



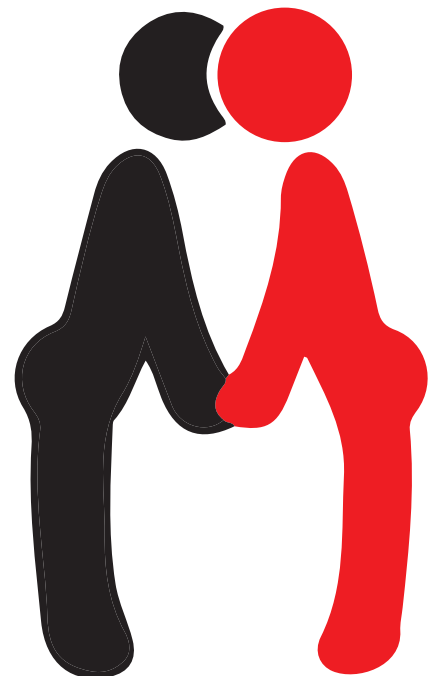
Introduction

Sex is defined in many different ways and often has **different meanings to each individual**. Historically, when people were asked to define sex, they would answer with **cultural norms and acceptance** in mind meaning that they would refer to **penetrative sex between a male and female** (Scott et al, 2018 & Sewell et al, 2017). However, whilst the act of sex has not changed throughout time, and there is evidence to suggest that many of today's practices that could be considered 'kinky' or 'risky' were being performed **'back in the day,'** (Wall text, 'Sexual preferences', Museum of sex, Amsterdam) People's attitude towards sex has changed. **Most people no longer feel the need to keep a lid on their sexual preferences and activities** (Sewell et al, 2017 & Scott et al, 2018). This has resulted in sex being more commonly defined as **'one individual penetrating another with something such as a penis, finger or sex toy into the mouth, vagina or anus.** Trends in sexual behavior's reflect social and cultural events over time (Scott et al, 2018 & Sewell et al, 2017) including the Sexual Revolution and the introduction of the

contraceptive pill which allowed for a higher indulgence in sex for pleasurable purposes (Lynch, 2005). **The arrival of the lethal AID's virus in the 1980's which made people more cautious about their sexual practices** and the civil rights and LGBTQ movements which encouraged all to speak out about their sexual preferences. Whilst attitudes towards sex may be less liberal in the UK in comparison to other countries, brands such as Ann Summers and Durex have had huge success in bringing **sex on to the high street** and putting the emphasis on exploration and pleasure

I choose this subject because as a young woman, the subject matter is relevant to me and although I am told that attitudes are rapidly changing, it is not a subject **that is openly discussed or attitudes easily gauged, but it is one which I felt was worthy of investigation.**

Research was conducted to understand what the 21st century perception of sex is. Although the report will later focus more on sexual health and safe sex, it was felt necessary to understand all aspects of sex that are relevant within the 21st century.





