



GLOBAL AIDS PARTNERSHIP

HIV/AIDS

**Biblical Perspectives
on Sexuality**

Biblical Perspectives on Sexuality

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INTRODUCTION

This unit is part of a manual that teaches people to get involved in the fight against HIV/AIDS. In many parts of the world, HIV is most frequently passed through sex. Therefore, it is essential for people to learn to manage their sexuality in a way that will not expose them to HIV and other sexually transmitted infections.

Children need good information about sexuality and sexual development. Parents will need to be equipped with tools that help them talk to their children about these issues. This unit includes ideas that can help start that conversation between parents or guardians and their children.

The Global AIDS Partnership (who have produced these materials) has ministry partners in many regions and countries. Beliefs and convictions about what is right and wrong vary widely around the world, even within the Christian church. This makes it very challenging to write about a subject as personal and potentially controversial as human sexuality.

For example, some cultures do not consider it inappropriate for a man and woman to hold hands in public or kiss before marriage. People in another culture would consider these actions to be inappropriate or even sinful. Another controversial subject is family planning. Some Christians practice family planning and others believe it goes against biblical teaching. Other topics may be relevant in one culture (polygamy, pornography, or homosexuality) and not an issue in another.

While maintaining our conviction that God created sexual desire to be expressed between a man and woman within the context of marriage, we realize that not everyone agrees with this belief. The intent of this unit is not to judge or condemn people with different views. The intent is simply to state with humility (1) what we believe to be God's perfect plan for sexual expression, (2) what is moral according to the Bible, and (3) how important this knowledge is in light of the devastation caused by the HIV/AIDS epidemic.

CHAPTER 1

Sexuality and the Bible



Key Points

1. What does the Bible have to say about sexuality?
2. Sex and marriage
3. Sexual morality
4. Sexual immorality
5. What is the problem with sexual immorality?
6. Sexual orientation



Group Discussion: A Bible Study on Sexuality

Bible Study: Read 1 Thessalonians 4:3–7 and answer the following questions:

1. (Verse 3): What is sexual immorality?
2. (Verse 4): What does it mean to be holy and honorable? How can a person learn to control his or her body and sexual desires in a way that pleases God?
3. (Verse 5): What is lust?
4. (Verse 6): In the context of these verses, what does it mean to take advantage of someone? In what ways are people hurt when they have sexual relations outside of God's plan?
5. (Verse 7): What benefits do we gain when we decide to live a holy life in terms of sexual expression?

1. What Does the Bible Have to Say About Sexuality?

Few subjects provoke as much interest as human sexuality. This is not surprising, since God created it to play a very important role in the life of every human being.

Sexuality has also been a source of injury and conflict. A person does not have to look far, either in history or current events, to find examples of devastating abuses. People with different beliefs and convictions about sexual expression debate the issues in forceful terms of right or wrong.

This unit looks to the Bible to gain understanding of what God had in mind when He created men and women with their unique, yet complementary, sexual identities. According to God's plan, the expression of their sexuality would lead to the creation of new life. But it was also meant to go beyond the biology of re-

production. The relationship between a man and a woman would be a source of great pleasure, joy, contentment, and security. Moreover, it would form the most basic unit of human life, the family.

Many people find it difficult to talk about sex. It may seem like a topic that should be kept private.

Many people find it difficult to talk about sex. It may seem like a topic that should be kept private. Talking about it may feel uncomfortable or embarrassing. Even so, the Bible speaks very clearly about human sexuality. Genesis, the first book in the Bible, begins by describing the creation of man and woman and lays the foundation to help understand God's purposes for creating men and women as sexual beings.

- Genesis 1:27 says that “God created man in his own image, in the image of God he created him; male and female he created them.” According to His divine plan for humanity, God created the man and the woman with different sexual identities: the man with his male characteristics, and the woman with her female characteristics.
- Genesis 1:28 says, “God blessed them, and said to them, ‘Be fruitful and increase in number.’ ” After creating man and woman, He blessed their relationship. The man and woman would not only provide companionship for each other, they would create new life and form a family in which to raise their children.
- Some people are surprised to learn that Jesus talked about sex. Genesis 2:23–25 is quoted by Jesus in Matthew 19:4–6. It reads, “Haven't you read that at the beginning the Creator made them male and female, and said ‘For this reason a man will leave his father and mother and be united to his wife and the two will become one flesh? So they are no longer two, but one. Therefore what God has joined together, let man not separate.”

The statement that man and wife would become one flesh describes the physical union of their bodies. The declaration “What God has joined together, let man not separate” indicates that this union is intended to take place in the context of a permanent, committed relationship.

- Genesis 2:25 says, “And the man and his wife were both naked and were not ashamed.” These two were completely vulnerable and exposed and they felt completely safe and at ease. The sexual relationship between husband and wife is meant to be enjoyed without shame or embarrassment.

Terms Referring to Sexuality and Sex

Sexuality is more than just the physical act of having sex or the feeling of sexual desire that men and women experience in their bodies. It does not have anything to do with age, marital status, physical appearance, or even sexual activity. Sexuality is a natural, inherent part of every man and woman's nature that causes him or her to desire intimate connection with another human being.

The term *sex* is used in several different contexts. It sometimes refers to the biological differences between men and women: the different hormones, genetics, and sex organs that make someone male or female.

The word *sex* may also refer to gender, which describes certain characteristics and roles as either masculine or feminine. Gender is a cultural concept, and what is considered masculine or feminine is defined by culture (Balswick and Balswick 2008).

For example, people wear clothing that is considered gender-appropriate. In some cultures, men wear long robes, though in another place it would be considered feminine to wear dress-like clothing. In some places women never wear pants; they must wear skirts or dresses because pants are considered masculine and inappropriate. Culture may also dictate which family responsibilities, sports, jobs, etc., are considered masculine or feminine.

The word *sex* also refers to the physical act of having sex. Other phrases associated with this are sexual activity, sexual intercourse, and sexual relations or behaviors.

What is *sexual activity*? Though the answer may seem evident, the term often means different things to different people. In this unit, sexual activity is defined as actions that stimulate sexual arousal, and usually lead to sexual intercourse (vaginal, anal, or oral).

Personal and religious beliefs play a huge role in defining acceptable boundaries for sexual expression.

Personal and religious beliefs play a huge role in defining acceptable boundaries for sexual expression. Some people have narrowly defined sexual limits, and consider any type of stimulating touch to be sexual activity. Others have broader limits; if a physically intimate encounter doesn't end in intercourse, they do not consider it significant sexual activity. These broader limits are particularly influenced by what is acceptable in current culture and are often in conflict with more traditional values.

2. Sex and Marriage

The Bible is not prudish about sex. It offers many insights into human sexuality and illustrates how God created the sexual experience to play a unique and powerful role in married life.

First, sexual intercourse is a way to create new life. In Genesis 1:28, we read that God created man and woman. Then He blessed their union and told them to be fruitful and increase in number.

Second, sex moves husbands and wives to “oneness.” They become one flesh. Malachi 2:15 says, “Has not the Lord made them one?” In sexual intercourse, the husband and wife are drawn away from themselves to concern for each other. They care as much about each other as they care about their own sexual and emotional needs. Sex in marriage unites body, soul, and spirit.

The closeness that comes through this union creates profound intimacy, where each person is safe to share everything with the other: thoughts, feelings, bodies, and possessions. They do this without fear, knowing that they love each other as they love themselves—they have become one flesh.

Third, sex is for pleasure between husband and wife. The Song of Solomon is a collection of love poems that celebrates sexual pleasure between a husband and wife. These scriptures show how the lovers delight in each other physically and emotionally. This pleasure is like a magnet that keeps them turning to each other, taking their relationship to deeper levels.

Polygamy

Polygamy is the practice of a person having more than one spouse. It can be one man with multiple wives, or one woman with multiple husbands. The Old Testament is full of examples of polygamous marriages, mostly of men having more than one wife. The practice is not condoned in the New Testament. For example, in 1 Timothy 3:2, Paul states that an elder in the church must be the “husband of but one wife.”

Polygamy is the practice of a person having more than one spouse.

Polygamy is illegal in most western countries. However, it still exists in many places, usually among religious traditions other than Christianity. In societies where it is legally practiced, it is not considered unusual or immoral.

3. Sexual Morality

In the Bible, God, who is referred to as “your Father in heaven” in Matthew 7:11, gives specific instructions concerning sex. As Creator and Father, He gives these

principles to bless and protect His children. These principles are not always easy to follow, but they are not harsh or unfair. They are good and positive, bringing balance and blessing to life. Psalms 119:32 says, “I run in the path of your commands, for you have set my heart free.” When God’s children follow His commands, they find freedom and joy.

Most human activities are not categorized in moral terms of right or wrong. They are neutral, like eating, drinking, sleeping, and exercising. However, the Bible uses direct and strong language when addressing sexual behavior. It clearly indicates the relationships in which sexual expression should and should not be expressed. The idea of morality and immorality indicate which actions are right and which actions are wrong.

The Bible talks about sexual morality, which is sexual behavior that follows God’s commands concerning sexuality. When the Bible talks about sex in a positive way, it is always between a man and woman who are married to each other. It is encouraged and celebrated as one of God’s greatest gifts to a husband and wife.

The Bible talks about sexual morality, which is sexual behavior that follows God’s commands concerning sexuality.

Sex and the Married Person

When a husband and wife are faithful to each other, it is called sexual fidelity, or being faithful in marriage. In marriage, expressions of love and sexual desire are encouraged and blessed by God.

- Genesis 2:22 says that God brought woman to the man. Verse 24 says, “For this reason a man will leave his father and mother and be united to his wife, and they will become one flesh.” It is clear that the perfect context for “becoming one flesh” is within the marriage relationship.
- Proverbs 5:15–20 speaks of the sexual fulfillment experienced in a loving marriage when a husband and wife are faithful to each other.
- The Song of Solomon portrays the sensual, sexual relationship between a husband and wife. God intends for sexual expression to be a normal, fulfilling part of married life for the man and the woman. This sexual relationship is motivated not only by pleasure, but also by love and long-term commitment.
- 1 Corinthians 7:2–5 encourages a husbands and wife to come together in the physical union of sex. God wants each partner in the marriage to fulfill his or her spouse’s sexual needs and desires. This Scripture shows that a woman should be willing to have sex with her husband. It also

teaches that a husband is not to dominate his wife with his sexual desire; he should be sensitive to her needs and desires.

- Hebrews 13:4 says, “Marriage should be honored by all, and the marriage bed kept pure, for God will judge the adulterer and all the sexually immoral.” This verse communicates the idea that sex between two people married to each other is honorable and pure. It also implies that sex between two people who are not married to each other is outside of God’s perfect plan.

When someone gets married, this does not mean that he or she will immediately become sexually fulfilled. A healthy sex life takes time, patience, love and understanding. And marriage is the place where God blesses this special relationship.

Sex, Abstinence, and the Unmarried Person

Though the Bible clearly indicates that sexual relationships should take place only in marriage, people who are not married still experience sexual desires. Unmarried people have no reason to feel guilty or embarrassed by their feelings; they just have to decide how they will manage them.

Though the Bible clearly indicates that sexual relationships should take place only in marriage, people who are not married still experience sexual desires.

People choose to abstain from sex before marriage for a number of reasons:

- They are convinced they should abstain as indicated by their personal, moral, or religious convictions. Culture values and norms also influence an individual’s sexual decisions.
- They want to prevent pregnancy and sexually transmitted infections.
- They want to focus their energy on other projects, such as school or career goals.
- They do not feel ready for a sexual relationship.

God has given everyone the freedom to choose how they are going to manage their sexuality: will they decide to abstain from sex before marriage or not? In this lesson, sexual abstinence for an unmarried person is emphasized as a spiritual discipline: a voluntary choice, based on obedience to God’s commands, to wait until marriage to become sexually active.

Abstinence is not always a precise term and may mean different things to different people. For some, it means not having any type of sexual contact with anyone. Others may consider themselves abstinent if they aren’t having penetrative sexual intercourse, even though they are involved in other types of sexual

intimacy. (The progressive steps of sexual intimacy will be discussed in the following chapter.)

For some people, abstinence means that they are refraining from sex for a period of time. At some point in the future he or she may decide to become sexually active, and marriage may or may not be a part of the plan.

When talking about abstinence, the emphasis is usually placed on young people. However, people of all ages are faced with abstinence decisions. Someone who was married may lose a spouse through death or divorce and will have to deal with sexual desire. The memory of sexual intimacy from earlier times may leave him or her with a deep sense of loss, sadness, and frustration.

