Dynamic Sex: Unlocking the Secret to Love

Still searching for the secret of love? Missing the deep satisfaction you both want? To enjoy love and sex to the fullest, consider the total person – physical, psychological and spiritual.

 *This article is also available in Spanish.*

"A fulfilling love life. How can I have one? How can I get the most out of sex?" University students worldwide ask these questions. Why? Because both pleasure and emotional fulfillment are important facets of sex.

Sex is often on our minds. According to two psychologists at the universities of Vermont and South Carolina, 95% of people think about sex at least once each day.{1} You might wonder, "You mean that 5% of the people don't?"

One way not to have a dynamic sex life is to concentrate solely on technique. There is certainly nothing wrong with learning sexual technique—especially the basics—but technique by itself is not the answer.

A good relationship is important for good sex. Psychiatrist and bestselling author Anthony Pietropinto and coauthor Jacqueline Simenauer write, "When emotional issues involving anger or a need to control are encountered on the road to sexual fulfillment, the journey is interrupted until these conflicts are resolved."{2}

Many sex therapists agree that great technique does not guarantee great sex. They emphasize that the qualities that contribute to a successful sex life are the same ones that contribute to a successful interpersonal relationship. Qualities like love, commitment and communication.

Consider love. As popular speaker and author Josh McDowell points out, those romantic words, “I love you,” can be interpreted several different ways. One meaning is “I love you if—if you go out with me…if you are lighthearted…if you stay committed to me…if you sleep with me.” This type of love is given on the basis of what the other person does. Another meaning is “I love you because—because you are attractive…strong…intelligent.” This type of love is given on the basis of what the other person is. Both types of love must be earned.

There is nothing wrong with wanting to be loved for what you are, but problems can arise with having “if” or “because of” love as the basis of a relationship. Jealousy can set in when someone who is more attractive or more intelligent appears and the partner’s attention shifts to the newcomer. People who know they are loved only for their strong points may be afraid to admit any weaknesses to their partners. This dishonesty can affect the relationship.

THE BEST LOVE. The best kind of love is unconditional. This love says, “I love you, period. I love you even if someone better looking comes along, even with your faults and even if you change. I place your needs above my own.”

One young couple was engaged to be married. Their popularity, intelligence, good looks and athletic success made their future together seem bright. Then the young woman was in a skiing accident that left her paralyzed for life. Her fianc deserted her.

Portrayed in the popular film, “The Other Side of the Mountain,” this true story was certainly complex. But was his love for her “love, period”? Or was it love “if” or love “because of”? Unconditional love (or “less-conditional,” because none of us is perfect) is an essential building block for a lasting relationship.

You can probably see how unconditional love can help a sexual relationship in a marriage. In order for sex to be most fulfilling, it should be experienced in an atmosphere of caring and acceptance. Sex, viewed in this manner, becomes not a self-centered performance but a significant expression of mutual love.

MUTUAL COMMITMENT. Another quality necessary for a strong relationship and dynamic sex is commitment. If two people are completely committed to each other, their relationship is strengthened. Without mutual commitment, neither will be able to have the maximum confidence that the relationship is secure. The fear may exist that, should they encounter a trial, the other may not be there for support. This can erode their bond.

Total, permanent commitment is important in sex, too. It brings security to each partner. It frees them from feeling they have to strive to keep from losing the other and releases them to enjoy one another. It can be an important result of and expression of unconditional love. Commitment helps to breed satisfaction.

COMMUNICATION. A third quality essential for a strong relationship and dynamic sex is communication. Even if partners have mutual love and commitment, they need to communicate this to each other by what they say and do. If a problem arises, they need to talk it out and forgive rather than give each other the silent treatment and stew in their juices. As one sociology professor expressed it, “Sexual foreplay involves the ’round-the-clock relationship.” Communication affects your total life; your total life affects sex. Couples need to communicate about their hopes, dreams, fears and hurts as well as the daily details of life in order for the relationship to flourish.

Sex is a form of communication. You can bet that if partners are harboring resentment or not communicating appropriately,

it shows in their sex life. Psychologists, sex researchers and textbook authors Albert Richard Allgeier and Elizabeth Rice Allgeier note that "a substantial number of sexual problems could be resolved if people felt free to communicate with their sexual partners…about their sexual feelings…."{3}

So, how can you have a dynamic sex life? By developing the same qualities that contribute to a strong relationship: unconditional love, total and permanent commitment and clear, meaningful communication. These qualities combine to help produce a maximum oneness and bring the greatest pleasure.

To this point we've been saying that sex is designed to work best within a happy marriage. "But," you ask, "what about premarital sex?" This is, of course, a very controversial topic. While wanting to convey respect for those who differ, it's best that couples wait until marriage before having sexual relations. Why? Consider three reasons.

WHY WAIT? First, there is a practical reason for waiting. Premarital sex can detract from a strong relationship and a dynamic sex life. All too often, premarital sex ends up a self-seeking, self-gratifying experience. After intercourse, one partner might be saying "I love you" while the other is thinking "I love it."

Very often premarital sex occurs in the absence of total and permanent commitment. This can bring insecurity into the relationship. Both short—and long—range problems can result, especially with the breakdown in trust. For instance, while the couple is unmarried, there can always be the nagging thought, "If s/he's done it with me, whom else have they slept with?" After they marry, one might think, "If that person was willing to break a standard with me before we married, how do I know they won't now that we are married?" Doubt and suspicion can chip away at their relationship.

POOR COMMUNICATION, POOR SEX. Premarital sex can also inhibit

communication. Each might wonder, “How do I compare with my lover’s other partners? Does s/he tell them how I perform in bed?” Or perhaps they think, “Should I be totally honest and vulnerable and share my heart with this person when I don’t know if they’ll be around tomorrow? Can I entrust all of me to them if I don’t have all of them for me? There will be part of me emotionally that I’ll hold back.” Each becomes less open; communication dwindles. And poor communication makes for poor sex. Bad feelings result, communication deteriorates and so does the relationship. In short, premarital sex can put people at a disadvantage because it can lessen their chances to experience maximum oneness and pleasure.

One young woman at Arizona State University expressed it like this: “I understand what you’re saying about unity or oneness. I’ve had several premarital sexual experiences with different men. After each one, I’ve felt like I’ve left a part of myself with that person emotionally. What you’re saying is that it makes sense for a person to save themself so they can give themself completely to their spouse.”

There is a second reason for waiting: None of the arguments for premarital sex are strong enough. Of course, it’s always easy to rationalize in the heat of passion and say it’s right. But that is why it is important to decide beforehand—to think with your brain instead of your glands. Consider several common arguments.{4}

The Statistical Argument: “Everyone else is doing it.” Oh, no, they’re not! Some studies have shown high statistics, but never one that says 100%. Besides, even if “everyone else” were doing it, that is a lousy reason for doing anything. Suppose 90% of your friends developed ulcers. Would you try to emulate them? Should you? This is not to equate sex with sickness. The point is that just because “everyone else is doing it” doesn’t make it advisable or right. You need a better reason.

The Biological Argument: "Sex is a biological need, like the drive for food, air and water. When I have the impulse, it needs to be satisfied." You can't live without food, air or water. Believe it or not, you can live without sex. (It's been documented.)

The Contraceptive Argument: "Modern contraceptives have removed the fear of pregnancy." Don't kid yourself. There's always a chance of pregnancy. No contraceptive is 100% foolproof. Even many marital pregnancies are unintended. A lot of married couples have had "little surprises."

Even with all the modern contraceptives, there are one million teenage pregnancies in the U.S. each year.{5} And if one chooses abortion as a "solution," there can still be emotional scarring and, for many people, a guilt burden. Incidentally an estimated 55 million people in the U.S.—about one in five—have a sexually transmitted disease (STD). Each year there are twelve million new STD infections in the U.S.{6}—an average of over 20 new cases every minute.

