Center for Development of Human Services
New York State Child Welfare Training Institute
Foster/Adoptive Parent Training Project
Research Foundation of SUNY  Buffalo State College

Under a contract with
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Questions Kids Ask

Below are questions asked by youth (primarily high school students) who attended a sex education program that was given in a comfortable setting where confidentiality was assured.

1. Is it all right to have intercourse while the female is menstruating?

2. Does sex hurt?

3. How do boys our age get rubbers? Doesn’t anyone say anything?

4. What is masturbation?

5. Do women and men masturbate?

6. Where do you get birth control?

7. When is the time you are most likely to get pregnant?

8. If you’re really in love with someone and you plan to marry this person, will sex before marriage take away from married life?

9. Can worrying about being pregnant cause your period to be late?

10. Why is it more embarrassing for girls to talk about sex than it is for guys?

11. How do you know when you are in love?

12. Does age have a lot to do with a person’s sexuality?

13. How does a woman climax?

14. What do you do if someone turns you down? Do you keep trying, or what?
15. Can girls get birth control pills at a clinic without their parents knowing?

16. Is there anything bad about having oral sex?

17. I heard that it’s possible to get pregnant if sperm gets on your clothes. Is this true?

18. How do you say no to a guy about sexual activities without making him mad or hurting his feelings?

19. Does everyone have a normal sex drive for most of their life?

20. How do homosexuals have sex?

21. If two people really love each other and want to have sex, should they or not?

22. How long does it take to find out if you’re pregnant, and what kind of tests do you use?

23. Do girls enjoy sex as much as guys, and if so, why don’t they try as hard to have sex?

24. At what age should parents tell their children about sex?

25. Can you get an abortion without your parents finding out?

26. Are people born homosexual, or do they decide to be gay or lesbian?

27. How does a female know if she has VD?

28. What is an orgasm?

29. What is the rhythm method?

30. What is a heterosexual?
31. If you have sex with a girl who is having her period, can she become pregnant?

32. When having a relationship, how do you go about telling your partner you are not satisfied without causing hurt feelings?

33. How can I refuse to go all the way without my boyfriend dropping me for someone who will?
Sexual Fact or Fantasy? A Self-Test

Write “Yes” or “No” in the space next to the following statements according to whether you think they are correct or not.

____ 1. Masturbation causes sexually transmitted diseases (STDs).
____ 2. A shot of penicillin every so often will prevent an STD from developing.
____ 3. Washing with soap and hot water will cure crabs (body lice).
____ 4. Once you are cured, you can’t get an STD again.
____ 5. STD tests are painful.
____ 6. You can always tell if a person has an STD.
____ 7. You can only get an STD through sexual intercourse.
____ 8. Only stupid people get STDs.
____ 9. If you use a condom during sex, you are less likely to get HIV or a sexually transmitted disease.
____ 10. A spermicide used on a condom will help reduce the risk of HIV more than just using a condom.
____ 11. Oral sex is safer than vaginal intercourse for preventing both pregnancy and HIV.
____ 12. You can’t get HIV from kissing.
____ 13. You can’t get HIV or an STD if you know the sexual history of your partner.
____ 14. People under the age of 18 can’t get HIV or an STD.
____ 15. During sex, if you withdraw (or your partner withdraws) before ejaculation, you won’t get HIV or an STD.
____ 16. If the semen is spit out rather than swallowed during oral sex, the person won’t get HIV or an STD.
____ 17. Anal sex carries the highest risk of any type of sexual activity for contracting HIV.
Youth Sexuality and Parental Response

1. Define the behavior or situation that calls for a response.

   Example:
   You overhear your teenage foster son bragging on the phone about all the girls he’s “laying.”

2. Identify your feelings.

   Example:
   You’re angry at your teenage boy for exploiting girls and/or scared that one of them may become pregnant, or that he will contract HIV or some other STD.

3. Clarify your values.

   Example:
   You believe that people should have babies only when they are married and/or that only people who respect each other should have sex together.

4. Define the problem in terms of its effects on the youth’s development and its consequences for others.

   Examples:
   The teenage boy may get one or more girls pregnant.

   The teenage boy may face child support payments, thus ruining his chances of going to college.

   The teenage boy’s self-concept may be harmed by fathering a child whom he can’t relate to in a worthwhile and responsible manner.

