Human Sexuality 4th edition Hock Solutions Manual

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Chapter 2
Sexual Anatomy

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CHAPTER-AT-A-GLANCE

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YOUR SEXUAL PHILOSOPHY
Sexual Anatomy

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FULL CHAPTER RESOURCES

Learning Objectives

Upon completion of the chapter, students should be able to:

The Male Sexual Body

2.1. Describe the characteristics, functions, and health issues relating to male external and internal sexual anatomy.

The Female Sexual Body

2.2. Describe the characteristics, functions, and health issues relating to female external and internal sexual anatomy.

Menstruation

2.3. Explain the onset of menstruation (menarche) and review the problems associated with the menstrual cycle including PMS and PMDD.

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CHAPTER OVERVIEW

Historically, sexual anatomy was considered an embarrassing subject of discussion resulting in many erroneous ideas.

The male sexual body exterior structures are covered, including the penis, scrotum, testicles and anus; and interior structures including the prostate gland, seminal vesicles, urethral bulb, bladder, Cowper's glands, ejaculatory ducts and urethra. These are discussed as they relate to sperm production and function of ejaculation.

The chapter details the history, practice and current controversy of male circumcision. Also covered are the topics of penis size and testicular self-examination.

The female sexual body exterior structures are covered, including components of the vulva, the mons veneris, the labia majora, the labia minora, the urethral opening, the clitoral glans (or tip) of the clitoris, the vaginal opening, the hymen, the perineum, and the anus. Also covered are female breasts and nipples as they are sensitive to sexual stimulation.

The practice of female genital mutilation and World Health Organization education regarding its health concerns are covered.

Next in the chapter are the causes, treatment and prevention of urinary tract infections and breast health awareness.

The female sexual body interior structures are covered, including the vagina, G-spot, cervix, uterus, endometrium, fallopian tubes, and ovaries.

Health issues are covered on pap smears to detect cervical cancer, endometriosis, ectopic pregnancy, and ovarian cysts.

Menstruation, its function, and potential problems of Dysmenorrhea, Abnormal Uterine Bleeding, Toxic Shock Syndrome, Premenstrual Syndrome, and Premenstrual Dysphoric Disorder are detailed. Next covered is the process of menopause.

The importance of being educated about male and female sexual anatomy and function is discussed in relation to developing a healthy sexual philosophy.

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KEY TERMS

anus The end of the digestive tract and outlet for bodily excretions. It is also a sexually stimulating area for some people.

areola The darker skin encircling each nipple; actually part of the skin of the nipple.

cervix The lower end of the uterus that connects it to the vagina.

circumcision Removal of the foreskin of the penis.

clitoral glans The outer end or tip of the clitoris.

clitoral hood Tissue that partially or fully covers the clitoral glans.

clitoris An erectile sexual structure consisting of the clitoral glans and two shafts (crura) that is primarily responsible for triggering orgasm in most women.

corona The raised edge at the base of the penile glans.

corpora cavernosa Two parallel chambers that run the length of the penis and become engorged with blood during erection.

corpus spongiosum A middle chamber running the length of the penis into the glans that engorges with blood during erection.

Cowper's glands Small glands near the penile urethra that produce a slippery mucus-like substance during male sexual arousal (also referred to as the bulbourethral glands).

ectopic pregnancy A pregnancy complication in which a fertilized ovum attaches and begins to grow outside the uterus, most commonly in the fallopian tube; called a tubal pregnancy.

ejaculation Expulsion of semen through the penis.

ejaculatory duct A continuation of the tube that carries semen into the urethra for ejaculation.

endometriosis A potentially painful and dangerous medical condition caused by endometrial cells migrating outside the uterus into the abdominal cavity.

endometrium The tissue lining the uterus that thickens in anticipation of pregnancy and is sloughed off and expelled during menstruation.

epididymis A crescent-shaped structure on each testicle where sperm cells are stored as they mature.

episiotomy Surgical cutting of the perineum during childbirth, a procedure that was believed to allow for easier passage of the infant and less tearing of the vaginal opening. Found to be ineffective, it is rarely performed today.

erection Rigidity of the penis or clitoris resulting from an inflow of blood during sexual arousal.