HIV, the deadly virus that causes AIDS, has focused world attention on sexual risks. About 6,000 people around the globe become infected with HIV daily.{7} In the U.S., AIDS is the leading killer of people ages 25 to 44, according to the Centers for Disease Control.{8} So-called "safe sex" is not really safe at all. Condoms can slip, break and leak.{9} Johns Hopkins University reports research on HIV transmission from infected men to uninfected women in Brazil. The study took pains to exclude women at high risk of contracting HIV from sources other than their own infected sex partners. Of women who said their partners always used condoms during vaginal intercourse, 23% became HIV-positive.{10}

The Hedonistic Argument: "But it feels so good when I do it—and afterward, too!" The question is, "How long after?" What feels good for a few seconds may leave you feeling miserable for years. Self-fulfillment is hard to come by

without self-respect. Also, don't forget the other person. Sometimes one partner's pleasure is another partner's misery. How would you like being used as nothing more than someone else's pleasure machine?

Basketball superstar Magic Johnson shocked much of the world when he announced he was HIV-positive. Now married and an advocate for premarital abstinence, Johnson recalls that his former sexploits—a parade of one-night stands—left him empty: "I was the loneliest guy on the face of the earth….I didn't have anybody to share with who loved me for me. For Earvin (his given name, i.e., his real self), not for Magic (the sports legend)."{11}

The Experiential Argument: "Practice makes perfect and I do want to please my partner when I do marry." As previously mentioned, communication and commitment—not just technique—are keys to dynamic sex. Why not learn with your own spouse—together—instead of on someone else's wife or sister or husband or brother? Remember, too, that good sexual adjustment takes time, love and understanding.

The Compatibility Argument: "We need to experiment to see if we're sexually compatible, especially since marriage is such a big step." Some express it like this: "You try on a pair of shoes before you buy them!" The "try-before-you-buy" idea breaks down because the human plumbing system is very flexible and almost always works. Again, premarital sex can erode trust and communication. It's wiser to test your compatibility as persons. Even happily married couples often need several years to adjust sexually to each other.

Besides, sex can cloud the issue. Sex is not the key to love. Love is the key to sex. Couples who approach marriage thinking that "We're in love so it's OK to have sex" or "We'll use sex to determine if we're in love" may be sorely disappointed. They may discover that what they thought was love is only charged-up sex sensations. Waiting until marriage does not

guarantee that you'll be emotionally compatible, but it does help create a less confusing environment in which to find out before you take the step of a marriage commitment.

The Marital Argument: "If we're really in love and plan to get married, why all the fuss over the license and date?" Plans don't always end up in reality. (Chances are you know someone—perhaps yourself—who suffered a broken engagement.) The public declaration at a wedding can be an important evidence of commitment. Why? It takes a certain level of conviction to be able to state a commitment publicly. Affirming marriage vows in public helps give each partner greater assurance that each really means it. It can also act as a deterrent to future departure. The desire not to be publicly perceived as a promise-breaker can help dissuade partners from seeking supposed "greener grass." Of course a wedding is no guarantee one won't leave in the future, but it can be a preventive.

Third, there is a moral reason for waiting. According to biblical perspective, God clearly says to wait.{12} You might be thinking, "See, I told you God didn't want me to have any fun." Many people think this initially, then they realize that the reason God, as a loving parent, gives negative commands is for our own good. He wants us to experience something better!

Waiting until marriage can help you both have the confidence, security, trust and self-respect that a solid relationship needs. "I really like what you said about waiting," said a recently married young woman after a lecture at Sydney University in Australia. "My fianc and I had to make the decision and we decided to wait." (Each had been sexually active in other previous relationships.) "With all the other tensions and stress of engagement, sex would have been just another worry. Waiting till our marriage before we had sex was the best decision we ever made."

THE GREATEST AID. One final concept that is perhaps the

greatest aid to fulfilling sex concerns relating as a total person. Human lives have three dimensions: Physical, mental and spiritual. If communication on any of these levels in a marriage is missing, the relationship is incomplete.

Some are surprised to learn that sex and spirituality can mix well. A highly-acclaimed University of Chicago study of sex in America found that among women, conservative Protestants were those most likely to report they always had an orgasm during intercourse. While that finding does not prove causation, the high correlation between spiritual commitment and sexual pleasure prompted the researchers to note that the image of Christians as sexually repressed may be a myth.{13}

Certainly biblical writers support a healthy view of sexuality. For example the Hebrew Song of Solomon, a beautiful and passionate love story, has been called one of the best sex manuals ever written.

Consider this perspective: Relating on a spiritual level centers around the most unique person of history, Jesus of Nazareth. Evidence backs up His claim to be God{14} and as God what He offers can affect everyone in a personal way, including the area of sex.

One first century follower of Jesus described the quality of love He offers: "Love is patient, love is kind, and is not jealous; love does not brag and is not arrogant, does not act unbecomingly; it does not seek its own, is not provoked, does not take into account a wrong suffered…bears all things, believes all things, hopes all things, endures all things. Love never fails…."{15} What man or woman would not want to love or be loved like that?

THE POWER SOURCE. During His time on earth, Christ explained that everyone is born physically alive but spiritually dead. In order to properly relate on a spiritual level, He said, one must be spiritually reborn.{16} He later rose physically from

the dead to make this new life possible. Jesus offers a life that has power. Power for living, power to love others less conditionally, power for self-control in one's sex life. Even after having experimented with premarital sex, one can find in God the strength to stop, to resist future temptation and to wait for one's life partner.

Jesus also offers forgiveness from every wrong—no matter what—that we've ever done because He died on the cross in our place, bearing the punishment we deserved. Anyone can be completely forgiven if he or she will come to Christ. God can cleanse a person's mind of all past guilt. He can restore the freedom of mutual love and trust in a relationship.

All you need to do to begin this spiritual journey is simply to believe that Christ died for you, ask for and accept the forgiveness He offers, and invite the living Christ into your life. It's saying in faith, "Jesus Christ, I need You. Thanks for dying for me. I open the door of my life and receive You as my Savior. Give me the fulfilling life You promised."

Christ's entry into your life will enable you to begin living with an added spiritual dimension and to have eternal life.{17} As you grow in your new relationship with Him, you'll find your attitudes and actions changing and becoming more fulfilling. Life certainly won't become perfect. There will still be struggles and discouragements, but you'll have a new Friend to help you through. The maturing Christian experiences the most challenging and rewarding life possible.

Two marriage partners having growing relationships with God will grow closer to each other: spirit to spirit, mind to mind, body to body. Their love, commitment and communication will become increasingly dynamic, and so will their sex.

Notes

1. Kathleen Kelleher, "Entertaining Fantasies? Don't Worry, Everyone's Doing It," Los Angeles Times, August 15, 1995, E13.

She cites Harold Leitenberg of the University of Vermont and Kris Henning, “now at the University of South Carolina Medical School.”

2. Anthony Pietropinto, M.D. and Jacqueline Simenauer, *Not Tonight, Dear*, New York: Doubleday, 1990, p. 79.
3. Albert Richard Allgeier, Ph.D. and Elizabeth Rice Allgeier, Ph.D., *Sexual Interactions*, Fourth Edition, Lexington (MA): D.C. Heath and Company, 1995, p.236.

4. Most categories and names for these arguments are taken from Jon Buell, “Why Wait Till Marriage?” (lecture outline) and Jim Williams, “The Case for Premarital Chastity” (cassette tape), both produced by Probe Ministries International, Dallas, TX.