A decision for abstinence is not easy. A person must be convinced that it is the right decision for him or her. It requires self-awareness and a willingness to accept responsibility for one's own desires and actions. After choosing abstinence, a person may need to decide not to become involved in a relationship—or break out of one—that is moving towards sexual intimacy.

A decision for abstinence is not easy. A person must be convinced that it is the right decision for him or her.

For a number of reasons, some unmarried people do not choose to make a decision for abstinence. They may not hold the moral conviction that sex outside of marriage is wrong. They may feel this is an area of their lives that needs to be expressed if they are ever to be loved by another person. Others may be afraid that if they choose abstinence, they will never be able to have sex.

There is no easy solution to this dilemma. To simply say, “God wants you to be abstinent” or “Just be patient” does not make loneliness and sexual desire disappear from the life of someone who has chosen abstinence. Even with prayer, God does not always bring a spouse as quickly as a person may desire, causing frustration and sometimes anger against God.

As difficult as it may be, an unmarried person who chooses to follow God's commands can commit his or her frustration and disappointment to God. He does not condemn people for feeling frustrated or questioning why He does not seem to be responding to their requests. But God hears each prayer, even when answers are not immediately evident. Faith is what keeps Christians coming back to God when answers to prayer are long in coming.

4. Sexual Immorality

Much of what the Bible teaches about sex comes in the form of commands about what should not be done. When sexual behavior does not conform to God's plan, it is called sexual immorality.

Identifying sexual behavior that does not please God is not meant to be judgmental. It simply provides a foundation to help people recognize what He does not want us to do. By knowing what God says not to do, it becomes clear how He intends sexual desire to be expressed.

Adultery

Adultery is voluntary sexual intercourse between a married person and a person other than his or her spouse. It is mentioned dozens of times in the Bible, both in the Old and New Testament. In every context, it is clearly considered negative and destructive to each individual in the relationship. The following are just a few verses that refer to adultery:

- The most commonly cited verse on adultery comes from the Ten Commandments. Exodus 20:14 states, “You shall not commit adultery.”
- In Matthew 19:18, Jesus repeats the command of Exodus 20:14, “... do not commit adultery.”
- Proverbs 6:20–35 and Proverbs 7 contain strong words advising against adultery. Proverbs 6:32 states clearly, “But a man who commits adultery lacks judgment; whoever does so destroys himself.”

Fornication

The Bible uses the word *fornication* to refer to the actions of an unmarried person who has sex with an unmarried partner. Fornication also refers to a married person who has sex with someone other than his or her spouse. Some translations of the Bible use the term sexual immorality in the place of fornication.

There are many verses that speak negatively about sexual activity that takes place outside of marriage. These are just a few which establish that unmarried people should wait until they are married before they have sex.

Bible verses which speak of sexual immorality (including fornication):

- In Mark 7:21, Jesus speaks of sexual immorality as an evil that makes a man (or woman) unclean.
- Romans 13:13 commands people to behave “decently” and not in sexual immorality.
- 1 Corinthians 6:12–18 addresses the issue of sexual immorality. 1 Corinthians 6:18 states very clearly, “Flee from sexual immorality!”
- In Galatians 5:19, we read that anyone who lives in sexual immorality “will not inherit the kingdom of God.”
- Ephesians 5:3 says that it is improper for God’s people to allow even a hint of sexual immorality into their lives.
- 1 Timothy 1:9–10 names sexual immorality in a list of behaviors that are “contrary to the sound doctrine that conforms to the gospel concerning the glory of the blessed God.”

- 1 Thessalonians 4:3–4 says, “It is God’s will that you should be sanctified; that you should avoid sexual immorality; that each of you should learn to control your own body is a way that is holy and honorable.”

Homosexuality

Most of the teachings on sexuality in the Bible concern heterosexual sex, which is sexual attraction or sexual relations with a person of the opposite sex. It also talks about homosexuality, which is romantic or sexual attraction to people of the same sex. Many of the verses that talk about sexual immorality also speak of homosexuality.

- 1 Corinthians 6:9 includes homosexuality in its list of sexual behaviors that displease God “... Neither the sexually immoral nor idolaters nor adulterers nor male prostitutes nor homosexual offenders... will inherit the kingdom of God.”
- Romans 1:18–32 is a long passage that deals with a number of behaviors that displease God. It includes a description of same-sex relationships and the devastating effect it has on the individuals involved in this type of relationship.

Pornography

In today’s world, sexually explicit materials are available everywhere. Pornography portrays explicit images with the intention of stimulating sexual excitement. But it is not the pure, loving arousal between a husband and wife. It comes from looking at sexualized bodies and sexual actions of a person who is not a spouse. It is available in many forms: magazines, books, advertising, photos, and artwork. It is on the Internet and in movies, television, videos, and music.

The Bible talks about lust, which can be defined as intense, illicit sexual desire—the type of desire provoked by pornography. In the Biblical context, this would be the strong desire to have sex with someone other than a spouse.

- Matthew 5:27, 28 says, “You have heard that it was said, ‘Do not commit adultery.’ But I tell you that anyone who looks at a woman lustfully has already committed adultery with her in his heart.” The point is that even if a sexual sin is not committed with the body, it is sinful to imagine having sex with a person who is not a spouse.
- Colossians 3:5, 6 counsels against both sexual immorality and lust: “Put to death, therefore, whatever belongs to your earthly nature: sexual immorality, impurity, lust, evil desires and greed...”

In light of Biblical teaching about lust, it is clear that God is not pleased by the pleasure people gain when viewing scenes of sexual immorality. He wants His creation to keep their thoughts pure. Philippians 4:8 says, “Finally, brothers, whatever is true, whatever is noble, whatever is right, whatever is pure, whatever

is lovely, whatever is admirable—if anything is excellent or praiseworthy—think about such things!”

5. Sexual Orientation

The issue of same-sex relationships is very controversial in the Christian world. It has become such a huge issue that no discussion on sexuality can take place without including the subject. This section attempts to define some of the words and concepts associated with sexual orientation.

Sexual orientation is a person’s feelings of attraction to other individuals in order to fulfill his or her sexual, romantic and emotional needs (Hedgepath and Helmich 1996). The following is a list of terms that are often used when talking about sexual orientation.

- *Heterosexual*. A person who is attracted to people of the opposite sex is called heterosexual. Heterosexual people may be referred to as “straight.”
- *Homosexual*. A person who is attracted to a person of the same sex is called homosexual. A female homosexual is referred to as a lesbian. The term gay is used to describe both male and female homosexuals, but most often refers to a homosexual male.
- *Bisexual*. Bisexuality is another sexual orientation, where a person is attracted to both men and women.
- *Transgender*. This is a term that often is included when discussing sexual orientation, though transgender does not describe a specific orientation. Rather, it describes a person whose gender identity is different from his or her birth sex (American Psychological Association 2009). In other words, the person’s gender identity (psychological identification as a man or woman) does not match the person’s physical sex (identification based on sexual organs).

The abbreviation “GLBT” stands for the words gay, lesbian, bisexual, and transgender. This abbreviation is commonly used in the media when talking about sexual orientation.

In recent years, the term “men who have sex with men,” or “MSM,” has replaced the term homosexual male. This is a broad term, encompassing homosexual, bisexual, and transgender males. It also encompasses men who describe themselves as heterosexual, but who have sex with men.

Churches that adhere to a conservative interpretation of Scripture tend to take a strong position against homosexuality. Their conviction is that sex is intended by God to be expressed in a marriage between one man and one woman.

Churches that are more liberal do not always hold the same convictions. A common belief is that love between two people is the most important element in a

relationship. From this viewpoint, the genders of the couple do not matter as long as they are committed to the well-being of their partner.

Based on scriptures that address homosexuality, it is evident that God has declared great displeasure at homosexual conduct. However, if sexual sin is considered to be any sexual behavior that doesn't conform to God's commands, then homosexual sin is no more and no less displeasing to God than heterosexual sin. This approach considers all sexual sin to be displeasing to God, going against His plans for sexual relationships to take place between a husband and wife in marriage.

If Christians approach homosexuality with judgment and criticism, people struggling with the complex issues of sexual orientation will never hear them.

The argument about homosexuality has been going on for centuries. Theologians, scientists, and researchers currently debate whether homosexuality is genetically determined or if it is caused by environmental factors and personal choice. Too often, the discussion has turned into angry words and accusations from everyone involved.

Millions of people around the globe are caught between conflicting messages. One side takes a strong position against homosexuality. The other side encourages people to explore their sexual identities. If Christians only approach the subject with judgment and criticism, people who are struggling with the complex issues of sexual orientation will never hear them.

Christians must consider the approach Christ would have them take when facing someone they do not agree with, even as it relates to issues of sexuality. It is difficult for someone in a homosexual lifestyle to accept a Christian's position against homosexuality because it often sounds like he or she is being condemned. Harsh words and insults (on either side of the debate) only serve to discredit what may be a legitimate argument. It is essential for Christians to face this issue with a Christlike attitude, speaking their convictions in Christian love.

Consider two examples in scripture that show how Jesus dealt with people who had been involved in sexual immorality: John 4:4–43 and John 8:1–11. Though these are cases of heterosexual sin, the principles are clear. Jesus did not condone immoral behavior, but he did not follow the pattern of religious leaders in immediate, outright condemnation of the guilty. In both instances his compassionate nature shone through as he interacted with the accused. In the case of the woman described in John 8, Jesus said to her, “Go now and leave your life of sin.”

6. *What's the Problem with Sexual Immorality?*

The Bible explains why sexual relationships outside of God's perfect plan are so devastating:

- 1 Corinthians 6:12–20 develops the idea that our bodies are meant to serve God. If we disobey God's commands concerning sex, we are not only hurting our bodies, we are dishonoring God.
- A common argument in favor of sex outside of marriage is, "If it feels right for me, and it doesn't hurt anyone else, it is not wrong." These verses dispute that logic, saying that even though sexual immorality may seem permissible, it is ultimately destructive.
- God does not want us to take advantage of another person by committing sexual immorality. 1 Thessalonians 4:3–8 instructs us to avoid sexual immorality because it is a sin not only against our own bodies, but also against the sexual partner. If we disobey His commands, there are negative consequences for everyone involved.

Even when someone has made sexual mistakes, there are many verses that show that God will always forgive and help a person to make good decisions.

- David wrote Psalm 51 after he had committed adultery with Bathsheba. It is a beautiful example of confession and forgiveness that applies to anyone who has ever sinned.
- John 8:1–11 tells the story of the woman caught in adultery. Instead of condemning the woman, Jesus forgave her, told her to go on her way, and to leave her life of sin.
- 1 Corinthians 10:13 tells us that God will give strength to anyone who wants to make a break away from behaviors that do not please Him.

Every person must decide what he or she believes about God's commands. What is his or her personal responsibility for sexual behavior that goes against Scripture? Repenting from sinful actions leads to forgiveness and salvation through Jesus Christ. God doesn't want people to live in guilt after confessing their sin to Him and changing the direction of their lives. His forgiveness is complete! After confessing wrong actions, God helps people live in a way that pleases Him. To continue to live in guilt and condemnation is not God's plan for people who have come to Him for forgiveness.

CHAPTER 2

How to Make Good Sexual Decisions



Key Points

1. Sexual desire, self-control, and personal decisions
2. The human desire for intimacy
3. Why it is best to wait until marriage to have sex
4. Understanding sexual temptation
5. The progressive steps of sexual intimacy
6. Setting boundaries
7. Starting over



Role-Play

A young woman is getting ready to go out with a group of girlfriends on Friday evening. Her phone rings; her best friend is calling her.

Sara: *My parents just told me they're spending the night at my aunt's house, so our plans have changed!*

Christine: *Are we still going to watch a video at Stacy's house?*

Sara: *No way! The guys are going to pick up some beer and everyone is coming here. It's going to be so fun, and my parents won't be back until tomorrow afternoon.*

Christine: *Do you think that's a good idea? I'm only 17, and I know my parents don't like me to be around drinking.*

Sara: *Christine, you really need to grow up. You're getting boring.*

1. Sexual Desire, Self-Control, and Personal Decisions

Self-control is the ability to control behaviors and desires. In a biblical context, sexual self-control implies making a deliberate decision to control sexual desire until it can be expressed with the right person (a husband or wife) in the correct context (marriage).