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estrogen The female hormone responsible for regulating ovulation, endometrial development, and the development of female sexual characteristics.

fallopian tubes The tubes that carry the female ovum from the ovaries to the uterus and in which fertilization occurs.

female genital mutilation (FGM) Removing part or most of the vulva to prevent sexual stimulation or pleasure; a cultural practice in many countries, especially in Africa.

follicle-stimulating hormone (FSH) A hormone that stimulates the development of a mature ovum.

foreskin A layer of skin covering the glans of the penis.

frenulum The band of tissue connecting the underside of the penile glans with the shaft of the penis.

gonads Organs that produce cells (ova or sperm) for reproduction.

G-spot In some women, an area of tissue on the anterior (upper) wall of the vagina that, when stimulated, may cause a woman to experience enhanced sexual arousal and more intense orgasms.

human papilloma virus (HPV) A sexually transmitted virus that is typically characterized by warts in the genital or anal area and that may lead to some forms of cancer; also known as genital warts.

hymen A ring of tissue surrounding, partially covering, or fully screening the vaginal opening.

hymenorraphy A medical procedure, common in some cultures, to reconstruct or repair the hymen to allow a woman to appear “virginal”; also known as hymenoplasty.

labia majora Folds of skin and fatty tissue that extend from the mons down both sides of the vulva, past the vaginal opening to the perineum.

labia minora The smooth, hairless, inner lips of the vulva.

luteinizing hormone (LH) A hormone that acts in concert with follicle-stimulating hormone to stimulate ovulation and the release of estrogen and progesterone.

mammogram Low-dose X-ray of the breast to detect tumors.

menarche The beginning of menstruation during puberty; a girl’s first period.

menopause The normal, gradual change in a woman’s life, typically occurring between ages 45 and 55, when the ovaries produce a decreasing amount of female hormones and the menstrual period ceases.

menstrual cycle The hormone-controlled reproductive cycle in the human female.

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mons veneris A slightly raised layer of fatty tissue on the top of a woman's pubic bone, usually covered with hair in the adult.

orgasm The peak of sexual arousal.

os The very narrow passageway through the cervix, from the vagina to the uterus.

ovarian cyst A fluid-filled sac on the surface of the ovary, formed during normal ovulation; sometimes cysts may swell and cause pain and abnormal bleeding.

ovaries The female organs that produce sex hormones such as estrogen and progesterone and where follicle cells are stored and mature into ova.

ovulation The release of an egg, or ovum, from the ovary into the fallopian tube.

ovum The female reproductive cell stored in the ovaries; usually, one ovum is released approximately every 28 days between menarche and menopause. The plural is ova.

Pap test A routine test in which cells from the cervix are examined microscopically to examine them for potentially cancerous abnormalities.

penile glans The end or tip of the penis, its most sexually sensitive part.

penile shaft The area of the penis between the glans and the abdomen.

penis The primary male anatomical sexual structure.

perimenopausal changes The physical and psychological changes many women experience during the decade leading up to menopause.

perineum The area of skin in the female between the vulva and the anus and in the male between the scrotum and the anus.

pre-ejaculate The fluid produced by the Cowper's glands.

premenstrual dysphoric disorder (PMDD) A significantly more intense and debilitating form of PMS.

premenstrual syndrome (PMS) A set of symptoms that may occur during the days just before and during the start of a woman's period, including irritability, depressed mood, and feelings of physical bloating or cramping.

progesterone The female hormone responsible for the release of ova and implantation of the fertilized egg in the uterine wall.

prostate gland A gland in males surrounding the urethra that produces the largest proportion of seminal fluid (ejaculate).

prostatitis An uncomfortable or painful inflammation of the prostate gland, usually caused by bacteria.

