

# DOWNLOAD PDF THE RELATIVE HEALTH BENEFITS OF DIFFERENT SEXUAL ACTIVITIES

## Chapter 1 : Physical Activity | Healthy People

*The health benefits associated with specifically penile-vaginal intercourse should inform a new evidence-based approach to sexual medicine, sex education, and a broad range of medical and psychological consultations. Brody S. The relative health benefits of different sexual activities. J Sex Med ;*

Sign up now Exercise: From boosting your mood to improving your sex life, find out how exercise can improve your life. By Mayo Clinic Staff Want to feel better, have more energy and even add years to your life? The health benefits of regular exercise and physical activity are hard to ignore. Everyone benefits from exercise, regardless of age, sex or physical ability. Need more convincing to get moving? Check out these seven ways exercise can lead to a happier, healthier you. Exercise controls weight Exercise can help prevent excess weight gain or help maintain weight loss. When you engage in physical activity, you burn calories. The more intense the activity, the more calories you burn. To reap the benefits of exercise, just get more active throughout your day – take the stairs instead of the elevator or rev up your household chores. Exercise combats health conditions and diseases Worried about heart disease? Hoping to prevent high blood pressure? No matter what your current weight, being active boosts high-density lipoprotein HDL , or "good," cholesterol and decreases unhealthy triglycerides. This one-two punch keeps your blood flowing smoothly, which decreases your risk of cardiovascular diseases. Regular exercise helps prevent or manage a wide range of health problems and concerns, including stroke, metabolic syndrome, type 2 diabetes, depression, a number of types of cancer, arthritis and falls. Exercise improves mood Need an emotional lift? Or need to blow off some steam after a stressful day? A gym session or brisk minute walk can help. Physical activity stimulates various brain chemicals that may leave you feeling happier and more relaxed. You may also feel better about your appearance and yourself when you exercise regularly, which can boost your confidence and improve your self-esteem. Exercise boosts energy Winded by grocery shopping or household chores? Regular physical activity can improve your muscle strength and boost your endurance. Exercise delivers oxygen and nutrients to your tissues and helps your cardiovascular system work more efficiently. And when your heart and lung health improve, you have more energy to tackle daily chores. Exercise promotes better sleep Struggling to snooze? Regular physical activity can help you fall asleep faster and deepen your sleep. Exercise puts the spark back into your sex life Do you feel too tired or too out of shape to enjoy physical intimacy? Regular physical activity can improve energy levels and physical appearance, which may boost your sex life. Regular physical activity may enhance arousal for women. Exercise can be fun – and social! Exercise and physical activity can be enjoyable. It gives you a chance to unwind, enjoy the outdoors or simply engage in activities that make you happy. Physical activity can also help you connect with family or friends in a fun social setting. So, take a dance class, hit the hiking trails or join a soccer team. Find a physical activity you enjoy, and just do it. Try something new, or do something with friends. The bottom line on exercise Exercise and physical activity are a great way to feel better, boost your health and have fun. Aim for at least minutes per week of moderate-intensity exercise, or 75 minutes per week of vigorous exercise. Try to engage in a combination of vigorous and moderate aerobic exercises, such as running, walking or swimming. Squeeze in strength training at least twice per week by lifting free weights, using weight machines or doing body weight exercises. Space out your activities throughout the week. If you want to lose weight or meet specific fitness goals, you may need to ramp up your exercise efforts.

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## Chapter 2 : A Guide to Solo Sex | Everyday Health

*RESULTS: A wide range of better psychological and physiological health indices are associated specifically with penile-vaginal intercourse. Other sexual activities have weaker, no, or (in the cases of masturbation and anal intercourse) inverse associations with health indices. Condom use appears to impair some benefits of penile-vaginal intercourse.*

