

Overview of Sexual Behavior

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Accepted norms of sexual behavior and attitudes vary greatly within and among different cultures. Health care practitioners should never be judgmental of sexual behaviors, even under societal pressure. Generally, what is "normal" and "abnormal" cannot be defined medically. However, when sexual behavior or difficulties cause significant distress for a patient or the patient's partner or cause harm, treatment is warranted.

(See also [Overview of Male Sexual Function](#) and [Overview of Female Sexual Function and Dysfunction](#).)

Societal attitudes about sexuality and gender

Societal attitudes about sexuality and [gender](#) change with time, as has occurred with the following:

Masturbation: Once widely regarded as a perversion and a cause of mental disorders, clinicians have long recognized masturbation as a normal sexual activity throughout life. It is considered abnormal only when it inhibits partner-oriented behavior, is done in public, or is sufficiently compulsive to cause distress. About 97% of males and 80% of females masturbate. Although masturbation is harmless, guilt created by the disapproval and punitive attitudes still held by some people may cause considerable distress and impair sexual performance. Masturbation often continues at some level even in a sexually healthy relationship.

Homosexuality: Homosexuality has not been considered a disorder by the American Psychiatric Association for > 4 decades. About 4 to 5% of the population identify themselves as exclusively homosexual for their entire lives; an additional 2 to 5% identify themselves as bisexual. Like heterosexuality, homosexuality results from complex biologic and environmental factors leading to an ability to become sexually aroused by people of the same sex. And like heterosexuality, homosexuality is not a matter of choice.

Promiscuity: Frequent sexual activity with many partners, often involving anonymous or one-time-only encounters, may indicate a diminished capacity for emotional intimacy. However, promiscuity is not in itself a psychosexual disorder. Casual sex is common in Western cultures, although the fear of AIDS, herpes simplex infections, and other sexually transmitted diseases has resulted in a decrease.

Extramarital sex: Most cultures discourage extramarital sexual activity but accept premarital or nonmarital sexual activity as normal. In the US, most people engage in sexual activity before marriage or without marriage as part of the trend toward more sexual freedom in developed countries. Extramarital sex occurs frequently among married people despite social taboos. This behavior has the potential to pass diseases to unsuspecting spouses and sex partners.

Gender identity: [Gender identity](#) is the subjective sense of knowing to which gender one belongs. There is growing cultural recognition that some people do not fit—nor necessarily wish to fit—into the traditional male-female dichotomy.

Influence of parents on sexuality

Accepted norms of sexual behavior and attitudes are influenced greatly by parents.

Relations with parents may be damaged by

- Excessive emotional distance

- Punitive behaviors

Overt seductiveness and sexual exploitation

Children exposed to verbal and physical hostility, rejection, and cruelty are likely to develop problems with sexual and emotional intimacy. For example, love and sexual arousal may become dissociated, so that although emotional bonds can be formed with people from the same social class or intellectual circle, sexual relationships can be formed only with those for whom there is no emotional intimacy, typically those who are perceived to be of a lower class or in some way depreciated (eg, prostitutes, anonymous partners).

Role of the health care practitioner

Well-informed health care practitioners can offer sensitive, disciplined advice on sexuality and should not miss opportunities for helpful intervention. Behaviors that place patients at risk of sexually transmitted diseases must be addressed. Practitioners should discuss sexuality with their patients so that they can identify and address psychosexual issues, including sexual dysfunction (see [Male Sexual Function](#) and [Sexual Dysfunction in Women](#)), [gender dysphoria](#), and [paraphilias](#).



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