Sexuality Matters

The Body

By the end of this lesson, you should be able to:

- Explain why it is not inclusive to pair gender to anatomy;
- Describe the basic anatomy of the genitals, including typical variations and intersex;
- Identify methods of body modification;
- Explain the relationship between self-esteem, body image, and sexuality;
- Describe the process of reproduction; and,
- Dispel pregnancy myths

You’ve probably already had an anatomy lesson at some point.

So, why are we going over this? First, we want to provide a refresher if it’s been awhile. Second, throughout the rest of the course we will be referencing different parts of the body in relation to different aspects of sexuality and we want to make sure we’re all on the same page. Third, we’re not just going to be talking about anatomy in terms of reproduction or disease transmission, but also in relation to sexual pleasure.

Resource:
“With Pleasure: A View of Whole Sexual Anatomy for Every Body”

Pop quiz! What’s wrong with this statement? Women have a vagina and men have a penis.

Well, if you remember from the lesson on sex, orientation, and gender identity, women and men are socially constructed labels that describe gender and they are not necessarily connected to what someone has going on below the belt. In order to be inclusive of all people, we’re not going to be pairing gender and sexual organs. Instead, we’re going to use words that don’t specify a person’s gender identity. We might say a person who has a penis, or folks with a vagina. This might sound strange to you, and that’s okay. It may take some time to get used to this language. We’re not doing this to confuse you, but to be accurate in language and welcoming of all students.
Vulva? ¹ Wait, aren’t we talking about the vagina?

Well, not really. Here’s a quick way to differentiate between the vulva and the vagina. If a person is standing naked in front of a mirror, can they see their own vagina? Nope, the vagina is located internally, while the vulva is the name for the entire set of external genitals. To review, let’s start at the front and work our way to the back of the body.

At the top, we’ve got the **mons pubis**, a hair covered area of skin located below the belly button. If you press on the mons, you’ll feel the pubic bone.

Below the mons are the **labia**, or lips. There are two sets of labia. The **labia majora** are located on the outside and are covered in hair. During arousal they fill with blood and become swollen. The **labia minora** are located on the inside of the majora. They are hairless and are comprised of a mucus membrane, which helps to keep bacteria and other bad stuff from getting inside the body. The labia come in a variety of colors, shapes, and sizes. Some folks have minora that are longer than the majora, while others have minora that are darker or asymmetrical. There is no standard set of ‘normal’ looking labia. Every person is unique and variation is expected.

**Resources**

[Larger Image of a Vulva:]
[The Vulva - The Vagina's Neighborhood (video)]

At the top of the labia, you’ll find the **clitoral hood**. Again, this hood may range from very tiny to very large. The purpose of it is to protect the **glans**, or tip, of the clitoris. The **clitoris** is the only part of the body that is solely devoted to sexual pleasure. The clitoral glans contains more nerve endings than the entire head of the penis. Both the clitoral and penile systems are capable of erection. An **erection** is when a special kind of tissue,
erectile tissue, becomes filled with blood and grows and becomes firm as a result.

When we refer to the glans as the tip, you can think of it like the tip of an iceberg; most of what’s going on is below the surface. The clitoral tissue is so widespread that it is referred to as the clitoral system. The tip of the clitoris is connected to the **shaft**, which runs inside the body. From there, the shaft splits into a set of two **corpora cavernosa**, which are sponge-like tissues that wrap around the urethra and vagina when erect. Each cavernosa extends to form a leg, or **crua**, which branches off and extends toward the back of the body. The crura point down towards the thighs at rest, and toward the spine when erect. Snuggled in next to the crura and on either side of the vaginal opening are two **vestibular bulbs**. These bulbs are made up of erectile tissue, and like the cavernousum, will fill with blood when aroused and expand the vulva outward. To review, the clitoral system is comprised of the glans, shaft, two corpus cavernosa, two crura, and two vestibular bulbs.²

**Resources**

"**The Internal Clitoris**"
"**The Internal Clitoris**" [Video] by Betty Dodson
Larger image of the clitoral system

If we go back outside the body, below the glans of the clitoris, you’ll find three openings to the body. The first is the urethral opening. The **urethra** is responsible for eliminating urine from the body. It’s not uncommon for people to think that urine comes out of the vagina. Lessons in anatomy or sex ed often fail to clarify that difference.