You might also like these other newsletters: Please enter a valid email address Sign up Oops! Please enter a valid email address Oops! Please select a newsletter We respect your privacy. Thinkstock Masturbation has long been a sensitive topic for many Americans. While sex experts consider it basic to sexual development, for many people, masturbation represents a source of guilt and shame. Only in recent years have the positive emotional and physical health benefits of masturbation gained recognition. The term "masturbation" refers to touching and stroking your own sex organs for pleasure. It has also been called self-pleasuring, self-stimulation, or self love. Recent studies found that 95 percent of men and 89 percent of women have masturbated. Most men and women report that masturbation was the first overt sexual act they ever engaged in. Masturbation Techniques Given the differences in anatomy, it makes sense that masturbation is a different experience for men and women. Men nearly always masturbate by holding the shaft of the penis and stroking it in an up-and-down motion. The speed and pressure applied to stroking tends to increase until the man reaches orgasm. Women enjoy a wider variety of masturbation techniques from which they can achieve orgasm: Clitoral stimulation, using a finger or an object to gently stroke the clitoris Vaginal insertion using fingers or sex toys Breast and nipple stimulation Squeezing the thighs together in a rhythmic motion Both men and women can perform masturbation in a variety of positions. Some men enjoy masturbating by rubbing their penis against soft bedding or pillows. Some women like spreading their legs wide apart, while others find more pleasure in squeezing the thighs together tightly during stimulation. The Benefits of Masturbation A common concern is that masturbation will affect sexual performance or create sexual dysfunction. In fact, some experts believe masturbation improves your sexual responsiveness by giving you a better understanding of your body and how it responds to stimulation. Masturbation can help men better control ejaculation and resolve problems with premature or delayed ejaculation. Women can use masturbation to learn how to achieve orgasm during sexual intercourse. Masturbation also has other health benefits. It can serve to: This can involve touching and masturbating your partner, or touching yourself in the presence of your partner. Couples can masturbate simultaneously, while watching, listening to, or touching each other. To enhance your mutual masturbation experience, you might want to: Talk with your partner ahead of time to make sure he or she is comfortable with the notion. Purchase some sexual lubricants to reduce friction and increase pleasure. Though rare, pregnancy can occur even without penetration. Likewise, any intimate contact with bodily fluids can transmit STDs, so use protection if mutual masturbation transitions into oral sex or intercourse.

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## Chapter 3 : Chapter 2 - Physical Activity Guidelines - racedaydvl.com

*Although many studies examine purported risks associated with sexual activities, few examine potential physical and mental health benefits, and even fewer incorporate the scientifically essential.*

Cardiorespiratory health involves the health of the heart, lungs, and blood vessels. Heart diseases and stroke are two of the leading causes of death in the United States. Risk factors that increase the likelihood of cardiovascular diseases include smoking, high blood pressure called hypertension, type 2 diabetes, and high levels of certain blood lipids such as low-density lipoprotein, or LDL, cholesterol. Low cardiorespiratory fitness also is a risk factor for heart disease. People who do moderate- or vigorous-intensity aerobic physical activity have a significantly lower risk of cardiovascular disease than do inactive people. Regularly active adults have lower rates of heart disease and stroke, and have lower blood pressure, better blood lipid profiles, and fitness. Significant reductions in risk of cardiovascular disease occur at activity levels equivalent to minutes a week of moderate-intensity physical activity. Even greater benefits are seen with minutes 3 hours and 20 minutes a week. The evidence is strong that greater amounts of physical activity result in even further reductions in the risk of cardiovascular disease. Everyone can gain the cardiovascular health benefits of physical activity. The amount of physical activity that provides favorable cardiorespiratory health and fitness outcomes is similar for adults of various ages, including older people, as well as for adults of various races and ethnicities. Aerobic exercise also improves cardiorespiratory fitness in individuals with some disabilities, including people who have lost the use of one or both legs and those with multiple sclerosis, stroke, spinal cord injury, and cognitive disabilities. Moderate-intensity physical activity is safe for generally healthy women during pregnancy. It increases cardiorespiratory fitness without increasing the risk of early pregnancy loss, preterm delivery, or low birth weight. Physical activity during the postpartum period also improves cardiorespiratory fitness. Metabolic Health Regular physical activity strongly reduces the risk of developing type 2 diabetes as well as the metabolic syndrome. The metabolic syndrome is defined as a condition in which people have some combination of high blood pressure, a large waistline abdominal obesity, an adverse blood lipid profile low levels of high-density lipoprotein [HDL] cholesterol, raised triglycerides, and impaired glucose tolerance. People who regularly engage in at least moderate intensity aerobic activity have a significantly lower risk of developing type 2 diabetes than do inactive people. Although some experts debate the usefulness of defining the metabolic syndrome, good evidence exists that physical activity reduces the risk of having this condition, as defined in various ways. Lower rates of these conditions are seen with to minutes 2 hours to 2 hours and 30 minutes a week of at least moderate-intensity aerobic activity. As with cardiovascular health, additional levels of physical activity seem to lower risk even further. In addition, physical activity helps control blood glucose levels in persons who already have type 2 diabetes. Physical activity also improves metabolic health in youth. Studies find this effect when young people participate in at least 3 days of vigorous aerobic activity a week. More physical activity is associated with improved metabolic health, but research has yet to determine the exact amount of improvement. Obesity and Energy Balance Overweight and obesity occur when fewer calories are expended, including calories burned through physical activity, than are taken in through food and beverages. Physical activity and caloric intake both must be considered when trying to control body weight. Because of this role in energy balance, physical activity is a critical factor in determining whether a person can maintain a healthy body weight, lose excess body weight, or maintain successful weight loss. People vary a great deal in how much physical activity they need to achieve and maintain a healthy weight. Some need more physical activity than others to maintain a healthy body weight, to lose weight, or to keep weight off once it has been lost. Strong scientific evidence shows that physical activity helps people maintain a stable weight over time. However, the optimal amount of physical activity needed to maintain weight is unclear. People vary greatly in how much physical activity results in weight stability. Many people need more than the equivalent of minutes of moderate-intensity activity a week