   The teenage mother may be prevented from achieving her goals and be limited to a lifetime of financial dependency on welfare.

   The unborn child may grow up without a father committed to her or his well-being.
5. Choose one or more action options:

Convey your feelings.

Share your values.

Impart information on sexual development corresponding to their age.

Impart information on the possible consequences of the youth’s behavior.

Clarify the youth’s feelings, values, and needs regarding the behavior, related issues, and your response to the youth.

Consider how the youth’s personal history may be contributing to the behavior.

Decide if there are rules you would establish.

Decide on any logical consequences.

Explore alternatives.

Problem solve.

Listen reflectively.

Use effective questioning.

Assess and build essential connections.

Assess and build self-concept.
Apply the model, *Youth Sexuality and Parental Response*, to each of the situations below.

1. After watching a TV documentary on teenage pregnancy, your foster daughter states that she feels premarital sex is okay, as long as you use birth control.
   
a. Identify your feelings:
   
b. Clarify your values:
   
c. Identify possible consequences of the behavior:
   
d. Choose actions in response to the behavior/situation:
2. Yesterday, while doing laundry, you found condoms in the pocket of your 17-year-old’s jeans.

a. Identify your feelings:

b. Clarify your values:

c. Identify possible consequences of the behavior:

d. Choose actions in response to the behavior/situation:
3. Your 5-year-old foster child and a friend have been playing quietly for quite a while. When you go to check on them, you find one lying on top of the other and moving as if they were playing “intercourse.”

   a. Identify your feelings:_____________________________________

   b. Clarify your values:

   c. Identify possible consequences of the behavior:

   d. Choose actions in response to the behavior/situation:
4. A situation of your choice:
   a. Identify your feelings:
   
   b. Clarify your values:
   
   c. Identify possible consequences of the behavior:
   
   d. Choose actions in response to the behavior/situation:
1. Infants are both sensual and sexual:
   - Boys can experience erections from the time of birth.
   - Girls experience vaginal lubrication.
   - Rhythmic body movements and body exploration by infants can result in orgasms.

2. Their chief pleasures are derived from touching, being touched, rocking, looking, listening, and sucking.

3. They establish basic trust in others and in the world by expressing their needs and having them met by parents or other significant adult caregivers. These needs include:
   - being fed when hungry
   - being rocked, cuddled, and held frequently and consistently (this is not what “spoils” a baby)
   - sucking on the breast or pacifier
   - other basic needs, such as shelter, warmth, good hygiene

4. Bonding between infant and parents or other significant adults occurs through holding, eye contact, rocking, feeding, singing, talking. This bonding is essential if the child is to develop the ability to love and to form mutually satisfying relationships with other human beings.

5. Feelings of self-worth and being loveable are established.

6. Exposure to roles and treatment based on gender begins.

1. Both sexes learn the difference between boys and girls and are curious about the bodies of others, including playmates and parents.

2. Exploration of the sex organs begins. Many toddlers masturbate.

3. Toilet training usually occurs, but should not be an ordeal for either parent or baby.

4. Self-identity is commonly developed by exercising initiative and saying “No.”

5. Movement from total dependence to interdependence begins.

6. Feelings of being worthwhile and capable begin.
Childhood: 4 to 8 Years

1. There is a slight increase in the size of the sex organs (genitalia).

2. Playing “house” and “doctor” is predictable.

3. It is common for the child to expose him-/herself and to observe others’ bodies.

4. Girls become more interested in fathers and boys in mothers; this is a way of clarifying their own sexual identity.

5. Sexual exploration among brothers and sisters is likely.

6. Masturbation is more deliberate.

7. Sexual fantasies gradually involve peers; kissing games are popular.

8. Children learn sex roles.

9. Modesty and shame are also learned.
10. Sex words and activities are being learned without an understanding of their meaning.

11. Feelings of being lovable, worthwhile, and capable continue to be developed.

**Preadolescence: 9 to 12 Years**

1. Puberty begins during this period.

2. Pelvic bones grow, pubic hair appears, breasts grow, and the body grows in spurts overall.

3. Friendship is strong and exists primarily with members of the same sex.

4. Masturbation continues.

5. Menstruation, ovulation, and pregnancy become possible.

6. Sexual activity with others is likely to have erotic meaning.

7. The preadolescent is sensitive about discussing sex-related matters.
8. Stereotypes of male and female roles are reinforced.