**The second opening is for the vagina.**
The **vagina** is involved in intercourse, sex play, and reproduction. The vagina is comprised of a tube of sponge-like tissue and is located inside the body. It may help to think of the vagina like a deflated balloon. When at rest, the walls of the vagina are pressed up against each other and are on average 3-4 inches in length. When aroused, the uterus pulls up and the top of the vagina expands. The walls of the vagina pull away from each other and lubrication occurs. Lubrication is caused by the engorgement of blood vessels and secretion from the Bartholin glands. The amount of lubrication varies from person to person and can change over time. The area around the opening and the first third of the vagina are very sensitive. The top of the vagina is lacking in the amount of nerve endings, but is still responsive to pressure.

**Resources**

**Drawings and photos of the vulva and internal anatomy**
The Labia Library
Larger image of the outer anatomy of a clitoris
At the opening of the vagina you may or may not find a hymen. The hymen is a piece of tissue that forms some degree of coverage over the vaginal entrance. People are born with diversity regarding the shape, size, thickness, and elasticity of the hymen, and some people are born without one altogether. A variety of experiences can cause the hymen to stretch, shrink, or tear. These can include inserting fingers, tampons, sex toys, and penises, among other things. It’s also possible for other activities like certain sports to alter the hymen. Because every hymen is different, there is no guarantee that the individual will bleed or feel discomfort when it is stretched or torn.

You may have heard talk about the g-spot inside the vagina. There is some debate about the actual nomenclature of the term itself. Many people think that the g-spot is part of the vagina, when in reality it is a part of the urethra. There is a patch of erectile tissue that surrounds the urethra, named the urethral sponge, which can be accessed by applying pressure to the first couple of inches of the front of the vaginal wall towards the belly button. Some people report that this stimulation makes them feel like they have to urinate, which makes sense when you think about its location. For some people, enough stimulation can cause them to ejaculate through the urethra. This happens when the urethral sponge, which is made up of a series of ducts, fills up and empties through the paraurethral glands and into the urethra. While researchers aren’t 100% sure what the fluid is, they know it’s not urine.

Resources

“The Rare Truth about ‘Tight’ and ‘Loose’ Women”
Larger image of the urethral sponge

Next in line is the small patch of skin called the perineum. The perineum, sometimes called the taint, can swell when aroused. This is because it contains the perineal body, which is a series of arteries that engorge when stimulated.

The final opening is the anus, which is responsible for eliminating bodily waste and can be involved in sex play. The anus is rich in nerve endings and can feel very pleasurable when stimulated. The muscle that wraps around the vulva, the bulbocavernosa, forms a figure eight around the anus.

When the muscles of the pelvis are stimulated, they put pressure on the erectile tissue of the clitoral system, which provides pleasurable sensations.

Now, let’s take a look at the external view of the penis.

The glans, or head, of the penis is mushroom shaped and contains the urethral opening at the middle of the tip. Unlike the vulva, the urethra in the penis is responsible for eliminating both urine and sexual fluids like semen and pre-
ejaculate. The ridge along the circumference of the head is called the **coronal ridge**. On the underside of the penis, along the coronal ridge you’ll find the **frenulum**. The head of the penis and the frenulum can be very sensitive, similar to the tip of the clitoris.

Moving down, you’ll find the shaft of the penis. The shaft is made up of a moveable skin that wraps around the penis from the coronal ridge all the way down to the base. When a baby is born with a penis, it comes with **foreskin**, an extension of the shaft, which covers the head with loose skin. This foreskin is moveable and can be pulled back to reveal the head, which occurs naturally during erection. The foreskin contains many nerve endings and can produce a lot of pleasurable sensations.

In some cultures, the foreskin is removed through a process called circumcision. It’s estimated that globally, 30% of folks who have a penis are circumcised. In the U.S., this rate is approximately 55%. This procedure is often done at birth, but is also done later in life, especially closer to puberty. The reasons for or against circumcision vary widely. For some it is a religious rite of passage, while others do it for cosmetic or hygienic purposes. Those who do not circumcise may have feelings about modifying a child’s body or wanting to let the child wait until they are old enough to make a decision. There are conflicting studies on whether circumcision provides any medical protection from disease transmission, especially HIV. At this time, the World Health Organization recommends that circumcision is one way to reduce HIV transmission to people with a penis through vaginal intercourse, but cautions that it should only be carried out by trained medical professionals.