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to maintain their weight. Over short periods of time, such as a year, research shows that it is possible to achieve weight stability by doing the equivalent of to minutes 5 hours a week of moderate-intensity walking at about a 4 mile-an-hour pace. Muscle-strengthening activities may help promote weight maintenance, although not to the same degree as aerobic activity. People who want to lose a substantial more than 5 percent of body weight amount of weight and people who are trying to keep a significant amount of weight off once it has been lost need a high amount of physical activity unless they also reduce their caloric intake. Many people need to do more than minutes of moderate-intensity activity a week to meet weightâ€™control goals. Regular physical activity also helps control the percentage of body fat in children and adolescents. Exercise training studies with overweight and obese youth have shown that they can reduce their body fatness by participating in physical activity that is at least moderate intensity on 3 to 5 days a week, for 30 to 60 minutes each time. Musculoskeletal Health Bones, muscles, and joints support the body and help it move. Healthy bones, joints, and muscles are critical to the ability to do daily activities without physical limitations. Preserving bone, joint, and muscle health is essential with increasing age. Studies show that the frequent decline in bone density that happens during aging can be slowed with regular physical activity. These effects are seen in people who participate in aerobic, muscleâ€™strengthening, and bone-strengthening physical activity programs of moderate or vigorous intensity. The range of total physical activity for these benefits varies widely. Important changes seem to begin at 90 minutes a week and continue up to minutes a week. Hip fracture is a serious health condition that can have life-changing negative effects for many older people. Physically active people, especially women, appear to have a lower risk of hip fracture than do inactive people. Research studies on physical activity to prevent hip fracture show that participating in to minutes a week of physical activity that is of at least moderate intensity is associated with a reduced risk. It is unclear, however, whether activity also lowers risk of fractures of the spine or other important areas of the skeleton. The bottom line is that the health benefits of physical activity far outweigh the risks of adverse events for almost everyone. Building strong, healthy bones is also important for children and adolescents. Along with having a healthy diet that includes adequate calcium and vitamin D, physical activity is critical for bone development in children and adolescents. Bone-strengthening physical activity done 3 or more days a week increases bone-mineral content and bone density in youth. Regular physical activity also helps people with arthritis or other rheumatic conditions affecting the joints. Participation in to minutes 2 hours and 10 minutes to 2 hours and 30 minutes a week of moderate-intensity, low-impact physical activity improves pain management, function, and quality of life. Very high levels of physical activity, however, may have extra risks. People who participate in very high levels of physical activity, such as elite or professional athletes, have a higher risk of hip and knee osteoarthritis, mostly due to the risk of injury involved in competing in some sports. Progressive muscle-strengthening activities increase or preserve muscle mass, strength, and power. Higher amounts through greater frequency or higher weights improve muscle function to a greater degree. Improvements occur in younger and older adults. Resistance exercises also improve muscular strength in persons with such conditions as stroke, multiple sclerosis, cerebral palsy, spinal cord injury, and cognitive disability. Functional Ability and Fall Prevention Functional ability is the capacity of a person to perform tasks or behaviors that enable him or her to carry out everyday activities, such as climbing stairs or walking on a sidewalk. Loss of functional ability is referred to as functional limitation. Middle-aged and older adults who are physically active have lower risk of functional limitations than do inactive adults. It appears that greater physical activity levels can further reduce risk of functional limitations. Older adults who already have functional limitations also benefit from regular physical activity. Typically, studies of physical activity in adults with functional limitations tested a combination of aerobic and muscle strengthening activities, making it difficult to assess the relative importance of each type of activity. However, both types of activity appear to provide benefit. In older adults at risk of falls, strong evidence shows that regular physical activity is safe and reduces this risk. Reduction in falls is seen for participants in programs that include balance and moderate-intensity muscle-strengthening activities for 90 minutes a week plus moderate-intensity walking for about an hour a

