Human Sexuality in a Changing World 10th edition Rathus Solutions Manual

SKU: 9780134525068-SOLUTIONS

Chapter 2: Female Sexual Anatomy and Physiology

Learning Objectives

- Describe the external female sex organs and their functions.
- Describe the internal female sex organs, their functions, and health problems that may affect them.
- Describe the composition and functions of the breasts.
- Discuss risk factors for and detection and treatment of breast cancer.
- Describe the regulation and the phases of the menstrual cycle.
- Define and discuss menopause, perimenopause, and the climacteric.
- Define menstrual problems and discuss what can be done about them.

Chapter Outline

- All genitalia are not created equal.
- There is a wide variation in appearance in both male and female genitalia. “Vive la difference!” (French for long live the difference)
- External Sex Organs
  - Talking About One’s Sexual Anatomy: While males, along with their genitalia, have been exalted, the less visible female genitalia has been seen as inferior. The exterior female sex organs are known as the vulva. Pudendum (another word for vulva) derives from the Latin pudendus, meaning “something to be ashamed of.”
  - The mons veneris is the fatty tissue that covers, cushions, and protects the joint of the pubic bones in front of the body. At puberty it becomes covered with pubic hair, which traps the chemical secretions that emanate from the vagina.
  - Labia majora are the large folds of skin along the sides of the vulva. Well supplied with nerve endings, they respond to stimulation, as well as protect the inner genitalia.
  - Labia minora are hairless membranes that surround the urethral and vaginal openings, located between the labia majora. The inner labia are highly sensitive to sexual stimulation.
  - The clitoris is the only part of the human body whose sole function is pleasure. Similar to the penis, the clitoris consists of erectile tissue. The clitoris is well supplied with nerve endings and is the sexual organ most sensitive to sexual sensation. Both the clitoris and the penis develop from the same embryonic tissue. While both organs receive and transmit sexual sensations, the penis is also directly involved in reproduction and excretion. Female genital mutilation is still practiced in many countries worldwide and leaves both physical and emotional scars.
  - The Vestibule: The openings to the vagina and urethra.
  - The urethral opening is located above the vaginal opening. Urine passes from the body through the urethral opening. The proximity of the urethral opening to the vaginal opening, as well as the shorter length of the urethra in women, increases a woman’s chance of contracting a urinary tract infection such as cystitis. Cystitis can be prevented by drinking lots of fluids, including orange or cranberry juice,

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decreasing the use of alcohol and caffeine, and maintaining the cleanliness around the urethral opening.

- The vaginal opening, or introitus, lies below and larger than the urethral opening. A fold of tissue called the hymen covers the vaginal opening. This tissue is usually present at birth and remains at least partly intact until a woman engages in coitus. It is not true that one may determine whether or not a woman is a virgin by examination of the hymen.
- The perineum consists of the skin and underlying tissue between the vaginal opening and the anus. It is well supplied with nerve endings. An episiotomy is the cutting of the perineal tissue during labor.
- Structures That Underlie the External Sex Organs
    - The clitoral crura are wing-shaped leg-like structures that attach the clitoris to the pubic bone beneath.
    - Vestibular bulbs are attached at the top of the clitoris. During sexual arousal, blood fills the bulbs, swelling the vulva and lengthening the vagina.
    - Bartholin's glands secrete a couple of drops of lubrication just before orgasm, but this fluid has no known purpose. The major source of vaginal lubrication comes from the vaginal walls themselves.
    - Muscles along the pelvic floor permit women to constrict the vaginal and anal openings.

