

Adult Sex Ed: Beyond STIs and Procreation

Alyssa Andrews
they/them

J Heinz
they/them

Megan Mueller
she/her



Agenda

- Sex Ed Today
- Considerations: Trans sex
- Sex and accessibility

Sex Ed: Where are we now?

What did sex ed look like when you went to school?

Status of Sexual Health Education in MN

- Abstinence only funded sex education in public schools
- Tends to be fear-based with pictures
- Heteronormative
- Procreation focused
- Focused on able-bodied people
- Taught by the P.E. teacher

Sexual Health

- Sexual health is a state of physical, emotional, and social well being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity
- Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence

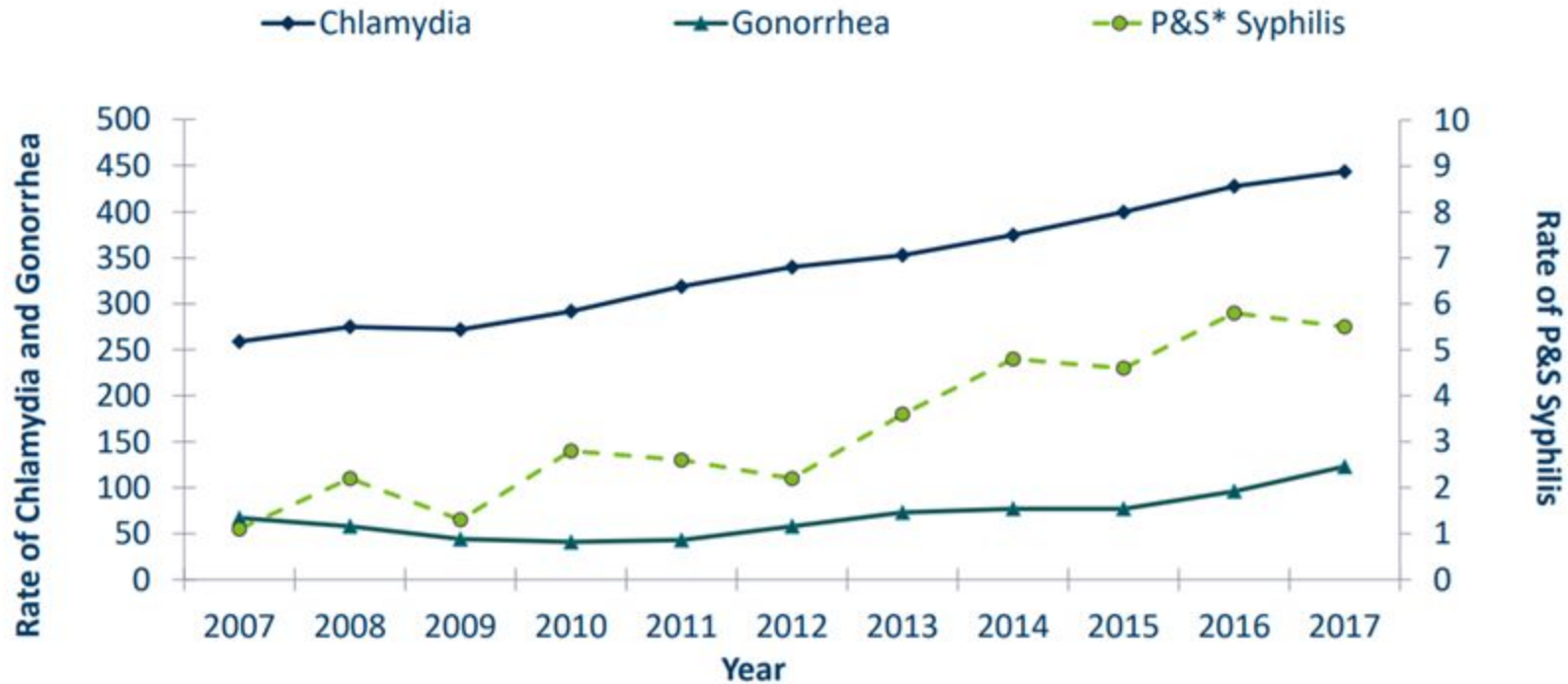
Source: Minnesota Dept. of Health

The Missing Links

- Young adults prefer fact-based information
- Comprehensive sex ed does not decrease age of sexual initiation
- We currently have some of the lowest rates of teen pregnancy, but the highest STI rates
 - Young adults do not like condoms (most studies show about 1/3 adults use condoms)
 - Hormonal contraceptives are used commonly
- Risk-reduction, pleasure centered education is very rare