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scrotum The sac of thin skin and muscle containing the testicles in the male.

semen The fluid produced primarily by the prostate gland and seminal vesicles that is ejaculated with the sperm cells by men during orgasm.

seminal vesicle A structure that produces fluid that becomes part of the semen that is expelled during ejaculation.

seminiferous tubules Tightly wound microscopic tubes that comprise the testicles in the male, where sperm cells are generated.

spermatic cords Supporting each testicle and encasing the vas deferens, nerves, and muscles.

testicles Oval structures approximately 1.0 to 1.5 inches in length made up of microscopic tubes in which sperm cells and testosterone are produced in the male.

testosterone The male sex hormone responsible for male sexual characteristics and the production of sperm cells.

urethra The tube extending from the bladder to the urethral opening, which carries urine out of the body in both women and men, and semen as well in men.

urethral bulb The prostatic section of the urethra that expands with collected semen just prior to expulsion, creating the sensation of ejaculatory inevitability.

urethral opening An opening in the midsection of the vulva, between the clitoral glans and the vagina, that allows urine to pass from the body.

urinary tract infection (UTI) An infection of the urethra, bladder, or other urinary structure, usually caused by bacteria.

uterus A very flexible organ with strong muscle fibers where a fertilized egg implants and an embryo and fetus grow, from a few days after fertilization until birth.

vagina A flexible, muscular canal or tube, normally about 3 to 4 inches in length, that extends into the woman's body at an angle toward the small of the back, from the vulva to the cervix.

vas deferens A tube extending from the testicle (epididymis) into the male's body for the transport of mature sperm cells during ejaculation.

vulva The female external genitals.

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LECTURE LAUNCHERS AND DISCUSSION TOPICS

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13. Discussion: Societal Views on Menstruation
14. Discussion: Student's Expectations and Experiences

1. Discussion on Drawing Your Knowledge via Pictionary

This activity can be done to begin the lectures on female (and male) anatomy (or as a complete substitute for a lecture). On a series of cards, write the name of various parts of the female anatomy. Thus, one card might have "clitoris" and another card might have "nipple." Because some structures are internal and less well-known (e.g., the fundus), you might consider sticking to more commonplace terms or ones you want to make sure students learn. An exception would be if you want to test them on the reading. After you have a series of cards prepared before class, divide students into teams. Each team will play against each other. You will show the card to one student from each team. They will have 30 seconds to draw the structure on the board. The students who are drawing cannot talk and their respective teammates must give the correct answer to you. The team with the correct answer first gets a point. After each round, you can give basic information about the structure that was just drawn. You may wish to have a simple prize for each member of the winning team (e.g., a piece of sugarless candy or gum).

< Return to Lecture Launchers and Discussion Topics

2. Have You Considered: Imagine that you have a close friend who confides in you that he is worried and embarrassed because he thinks his penis is too small. Discuss at least three responses you could give him that might help him feel better about himself.

Students could explore the many myths surrounding penis size and the importance attributed to having a "large" penis, such as being a better lover, great variation in size among men, and penis size related to a man's foot size, etc.

< Return to Lecture Launchers and Discussion Topics

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3. Have You Considered: If you were the parent of a new baby boy, would you have him circumcised? Give three reasons for your answer.

Students could discuss the controversy surrounding circumcision and the medical evidence as to its necessity or lack thereof.

< Return to Lecture Launchers and Discussion Topics

4. Discussion on Male Hormone Replacement Therapy

What are the pros and cons of testosterone replacement therapy for men? What are the similarities and differences between female menopause and male menopause (andropause)?

< Return to Lecture Launchers and Discussion Topics

5. Discussion Questions on Disorders of the Male Urogenital System

In mixed-gender groups of three to four students each, discuss the following questions and ideas. Discuss whether the males and females in your groups answer the questions differently. After 20 minutes, one student from each group should summarize the small group discussion to the class.

- Were you as aware of the disorders of the male reproductive system as you were of the disorders of the female reproductive system? How do you account for the difference?
- Are men as likely as women to do self-exams and get regular medical exams of their reproductive organs? Why? What roles do stereotypes about males and females play?