If we look on the inside of the penis, we can see that it is made up of three columns of erectile tissue that run from the end of the penis, to inside the body. The first is the **corpus spongiosum**, which lies along the underside of the penis and contains the urethra. The **corpora cavernosa** are the other two columns that are situated on the upper sides of the penis. When these tissues fill up with
blood, the penis becomes erect. Sometimes you hear this referred to as a boner, but in actuality there are no bones in the penis.

During erection, the penis can change colors and may appear veiny or bulgy in areas. Some of these things may depend on how turned on a person is and whether or not they are close to orgasm. Other variations include the angle and direction of the erection. Some people may have a slight bend to the side, while others may point down. Again, these are all typical variations among erections.

And now the million-dollar question...what about size? The thing is, the way a penis looks when it’s flaccid does not predict how it looks when it’s erect. When flaccid, the average penis length is 3-4 inches. When erect, the average is between 5-7 inches in length and about 4-5 inches in circumference. So what if you’re above or below this average? Well, it’s called an average for a reason. People have to be equipped with a range of sizes to get an average. Being below or above that average does not make someone a better or worse lover; size is only one factor in sexual satisfaction.

Below the penis is the scrotum, or sac, that typically contains two testicles. The scrotum’s job is to keep the testicles at the right temperature. That is why they pull the testicles close to the body when a person is cold, and relax when a person is warm. The testicles are responsible for producing sperm. The sperm mixes with alkaline fluids produced by the prostate gland and seminal vesicle to become semen. To be clear, sperm and semen are not interchangeable; semen contains sperm. You can see a small line down the middle of the scrotum, called the raphe, which divides the testicles into their own separate areas within the scrotum. The size of the testicles can vary person to person, and one usually hangs lower than the other. Some folks enjoy a gentle tug downward on their testicles during sex play, while others don’t like their testicles touched at all.

Between the scrotum and the anus is a soft patch of skin called the perineum. Certain people like pressure applied to this area. The pressure can stimulate the prostate gland, which is sometimes called the p-spot.
Finally, at the very back you’ll find the **anus**. As was described in the section on the vulva, the anus eliminates bodily waste and can be involved in sexual pleasure. Like the perineum, you can also put pressure on the prostate through anal penetration.

**As has been mentioned throughout the previous descriptions, there is no one normal way a person’s body should look.**

There are a lot of variables that go into how someone develops in the womb. Environmental factors and genetics are a few of the factors that determine anatomy. What we’ve described in the sections above refers to what you will typically find. Individual people fall on a continuum of both their internal and external appearance.

Our society places a huge emphasis on personal appearance. From what we read in magazines, to what’s depicted in movies and pornography, and what our peer group says, these things all impact how you and others perceive how your genitals should look.

**Cultures around the world have different expectations or rituals around genital appearance.**

As was mentioned previously, circumcision of the penile foreskin is more of a norm in some places. This is a common practice among some religions, particularly for Muslim and Jewish people around the world. On the flip side, clitoral or vulvar circumcision is prevalent in some countries in Africa and the Middle East. This form of circumcision is very controversial and is referred to as female genital mutilation (FGM) by some opponents of the practice. This is an example of when human rights and sexual rights intersect. While circumcision is a tradition for some, others disagree and believe that it violates an individual’s human rights. It’s up to you to become educated on these issues and form your own opinions.

**Some folks engage in body modification of the genitals.**

This could be piercings, tattoos, scarring, or other practices. A newer trend is the focus on elective plastic surgery. People who are not satisfied with the appearance of their labia are able to get a labiaplasty or labial reduction. Those who want their youth back can get a vaginal rejuvenation to tighten the
vagina or recreate a hymen. Some people have penile implant surgery to make the penis larger.

These procedures are not without risks. First, in most cases, they are not medically necessary procedures. Any time you go under anesthesia you are taking a risk. Second, there is no guarantee that you will get the results you want. Third, something could go wrong and you could lose nerve sensation in your genitals. You have to ask yourself if the benefits outweigh the risks. If this is something you are considering, ask yourself why you want the surgery and what you hope to gain. If you’re doing it to keep a partner around, do you really want to be with someone that doesn’t accept you the way that you are? Do you think it will make you feel better about your body? If that’s the case, consider the deeper reasons why you’re not satisfied with your body.

