. A douche should never be used unless recommended by a doctor.

Q: Circumcision is the only way to keep the penis clean.

A: Circumcision will not permit formation of smegma because the foreskin is removed. However, if a man is not circumcised he can keep himself clean by pulling back the foreskin and washing off the smegma underneath. Genital hygiene is important irrespective of whether or not the man is circumcised.

3.2.2 Menstruation (Myth & Misconception)

Q: Sex during the menses is unsafe.

A: Biologically sex during the menses is not at all unsafe. If both partners are willing and comfortable then they can have sex during the menses without affecting their health. However, it can be messy and facilitate transmission of STI if one of the partners is harboring it.

Q: A woman is impure during menstruation.

A: Menstruation is a normal, healthy function of the female body. Hence restrictions placed on the woman have no scientific basis. She can carry on doing all that she normally does. The age-old restrictions laid on menstruating women are unfounded.

Some of the common restrictions are:

- No bathing or hair bath
- No cooking or entering the kitchen
- No partaking in religious ceremonies
- No going out to games, parties, etc.
- Eating vegetarian and /or very small quantities of food
The menstruating woman is not impure and if she maintains menstrual hygiene, she need not even feel unclean. Menstruation is not a disease or injury.

Q: **Girls/women should eat less during menstruation.**

A: No. Due to regular loss of blood, girls/women need to supplement their diets in order to protect themselves from nutritional deficiencies. They should include more of fruits, green leafy vegetables and milk in their diets.

Q: **Missing a period or irregularity in the menstrual cycle among young girls indicates pregnancy.**

A: A missed period is usually one of the first signs of pregnancy in sexually active women. However, missing a period or irregularities in the menstrual cycle are common among young girls who have just began to menstruate. It may take about 1-1/2 years for the cycle to become normal and regular.

Q: **Irregularity in the menstrual cycle indicates serious disease/infection of the reproductive organ.**

A: Not necessarily. Irregularity in the menstrual cycle (delayed or early occurrence) may be due to stress say exams, competition etc.) or illness. However, prolonged irregularity may indicate hormonal or other problems in a woman/girls and it requires a visit to the gynecologist.

Q: **It is perfectly alright to self medicate to delay or hasten periods.**

A: No. Self medication to delay or hasten periods (due to sports, functions, trips etc.) should be avoided as they may harm the body and its natural rhythms. If you need to do so, consult a gynecologist.

**Some Traditional Indian Beliefs about Menstruation**

- Menstruating women are unclean and hence untouchable.
- Menstruation is popularly termed ‘the course’. Girls are discouraged from playing games, going to parties or going out when they are menstruating. Mothers, friends and relatives talk of this time as one of pain and discomfort, and soon the girls seem to experience the same sometimes out of mere conditioning.
- Menstruating girls cannot touch pickles. Some are starved or given very little food for four days. In some parts of the country, the girls are given only white-colored food.
- Girls must be married before menarche or it brings shame to the family.
- If a woman crosses the menstrual discharge of another, she is made sterile.
- Girls are taught to douche their vagina at the end of each menstrual period with water and a solution of turmeric powder.

None of these beliefs or customs has any scientific basis. Some customs such as starving or douching are outright harmful.

Every girl should know that the menstrual function is normal – a manifestation of womanhood of which she should be proud. There is no need to stop her usual life activities during this period.
Menopause

Q: Menopause is the end of sex life.
A: Menopause brings an end to the childbearing period in a woman’s life. It does not take away the sexual desire. If the body and mind are healthy, the individual can remain sexually active till the end of her life.

Q: Menopause makes a woman unattractive, obese, mentally disturbed and sexually disinterested.
A: The menopause does not cause a female to become unattractive or obese unless she has stopped taking care of herself. Menopausal women are neither mentally disturbed nor sexually disinterested. They may become temporarily moody due to the hormonal changes which occur during this period.

3.2.3 Masturbation (Myth & Misconception)

Q: Frequent masturbation can lead to sexual inadequacy.
A: Physiologically or biologically there is no connection between masturbation and sexual inadequacy. The self-stimulation of the penis or clitoris is neither harmful nor weakening. The sexual inadequacy, if present, could be due to guilt feelings.