- Internal Sex Organs
    - The internal sex organs of the female include the innermost parts of the vagina, the cervix, the uterus, and two ovaries each connected to the uterus by a fallopian tube.
    - The vagina is a collapsible muscular tube (usually 3–5 inches long at rest) that contains the penis during sexual intercourse and through which a baby is born.
        - While the walls of the vagina are well supplied with blood vessels, they are poorly innervated by nerves and therefore fairly insensitive. This limits the pain experienced during childbirth.
        - The vagina normally has an acidic pH. This pH is necessary to maintain the healthy vaginal flora. Interestingly, the acidity of the vagina kills many of the sperm deposited during sexual intercourse.
        - Vaginitis, or vaginal inflammation, may be due to a number of causes, such as infection, antibiotics, fatigue, or diets high in sugars or refined carbohydrates. Abnormal discharge, itching, burning, and urinary urgency characterize vaginitis.
    - The cervix is the lower end of the uterus. The opening in the middle of the cervix (the os) is normally dilated to about the width of a straw; during labor it dilates sufficiently to allow passage of the baby's head.
        - Cervical cancer is relatively uncommon in the United States. The primary cause is infection with the human papilloma virus (HPV). A vaccine has been developed that makes most women immune. The Pap test, which examines cervical cells for abnormalities, is recommended for women who are or have been sexually active or who have reached the age of 18.
    - The uterus (or womb) is the hollow, muscular, pear-shaped organ in which a fertilized ovum implants and develops until birth. The uppermost part is called the fundus. The uterus has three layers. The protective outermost layer is called the perimetrium,

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while the well-muscled middle layer is the myometrium. The innermost layer is called the endometrium. It is richly supplied with blood vessels and glands. During menstruation, endometrial tissue is shed through the vagina.
    - Endometriosis is a condition in which endometrial tissue grows in the abdominal cavity or elsewhere in the reproductive system.
    - Endometrial cancer is cancer of the endometrial lining. Risk factors include high exposure to estrogen as from early menarche, late menopause, or estrogen replacement therapy.
- The fallopian tubes extend from the upper end of the uterus toward the ovaries. The outer part has fringelike projections called fimbriae that extend toward the ovary but do not actually touch the ovary.
        - Ova pass through fallopian tubes on their way to the uterus, but they are not simply passageways. They also help nourish and conduct ova.
        - When the fertilized egg implants outside the uterus, most often in the fallopian tubes, it is called an ectopic pregnancy, which can lead to hemorrhage and death.
- The ovaries are almond-shaped organs that lie on either side of the uterus. They are directly attached to the uterus by the ovarian ligaments.
  Ovaries produce the sex hormones estrogen and progesterone.
    - "Estrogen" actually refers to several female sex hormones that promote the development of female sex characteristics and regulate the menstrual cycle.
    - "Progesterone" stimulates proliferation of the endometrium in preparation for pregnancy and is involved in regulation of the menstrual cycle.
        - A human female is born with all the ova she will ever have. These ova are immature at birth; one ova will fully mature and be released each month from puberty until menopause.
        - Ovarian Cancer: Risk factors include a family history of ovarian cancer, never having given birth, and high body weight. Ovarian cancer often shows no obvious signs or symptoms. The most common sign is enlargement of the abdomen due to fluid accumulation. Early detection in the form of pelvic exams is key.
        - Hysterectomy: One woman in three in the United States has a hysterectomy by the age of 60. A complete hysterectomy is the surgical removal of the ovaries, fallopian tubes, cervix, and uterus. The partial hysterectomy is the removal of the uterus, but not the ovaries and fallopian tubes.
- The Pelvic Examination: Women are advised to have a pelvic exam at least once a year from their late teens onward (or earlier if they become sexually active).
    - First, the woman is examined externally for irritations, swellings, and discharge.
    - Insertion of a speculum allows the physician to inspect the cervix and vaginal walls.
    - A Pap test is performed to test for cervical cancer. During this test, a sample of cells is scraped from the cervix.
    - The physician manually examines the location, shape, size, and movability of the internal sex organs.