To experience sexual desire is a normal part of human existence. Yet God has given every man and woman the ability to control his or her sexual desire. Everyone must make decisions about how they are going to manage their sexuality.

- Married people make decisions about sexual self-control and fidelity to their spouse. In Christian weddings around the world, when a man and woman get married, they promise to be faithful to their spouse for the

rest of their lives. It is one of the most important promises a person will ever make. Even after marriage, each spouse must determine how he or she is going to live out that promise to his or her spouse.

- Single people make decisions about sexual desire and abstinence. An unmarried person is faced with a choice: will he or she make a decision for abstinence or choose to become sexually active before he or she is married?

After making a decision for abstinence, some single people may want to change their decision. Choosing abstinence may not be an easy choice, but it is not impossible. Even if a single person has already had sex, he or she can still make the decision not to have sex again until after he or she is married.

People give many reasons to explain why they do not choose fidelity or abstinence:

- Some people do not believe that this is the right choice for them. They believe everyone should be free to do what he or she feels is best for his or her life.
- Some have said that abstaining from sex when they want to have it is unhealthy. They might believe that sex is a biological function necessary for life like food, water, and sleep.
- A person may claim that his or her sex drive is so strong it cannot be controlled.
- People may believe they need to practice sexual techniques in preparation for marriage or have sex before marriage to determine if they are sexually compatible.
- It has even been said that it is impossible for a man to stay faithful to his wife; the desire for different women is the same as wanting to taste a variety of different foods.

Genesis chapter 1 indicates that God created both humans and animals with the instinct to reproduce. While animals have no control over their instinct to reproduce, men and women have the ability to make decisions about their sexual desires. They can choose whether or not they will have sex, and they can resist sexual instincts.

2. The Human Desire for Intimacy

Every human being has the need for intimacy. Intimacy is the feeling of being deeply connected to another person. Here are definitions for three different types of intimacy: emotional, physical, and sexual:

- *Emotional intimacy* develops in close relationships when someone is assured that the other person knows his or her true self and loves him or her without reservation—in spite of flaws and imperfections. With that

comes the sense that the person is truly accepted by the other, and there is safety and security in the relationship.

- *Physical intimacy* is expressed in relationships by simple physical gestures between people who have developed a sense of emotional intimacy: laying a hand on a shoulder, putting an arm around a waist, pulling someone comfortably close without a sense of menace or impropriety. Mothers, fathers, aunts, and uncles hold children close, bringing a sense of security and love. Children are sometimes more comfortable than some adults in expressing physical touches with their siblings, cousins, and friends. Adults may need to feel emotional intimacy before being comfortable with physical intimacy with another adult.
- *Sexual intimacy* occurs when two people become sexually involved. Sexual intimacy usually leads to sexual intercourse, but it includes any intimate physical contact between two people that leads to sexual excitement.

Sexual intimacy is more than the joining of two bodies. Sexual intimacy develops in its truest sense when two married people make a commitment to love and be faithful to each other for the rest of their lives. When this mutual love and trust is present, true intimacy develops and thrives.

Children and teenagers need emotional and physical intimacy. Relationships between parents and children start to change as children reach their teenage years. As children get older, their bodies start to change and develop sexually. They become aware of sexual attraction. As this awareness increases, they begin to develop the desire for intimacy on a sexual level. This desire for sexual intimacy is a natural process in the development of every young person.

The desire for emotional, physical, and sexual intimacy is a powerful force that brings a couple together in marriage. Marriage is a union of mind and body and a commitment to be faithful to each other. In marriage, sexual intimacy expresses the deepest feelings of love and leads to great physical and emotional satisfaction for the couple.

Marriage is a union of mind and body and a commitment to be faithful to each other.

3. Why Is It Best to Wait Until Marriage to Have Sex?

Throughout history, people in diverse cultures and from many religious traditions have believed in the principles of abstinence and fidelity. In some cases, they practice them without bringing God or Scripture into their convictions. Other belief systems do not include abstinence and fidelity in their value system. However, even if a person or culture does not embrace these principles, it does not invalidate their value.

Though sex is a physical act, it affects more than just a person's body. It is tied to interactions between body, mind, and spirit. As a result, sex outside of marriage may have an impact on many facets of a person's life.

Physically, sex with someone other than a mutually faithful, infection-free partner can have harmful consequences on the body, such as HIV/AIDS, sexually transmitted infections, unplanned pregnancies, and sometimes abortion.

Casual sexual relationships can affect a person emotionally. These encounters do not usually lead to lasting relationships, and people often suffer emotional pain when these relationships end. If a person was looking for love through sex, he or she will be disappointed and hurt when a sexual relationship does not lead to lasting love.

When a person has sex before he or she is married or with a person other than a spouse, he or she will always have the memory of that experience. If the experience was pleasurable, the memories leave a person wanting what he or she cannot have. This brings guilt and frustration that God never intended for us to live with.

Spiritually, when someone willingly disobeys God's commands concerning sex, his or her spirit is deeply impacted.

If a person has had a bad sexual experience or has been forced to have sex against his or her will, those memories are painful to live with. They may cause problems when the time comes to have intimate relationships in marriage. Someone in this situation may need counseling to help him or her deal with the negative implications on his or her life. The person he or she marries will need to be supportive and understanding of these difficulties.

Spiritually, when someone willingly disobeys God's commands concerning sex, his or her spirit is deeply impacted. God's ideal plan is that every time a person has sex, it would be with the person to whom he or she is committed for life. If someone has sex with a person other than his or her spouse, that person takes with him or her the knowledge of the other person in the most intimate sense.

It can be difficult to wait until marriage before having sex, but there are many benefits to be gained. By waiting, a person:

- avoids the risk and fear of HIV and other sexually transmitted infections.
- avoids the fear and consequences of an unplanned pregnancy.
- avoids the emotional stress and pain that sex outside of marriage can bring.
- avoids bad memories accompanied by fear and guilt.

- avoids the pain of breaking up with someone he or she may have grown to love.
- experiences the joy of sexual discovery within the trusting, loving relationship of marriage.

4. Understanding Sexual Temptation

God has created all things, including every man, woman, and child. This belief is critical to the argument for sexual morality: “If God created me, He has the right to instruct me on how I should manage my sexuality.” His instructions always have a positive impact on a life. By living in obedience, a person can avoid situations that have potentially negative consequences on his or her life.

Sin is a conscious action or a thought that disobeys God’s commands. Sometimes what God considers sinful (according to the Bible) may not appear harmful at first. But in the end, sin always has negative consequences. It disrupts a person’s relationship with God and exposes him or her to the harmful consequences that come as a result of those actions.

Temptation is a craving or desire for something that is considered wrong or sinful. Giving in to temptation (that is, what the Bible instructs us not to do) is to sin against God.

Temptation is a craving or desire for something that is considered wrong or sinful.

Since sexual desire is natural, some people wonder if it is practical or reasonable to expect people to limit their sexual expression to just one person within marriage for life. A person may decide to have sex with someone he or she is not married to, even if he or she believes it is wrong. He or she may even enjoy that relationship and feel happy with it. But in the end, giving in to sexual temptation is harmful. It hurts the individual who has decided to sin and the person with whom he or she is sinning.

There are many reasons a person may be tempted to have sex with someone who is not his or her spouse.

- Some people want to have sex simply because they’re experiencing sexual desire.
- When two people who are not married love each other, they might decide they have the right to show their love to each other by having sex.
- Sometimes people are hungry for love and think that having sex will make someone love them.
- Some people who are unhappy in their marriage may seek love and comfort with another person.

Spiritually, it is reasonable to believe that people can learn to manage their sexual desires and resist temptation. When someone makes the decision to manage his or her sexuality according to God’s plan, God can reinforce that decision by the help of the Holy Spirit.

The Bible says in 1 Corinthians 10:13, “No temptation has seized you except what is common to man. And God is faithful; he will not let you be tempted beyond what you can bear. But when you are tempted, he will also provide a way out so that you can stand up under it.”

Calling on God for help to resist sexual temptation is not a magical formula to make sexual desire disappear. It still has to be dealt with. However, confessing sexual temptation to God allows a person to ask Him for spiritual strength to resist. His response is to send supernatural strength through the Holy Spirit, who helps all who are committed to avoiding and resisting temptation.

Confessing sexual temptation to God allows a person to ask Him for spiritual strength to resist.

To find this spiritual strength, it is necessary to pursue a relationship with God. Read the Bible and find ways to apply biblical truth to everyday life. Pray every day and confess sins and sinful thoughts to God. When people intentionally develop an intimate relationship with God, He gives inner strength to make good sexual decisions and resist temptation.

5. The Progressive Steps of Sexual Intimacy

After making a decision to follow God’s plan for sex, a person should avoid situations where he or she will be tempted or pressured to change that decision. For example, if a person gets into a situation where someone is pressuring him or her to have sex, it may be difficult to say no. If two unmarried people are attracted to each other or are in love with each other, they may find it difficult to refrain from sex.

Physical intimacy between two people who are attracted to each other can quickly lead to sexual intimacy. Sexual intimacy most often leads to intercourse. However, being sexually intimate is more than the act of intercourse; it is all intimate physical contact that leads to sexual stimulation. This includes any act that is sexually stimulating, such as touching sensitive body parts such as the breasts and the area of the sexual organs. This type of touching arouses the couple to such a level that it naturally leads to the two bodies coming together as “one flesh.”

Many people ask the question: How far can I go in a physical relationship before I cross the line into sin? This is an honest question. It is helpful to consider how men and women respond to progressive levels of physical intimacy and sexual arousal.

Each person should determine how far he or she will allow intimacy to progress before it reaches a point where it will be difficult, if not impossible, to stop the act of sexual intercourse from occurring. This may be a different place for each person, depending on past experiences and level of self-control.

So how far is too far? Consider the progressive steps of intimacy that lead to sexual arousal and sexual intercourse (Care Net of Puget Sound 1998). Not every couple will move through these steps in the same order, and at any time, a person can decide not to progress any further.

1. **Meeting.** Any relationship starts when two people meet for the first time. A relationship may start to develop immediately after meeting someone new, or it may begin to develop after they have known each other for a long time.
2. **Spending time together.** It is normal for two people who are attracted to each other to want to get to know each other better. They may spend time with each other's family or with other friends, talk on the phone, send text messages, and go on dates or other outings. They may look for places where they can be alone together, to talk and discover new things about each other.
3. **Simple touching.** When two people are attracted to each other, they enjoy establishing contact by touching. These may be light touches on the arm or leg, placing an arm around each other's waists or shoulders, or holding hands. In some cultures, simple touching is a sure sign of increasing physical attraction and intimacy, while in others it is just a sign of friendship.
4. **Simple kiss.** A quick brush of lips usually indicates that at least one person has decided that he or she would like the relationship to become more intimate. If the other person does not want the relationship to progress, he or she should stop any further physical contact.
5. **Prolonged kissing.** The move from a simple kiss to a prolonged kiss indicates that the relationship is progressing to a more intimate level. Both lips and bodies are touching, and sexual awareness of the other person becomes intense.
6. **Deep tongue kissing.** When kissing includes inserting the tongue into the mouth of the other person, sexual arousal becomes intense. Sexual arousal is the state of feeling intense sexual desire. This step quickly leads to petting.
7. **Petting.** Petting involves touching sensitive areas of the body above clothing, under clothing, or with no clothing at all. These sensitive areas include the breasts and the area of the sexual organs. People who practice oral sex may stop at this point without moving on to vaginal or anal intercourse.

8. **Sexual intercourse.** Sexual intercourse is the predictable result of sexual arousal. Sexual intercourse is completed when a man inserts his erect penis into the vagina of the woman.

Two people who are sexually aroused may decide at the last moment that they do not want to have sexual intercourse, but it is difficult to reverse this progression. However, even if a person has arrived at this last step and decides he or she does not want to have intercourse, that person has the right to stop.

6. *Setting boundaries*

A boundary is a line that separates. For example, consider the eight steps of intimacy that lead to sexual intercourse. If a couple passes the fourth step and become involved in a prolonged kiss, in most cases one or both of the partners will begin to experience sexual arousal. They have crossed a boundary where physical intimacy starts to change into sexual intimacy.

If a person has decided that he or she does not want to have sex, it is important to avoid situations that lead to sexual arousal. He or she should set boundaries in physical relationships with people of the opposite sex.

If a person has decided that he or she does not want to have sex, it is important to avoid situations that lead to sexual arousal.