Q: Masturbation can lead to acne, insanity, tuberculosis, impotence, homosexuality, dark circles around the eyes, hairy hands, falling hair, mental retardation, diminishing size of penis and changes in the angle of penis.
A: Masturbation is normal and definitely does not lead to any of the above.

Q: Masturbation is practiced exclusively by men.
A: Masturbation is practiced by both men and women. While men self-stimulate the penis, women self-stimulate the clitoris and labia resulting in a climax.

Q: Masturbation is practiced only by the young, the immature and the unmarried people.
A: Masturbation is totally unrelated to being Married, mature, adults, and being elderly persons, it’s more of one’s needs and their self fulfils.

Q: Masturbation leads to curvature of penis.
A: No. Just as intercourse does not lead to curvature of the penis, so also masturbation does not lead to any curvature.

3.2.4 Conception/Pregnancy (Myth & Misconception)

Q: A girl can get pregnant by kissing/hugging/holding hands with the boy or a man.
A: Absolutely not. Kissing/hugging and holding hands are sexual expressions which convey your love for your partner. These actions cannot cause pregnancy. Pregnancy is only possible as a result of sexual intercourse.
Q: A girl can’t get pregnant if it is her first time.
A: She can. Ovulating at the time of her first experience with intercourse, she could become pregnant. A girl can become pregnant even before her first period – if her first ovulation coincides with an act of intercourse.

Q: Jumping up and down immediately after intercourse will prevent conception.
A: On an average 300 million sperms are ejaculated in about 5 ml of fluid during sex. Each sperm is doing its best to swim towards the uterus. Jumping is not going to dislodge them as millions will continue to swim and reach the uterus.

Q: Douching with coca-cola or 7-up will kill the sperms.
A: Douching with anything is not effective at preventing conception. The chemicals and flavorants present in these soft drinks do not serve as spermicide or vaginal wash. On the contrary, sugar or corn syrup present in the drinks can lead to vaginal yeast infection that takes a long time to cure.

Q: Urinating right after sex will wash out semen that has been ejaculated in the vagina.
A: As mentioned earlier, douching with anything does not work at all. Moreover, urine empties from the urinary tract, not the vagina. Thus, the urine stream does not travel the route the sperm is taking.

Q: It is impossible to get pregnant if you have sex during periods.
A: Menstrual cycles are often erratic and unpredictable especially in adolescence; there are no “safe” days when someone can have sex without any possibility of pregnancy.

Q: After intercourse, a hot bath or heating pad on the stomach prevents pregnancy.
A: No. The heat generated by warm bath or a heating pad cannot kill the sperms.

Q: As long as neither party takes off their underpants, conception will not take place.
A: Even though underpants may seem like a barrier to us, it may not seem as a good enough barrier for the sperms. Sperms can still penetrate through them and conception can happen?

Q: Taking 20 Aspirin right after sex will stop conception from taking place.
A: No. Aspirin does not have any effect on sperms or on the implantation process.

Q: Provided you have sex standing up or with the girl on top, the sperm will never reach the egg.
A: Incorrect. The sperms are exerting themselves with much more force than gravity is applying against them. The effect of gravity on swimming sperm is negligible.
Adolescent Sexuality

Q: As long as he pulls out before he ejaculates, no sperm will be lodged inside the vagina of the girl.

A: Though most of the sperm is contained in the ejaculate, some amount of sperm is also present in the lubricating fluid that is secreted from the penis during sex. Thus even a drop or two of this lubricating fluid can have many sperms that can cause conception. Also, even if there is no vaginal penetration, pregnancy can still occur if ejaculation occur near the vagina. Semen can still seep inside the vagina and cause conception.

Q: Sneezing after sex prevents pregnancy.

A: Although, a good sneeze can expel some of the semen, even a drop of semen inside the vagina can cause conception.

Q: A lactating mother cannot get pregnant.

A: It is true that breastfeeding cuts down on the female hormone needed to promote/facilitate ovulation. Thus breast feeding can be considered as a contraceptive only when a mother is nursing/lactating her child exclusively. No solid food or formula is given to the child. Normally in India, doctors recommend 4-6 months of exclusive breast feeding for the child. She shall have no spotting during this period, breastfeeding can be used as a contraceptive method and chances of conception are practically nil for about six months.

