

Women & Diversity Health

**GUIDE TO**

# **Sexuality and Sexual Health**



2025

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# Introduction

Human sexuality is more than having sex. It's a complex experience that includes your biology, your gender, how you see yourself, how you feel about others, and the values in which you believe. It embraces all gender identities and expressions, making it a rich and diverse aspect of who we are.

This guide will explore a wide range of topics essential to fostering a healthy and respectful approach to sexuality within the military environment. This guide covers foundational concepts such as sex and gender, pronouns, and sexual orientation along with more specific subjects like sexual attraction, consent, and safety.

Whether you are a recruit or a seasoned veteran, this guide is your resource for understanding and embracing your sexuality in a way that promotes health, respect, and inclusivity. Our goal is to create a supportive environment in which every member of the military feels empowered to express their sexuality safely and authentically. Together, we can build a community that values and respects the diverse sexual health needs of all its members.

## Sex and Gender

Sex and gender are important parts of who we are, but they mean different things. Sex refers to the biological differences between males, females, and intersex people, such as genes, hormones, and reproductive body parts. Gender, on the other hand, is about the roles, behaviors, and identities that society assigns to people. This includes how individuals feel and identify themselves (gender identity) and how they show their gender to others (gender expression). Gender is a social construct that can look, feel, and be different across cultures, eras, and geographies. Understanding the difference between sex and gender helps us better understand the variety of human experiences and identities.

The Genderbread Person v4 by its pronounced METROsexual

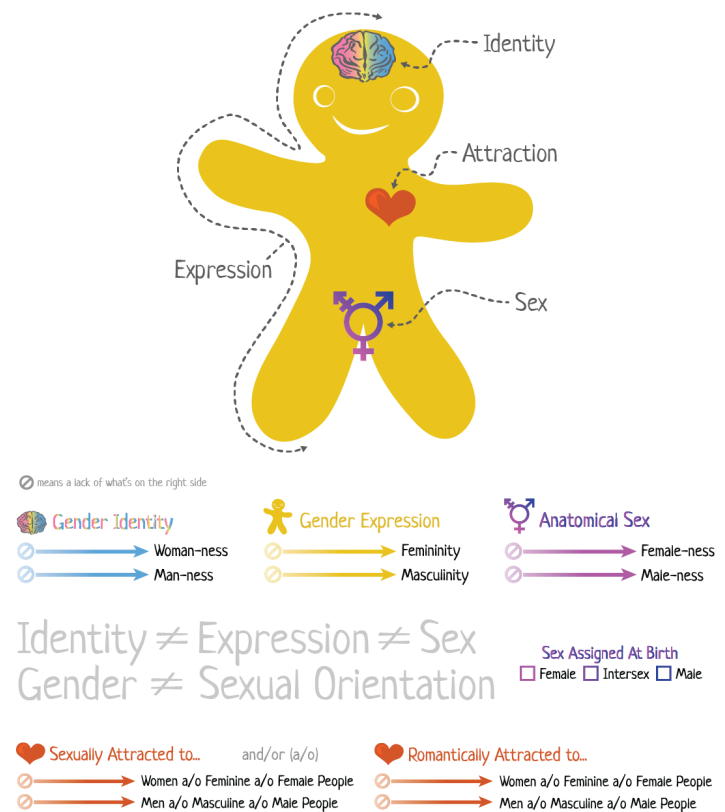


Image source: [The Genderbread Person version 4 by It's Pronounced Metrosexual](https://www.genderbread.org/)



## THE VOCABULARY TO DESCRIBE GENDER IDENTITY IS EVOLVING. THERE ARE MANY OTHER GENDER DESCRIPTIONS WHICH ARE NOT COVERED HERE.

### CISGENDER

Cisgender describes when a person's gender identity matches their sex assigned at birth. For example, someone who identifies as a woman and whose sex assigned at birth was female.

### NON-BINARY

Non-binary is when a person does not identify with one gender. Terms such as queer, gender fluid, and gender non-conforming are often used in addition to non-binary.

### TRANSGENDER

Transgender refers to a person whose gender or gender expression is different from their sex assigned at birth. Transgender is sometimes used as a broad term that includes transgender and non-binary or gender-diverse people who do not feel their gender is entirely represented by man or woman.

### GENDER IDENTITY

Gender identity is how one feels with respect to being a woman, a man, both, neither, or somewhere along the gender spectrum. It might match or differ from the sex assigned at birth. The gender spectrum includes a wide range of identities, acknowledging that many people do not fit into the binary categories of man or woman.