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week. Tai chi exercises also may help prevent falls. Cancer Physically active people have a significantly lower risk of colon cancer than do inactive people, and physically active women have a significantly lower risk of breast cancer. Research shows that a wide range of moderate-intensity physical activityâ€”between and minutes a week 3 hours and 30 minutes to 7 hours â€”is needed to significantly reduce the risk of colon and breast cancer; currently, minutes a week does not appear to provide a major benefit. It also appears that greater amounts of physical activity lower risks of these cancers even further, although exactly how much lower is not clear. Although not definitive, some research suggests that the risk of endometrial cancer in women and lung cancers in men and women also may be lower among those who are regularly active compared to those who are inactive. Finally, cancer survivors have a better quality of life and improved physical fitness if they are physically active, compared to survivors who are inactive. Mental Health Physically active adults have lower risk of depression and cognitive decline declines with aging in thinking, learning, and judgment skills. Physical activity also may improve the quality of sleep. Whether physical activity reduces distress or anxiety is currently unclear. Mental health benefits have been found in people who do aerobic or a combination of aerobic and muscleâ€”strengthening activities 3 to 5 days a week for 30 to 60 minutes at a time. Some research has shown that even lower levels of physical activity also may provide some benefits. Regular physical activity appears to reduce symptoms of anxiety and depression for children and adolescents. Whether physical activity improves self-esteem is not clear. Adverse Events Some people hesitate to become active or increase their level of physical activity because they fear getting injured or having a heart attack. Studies of generally healthy people clearly show that moderate-intensity physical activity, such as brisk walking, has a low risk of such adverse events. The risk of musculoskeletal injury increases with the total amount of physical activity. For example, a person who regularly runs 40 miles a week has a higher risk of injury than a person who runs 10 miles each week. However, people who are physically active may have fewer injuries from other causes, such as motor vehicle collisions or work-related injuries. Depending on the type and amount of activity that physically active people do, their overall injury rate may be lower than the overall injury rate for inactive people. Participation in contact or collision sports, such as soccer or football, has a higher risk of injury than participation in non-contact physical activity, such as swimming or walking. However, when performing the same activity, people who are less fit are more likely to be injured than people who are fitter. Cardiac events, such as a heart attack or sudden death during physical activity, are rare. However, the risk of such cardiac events does increase when a person suddenly becomes much more active than usual. The greatest risk occurs when an adult who is usually inactive engages in vigorous-intensity activity such as shoveling snow. People who are regularly physically active have the lowest risk of cardiac events both while being active and overall.

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## Chapter 4 : Top Ten Benefits of Regular Physical Activity

*Introduction. Although many studies examine purported risks associated with sexual activities, few examine potential physical and mental health benefits, and even fewer incorporate the scientifically essential differentiation of specific sexual behaviors.*