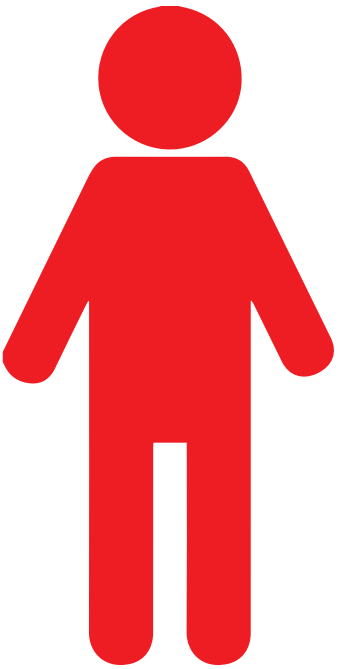
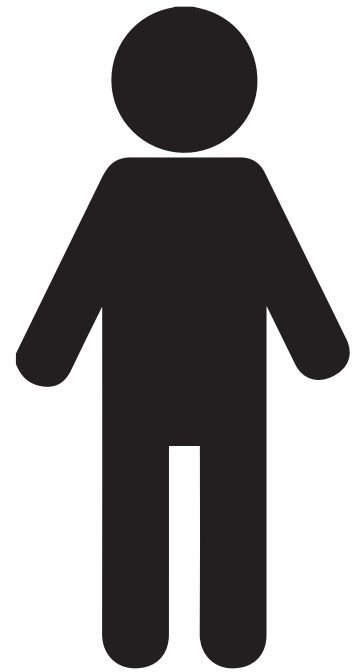
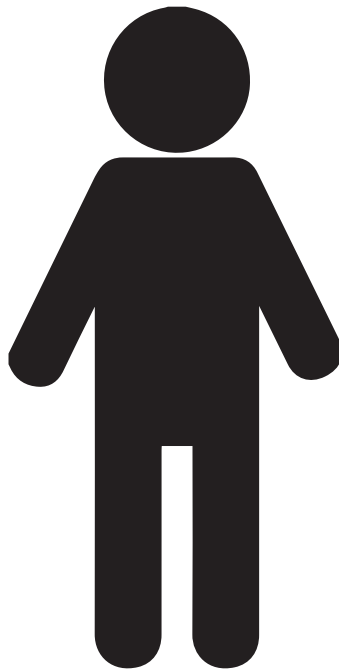
Aims and objectives

Aims

- To understand **current attitudes** towards sex.
- To gain a better understanding of the current **sexual education** system.
- To identify current **trends within sex**.
- Better understand how sex has **developed over time**.
- Gain an understanding of the **LGBTQ+'s** relationship with sex.

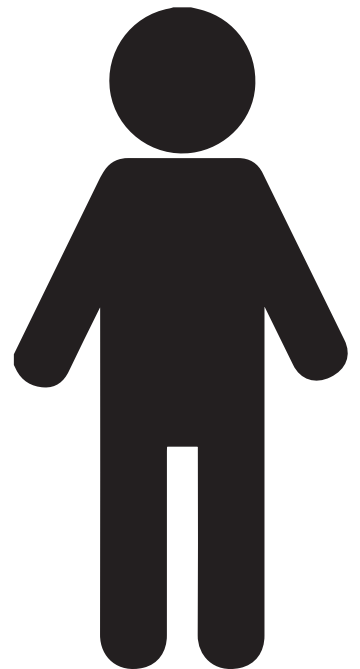
Objectives

- Investigate **perceptions and attitudes** towards sex in **different demographics**.
- Compare already existing **materials with my own research**.
- Identify **key problems and impacting** factors on sex.



Ethical code

Due to the **sensitive nature** of the topic being researched, an **ethical code was followed** which ensured that all participants **directly spoken to** knew that they were **being studied**, were **informed of the topic** before any research was conducted, and were promised **full anonymity**.



Methology

Online articles and academic journals

Online articles and academic journals were used to gain an understanding of the subject to form questions in preparation for the interviews and also throughout the investigation as necessary, for further understanding on the topic.



Focus group

A focus group was formed with a diverse range of genders, sexual preferences, and nationalities. The age of participants ranged between 19-45 with the majority of the participants being students or professionals. The purpose of this focus group was to identify what subjects within the topic of 21st century sex were most relevant and to direct which methods were needed to be used in further research.

Documentaries

A number of documentaries were viewed to gain a wider understanding of what my demographic are viewing in regards to my topic.



Information leaflets

For additional information several information leaflets were gathered and read from local health services.

Cultural comparison

The investigation coincided with a trip to Amsterdam where a comparison could be made between both the attitudes of the UK and Netherlands towards sex. During this trip visits were made to a sex museum and numerous sex shops in a variety of locations around the city.