### SEX ASSIGNED AT BIRTH

Sex assigned at birth refers to the biological traits such as genes, hormones and reproductive body parts that align with a male, female, or intersex assignment.

### INTERSEXUALITY

Intersexuality is when a person is born with a mix of biological traits that affect their body parts, genes, and hormones. Some people who are intersex are not aware of this until later in life.

## Gender Pronouns

**Gender pronouns** are the words we use to refer to people in place of their names, which match their gender identity. Using the correct pronouns for someone is a way to show respect for their gender identity. Some examples include:

- He/him/his – refers to people who identify as men.
- She/her/hers – refers to people who identify as women.
- They/them/theirs – are gender neutral pronouns used when referring to someone whose gender is unknown/unspecified, non-binary or genderqueer, or simply their preference. The use in this context is singular, not plural.

**Neopronouns** describe a new, evolving category of gender-neutral pronouns used as an alternative to “they/them/theirs.” It is best to have an open conversation with the individual using the neopronouns to clarify how to best reflect their preferences when communicating. Some examples include:

- Ey/Em/Eirs
- Xe/Xem/Xyrs
- Ze/Zir/Zirs

**Rolling pronouns** refer to the practice of using multiple sets of pronouns, often reflecting a more fluid or non-fixed gender identity. Depending on how they feel or on the situation, the pronouns can change. Examples include actor, Elliot Page (he/they) and singer, Halsey (she/they).

**WHEN YOU ARE NOT SURE WHICH PRONOUNS TO USE, START THE CONVERSATION IN A PRIVATE SPACE. IF LATER YOU MAKE A MISTAKE, ACKNOWLEDGE, AND CORRECT IT. DEMONSTRATING CURIOSITY, EFFORT, AND SINCERITY WILL HELP IN THESE SITUATIONS.**

## Sexuality

Sexuality is how people experience and express themselves as sexual beings. It can change over time and is an important part of personal identity and human interaction. It includes sexual orientation, sexual behavior, sexual identity, and sexual relationships. Sexuality is a broad concept that involves how people feel about their bodies, their gender identities, and their interactions with others in sexual contexts.

**Sexual orientation** describes the genders or identities to which a person feels sexual attraction. There are many terms used to describe sexual orientation, but some common categories include:

- Asexual – experiences little to no sexual attraction to anyone.
- Bisexual – attraction to two or more genders, often including their own gender.
- Heterosexual – attraction to a different gender than their own.
- Gay or Lesbian – attraction to the same gender as their own.
- Pansexual – attraction to any individual regardless of gender.

**Sexual attraction** is an emotional, romantic, or physical feeling that makes one person interested in or drawn to another person in a sexual manner. It is a very different experience for everyone, and it can change over time as people journey through life and circumstances. Some common categories that may describe attraction and desire include:

- Allosexual – desires sex regularly, with or without emotional bonding first.
- Demisexual – experiences sexual attraction only after forming a strong emotional bond.
- Graysexual – rarely experiences sexual attraction to others or with low intensity.
- Sapiosexual – finding intelligence sexually attractive, prioritized above physical or gender attraction.

**Sexual consent** is the agreement between participants to engage in sexual contact, before it begins, and to continue the interaction once underway. It is an important aspect of respectful and healthy sexual relationships based on clear, voluntary, and informed communication.

### Key principles of sexual consent include:



- Clear and specific – Consent should be communicated clearly for any type of sexual activity including intercourse, touching, oral sex, anal sex, and masturbation. Consenting to one act does not imply consent to any/all acts. Each new act requires its own consent.
- Freely given – Consent must be given voluntarily without any form of pressure or manipulation.
- Informed – All participants understand to what they have consented, including potential risks.
- Reversible – A person can change their mind on consent and withdraw it at any time even if they previously agreed to the sexual activity and/or the activity has already begun. Continuing after consent has been withdrawn is sexual assault and a serious crime.
- Enthusiastic - Consent means actively and freely expressing a “yes” to sexual activity and involves genuine excitement, with ongoing communication during the interaction.