Read again “The progressive steps of sexual intimacy.” Decide at what point a person crosses the line from simple physical contact to the type of contact that leads to sexual arousal. If someone has determined not to have sex, he or she must know where to stop in order to avoid situations that lead to sexual intimacy.

When determining how far a person will allow intimacy to progress before sexual arousal takes place, it is important to be honest. A person must be clear about his or her decision and not become involved in a relationship that leads another person to believe that he or she is willing to “go all the way.”

- First, if the person knows that he or she does not want to have sex, it is not right to provoke the other person into a state of frustrated sexual desire.
- Second, when arousal becomes intense, it can get out of control very quickly. What begins as a simple kiss can turn into a sexually charged embrace in a very short time.

It is best to determine intimacy boundaries before a person finds himself or herself in a situation that is heading towards intercourse. But what can be done if someone is pressured or tempted sexually? It can be difficult to refuse a sexually manipulative person, who threatens to leave the relationship if the other person refuses sex. And to be truthful, it can be difficult to resist temptation

when two people are in love and want to express their feelings through a sexual relationship.

Some practical advice: **AVOID THE SITUATION!** The following ideas may help a person avoid a difficult situation, or remove him or herself from an uncomfortable situation.

- If someone is pressuring you into a relationship that you do not want, you have the right to refuse him or her. If you have already started something, you need to get out of it. You may need to communicate that you do not want the relationship to progress. State your decision clearly and confidently. You can simply say, “This is not going to work. I am not going to see you again.” You do not need to argue or defend your position when you know this is the best action for you to take. Do not keep seeing the person after you have made your decision clear.
- If you are sexually attracted to someone, avoid places where you will be alone together. Being alone and isolated, where no one can see you, encourages physical intimacy and can quickly lead to sexual intimacy. Always stay in places where other people will see you.
- If someone tries to get alone with you, suggest another activity. Any suggestion is valid; for example, “I’d rather watch the football game,” “I need to go to the store,” or “I’d really like to visit my friend.” Or just say that you have to leave because you have something else to do. Again, you do not have to argue or defend your decision.
- Avoid drugs and alcohol. The effect of these substances changes the way a person makes decisions. Many people who would not normally give in to sexual pressure do so when they are under the influence of alcohol or drugs.
- Trust your intuition! Some people can be very subtle when they are making sexual advances. They may try to manipulate you to get what they want by using lines that make you feel guilty. “If you leave me, I’ll be so lonely and discouraged.” “Why don’t you trust me? I’ll never do anything you don’t want to do.” “I just want to touch you, and I know you want me too.” If someone uses these lines on you, he or she is probably not trustworthy.
- If for any reason you find yourself in a situation where you are feeling pressure to have sex, resist firmly with your words and with your body movements. Leave immediately! Even if you have passed the boundaries you have set for your physical relationships and you and your partner have become sexually aroused, you still have the right to refuse sexual intercourse.

7. Starting Over

Many people have already made sexual decisions that they regret. But remember, no one is perfect, and making mistakes is an unfortunate part of the human condition. Even with all these imperfections and sinful actions, God's love for His creation transcends it all! God longs for His creation to come to Him and confess their sin and faults. He desires to forgive every man and women from past sin and make them strong in future days.

Some people who have already had sex feel guilty when they hear messages about abstinence or fidelity. They may think it is too late to change. But with God, it is never too late to change behavior and start making good decisions about relationships and sexual activity. God's forgiveness is complete, and His forgiveness brings hope and new life to everyone who asks for it.

But how can a person get past the guilt that keeps him or her from making the decision to change? Consider the following steps:

- Ask God for forgiveness and ask Him to heal your mind from past sexual experiences. Forgiveness brings a new beginning. Knowing that you are forgiven keeps the memory of bad decisions made in the past from haunting your mind in the present.
- Do not allow pleasurable memories of past sexual encounters to give you continued pleasure. Sex outside of God's plan is sin! If we draw pleasure from sinful memories, it not only displeases God, it can distract us from the decision we've made not to have sex again outside of God's plan.
- Make your relationship with God the most important relationship in your life. When He becomes most important, we make decisions that please Him. His plan for sexuality might be difficult to follow, but it is what He wants from us. Pleasing Him becomes more important than gaining sinful pleasure for ourselves.
- Work at developing self-control. God created us with the capacity to experience sexual desire, but He also gave us the responsibility to manage those desires. Do not fill your mind with things that fuel those desires.

If you have sexual sin in your life, and want to get right with God, you can pray the following prayer:

God, I admit to you that I have disobeyed your commands concerning sex. I ask you to forgive me for my sinful actions. Please help me to live my life in a way that pleases you. Help me to recognize sexual temptation. Give me strength and wisdom to avoid situations that tempt me to disobey your commands. Help me to control my thoughts about sex, and help me not to let thoughts about sex take hold of my mind and control my actions. Thank you for forgiving me; in the name of Jesus I pray, amen.

CHAPTER 3

Understand and Manage Sources of Sexual Pressure



Key Points

1. Cultural values and sexual behavior
2. Parents as role models
3. Understand the sources of sexual pressure
4. Recognize sexual advances
5. How to say NO to sexual pressure



Role-Play

Paul and Thomas have just left a friend's house. During their visit, they ran into a woman they knew when they were students in university together.

Paul: *I was surprised to see Carol tonight; I haven't seen her for years. She is still as sexy as she was when we were students.*

Thomas: *That's right; you really liked her when we were younger. I remember that she refused to sleep with you! She really made you mad.*

Paul: *Yeah, she wouldn't let me get near her! She told me that she had decided not to have sex until she was married. There's no way I could stay in a relationship like that.*

Thomas: *No wonder she's still single. She'll never get married if she keeps on acting hard to get.*

After learning what God says about sex, each person must learn to apply these principles to his or her life. This chapter offers parents some ideas about discussing sexual pressure with their children, helping them identify sources of sexual pressure, and learning how to manage pressure they may experience to have sex before marriage.

1. Cultural Values and Sexual Behavior

In many cultures, previous generations grew up with a value system that did not consider it appropriate for adolescents to become sexually active before marriage. Sexual relationships outside of marriage were forbidden by cultural and familial values; it was a matter of family honor for young people to abstain. Parents may not have explained everything about sex, but they made sure that their children were following culturally acceptable sexual standards.

In some places, cultural attitudes that at one time placed a high value on abstinence and fidelity no longer exist or are considered old-fashioned. Conservative sexual values have been replaced with a system that encourages people to express their sexuality in a way that is personally fulfilling for them as individuals. People are freer to experiment with more sexual partners, and in many cases, they do so without taking measures to protect themselves and their partners. (Protected sex includes using condoms to prevent against infection and pregnancy.) All this has led to rapidly growing numbers of pregnancies before marriage and sexually transmitted infections, including HIV/AIDS.

In certain value systems, abstinence before marriage and fidelity after marriage are not highly valued. As long as it fits within other parameters of what is considered right and wrong, it is not considered inappropriate for people to be sexually involved before marriage, or to have multiple partners before and after marriage. These behaviors are accepted and considered normal by parents, elders, and other people of influence in the group or society.

2. Parents as Role Models

Parents have the unique privilege of teaching and modeling for their children the things they need to know in order to live safe, productive lives. Children learn about relationships between men and women by watching their parents and other adults involved in their lives. From the time they are very young, children are capable of observing love and peace in the family. They learn about relationships between men and women by observing how their parents treat each other. When children see their parents treating each other kindly and with respect, it provides them with a sense of security. It gives a good example for them to follow in the future.

Parents have the unique privilege of teaching and modeling for their children the things they need to know in order to live safe, productive lives.

On the other hand, if there is anger and violence in the family, this is what the child observes. A boy who has seen his father be angry and unkind to his wife may possibly grow into a man who is unkind to women. If the woman is unkind and critical towards her husband, the child may learn to follow the same pattern.

A child is also able to detect the tension in a marriage when a husband or wife is sexually unfaithful. When a child is older and realizes that a parent has been unfaithful, he or she will have to deal with the emotional consequences that come along with parental infidelity.

Parents have a responsibility to treat their children with respect. When children are shown respect by their parents, they learn that they are valued as human be-

ings. They learn healthy patterns of interaction that they apply to other relationships in their lives.

Children who are not treated with respect may not develop the confidence they need to defend themselves against people who want to take advantage of them. They may be more inclined to get involved in abusive relationships since they have not learned that they deserve to be treated respectfully.

When children have been insulted, abused, or treated disrespectfully, they will not realize how much God loves them. If they do not recognize how greatly God values them as individuals, it will be difficult to understand how much God values their sexuality. Tragically, this ignorance may lead them to make unhealthy sexual decisions, negatively impacting their lives on many levels.

3. Understand the Sources of Sexual Pressure

Many factors influence a young person's sexual behavior, putting pressure on them to become sexually active. Pressure comes from many sources. It is important for young people and their parents to identify different sources of sexual pressure. By talking with their children, parents can help their children learn how to manage these sources of pressure and make good decisions concerning their sexuality.

Peer Pressure

Every day, young people live with pressure from their friends and peers (people in the same age group) to behave a certain way. Some of this pressure is negative and influences the young person to do things that have negative consequences on his or her life or health. Examples of negative actions might be disobeying parents, skipping school, breaking laws, smoking cigarettes, taking drugs, drinking alcohol, having sex, etc.

Children may be influenced by friends who claim that having sex is a sign of maturity. They brag about their sexual exploits and claim to have had many partners. They do this so others will believe that they are independent and mature, though in reality they may not be telling the truth. These types of friends put pressure on children to do things they might otherwise not become involved in.

Drugs and Alcohol

Most parents do not want their children to use alcohol and drugs, and discourage their children from being around people who do use them. Parents know that alcohol and drugs affect a person's ability to think clearly and reasonably. These substances reduce sexual inhibitions, leading to irresponsible sexual behavior. If a child becomes friends with other young people who use drugs and alcohol, parents know their children might suffer negative consequences because of their actions.

Cultural Pressure

In many cultures, adolescent boys are encouraged to “become men” by having sex. Cultural values authorize boys, young men, and adult men to have multiple sexual partners.

Unfortunately, double standards exist in many places. Men are encouraged to have sex, but women are judged harshly if they do. Men place pressure on girls and young women to have sex, yet somehow women are expected to be sexually inexperienced when they marry—even though boys and men have been pressuring them to have sex.

Of course, in some places there are no restrictions for men or women. Women—young and old alike—may have as many partners as their male counterparts. They learn to flirt with men and gain their favor in order to extract what they want from them in exchange for sex. And there are women who like sex as much as men and for this reason they have many different partners.

For example, in some cultures, women are expected to prove they are fertile by having a child before they are married. In this situation, when a culture tolerates and even encourages such behavior, it becomes extremely difficult to refuse sexual activity before marriage. A young woman may agree to have sex with a man to get pregnant, in hopes that he will marry her. But too often, after the man gets what he wants, he abandons the woman and leaves her and the baby to her own resources.

Media Pressure

The media is one of the most powerful influencers of behavior in modern society. The media (television, movies, videos, music, the Internet, etc.) gives the impression that everyone is having sex. This message has become accepted as part of normal societal values. The media portrays sexually active people as popular and desirable. But very rarely do the media show how sex outside of marriage negatively affects people: broken hearts, ruined reputations, pregnancies, sexually transmitted infections, and HIV/AIDS.

4. Recognize Sexual Advances

When a person is confronted by sexual pressure, it may be difficult to explain why he or she does not want to have sex. If the person who is demanding sex has a strong, persuasive personality, it may be difficult to refuse him or her.

In order to resist sexual pressure, everyone needs to know how to recognize sexual advances. A sexual advance is defined as a statement or action that one person makes towards another with the intention of communicating that he or she is sexually interested in the other person.

A sexual advance can take many forms. Sometimes it is very aggressive; the person comes right out and says, “You’re so beautiful and I’m so attracted to you. You’re all I think about; please don’t say no.” Or, “I love you so much; I need to have you next to me.” Sometimes they use aggressive physical movements, moving in close and touching the body aggressively.

A sexual advance can take many forms.

But there are also more subtle forms of sexual advances. The person making the advance may use soft, seductive words to test if the other person might be interested. He or she makes flattering remarks about the person’s character or appearance, or makes conversation about what he or she thinks the other person is interested in. Slowly the aggressor moves in a little closer than what is usually acceptable, and may try to touch the other person in a way that “just doesn’t feel right.”