Interviews

All participants had a diverse range of genders, sexual preferences and nationalities ranging between the ages of 19-45. Many had been a part of the original focus group and were chosen to participate in the interviews as well due to the feeling these individuals had information to offer but would only do so in a more private setting. All interviews were semi structured with participants being asked pre-written questions but with the scope to elaborate. This allowed a number of participants to openly share their own stories and experiences.

Findings

Participants at the focus group identified themselves in terms of their gender and sexuality. A mixture of sexualities was found, to include gay, lesbian, bisexual, a-sexual, and heterosexual. There was also a diverse range of genders participating including non-binary, male and female. Initially all seemed reluctant to openly speak. In order to encourage participation, open ended questions were introduced, such as “what does sex mean to you?” And “how do you feel talking about sex?”. Once these questions had been introduced conversation began although it was noted that the majority of the group expressed the view that they would be more comfortable speaking on a one to one basis in a more private setting. The majority of heterosexual participants reported that they found sex easily accessible and a fun activity to engage in. Upon further discussion it became apparent that these individuals had a higher number of sexual partners and experiences. Some admitted to visiting prostitutes and strip clubs. Those less experienced viewed sex with higher levels of anxiety putting an emphasis on the importance of knowing their partner in order to be comfortable, with one individual saying how “sex is trust”. Those who identified as feeling anxious about sex explained that these anxieties were mainly based around feeling inadequate sexually with one participant adding that his understanding was that “everyone is having great sex, aren’t they? so the pressure’s on”. When asked where he acquired this view of everyone having great sex from, he laughed and said, “it’s just what everyone wants you to believe, isn’t it?” He went on to say that he was also quite anxious about contracting a sexually transmitted infection. Some participants explained that their anxiousness about sex stemmed from their negative body image whilst others mentioned being intimidated when sleeping with more sexually experienced individuals for fear of not being able to satisfy them to the extent that their previous partners had. One individual spoke of the pressures created by the porn industry. This opened a discussion with all participants agreeing that porn painted an unrealistic representation of sex that the majority of the group felt they needed to strive for. One group member commented on the dangers of this, particularly for novices who may believe all that they see in porn and could learn sexual techniques wrongly. The LGBTQ+ members of the group took an opposing stand point to what sex meant to them. Sex seemed to be a more complicated topic, with the LGBTQ+ participants finding it less easy to identify sexual partners due to them being in the minority. The topic of discrimination was also raised by the LGBTQ+ individuals within the group, some expressing experiences of homophobia when trying to initiate a relationship with a straight person by mistake. The feeling of the LGBTQ+ community being less valued within society was discussed, with most feeling there was still a lack of sex education outside of a heterosexual relationship being delivered in schools and colleges. Once the topic of sexual education had been raised both heterosexual and LGBTQ+ members of the group agreed sexual education was failing around the subject of safe sex and focused more on the biological aspects.



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Sex education within schools only focused on heterosexual sex and biology. This left the LGBTQ community feeling neglected

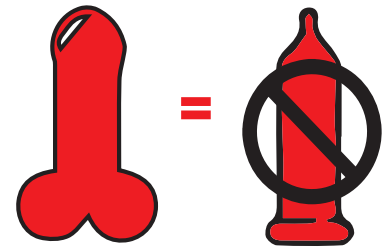


Porn impacted the way individuals viewed sex and themselves

Findings

When a number of male participants between the ages of 20 and 25 were interviewed, all sexually active and with a number of different partners, it was discovered that the majority of them had never been STI tested and had no knowledge of the process. All expressed the feeling that if they did have a STI, then they would simply know. However, many were unaware that most infections can occur with no symptoms meaning a high number of individuals do not know that they have become infected. When provided with this information, two were content in expressing the opinion that the females that they slept with were “not that type” so they did not fear catching an infection. When asked how they would feel about getting STI tested in future one said they would not want to as they would be embarrassed about having “something up their dick.” Another mentioned how they would feel more comfortable if they knew exactly what the process of being tested involved. They also wanted to know how to find a STI clinic and how results are given. Although the majority interviewed did not consider STI’s as a priority with many admitting to most sexual encounters being those of a one off encounter when they were intoxicated. Often the feeling was expressed that if the sexual partner was male or on birth control condoms were not necessary. One participant that had not had many sexual partners said that they would not participate in any sexual activity without a condom explaining that he felt that “prevention was better than cure”. This view was in contrast to the majority who felt that the cure of STI’s through antibiotics was the more convenient option. Once it was explained to them that some more serious sexually transmitted infections are not curable, many seemed to change this view point and said that they would be more likely to use a condom in future.