STDs in Minnesota

Rate per 100,000 by Year of Diagnosis, 2007-2017



* P&S = Primary and Secondary

STI rates

- From 2006-2016, the chlamydia rate increased by 71%
 - 2016-2017, chlamydia increased 4%
- From 2016-2017, the rate of gonorrhea increased by 28%
 - 25% increase from 2015-2016
- From 2016-2017, the rates of syphilis increased by 10%
 - 2015-2016, syphilis increased by 30%

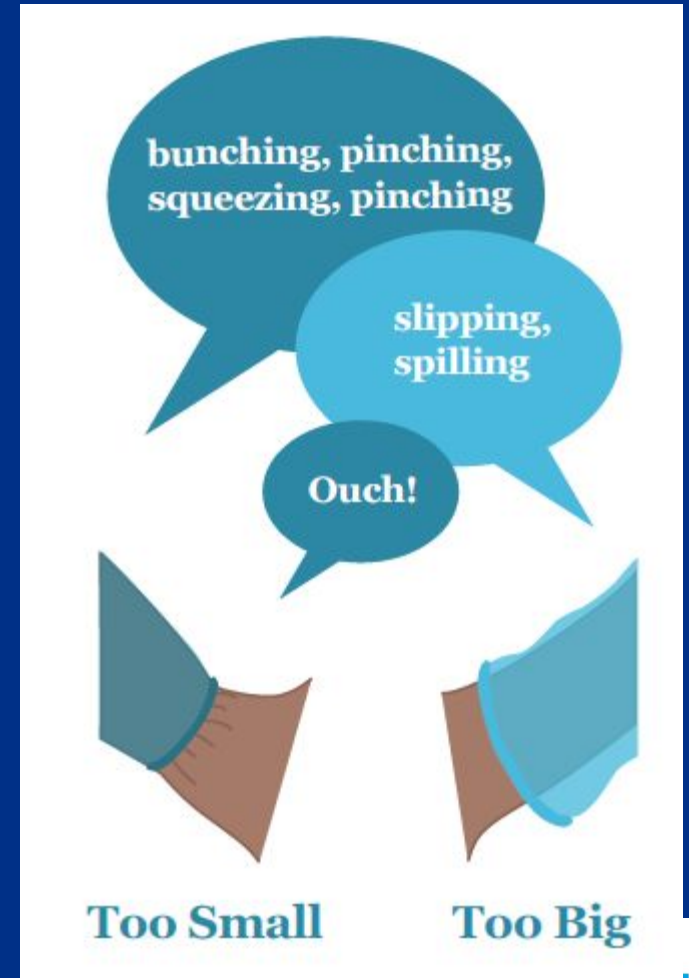
Risk Reduction + Pleasure Focused Education

- Ask young adults to choose prevention techniques that are compatible with their preferences
 - Condoms are great, but if you don't like condoms or aren't going to use them:
 - Use lubrication
 - What types of lube are safe for condoms?
 - Decrease the number of sexual partners
 - Get tested regularly for STIs (don't wait for symptoms)
 - Know the difference in risk between different types of sexual activities
 - Anal, vaginal, oral sex
 - Herpes can spread skin-to-skin even with condoms
 - HPV can be attributed to abnormal cell growth in many areas of the body

Pleasure Focused Sex Ed Continued

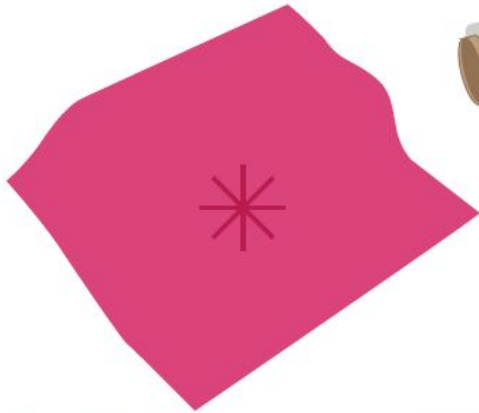


Image Credit Carter Thurmond



Pleasure Focused Sex Ed Continued

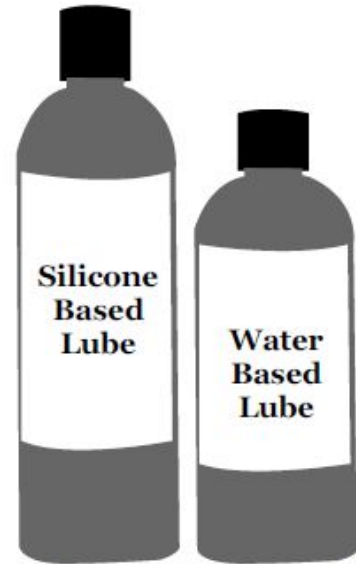
Saran wrap is a great alternative to a dental dam.