Another hot topic of genital appearance is pubic hair.
A variety of factors contribute to how we think we should look. Our culture, peer group, advertisements, and pornography all have an opinion on what we should do with the hair down there. There are entire businesses devoted to using wax, electrolysis, and lasers to remove hair. Some people leave it au naturel, while others prefer to remove it all. Still others just like to do some basic trimming and upkeep of the pubic region. It’s all a matter of personal preference. If you do decide to go to a business to modify or remove your pubic hair, make sure to check that they are licensed and practice proper cleaning and sterilization of the equipment. If the equipment isn’t in clean or working condition, it can lead to infections, rashes, or tearing of the skin.

So far, we’ve talked about variations of the genital anatomy. Now we’re going to talk about variations that may include not only the anatomy, but also chromosomes and hormones.

Intersex is a term used to describe a person that has biological characteristics that are not usually associated with their sex.
This could be a person who has a vulva, but has testicles inside their abdomen. Another example is a person that has XXY chromosomes and possible issues with infertility. Even a clitoris that is on the very large side or a micropenis can fit the category of intersex. The extent of these variations may not be obvious at birth, especially if they involve chromosomes or hormones and it may take until puberty to realize them. For some, the only way to know is through genetic testing.
You may have heard the terms hermaphrodite or ambiguous genitalia used to describe people who are intersex. These words are outdated and can be offensive. Hermaphrodite is defined as having a complete set of male and female reproductive organs, which is not even physically possible in humans. This label is stigmatized and does not reflect the variety of what intersex can include. In addition, the term “ambiguous genitalia” can be offensive because it implies that a person is not normal, while in reality a person doesn’t view their own genitals as ambiguous.

Different types of intersex conditions have varying levels of commonality. If we’re just looking at a person who does not fit the typical biological, chromosomal, or anatomical characteristics of male or female, it’s estimated that approximately 1 in 100 people will fit these criteria.

One thing that can happen when a person is born with genitals that do not neatly fit into the categories of male or female is surgery or hormones. Parents may decide to pick the sex they think best fits their child and alter the body to be in line with this decision. This is very controversial because this is a decision that can shape the rest of a child’s life. The issue is that a child’s sex hormones will not come into full play until puberty. A child that was altered to be raised male may have a large amount of estrogen in their system. This can pose a lot of challenges both physically and psychologically. There is a movement to forgo any surgical or hormonal interventions and wait until the child is old enough to make those decisions on their own.

**Resources**

The Intersex Society of North America
One in 2000 [A video documentary on intersex]:

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**Klinefelter Syndrome**

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XXY
As we’ve been talking about anatomy in this lesson, we’ve been conscious about reinforcing the fact that everybody is different and there is no right way to look.

You may have already struggled with your changing body during puberty. It’s typical to compare yourself to others and wonder if you are normal. It’s not just about the appearance of your genitals, but your entire body. It can be a struggle to be confident about your body in our society.

What complaints have you heard people say about themselves?

**Video Transcripts**

Maddy: There’s one scene in the movie Mean Girls, that is like, I think really true. There’s this scene, they all get up in front of the mirror and they just start going like, "oh, my pores are too big." You know, "My tear ducts are too large," or whatever it is. And they are talking about all these things and then Katy sort of gets up in front of the mirror and she’s like, I have really bad breath in the morning.

Heather: Honestly, I think every single one of my friends does that. Whether it’s, "My boobs are too small. My boobs are too big. Like, I don’t have an ass."

Chris H: I would say guys definitely are concerned about their bodies, but they just don’t show it or talk about it as much.

Heather: My thighs touch when I walk, which is ridiculous to want a gap between your thighs and, I think what’s important is not to right away turn around and be like, "Oh my god, shut up, like you’re so skinny," because that’s a very confrontational way of approaching that.

Jess: When I kind of am in a space with people who are trashing their own bodies or a lot of people—that’s like how they diffuse discomfort, is like they kind of make fun of themselves or put themselves down. I don’t have a problem stopping the conversation and being like, "Hey, don’t say that," or like "Your body’s really beautiful," or naming specific things. Sometimes it catches people off guard, I think.

Heather: Ask them why they have these views. Maybe they’re just being dramatic or they are like, "Oh, I actually don’t, you know, think I’m fat, I just look bigger right now." Which is fine, everyone has days when they don’t feel perfect.

Jess: A lot of the time people just need to be told that they’re beautiful or reminded, because I think that people know that about themselves.