If someone doesn’t have very much experience with the opposite sex or if he or she is naïve, it may be awkward to identify or acknowledge sexual advances. But the person making the advance, however aggressive or subtle, is deliberately sending signals that indicate he or she wants to have sex. If someone suspects that he or she is picking up these signals but is not completely sure, it is important to trust the instincts that cause alarm. It is easy for a sexually manipulative person to make a sexually naïve person feel intimidated. No one should let another person take advantage of him or her!

5. How to Say NO to Sexual Pressure

When two people respect each other, a simple “no” should be enough to communicate their desire not to do something. Unfortunately, one person may not respect the other person’s desire not to become sexually involved. He or she may put enormous pressure on the other person to say “yes,” even when the other person has already refused.

After someone has made a decision not to become sexually active before marriage, it may be necessary to communicate that decision. Everyone can learn how to say “no” to sexual relations. The following sections give some ideas on how to manage sexual pressure.

Saying “NO” with Words

After making a decision not to have sex, a person may still find himself or herself in a situation with a man or woman pressuring him or her to get involved sexually. In this case, there is a need to clearly and firmly communicate to the person making the advance that this decision is final.

- Be confident! Say “No” in a firm voice. After you have said no, do not stay in the presence of that person. If you stay, the person may not believe

you are serious about your decision or think that you might change your mind. You do not need to explain why you have decided not to have sex or why you are leaving. Just leave!

- If he or she tries to follow you or force you to stay, you may need to raise your voice and say “NO!” again. Don’t be embarrassed to raise your voice or call for help.

Saying “NO” with Body Language

There are many ways of communicating a decision, and using words is just one of them. Body language is another form of communication. It is defined as a form of communication that is “non-verbal,” using facial expressions, body positioning or movement to communicate instead of, or in addition to, using words. A person should always be aware of what his or her body language is communicating to people of the opposite sex.

Certain ways of moving the body express sexual intentions—the fact that someone does or does not want to have sex. Consider the following example of body language between a man and a woman:

A young woman is sitting on a bench. A man comes to talk to her, and stands right next to her. After a few minutes, he sits down next to her. Soon he moves closer, and his leg is touching her.

As he talks to her, he lightly touches her arm several times with his hand. After a short time, he leans closer to her and slips his arm around her waist. He flatters her and compliments her, telling her she looks very pretty today and her hair smells so good.

Long ago, the young woman decided that she did not want to have sex before she was married. But right now, she finds herself with a man who is making a sexual advance towards her, even if he is not saying it with his words.



Questions

- What should she do as soon as he sits down?
- What should she do when she starts feel uncomfortable?
- What should she say to the man if he tries to convince her that he is not trying to become intimate with her?

CHAPTER 4

Age-Specific Teaching about Sexual Development and Reproduction



Key Points

1. Definition of youth, childhood, and adolescence
2. Adolescence: The journey from childhood to sexual maturity
3. Talking to children about sexual development and reproduction
4. Age-specific teaching for children aged 5 to 8
5. Age-specific teaching for children aged 9 to 11
6. Age-specific teaching for children aged 12 and older

1. Definition of Youth, Childhood, and Adolescence

Around the world, the term *youth* generally refers to a period of time that is between childhood and adulthood. The age limits that define youth vary between cultures.

The United Nations defines youth as people between the ages of 15 and 24 years. By this definition, children are people under the age of 14. The term youth can further distinguish between teenagers (13–19) and young adults (20–24), since these two groups face different life issues (United Nations, under “What does the United Nations mean by ‘youth’”).

Adolescence is a period of time in a child’s life between puberty and sexual maturity. Depending on the child, puberty starts as early as 10 years of age or as late as 16 years of age. During puberty, a child’s body matures into an adult body, becoming capable of sexual reproduction.

2. Adolescence: The Journey from Childhood to Sexual Maturity

During adolescence, children grow emotionally, physically, and sexually. Emotionally, they experience many new feelings as they become independent from their parents. This time is stressful for children and parents alike. Children may doubt what their parents say and think their own solutions for life’s problems are better than those of their parents. They may believe their parents are unfair when they make rules, and rebel against parental authority.

As the bodies of adolescents become sexually mature, they become increasingly aware of their sexuality and begin to experience sexual desire. These feelings may draw them towards people they find sexually attractive. Sexual attraction

is difficult to define, yet it is sometimes described as “clicking with another person” or a feeling of “sexual chemistry.”

It is normal and natural for adolescents to experience sexual desire. There is nothing shameful about it because it is part of God’s design. However, if parents do not teach their children how to manage their sexual desires, children will follow the examples around them (friends, media, etc.), and parents may have little control over those influences. This is a compelling reason to help adolescents understand the changes in their bodies along with their changing desires and feelings.

It is normal and natural for adolescents to experience sexual desire. There is nothing shameful about it because it is part of God’s design.

In secular society there is some controversy over whether or not an adolescent should wait to have sex until he or she is an adult and married. Many people—including some educators and parents—believe that if a young person willingly decides to have sexual intercourse and uses proper methods to protect against pregnancy and sexually transmitted infections, he or she has the right to start having sex.

This text, however, takes the position that sex between a man and woman in marriage is God’s good and perfect plan. When children learn about this plan for sex, they will have some guidelines to help them decide how they will act once they start to experience sexual desire. This is one reason it is so important for parents (or a person responsible for raising a child) to have clear, open communication about sexuality and the changes a child experiences in his or her body.

3. Talking to Children about Sexual Development and Reproduction

The rest of this chapter is a simple guide intended to help parents or guardians talk to their children about sexual development and reproduction. When considering what information a child needs to know, it is helpful to divide them into three categories. This chapter takes into account three age groups: children between the ages of 5 to 8, 9 to 11, and 12 and older. These groupings are very broad, and every parent must use discretion when deciding how much information to give their child.

Even though children may have acquired information about sex, the information they receive is often incorrect. Parents (or guardians) should take into account that children may have developed some false ideas about sexual development and reproduction that need to be corrected.

A parent or guardian needs to use discretion when deciding how much information to share with a child about sexual development and reproduction. He or she should honestly answer any question a child may ask, without becoming embarrassed or criticizing the child for being too curious. At all costs, a parent or guardian must avoid telling false answers in order to hide a truth that he or she feels too embarrassed to explain.

Such instruction should take place naturally, and would ideally be presented in response to a child's questions. A parent can provide the child with pre-screened, reputable educational material on these topics (such as a book or video) to help facilitate discussion and provide additional information.

Whenever possible, it is good for a man to discuss this subject with a boy, and a woman to discuss the subject with a girl. If this is not possible, the child still needs to hear this information from a parent or guardian who is wholly concerned about the child's well being.

It is never too early for parents to share their values and convictions with their children.

While this chapter gives some ideas on how to talk about the biology of sexual development, it also gives the parent or guardian a chance to share his or her personal convictions on the subject. For example, while discussing sexual development, a parent can tell a child that the feelings he or she will experience are normal and natural, but God intended people to wait until they are married to express those feelings. When talking about conception, share that God created that special sexual relationship to be shared between a man and woman in marriage. It is never too early for parents to share their values and convictions with their children.

4. Age-Specific Teaching for Children Aged 5 to 8

Children gather ideas about the world by observing their environment. They learn about sex in both subtle and overt fashions. They hear friends, children at school, people on the street, or those in their homes talking about it. They may be exposed to sexualized messages on television, in films, on the Internet, in printed materials, in music, etc.

At 5 to 8 years of age, even if children have been exposed to ideas of sex, most do not understand its nature and purpose. In some parts of the world, especially in rural areas, children may see animals and birds mating. They may know that babies are a result of this activity. But at this age, most children do not personalize it or think it is something they should be doing. They probably have not realized that adults do this for pleasure.

Here are some ideas for discussing sexuality with young children between the ages of 5 and 8, based on the first chapters of the book of Genesis in the Bible:

- God created each of us in His image. Every person—man, woman, boy, and girl—was created in His image and has great value in God’s sight.
- God created man and woman. The differences between a man and a woman are good. We must respect these differences.
- A man and a woman differ from each other, but they are equal. The man is not superior to the woman, and a woman is not superior to a man.
- God gave man and woman the ability to have children. He gave adults rules about this, and we should respect them. He wants the man and woman to marry before they have children.
- God created our bodies. He created our sexual organs. Our bodies are good because God made them, and we must respect them.
- Our sexual organs are private and no one should touch them except a husband or wife after they are married.
- A boy should never touch a girl’s private areas, or allow a boy or girl or an adult to touch his. A girl should not touch a boy’s sexual private areas, nor allow a boy or girl or an adult to touch hers.

Sexual abuse of children happens around the world. A parent or guardian can help a child understand the differences between “good touches” and “bad touches.” The following example can be used:

There are “good touches” and “bad touches.” A bad touch is something that makes us feel uncomfortable. If someone touches us like that, we need to tell an adult we trust. A “good touch” is when a mother or father or someone we love and trust hugs us or holds us close. They make us feel good. If someone touches you in a way that makes you feel uncomfortable, get away from that person! If they hurt you or make you feel bad, tell someone you trust about what they did to you.

5. Age-Specific Teaching for Children Aged 9 to 11

This is a good age for parents to talk to their children about the general physical changes that will be coming with adolescence. If a child is prepared for these changes, he or she will be less confused about what is happening and more prepared to cope with them. When parents are willing to discuss these issues, the child learns that he or she can come to the parents with questions about sex, instead of turning to friends or street knowledge.

In this age group many children have already developed ideas about sex. They may know that it is something that people do for pleasure, but they may not understand the details. They may be curious to learn more, but feel too embarrassed to talk about it or ask questions.

Sexual Development: Changes in the Body and Sexual Organs

It is normal for developmental changes to start at different ages for boys and girls. Girls usually start to develop at a younger age and more quickly than boys. Some girls develop at a younger age than other girls; the same is true for boys. Explain that everyone develops at a different pace and there is nothing to worry about if these changes start at an earlier age or a later age.

The following are changes that happen in an adolescent boy's body, typically occurring between 11 and 15 years of age:

- The boy's body will grow larger; he will become heavier and become more muscular.
- His voice will start to change—at first it may sound higher and make uncontrollable squeaking noises, but eventually it will take on a deeper sound.
- He may develop pimples on his face, neck, chest, and back.
- Hair that precedes a mustache and beard will start to grow above his lips and on his chin.
- Hair will start to grow around his sexual organs (the pubic area) and under his armpits.
- A boy's sexual organs (his penis and the scrotum, which contains the testicles) will become larger.
- When an adolescent male is between the ages of 11 and 15, he will notice that at times his penis will become hard and erect. This is called an erection. An erection might be accompanied by the discharge of a thick, white fluid that comes out of his penis. This frequently happens at night and is called a nocturnal emission. It is normal and should not scare or embarrass the boy.

These are changes that occur in an adolescent girl's body, typically between 10 and 16 years of age:

- The girl's whole body will grow, becoming heavier and rounder.
- Her breasts will start to develop, growing slowly at first but becoming larger as the girl becomes older.
- The girl will also notice hair growing in the area above her sexual organs (the pubic area), and hair will start to grow under her armpits.
- She may develop pimples on her face, neck, chest, and back.
- When an adolescent girl is between 10 and 16 years old (typically between 12 and 14 years of age), she will start her menstrual period, which is when she will have a flow of blood from her vagina.
- The menstrual cycle usually begins every 28 days, though it is not unusual to see a shorter or longer amount of time. The menstrual period usually lasts from 2 to 7 days.

- It is not uncommon for the young woman's breasts to hurt one week before her period starts, and often she will have pain in her lower abdomen and back during her period. (Two aspirin or ibuprofen every four hours can help reduce menstrual pain). This 28-day cycle is called the menstrual cycle.
- The menstrual cycle prepares a woman's body for pregnancy. If a young woman who has started having menstrual cycles has sex with a man (either young or old), she could become pregnant. If she does not have her menstrual period for a month or two after she has sex, she might be pregnant.

The Creation of a New Baby: Conception, Pregnancy, and Delivery

This section outlines specific aspects of sex and reproduction that a parent or guardian might want to discuss with a child in this age group. It is essential to take into consideration the physical and emotional maturity of the child when deciding how much to share. Parents should be sure they understand what the child wants to know. There is a risk of information overload if they do not keep pace with their child's curiosity or questions.

Conception. Conception happens when a father and mother have sex and the sperm of the father joins the egg (the ovum) of the mother. The union of the sperm and the egg, also called fertilization of the egg, is the beginning of a new life.