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    - Finally, the physician should perform a recto-vaginal examination.
- The Breasts
    - In some cultures the breasts are viewed as biological instruments for feeding infants. But the culture of the United States has eroticized breasts.
        - Breasts are secondary sexual characteristics; that is, they distinguish women from men but are not directly involved in reproduction.
        - Each breast contains milk-producing glands called "mammary glands." Women vary little in their amount of glandular tissue; it is the fatty tissue between the glands that determines breast size.
        - Anatomy: The nipple lies in the center of the areola, the colored ring surrounding the nipple. When nursing, milk is released through the nipples. Oil is produced from glands in the areola to lubricate the nipples during breast-feeding.
    - While breast cancer rates are slowly rising in the United States, more cases of breast cancer are being detected early due to increased awareness and mammography.
        - Risk factors for breast cancer include advancing age, genetic factors, prolonged exposure to estrogen, and heavy alcohol consumption.
        - Detection and Treatment: Early detection reduces the risk of mortality. Breast cancer may be detected by breast self-examination or physical examination, but is best detected by mammography.
        - Treatments for breast cancer include lumpectomy or mastectomy, chemotherapy, and radiation.
- The Menstrual Cycle
    - Menstruation is the cyclical bleeding due to the shedding of the inner lining of the uterus. It occurs when a reproductive cycle has not led to fertilization of an ovum. The average cycle is about 28 days, although there can be large variations between women, as well as in the same woman from month to month. Variations in the cycle may occur due to physiological or psychological causes. The cycle is divided into four phases: the proliferative phase, ovulation, the luteal phase, and menstruation. For ease of counting, "day one" is the first day of the menstrual period, although in reality the cycle begins with the end of menstruation and the initiation of a series of events leading to the maturation of an egg.
    - Regulation of the Menstrual Cycle: The endocrine system is a series of glands that release hormones into the bloodstream. In addition to being reproductive organs, the ovaries and the uterus are also endocrine organs. Other endocrine organs involved in the regulation of menstruation are the hypothalamus and the pituitary gland.
        - The hypothalamus is a small structure in the front of the brain. It is involved in regulating many states, including hunger, thirst, aggression, and sex. The hypothalamus also regulates secretions from the pituitary gland.
        - The pituitary gland, also called the "master gland," has many secretions that regulate other endocrine glands. Hormones from the pituitary involved in reproduction include:
            - Prolactin, which stimulates production of milk.
            - Oxytocin, which causes uterine contractions during labor and milk letdown during breast-feeding.
            - Follicle stimulating hormone (FSH), which causes the eggs in the form

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of follicles to mature each menstrual cycle.
        - Luteinizing hormone (LH), which causes ovulation.
- The Phases of the Menstrual Cycle
    - The proliferative phase: The first phase of the cycle (following menstruation) is called the proliferative phase, which lasts approximately from days 5 to 13. During this time, between 10 and 20 ova mature within their follicles and the endometrial lining begins to thicken.
        - This stage is also called the preovulatory or follicular phase.
        - At the end of the menstrual period, levels of estrogen are low. The hypothalamus responds to this by secreting Gn-RH, which stimulates release of FSH from the anterior pituitary. FSH stimulates ovarian follicles to mature, grow, and produce estrogen. One follicle reaches full maturity and is ovulated. This is called the graafian follicle.
        - This phase is therefore associated with an increasing level of estrogen.
        - Estrogen causes the endometrium to thicken and thins the cervical mucus.
    - The Ovulatory Phase: Occurs on approximately the 14th day of the cycle, an ovary releases a mature ovum.
        - By day 12 of the cycle, the developing follicles are secreting large amounts of estrogen. This surge of estrogen triggers the pituitary to release a large amount of LH, triggering ovulation.
        - Twelve to 24 hours later, the mature ovum is released near a fallopian tube.
            - If two ova mature and are released during ovulation, and both are fertilized, fraternal twins will develop. Identical twins result from the division of a single fertilized ovum.
        - Ovulation may not occur in every menstrual cycle. Anovulatory cycles are most common in the years just after menarche.
        - When the ovum is released, follicular cells are left behind in the ovary. These cells become the corpus luteum.
- The Secretory Phase: Sometime referred to as the luteal phase. In the ovary, the corpus luteum acts as an endocrine gland and produces large amounts of progesterone and estrogen. Progesterone causes the endometrium to thicken, enabling it to support an embryo if fertilization occurs. This stage is also called the postovulatory phase and it lasts from approximately day 15 to 28.
    - If fertilization does not occur, the hypothalamus signals the pituitary gland to stop producing LH and FSH. The corpus luteum then degenerates and progesterone levels plummet, constricting blood vessels to the endometrium. This causes the final phase, menstruation.
- The Menstrual Phase: An End and a Beginning: The menstrual phase, or “period,” is the sloughing off of the inner lining of the uterus. Menstruation occurs when estrogen and progesterone levels are too low to sustain the uterine lining, which disintegrates and is discharged from the body.
    - Low estrogen levels then signal the hypothalamus to release Gn-RH, increasing FSH levels, thus resuming the proliferative phase of the cycle.
    - Menstrual flow contains blood and tissue from the endometrium, as well as

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cervical and vaginal mucus.