9. Sexual acts, such as exploring a friend’s body or genitals, may now be common. These activities do not, in and of themselves, tell anything about the young person’s future adult sexual orientation.

10. Heterosexual contacts may increase, particularly among the 10 to 12 age group. Group dating, parties, and kissing games may take place. Intercourse may occur among a small percentage of young people. These activities do not, in and of themselves, tell anything about the sexual orientation of the young person.

11. Feelings of being loveable, worthwhile, capable, and responsible continue to develop.

**Adolescence: 13 to 18 Years**

1. In girls, breasts continue to grow, the labia and clitoris enlarge, underarm and pubic hair increases, and menstruation and ovulation become more regular.

2. In boys, genitals grow, pubic hair increases, sperm is produced, and nocturnal emissions are possible.

3. Pronounced changes in body configuration and an upsurge in hormone production arouse strong sexual feelings.

4. Dreams and fantasies of sexual activity become dominant, even disturbing.

5. Interest in sexual activity grows.

6. Sexual exploration, full of erotic meaning, is normal.

7. Birth control and the danger of contracting HIV become issues.

8. Sexual activity is often started without accurate information.

9. Movement toward independence increases.
10. Different approaches to personal appearance are explored.

11. Separate adult identity is formed.

12. Feelings of being loveable, worthwhile, capable, and responsible are tested and, hopefully, strengthened.

13. Interest in and practice for intimate adult relationships often begin.

14. Sexual interest and desire greatly increase.

15. Masturbation increases. By the end of adolescence, most males and two-thirds of females have masturbated to orgasm.

16. Kissing, hugging, and petting are almost universal forms of sexual expression. Intercourse is increasingly common.

17. Sexual orientation may be recognized and may or may not be acted upon.
Adulthood: 18 to 45 Years

1. Forming relationships and being concerned about their nature, duration, meaning, and ending are part of the adult experience.

2. Decisions are made about living alone or with another person, and about marriage and children.

3. Sexual functioning reaches its peak, and most adults can recognize and sense the difference between various phases of orgasm.

4. Sexual desire fluctuates within this age span, influenced by relationships, environment, and social and ethical values.

5. Sexual behavior is diverse, although most people choose and maintain one type of behavior over another.

6. Sexual orientation is recognized, although it may or may not be acted upon.

Midlife: 45 to 65 Years

1. Men and women undergo the climacteric, which is defined as a psychological adjustment to physical and emotional changes.

2. Women experience menopause, the end of menstruation. This is caused by lowered production of the hormone estrogen.

3. In some women, the lessening of hormone production may be accompanied by hot flashes and/or reduced vaginal lubrication and other symptoms such as reduced bone mass, general feelings of unwellness or depression, and changed sexual drive.

4. In men, testosterone production is reduced.

5. Men are likely to take longer to achieve erection, have increased control over ejaculation, feel ejaculation less strongly, and require longer periods between erections.
6. Men remain able to impregnate, while women who have finished menopause cannot become pregnant without the aid of extraordinary medical measures.

7. Most men and women continue to have sexual desire and the capacity to achieve orgasm.

**Later Years: 65 Years to Death**

1. The most likely change in the later years for both genders is a gradual slowing down. All other changes are conditional upon circumstances:
   
a. Society does not expect older people to have sex, and so in order to conform to what is expected, many older individuals will try to avoid sex.
   
b. The older a person is, the greater the likelihood of some physical or mental condition that can adversely affect sexual expression.
   
c. Lack of partners may make it hard to have sex.
   
d. Lack of privacy can also be a problem for older people who are no longer living independently.

2. Sexual interest, pleasure, and desire do not, however, have to stop during these later years.

3. Frequency of sexual activity in later years seems to be related to its frequency in earlier life; a person who had a high level of sexual activity when young is likely to desire sex frequently when old.

4. Caressing, fondling, and kissing, as well as genital acts, are important expressions of love and affection.

5. Masturbation continues throughout the life cycle and may occur more often in later years if sex partners are unavailable or HIV is feared.
6. The manner of sexual expression may need to be changed because of a physical disorder or handicap, but sexual activity does not have to end. Counseling may be useful to teach a handicapped person other ways to have sex.