- If the child is curious, explain that the sperm cell is like a seed that is produced in the sexual organ (the testicle) of the man. The woman also has tiny eggs inside her body, within her internal sexual organs (the ovaries). If the seed of the man encounters the egg of the woman, it may join together with it. A new baby will start to grow in the mother's body (in the uterus) after a sperm has joined with the egg.
- The child may question how the sperm meets the egg. The act of sexual intercourse can be explained by saying that the father and mother lay together, without their clothes on. The father inserts his erect penis into the woman's vagina, and his sexual secretions enter the vagina of the woman. This is often enough information to satisfy the curiosity of the child. (The section for children 12 and older offers more ideas on explaining the act of sexual intercourse.)

Pregnancy. The newly created baby will grow inside the body of the mother in a special organ in her abdomen (the uterus). When a baby is growing in her body, it is said that the woman is pregnant. The baby will normally grow for nine months before coming out. The mother must take good care of her body during this time so the baby will grow strong and healthy.

Delivery. When the new baby is fully developed, it will be ready to come out of the mother's body. This is called "delivering the baby." The mother will know

that the baby is ready to be delivered when she starts to have severe pain in her abdomen. This is called “going into labor.” Labor pains usually last for several hours—until the baby comes out. When labor starts, the mother will go to the hospital or clinic, or a midwife or birth attendant may come to the house.

A child may wonder how the baby comes out of the mother’s body. Explain that the baby comes out through a passage called the vagina, which stretches during delivery to allow the baby to pass through. After the baby is delivered, it returns to its normal size. The same is true with the uterus, which will return to its normal size after the baby is delivered.

6. Age-Specific Teaching for Children Ages 12 and Older

At this age most children are entering the period called *adolescence*. During adolescence, children’s bodies are changing, their sexual organs are developing, and they may begin to experience sexual desire. If the parent has not yet talked to the child about these topics, they should start with the information noted above for children between 9 and 11 years.

Reproductive Cycle

- **Young women and reproduction.** About halfway through her menstrual cycle (approximately 15 days before her next menstrual period), hormones in the young woman’s body cause one of her ovaries to release an ovum, the female reproductive cell. Usually there is only one ovum released per month. It travels slowly down one of the fallopian tubes into her uterus. This process of the ovum moving down the fallopian tube is called “ovulation.” It takes the ovum from 12 to 24 hours to reach the uterus.
- **Young men and reproduction.** A year or two after his first nocturnal emission, hormones in the young man’s body cause his testicles to start producing sperm. This typically begins around the age of 14 and is the result of intense hormonal changes in his body. Sperm is the male reproductive cell. Sperm cells are found in semen, the fluid that comes forcefully out of the penis during sex (ejaculation).

Sexual Intercourse and Pregnancy

Sexual intercourse is the act of a man inserting his erect penis into a woman’s vagina. This was created by God to bring pleasure to the man and the woman. During intercourse, while the man’s erect penis is inside the woman’s vagina, he ejaculates semen containing millions of sperm cells into the woman’s cervix. The sperm travel from the cervix, through the uterus, to the fallopian tubes. It takes from one to twelve hours for the sperm to reach the fallopian tubes. Along the way, millions of sperm will die or get trapped. In the end, only a few dozen will actually reach the fallopian tubes.

If the woman is ovulating when the sperm cells reach the fallopian tube, they will encounter the ovum in the tube. If the conditions are right and one of the sperm cells succeeds in penetrating the ovum, fertilization of the ovum takes place. All of the genetic qualities that create a completely unique human being, including the baby's sex, are determined the moment the ovum and sperm combine.

The newly fertilized ovum continues down the tube into the uterus, where it becomes implanted into the lining of the uterus within 24 hours. The fertilized ovum immediately begins to develop into a new baby, surrounded and nourished by the placenta. After implantation, the woman will not have another menstrual cycle until after the baby is born.

For the first eight weeks, the fertilized ovum is called an *embryo*. During the period after the first eight weeks until the delivery it is called a *fetus*. The process of development from fertilization to birth takes nine months. After nine months of gestation, the baby will be fully developed and ready to be born.

Twins are conceived in two distinct ways. First, they are conceived when two ova are released and fertilized by two different sperm and are nourished by two different placentas (fraternal twins). Second, twins may also be formed when one ovum is fertilized and then splits into two different embryos (identical twins).

Ectopic Pregnancy

An ectopic pregnancy occurs when the newly fertilized ovum does not settle into the lining of the uterus. There is no way to save an ectopic pregnancy, because the embryo is not growing in the uterus. It is a life-threatening condition for the woman, and she must receive medical help.

An ectopic pregnancy occurs when the newly fertilized ovum does not settle into the lining of the uterus.

Symptoms of Pregnancy

If a woman does not have her menstrual cycle for one or two months after having sex, it could mean that she is pregnant. A pregnant woman will not have her period again until after the baby is born because the baby growing in her uterus keeps her from menstruating.

Other symptoms of pregnancy include:

- Swollen or tender breasts.
- Fatigue and tiredness.
- Nausea and vomiting (in the morning and sometimes throughout the day and night).
- Backache.

- Headache.
- Frequent urination.

Symptoms of pregnancy are different for every woman. With some, symptoms occur a few weeks after fertilization. For others, they may develop over a few weeks or not at all. Sometimes the symptoms may resolve in a few weeks. For other women, however, the symptoms may last for months.

If a woman suspects that she is pregnant, she needs to see a doctor, a nurse, or a midwife. Laboratory tests can confirm that she is pregnant. In some parts of the world, women do not have access to laboratory tests. Women suspect they are pregnant simply by observing the changes in their bodies. Whatever the case, a pregnant woman needs to consult with medical personnel to help assure a healthy pregnancy and safe delivery for mother and baby.

If a woman suspects that she is pregnant, she needs to see a doctor, a nurse, or a midwife.

Cesarean Section

A cesarean section is a surgical method of birth. The baby is born through a surgical incision in the mother's abdomen and uterus. This allows the baby to be born safely in situations when a vaginal birth is unsafe for mother or baby.

Protected Sex: Birth Control and Condoms

When young people are armed with good information and support from their families, they are capable of making a decision to abstain from sex before marriage. However, everyone must make this decision for himself or herself.

For many different reasons, some adolescent children will decide that they do not want to abstain from sex. They may rebel against everything their parents have taught them, which deeply hurts the parents who want what is best for their children. As a result, some parents have a difficult time recognizing or admitting that their children are sexually active.

Some parents do not want to talk about protected sex with their children. This is a decision every parent must make, based on his or her experiences and convictions. Yet considering the many risks of unprotected sex—unplanned pregnancies, HIV, and other sexually transmitted infections—parents may want to discuss birth control and protected sex with their children. Talking about it may help protect a young person from the physically devastating effects of unprotected sex. This information can be found at local clinics and very often at school health centers. It is also discussed in the fifth chapter of this unit.

CHAPTER 5

Sexually Transmitted Infections



Key Points

1. **What are sexually transmitted infections?**
2. **Transmission**
3. **Types of sexually transmitted infections**
4. **Testing**
5. **Prevention**
6. **Condom facts**

1. What are Sexually Transmitted Infections?

Sexually transmitted infections (STIs) are passed from person to person through intimate sexual contact. They are also called sexually transmitted diseases (STDs). The term STI is used throughout this manual.

There are approximately 25 different STIs, caused by a number of different germs. This lesson lists eleven of the most common infections seen around the world.

Who is at Risk of Having an STI?

The only truly safe sexual relationship is between two people who have never had sex with other partners. Outside of this context, all sexual activity carries some risk of exposure to an STI.

Anyone who has intimate sexual contact with a partner with an STI can become infected. Yet many people who are infected with STIs are asymptomatic; they do not experience any symptoms that indicate an infection. Even though there are no symptoms, the STI can be passed on to a sexual partner. Some people may have symptoms, but they do not notice them.

It is possible to have more than one STI at a time. A person who already has one infection should be tested for others. If someone with an STI receives treatment but his or her sexual partner does not, there is a significant risk of reinfection.

It is possible to be infected with certain STIs for years without showing any symptoms. A husband or wife may have been infected before getting married and start to show symptoms after marriage. Showing symptoms of an STI doesn't mean that he or she was unfaithful to his or her spouse.

2. Transmission

The word transmission means spreading a disease-causing organism (called a germ) from one person to another. An infection occurs when germs invade a person's body. Germs cause the symptoms that are associated with each of these different infections.

The germs that cause STIs are transmitted through sexual activity. Sexual activity involves exposure to a partner's sexual secretions and skin-to-skin contact with the skin and mucosa of the genitals, mouth, and rectum.

High-risk sexual activity includes vaginal intercourse (the penis penetrates the vagina), anal intercourse (the penis penetrates the anus), and oral sex (kissing or stimulating a partner's genitals with tongue or mouth). Other forms of sexual contact (fondling, deep tongue kissing, and mutual masturbation) can also transmit some STIs, though at a much lesser rate.

High-risk sexual activity includes vaginal intercourse, anal intercourse, and oral sex.

Transmission Through Secretions or Direct Contact

The germs that cause STIs are passed between sexual partners through contact with infected sexual secretions and/or through contact with infected skin or ulcers.

1. Transmission through infected sexual secretions
 - STIs are transmitted when infected sexual secretions come into contact with mucosal surfaces (male and female sex organs, anus, or mouth) of a sexual partner.
 - The transmission of STIs passed through infected secretions can be reduced by correct, consistent use of condoms. Condoms cover the penis and prevent exchange of fluids between partners (Centers for Disease Control 2009).
2. Transmission through skin-to-skin contact
 - STIs can be spread through direct contact with infected skin, sores, or ulcers.
 - Condoms do not cover all areas of infected skin, sores, or ulcers. Therefore, they cannot offer dependable protection against these types of STIs (Centers for Disease Control 2009).

The topic of condoms is covered at the end of this chapter. It is important to know that condoms are not 100 percent effective in preventing STIs.

3. Types of STIs

This section examines some of the most common STIs and their symptoms, complications, diagnosis, and treatment. Prevention will be discussed in Section 5.

STIs are caused by different types of disease-causing germs, including bacteria, viruses, protozoa, and parasites. They are treated according to the type of germ causing the infection. Some can be completely cured with antibiotics and other medications; others cannot be cured, but symptoms can be treated and controlled. In some cases, the germs that cause STIs are becoming resistant to traditional treatments. This makes them increasingly difficult to treat.

- Bacterial STIs can often be cured with antibiotic treatment if a person is treated soon after infection.
- Most viral STIs cannot be cured, but symptoms can be treated and controlled with medication.
- Protozoa infections can be cured with medication.
- Parasites can be cured with skin lotions and shampoos.

Most STIs can be transmitted to a sexual partner even if there are no symptoms!

3.1 STIs Caused by Bacteria

Chancroid (*Haemophilus ducreyi*)

Symptoms: Chancroid is an infection of the genital skin, and is spread through contact with infected ulcers. The first symptoms are tender bumps that turn into very painful, shallow ulcers three to ten days after infection. The ulcers vary in size, and as each ulcer becomes larger, they sometimes merge together to form one large ulcer. There is often tenderness and swelling of the lymph nodes in the groin.

- Specific symptoms in women: Ulcers appear on the vulva and entrance to the vagina.
- Specific symptoms in men: Ulcers appear on the penis and/or the scrotum.

Diagnosis: Experienced medical personnel can make a diagnosis of chancroid by observing the ulcers. A laboratory test performed on pus from the ulcer confirms the diagnosis.

Treatment: Chancroid is usually cured by treatment with antibiotics.

Two other common STIs (syphilis and herpes) also cause ulcers.

Chlamydia (*Chlamydia trachomatis*)

Symptoms. Chlamydia infects the urinary tract of both women and men and is one of several bacteria that cause sexually transmitted urethritis (inflammation and infection of the urethra). It can also infect other organs, including the cervix in women and the testicles in men. It is spread through contact with infected sexual secretions.

Chlamydia starts to cause symptoms of urethritis one to three weeks after infection. Although many different bacteria cause urethritis, the symptoms are similar.

- Specific symptoms in women: Chlamydia does not always produce recognizable symptoms in women—a woman might be infected but not realize it. The most common symptoms include a slight vaginal discharge, burning pain when urinating, the frequent and urgent need to urinate, painful intercourse, and pelvic pain.
- Specific symptoms in men: Symptoms in men usually begin with a burning sensation during urination, and a clear or yellow, pus-filled discharge from the penis. There may be a heavy feeling in the testicles, a small hard swelling at the bottom of the testicle, or scrotal inflammation.