3.3 MYTHS AND MISCONCEPTIONS RELATED TO GENDER AND ADOLESCENT SEXUALITY

Adolescent sexuality has been a concern to be addressed over the years. The questions raised by the adolescents and those being unanswered have lead to several myths and misconceptions. The following subunit will clarify the myths related in this concern. Even in this section question answer format has been adopted for easy understanding.

3.3.1 Gender

Q: Boys can enjoy sexual liberties and carefree life, while girls need to be sheltered and protected.

A: Both boys and girls should be given proper opportunities that are required for their overall growth and development. Efforts should also be made by the teachers and parents to nurture special talent/skills in both boys and girls. At the same time, both boys and girls need to be made responsible for their decisions, whether in sexual sphere or any other sphere. Making them sexually responsible will reduce risks of infections, unwarranted pregnancy and other sexual problems.

Q: Boys should have a career, earn money and support the family, while girls should perform the household responsibility.

A: This again is a gender stereotype. Both boys and girls have equal rights and responsibilities with respect to earning and taking care of the household tasks. Balance and sharing of tasks is the key to happy and healthy relationship. Moreover, in today’s context role reversals are not uncommon and getting acceptable slowly.
Q: Boys must not show their feelings, they do not need to confide and share about their personal matters.
A: This is again related to the way boys and men are brought up in the society and family. By imposing restrictions on expressing their feelings and emotions, society is depriving them of a chance to become sensitive, caring and psychologically healthy human beings. A lot of stress builds up inside them and it may lead to other health problems.

Q: Men are strong and brave and therefore should take risks and compete/Should indulge in healthy competition.
A: Boys/men are raised, given training and opportunities to become strong, brave and risk taking. For them competition is usually a matter of win or die and hence it puts a lot of pressure on them to perform and excel in various aspects like academics, sports, employment etc. Sometimes their risk taking behaviour lands them in problems like contracting diseases/infections, taking to substance abuse, resorting to violence etc. that are not healthy and productive.

Q: Girls need to show their femininity by being coy, dependent and sensitive. The boys should be independent and should not ask for help as it is a sign of weakness.
A: This again reflects a stereotypical way of bringing up girls and boys differently. These are changing and so is the style of upbringing. A girl could be sensitive and responsible at the same time. She could be raised to be independent and confident. Similarly boys could be brought up with qualities like sharing and caring and still can be bold and independent and fun loving.

Q: Boys who are not attracted towards girls are not manly enough.
A: Getting attracted to a person of opposite sex or same sex is a matter of personal sexual preference. Manliness or feeling macho has nothing to do with it. Getting attracted to a person of opposite sex may be a common choice, not a norm.

Q: Girls should be married as soon as possible.
A: Girls and boys should only marry when they are physically and emotionally mature, educationally and financially secure and socially ready to take up the responsibilities of marriage. Getting the girl married early does not equip her with confidence, maturity and financial security to lead a happy married life.

Q: Pregnancy and child birth are women's affairs where men do not interfere.
A: Both pregnancy and child birth are characteristics associated with sex not gender. However, when it comes to parental roles and responsibilities regarding these two aspects of a woman’s life, it should be jointly shared by both the parents. This strengthens the relationship further as sharing and caring is the key to any long term relationship. Emotional, physical and financial support from the husband during pregnancy and child birth are very important.

Q: Only girls get sexually abused.
A: Both boys and girls can get sexually abused in an environment which is coercive and non-empowering.
Q: Girls/boys who may have been sexually abused should suffer in silence rather than bring shame upon their families.

A: Girls or boys who have been sexually abused or raped should not be made to feel shameful, guilty or unclean. It is not their fault that they were abused. They should be provided with counselling support so that they are able to slowly get back into their normal routine and lives. The abusers or perpetrators of crime should be punished. This requires lodging a complaint against them so that they do not hunt other children (boys or girls). The perpetrators of crime should not be shielded or left without punishment, for that would truly be shameful.

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<th>Check Your Progress 1</th>
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<td>Read the following statements and indicate whether they generally/largely apply to males (M) or females (F).</td>
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a) Wanting information on how to deal with sexual problems, how to avoid conception and infection ......................... .

b) Concern for sexual pleasures has more to do with their own pleasures rather than partner’s pleasures .......................... .

c) Information on contraception refers to search for easy contraception ................................. .

d) Speaking about infertility and emotional problems ................................. .

