Female Sexuality

Learning Objectives

Review the following Learning Objectives as an organized beginning to your study of this module. As you read the Learning Objectives, note key words which will aid you in finding the information in the texts. When you complete the module, revisit this list and check for areas that require further investigation.

• Review concepts of confidentiality.
• Review Well Woman Care module.
• Review Physical and Sexual Abuse module.
• Appreciate the spectrum of “normal” sexuality.
• Identify your own personal judgments and bias concerning relationships and sexual behavior.
• Identify midwifery concerns for women in various relationship and family structures.
• Understand the stages of female sexual development throughout a woman’s lifetime.
• Understand the cycles of female sexual interest throughout a woman’s lifetime.
• Understand the range of possible changes in female sexuality specific to fertility, pregnancy, birth and post partum.
• Identify the physical structures and functions of female genitalia.
• Identify the implications of episiotomy or birth lacerations.
• Identify and learn about the personal, physical and cultural aspects of female genital mutilation.
• Create a referral list for clients working through issues effecting their sexuality.

Related Topics

◊ Fertility
◊ confidentiality.
◊ Well Woman Care
◊ Physical and Sexual Abuse
◊ Self esteem
◊ Birth control
Female Sexuality, continued

Study Sources

The following texts are recommended for completion of this module. Use them to cross reference and build a more comprehensive understanding.

Using key words from the Learning Objectives, search the index. Read those pages listed, and read the chapter in which they are found. Establish a context for the information so that you understand how other topics are related. In addition, read the chapter headings in the Table of Contents, and flip through each text to familiarize yourself with the content of chapters. As you work through Study Group modules, you will eventually read each text in its entirety.

New View of a Woman’s Body, Gage
Holistic Midwifery, Vol. I, Frye
Contraceptive Technology, Hatcher, Trussell, Stewart and Kowal
Myles Textbook for Midwives
Human Labor and Birth, Oxorne and Foote
Woman’s Experience of Sex, Kitzinger
Our Bodies, Ourselves, Boston Women’s Health Book Collective
The Natural Pregnancy Book, Romm
Healing Passage (Suturing Manual), Frye (especially for the model of pelvic muscles)

Further Study
Female Genital Mutilation: Legal, Cultural, Medical Issues, Rosemarie Skaine, 2005, McFarland & Co.
Female Sexuality Questions

1. How would you define ‘normal sexuality’?

**#2 through 10. Consider the following scenarios.**

A. Write about the biases you encounter in yourself as well as possible cultural biases that these clients may face.

B. Personal and cultural bias aside, what would your midwifery based concerns be?

2. A woman is in a loving sexual relationship with a man and is now pregnant.

3. A woman is in a loving sexual relationship with a woman.

4. A woman is celibate. How would your considerations change if she plans to conceive in the future?

5. A woman is in a primary relationship with a man and choosing sexual encounters with women.

6. A woman is in a primary relationship with a man and having other male and female lovers that may or may not also have sexual contact with her primary partner.

7. A woman is in a primary relationship in which both partners have agreed to have an open sexual relationship. (This means either partner could have sexual encounters with other people and that this is acceptable in their relationship.) How would your midwifery considerations change if she became pregnant?

8. A lesbian couple have had children through artificial insemination.

9. A lesbian has conceived by having intercourse with her male friend.

10. A heterosexual couple have conceived through known donor insemination.

11. Your client has told you that her husband is not the father of her baby. Your client’s mother suspects she has been having an affair and at the birth she asks you if you are aware that her daughter’s baby may not be her husband’s. What do you say?

12. What are the rules about confidentiality concerning someone’s sex life?

13. List some things that can cause sexual interest to decrease.

*Continued...*
Female Sexuality Questions, continued

14. What things can increase sexual interest?

15. What happens to the clitoris when a woman is sexually aroused?

16. Name the parts of the clitoris.

17. What is a G-spot? Where is it located?

18. Describe what happens to the uterus during sexual arousal.

19. Why do women experience a decrease in vaginal secretions when lactating and in menopause?

20. How is the vagina lubricated during arousal?

21. What are some ways to stimulate natural estrogen production?

22. When does a young woman begin ovulating?

23. How might a woman’s sexual awareness of herself and her sexual relationship with her partner prepare her for labor?

24. How may childbirth effect a woman’s future sexual experience?

25. How may nursing effect a woman’s sexual interest?

26. Describe the practice of female genital mutilation. What are the variations of this practice?

Continued...
Female Sexuality Questions, continued

Essay

1. Get together with one or more female friends. Discuss with them what each of you remember about your first sexual feelings, your first orgasm, your first sexual encounter, how you each have experienced changes in sexual attraction for someone, changes in sexual interest within the broader framework of life. Discuss when each woman feels most and least interested in sex within her menstrual cycle. Without mentioning any actual names, write about common themes and surprising discoveries from this discussion. Did you notice any personal biases from within the group or in yourself as the discussion went on?