- Sex during Menstruation: Many couples continue to have sex during menstruation; other couples abstain. Orgasm during the menstrual cycle may actually help to relieve a woman's discomfort during her period.
- Menopause, Perimenopause, and the Climacteric.
    - Definitions
        - The reproductive capacity of the ovaries slowly decline, starting in the mid-30s, a process known as the climacteric period.
        - Perimenopause refers to the beginning of menopause. It is usually characterized by 3–11 months of amenorrhea or irregular periods.
        - Menopause, or the process of the cessation of menstruation, is a particular event in the climacteric process. It most commonly occurs between the ages of 46 and 50 and lasts for about 2 years.
        - In menopause, the pituitary gland continues to produce normal amounts of FSH and LH, but the ovaries lose their capacity to respond to these hormones. Therefore, eggs no longer ripen and production of estrogen and progesterone ceases.
        - The deficit in estrogen leads to a number of physical sensations, including dizziness, headaches, joint pain, and variations in body temperature, causing night sweats, cold sweats, and hot flashes. Skin may become drier, and there is some loss of breast tissue and decreased vaginal lubrication during sexual arousal. As estrogen helps maintain bone density, menopause may be associated with osteoporosis.
        - Estrogen deficiency also has a number of psychological effects, including impairments in cognitive functioning and feelings of psychological well-being.
        - Menopause does not signal the end of women's sexual appetite.
    - Hormone replacement therapy: Good Medicine or Menace? HRT is controversial.
- Menstrual Problems
    - Dysmenorrhea is pain or discomfort during menstruation. It is the most common type of menstrual problem. Menstrual pain may include cramps, lower back pain, swelling and tenderness of the breasts, and headache.
        - Menstrual cramps result from uterine spasms caused by the secretion of prostaglandins. Drugs such as ibuprofen or aspirin, which inhibit prostaglandins, may help.
        - Fluid accumulates in the pelvic region and breasts, leading to pressure and bloating.
        - Headaches may be due muscle tension or from changes in blood flow in the brain.
        - Primary dysmenorrhea is menstrual pain or discomfort that occurs in the absence of known organic problems. Secondary dysmenorrhea is menstrual pain or discomfort that is caused by identified organic problems, such as endometriosis or Pelvic Inflammatory Disease (PID).
    - Amenorrhea is the absence of menstruation. Primary amenorrhea occurs if a woman has not yet menstruated by age 16 or 17. Secondary amenorrhea is delayed or absent

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menstrual periods in women who have had regular periods in the past. This may occur due to structural or hormonal abnormalities, stress, or low body weight. Amenorrhea during pregnancy or following menopause is normal.

- Premenstrual Syndrome (PMS) and Premenstrual Dysphoric Disorder (PDD)
    - PMS is a combination of physical and psychological symptoms such as anxiety, depression, mood swings, irritability, weight gain, and abdominal discomfort that afflicts nearly three out of four women 4–6 days before their menstrual period begins.
    - PMDD, a technical term used by the APA, is more severe than PMS.
    - PMS and PMDD may be related to an abnormal response to hormones, such as estrogen or progesterone, or to imbalances in neurotransmitters, such as serotonin or GABA.
- How to Handle Menstrual Discomfort?
    - There are a number of ways to handle the discomfort associated with the menstrual and premenstrual period. Some are listed below.
        - Don't blame yourself. Menstrual problems are due to hormonal or chemical fluctuations in the brain. If your husband or boyfriend suggests that it is "all in your mind," point out his misinformation in a loving and gentle way. Afterwards, apologize and offer to drive him to the emergency room.
        - Develop strategies for dealing with days that you experience the greatest distress.
        - Develop nutritious eating habits, including eating smaller meals and taking vitamin supplements. Research suggests that avoiding alcohol, caffeine, fats, salt, and sweets may help, but a premenstrual woman may bite your head off if you take away her alcohol, caffeine, fats, salt, and sweets. Regular exercise also helps relieve premenstrual and menstrual discomfort.
        - Enjoy it. As Roseanne says, "Women complain about premenstrual syndrome, but I think of it as the only time of the month that I can be myself."