3.3.2 Sexuality

In the following subsection we will discuss and clear myths and misconceptions on sexuality. The format used here is question and answers for better understanding.

Sexual Intercourse (Myth & Misconception)

Q: A man can always ‘will’ an erection.

A: No, it is not a voluntary action. Erection depends on the proper working of the nerve connections and blood supply to the penis. Erection occurs when spongy spaces in the penis get filled with blood in response to physical stimulation, psychological stimulation or both. Even if a man desires to have an erection he may not get one due to fatigue or distraction.

Q: Oral-genital sex is abnormal.

A: This is one of the various forms of sexual expression between two people. It is not an abnormality. If two or more partners are agreeable and comfortable and get satisfaction from this sexual expression, then it is normal for them.

Q: Coitus/penetrative sex should be avoided during pregnancy.

A: Coitus during pregnancy is alright unless the doctor advises otherwise for medical reasons. However, the sexual activity should not be uncomfortable for the pregnant woman and the doctor’s advice on this is essential. In case of pain, vaginal bleeding, or a past history of abortion, coitus has to be avoided. It is necessary to consider the willingness of the pregnant woman.
Q: Oral sex can cause pregnancy.
A: No. For pregnancy the sperm has to reach the Fallopian tube or oviduct to meet the mature ovum and fertilize it. The only entry for the sperm is through the vagina.

Q: Anal sex is safe and it does not lead to pregnancy.
A: Anal sex is not safe as it may cause tear in the skin around the rectum/anal opening. This may increase the risk of STI and HIV infection. In times of pregnancy too, it is not safe as even a small amount of semen around the vaginal opening increases the chance of conception.

Q: Only penile-vaginal sex can be called as real sexual intercourse.
A: Not necessarily. It is the most common and preferred kind of sexual intercourse. Other forms of sexual intercourse are also practiced by heterosexuals, homosexuals and bisexuals. It is a matter of choice. We need to be non-judgmental about it and respect one’s preference.

Q: Sex between two men is not real sex; it is only experimentation and fun.
A: Sex between two men or two women is as real and genuine as sexual intercourse between heterosexuals. Again, it is a private matter and a matter of one’s preference. All forms of sex should be respected.

Sexual preference/orientation (Myths and misconception)

Q: Homosexuals can be identified by their appearance.
A: There is nothing specific in appearance, mannerism or dress that will differentiate a homosexual from heterosexuals.

Q: Homosexuals are ‘born that way.’
A: To the best of our knowledge there are no inherited traits that human beings get so that they are born as homosexuals.

Q: A child who touches the genitals of another of the same sex is showing homosexual tendencies.
A: A child touching the genitals of another is doing it out of mere curiosity.

Q: Men and women are always either totally homosexuals or totally heterosexuals.
A: There are many individuals who get satisfaction out of both types of relationships (homosexual and heterosexual). Such individuals are called bisexual. They are comfortable with sexual partners of their own sex as well as of the opposite sex.

Q: Homosexuals are more creative than heterosexuals.
A: Homosexuals are no more or less creative than heterosexuals.

Q: Gay men are effeminate and lesbians are hairy and muscular.
A: This kind of statement only reflects the stereo typical ways in which homosexuals are treated and discriminated against in our society. Even among
heterosexual people we have women who are bold and muscular and men who are soft and sensitive. People should not be ridiculed on the basis of their physical appearance or sexual orientation.

**Q:** Gay men are promiscuous and lesbians are over sexed.

**A:** This myth again reflects a stigma that gays and lesbians face. Only their sexual orientation is highlighted in front of the public and in the media. Their other qualities, achievements and contributions are ignored. Homosexuals are more than just sexual beings.

**Q:** Women become lesbians because they can't find a man.

**A:** No. Only those women who are truly and sexually attracted to other women (physically and emotionally) become lesbians. If a woman cannot find a man, she has a choice of remaining single.

**Q:** Marriage cures homosexuality.

**A:** Homosexuality is not a disease/illness that requires cure or treatment. It is a personal sexual preference for individual. Marriage will make the situation difficult, complicated and suffocating for both the people involved. In fact it would amount to frustration and cheating.

**Q:** Bisexuals are just plain confused and they want the best of both worlds.

**A:** Bisexuality again is a personal choice/sexual preference. Some people are forced into bisexuality due to marriage and other economic pressures where they get into sex work with both genders to earn money. For example, a married gigolo (male sex worker) may be a bisexual.