Nolan: Around guys, not as often, a lot of times we like to joke about it. People come up to me and be, "Oh, dude, you’re a big teddy bear," or something like that. It’s never anything negative about themselves or about other people. I think guys like to keep that more personal.
You may wonder why we’re talking about body image and self-esteem in a sexuality course.

Well, these things are related. People have sex for a variety of reasons, and some of those can be related to boosting self-esteem. Estee can have implications in sexual relationships. One study found that women who had low body esteem were less likely to object if their partner didn’t want to use protection. When you appreciate and love your body, you are less inhibited and are able to enjoy sex more. You’re less likely to stress out if your partner wants to fool around with the lights on or if certain positions aren’t as flattering.

How is body image related to sexuality?

Video Transcripts

Ashlee: I think body image is very related to sexuality.
Janelle: Wow, body image, sexuality are just interconnected really heavily in my life.
Chris H: Body Image and self-esteem definitely relate to sexuality.
Jess: I call myself a body advocate. I am all about the human body. I absolutely love it, and I love my body, and I love other peoples’ bodies.
K-anna: If I think I’m sexy, then I really don’t care what anybody thinks.
Abby: When you have low self-esteem, it’s hard to respect yourself. Which can result then in some sort of unhealthy sexual experiences.
Maddy: I feel like the more comfortable you are with your body the less that you need other people to sort of, reinforce what turns you on.
K-anna: I would think that being confident in your body image makes you sexy.
Heather: Like if you have confidence in how you look, how your body looks, it might lead into confidence in other areas of your life, such as your sexuality.
How is body image related to sexuality? Video Transcripts Cont'd…

Maddy: Yeah, I don't know it's a really hard thing to struggle with. I mean, you could have a really perfect body in the eyes of dominant society and you could still be, you know, really self-conscious in your sexuality. It could be confusing for you and unhealthy, and I don't, I don't really know it's hard to define things like unhealthy, and I'm still I guess I'm still coming to terms with that. I think a lot of people are.

Robin: I know that when I had lower self-esteem and more questionable body image, I found myself trying to use sexuality to bolster these.

Janelle: I think that if I didn't love my body as much as I did, I wouldn't be able to share that with another person.

Luis: If you're comfortable with your body image and you're comfortable with yourself, you kind of exude that confidence, which is almost more attractive to people.

Janelle: I love being naked, and I love showing other people how hot I am naked.

Jess: I think that my body is super precious, and it has gotten me through the last 22 years. It hasn't given up on me yet, which is pretty amazing.

Here are some things to try if you're feeling down about your body. Ask yourself to separate how you think you look from how you feel. What are some of the amazing things that your body can do? Being healthy is different from being attractive. If you're not feeling healthy, jot down some achievable goals you can work on to improve your well-being and take care of yourself. If you're getting inundated with images or messages from the media, consider taking a break from TV or magazines. Be a critical consumer; challenge the messages and images that the media uses and consider if these portrayals are realistic of typical people.

If you're still struggling with your self-esteem or body image, talking to a counselor might be beneficial. Many colleges offer counseling services like individual counseling and group sessions free of charge.

Community Resources

University Counseling and Consulting Services
Boynton Health Service – Mental Health Clinic

Resources

The Emily Program
Examples of Digital Alterations
What advice do you have to increase positive body image?

**Video Transcripts**

Chris P: You know, my wife and I can support each other in trying to fulfill our fitness goals, as opposed to our like, being attractive to each other goals.

Jess: Yeah, I don’t know, I think before I can really have a discussion about sexuality or my sex life, that I need to keep myself in check and make sure that I am loving my body in the right ways.

Andrew: You don't need the perfect body, you just need to be confident in who you are, and who you are as a person, and what you look like.

Luis: I think if you can, like, provide that personality that you are really confident in yourself, and you’re not afraid to show that, then that’s I think, that’s kind of a step higher for a lot of people.

Heather: I would say myself, I try as best as I can, to be confident. I mean there’s obviously days when you wake up, and you’re like, “Ughh!” just don’t feel good, but I think it’s important to, sort of, keep in mind that, you know you’re—the width of your thighs doesn’t define your value in society. I mean that’s ridiculous. I would personally say I’ve struggled with body image before. Gotten treatment for it, gotten better.