### Situations where consent cannot be given:



- Under the influence – A person who is under the influence of drugs or alcohol cannot give consent.
- Not conscious – A person who has passed out or is asleep cannot give consent.
- Pressure and threats – Consent that is forced after being threatened, intimidated, or pressured is not valid.
- Power imbalance – If there is a relationship of trust, authority or dependency, consent cannot be freely given. In the workplace, intimacy (sexual or emotional) between a superior and a subordinate in the same Chain of Command (CoC) is against regulations. Power imbalance can lead to significant harm, not just for the individuals involved, but for the whole team and mission. There are specific steps to take when intimacy is developing between a superior and a subordinate. Please discuss options with your CoC such as moving one of the individuals to a different CoC.
- Age – Minors cannot give legal consent to sexual activities with adults. As an adult, it is illegal and a serious crime to have any kind of sexual contact with a minor, including physical and emotional.



IF SOMEONE DOES SOMETHING WITHOUT YOUR CONSENT, IT IS NOT RIGHT AND IT IS NOT YOUR FAULT. CALL A TRUSTED FRIEND, FAMILY MEMBER, OR YOUR HEALTHCARE PROVIDER. YOU MAY NEED TIME-SENSITIVE MEDICAL CARE.

# Healthy Sexuality

Healthy Sexuality is fundamental to the overall health and wellbeing of individuals, couples, families, and even the economic development of countries. Healthy sexuality requires a positive and respectful approach to sexuality and sexual relationships.

Healthy sexuality is different for everyone, but most will share these characteristics:

## 1 Empathy and Compassion

- a. Accept refusals of sex without hostility or feeling insulted.
- b. Demonstrate kindness and empathy when rejecting someone and when receiving rejection. This is a skill that improves with intention and practice.
- c. Be responsive to a partner's needs and concerns so that sexual activities are mutually enjoyable.

## 2 Inclusivity and Acceptance

- a. Recognize and respect diverse sexual orientations, identities, and expressions.
- b. Demonstrate respect and tolerance for people with different values, ethnic heritage, age, economic status, and religion.

## 3 Positive Self and Body Image

- a. Feel comfortable and confident in their own body or working towards it.
- b. Can express feelings about all aspects of sex (protection, contraception) and relationships (dating, marriage).
- c. Can be intimate without being physical (mental or emotional attraction).

## 4 Respect and Boundaries

- a. Recognize and respect each person's physical and emotional boundaries through verbal and non-verbal communication.
- b. Able to discuss and set sexual boundaries.
- c. Develop friendships that do not have a sexual agenda.

## 5 Safety and Protection

- a. Consistently use protection to prevent a sexually transmitted or blood borne infection (STBBI) and/or an unintended pregnancy.
- b. Participate in regular health screening and STBBI testing.
- c. Able to be vulnerable around safe people.

Society and upbringing significantly shape our views and experiences of sexuality and intimacy, which can greatly influence how we perceive and engage in intimate relationships. These influences can sometimes lead to personal discomfort, misunderstandings, or feelings of inadequacy. One option to help overcome these challenges is to seek professional support, such as counseling or therapy, which can be incredibly liberating for some. Professional guidance can provide a safe space to explore and understand one's feelings, promote healthy attitudes towards sexuality, and foster more fulfilling and positive intimate relationships.

## Sexuality and Intimacy while Aging

Aging brings life transitions that can create opportunities to redefine sexuality and intimacy. Sexuality is the way we experience sex, through feelings, desires, actions, and identity. Intimacy is a feeling of mutual connectedness that can occur through physical, mental, and emotional expression.

While aging brings physical changes that can sometimes interfere with the ability to enjoy sex, many mature individuals report having fewer distractions, more time and privacy, and fewer concerns about pregnancy. The combination can contribute to greater satisfaction and intimacy.

**Physical changes** that are common and involve the sex organs:

- The vagina can shorten and narrow.
- The vaginal walls can become thinner and stiffer, with less vaginal lubrication.
- The penis can take longer to arouse, and the erection may not be as firm as before.
- Achieving climax may take longer.

Addressing age-related changes in sexuality and intimacy involves several key strategies:

- Medical and nonprescription products can enhance sexual enjoyment.
- Recognizing and addressing mental health issues such as Post Traumatic Stress Disorder (PTSD), anxiety, and depression is important, as they can impact arousal and intimacy.
- Maintaining awareness of the risk of STBBIs and practicing safer sex to prevent conditions like the Human Immunodeficiency Virus (HIV), which can be life-altering at any age.