Nature versus nurture Certain characteristics may be innate in humans; these characteristics may be modified by the physical and social environment in which people interact. The sexual drive affects the development of personal identity and social activities. Freud believed sexual drives are instinctive. He was a firm supporter of the nature argument; he said there are a large number of instincts but they are reduced into two broad groups: Eros the life instinct , which comprises the self-preserving and erotic instincts, and Thanatos the death instinct , which comprises instincts invoking aggression, self-destruction, and cruelty. His instinct theory said humans are driven from birth by the desire to acquire and enhance bodily pleasures, thus supporting the nature debate. Freud redefined the term sexuality to make it cover any form of pleasure that can be derived from the human body. His developmentalist perspective was governed by inner forces, especially biological drives and maturation, and his view that humans are biologically inclined to seek sexual gratification demonstrates the nature side of the debate. A number of them, including neo-analytic theories, sociobiological theories, social learning theory , social role theory , and script theory , agree in predicting that men should be more approving of casual sex happening outside a stable, committed relationship such as marriage and should also be more promiscuous have a higher number of sexual partners than women. Observed gender differences regarding the number of sexual partners are modest, with males tending to have slightly more than females. They also deal with the influence of biological factors on other aspects of sexuality, such as organic and neurological responses, [17] heredity, hormonal issues, gender issues, and sexual dysfunction. As adults, they have different reproductive mechanisms that enable them to perform sexual acts and to reproduce. Men and women react to sexual stimuli in a similar fashion with minor differences. Women have a monthly reproductive cycle, whereas the male sperm production cycle is more continuous. This is a small area at the base of the brain consisting of several groups of nerve cell bodies that receives input from the limbic system. Studies have shown that within lab animals, destruction of certain areas of the hypothalamus causes the elimination of sexual behavior. The pituitary gland secretes hormones that are produced in the hypothalamus and itself. The four important sexual hormones are oxytocin , prolactin , follicle-stimulating hormone , and luteinizing hormone. Human male reproductive system Males also have both internal and external genitalia that are responsible for procreation and sexual intercourse. Production of spermatozoa sperm is also cyclic, but unlike the female ovulation cycle, the sperm production cycle is constantly producing millions of sperm daily. The male genitalia are the penis and the scrotum. The penis provides a passageway for sperm and urine. Two of these bodies lie side-by-side in the upper portion of the penis called corpora cavernosa. The third, called the corpus spongiosum , is a tube that lies centrally beneath the others and expands at the end to form the tip of the penis glans. The urethra runs through the shaft, providing an exit for sperm and urine. The root consists of the expanded ends of the cavernous bodies, which fan out to form the crura and attach to the pubic bone and the expanded end of the spongy body bulb. The root is surrounded by two muscles; the bulbocavernosus muscle and the ischiocavernosus muscle , which aid urination and ejaculation. The penis has a foreskin that typically covers the glans; this is sometimes removed by circumcision for medical, religious or cultural reasons. Millions of sperm are produced daily in several hundred seminiferous tubules. Cells called the Leydig cells lie between the tubules; these produce hormones called androgens; these consist of testosterone and inhibin. The testicles are held by the spermatic cord, which is a tubelike structure containing blood vessels, nerves, the vas deferens, and a muscle that helps to raise and lower the testicles in response to temperature changes and sexual arousal, in which the testicles are drawn closer to the body. The first part of this system is the epididymis. The testicles converge to form the seminiferous tubules , coiled tubes at the top and back of