5. Barbara Dafoe Whitehead, “The Failure of Sex Education,” *The Atlantic Monthly* 274:4, October 1994, p. 73.

6. Sandy Rover,”United We Stand: The U.S. Isn’t Alone in Its Ignorance About Sexually Transmitted Diseases,” *Los Angeles Times*, October 10, 1995, E3. Rover cites as source Peggy Clarke, president of the American Social Health Association.

7. “Speaking Of: World Health,” *Los Angeles Times*, May 2, 1995, H2; citing “The World Health Report, 1995 – Bridging the Gaps.”

8. Bettijane Levine, “The Changing Face of AIDS,” *Los Angeles Times*, June 16, 1995, E1.8

9. For documentation on condom risks, see the references in Rusty Wright, “Safe Sex?”, *Connecticut Medicine* 59:5, May 1995, pp. 295-298; reprinted from Lambda Chi Alpha Fraternity’s Cross and Crescent 81:4, Winter 1994-95, pp. 19-21.

10. Mark D.C. Guimaraes, et al., “HIV Infection among Female Partners of Seropositive Men in Brazil,” *American Journal of*

Epidemiology 142:5, 1995, pp. 538-547.

11. Bruce Newman, “The Business of Being Magic Johnson,” *Los Angeles Times* Magazine, September 10, 1995, p. 35.

12. I Corinthians 6:18, I Thessalonians 4:3.

13. Robert T. Michael, et al., *Sex in America: A Definitive Survey*, Boston: Little, Brown and Company, 1994, pp. 127-130.

14. Josh McDowell and Bill Wilson (ed.), *A Ready Defense*, San Bernardino (CA): Here’s Life Publishers, 1990, pp. 187-267.

15. I Corinthians 13:4-8, New American Standard Bible.

16. John 3:1-16.

17. I John 5:11-13.

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Best Way to Avoid AIDS: Know Your Partner

The recent World AIDS Day brought accelerated national and state efforts to combat the deadly disease.

The federal Centers for Disease Control launched a major, campaign to make young Americans aware of AIDS risks, and California’s Department of Health Services announced a three-year, $6 million effort to reduce the spread of HIV in the state.

The advertising, marketing and community relations’ strategy is impressive. But is its message completely on target?

The number of AIDS cases diagnosed in the United States, recently passed 500,000. An estimated one of every 92 American males ages 27 to 39 has the HIV virus. The CDC says AIDS is now the leading killer of people ages 25 to 44. California has more than 87,000 documented AIDS cases. Many people don't realize they're at risk. The campaigns wisely seek to warn them.

The young adult component of the California campaign, "Protect Yourself- Respect Yourself " promotes "safer sex" practices. It says that "latex condoms, when properly used, are an effective way to prevent (HIV) infection." Just how safe are latex condoms?

Theresa Crenshaw, M. D., is past president of the American Association of Sex Educators, Counselors and Therapists. She once asked 500 marriage and family therapists in Chicago, "How many of you recommend condoms for AIDS protection?"

A majority of the hands went up. Then, she asked how many in the room would have sex with an AIDS-infected partner using a condom. Not one hand went up.

These were marriage and family therapists, the "experts" who advise others. Dr. Crenshaw admonished them, "It is irresponsible to give students, clients, patients advice that you would not live by yourself, because they may die by it."

Condoms have an 85 percent (annual) success rate in protecting against pregnancy. That's a 15 percent failure rate. But a woman can get pregnant only about six days per month. HIV can infect a person 31 days per month. Latex rubber, from which latex gloves and condoms are made, has tiny, naturally occurring voids or capillaries measuring on the order of one micron in diameter. Pores or holes 5 microns in diameter have been detected in cross sections of latex gloves. (A micron is one-thou-sandth of a millimeter.) Latex condoms will generally block the human sperm, which is much larger than the HIV

virus.

But HIV is only 0.1 micron in diameter. A 5-micron hole is 50 times larger than the HIV virus. A 1-micron hole is 10 times larger. The virus can easily fit through. It’s kind of like running a football play with no defense on the field to stop you.

In other words, many of the tiny pores in the latex condom are large enough to pass the HIV virus (which causes AIDS) in its fluid medium. (HIV sometimes at-taches to cells such as white blood cells; other times, it remains in the tiny cell-free state.)

Earlier this year, Johns Hopkins University reported re-search on HIV transmission from infected men to uninfected women in Brazil. The study took pains to exclude women at high risk of contracting HIV from sources other than their own infected sex partners. Of women who said their partners always used condoms during vaginal intercourse, 23 percent became HIV-positive. Risk reduction is not risk elimination.

One U. S. Food and Drug Administration study tested condoms in the laboratory for leakage of HIV-size particles. Almost 33 percent leaked. That’s one in three.

Burlington County, New Jersey, banned condom distribution at its own county AIDS counseling center. Officials feared legal liabilities if people contracted AIDS or died after using the condoms, which the county distrib-uted.

Latex condoms are sensitive to heat, cold, light and pressure. The FDA recommends they be stored in “a cool, dry place out of direct sunlight, perhaps in a drawer or closet.” Yet they are often shipped in metal truck trailers without climate control. In winter, the trailers are like freezers. In summer, they’re like ovens. Some have reached 185 degrees Fahrenheit inside. A worker once fried eggs in a skillet next to the condoms, using the heat that had accumulated inside the trailer.

Is the condom safe? Is it safer? Safer than what?

Look at it this way. If you decide to drive the wrong way down a divided highway, is it safer if you use a seat belt? You wouldn't call the process "safe." To call it "safer" completely misses the point. It's still a very risky—and a very foolish —thing to do.

AIDS expert Dr. Robert Redfield of the Walter Reed Hospital put it like this at an AIDS briefing in Washington, D. C.: If my teenage son realizes it's foolish to drink a fifth of bourbon before he drives to the party, do I tell him to go ahead and drink a six-pack of beer instead?

According to Redfield, when you're talking about AIDS, "Condoms aren't safe, they're dangerous."

"Condom sense" is very, very risky. Common sense says, "If you want to be safe, reserve sex for a faithful, monogamous relationship with an uninfected partner."

At this season of the year, much attention is focused on a teacher from Nazareth, who said, "You shall know the truth, and the truth shall make you free." Could it be that the sexual practice that he and his followers advocated—sexual relations only in a monogamous marriage—is actually the safest, too? AIDS kills. Why gamble with a deadly disease?

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Safe Sex?

Starlight dances off the sparkling water as the waves gently lap the shore. A cool breeze brushes across your face as you stroll hand in hand along the moonlit beach.

The party was getting crowded and the two of you decided to take a walk on the deserted waterfront. You've only known each other a short while but things seem so right. You laugh together and sense a longing to know this person in a deeper way.

You pause and tenderly gaze into each other's eyes, blood rushing throughout your body as your heart beats faster. Soon you are in each other's arms kissing softly at first, then fervently. You tug at each other's clothes and both kneel to the sand. The condom comes on. You join in passionate lovemaking, then relax, hearing only the gentle waves and each other's breathing, grateful that you are comfortable in mutual care and that all is safe.

Or is it?

Was the condom you used enough to keep you safe? Aside from the emotional and psychological implications of your romantic encounter, realize that the condom is not a 100% guarantee of safety against AIDS for the same reason the condom is not a 100% guarantee of safety against pregnancy. There's always the possibility of human or mechanical error. Condoms can slip and break. They also can leak. Even the experts aren't certain condoms can guarantee against sexual transmission of the HIV virus.

Theresa Crenshaw, M.D., has been a member of the President' s Commission on HIV. She is past president of the American Association of Sex Educators, Counselors, and Therapists{1} and once asked this question to 500 marriage and family therapists in Chicago: "How many of you recommend condoms for

AIDS protection?”