## Sexuality in the Gender Minority

People who identify as part of a sexual and/or gender minority group, such as two spirited, gay, lesbian, bisexual, queer, or transgender, can experience social and/or relationship stressors, such as marginalization and/or lack of social acceptance, which can further complicate their sexual and intimate lives. They may also be less open about their sexual practices for fear of judgment. They also can experience more conditions that could negatively impact their sexual and intimate relationships. Mental health issues such as anxiety, depression, and PTSD can stem from or be worsened by experiences of discrimination, stigma, and internalized homophobia. They might also encounter higher rates of chronic illnesses and STBBIs due to disparities in healthcare access and education.

Wherever you are posted, seek out safe allies amongst your peers and healthcare professionals. Your own sexuality and gender identity belong to you. You are the best person to decide with whom it is safe to share.





## DID YOU KNOW?

According to the American Sexual Health Association, 64% out of 3000+ Americans surveyed, say their sex life impacts their overall life satisfaction, ahead of time spent on self (56%) or quality of friendships (51%). Nearly one in five (19%) avoid sex altogether because of the sexual health problems they face. 69% have never talked to a healthcare professional about problems that decrease their enjoyment of sex.

## Sexual Health

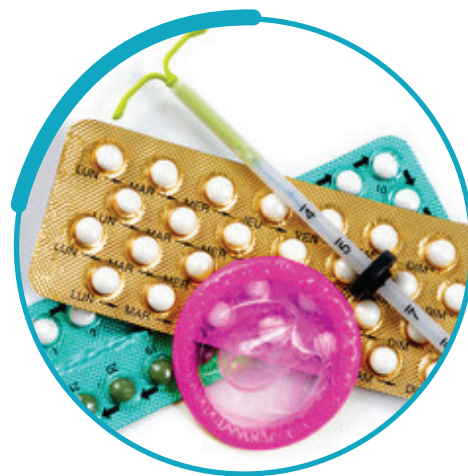
Sexual health involves a positive and respectful approach to sexual relationships and experiences. It can include preventing sexually transmitted and blood borne infections (STBBIs), managing any symptoms, and/or treating illnesses as needed (ex. antibiotics to cure chlamydia). This includes access to and understanding of contraception to prevent unintended pregnancies, control the menstrual cycle, and protect against sexually transmitted infections. Access to healthcare services, education, and support empowers individuals to make informed choices about their sexual and reproductive health.

## Contraception

Contraception is available in several forms and serves multiple important roles in sexual and reproductive health. It can be used to prevent unintended pregnancies (birth control), regulate menstrual cycles, manage menstrual symptoms, treat medical conditions, and/or protect against STBBIs. Contraception and preventing unintended pregnancy are a shared responsibility between partners.



THIS GUIDE WILL  
PROVIDE A BASIC  
OVERVIEW OF  
CONTRACEPTION.  
FOR MORE DETAILED  
INFORMATION, SEE THE MINI-  
GUIDE ON CONTRACEPTION.



**Emergency Contraception** is a critical safety net for preventing unintended pregnancy after unprotected sex or contraceptive failure. The sooner this option is used, the more effective it can be. Emergency contraception does not protect against STBBIs and is not to be used as a regular method of birth control.

**Natural Methods** do not involve medications or devices. The failure rates are very high even with perfect use. Common natural methods are fertility-awareness or knowledge methods, the lactational amenorrhea method, the withdrawal or pull-out method, and abstinence.

**Hormonal Contraception** releases hormones such as estrogen and progestin, or progestin alone, to regulate hormone levels during the menstrual cycle. Not everyone can take this medication, and there are potential side effects that should be discussed with your healthcare provider before getting a prescription. Common forms of hormonal contraception are birth control pills, the contraceptive patch, the vaginal ring, hormonal intrauterine contraception (also known as IUDs), injectable contraception, and contraceptive implants.

**Non-Hormonal Contraception** utilizes methods to prevent the sperm from meeting the egg, without hormones. Common forms of non-hormonal contraception are the copper IUD, male condom, the female condom, the contraceptive sponge, spermicides, the cervical cap, and the diaphragm. Surgical options include a vasectomy (the male surgical procedure) or a tubal ligation (the female surgical procedure).

## Menstrual Suppression and Reduction

Despite its name, there are many uses of hormonal contraception besides preventing pregnancy. Menstrual suppression and reduction are beneficial for those who experience gender dysphoria or incongruence, or as treatment for certain diseases or conditions affected by menstruation. For many others, menstrual suppression is preferred simply for the convenience of not having a monthly period and avoiding any menstruation-related symptoms that disrupt their schedules and activities. This can be particularly useful in military training, on taskings, or on deployments.