Dental Dams prevent STI transmission & are great for oral sex including rimming.



Medical latex gloves are a great oral sex barrier. Cut off the fingers, leaving behind the thumb and then cut straight across the palm to create a barrier.



Silicone & water based lube on condoms prevent tearing & irritation.

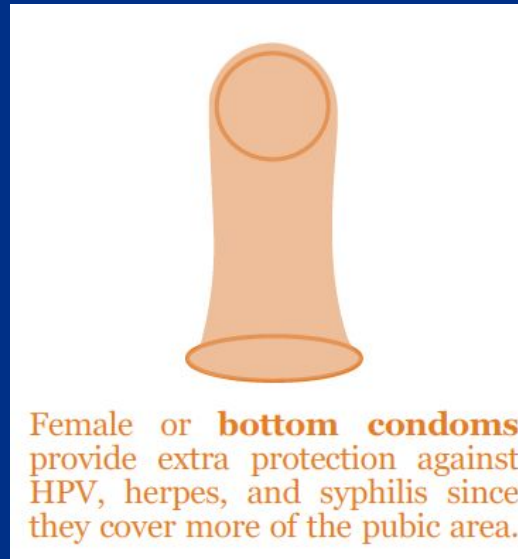
Image Credit Carter Thurmond



Grape. Yum.

Pinch the tip when rolling down.

Only use **flavored condoms** for oral sex since the flavors can irritate your genitals or anal cavity.



Female or **bottom condoms** provide extra protection against HPV, herpes, and syphilis since they cover more of the pubic area.



Oil based lubes and other oil based products break condoms down in as little as 30 seconds.



Avoid using **spermicides** since they cause irritation.

Image Credit Carter Thurmond

Non-Hetero focused Sex Ed

- Anal sex transmission facts
 - More immune system cells- easier to acquire HIV
 - Risk of rips and tears (thin tissue)- increases risk for all STIs
 - If you're having sex here, you should be tested here
- Bottom surgery transmission facts
 - Neo-vaginal/neo-penile tissue can be particularly susceptible to physical trauma during sex, increasing susceptibility to STIs, can make sex painful at first
- Closed sexual networks
 - Sexual, gender, and racial minority groups tend to have sex within smaller networks, making disease transmission more efficient

What is sex?
(and how/where did you learn that?)

What is consent?
(and how/where did you learn that?)

Considerations: Trans Folks

Dysphoria and Sex

Many trans people experience dysphoria, or a disconnect between their self-concept and their body. This may change over time, or with changes to a person's body.

This impacts:

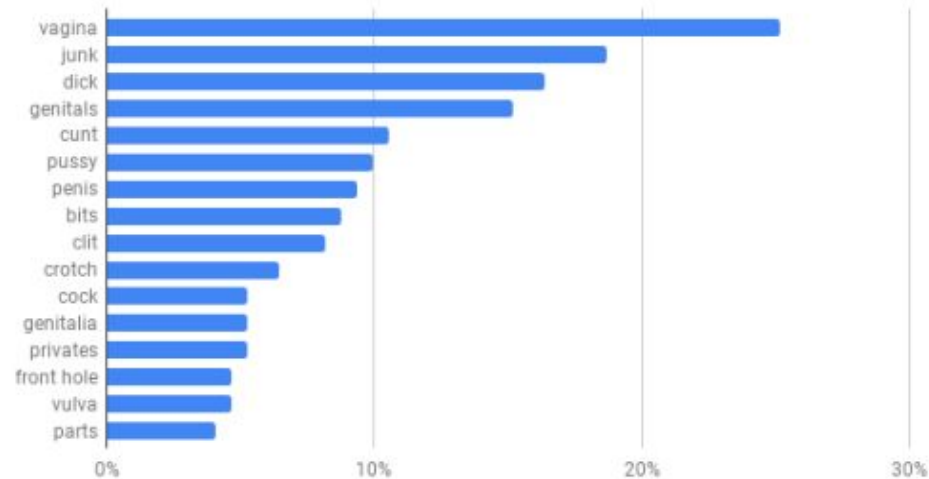
- Language
- Body parts used
- The way sex happens
- Desire to engage in sex

Language

Many trans people refer to their genitals and chest in different ways.