Devyn: Yes, it has affected me and it’s taken me a lot of work to look at the ways in which these ideals have caused me to want things I can’t have and also to look at what would actually be a healthy body for me and what would be healthy for me to have and how is that different from these ideals I’m being told to achieve. I mean I don’t know what that body necessarily looks like exactly. All I can say it is a body that I would be happy with myself as a person and that would allow me to do all the things that I want or need to do, which right now would classify my body as being a healthy body. Even if I might not be the skinniest person or the prettiest person in the room or any other list of factors that I might not, for some reason, fulfill this perfect ideal of a body.

We do want to mention that in some subcultures and communities, there may be an expectation to fit a certain set of body criteria. For some, the pressure to live up to those standards can cause distress and possibly disordered eating or body dysmorphia. Note however that many people within such subcultures or communities have no trouble with
body image and self-esteem. Take a moment to consider if there are certain expectations with the people you surround yourself with.

### What do you like about yourself?

#### Video Transcripts

Ty: I suppose I like my face. I think my face is also fairly unassuming.
Robin: I love my smile.
Janelle: I love my stomach.
Abby: I like my short hair. I like that it's curly, even though sometimes I want it to be straight.
Jess: I love my shoulders because they are very smooth and they tan nicely.
Janelle: I love my eyes and my eyebrows.
Heather: I mean I'm not super tall, but I'm not really short either. So, I think I'm a good height.
Luis: Got these dimples. I think, I really appreciate that.
Ashlee: I like my smile.
Chris P: I've always kind of felt uncomfortable with like saying this but I think I kind of have like a nice butt.
Maddy: I like that I'm tall. I like that I have blonde hair.
Danica: I love being short. A lot of people don't like that but I think it's nice.
K-anna: I do think I am unique because I am mixed race.
Devyn: I really like my hair.
Abby: I like that I'm really tall and that I have long legs.
Janelle: I love the dimple under my left butt cheek. That's a good dimple.
Nolan: I'm a tall guy. I think a lot of times whenever you talk to girls, they're always looking for a tall guy, so.
Abby: I like that I wear glasses now. I remember that was one of those things that like, in high school, was like the tragedy of all tragedies that I had to wear glasses and now, I just love them.
Jess: I've played Ultimate for 5 years. So, I would like lay out with my body horizontal to the ground and then, it would come crashing down. And like my body survived that.
Aoife: Regardless of what the actual weight is, as long as I feel like my body's able to do all of the things that I want to do in a day, then I feel comfortable and secure.
Laura: Overall, I feel really good about myself.
Earlier in this lesson we described the different types of anatomy. Now we want to move onto the reproductive side of anatomy.

It’s important to review this information because knowing it will help you figure out how to prevent an unintended pregnancy, or how to start one if you make that decision.

**The internal anatomy of someone who was born a female includes a few main parts: the uterus, fallopian tubes, and ovaries.**

The ovaries are small, almond shaped organs that contain the ovum, or eggs. A person is born with all of the eggs they’ll ever have in their lifetime already in their ovaries. Typically, each month the body will release one egg from the ovary; this is called ovulation. Sometimes a person’s body takes turns which ovary will be releasing the egg, while other times one ovary may release for a couple of cycles in a row. Ovulation happens about two weeks after the last menstrual period. Once the egg is released it travels to the fallopian tube. There, the egg sits and waits to be fertilized by a sperm. The testicles produce somewhere around 300-500 million sperm per ejaculation, and generally a couple hundred survive the journey, so a single egg has many suitors from which to choose.

**The egg will stick around waiting for sperm for 24 hours.**

Sperm can live in the uterus for approximately 6 days just waiting for the egg to make its debut. So, this means you’re looking at about 7 days when pregnancy is most likely to occur. If a sperm fertilizes the egg, it will travel down into the uterus and attempt to implant itself into the uterine wall; a process that can be a total of 5-7 days. During this time the fertilized egg is dividing so that it can make more cells. These new cells will then form a large mass. The uterine wall
needs to have enough of a lining of blood and tissue to be able to support a fertilized egg. If the fertilized egg implants, it then becomes a pregnancy. To review, both fertilization and implantation have to occur before there is a pregnancy. From there, the big mass of cells will grow to become an embryo and continue through the stages of pregnancy. If the egg does not implant, or fertilization does not occur, the body will absorb the egg and slough off the uterine lining, which becomes the menstrual period. Implantation fails about half of the time. Sometimes implantation doesn’t occur because the uterine lining is not thick enough (either due to contraception or the stage in the menstrual cycle); other times it’s because the body is sending a message that it’s not able to support a pregnancy at that time. Factors like stress, nutrition, and other medical issues could be at play.