**Q:** Lesbians and gays can convert you to homosexuality if you are not careful.

**A:** Adolescents go through a phase of sexual experimentation where they may develop crushes/infatuation for people of their own sex. As age progresses, their sexual preference becomes more or less clear. If your feeling for the same sex is strong and defined, gays and lesbians may help you to come out of the closet. In no way do they convert heterosexuals to homosexuals.

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**Sexual abuse of Children (Myth & Misconception)**

**Q:** Children who are sexually abused are primarily older, teenaged children.

**A:** Victims as young as 2 months old have been sexually abused and raped.

**Q:** The child is in greatest danger from a total stranger.

**A:** Children are raped or molested more often by people they know.

**Q:** Children are usually molested on playgrounds and other outdoor places.

**A:** Children can be in more danger in their own homes and in homes of ‘friends’ of the family.

**Q:** Children who are raped are retarded.

**A:** While retarded children are at a high risk of sexual abuse, the vast majority of abused children are not retarded. All children are vulnerable and as such can be potential victims.
Q: Only gays rape small children.
A: A child is more likely to be sexually abused by a person of heterosexual orientation than by a gay adult.

Rape

Q: Many women secretly want to be raped.
A: Many people at some point in their lives have fantasies being ‘taken sexually’ or being swept off their feet. This is an idea which is also played up a lot by the mass media and common literature. But there is an important difference between fantasies and actual rape. We control our fantasies. They can be a sexual turn-on, but they are not real. In reality, rape is an act of force and sometimes violence over which there is no control. No woman wants to be raped, despite what movies or popular stories say.

Q: If a woman gets raped, then it is really her fault. She invites rape by dressing scantily or sexily.
A: A common myth about rape is that it is really the woman’s fault. The woman is believed to have enticed or tempted the man through her revealing clothes, or her looks or her behaviour. Research has shown that the way a woman dresses or acts or behaves has very little to do with whether or not she is raped. In reality, women of all ages and appearances get raped.

Q: Most women enjoy being raped. If a woman does not shout, protest or ask for help, she has enjoyed rape.
A: We live in a society that increasingly links sex and violence. It is often made to appear that the most exciting sex is mixed with violence or the threat of violence. The truth is that no woman enjoys pain caused by violence and it is an invasion of her privacy.

Q: If a woman really did not want to get raped, she could prevent a man from having intercourse with her.
A: If a woman is raped, it is believed that she permitted the sexual contact. In reality, a woman who resists being assaulted by a violent man or one who is armed, puts her body as well as her life at great risk.

Q: A prostitute (commercial sex worker) cannot be raped.
A: Rape is a forced sexual act. Even though a prostitute sells sex for a living, her feelings can be violated through forced sex. That is when she is not willing to have sex with a customer.

Sexually Transmitted Diseases/infections (STD/STI)

Q: If a man with a sexually transmitted disease has sex with a virgin girl he will be cured of STD.
A: Having sex with a virgin girl will not cure a person of STD. Not only does the person continue to be infected because he avoids seeing a doctor but it is also likely that the disease will be transmitted to the concerned girl.

Q: A person can catch STD from using public toilet.
Adolescent Sexuality

A: This is a very common fear among people. But it is actually false because the germs that cause these diseases are quite fragile and usually do not live long outside their human host.

Q: An STD is a punishment for immoral or promiscuous behaviour.

A: An STD can be contracted by someone who has only had sex with one partner in his/her whole life, if that partner has had coitus with another infected person. Here the faithful partner would be receiving a punishment for his/her partner’s sins. So it is wrong to say that STD is a punishment for being unfaithful.

Q: Washing one’s private parts everyday is sufficient to prevent an STD.

A: While infection can be prevented to a certain extent through personal hygiene, being mutually faithful to one partner and using condoms are more effective ways of preventing STD.

Surgery (Myth & Misconception)

Q: Removal of prostate always reduces sexual desire and capacity.

A: Prostate gland adds fluid to the semen. Sexual desire is not aroused by the prostate but by the sex hormones and the human senses of smell, sight, touch and thought.

Q: Castration of the male always diminishes the sexual desire.

A: If castration of the male (removal of testes) is done before the onset of puberty, the sex desire and the ability to perform sex will disappear, not otherwise.