A majority of the hands went up. Then she asked how many in the room would have sex with an AIDS infected partner using a condom. Not one hand went up.

These were marriage and family therapists, the “experts” who advise others. Dr. Crenshaw admonished them that, “It is irresponsible to give students, clients, patients advice that you would not live by yourself because they may die by it.”{2} What does this tell you about the confidence experts have in condoms to protect persons against AIDS?

Not too long ago herpes caught the public’s attention. Now, of course, the focus is on AIDS. As with herpes, it is very difficult to be absolutely certain that your partner in premarital sex does not have AIDS and there is no known cure. But, of course, there’s a big difference between herpes and AIDS: herpes will make you sick; AIDS will kill you.

Assessing the Risk

After I had made these remarks at a university in California, one young man asked me to explain what I meant when I said that condoms aren’t safe. Consider this:

Condoms have an 85% (annual) success rate in protecting against pregnancy. That’s 15% a failure rate.{3} But remember, a women can get pregnant only about six days per month.{4} HIV can infect a person 31 days per month.

Latex rubber, from which latex gloves and condoms are made, has tiny, naturally occurring voids or capillaries measuring on the order of one micron in diameter. Pores or holes five microns in diameter have been detected in cross sections of latex gloves.{5} (A micron is one thousandth of a millimeter.) Latex condoms will generally block the human sperm, which is much larger than the HIV virus. (A human sperm is about 60 microns long and three to five microns in diameter

at the head.{6} But the HIV virus is only 0.1 micron in diameter.{7} A five- micron hole is 50 times larger than the HIV virus. A one-micron hole is 10 times larger. The virus can easily fit through. It's kind of like running a football play with no defense on the field to stop you or shooting a soccer ball into an open goal. The hole is huge!

In other words, many of the tiny pores in the latex condom are large enough to pass the HIV virus (that causes AIDS) in its fluid medium.

One study focused on married couples in which one partner was HIV positive. When couples used condoms for protection, after one and one-half years, 17% of the healthy partners had become infected.{8} That' s about one in six, the same odds as Russian roulette.

One U.S. Food and Drug Administration (FDA) study tested condoms in the laboratory for leakage of HIV-sized particles. Almost 33% leaked.{9} One in three.

One analysis of 11 studies on condom effectiveness found that condoms had a 31% estimated failure rate in protecting against HIV transmission. In other words, as the report stated, "These results indicate that exposed condom users will be about a third as likely to become infected as exposed individuals practicing "unprotected" sex…. The public at large may not understand the difference between "condoms may reduce risk of" and "condoms will prevent" HIV transmission. It is a disservice to encourage the belief that condoms will prevent sexual transmission of HIV. Condoms will not eliminate risk of sexual transmission and, in fact, may only lower risk somewhat."{10} Burlington County, New Jersey, banned condom distribution at its own county AIDS counseling center. Officials feared the legal liabilities if people contracted AIDS or died after using the condoms the county distributed. They were afraid the county would be held legally responsible for the deaths. {11}

Over Easy Please

Latex condoms are sensitive to heat, cold, light, and pressure. The FDA recommends they be stored in “a cool, dry place, out of direct sunlight, perhaps in a drawer or closet.”{12} Yet they are often shipped in metal truck trailers without climate control. In winter the trailers are like freezers. In summer they’re like ovens. Some have reached 185F (85C) inside. A worker once fried eggs in a skillet next to the condoms, using the heat that had accumulated inside the trailer.{13} Are you thinking of entrusting you life to this little piece of rubber?

Is the condom safe? Is it safer? Safer than what?

Look at it this way: If you decide to drive the wrong way down a divided highway, is it safer if you use a seat belt?{14} You wouldn’t call the process “safe.” To call it “safer” completely misses the point. It’ s still a very riskyand a very foolishthing to do.

Remember that a national study found that condoms have a 15% failure rate with pregnancy. Perhaps you have flown in airplanes. Suppose only 15 crashes occurred for every 100 plane flights. Would you say airline travel was safe? Safer?{15} Would you still fly?

AIDS expert Dr. Redfield of the Walter Reed Hospital put it like this at an AIDS briefing in Washington, DC: If my teenage son realizes it’s foolish to drink a fifth of bourbon before he drives to the party, do I tell him to go ahead and drink a six pack of beer first, instead? {16} According to Dr. Redfield, when you’re considering AIDS, “Condoms aren’t safe; they’re dangerous.”{17}

The Test

You might say, “We’ve both been tested for AIDS. Neither of us

has it."

The time span between HIV infection and detection of HIV antibodies has been found to be anywhere from three to six months, sometimes longer. {18}In rare cases it can even take years for signs of the virus to appear.{19} Dr. Redfield says that after he was exposed to HIV in his work, he waited 14 months before having sex with his wife.{20} Suppose you meet someone who says, "I had an HIV test a year ago; it was negative. I haven't had sex for a year. I just had another test; it was negative. I'm safe." You see the test results in writing. Is it safe to sleep with that person?

We all know how hormones can influence honesty. It comes down to this: Are they telling the truth about not being sexually active in the interim? Is there even a chance that person might twist the truth even slightly in order to get into bed with you? Even with the tests, it all boils down to trust. That's why I say, "It's very difficult to be absolutely certain that your partner in premarital sex does not have AIDS."

"Condom sense" is very, very risky. Common sense says, "If you want to be safe, wait."

The Total You

There are many other benefits to waiting (or to stopping until marriage, if you're a sexually active single). By "waiting," I mean reserving sex for marriage.

Sex involves your total personalitybody, mind, and spirit. Besides being physically risky, premarital sex can hurt you emotionally and relationally. While you are single, sex can breed insecurity ("Am I the only one they've slept with? Have there been, or will there be, others?"). It can generate performance fears that can dampen sexual response. (If you fear even slightly that your acceptance by your partner hinges

on your sexual performance, that fear can hamper your performance.) It can cloud the issue, confusing you into mistaking sexually charged sensations for genuine love.

After you marry, you might wonder, “If they slept with me before we married, how do I know that they won’t sleep with someone else now that we are married?” (Marital faithfulness in the age of AIDS is, of course, important both emotionally and physically.) When disagreements crop up with your mate, will you be tempted to ask yourself, “Did we just marry on a wave of passion?” Don’t forget flashbacks, those mental images of previous sexual encounters that have a nasty way of creeping back into your mind during arousal. Who wants to be thinking of previous sex partners while making love with their spouse? Worse, who wants their spouse to be thinking of previous sex partners?

Waiting until marriage can help you both have the confidence, security, trust, and self respect that a solid, intimate relationship needs. “I really like what you said about waiting,” said a recently married young woman after a lecture at Sydney University in Australia. “My fianc and I had to make the decision and we decided to wait.” (Each had been sexually active in other previous relationships.) “With all the other tensions, decisions, and stress of engagement, sex would have been just another worry. Waiting ’till our marriage before we had sex was the best decision we ever made.”{21}

Why Is It Hard to Wait?

Apart from the obvious physical power of one’s sex drive, there are other equally powerful emotional factors that can make it difficult to wait. A longing to be close to someone or a yearning to express love can generate intense desires for physical intimacy. Many singles today want to wait but lack the inner strength or self-esteem They want to be lovedas we all do and may fear losing love if they postpone sex. They are frustrated when unable to control their sexual drives or when

relationships prove unfulfilling.

Often sex brings an emptiness rather than the wholeness people seek through it. As one TV producer told me, “Frankly, I think the sexual revolution has backfired in our faces. It’s degrading to be treated like a piece of meat.” The previous night her lover had justified his decision to sleep around by telling her, “There’s plenty of me for everyone.” What I suspect he meant was, “There’s plenty of everyone for me.” She felt betrayed and alone.