< Return to Lecture Launchers and Discussion Topics

6. Discussion on: The practice of female genital mutilation (FGM), called female circumcision by some, is deeply ingrained in many cultures throughout the world. Do you feel that members of cultures such as the United States that disapprove of the practice have a right to interfere in those cultures and attempt to put a stop to it? Explain your answer.

Students could discuss the practices of FMG, the cultural beliefs it is based on and the health risks it generates.

< Return to Lecture Launchers and Discussion Topics

7. Have You Considered: Many groups around the world are working to stop FGM. If they asked for your help, what three strategies might you suggest to reduce the incidence of FGM?

Students could explore the WHO statement against FMG, several ways of educating people and the need for protection of human rights.

< Return to Lecture Launchers and Discussion Topics

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8. Discussion on Self-Investigation

Suggest that female students examine their genitalia at home in a mirror. When they squeal with horror at this suggestion, remind them that it is vital to be familiar with the normal appearance of their genitalia, because certain observed changes may indicate a problem. Begin a discussion of why women in particular are so uncomfortable with their genitalia. Discuss reasons why most men in our society are not ashamed of their genitals but many women are.

< Return to Lecture Launchers and Discussion Topics

9. Discussion: Write a Letter to the Female Genitals

Have female students write a letter to their genitals. (You can also have them write about their breasts or entire body—give them choices.) What do they have to say to these parts of the female body? What do they think of them? What emotions do they have about them? Have male students write similar letters. In small groups, students should share their letters. As a class, what themes did they notice in themselves and across students?

< Return to Lecture Launchers and Discussion Topics

10. Breast Discussion Topics

- Breasts mean different things to different people. According to Marilyn Yalom, author of *A History of the Breast,* "Babies see food. Men see sex. Doctors see disease. Business people see dollar signs." Discuss with your class the role breasts hold in American society. Are they a sign of power? Insecurity? Life? Sustenance? Sexuality? In what ways?
- According to the American Society of Plastic Surgeons, in the year 2000, more than 108,000 women between the ages of 19–34 sought breast augmentation surgery. This represents a more than 500% increase in the number of procedures since 1992. However, large breasts are not the standard of beauty worldwide. In Brazil, breast reduction surgery is very popular, as large breasts are seen as "low class." In a number of African tribes, drooping, pendulous breasts are the ideal. Even in American society, the "ideal" breast size has changed. In the 20s, women would bind their breasts to achieve a more boyish shape. Discuss what sort of societal forces might influence the desired breast size in American women in modern society.
- How do men feel about breast size? Would they ever ask their partner to get a breast augmentation? Reduction? Under what circumstances? Do the men in the class prefer natural or augmented breasts?

< Return to Lecture Launchers and Discussion Topics

11. Have You Considered: What help and advice would you give to a good friend who confides in you that she suffers from debilitating PMS every month?

Students could discuss the various treatments for PMS including medication, dietary changes, exercise and relaxation techniques.

< Return to Lecture Launchers and Discussion Topics

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12. Have You Considered: Breast augmentation is a thriving industry in the United States. Discuss your opinion of the procedure and how you feel about women who choose to undergo breast enlargement for cosmetic reasons.

Students could explore society's role in determining women's body image and its impact on self-esteem.

< Return to Lecture Launchers and Discussion Topics

13. Discussion on Societal Views on Menstruation

- Slang terms for menstruation are usually negative. Have your class make a list of all the slang terms (on the rag, the curse, fell off the roof, visit from Aunt Flo, etc.) they can think of for menstruation. How many have a negative connotation?
- Consider how views on menstruation differ in different societies. Discuss different menstruation rituals, such as the laws of separation and the ritual of the Mikvah in Judaism or menarche rites in North American natives.