Q: Circumcision increases the virility and sexual desire of a man.

A: Circumcision makes genital cleanliness easier in boys and men. It may also help to reduce the pain experienced by some men during sexual intercourse. But it has no impact on the virility, sexual desire or sexual pleasure of a man.

3.4 ROLE OF TEACHERS AND PARENTS

The journey from childhood to adolescents to adults involves achieving several milestones and overcoming many challenges. Being comfortable with one’s identity, feelings, and behaviour and sexuality are some of them. Parents and teachers play a major role in influencing comfort or discomfort around these aspects (identity, feelings, behaviour and sexuality).

An attitude of openness and acceptance is absolutely vital on part of the parents and teachers so that free and frank discussion can take place between them and the growing adolescents. Adolescents pick up incomplete or incorrect information from their peers and other unreliable sources that further lead to shame, guilt, anxiety and ignorance on their part. These aspects have an impact on their development and personality in the long run.

Parents and teachers can help the adolescents to make sexual choices that are responsible and also help them to understand that these decisions have
consequences/effects. They can also contribute towards channelizing the sexual feelings and urges of the adolescents by making them responsible and disciplined.

Thus the above unit should have given you a clear understanding and cleared all the myths and misconceptions related to concerns in adolescent health and development. This would help to clear the doubts that adolescents ask you correctly.

3.5 LET US SUM UP

As mentioned earlier, adolescence is a period of rapid change and with it come many anxieties and stress. On one hand, the adolescents want to get more information on these aspects (physical, cognitive, emotional and sexual changes) and on the other hand are the myths and misconceptions that they pick up from their peers and other unreliable sources like the pornographic books and films. This leads to social pressure and anxiety among them. Therefore, clarifying these myths and misconceptions regarding adolescent growth, development and sexuality and giving them accurate and complete information will contribute towards making them responsible towards themselves and their friends and partners.

Giving them information in a simple and non-judgmental manner and linking the adolescents to appropriate youth friendly services can be done very well by the teachers and parents. Their guidance during the growing up years goes a long way in building good values in the adolescents.

The myths and misconceptions clarified in the unit relate to topics like body changes, menstruation, masturbation, pregnancy, sexuality and gender. The ones discussed under gender are more of social beliefs and attitudes which impact our action and behaviour.