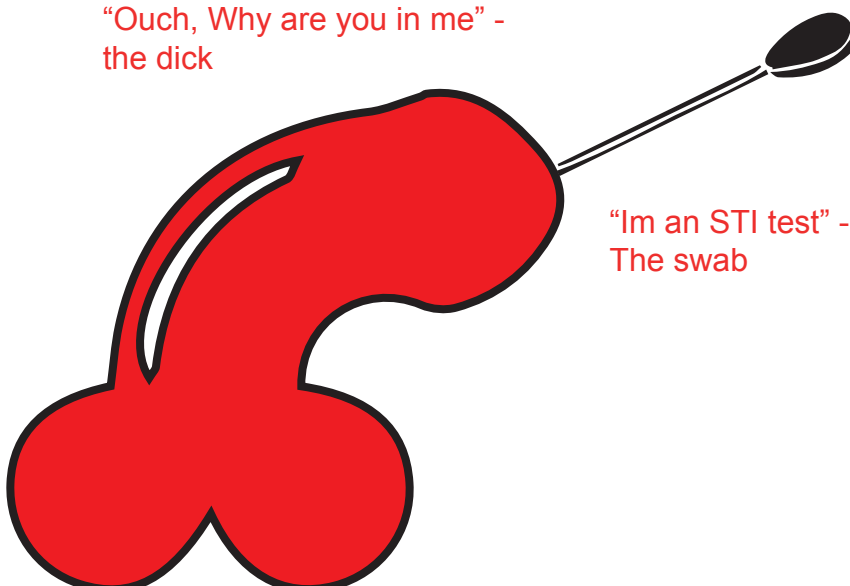
Majority of young men did not use condoms.



young male speaking of STI testing -

“they stick something up your dick”

“Ouch, Why are you in me” - the dick



“Im an STI test” - The swab

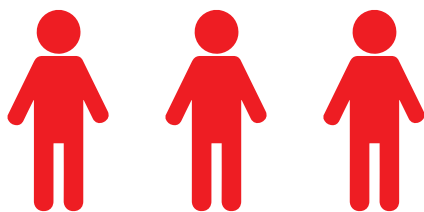


Women were found to be more concerned about a condom affecting their partners sexual enjoyment than they were for their own sexual health.

Findings

A number of women of the same age group were interviewed again on the topic of sexually transmitted infections. It was found that the majority had been tested for sexually transmitted infections and had an adequate understanding on the process in relation to their individual needs. However, for many their first encounters with STI clinics occurred as a result of the clinic being in the same location as other services such as birth control and the women's wellness clinic. Although these women didn't necessarily attend the clinic after every sexual partner all seemed to be cautious with regards to their sexual health, showing preference to using condoms during sex. This being said, some did show a concern towards the impact condoms had on their partner's enjoyment of sex. This was mostly noticed within heterosexual relationships, where a trend appeared of women wanting to satisfy the male and were too nervous to insist on the use of a condom due to worry of disappointing their partner. Many women felt the need to be sexually explorative with new positions, sex acts and to indulge in the use of sex toys, if not for their own enjoyment, but to satisfy their man. One of the youngest individuals expressed a desire to visit a STI clinic but explained a fear of being judged and was unaware of what to expect from the screening process. On further investigation it was found that this individual was experiencing symptoms of a STI after a brief sexual relationship and admitted to not knowing the sexual history of the partner. When it was explained to her that drop-in clinics were available with full anonymity for herself and with no pressure to disclose details to previous partners, she seemed reassured. Another female was comfortable enough to share her experience of contracting genital herpes which is a non-curable sexually transmitted infection. Although the individual often uses condoms and regularly visits sexual health clinics, she did not consider the fact that a cold sore on her partner's lip would infect her during oral sex. When questioned why oral condoms were not used, the female explained that although she remembered oral condoms being mentioned during sex education at school, she had never seen one or heard of anyone actually using them. The fear of being judged was also prominent in this female's mind as the experience of being diagnosed with herpes in her home country had been negative and judgmental. This was not mirrored in a subsequent visit to a UK clinic.