We want to mention the variety of ways that pregnancy can happen. First, and probably is the most obvious, is PIV sex, or penis in vagina. It’s a really easy way to let the sperm meet the egg. Sometimes it can happen during unintentional ways. If semen gets near the vagina, the sperm can travel right on up to the uterus! This can happen during anal sex if semen spills out of the anus.
and runs down to the vaginal opening. Another way this can happen is if semen is on someone’s hand and it touches the vulva or vagina.

Other ways to create a pregnancy include alternative fertilization and in vitro fertilization (IVF). During alternative fertilization, they take sperm (from a partner or donor) and insert it either directly into the uterus or into the vagina. IVF is a more complicated and expensive process because it involves removal of the eggs from the ovary, fertilizing them with sperm, and then inserting them back into the uterus.

**Resource**
PBS – NOVA – “Life’s Greatest Miracle” [Video]

We all grow up hearing things from our friends or other people about different factors that affect the ability to get pregnant. We want to take this opportunity to clear up some of those things. We’re going to go over the top pregnancy myths that we’ve heard and give you the true story.

**First, you can’t get pregnant if you’re having your period.**
False! We told you earlier that sperm could survive for 6 days. Well, every person’s ovulation cycle is different, so you don’t know exactly how long after your period you’ll start ovulating. Sperm could be hanging out just waiting for that egg, and if it decides to come out, you’ve got a chance of pregnancy. Really, there is no 100% safe time. There are times when it is more likely or less likely to happen. Your period may be one of those less likely times, but it can still happen.
Having sex standing up or shaking around after sex will force the semen out of you.
False: Gravity does not prevent semen from getting through the cervix and into the uterus. The sperm are programmed to get to the uterus and can travel along the moist mucus membranes and defy all gravity. While some of the semen will be expelled, some will travel into the uterus or be absorbed elsewhere in the reproductive system.

Sex in a hot tub will kill sperm.
False: Even though the water is hot and full of chemicals, that does not affect what is going on inside the body. Sperm are actually pretty tough. The sperm can still travel into the uterus regardless of the environment outside of the body.
In addition, the sperm that are ejaculated today were actually made weeks ago, so the heat is not going to make a difference in that moment. Plus, most people are not spending enough time in hot tubs for it to alter future sperm production. Finally, if one partner ejaculated into the water, the sperm are not going to swim into the vagina; they’ll die before then.

**If the person with a vagina does not have an orgasm, they can’t get pregnant.**
False: While orgasms can help push sperm into the uterus, you don’t need any muscle contractions to make this happen. Sperm get into the uterus all on their own because the opening to the cervix is not airtight

**If you have intercourse numerous times in a row, there won’t be enough sperm left to get pregnant.**
False: While having intercourse multiple times in a row will decrease the volume and sperm density of semen, it doesn’t make much of a dent. Remember how we said there are 300-500 million sperm in one ejaculation? You only need one to make it to an egg. The testicles make about 1,000 sperm cells per second, and already have enough saved up to keep the little swimmers going.

**I’ve had lots of unprotected sex and I haven’t gotten (or gotten anyone) pregnant yet, so I must be infertile.**
Probably false: Likely, the odds just haven’t caught up with you yet. There is no way to know how many times an egg has been fertilized and didn’t implant, or that implanted, but didn’t survive. There are many variables that could have contributed to not becoming pregnant: hormones, nutrition, weight, smoking, STIs, partner characteristics, or other medical conditions are all possible contributing factors. It’s more likely that you’ve gotten lucky so far. You’re actually the most fertile in your teens and twenties, and the likelihood of pregnancy starts to gradually decline after that. You should talk to your healthcare provider to determine if you might have fertility issues before you just start thinking that you can’t become pregnant. Even if your provider says you probably can’t get pregnant or get someone else pregnant, there are no guarantees in life. You don’t want to keep thinking it won’t happen, because someday it very likely could.
We've covered some of the most common pregnancy myths. If you have additional questions about pregnancy, be sure to visit the resource links in this section or talk with your healthcare provider.

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6 Go Ask Alice. (1994). *Average size of penis?*