3.6 KEY WORDS

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>Abstinence (sexual)</td>
<td>refraining from sexual activity such as intercourse</td>
</tr>
<tr>
<td>Adolescence</td>
<td>the period of life beginning with puberty and ending, with completed growth and physical maturity</td>
</tr>
<tr>
<td>Anal intercourse</td>
<td>sexual intercourse in which the penis is inserted into the partner’s anus</td>
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<tr>
<td>Anus</td>
<td>excretory opening at the end of the rectum lying between the buttocks</td>
</tr>
<tr>
<td>Arousal (sexual)</td>
<td>heightened state of sexual excitement</td>
</tr>
<tr>
<td>Bisexual</td>
<td>having a sexual interest in, or sexual relations with, both sexes</td>
</tr>
<tr>
<td>Bi-sexuality</td>
<td>the state of an individual who engages in both heterosexual and homosexual relations</td>
</tr>
<tr>
<td>Circumcision</td>
<td>a surgical procedure in which the foreskin of the penis is removed</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
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<tr>
<td>Clitoris</td>
<td>the female organ devoted entirely to increasing sexual tension, located just above the urinary and vaginal openings</td>
</tr>
<tr>
<td>Coitus</td>
<td>sexual intercourse between a male and female, in which the penis is inserted into the vagina</td>
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<tr>
<td>Conception</td>
<td>the penetration of an ovum by a sperm, resulting in the development of embryo</td>
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<tr>
<td>Douche</td>
<td>cleansing of vagina with a liquid, usually water, vinegar or a commercially prepared product</td>
</tr>
<tr>
<td>Effeminate</td>
<td>not manly in appearance or manner, having feminine qualities</td>
</tr>
<tr>
<td>Ejaculate</td>
<td>semen</td>
</tr>
<tr>
<td>Ejaculation</td>
<td>the discharge or expulsion of semen, usually at the climax of the sexual act.</td>
</tr>
<tr>
<td>Emission</td>
<td>discharge of semen from the penis, especially involuntary as during sleep.</td>
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<tr>
<td>Erection</td>
<td>the stiffening and enlargement of the penis, usually as a result of stimulation and sexual excitement</td>
</tr>
<tr>
<td>Erotica</td>
<td>materials, books, pictures and films that portray sex or sexual activity with the intent of arousing the viewer</td>
</tr>
<tr>
<td>Feminine</td>
<td>of or characteristic of female sex or gender</td>
</tr>
<tr>
<td>Foreskin</td>
<td>the skin covering the tip of the penis or the clitoris; also called prepuce</td>
</tr>
<tr>
<td>Gay</td>
<td>another term for male homosexual</td>
</tr>
<tr>
<td>Gender</td>
<td>the psychological differentiation describing masculinity and femininity; largely the result of learned attitudes and behaviours</td>
</tr>
<tr>
<td>Gender identity</td>
<td>the individual’s concept of self as being male or female; a person’s inner belief or sense of being a woman or a man</td>
</tr>
<tr>
<td>Gender role</td>
<td>the different behaviours and attitudes that society expects of men and women; behavioural and personality characteristics associated with being feminine or masculine; e.g., a female being feminine by being motional and playing the role of a home maker, or a male being masculine by being</td>
</tr>
<tr>
<td>Term</td>
<td>Description</td>
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</tr>
<tr>
<td><strong>Independent</strong></td>
<td>and ‘playing the role’ of a provider.</td>
</tr>
<tr>
<td><strong>Heterosexual</strong></td>
<td>a person who is attracted to members of the opposite sex and who has sexual intercourse with opposite-sex partners only</td>
</tr>
<tr>
<td><strong>Heterosexuality</strong></td>
<td>the condition of being a heterosexual</td>
</tr>
<tr>
<td><strong>High-risk behaviour</strong></td>
<td>term used to describe certain activities which increase the risk of transmitting an STD; includes frequent change of sex partners, anal and vaginal intercourse without using a condom, oral-anal contact, semen or urine in the mouth, sharing intravenous needles or syringes, intimate blood contact and sharing of sex toys contaminated by body fluids; often referred to as ‘unsafe’ activities</td>
</tr>
<tr>
<td><strong>Homosexual</strong></td>
<td>a person who is sexually attracted towards members of the same sex and who has sexual intercourse with same-sex partners only</td>
</tr>
<tr>
<td><strong>Homosexuality</strong></td>
<td>the condition of being homosexual</td>
</tr>
<tr>
<td><strong>Hormones</strong></td>
<td>internally produced chemicals that regulate many different bodily functions</td>
</tr>
<tr>
<td><strong>Hymen</strong></td>
<td>a mucous membrane that may partly cover the external opening of the vagina in most virgins females;</td>
</tr>
<tr>
<td><strong>Incest</strong></td>
<td>sexual intercourse between close relatives, such as father and daughter, mother and son, or brother and sister</td>
</tr>
<tr>
<td><strong>Intercourse (sexual)</strong></td>
<td>sexual union of a male and female usually in which the penis is inserted into the vagina.</td>
</tr>
<tr>
<td><strong>Lesbian</strong></td>
<td>a female homosexual</td>
</tr>
<tr>
<td><strong>Lesbianism</strong></td>
<td>the condition of female homosexuality</td>
</tr>
<tr>
<td><strong>Masculine</strong></td>
<td>of or characteristics of male sex or gender</td>
</tr>
<tr>
<td><strong>Masturbation</strong></td>
<td>self-stimulation of the genitals through manipulation, self gratification</td>
</tr>
<tr>
<td><strong>Menstruation</strong></td>
<td>the monthly vaginal discharge of blood and the lining of the uterus</td>
</tr>
<tr>
<td><strong>Nocturnal emission</strong></td>
<td>an involuntary male orgasm and ejaculation of semen during sleep</td>
</tr>
<tr>
<td><strong>Oral sex</strong></td>
<td>sexual activity which involves mouth contact with another person’s genitals or anus;</td>
</tr>
</tbody>
</table>
contact may include kissing, sucking or licking of the sexual organs.