I explained to her and to her TV audience that sexuality also involves the spiritual. One wise spiritual teacher understood our loneliness and longings for love. He recognized human emotional needs for esteem, acceptance, and wholeness and offered a plan to meet them. His plan has helped people to become whole “new creatures,”{22} that is, “brand new person(s) inside.”{23} He taught that we can be accepted just as we are, even with our faults.{24} We can enjoy the self-esteem that comes from knowing who we are and that our lives can count for something significant.{25} He promised unconditional love to all who ask.{26} Once we know we’re loved and accepted, we can have greater security to be vulnerable in relationships and new inner strength to make wise choices for safe living.{27} This teacher said, “You shall know the truth, and the truth shall make you free.”{28} “My peace I give to you,” He explained. “Do not let your hearts be troubled and do not be afraid.”{29} Millions attest to the safety and security He can provide in relationships. His name, of course, is Jesus of Nazareth. I placed my faith in Him personally my freshman year at Duke, Two Lambda Chis influenced me in that direction. Though I was skeptical at first, it “has made all the difference,” as Robert Frost would say.

Sex and spirituality are, of course, quite controversial topics. I realize that our International Fraternity contains a wide spectrum of beliefs on these issues. I offer these

perspectives not to preach but to stimulate healthy thinking.

Diversity was one of the things that attracted me to our chapter at Duke. Politically, philosophically, and spiritually we ran the gamut. There were liberals, conservatives, Christians, Jews, atheists, and agnostics. We tried to respect one another and learn from each other even when we differed on issues like these. That is the spirit in which I offer these remarks; may I encourage you to consider them in the same way.

To summarize, the only truly safe sex is the lovemaking that occurs in a faithful monogamous relationship where both partners are HIV negative. Condoms may reduce the risk of HIV transmission somewhat, but they can't guarantee prevention. Please, don't entrust your life to something as risky as a condom.

Notes

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17. Ibid.
18. Ibid.
19. Ibid. Redfield says that some people with hypogammaglobulinemia do not make antibodies, hence it takes years for them to show signs of HIV infection. (Current HIV tests detect not the virus itself, but rather the antibodies that the human body manufactures to attempt to fight the virus.)
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21. Space limits extensive development here of the practical, psychological, and emotional advantages of waiting. These have been more adequately discussed in Rusty Wright and Linda Raney Wright, *How to Unlock the Secrets of Love, Sex, and Marriage,* Barbour Books, 1981; Rusty Wright, “Dynamic Sex: Beyond Technique and Experience,” Campus Crusade for Christ, 1977.
22. 2 Corinthians 5:17, New American Standard Bible.
23. 2 Corinthians, 5:17, Living Bible.

24. Luke 15:10-32.
25. John 1:12; II Corinthians 5:20.
26. John 3:16; 13:34-35; 17:20, 23, 26; I John 4:7-21.
27. Acts I :8; Ephesians 5: 18; Galatians 5: 16-24; I Corinthians 6:18-20.
28. John 8:32.
29. John 14:27, NIV.

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Safe Sex and the Facts – A Christian Perspective

Dr. Ray Bohlin provides a look at the many problems surrounding the idea of safe sex from a Christian, biblical worldview perspective as well as a scientific perspective. He provides a sound argument for supporting the Christian view of sex being reserved for the marriage relationship.

 *This article is also available in Spanish.*

At age 16 John had sex with Andrea. Just one time. He enjoyed the experience but felt guilty and decided the risk of sexually transmitted diseases (STDs) and pregnancy were just

too great. He did not have sex again until nine years later when he married Cindy, who was a virgin. Three months after their wedding Cindy began having painful symptoms. Unknowingly John, who had never had any symptoms of disease, had brought two STDs into his marriage. But John and Cindy were lucky; they both responded to treatment and are healthy today. Many others, however, are not so fortunate. Today STDs are at unprecedented and epidemic proportions. Thirty years of the sexual revolution is paying an ugly dividend, and those most at risk are teenagers. This is true partially because teenagers are more sexually active than ever before, but also because teenage girls are more susceptible to STDs than males or adult females.

While a few STDs can be transmitted apart from sex acts, all are transmissible by the exchange of bodily fluids during intimate sexual contact. I want to discuss the severity of the problem as well as what must be done if we are to save a majority of the next generation from the shame, infertility, and sometimes death, that may result from STDs.

If you are not aware of some of the following statistics, then prepare to fasten your seat belt because what I have to report is not pretty. The information I am about to share is from data gathered by the Medical Institute for Sexual Health in Austin, Texas.(1) All of these statistics are readily available from reputable medical and scientific journals.

Today, there are approximately 25 STDs. A few can be fatal. Some are relatively harmless, but all are humiliating. Many women are living in fear of what their future may hold as a result of STD infection. It is estimated that 1 in 5 Americans between the ages of 15 and 55 are currently infected with one or more viral STDs, and 12 million Americans are newly infected each year. That’s nearly 5% of the entire population of the U.S.! Of these new infections, 63% involve people less than 25 years old.

This epidemic is a recent phenomenon. Some young people have parents who may have had multiple sexual part-ners with relative impunity and conclude that they too are safe from disease. However, most of these diseases were not around 20 to 30 years ago. Prior to 1960, there were only two prevalent sexually transmitted diseases: syphilis and gonorrhea. Both were easily treatable with antibiotics.

In the sixties and seventies this relatively stable situation began to change. For example, in 1976, chlamydia first appeared in increasing numbers in the U.S. Chlamydia, particularly dangerous to women, is now the most common bacterial STD in the country. In 1981, human immuno-deficiency virus (HIV), the virus which causes AIDS, was identified. By early 1993, between 1 and 2 million Americans were infected with HIV or AIDS, over 12 million were infected worldwide, and over 160,000 had died in the U.S. alone. Then herpes was added to the mix. This STD now infects 30 million people.

In 1985, human papilloma virus (HPV) began a dramatic increase. This virus can result in venereal warts and will often lead to deadly cancers.

By 1990, penicillin-resistant strains of gonorrhea were present in all fifty states, and by 1992 syphilis was at a 40-year high. As of 1993, pelvic inflammatory disease (PID), which is almost always caused by gonorrhea or chlamydia, was affecting 1 million new women each year. This includes 16,000 to 20,000 teenagers. This infection can result in pelvic pain and infertility and is the leading cause of hospitalization for women between the ages of 15 and 55, apart from pregnancy.

Pelvic inflammatory disease can result in scarred fallopian tubes which block passage of a fertilized egg. The fertilized egg, therefore, cannot pass on to the uterus, and the growing embryo will cause the tube to rupture. From 1960 to 1990 there was a 400% increase in tubal pregnancies, most of which were caused by STDs. Making matters even worse is the fact that 80%

of those infected with an STD don’t know it and will unwittingly infect their next sexual partner.

The Medical Facts of STDs

Syphilis is a terrible infection. In its first stage, the infected individual may be lulled into thinking there is little wrong since the small sore will disappear in 2 to 8 weeks. The second and third stages are progressively worse and can eventually lead to brain, heart, and blood vessel damage if not diagnosed and treated. The saddest part is that syphilis is 100% curable with penicillin, yet there is now more syphilis than in the late 1940s, and it is spreading rapidly.

Chlamydia, a disease which only became common in the mid-1980s, infects 20 to 40% of some sexually active groups including teenagers. In men, chlamydia can cause infertile sperm, a condition reversible with antibiotics. In women, however, the infection is devastating. An acute chlamydia infection in women will result in pain, fever, and damage to female organs. A silent infection can damage a woman’s fallopian tubes without her ever knowing it. A single episode of chlamydia PID can result in a 25% chance of infertility. With a second infection, the chance of infertility rises to 50%. This is double the risk of gonorrhea.