- Ask what words someone uses, ask clarifying questions if necessary
- Reflect back this language
- Watch out for judgement

Words that were submitted by more than 3% of participants



Results from an informal survey asking nonbinary and intersex people what words they use for their genitals

<http://cassolotl.tumblr.com/post/179532541410>

Hormones and Sex **Not all trans people take hormones**

Estrogen can:

- Decrease sex drive
- Cause fuller body orgasms
- Decrease erections
- Decrease or change in ejaculate

Testosterone can:

- Increase sex drive
- Cause more genital focused orgasms
- Decrease natural lubrication
- Cause thinning of vaginal walls

Sexuality

- Sexuality changes with environment, time and body changes.
 - Age, hormones, surgery, ability
- Many trans people experience changes in who they are attracted to as they socially or medically transition. This is STRESSFUL!
- Developing a sense of self is an ongoing process. This is not unique to trans people, but many have struggled with this, and find security in establishing a clear sense of identity.

Communication is Key!

- Talking about sex is scary, but can be particularly difficult AND important for trans people.
- It's important to have conversations around sex early.
- Many trans people have experienced sexual violence, which impacts the need for clear and constant communication.
- Trans (and LGBTQ+) people lack a “script” for sex.
 - Toys
 - Flexible definition of sex

Sex & Accessibility Considerations

Defining “Disability”

- The disability umbrella and the difficulty of statistics
- Types of disability
 - Congenital
 - Acquired
 - Intellectual
 - Invisible
- Disability by numbers: The largest minority population in the world
 - 1 in 4 people in the U.S. are living with a disability
 - Mobility affects 1 in 7
 - More prevalence as we age (2 in 5 adults 65 and older)
 - 15% of the world population are living with a disability
- The bottom line: You or someone you love has or will have a disability at some point in your life.

Disability Sexuality

- Many disabled people have both sex drives and* sex lives
 - Gender and sexualities vary
 - Disabled or Interabled relationships
- Stigma
 - negative attitudes associated with a particular circumstance, quality, or person
- The big lies we are told about disabled people and our sexualities
 - That disabled people's bodies and abilities are not sexy
 - That disabled bodies are not worth pleasing
- Stigma and misinformation leads to...
 - Less access to adequate inclusive sex education and sexual healthcare
 - Higher risk of physical and sexual abuse

Communication Dos & Don'ts

- Sex should feel good* both emotionally and physically
- For disabled folks the two most important things to work toward
 - Communication
 - Creativity

Instead of...

- “Does it work/Can you still...?”
- “I don’t even notice/ You’re not disabled to me!”
- “Why can’t you?”

Try this...

- “What do you like/What feels good for you?”
- “I love your body/the way you...”
- “Take your time...” (or switch things up!)

- Remember: Sex for all bodies requires enthusiastic consent. If you’re unsure that you have it, you don’t.

Get Creative!

- Prep, baby! Prep!
 - Setting the scene can not only build anticipation in a fun way, it can ease a lot of anxiety
 - Make sure your lubricants, barriers, toys and positioning tools are in reach if pauses during play produce anxiety.
 - Waterproof blankets or pads used intentionally for play can ease stress over potential incontinence and make for easy cleanup.
 - Remember that sex is messy, and that's okay.
- Positioning
 - Focus on things like balance, safety, and comfort
 - Assistive tools (from ramps, wedges, and pillows to positioning straps and harnesses)
 - Mobility devices can also serve as assistive devices during play, though they don't have to.
 - If you are able-bodied and your partner is not, be sure only to help them position themselves or move mobility devices if and when they ask.

Toys, Tools, and Tips

- “Sex toys?! I should be able to do it myself!”
 - Besides being fun, sex toys serve as access tools in the bedroom
 - They can help with positioning, sensation, dexterity, and more
- Considerations when (thinking about) using sex toys
 - Be aware of sensation and sensitivity
 - If you are able to, try it out first!
 - If you’re nervous, that’s okay! Go at your own speed!
 - If you feel silly, that’s okay too! A little humor never hurt anyone
- Choosing the right toys for you
 - Various sizes, shapes, weights
- What if sex hurts?
 - Sex ≠ penetration
 - Adaptability

Aftercare

- Aftercare is a term commonly used in the kink community, but is an important in any and all sexual play.
- Navigating what feels good after* sex with your partner can be just as important as communicating about sex itself.

Stuff We Learned

Questions?

Contact us:

Alyssa Andrews

they/them

AIDS Line Outreach

Alyssa.Andrews@justushealth.mn

J Heinz

they/them

Community Educator

J.Heinz@justushealth.mn

Megan Mueller

she/her

Community Education
Supervisor

Megan.Mueller@justushealth.mn