Psychosocial factors, such as cultural stereotypes and personal expectations, play a role in menstrual problems.[1, 2] In the United States, for example, menstruation is viewed as a negative event; at best an inconvenience, at worst a "curse."[3]

In a simple but ingenious correlational study, Paige[4] found evidence for a relationship between cultural beliefs toward menstruation and menstrual distress. Women who were more orthodox (more traditional) in their religious beliefs and practices were found to report greater menstrual discomfort. Catholic women, the most traditional group, reported the highest cyclical fluctuations in anxiety. Protestants, the least traditional, showed the lowest fluctuations. More orthodox Jewish women, who adhered to the traditional ban on coitus during menstruation, were most likely to report menstrual problems. Jewish women who did not express belief in this ban experienced less menstrual discomfort, as did Protestant women. There is little reason to believe that women from these different religious backgrounds differed in hormone levels. It would therefore appear that attitudes toward menstruation were the key factors explaining the differences in these groups in menstrual problems. Paige's study was reported more than 20 years ago, but recent research supports the view that attitudes toward menstruation may be a more important determinant of menstrual problems than physical symptoms.

In Gruber and Wildman's[5] survey of college women, for example, women's perceptions of menstruation as debilitating were more powerful predictors of absenteeism from work than menstrual discomfort itself. Women's attitudes toward menstruation may also affect their level of menstrual distress. Women who view menstruation as more debilitating may encounter greater menstrual distress than women who think of menstruation as, at worst, a minor annoyance.

[1]Sherif, C.W. (1980). A social psychological perspective on the menstrual cycle. In J.E. Parsons (ed.), *The psychobiology of sex differences and sex roles.* New York: McGraw-Hill, Hemisphere.
[2]Woods, N.F., Most, A., & Derry, G.K. (1982). Prevalence of premenstrual symptoms. *American Journal of Public Health, 72,* 1257–1264.
[3]Renzetti, C.M., & Curran, D.J. (1989). *Women, men and society: The sociology of gender.* Boston: Allyn & Bacon.
[4]Paige, K.E. (1973, September). Women learn to sing the menstrual blues. *Psychology Today,* p. 41.
[5]Gruber, V.A., & Wildman, B.G. (1987). The impact of dysmenorrhea on daily activities. *Behaviour Research and Therapy, 25,* 123–128.

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14. Discussion on Student's Expectations and Experiences

- How do the students' views on menstruation relate to how they learned of menstruation? Who told them? How was it presented (positive or negative)?
- Ask your female students how they felt about getting their period for the first time? Happy? Scared? Guilty? What were their expectations of menstruation before they first got their period? What was the reaction of their mother? Father? Siblings? Friends?
- How would you prepare your daughter for menstruation?
- What menstruation myths or false ideas did/do your students have?
- Ask your male students what they were told about menstruation and when.
- Should monthly periods be optional?

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CLASSROOM ACTIVITIES AND ASSIGNMENTS

1. Make a List of General Beliefs About Human Sexual Anatomy
2. Pros and Cons About Knowing the Biology of Sex
3. Sexual Health Care
4. What Is Life Like for the Penis?
5. Write a Letter about Men's Sexual Health
6. Draw and Label Male and Female Anatomy
7. Debate: Should Female Genital Mutilation Be Banned?
8. Myths and Facts About Menstruation
9. Gynecologist/Urologist Speaker
10. Cancer Survivor Speaker
11. *The Vagina Monologues*
12. Views of Menstruation
13. Menstruation
14. Debate: Should Post-Menopausal Women Receive Estrogen?
15. Debate: Is PMS a Physiological or Psychological Condition, or May PMS be a Culturally-bound Syndrome?

1. Divide the class into small groups and have each group make a list of general beliefs about human sexual anatomy. Ask them to identify sources that generate these beliefs. Compare and contrast these beliefs with material presented in this chapter.

< Return to Classroom Activities and Assignments

2. Discuss whether learning about the biology of sex enhances sexual satisfaction or takes away from the "magic" of sex.

< Return to Classroom Activities and Assignments

3. Discuss the importance of sexual health care, including breast self-exams and testicular self-exams. Develop an awareness campaign on campus around this issue.