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>Ovulation</td>
<td>release of an egg from the ovaries for fertilization</td>
</tr>
<tr>
<td>Penis</td>
<td>the male genital organ</td>
</tr>
<tr>
<td>Period</td>
<td>common terms used for days of menstrual flow</td>
</tr>
<tr>
<td>Pornography</td>
<td>the explicit description or exhibition of sexual activity in literature, photographs, films, etc. intended to stimulate erotic rather than aesthetic or emotional feelings.</td>
</tr>
<tr>
<td>Promiscuous</td>
<td>engaging in sexual intercourse with many persons; engaging in casual sexual relations.</td>
</tr>
<tr>
<td>Rape</td>
<td>forced sexual contact with a person</td>
</tr>
<tr>
<td>Rectum</td>
<td>lowermost part of the large intestine.</td>
</tr>
<tr>
<td>Safe-sex</td>
<td>term used currently to describe sexual activities most likely to reduce the risk of transmission of STD; includes always using a condom during sexual intercourse, mutual masturbation, dry kissing, massage, fantasy, touching, opposed to unsafe sexual sex practices.</td>
</tr>
<tr>
<td>Seduction, to seduce</td>
<td>luring a person into sexual intercourse without use of force.</td>
</tr>
<tr>
<td>Semen</td>
<td>a cream-colored viscid fluid composed of secretions from the male reproductive organs, ejaculated from the penis of the orgasm; contains sperm cells and seminal fluid; about a teaspoonful is usually expelled as a result of ejaculation.</td>
</tr>
<tr>
<td>Sex</td>
<td>technically refers to the biological condition of being male or female; loosely used to refer sexual activity; genital organs etc.</td>
</tr>
<tr>
<td>Sex-drive</td>
<td>desire for sexual expression</td>
</tr>
<tr>
<td>Sex-role stereotype</td>
<td>an overgeneralization concerning expectations about 'sex-appropriate' activities, abilities, attributes and preferences; dictates what people should be like based on sex and thus limits and channels them into prescribed roles which consequently affect their sex identities.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
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</tr>
<tr>
<td>Sexual activity</td>
<td>a general term for various forms of sexual expression</td>
</tr>
<tr>
<td>Sexual attraction</td>
<td>the act or power of being attracted to a person on the basis of dress, body language, behaviour, gender etc.</td>
</tr>
<tr>
<td>Sexual intercourse</td>
<td>physical union associated with sexual stimulation; usually, but not exclusively, involves penetration of or by the sexual organs; in vaginal intercourse, the male penis enters the female vagina; in oral intercourse, the lips, the mouth and tongue are used; in anal intercourse, the anus is penetrated.</td>
</tr>
<tr>
<td>Sexuality</td>
<td>an aspect of the total personality that embodies all of one’s male and female feelings and behaviours</td>
</tr>
<tr>
<td>Sperm</td>
<td>male reproductive cells found in the semen.</td>
</tr>
<tr>
<td>Transsexual</td>
<td>a person genetically of one sex with a psychological urge to belong to the opposite sex. This may cause the person to undergo extended counseling and surgery to modify the sex organs in order to mimic opposite sex.</td>
</tr>
<tr>
<td>Transvestism</td>
<td>to adopt the dress and often the behaviour of the opposite sex; dressing for pleasure as a person of the opposite sex; also called cross dressing</td>
</tr>
<tr>
<td>Unsafe sex</td>
<td>sexual practices allow the introduction of infected body fluids, especially semen, blood and vaginal secretions, into the body.</td>
</tr>
<tr>
<td>Vagina</td>
<td>the canal in the female, extending from the vulva to the cervix; passageway that receives the penis during coitus and through which an infant passes at birth, also the passage through which the uterus sheds blood and tissues during menstruation.</td>
</tr>
<tr>
<td>Virgin</td>
<td>a woman or girl who has never had sexual intercourse</td>
</tr>
<tr>
<td>Wet dream</td>
<td>an involuntary male orgasm and ejaculation of semen during sleep</td>
</tr>
</tbody>
</table>

**3.7 ANSWERS TO CHECK YOUR PROGRESS**

These statements have been compiled by TARSHI (Talking About Reproductive and Sexual Health Issues) on the basis of the calls received from people over a
period of almost 10 years on the TARSHI telephone helpline. All these queries and concerns were raised by male callers.

a) Male
b) Male
c) Male
d) Male

3.8 REFERENCES


2) Life Skills For Health Promotion of Out-of-School Adolescents (Learner’s Guide Part II) Published by: UN Inter Agency Working Group (P&D)(2002)