Complications. Left untreated, chlamydia infection can cause serious damage to the reproductive organs, also called pelvic inflammatory disease (PID).

- Complications in women: About 30 percent of women with chlamydia develop pelvic inflammatory disease. Symptoms of PID include fever, pelvic cramping, abdominal pain, and painful intercourse. PID can damage the reproductive organs and lead to difficulty becoming pregnant, or even sterility. It can also result in ectopic pregnancy, a life-threatening condition. In severe cases, an abscess (localized area of infection and pus) forms, and surgery may be necessary.
- Complications in men: Left untreated, chlamydia can cause a painful infection in the testicles and may lead to infertility.

Diagnosis. The symptoms listed above are common with two different types of common bacterial STIs (chlamydia and gonorrhea). To be certain, laboratory tests can be performed by taking a swab sample of the discharge from the penis or vagina, or from a urine specimen.

Treatment. Once a diagnosis has been established, a health care professional will be able to prescribe the correct antibiotic to cure infection with chlamydia. If it is treated and cured soon after infection, complications can be avoided.

Gonorrhea (*Neisseria gonorrhoeae*)

Symptoms. Gonorrhea is an infection of the urinary tract and reproductive organs of both men and women. It can also infect the rectum, throat, and eyes. It is

spread through contact with infected sexual secretions. Symptoms of gonorrhea appear shortly after infection, often within two to seven days.

- **Specific symptoms in women:** In women, symptoms of gonorrhea are often mild, while some never have any symptoms. When there are symptoms, they may include burning pain when urinating, the frequent and urgent need to urinate, a green-yellow vaginal discharge, burning and itching in the vaginal area, and vaginal bleeding between periods. Even if a woman does not have serious symptoms, she is at-risk of developing pelvic inflammatory disease if she doesn't receive treatment.
- **Specific symptoms in men:** Symptoms in men include painful urination, a discharge from the penis (may be thick, milky white, yellowish, or greenish), and the opening of the penis may be red and inflamed. A frequent and urgent need to urinate may develop as the infection spreads. Left untreated, gonorrhea may cause a severe infection in the testicles. This causes severe pain, tenderness, and swelling in the scrotum. It can lead to sterility.

Complications. If left untreated, gonorrhea can lead to infertility. It can spread into the bloodstream and infect the joints, heart valves, or brain.

- *Gonorrhea infection in newborn:* Babies born to women with gonorrhea can become infected while passing through the birth canal during delivery. Symptoms include inflammation of the eyes and pneumonia. Symptoms usually develop 5 to 12 days after birth. This can cause blindness, joint infection, and other serious infections in the baby. Pregnant women with gonorrhea should receive medical treatment as soon as it is detected, reducing the risk of passing it to the infant.
- *Rectal gonorrhea:* Rectal gonorrhea is most commonly passed between men who have sex with men. Infection in the rectum may cause itching, discharge, and painful bowel movements, although sometimes there are no symptoms.
- *Pharyngeal gonorrhea (gonorrhea in the throat):* Pharyngeal gonorrhea is spread through oral sex. It doesn't always cause symptoms, but when they do occur the most common are a sore throat and swollen lymph nodes in the neck.
- *Eye infection:* In adults, symptoms include redness, itching, and discharge from the eye. The eyes may also become sensitive to light.
- Gonorrhea can spread to the blood and joints, causing arthritis and destruction of the joints.

Diagnosis: A health care professional can take a swab sample of the discharge from the vagina, penis, rectum, or throat. A sample of urine may be used in

some cases. The sample is then sent for a laboratory test that can give an accurate diagnosis.

Treatment: Antibiotics are used to cure gonorrhea. A healthcare professional will look at the lab results and prescribe the proper medication. If treated soon after infection, complications can be avoided.

People who receive treatment for gonorrhea should also be treated for chlamydia, as they often are found together.

Syphilis (*Treponema pallidum*)

Symptoms. Syphilis is an STI that infects the reproductive tracts of men and women. It may also involve other areas of the body, including the brain and heart.

Syphilis occurs in three stages: primary, secondary, and tertiary. These stages can occur over a span of twenty or more years.

- *Primary syphilis.* The first symptom is usually a painless ulcer (or ulcers) at the point where the bacteria enter the body. The ulcer, also called a “chancre,” usually develops from 10 to 90 days after infection (average about 21 days). Lymph nodes in the area may swell during this stage. The ulcer will usually go away on its own after 3 to 6 weeks.

Ulcers in women are most common on the outside of the vagina, the cervix, rectum, and perineum. In men, ulcers are most common on the penis, anus, and rectum. If infected through oral sex, ulcers will appear on the lips and mouth.

- *Secondary syphilis.* If syphilis is not treated in the first stage, secondary syphilis may begin 6 to 12 weeks after the ulcer of primary syphilis has healed. The infection starts to cause problems in different parts of the body (also called systemic symptoms, meaning it involves different body systems.)

The most common symptoms are a skin rash on any part of the body, often the palms of the hand and soles of the feet. The rash doesn’t itch, and may be very light in color and difficult to identify. There may be hair loss; a sore throat; swollen lymph nodes in the groin, neck, and armpits; arthritis; fever; and headache.

If syphilis is not treated in the second stage, it may disappear on its own after a few weeks or go on for as long as a year. After this, some people will continue to carry the infection in the body without symptoms, which is called the “latent period.” The latent stage may last up to twenty or more years, until the tertiary (or third) stage develops.

- *Tertiary syphilis.* This is a systemic stage, and can lead to death. There are a number of very serious symptoms that show up throughout the body. These include:
 - o Bulging of the large blood vessel of the heart (the aorta), resulting in heart problems.
 - o Development of large lumps (called gummas) in various organs of the body.
 - o Infection of the brain, causing neurological symptoms: stroke, meningitis, poor muscle coordination, mental confusion, and personality changes.
 - o Damage to the eyes and ears causing a loss of sight and hearing.

Complications in newborns and babies. Women who become infected with syphilis while they are pregnant can pass the infection to the baby during pregnancy. Left untreated, syphilis can lead to blindness or death of the baby.

Diagnosis. Syphilis should be suspected when a person develops ulcers or neurological symptoms as described above. A diagnosis of syphilis can be confirmed through a blood test or by doing a laboratory test on the fluid coming from the ulcer in secondary syphilis.

Treatment. Syphilis can be cured with antibiotics, even if it has reached the third stage. If treated during the first stage of infection, complications can be avoided. It is very important to get a good diagnosis from a health care professional so the correct treatment can be given.

3.2 STIs Caused by a Virus

Unlike many other common STIs that cause symptoms in the genital area, viral STIs spread throughout the body, causing systemic infection. They cause damage to organs and other areas of the body removed from the site of sexual contact. Most viral STIs cannot be cured, but their symptoms can sometimes be relieved or reduced with proper medical treatment.

Genital herpes (*Herpes simplex virus*, or HSV)

Symptoms. The herpes simplex virus (HSV) is transmitted through skin-to-skin contact with the vagina, penis, rectum, or mouth of an infected person. Soon after entering the body, the virus enters into cells of the nervous system. After four to seven days, the virus travels down the nerve cells, causing painful blisters. Once the virus enters the cells of the nervous system, it settles there permanently.

- Specific symptoms in women: The blisters may form anywhere in the genital area, including the vulva, inside the vagina, cervix, urethra, anus, buttocks, and thighs.

- Specific symptoms in men: Blisters form on the penis, inside the urethra, scrotum, anus, buttocks, or thighs.

When the blisters break, they leave painful ulcers that form a thin, yellow crust after a few days. The first time the ulcers appear, they may heal after one to two weeks. Further outbreaks of blisters and ulcers usually are less severe and shorter than the first outbreak and may appear months or even years apart.

Some people can predict when an outbreak is going to occur. They experience fever, headache, and tingling in the area where the blisters will appear. Outbreaks are associated with physical or emotional stress, illness, other infections, surgery, certain medications, and a weakened immune system. A person is most contagious a few days before an outbreak and during the outbreak.

Many people are infected with HSV but do not know it. They may have had symptoms when first infected, but after that they may not experience another outbreak. However, even if there are no symptoms, an infected person can spread it to a sexual partner.

Complications. A baby born to a woman with HSV can become infected as it passes through the birth canal during delivery. Even if the mother has no current symptoms, the baby can become infected. After one to four weeks, the infant may experience the typical blisters associated with herpes, involving the skin, eye, and mouth. A more serious situation may evolve, involving the liver, lungs, and brain of the newborn. This may result in severe medical and neurological problems as the child matures, and can even cause death.

Diagnosis. During an outbreak of herpes, an experienced health care professional can diagnose the virus by looking at the sores. A sample can be taken from the sores for a laboratory test, but must be done within 48 hours of the outbreak. In addition, a blood test can be performed, though it is not always accurate if the person is not in an active outbreak.

Treatment. There is no cure for herpes. However, certain medications can treat the symptoms that occur during an outbreak. The most effective medications are taken in pill form. Special creams and lotions can be applied directly to the blisters, but they are less effective than pills.

Genital warts (*Human papillomavirus, or HPV*)

HPVs are a group of more than 100 related viruses and are the cause of warts. The types of HPV that cause warts on the hands and feet are different from those that cause warts in the genital area. Most HPV infections occur without any symptoms. The immune system is usually able to clear the infection without medical treatment over the course of a few years.

Symptoms. Genital warts typically develop one to six months following infection. They usually appear as small, raised bumps, either flesh-colored or gray.

They are sometimes found in clusters and may develop a cauliflower-like appearance. Other symptoms may include itching, burning, and tenderness. Genital warts can also develop in the throat of a person who has had oral sexual contact with an infected person.

- Specific symptoms in women: Genital warts can grow on the vulva, inside the vagina, the cervix, and the area between the vagina and the anus.
- Specific symptoms in men: Warts can develop on the penis, the scrotum, and the anus.

Complications. More than 30 types of HPV are sexually transmitted. Some types are called *low risk* because they rarely cause cancer. Others are referred to as *high risk* because they commonly lead to the development of cervical and anal cancer. The high risk types that cause cervical cancer grow on the cervix and are flat and nearly invisible, as compared to the external warts caused by low risk types. However, it is important to know that most high-risk HPV infections go away on their own and do not cause cancer (National Cancer Institute 2012).

- Complications in women: HPV has been linked to life-threatening cervical and anal cancer in women. It is very important for people with HPV infection to have good medical care. Women who have evidence of pre-cancer of the cervix require surgical treatment to remove those cells before cancer develops.
- Complications in men: The infection has been linked to penile and anal cancer in men.

Diagnosis. Trained health care professionals will usually suspect genital warts by their appearance or by their presence in a routine cervical smear (Pap smear). Laboratory tests can confirm the diagnosis of HPV and can also detect cancer, if it is present.

Treatment. After infection, there is no way to remove HPV from the body—there is no cure. Treatment includes the removal of the warts by a medical professional. However, the warts can return after treatment. Removal of the warts doesn't prevent spread of the virus. In some cases, the warts will disappear without treatment, though the virus is still in the body.

A vaccine against HPV infection has been developed, though it is only available in certain parts of the world. At this time, the vaccine has been approved for use with girls and young women ages 9 to 26, and for use in boys in some countries.

HIV/AIDS (*Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome*)

HIV is the Human Immunodeficiency Virus. Infection with HIV causes the disease called AIDS, the Acquired Immunodeficiency Syndrome. HIV is an STI, but it is also spread in non-sexual ways.

HIV is transmitted through contact with three bodily fluids of people infected with the virus: sexual secretions, breast milk, and blood. There are, therefore, three routes of transmission: sexual transmission, mother-to-child transmission, and blood transmission. Even if there are no symptoms of illness, an infected person can still pass the virus to other people.

Symptoms. HIV multiplies in the body for many years before causing the disease called AIDS. The first symptoms of AIDS often include diarrhea, fever, lung infections, swollen lymph nodes, shingles, and white patches in the mouth. As the disease progresses, the symptoms become more severe, including pneumonia, meningitis, certain cancer, and many others symptoms. Severe weight loss and muscle wasting is typical as a person nears the end of life.

Diagnosis. Symptoms of AIDS will sometimes make a person suspect HIV infection. However, many other diseases cause the same symptoms. The only way to know with certainty that a person is infected with HIV is to have a diagnostic laboratory test. The most common HIV tests are performed with blood, but other types do exist.