Tested



Not tested

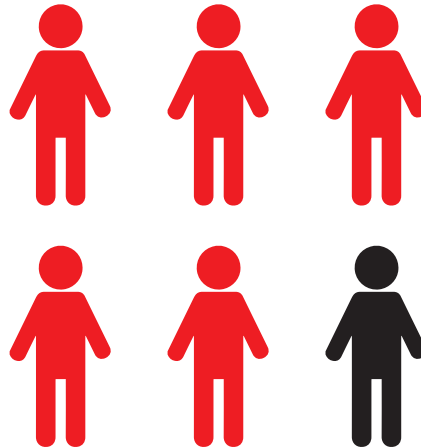


Majority of women had been tested and showed a good understanding of the testing process but did not visit the sexual health clinic after every sexual encounter.



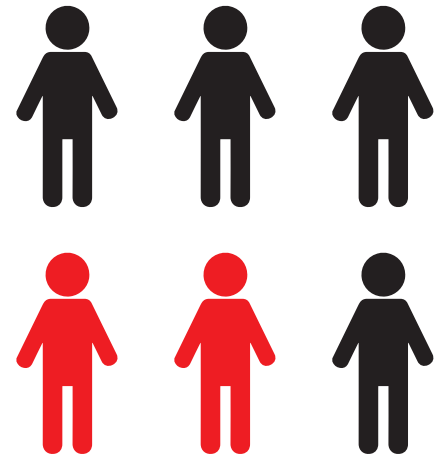
City centre STI clinic

Majority men.



University STI clinic

Majority female.



Findings

To establish what demographic was using sexual health clinics, the method of ethnography was used. This involved a visit to a city center clinic where the majority of attendees were males between the ages of thirty to fifty. Upon further investigation it was found that on the particular day of the visit, the clinic had advertised additional capacity for HIV testing. In contrast, the second visit to a sexual health clinic was located near a university. This was a 'Walk-in' clinic and was generally quiet with the majority of visitors being young females within the age range of eighteen to twenty-five. A nurse at the second clinic was happy to share her experience as a sexual health practitioner, she felt that trends were changing with people becoming more sexually explorative with things such as sex toys and having more sexual partners of a one-night stand nature. The concern was expressed that although people were putting emphasis on enjoyment, pleasure and being sexually free, sexual health and safe sex practices were being neglected. An example was given that many people now use sex toys, although they are unaware that unless cleaned correctly and allowed to stand for twenty-four hours after use, they are at risk of spreading sexually transmitted infections. When asked why she felt these trends were appearing the nurse blamed the porn industry. To substantiate what the nurse had said it was decided to investigate trends, in particular pornography and sex toys. The nurse also noted a rise in the number of sexually transmitted infections within the older generation.

