

# Are you sexually active?

To be taught in parallel with S1E1 of the *This is Probably a Really Weird Question* podcast.

## Intended Audience

This educational module is intended for use at an undergraduate level. Students are anticipated to have majors in nursing, pre-medical studies, biological sciences, and other health-related fields. Therefore, the purpose of this lesson is to help prepare students for a future career in healthcare, with an emphasis on provider-patient relationships and discussing sexuality.

## Required Materials

Season 1 / Episode 1 of *This Is Probably a Really Weird Question* podcast: [“Are You Sexually Active?”](#)

Meystre–Agustoni, G. “Talking about Sexuality with the Physician: Are Patients Receiving What They Wish?” *Swiss Medical Weekly* 2011;141:w13178.  
<https://doi.org/10.4414/smw.2011.13178>

Dodd, SJ. “Taking a Sexual History.” *Sex–Positive Social Work*. New York: Columbia University Press, 2020: 55–76.  
<https://www.jstor.org/stable/10.7312/dodd18810.7?seq=21>

## Anticipated Misconceptions to Address

- *More often than not, patients will be embarrassed to be asked about their sexual history, so it's preferable not to bring it up.* This is not true; according to Meystre-Agustoni (2011), around 90% of respondents agreed that they would prefer for their doctor to ask about their sexual history for prevention purposes.
- *The purpose of asking a patient about their sexual history is to assess their potential for pregnancy.* In reality, a patient may be sexually active but not at risk of an unexpected pregnancy. A patient's sexual history may inform preventative care related to sexually transmitted diseases, safe self-stimulation practices, sexual dysfunction, and gender dysphoria.
- *Pediatric patients should not be asked about their sexual activity.* According to the CDC, in 2017 over half of teens in the United States have had sexual intercourse before they were 18 years of age. Conversations about sexual activity do not have to start with

intercourse; children of younger ages might be asked about dating and friendships to grow patient-physician relationships and gauge the necessity of further questions about sexuality.

## Lesson Outline

### Introduction

To begin the class, it may be beneficial to briefly review the podcast episode and reading material, in case any students have completed the assigned readings.

### Class Discussion

Next, students will be given an opportunity to discuss with their classmates the content and their opinions of the two reading assignments, beginning with Meystre-Agustoni (2011). Students will then discuss the different strategies presented for taking a sexual history in Dodd (2020). Some discussion questions may include:

- What is the purpose of asking a patient about their sexual history? How does this purpose change depending on the age or experience of the patient?
- Were you surprised by anything you read in these articles? In what ways did your prior expectations align or conflict with the information presented in the readings?
- How can language/wording affect a patient's comfort level with a clinician? What are some strategies to use to prioritize inclusive language and what are the benefits of it?
- How is questioning as a means for diagnosis for ill patients different from questioning to recommend preventative care for healthy patients?
- At what age should clinicians begin speaking with their younger patients about their sexual activity? Explain why and what other factors might contribute to this decision.

If students become interested in a certain discussion topic, encourage them to further pursue it; these questions are presented as a guideline for class discussion but can be adapted to fit specific classes.

### Interactive Activity: Think, Pair, Share

For this activity, students will arrange themselves into groups of 2 or 3 to respond to different prompts regarding taking a patient's sexual history through role-play. In each round, one student will play the clinician, one will play the patient, and the optional third party could play a patient's parent or clinician's assistant. Students will be given the following scenarios to act out in their small groups. They should consider the available information about the patient's context. After 4 minutes, the class will reconvene to discuss what happened during their role-play and

what elements they might want to keep or change for future patient interactions. They will then switch roles and continue with the next scenario!

*Note: Where relevant, instructors might want to additionally situate these scenarios within a particular state, if students have had an opportunity to learn about that state's laws concerning LGBTQ+ healthcare provision. For an overview of state laws regarding LGBTQ+/gender-affirming healthcare provision, including for minors, please see the following resource: <https://www.lgbtmap.org/equality-maps>.*

- Scenario 1:
  - Setting: Primary Care Practice
  - You are meeting with a new cis male patient in his 20s. You know little about his medical history since he has not attended annual visits with a previous PCP for some time. He is at your office for a well visit physical and vaccine booster.
  - What questions do you ask about his sexual health and history? What sort of preventative care do you think is most important for this demographic? What assumptions are you making about his health and history throughout the conversation?
- Scenario 2:
  - Setting: Pediatric Practice
  - You are meeting with a pre-teen transmasculine patient who has arrived at the clinic with his parent. The visit is for his annual physical and to follow up on his experience with hormone blockers. You know that he has experienced some hardships at school and in his community after beginning his transition. His parent is reluctant to leave him alone in the room with you during the visit.
  - What questions do you ask about his sexual health and history? How do you react to his parent's reluctance to leave the room so that this conversation can take place in private? Is the preventative care that you provide influenced by his puberty blockers? Why or why not?
- Scenario 3:
  - Setting: Primary Care Practice
  - You are meeting with a cis female patient in her 30s whom you know quite well. She has spoken to you about her sexual history previously, but her family and friends view sex as a very taboo topic that should not be discussed frequently. You know that she is not married, but she has had a steady partner for a few years. She is at your office for her yearly physical exam.
  - What questions do you ask about her sexual health and history? How do you ensure that the patient is comfortable and doesn't feel forced to share about a taboo subject while still acquiring the information you need to recommend preventative care?

- Scenario 4:
  - Setting: Sexual Health Clinic
  - You are meeting with a patient from the local community who is at your office for a routine STI screening. They are asymptomatic and are doing this as a preventative measure.
  - What questions do you ask about their sexual health and history? What practices do you feel are important or less important to recommend, based on the circumstances of the visit?
- Scenario 5:
  - Setting: University Student Health Center
  - You are meeting with an intersex student in their early 20s who has been questioning their sexuality for a while. They express interest to you in sexual exploration for pleasure with people of various genders and are curious about ways to safely do so.
  - What questions do you ask about their sexual health and history? Do you ask about their sexual preferences to inform your care? Does their gender as intersex influence your questioning at all?

## Additional Resources:

Equity Maps: <https://www.lgbtmap.org/equality-maps>

Martin, Emily. “The Egg and the Sperm: How Science Has Constructed a Romance Based on Stereotypical Male-Female Roles.” *Signs* 16, no. 3 (1991): 485–501. [PDF]

National LGBTQIA+ Health Education Center,  
<https://www.lgbtqihealtheducation.org/resources/>

Stoeckle JD, Billings JA. “A history of history-taking: the medical interview.” *J Gen Intern Med.* 1987;2:119–27.

Walker, H. Kenneth. “The Origins of the History and Physical Exam.” In HK Walker, WD Hall, and JW Hurst, eds., *Clinical Methods: The History, Physical, and Laboratory Examinations*, 3<sup>rd</sup> edition. Boston: Butterworths, 1990.  
<https://www.ncbi.nlm.nih.gov/books/NBK458/>