Chapter Summary

This chapter starts with an exploration of misconceptions about female genitalia and the widespread "code of silence" with respect to their sexual organs with which most children are reared. The external genitals (vulva) are described. The clitoris is described as being "homologous" (similar in structure), but not "analogous" (they do not serve the same function) to the penis. The clitoris is the only known organ whose only purpose is to provide sexual pleasure. The controversial procedure known as female genital mutilation historically and currently practiced in some parts of Africa and the Middle East is then described. The myth about the presence or absence of the hymen as proof of virginity is discussed. The internal genitalia are then described. The walls of the vagina normally secrete substances that help maintain the health of the vagina. Some hygienic recommendations are given so that females can decrease the risk of being infected by contamination. The pelvic examination is encouraged and described so that the student knows what to expect if she has not undergone one already. Cancers of the female

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reproductive tract are described. Effective screening and pelvic examinations have reduced the incidence of these cancers. The issue of hysterectomy is discussed and its forms (complete or partial) are presented. While breasts are not directly involved in reproduction, they are considered a secondary sexual characteristic and have erotic significance in Western society. A description of the incidence, risk factors, and treatments of breast cancer follows. The importance of physical examination of the breasts and mammograms in early detection of cancer is given. The function, phases, and regulation of the menstrual cycle are described. An interesting cross-cultural view on menstruation is presented. Menopause and the advantages and disadvantages of hormone replacement therapy are discussed. The chapter ends with a description of dysmenorrhea, amenorrhea, and PMS.

Lecture Launchers

Lecture Launcher 2.1: 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 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 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).

Lecture Launcher 2.2: 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, so changes that may indicate a problem can be discerned.

Begin a discussion on 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.

Lecture Launcher 2.3: 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

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themes did they notice in themselves and across students?

Lecture Launcher 2.4: 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 and 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?

Lecture Launcher 2.5: Discussion: 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

[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.

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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's5 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.

Lecture Launcher 2.6: Discussion: 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?

Student Activities

Student Activity 2.1: 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

[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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emotionally powerful? Why? Which monologue was most relevant to their feelings and lives?
- 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?

Student Activity 2.2: 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?

Student Activity 2.3: 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.

Student Activity 2.6: 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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Web Resources

American College of Obstetricians and Gynecologists
http://www.acog.org/
The nation's leading group of professionals providing health care for women.

Breast Self-Exam Demonstration
http://www.komen.org/bse/
Clear explanation of how and why you need to do breast self-examination.

Feminist Women's Health Center
http://www.fwhc.org/
Concerned with women's health, primarily with facts about birth control, breast care, abortion, PMS, with personal stories and current news.

Feminist.com: Health & Sexuality Links
http://www.feminist.com/resources/links/links_health.html
Excellent site about women's health, with focus on breast and cervical cancer, reproductive health and rights, women and AIDS, and female sexuality.

Focus on Women's Health
http://www.medicinenet.com/womens_health/focus.htm
Excellent overview of women's health issues.

Forum on Women's Health
http://www.estronaut.com/
Facts and tips about women's health issues.

Museum of Menstruation
www.mum.org
Everything you want to know about periods.

National Women's Health Organization
http://gynpages.com/nwho/
Provides women with exceptional medical services. Dealing primarily with abortion issues, this site includes clinic locations, press releases, and appointment information.

Sex Ed 101: Sexual Health
http://www.sex-ed101.org
Information on breast self-exam, testicular self-exam, and other health issues.

Sexual Health.com
http://www.sexualhealth.com/
Covers a range of sexual health topics.

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Print Resources

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Human Sexuality in a Changing World 10th edition Rathus Solutions Manual