Pornhub top 3



Step mom



Group sex



Public

Findings

An investigation of the most popular porn site found that most trends within porn are influenced by pop culture, mainstream media, and other popular worldwide events (Porn Hub's insights report 2018). The top 25 searched terms online were found to be, Step mom, Gang bang and public. These findings further backed a survey conducted by sex researcher Justin Lehmiller (Netflix, 2020) that 97% of adults have experienced a sexual fantasy with 52% of those having them every day. Although many of these believed their fantasies are unique, most fall into one of three categories. Those categories are group sex, novelty scenarios, or fantasy's about power and control. Justin Lehmiller (Netflix 2020) also found two thirds of women and men had fantasized about sex toys, with the most common being blindfolds and handcuffs. A visit to one Amsterdams sex museum showed that these fantasies where recorded throughout history with a number of images involving group sex, toys, same sex relationships and bondage being on display. Modern day sex toys, such as dildos and bondage items could be clearly seen in shop windows on Amsterdams main streets. Although brands such as Ann summers and durex can be found on UK highstreets, the law dictates that sex toys cannot be visible from the high street. Instead they must be kept in an age restricted area located at the back of the store. The liberal attitude towards sex in the Netherlands allowed for the advertisement of services such as prostitution and sex shows, this again is in contrast with the UK where prostitution is illegal.



Discussion



The study found that despite the fact that people are now deemed to be far more open about sex than ever before, People were still generally uncomfortable when talking about it particularly within a group setting. Many showed physical signs of being uncomfortable, with their body language indicating that they only relaxed once others began to share. It was noted that the foreign participants within a group setting were the first to speak with UK participants seeming more reluctant. This finding backed up the finding of sexual attitudes within the Netherlands which were far more liberal than those in the UK.

There were a lot of anxieties associated with sex. Some anxieties stemmed from the desire to please partners and the fear of not being able to achieve this. Other anxieties were associated with a negative body image which made sexual partners feel self-conscious when naked.

Trust within a relationship was found to be very important to the less sexually experienced participants. Many confessed to feeling inadequate and pressured to satisfy their partners.

Men and women seem to experience sex differently. Men, much more than women admitted to watching pornography, having sex with prostitutes, frequenting strip clubs, having casual one-night stands and having fetishes. Woman admitted to using sex toys and having fetishes, with some pointing out that their use was as a desire to please their partner but also heightening their own pleasure.

Homophobic views were found to still be prevalent towards members of the LGBTQ+ community stating that they had received negative comments when trying to initiate relationships.

Three main themes emerged from the research findings. These focused on sexual health, the impact of porn on sex and sexual attitudes and a lack of sex education.



Surprisingly, the majority of men interviewed said that they did not use a condom, many feeling that it was not necessary if sex was with another male or if birth control was being used. Alarmingly the majority of these men were not being tested, and were unaware if there were any symptoms associated with particular STI's or what these symptoms were. Women were found to be more conscious of their sexual health, with many having an adequate understanding of STI's. Although many of these women would prefer their partner to wear a condom, many would not insist on this for fear of ruining the pleasure for their partner. attitudes and a lack of sex education.