Treatment with antibiotics is not always successful. One study reported that 18% showed a recurrence of infection within 3 weeks. As many as 14% of teenagers do not respond to treatment, and ultimately require a hysterectomy. It is an overwhelming burden for an 18- or 19-year- old girl to have to face the fact that she will never be able to bear a single child.

The human papilloma virus (HPV) is an extremely common STD. One study reported that at the University of California, Berkeley, 46% of the sexually active coeds were infected with

HPV. Another study reported that 38% of the sexually active females between the ages of 13 and 21 were infected.

HPV is the major cause of venereal warts which are extremely difficult to treat and may require expensive procedures such as laser surgery. HPV can result in pre-cancer or cancer of the genitalia. By causing cancer of the cervix, this virus is presently killing more women in this country than AIDS, or over 4,600 women in 1991. HPV can also result in painful intercourse for years after infection even though other visible signs of disease have disappeared.

And of course there is the human immunodeficiency virus, or HIV, the virus that causes AIDS. The first few cases of AIDS were only discovered in 1981; now, in the U.S. alone, there are between 1 and 2 million infected with this disease. As far as we know, all of these people will die in the next ten to fifteen years. As of early 1993, approximately 160,000 had already died.

In 1991 a non-random study at the University of Texas at Austin showed that 1 in 100 students who had blood drawn for any reason at the university health center was HIV infected.

While the progress of the disease is slow for many people, all who have it will be infected for the rest of their lives. There is no cure, and many research-ers are beginning to despair of ever coming up with a cure or even a vaccine (as was eventually done with polio). In 1992, 1 in 75 men was infected with HIV and 1 in 700 women. But the number of women with AIDS is growing. In the early years of the epidemic less than 2% of the AIDS cases were women. Now the percentage is 12%.

Teenagers Face Greater Risks from STDs

One of the statistics I have mentioned is that teenagers are particularly susceptible to STDs. This fact is alarming since

more teens are sexually active today than ever before. An entire generation is at risk, and the saddest part about it is that most of them are unaware of the dangers they face. Teenagers must be given the correct information to help them realize that saving themselves sexually until marriage is the only sure way to stay healthy.

The medical reasons for teens' high susceptibility to STDs relates specifically to females. The cervix of a teen-age girl has a lining (ectropion) which produces mucus that is a great growth medium for viruses and bacteria. As a girl reaches her 20s or has a baby, this lining is replaced with a tougher, more resistant lining. Also during the first two years of menstruation, 50% of the periods occur without ovulation. This will produce a more liquid mucus which also grows bacteria and viruses very well. A 15-year-old girl has a 1-in-8 chance of developing pelvic inflammatory disease simply by having sex, whereas a 24-year-old woman has only a 1- in-80 chance in the same situation.

Teenagers do not always respond to antibiotic treatment for pelvic inflammatory disease, and occasionally such teenage girls require a hysterectomy. Infertility is an increasing problem in our society. It is estimated that one-fourth to one-third of all female infertility in marriage is a result of STDs.

Teenagers are also more susceptible to human papilloma virus, HPV. Rates of HPV infection in teenagers can be as high as 40%, whereas in the adult population, the rate is less than 15%. Teenagers are also more likely to develop precancerous growths as a result of HPV infection than adults. These precancerous growths in teenagers are also more likely to develop into invasive cancer than in adults.

Apart from the increased risk from STDs in teens, teen-age pregnancy is also at unprecedented levels. In 1985 there were over 1 million teen-age pregnancies; 400,000 of these ended in

abortion. Abortion is not a healthy procedure for anyone to undergo, but this is especially true for a teenager. Not getting pregnant to begin with is far better. Oral contraceptives are not as effective with teenagers, mainly because teens are more apt to forget to take the pill. Over a one-year period, as many as 9 to 18% of teenage girls using oral contraceptives become pregnant.

Finally, when teenagers start having sex earlier in life, they are much more likely to have multiple sexual partners, a behavior that puts them at greater risk for STD. When teenagers become sexually active before they are 18 years of age, 75% of them will have more than 2 partners and 45% of them will have 4 or more partners. If sexual activity begins after the 19th birthday, only 20% will have 2 or more partners and only 1% will have 4 or more partners. (These statistics were reported by the Centers for Disease Control after interviewing people in their 20s.)

Is Safe Sex Really the Answer?

I must now take a hard look at the message of safe sex which is being taught to teens at school and through the media.

Some people believe that if teens can be taught how to use contraception and condoms effectively, rates of pregnancy and STD infection will be reduced dramatically. But common sense and statistics tell us otherwise. At Rutgers University, the rates of infection of students with STD varied little with the form of contraception used. For example, 35 to 44% of the sexually active students were infected with one or more STDs whether they used no contraceptive, oral contraceptive, the diaphragm, or condoms. It is significant to note that condoms, the hero of the safe sex message, provided virtually no protection from STDs.

Will condoms prevent HIV infection, the virus that causes AIDS? While it is better than nothing, the bottom line is that

condoms cannot be trusted. A study from Florida looked at couples in which one partner was HIV positive and the other was negative. They used condoms as protection during intercourse. After 18 months, 17% of the previously uninfected partners were HIV positive. That is a one-in-six chance, the same as in Russian roulette.

Condoms do not even provide 100% protection for the purpose for which they were designed: prevention of pregnancy. One study from the School of Medicine Family Planning Clinic at the University of Pennsylvania reported that 25% of patients using condoms as birth control conceived over a one-year period. Other studies indicate that the rate of accidental pregnancy from condom-protected intercourse is around 15% with married couples and 36% for unmarried couples.

Condoms are inherently untrustworthy. The FDA allows as many as one in 250 to be defective. Condoms are often stored and shipped at unsafe temperatures which weakens the integrity of the latex rubber causing breaks and ruptures. Condoms will break 8% of the time and slip off 7% of the time. There are just so many pitfalls in condom use that you just can’t expect immature teenagers to use them properly. And even if they do, they are still at risk.

Studies are beginning to show that school-based sex education that includes condom use as the central message, does not work. A study in a major pediatric journal concluded that the available evidence indicates that there is little or no effect from school-based sex- education on sexual activity, contraception, or teenage pregnancy.(2) This study evaluated programs that emphasized condoms. In addition, programs that emphasize condoms tend to give a false sense of security to sexually active students and make those students who are not having sex feel abnormal.

The list of damages from unmarried adolescent sexual activity is long indeed. Apart from the threat to physical health and

fertility, there is damage to family relationships, self-confidence and emotional health, spiritual health, and future economic opportunities due to unplanned pregnancy. Condom-based sex- education does not work.

Saving Sex for Marriage is the Common Sense Solution.

The epidemic of sexually transmitted diseases is running rampant in this country and around the world. Diseases such as chlamydia, human papilloma virus, herpes, hepatitis B, trichomonas, pelvic inflammatory disease, and AIDS have joined syphilis and gonorrhea in just the last 30 years. There is no question that the fruits of the sexual revolution have been devastating. I have also shown how our teen-agers are at a greater risk for sexually transmitted diseases than are adults and that sex-education based on condom use is ineffective and misleading. There is only one message that offers health, hope, and joy to today's teenagers. We need to teach single people to save intercourse for marriage.

Sex is a wonderful gift, but if uncontrolled, it has a great capacity for evil as well as good. Our bodies were not made to have multiple sex partners. Almost all risk of STD and out-of-wedlock pregnancy can be avoided by saving intercourse for marriage. And it can be done.