More information on this topic can be found in the Guide to Menstrual Health.

# Sexually Transmitted and/or Blood Borne Infections

This guide will provide a basic overview of sexually transmitted and blood borne infections (STBBIs). For more detailed information, see the Mini-Guide on STBBIs.

STBBIs, previously called sexually transmitted infections (STIs) or diseases (STDs), are spread through bodily fluids such as semen, vaginal fluid, rectal fluid, and blood.

Risk factors that increase the chances of getting STBBIs include being younger than 25, having more than two partners within 12 months, unprotected sexual contact, substance use, homelessness, engaging in sex work, previously having had an STBBI, or having a sexual partner test positive for an STBBI.

Common STBBIs include Bacterial Meningitis (*Neisseria Meningitidis*), Gonorrhea, Chlamydia, Genital Herpes (Herpes Simplex Virus), Genital Warts (Human Papillomavirus), Hepatitis A, Hepatitis B, Hepatitis C, Human Immunodeficiency Virus (HIV), Mpox, *Mycoplasma genitalium* (Mgen), Syphilis, Trichomoniasis, and the Zika Virus.

## Testing

Many STBBIs have no symptoms. Getting tested regularly is important for early detection and treatment, preventing transmission to partners, and avoiding serious health complications. Discuss your sexual history and any symptoms you may have with your healthcare provider so they can recommend the most appropriate tests.

## Treatment

STBBIs can be effectively managed and treated. The treatment aims to eliminate infection, alleviate symptoms, prevent complications, and reduce the risk of transmission to others. After a positive test, it is important to inform sexual partners that they should get tested and to avoid sexual activity until treatment is complete to prevent spreading the infection.

**Bacterial infections**, such as chlamydia, gonorrhea, and syphilis, are treated with antibiotics.



**Parasites and Fungal infections**, such as Trichomoniasis, Pubic Lice (crabs) and Scabies can be treated with medication (some by prescription), creams, and thorough cleaning of personal items.



**Viral infections**, such as Herpes Simplex Virus (HSV), Human Papillomavirus (HPV), Human Immunodeficiency Virus (HIV), Hepatitis B, and Hepatitis C cannot be cured, but they can be managed with medications (antiviral, antiretroviral), and creams or surgical removal for warts.



## STBBI Prevention

STBBIs are common and preventable. Regular health screening, consistently using condoms, staying up to date on vaccinations, and use of medications are options available to reduce risk and prevent transmission.

### CONDOMS

CONDOMS made from latex or polyurethane are recommended for protection against STBBIs. Lambskin condoms used to prevent pregnancy are NOT recommended for protection against STBBIs because the leather pores are big enough for STBBIs to slip through. Water-based lubricants can be used with condoms, however oil-based lubricants such as petroleum jelly or baby oil should be avoided because they weaken the latex. Condoms must be stored in a safe location to avoid damage and not inside a wallet. Be prepared by having several condoms available in case one is damaged or expired and for changing condoms before each new sexual act.



### VACCINES

VACCINES such as the HPV vaccine, Hepatitis A and B vaccines, Meningitis vaccines, and the Mpox vaccine are available. Speak to your healthcare professional to determine which vaccines are right for you.



### MEDICATIONS

MEDICATIONS such as HIV pre-exposure prophylaxis (PrEP) and HIV post-exposure prophylaxis (PEP) are daily prescription antiretroviral medications used for individuals who either are at a high risk of contracting HIV (PrEP) or who are at high risk after a potential exposure (PEP). There are also several other prescription medications that can be used to treat or prevent STBBIs, such as antibiotics (for bacterial infections like chlamydia and gonorrhea) and antivirals (for viral infections like Herpes Simplex Virus). Speak to your healthcare professional if you have any questions.



## Resources

Public Health Agency of Canada: Sexual and reproductive Health (2025, Aug 27)

<https://www.canada.ca/en/public-health/services/sexual-health.html>

Sex and U (by SOGC)

<https://www.sexandu.ca/>

Women and Gender Equality Canada

[Women and Gender Equality Canada - Canada.ca](https://www.womenandgenderequality.ca/)



WOMEN AND DIVERSITY HEALTH

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SANTÉ DES FEMMES ET DE LA DIVERSITÉ