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each testicle. The second part of the duct system is the vas deferens , a muscular tube that begins at the lower end of the epididymis. The third part of the duct system is the ejaculatory ducts, which are 1-inch 2. It consists of two main zones: Female anatomy and reproductive system[ edit ] External female anatomy[ edit ] External female genitals depilated. The mons veneris, also known as the Mound of Venus , is a soft layer of fatty tissue overlaying the pubic bone. It has many nerve endings and is sensitive to stimulation. The labia majora are two elongated folds of skin extending from the mons to the perineum. Its outer surface becomes covered with hair after puberty. In between the labia majora are the labia minora, two hairless folds of skin that meet above the clitoris to form the clitoral hood, which is highly sensitive to touch. The labia minora become engorged with blood during sexual stimulation, causing them to swell and turn red. Near the anus, the labia minora merge with the labia majora. It is the main source of orgasm in women. These opening have many nerve endings that make them sensitive to touch. They are surrounded by a ring of sphincter muscles called the bulbocavernosus muscle. Underneath this muscle and on opposite sides of the vaginal opening are the vestibular bulbs, which help the vagina grip the penis by swelling with blood during arousal. Within the vaginal opening is the hymen , a thin membrane that partially covers the opening in many virgins. The hymen can be ruptured by activities other than sexual intercourse. The urethral opening connects to the bladder with the urethra; it expels urine from the bladder. This is located below the clitoris and above the vaginal opening. Western culture is one of the few in which they are considered erotic. Breasts develop during puberty in response to an increase in estrogen. Each adult breast consists of 15 to 20 milk-producing mammary glands , irregularly shaped lobes that include alveolar glands and a lactiferous duct leading to the nipple. The lobes are separated by dense connective tissues that support the glands and attach them to the tissues on the underlying pectoral muscles. Female reproductive system The female reproductive system. The vagina is a sheath-like canal that extends from the vulva to the cervix. It receives the penis during intercourse and serves as a depository for sperm. The vagina is located between the bladder and the rectum. The vagina is normally collapsed, but during sexual arousal it opens, lengthens, and produces lubrication to allow the insertion of the penis. The vagina has three layered walls; it is a self-cleaning organ with natural bacteria that suppress the production of yeast. This area may vary in size and location between women; in some it may be absent. Various researchers dispute its structure or existence, or regard it as an extension of the clitoris. During ovulation, this thickens for implantation. If implantation does not occur, it is sloughed off during menstruation. The cervix is the narrow end of the uterus. The broad part of the uterus is the fundus. Finger-like projections at the ends of the tubes brush the ovaries and receive the ovum once it is released. The ovum then travels for three to four days to the uterus. The lining of the tube and its secretions sustain the egg and the sperm, encouraging fertilization and nourishing the ovum until it reaches the uterus. If the ovum divides after fertilization, identical twins are produced. If separate eggs are fertilized by different sperm, the mother gives birth to non-identical or fraternal twins. The ovaries are suspended by ligaments and are the source where ova are stored and developed before ovulation. The ovaries also produce female hormones progesterone and estrogen. Within the ovaries, each ovum is surrounded by other cells and contained within a capsule called a primary follicle. At puberty, one or more of these follicles are stimulated to mature on a monthly basis. Once matured, these are called Graafian follicles. On days one to four, menstruation and production of estrogen and progesterone decreases, and the endometrium starts thinning. The endometrium is sloughed off for the next three to six days. Once menstruation ends, the cycle begins again with an FSH surge from the pituitary gland. Days five to thirteen are known as the pre-ovulatory stage. During this stage, the pituitary gland secretes follicle-stimulating hormone FSH. A negative feedback loop is enacted when estrogen is secreted to inhibit the release of FSH. Estrogen thickens the endometrium of the uterus. A surge of Luteinizing Hormone LH triggers ovulation. On day 14, the LH surge causes a Graafian follicle to surface the ovary. The follicle ruptures and the ripe ovum is expelled into the abdominal cavity. The fallopian tubes pick up the ovum with the fimbria. The cervical mucus changes to aid the movement of sperm. On days 15 to 28â€”the post-ovulatory stage, the Graafian follicleâ€”now called the corpus luteum â€”secretes estrogen. Production of progesterone increases, inhibiting

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LH release. The endometrium thickens to prepare for implantation, and the ovum travels down the Fallopian tubes to the uterus. If the ovum is not fertilized and does not implant, menstruation begins. This model was created by William Masters and Virginia Johnson. According to Masters and Johnson, the human sexual response cycle consists of four phases; excitement, plateau, orgasm, and resolution, also called the EPOR model. During the excitement phase of the EPOR model, one attains the intrinsic motivation to have sex. The plateau phase is the precursor to orgasm, which may be mostly biological for men and mostly psychological for women. Orgasm is the release of tension, and the resolution period is the unaroused state before the cycle begins again.

### Chapter 5 : Exercise: 7 benefits of regular physical activity - Mayo Clinic

*The Relative Health Benefits of Different Sexual Activities Although many studies examine purported risks associated with sexual activities, few examine potential physical and mental health benefits, and even fewer incorporate the scientifically essential differentiation of specific sexual behaviors.*

### Chapter 6 : Human sexuality - Wikipedia

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### Chapter 8 : The relative health benefits of different sexual activities.

*Stuart Brody, a psychologist at the University of the West of Scotland, has made a career of studying such matters, and his review paper, "The Relative Health Benefits of Different Sexual.*

### Chapter 9 : The relative health benefits of different sexual activities a ready

*Sexual activity not only provides many of the same benefits to your heart as exercise but also keeps levels of estrogen and testosterone in balance, which is important for heart health. 3. Lower Blood Pressure. Sexual activity, and specifically intercourse, is linked to better stress response and lower blood pressure. 4. 4. It's a Form of Exercise. Sex helps to boost your heart rate, burn calories and strengthen muscles, just like exercise.*