7. Reduced sexual activity in later years is more likely to be due to lack of a partner than to lack of interest.
Guiding Healthy Sexual Development

Birth to Age 3:

1. Encourage attachment by providing physical warmth, nurturance, and comfort.

2. Treat the child’s body with gentle respect during bathing and diaper and clothing changes.

3. Model comfort with your own body.

4. Use correct names for body parts and products when you give children information about body functions and anatomy.

5. Accept thumb-sucking as a child’s way of comforting him-/herself. Pediatricians believe a child needs a great deal of sucking, and that bottle-feeding does not provide enough.

6. Help children feel good about their bodies.

7. Answer the child’s questions about the body as honestly and comfortably as you can, even though the child may not fully understand your explanations.

8. Don’t interfere when the child touches his or her genitals.

9. Let the child show you affection; share how much you appreciate his or her warm hugs and kisses.

10. Don’t be overanxious about toilet training.

Ages 3 to 6

1. Continue to give the child nurturance and affection.

2. Teach children the difference between public and private behavior.

3. Use correct names for body parts when you give children information about sex and how their body works.
4. Encourage and satisfy children’s curiosity by answering their questions with as much information as seems to interest them at a level they can understand.

5. Talk openly about sexuality and let children know that it’s not a taboo subject.

6. Understand that a child of this age will find opportunities to “peek” at peers of both sexes.

7. Accept masturbation as normal and natural; casually suggest a private place and a time when it’s okay.

8. Expect and be prepared to talk with preschool children about where babies come from and how they are made.

Ages 6 to 12

1. Continue to talk openly about sexuality; let children know that it’s not a taboo subject.

2. Help children avoid needless anxiety by giving them information about body changes before they happen.

3. Expect some “bathroom” jokes and language; define your limits without shaming the child. For example, “You may talk like that with your friends if you wish, but not in front of our neighbors.”

4. Continue to show the child affection within the limits chosen by the child. For example, a 6-year-old boy may accept being hugged or kissed in public, but a 10-year-old may be embarrassed.

5. Validate children’s concerns about their development (“Am I normal?”). Treat the concerns seriously.

6. Give children opportunities to feel competent and masterful, so they will not feel overwhelmed by their experiences.
7. Provide a variety of safe opportunities for children to practice their social skills, to become more comfortable with different types of social situations. Find ways for the child who is trying to mimic adults to gracefully “grow-down” to a more age-appropriate level of behavior.

8. Look for opportunities to praise the child’s appearance and self-care skills.

Adolescence

1. Be knowledgeable and approachable for questions about growth and changes that occur during puberty.

2. Before puberty, give factual information about normal body changes. (See Sexuality and Human Development handout.)

3. Accept adolescent sexual interests and urges as natural and good.

4. Patiently accept mood swings as common to adolescents.

5. Be aware that teens (especially foster/adoptive teens) are struggling with the conflict between wanting to be dependent and wanting to be independent. Problems may arise relative to curfews, how time is spent, and with whom.

6. Be aware that adolescents are trying to develop a sense of who they are (identity). Problems may surface as the teen experiments with relationships.

7. Respect and accept romantic relationships in which the teen may be involved.

8. Create opportunities to talk about birth control to both males and females, since ignorance about contraception will not prevent sexual activity among adolescents.

9. Educate the youth about HIV and other sexually transmitted diseases. If you even vaguely suspect he or she may be sexually active, promote active disease-prevention strategies,
including helping him or her buy condoms and learning how to use them to prevent spread of disease. (Girls should also receive a good method of birth control, even if she says her boyfriend “uses a rubber.”)

10. Support the youth who wants to seek medical guidance.

11. Find out what classes or clinic services are available on a confidential basis and give the youth names, addresses, and phone numbers.

12. Avoid nudity around teens. A nude parent can inappropriately stimulate and confuse adolescents, especially if there is no blood relationship, as in foster/adoptive care.

13. Demonstrate affection. Teens need appropriate physical demonstrations of affection. If this need is not met at home, they may try to find it elsewhere, perhaps inappropriately.
Gonorrhea

Gonorrhea is the most ancient of all the sexually transmitted diseases. It is estimated that the incidence of gonorrhea is second only to that of the common cold among communicable diseases in the United States. The greatest number of cases of gonorrhea occur among men 20 to 45 years of age. Sixty-five percent of those infected are under age 25.

Transmission: Gonorrhea is almost always contracted during sexual intercourse (either vaginal or anal) but may be spread through mutual masturbation and oral sex.