< Return to Classroom Activities and Assignments

4. What Is Life Like for the Penis?

- Have students write about what it would be like to be a penis for a day. What happens in the morning, throughout the day, and in the evening? What is the penis thinking, feeling, and doing? What is it like for a penis when a male is swimming, riding a bicycle, or running? (Students can think of other activities.) Using information from the book, what structures are engaged throughout the day? For example, at what times are the cremaster or dartos muscles engaged?
- Did any of the female students have misconceptions about what it is like to have a penis? What was new for the male students? Are there themes in their responses?

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5. Write a Letter about Men's Sexual Health

Have students write a letter to a male figure, someone meaningful to them (e.g., a male friend, an uncle, father, brother, dating partner). Describe aspects of men's sexual health and how to maintain their sexual health. For example, what are the signs of testicular cancer? How can a man check himself for testicular cancer? Students can also include other information about men's sexual health (e.g., what they have learned; dispelling any myths). Encourage students to send their letter and share the results of their work. (Some instructors may wish ask students to turn in a stamped and addressed envelope that can be used to mail the letter.)

< Return to Classroom Activities and Assignments

6. Divide the class into two groups: On large sheets of paper with markers, have the men draw and identify the female anatomy, and the women in the class draw and label the male anatomy. Discuss.

< Return to Classroom Activities and Assignments

7. Debate: Should Female Genital Mutilation Be Banned?

From *Taking Sides: Clashing Views on Controversial Issues in Human Sexuality.* William J. Taverner, Ed. (McGraw-Hill. 2006).

< Return to Classroom Activities and Assignments

8. Have students make a list of things they have heard about menstruation. Identify the myths versus facts. Compare and contrast the misconceptions with the material presented in the text.

< Return to Classroom Activities and Assignments

9. Invite a gynecologist and/or urologist into the class to speak.

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10. Invite a cancer survivor (e.g., breast, cervical, ovarian, testicular, or prostate) to speak to the class about their journey.

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11. *The Vagina Monologues*

Screen *The Vagina Monologues* (HBO) in class, or organize a class trip to a presentation if the production is touring in your area.

- *The Vagina Monologues* is based on stories, anecdotes, and feelings that Eve Ensler got from interviewing hundreds of women.
- Possible discussion questions for students:
    - Which of the monologues was their favorite? Why? Which was the most emotionally powerful? Why? Which monologue was most relevant to their feelings and lives?

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- What were the different responses of the males and the females in the class? Divide the students into small groups, each group including both males and females. Have the men ask questions of the women about issues raised by the monologues. Then have women ask questions of the men.
- Do you think the monologues are most relevant to a particular age group or ethnicity? Why?

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12. Views of Menstruation

- Divide students into groups where some groups have men only, some groups have women only, and some are mixed. Have them write out briefly what women experience during menstruation (from beginning to end) and how women use tampons. Have them read their answers aloud and talk about what it was like to write it out. How accurate were the men's writing? For the mixed group, was it helpful to have women involved? How active were the men in participating and what questions did they have?
- Have students collect advertisements from magazines or videotape TV commercials related to menstruation. How is menstruation portrayed? What are the common themes in these ads? What fears and insecurities do the ads play off of?
- As a part of this exercise, the boys in the class have to buy tampons. They should share this experience with the rest of the class. Where did they choose to go and why? Did they wait for a male or female clerk? How did they feel buying tampons?

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13. Menstruation

- Imagine that tomorrow, suddenly, men as well as women menstruated. What would the world be like? Would interactions between men and women change? How and why? Give reasons to support your ideas.
- Have the students develop an ad campaign based on products aimed at menstruating men (manpons?) and present their ads to the rest of the class.

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14. Debate: Should Post-Menopausal Women Receive Estrogen?

From *Taking Sides: Clashing Views on Controversial Issues in Sex and Gender.* Elizabeth Paul, Ed. (McGraw-Hill. 2000).

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15. Debate: Is PMS a Physiological or Psychological Condition, or May PMS be a Culturally-bound Syndrome?

Read and discuss Chrisler, J.C. (2008) "PMS as a culture-bound syndrome." In *Lectures on the Psychology of Women*. Chrisler, J.C., Golden, C., Rozee, P.D. (Eds.) (McGraw-Hill 2008).

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