Discussion

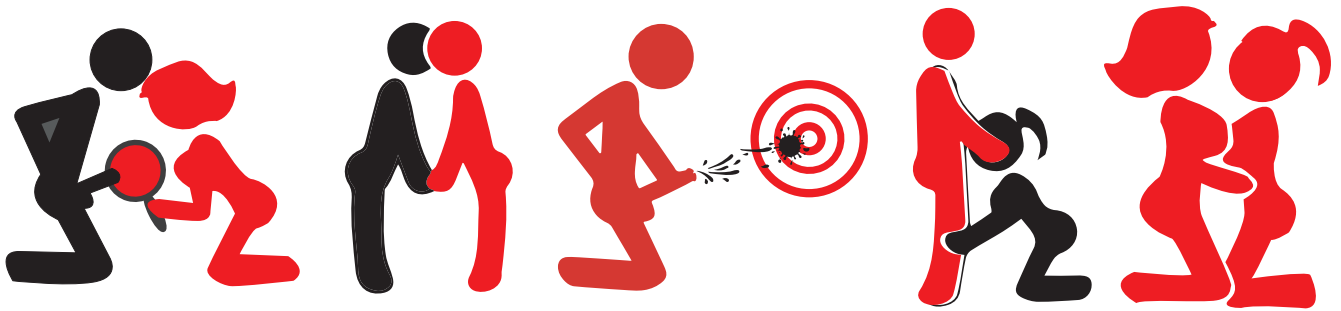


All genders showed an apprehension of visiting a sexual health clinic due to the fear of being judged and for not understanding the screening process for sexually transmitted infections. There was a lack of understanding of how sexually transmitted infections were spread and many did not consider the use of oral condoms in order to prevent an infection from transferring between the mouth and the genitals. Evidence from a medical practitioner supported this ignorance around transmitting sexual infections explaining that individuals often spread infections via sex toys as they failed to clean them effectively between use.

Porn was found to impact on people's confidence and expectations. Many turned to porn to learn further on how to perform sexual activities and were left feeling inadequate when the reality failed to live up to expectations. For many porn not only acted as an idea generator for new sexual activities but also a place where they could receive guidance on sex. Apart from the unrealistic interpretations of porn, leading to disappointment, there is also the danger of learning a technique wrongly which may cause harm to those involved in the sex act. For example, although anal sex has been a growing trend largely due to porn, the industry neglected to include safe sex practices such as lubrication and pre stretching of the anal muscle ready for a penis. Porn left many feeling not only inadequate about their performance and technique but also left many with body image problems. With men comparing their penis to what they saw in porn and women comparing their performance to what they viewed on the screen. Whilst it was found porn had its benefits for self-pleasure and was a useful tool for exploration, the need for it failed to incorporate safe sex practices and inform people of the possible dangers of trying what they were viewing on screen. Members of the LGBTQ+ community reported that they had experienced an inadequate level of sex education. With most sex education focusing on heterosexual practices. This is partly due to laws stating that LGBTQ+ sex education is illegal to be taught in schools and with no law pertaining to teach it at further education level either. Clearly this report indicates the necessity for better sex education all around. As sex is such an important factor in almost everybody's life, it is essential that people are able to learn more than just the basics of sex as taught in school currently. Sex education must reflect the diversity of needs that are required to satisfy 21st century sexual experiences, and must offer comprehensive information to the LGBTQ+ community. Unfortunately, the findings of this report are alarming in as much as basics are not being learned in terms of sexual health and safe sex practices. Current sexual education systems focus on the biological aspects of sex, such as why an erection is achieved and how-to vagina self-lubricates. Sexual health is touched upon with the introduction of condoms and contraception but only to a basic standard. With 21st century sex being focused more on the pleasure and exploration rather than biological and reproductive purposes this form of sex education is no longer adequate. The report found while people focus more on pleasure and exploration things such as sexually transmitted infections were neglected, with many believing practicing safe sex meant sacrificing some pleasure. The findings also highlighted that although women are as sexually active as men and are seeking out their own pleasure from sex, they still showed more concern for their partners enjoyment than their own. As individuals desire for pleasure and sexual preferences are evolving with the increasing use of trends such as sex toys, it is imperative that sexual education teach with this in mind for both sexual health purpose and enjoyment. Porn should not be the first point of call for learning about sex, especially as porn is not interested in educating with safety in mind. Instead, sex should be taught via a safe and informative method, with a large focus on pleasure, realism and safety.

Conclusion

Conclusion In conclusion, this investigation has met the stated objectives in terms of the authors understanding of sex in the 21st century. It is recognized that the study was small in nature compared to many that have gone before it, this being said the study provided a good demographic sample offering a large variation within participants. The findings of this report support the need for further investigation that would focus on how design could better educate people on safe sex practices while being sexually explorative. The chosen demographic going forward would be students between the ages of eighteen to twenty-five as these were the ones shown to need it the most. This could be done by offering the demographic better sex education through the use of interactive design and campaigns.



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