Statistics show clearly that in schools that teach a sex education program that emphasizes saving intercourse for marriage, the teen pregnancy rate drops dramatically in as little as one year. In San Marcos, California, a high school used a federally funded program ("Teen Aid") which emphasizes saving intercourse until marriage. Before using the program there were 147 pregnancies out of 600 girls. Within two years, the number of pregnancies plummeted to 20 out of 600 girls.(3) As of 1992, San Marcos was still using this program and was still satisfied with it. In Jessup Georgia, upon instituting

the “Sex Respect” program, the number of pregnancies out of 340 female students dropped from 17 to 13 to 11 to 3 in successive years.

Delaying intercourse until teens are older is not a naive proposal. Over 50% of the females and 40% of the males between 15 and 19 have not had intercourse. They are living proof that teens can control their sexual desires. Of those who had at least one sexual experience, 20% had sex in the past but were not currently sexually active. Therefore, a minority of students are sexually active.

Condom-based sex-education programs basically teach teen-agers that they cannot control their sexual desires, and that they must use condoms to protect themselves. It is not a big leap from people being unable to control their sexual desires to being unable to control their hate, greed, anger, and prejudice. This is not the right message for our teenagers!

Teenagers are willing to discipline themselves for things they want and desire and are convinced are beneficial. Girls get up early for drill team practice. Boys train in the off-season with weights to get stronger for athletic competition. Our teens can be disciplined in their sexual lives if they have the right information to make logical choices.

Saving sex for marriage is the common sense solution. In fact, it is the only solution. We don’t hesitate to tell our kids not to use drugs or marijuana, and most do not. We tell our kids it’s unhealthy to smoke, and most do not.

It is normal and healthy not to have sex until marriage. STDs are so common that it is not an exaggeration to say that most people who regularly have sex outside of marriage will contract a sexually transmitted disease. Our sexuality should blossom within the confines of a mutually faithful monogamous relationship. We need to reeducate our kids not just in what is healthy, but in what is right.

Notes

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The Epidemic of Sexually Transmitted Diseases – A Christian Solution

Written by Dr. Ray Bohlin

Dr. Bohlin looks at data describing the huge increase in STDs in American, considers the causes of this increase, and proposes a Christian solution firmly rooted in a biblical worldview.

An STD Epidemic

Sexually Transmitted Diseases (or STDs) are at unprecedented and epidemic proportions. Thirty years of the sexual revolution is paying an ugly dividend. While a few STDs can be transmitted apart from sex acts, all are transmissible by the exchange of bodily fluids during intimate sexual contact. I want to discuss the severity of the problem as well as what must be done if we are to save a majority of the next generation from the shame, infertility, and sometimes death,

that may result from STDs.

The information I am about to share is from data gathered by the Medical Institute for Sexual Health out of Austin, Texas.(1) All of these statistics are readily available from reputable medical and scientific journals.

Today, there are approximately 25 STDs. A few can be fatal. Many women are living in fear of what their future may hold as a result of STD infection. It is estimated that 1 in 5 Americans between the ages of 15 and 55 are currently infected with one or more STDs, and 12 million Americans are newly infected each year. That’s nearly 5% of the entire population of the U.S. Of these new infections, 63% are in people less than 25 years old.

This epidemic is a recent phenomenon. Some young people have parents who may have had multiple sexual partners with relative impunity. They may conclude that they too are safe from disease. However, most of these diseases were not around 20 to 30 years ago. Prior to 1960, there were only two significant sexually transmitted diseases: syphilis and gonorrhea. Both were easily treatable with antibiotics. In the sixties and seventies this relatively stable situation began to change. For example, in 1976, chlamydia first appeared in increasing numbers in the United States. Chlamydia, particularly dangerous to women, is now the most common STD in the country. Then in 1981, human immunodeficiency virus (HIV), the virus which causes AIDS, was identified. By early 1993, between 1 and 2 million Americans were infected with AIDS, over 12 million were infected worldwide, and over 160,000 had died in the U.S. alone. Over 10% of the total U.S. population, 30 million people, are infected with herpes.

In 1985, human papilloma virus (HPV), began to increase. This virus will result in venereal warts and will often lead to deadly cancers. In 1990, penicillin resistant-strains of gonorrhea were present in all fifty states.

By 1992 syphilis was at a 40-year high. As of 1993, pelvic inflammatory disease (PIV), which is almost always caused by gonorrhea or chlamydia, was affecting 1 million new women each year. This includes 16,000 to 20,000 teenagers. This complication causes pelvic pain and infertility and is the leading cause of hospitalization for women, apart from pregnancy, during the childbearing years.

Pelvic inflammatory disease can result in scarred fallopian tubes which block the passage of a fertilized egg. The fertilized egg, therefore, cannot pass on to the uterus and the growing embryo will cause the tube to rupture. By 1990, there was a 400% increase in tubal pregnancies, most of which were caused by STDs. Even worse is the fact that 80% of those infected with an STD don’t know it and will unwittingly infect their next sexual partner.

The Medical Facts of STDs

Syphilis is a terrible infection. In its first stage, the infected individual may be lulled into thinking there is little wrong since the small sore will disappear in 2 to 8 weeks. The second and third stages are progressively worse and can eventually lead to brain, heart, and blood vessel damage if not diagnosed and treated. The saddest part is that syphilis is 100% curable with penicillin, yet there is now more syphilis than since the late 1940s, and it is spreading rapidly.

Chlamydia, a disease which only became common in the mid-1970s, infects 20 to 40% of some sexually active groups including teenagers. In men, chlamydia is usually less serious; with females, however, the infection can be devastating. An acute chlamydia infection in women will result in pain, fever, and damage to female organs. A silent infection can damage a woman’s fallopian tubes without her ever knowing it. A single chlamydia infection can result in a 25% chance of infertility. With a second infection, the chance

of infertility rises to 50%. This is double the risk of gonorrhea.

The human papilloma virus, or HPV, is an extremely common STD. One study reported that at the University of California, Berkeley, 46% of the sexually active coeds were infected with HPV. Another study reported that 38% of the sexually active females between the ages of 13 and 21 were infected. HPV is the major cause of venereal warts; it can be an extremely difficult problem to treat and may require expensive procedures such as laser surgery.

The human papilloma virus can result in precancer or cancer of the genitalia. By causing cancer of the cervix, this virus is killing more women in this country than AIDS, or over 4,600 women in 1991. HPV can also result in painful intercourse for years after infection even though other visible signs of disease have disappeared.

And of course there is the human immunodeficiency virus, or HIV, the virus that causes AIDS. The first few cases of AIDS were only discovered in 1981; now, in the U.S. alone, there are between 1 and 2 million infected with this disease. As far as we know, all of these people will die in the next ten years. As of early 1993, 160,000 had already died.

A 1991 study at the University of Texas at Austin showed that 1 in 100 students who had blood drawn for any reason at the university health center was HIV infected. While the progress of the disease is slow for many people, all who have the virus will be infected for the rest of their life. There is no cure, and many researchers are beginning to despair of ever coming up with a cure or even a vaccine (as was eventually done with polio). In 1992, 1 in 75 men was infected with HIV and 1 in 700 women. But the number of women with AIDS is growing. In the early years of the epidemic less than 2% of the AIDS cases were women. Now the percentage is 12%.

Teenagers Face a Greater Risk from STDs

Teenagers are particularly susceptible to sexually transmitted diseases or STDs. This fact is alarming since more teens are sexually active today than ever before. An entire generation is at risk and the saddest part about it is that most of them are unaware of the dangers they face. Our teenagers must be given the correct information to help them realize that saving themselves sexually until marriage is the only way to stay healthy.