Symptoms: In men, gonorrhea is manifested by a thin, watery discharge from the penis within two to seven days following the date of infectious sexual contact. This discharge becomes thicker and greenish-yellow in color within another day or two. Frequent and urgent need to urinate is also a symptom, and the act of urination is accompanied by a burning sensation at the tip of the penis, which is swollen and inflamed.

Most women infected with gonorrhea are unaware of its presence because their genitalia are partly hidden. Those women who may display symptoms, however, report a vaginal discharge beginning two to seven days after infectious contact. The vulva then becomes red, raw, and irritated. There is an urgent and frequent need to urinate, and urination is accompanied by pain and a scalding sensation.

Complications: Painful complications, which are sometimes serious, commonly result from gonorrhea. One is epididymitis, a condition characterized by a swelling of the structure leading to the testes, which become as large as an orange and extremely painful. Other complications include arthritis, conjunctivitis, skin infections, inflammation of the fallopian tubes, and meningitis. These complications, which are usually accompanied by fever, general feelings of unwellness, and marked weakness, may become serious enough to cause death.

Sexually Transmitted Diseases

Treatment: Diagnosis is a three-step process involving:

1. examination of symptoms

2. microscopic examination of a gram stain of urethra (male) or cervical (female) cells

3. examination of culture after three to five days.

Treatment of gonorrhea is with antibiotics and is usually simple and effective, but any complications stemming from the original infection will, of course, require specialized treatment.

Genital Herpes (Herpes 2)

It is estimated that 5,000,000 people in the United States have genital herpes, which is an incurable infection.

Transmission: A person is infected when direct contact is made with the skin and/or mucous membrane of a person who has the virus in its active state. It is spread by vaginal-penile intercourse, anal intercourse, by mouth-to-mouth kissing, and mouth-genital kissing. It can only be spread when sores are present.

Symptoms: In women, genital herpes causes sores and blisters in and around the labia, urinary opening, vaginal walls, and cervix. In men, these sores and blisters are commonly found under the foreskin, on the penis, or in the urethra. Clusters of sores may also appear on the thighs, buttocks, and around the anus in both genders. Symptoms usually appear within two to twenty days following infection.

Although some people show no symptoms at all, one or more groups of small, painful, fluid-filled blisters commonly appear on or around the penis or the vaginal area in the active stage. These blisters usually burst after a few days and ooze, and they may itch or burn. In this phase, the infected person may suffer general fever, muscle aches, and swelling of the lymph glands in the genital area. After two to three weeks, the sores begin to heal and the attack ends. Once healing is complete, the active phase is over and the infected individual cannot affect another. However, the blisters will likely reappear, and the person is then considered to be in the active stage again.
Sexually Transmitted Diseases

The herpes 1 virus causes cold sores or fever blisters on the lips, mouth, and face. This is common in people of all ages and is not considered an STD.

Treatment: Although genital herpes is incurable, medications are available to help reduce the pain.

Pubic Lice (Crabs)

Pubic lice are transmitted through sexual contact with a carrier or through contact with infected clothing, towels, bedding, and toilet seats. The lice live in hair (facial, pubic, or underarm), and their bites cause intense itching. They can be seen or felt near the roots of hairs.

Treatment: Special medicated creams, lotions, or shampoos which can be purchased without a prescription.

Venereal Warts

Venereal warts are caused by a virus passed between sex partners. They usually appear within one to six months after contact and, in women, grow alone or in groups around the vagina, cervix, and anus, and in men, around and on the anus and shaft of the penis. Venereal warts have a cauliflower-like appearance, and tests are not usually required for diagnosis.

Treatment: can include electrosurgery, freezeburning, or the application of various prescribed drying lotions. Even after the warts have been removed, the virus sometimes remains and may cause the warts to recur.

Syphilis

Modern methods of diagnosis and treatment had once virtually eliminated syphilis as the great problem it was in the 18th and 19th centuries, but there has been a huge increase in incidents, especially among heterosexuals—300 percent in the last three years, according to Richard Huber of the New York State Health Department, August 1992. And syphilis continues to be spread throughout the world.
Transmission: Highly contagious, syphilis is transmitted through sexual intercourse or mouth-genital contact. In addition, incidents of its transmission by pregnant mothers to their babies have increased sharply.