2. What do you think about Anne Frye’s reference to clitorotomy and episiotomy?

3. Describe the stages of female sexual/reproductive development throughout a woman’s lifetime.

4. What advice do you have for a woman who is concerned about her interest in sexual activity?

Projects (send completed projects with the rest of your course work for this module)

1. Using the pelvic floor model from the back of Healing Passage, construct a paper model of the female pelvic floor.

2. Using a mirror and flashlight, look at your own clitoris, labia and cervix. Identify your own urethral sponge.

3. Consider the illustrations on page 55 and 65 of New View of a Woman’s Body and page 43 of Heart and Hands (illustration of supporting ligaments). Identify the round ligaments of the uterus in each illustration. Noting the position of these ligaments, try to sense their location in your own body, particularly within your labia majora. Can you perceive the relationship between your uterine round ligaments and your vulva?

4. Find an article or resource for more information about the personal, physical or cultural aspects of female genital mutilation. Write about what you learned from this resource. Send a copy of the resource (or title and author if it is a book) with your other course work.

5. Identify a book you would recommend to a woman who asks for more information about sexuality. Write briefly about why you think this book is a good resource. Include title, author, publisher and date of publication.

6. Research the available resources in your community that you may refer women to as they seek resolution around personal issues of sexuality and intimacy. Create a referral list, with notes regarding specific areas of focus for each referral.

Continued...
Female Sexuality, continued

Skills

Following are excerpts from the NMI forms for assessment of midwifery skills, which include all skills identified and required by NARM. Review the following skills and consider how they each relate to the content of this module. If you are currently working with a preceptor, take this opportunity to focus on these areas. During Supervised Primary Care you will formally evaluate these skills together using the NMI form Preceptor Evaluation/Student Self-Assessment of Midwifery Skills.

1. Midwifery Counseling, Education and Communication:
   A. Provides interactive support and counseling and/or referral services to the mother regarding her relationships with her significant others and other health care providers
   C. Provides education and counseling based on maternal health/reproductive/family history and on-going risk assessment
   F. Educates the mother concerning the natural physical and emotional processes of pregnancy, labor, birth and post partum
   H. Provides individualized care
   J. Provides education, counseling and/or referral, where appropriate for:
      7. Sexually transmitted diseases

2. General Health care Skills:
   D. Demonstrates the use of instruments and equipment including:
      19. Speculum

3. Maternal Health Assessment:
   C. Estimates due date based upon:
      2. Last normal menstrual period
      3. Length of cycles

4. Labor, Birth and Immediate Postpartum
   F. Assesses general condition of mother and newborn by:
      7. Providing instruction for the care and treatment of the perineum

5. Postpartum
   C. Provides contraceptive education and counseling

6. Well-Women Care
   D. Provides gynecological examination including assessment of:
      1. External genitalia
      2. The cervix by speculum (observe)
      3. Vulva, vagina, anus, perineum, urethra, clitoris, Bartholin’s and Skeene’s glands
      4. Vaginal discharge:
         a) odor, b) color, c) consistency, d) amount,
         e) obtain PAP smear and cultures

Continued...
E. Provides education and communicates about:
   1. Nutrition
   2. Female reproductive anatomy and physiology:
      a) monthly breast self examination techniques (BSE),
      b) implications for the nursing mother,
      c) prevention of HIV/AIDS and other STIs,
      d) the practice of Kegel exercises

F. Assesses client's family planning history and needs: counsels/prescribes
Freud's observations on female sexuality were made between 1923 and 1933, late in his career. They cannot be understood without reference to his thesis of the primacy of the phallus, according to which, for both sexes, "only one genital" played a structuring role (1923e, p. 142). Structurally speaking, the phallic phase defined the girl as much as the boy, but the girl's embrace of the phallic at once real (experienced directly), imaginary (fantasized in an oscillation between power and