The medical reasons for teens' high susceptibility to STDs specifically relates to females. The cervix of a teenage girl has a lining which produces mucus that is a great growth medium for viruses and bacteria. As a girl reaches her 20s or has a baby, this lining is replaced with a tougher, more resistant lining. Also during the first two years of menstruation, 50% of the periods occur with-out ovulation. This will produce a more liquid mucus which also grows bacteria and viruses very well. A 15-year-old girl has a 1-in-8 chance of developing pelvic inflammatory disease simply by having sex, whereas a 24-year-old woman has only a 1- in-80 chance in that situation.

Teenagers do not always respond to antibiotic treatment for pelvic inflammatory disease, and occasionally such teenage girls require a hysterectomy. Teenage infertility is also an increasing problem. In 1965, only 3.6% of the married couples between ages 20 and 24 were infertile; by 1982, that figure had nearly tripled to 10.6%. The infertility rate is surely higher than that now with the alarming spread of chlamydia.

Teenagers are also more susceptible to human papilloma virus, HPV. Rates of HPV infection in teenagers can be as high as 40%, whereas in the adult population, the rate is less than 15%. Teenagers are also more likely than adults to develop precancerous growths as a result of HPV infection, and they are more likely to develop pelvic inflammatory disease.

Apart from the increased risk from STDs in teens, teenage pregnancy is also at unprecedented levels, over 1 million pregnancies, and 400,000 abortions in 1985. Abortion is not a healthy procedure for anyone to undergo, especially a teenager. It is far better to have not gotten pregnant. Oral contraceptives are not as effective with teenagers, mainly because teens are more apt to forget to take the pill. Over a one-year period, as many as 9 to 18% of teenage girls using oral contraceptives become pregnant.

Our teenagers are at great risk. In a society that has abandoned God's design for healthy meaningful sexual expression within marriage, our children need to be told the truth about the dangers of STDs.

Is "Safe Sex" Really the Answer?

I must now take a hard look at the message of "safe sex" which is being taught to teens at school and through the media across the country.

Some people believe that if teens can be taught how to use contraception and condoms effectively, that rates of pregnancy and STD infection will be reduced dramatically. But the statistics and common sense tell us otherwise. At Rutgers University, the rates of infection of students with STD varied little with the form of contraception used. For example, 35 to 44% of the sexually active students were infected with one or more STDs whether they used no contraceptive, oral contraceptive, the diaphragm, or condoms. It is significant to note that condoms, the hero of the "safe sex" message, provided virtually no protection from STDs.

Will condoms prevent HIV infection, the virus that causes AIDS? While it is better than nothing, the bottom line is that condoms cannot be trusted. A study from Florida looked at couples where one individual was HIV positive and the other was negative. They used condoms as protection during

intercourse. Obviously these couples would be highly motivated to use the condoms properly, yet after 18 months, 17% of the previously uninfected partners were now HIV positive. That is a one-in-six chance, the same as in Russian roulette. Not good odds!

Condoms do not even provide 100% protection for the purpose for which they were designed: prevention of pregnancy. One study from the School of Medicine Family Planning Clinic at the University of Pennsylvania reported that 25% of patients using condoms as birth control conceived over a one-year period. Other studies indicate that the rate of accidental pregnancy from condom-protected intercourse is around 15% with married couples and 36% for unmarried couples.

Condoms are inherently untrustworthy. The FDA allows one in 250 to be defective. Condoms are often stored and shipped at unsafe temperatures which weakens the integrity of the latex rubber causing breaks and ruptures. Condoms will break 8% of the time and slip off 7% of the time. There are just so many pitfalls in condom use that you just can’t expect immature teenagers to use them properly. And even if they do, they are still at risk.

Studies are beginning to show that school-based sex education that includes condom use as the central message does not work. A study in a major pediatric journal concluded that “the available evidence indicates that there is little or no effect from school-based sex-education on sexual activity, contraception, or teenage pregnancy.”(2) This study evaluated programs that emphasized condoms. Over $3 billion dollars has been spent on sex- education programs emphasizing condoms with little or no effect! In addition, programs that emphasize condoms tend to give a false sense of security to sexually active students and make those students who are not having sex feel abnormal. Hardly the desired result!

The list of damages from unmarried adolescent sexual activity

is long indeed. Apart from the threat to physical health and fertility, there is damage to family relationships, self-confidence and emotional health, spiritual health, and future economic opportunities due to unplanned pregnancy. Condom-based sex-education does not work.

Saving Sex for Marriage is the Common Sense Solution.

I have been discussing the epidemic of sexually transmitted diseases that is running rampant in this country and around the world. Diseases such as chlamydia, human papilloma virus, herpes, hepatitis B, trichomonas, pelvic inflammatory disease, and AIDS have joined syphilis and gonorrhea in just the last 30 years. There is no question that the fruits of the sexual revolution, or sexual convulsion as one author put it, have been devastating. I have also shown how our teenagers are at a greater risk for sexually transmitted diseases than are adults and that sex-education based on condom use is ineffective and misleading. There is only one message that offers health, hope, and joy to today's teenagers. We need to teach single people to save intercourse for marriage.

Sex is a wonderful gift, but if uncontrolled, it has a great capacity for evil as well as good. Our bodies were not made to have multiple sex partners. Almost all risk of STD and out of wedlock pregnancy can be avoided by saving intercourse for marriage. And it can be done.

Statistics show clearly that in schools that teach a sex education program that emphasizes saving intercourse for marriage, the teen pregnancy rate drops dramatically in as little as one year. In San Marcos, California, a high school used a federally funded program ("Teen Aid") which emphasizes saving intercourse until marriage. Before using the program there were 147 pregnancies out of 600 girls. Within two years, the number of pregnancies plummeted to 20 out of 600 girls.(3)

In Jessup, Georgia, upon instituting the “Sex Respect” program, the number of pregnancies out of 340 female students dropped from 17 to 13 to 11 to 3 in successive years.

Delaying intercourse until teens are older is not a naive proposal. Over 50% of the females and 40% of the males ages 15 to 19 have not had intercourse. While not a majority, they are living proof that teens can control their sexual desires. Current condom-based sex-education programs basically teach teenagers that they cannot control their sexual desires, and that they must use condoms to protect themselves. It is not a big leap from teenagers being unable to control their sexual desires to being unable to control their hate, greed, anger, and prejudice. This is not the right message for our teenagers! Teenagers are willing to discipline themselves for things they want and desire and are convinced are beneficial. Girls get up early for drill team practice. Boys train in the off-season with weights to get stronger for athletic competition. Our teens can also be disciplined in their sexual lives if they have the right information to make logical choices. Saving sex for marriage is the common sense solution. In fact, it is the only solution. We don’t hesitate to tell our kids not to use drugs, and most don’t. We tell our kids it’s unhealthy to smoke, and most do not. We tell our kids not to use marijuana, and most do not.

It is normal and healthy not to have sex until marriage. Sexually transmitted diseases are so common that it is not an exaggeration to say that most people who regularly have sex outside of marriage will contract a sexually transmitted disease. Not only is saving sex for marriage the only real hope for sexual health, it is God’s design. God has said that our sexuality is to blossom within the confines of a mutually faithful monogamous relationship. What we are seeing today is the natural consequence of disobedience. We need to reeducate our kids not just in what is best, but in what is right.

Notes

1. Medical Institute for Sexual Health, P.O. Box 4919, Austin, TX 78765.

2. I.W. Stout, et al., *Pediatrics*, 1989, 83:376-79.

3. Joe S. McIlhaney, Jr., *Safe Sex* (Grand Rapids, Michigan; Baker Book House, 1991), p. 86.

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