Symptoms: Syphilis is divided into five stages of infection:

- **Primary Stage:** After exposure to infection, the first sign of syphilis is a sore called a chancre, which appears within a few weeks or months. The chancre, usually painless and slightly elevated, is commonly found on the penis, labia, anus, lips, or in the throat. It is filled with the syphilis germ, and the person is highly infectious during this period. Because the chancre is painless, it can remain undetected. Even without treatment, the chancre disappears, but the bacteria are in the person’s bloodstream, leading to the development of later stages.

- **Latency Stage:** Lasting up to ten weeks, all symptoms disappear during this period.

- **Secondary Stage:** Symptoms reappear; they are characterized by a general body rash which may or may not itch or, less commonly, a nonitching rash on the palms of the hands and soles of the feet, headache, sore throat, loss of appetite, low-grade fever, and loss of patches of hair. Sometimes sores that look like warts appear in this stage; the individual continues to be highly infectious.

- **Latency Stage:** The fourth stage of untreated syphilis begins at least two years and may last as long as 40 years after the initial infection. This stage is dangerously deceptive; all symptoms associated with syphilis disappear. Only a blood test can reveal the infection.

- **Tertiary Stage:** 15 to 40 percent of individuals with untreated syphilis will develop some form of disease in the tertiary stage. During this stage, symptoms may appear in any organ, including the heart, the central nervous system, the cardiovascular system, the brain, or on the skin.

  Symptoms include disfiguring sores with chronic ulcerations on skin tissue and on bones and joints.

  Blood vessel inflammation can lead to scar tissue on the main blood vessel from the heart (the aorta), which can result in congestive heart failure.
Sexually Transmitted Diseases

Treatment: A variety of laboratory tests may be used to confirm a diagnosis of syphilis. Then, depending on the stage, various antibiotic therapies are used. Without treatment, death may occur.

Chlamydia

The most common of all diseases passed on by sexual contact, chlamydia is a nonspecific genital infection that can infect both men and women. It is caused by bacteria. If left untreated, chlamydia may cause sterility.

Transmission: A person is infected when direct contact is made with the genitals of an infected partner. It is spread by vaginal-penile intercourse, anal intercourse, and oral-genital intercourse.

Symptoms: One to four weeks after sexual contact with an infected person, gonorrhea-like symptoms may appear. In both men and women, there may be a frequent urge to urinate and pain during urination. There may also be a discharge from the genital area. If left untreated in men, urethritis may develop and infections may spread to the bladder, testes, and prostate, producing pain and swelling in these organs. In women, chlamydia will inflame the fallopian tubes and cause inflammation of the vagina and cervix. Both men and women will experience intense abdominal pain.

Treatment: Treatment with antibiotics usually clears up chlamydia, but the infection may recur if sexual activity continues with an infected person.

What Can I Do about STDs?

The following are some precautions you can take to curb the spread of STDs:

1. Don’t have sex if you notice a milky discharge upon squeezing the penis before sexual intercourse.

2. Don’t have sex if you notice bumps, sores, or a discharge of any kind in the genital area.

3. Use condoms with spermicide applied to help prevent the spread of STDs.

4. Use contraceptive creams and jellies, which help reduce the risk of contracting an STD.

5. If symptoms appear, go immediately to your doctor or clinic for an examination and treatment.

Always remember—it can happen to you!
1. You can’t get pregnant the first time you have sex.

2. You can’t get pregnant unless you have sex several times a week.

3. One way to prevent pregnancy is for the guy to pull out before he “comes” (ejaculates sperm).

4. Douching immediately after intercourse is a good birth control method.

5. Halfway between a woman’s period is the “safe” time.

6. You can only get pregnant if you have full intercourse.

7. You must be at least 18 in order to buy rubbers in a drugstore.

8. Pregnancy is safer than birth control pills.

9. You can’t trust rubbers because they can break easily.

10. All birth control pills are alike, so it is okay to borrow someone else’s pills.


12. Foam used after intercourse is effective.

13. A woman can get pregnant only at certain times during her cycle.

14. You can’t use an IUD unless you have had a baby.
The Birth Control Challenge

Name of the method

Are there any slang/street names given to this method?

If so, what are they?

How does this method work?

What is the male’s role/responsibility in the successful use of this method?

What is the female’s role/responsibility in the successful use of this method?

What (if any) are the side effects of this method?

How does a person obtain this method?

How effective is this method in preventing pregnancy?

What are the disadvantages of this method?