Treatment. Though scientists and researchers are busy searching for a vaccine, at the time of this writing, there is no vaccine available that can prevent HIV infection. After HIV has entered the body, there is no way to remove it. Medications are available to treat the symptoms of AIDS and also to slow down the multiplication speed of HIV in the body. Good nutrition and health practices can help an infected person to live longer. Ultimately, though, there is no permanent cure for AIDS. Even with treatment, it will eventually lead to death.

Viral hepatitis (*Hepatitis B virus, or HBV, and Hepatitis C virus, or HCV*)

The word *hepatitis* means swelling and inflammation of the liver. Many illnesses and conditions can cause hepatitis, including viruses, bacteria, germs, drugs, alcohol, and chemicals. When considering viral hepatitis, it is important to know there are five types of viruses that cause hepatitis. Not all of them are sexually transmitted.

Both hepatitis B virus (HBV) and hepatitis C virus (HCV) are primarily spread through blood, such as sharing needles for drug use, piercing, and tattooing. HBV is also passed through vaginal, anal, and oral sex; HCV is rarely passed through sex. However, with HCV there is an increased risk of transmission for people who have multiple sex partners, who already have an STI, or who engage in rough sex. When transmitted sexually, it is most commonly spread through anal sex, but it can pass through vaginal sex.

With hepatitis B virus, people usually develop symptoms within 1½ to 4 months. The period between infection and symptoms for hepatitis C is 2 weeks to 6 months (Centers for Disease Control 2012).

Symptoms of HBV. HBV can cause both an initial, acute form of hepatitis and a chronic form. Most people with HBV will not have any symptoms. If symptoms do develop, they resemble the flu: fatigue, lack of appetite, mild nausea or vomiting, diarrhea, low-grade fever, and muscle and joint pain. A small percentage of people will go on to develop more serious symptoms, including abdominal pain and swelling, dark urine, light stool, and yellow color to the skin. These symptoms can be life-threatening, and demand immediate medical attention.

The acute form of HBV lasts a few weeks, and during this time the person can easily spread it to other people. After a few weeks, the symptoms will disappear. If a person develops acute hepatitis without developing the chronic form, their recovery from infection will usually be complete. The virus will be cleared from the body, and the person will not spread it to others.

Unlike many other STIs, hepatitis B and C do not cause symptoms in the genital area or reproductive organs.

If the virus remains in the body for more than six months, a person is diagnosed as having chronic hepatitis. People with chronic HBV can pass the virus on to other people, even when there are no symptoms. There is also a great risk of developing serious liver disease later in life. The virus will continually attack the liver for many years, leading to cirrhosis, kidney failure, and possible liver cancer.

Complications of HBV. Pregnant women can pass both HBV and HCV to their babies. Transmission usually happens during delivery with exposure to blood and fluids during the birth process.

Symptoms of HCV. Most people infected with HCV will develop chronic hepatitis, even though they may not develop any symptoms. This means that HCV is in their body and they can spread it to other people.

If there are symptoms, they are the same as listed for HBV. Even if there aren't any symptoms, there may be liver damage. In many cases, there are no symptoms of the disease until severe liver problems have developed.

Complications of HCV. People with HCV infection develop long-term health problems, including liver damage, liver failure, liver cancer, and death.

Diagnosis. Laboratory tests can detect the presence of hepatitis B and C in the body. There are several ways of interpreting these exams, with important implications for the health of a person living with HBV or HCV and his or her loved ones. A person who has received a diagnosis needs to make sure that he or she understands the results of the tests.

Treatment. It is not easy to treat hepatitis B and C. In acute hepatitis, the goal of treatment is to relieve the symptoms. Medications must be given carefully, because they are very strong and can lead to liver damage. Treatment is complicated and expensive. It may or may not be effective. Anyone with viral hepatitis needs to follow the advice of a health care professional with experience treating hepatitis.

A vaccine for hepatitis B is widely available. At this time there is no vaccine for hepatitis C.

3.3 STIs Caused By a Parasite

Pubic lice and scabies are tiny organisms called parasites. Both of these parasites live on the skin and hair shafts. They bury their heads under the top layer of skin and feed off human blood.

Pubic lice (*Phthirus pubis*)

There are many types of lice. They can infect the scalp, eyelashes, body, and pubic area.

Pubic lice live on pubic hair and other hair. They are passed by close contact, including sexual contact. Towels, bedding, and clothing can also pass them. They infect the pubic and anal area but can also spread to the thighs, abdomen, armpit, and facial hair. They are very small but can be seen with the naked eye. They are sometimes called *crabs* because their appearance resembles tiny crabs.

Symptoms. These appear approximately two weeks after exposure to an infected person. Public lice cause severe itching, which is the body's reaction to the saliva of the lice as they feed off the skin. Some people develop small sores where they've scratched and broken the skin, which develop scabs. Sometimes these sores become infected. Occasionally, there may be pale, bluish spots on the areas where the lice are feeding off the skin.

Diagnosis. Since pubic lice are large enough to see with the eye, diagnosis is usually confirmed by examining pubic hair for lice. They can also be identified under a microscope.

Treatment. Medicated lotions and creams, prescribed by a doctor or health care worker, can eliminate lice from the body. The bedding and clothing of an infected person should be washed in hot water. All sexual partners within the last month should be treated for lice and screened for other STIs.

Scabies (*Sarcoptes scabiei*)

Scabies live on the body and are easily transmitted by physical contact, including sexual contact. They burrow under the skin, causing severe itching.

Symptoms. The itching usually starts several weeks after being exposed to a person with scabies. The itching is intense and becomes worse at night.

The scabies parasites typically live in-between the fingers, in the areas where the elbow and wrist bend, along the belt line, and on the buttocks. They cause a red rash in these areas, and there are often small bumps over the area of itching. The rash can spread to any area of the body including breasts and penis. Skin infections may develop in areas where a person has scratched and broken the skin.

Diagnosis. Diagnosis is usually made by observation. Laboratory tests of the skin can also confirm the diagnosis.

Treatment. Medicated lotions and shampoos can eliminate scabies from the body. Close contacts should also be treated, and all personal items (towels, clothing, bedding, etc.) should be washed. Itching may continue for a number of weeks after treatment, even after the parasites have been killed. Special lotion can also be used to treat the itching.

3.4 STIs Caused by Protozoa

Trichomoniasis (*Trichomonas vaginalis*)

Symptoms. Trichomoniasis is an infection of the reproductive tracts of men and women and may also affect the urinary tract. Symptoms usually begin to develop one to four weeks after exposure to an infected person.

- Specific symptoms in women: Women with trichomoniasis may have a variety of symptoms, while some women never experience any symptoms. Typical symptoms include a yellow-green, frothy vaginal discharge that causes irritation, discomfort, and swelling of the vulva and perineum. Women may experience painful urination and painful intercourse.
- Specific symptoms in men: Men do not usually experience symptoms. Even if there are no symptoms, a man can still spread this STI to his partner. However, some may develop an unusual yellow-green and frothy discharge from the penis that may irritate the skin of the penis. Painful urination may develop.

Diagnosis. Laboratory tests can be done with a sample of vaginal or penile discharge.

Treatment. Trichomoniasis can be cured with medicine.

4. STI Testing

Anyone who has ever had symptoms of an STI or has a partner who has ever had symptoms must receive STI testing and treatment. Anyone who has had sex with someone who has had other sexual partners should consider getting tested for STIs. A health care professional should advise someone to get tested if symptoms are present or if there is a history of exposure to an STI.

There are tests for each different STI; one general test that covers every possible infection does not exist. Typically, a person will be tested according to the symptoms he or she mentions. This may be a problem since many STIs have no symptoms or only have symptoms for a period of time and then disappear. And some STIs cannot be diagnosed if no symptoms are present at the time of testing.

Depending on the type of infection, testing can be done on blood; urine; fluid from the sore; discharge from the vagina, penis, or anus; or a piece of skin from the infected area. Doctor's offices, laboratories, clinics, and health centers often provide testing services on-site, or they can refer a patient to a testing center.

Sometimes a person might have to tell the health care professional about his or her concerns and ask for testing. A person can simply say, "I'm worried that I may have an STI because I had unprotected sex a few months ago" or "I'm worried because I'm afraid my partner has had sex with another person." It may be uncomfortable, but it is important to be honest since it may be the only way to get tested.

Preventing the spread of STIs depends on appropriate counseling of at-risk individuals and early diagnosis and treatment of those infected.

Partner Notification

Anyone with an STI should contact his or her sexual partner(s), both former and current, to inform them that they may have been exposed to infection. This is called partner notification. Those who have been contacted are encouraged to go for testing, counseling, and treatment, as necessary.

Depending on where a person lives and their comfort level, there are different methods of partner notification. One method is "source referral." The person with the STI personally informs his or her partners about the STI and advises them to seek testing and treatment. This can be done verbally, by telling his or her partners face-to-face.

Another method is "health professional notification," where the health care provider notifies the partners, without naming the person concerned. A health care provider can visit the person privately, send a private letter, or inform the partner by telephone.

5. Prevention of STIs

The surest methods to eliminate the risk of becoming infected with an STI are to abstain from sex or to remain faithful to one sexual partner who is not infected with any STIs. Most Christians are familiar with these two ideas, as the

Bible contains many references to abstaining from sex before marriage and being faithful after marriage.

For many Christians, the principles of abstinence before marriage and fidelity after marriage are anchored in the conviction that men and women are capable of managing their sexuality in a way that conforms to biblical teaching. When these teachings are consistently followed, there seems to be no need to discuss other methods of STI prevention.

For many different reasons, people may make choices concerning their sexual behavior that do not conform to these two principles. Though a Christian may not agree with another person's choice, it must be acknowledged that God gives every man and woman the freedom to make his or her own decisions, including decisions in the area of sexuality.

The Bible contains many references to abstaining from sex before marriage and being faithful after marriage.

Considering the millions of people across the globe that are living with STIs, it is important to examine other ways that reduce a person's risk of contracting an STI.

5.1 Communication

If a person knows that he or she has an STI, he or she has a responsibility to avoid passing it to someone else. Each time the person has sex, there is a risk of passing the STI to the partner. Any partner or potential partner of a person with an STI has the right to decide if he or she wants to take that risk.

It requires great courage to talk about an STI. But it is important to think about what is best for the other person. Even if there is a risk of jealousy or the break-up of a relationship, that partner (or potential partner) has the right to decide if he or she wants to risk an STI. Partners should talk to each other about birth control and STI testing as well.

5.2 Abstaining from Sexual Activity

Abstinence is a big subject and means different things to different people. For the purpose of this lesson, a person who is sexually abstinent is not involved in any sexual relationships.

For some people, abstinence means never having sex. For others who have been sexually active, it means not having sex for a period of time. Some people make voluntary decisions for abstinence while others are just waiting until they find a partner.

The risk of becoming infected by an STI is eliminated when a person completely abstains from sex. To take it a step further, when an abstinent person decides to become sexually active, it should be with a faithful, uninfected partner in a monogamous relationship. This is the biblical model, where someone refrains from sex before marriage and remains faithful to his or her spouse after marriage.

5.3 Delaying Sexual Activity

Many factors make adolescents more vulnerable to STIs than adults, including physical, psychological, and behavioral factors. Studies show that youth who begin sexual activity at a young age are more likely to have sex with high-risk partners and are less likely to use condoms. This increases their risk to be exposed to HIV and other STIs (World Health Organization, 2002).

An important way for young people to decrease their risk of an STI is by delaying sexual activity until they are older. Studies have shown that positive relationships with parents and teachers and religious beliefs decrease the likelihood of early sex. Programs that include abstinence messages result in a delay of the debut of sexual activity of about one year. These messages have the most impact on youth who have not yet had sex (World Health Organization 2002).

***Abstinence demands a strong support system
and good communication skills.***

5.4 Decreasing the Number of Sex Partners

People who have many different sex partners are at great risk for becoming infected with an STI (World Health Organization, 2005). But it is not only the number of partners that is dangerous. The riskiest sexual relationships involve people who have more than one regular partner for months or years. This practice is called having multiple concurrent partners. As time passes, these long-term relationships become more intimate and trusting than casual sexual relationships. Eventually the partners stop using condoms, which increases the risk of spreading an STI.

Limiting the number of sexual partners reduces a person's risk of becoming infected with an STI since two uninfected people in a mutually monogamous relationship are not at risk of an STI. In some relationships, one partner is monogamous and the other is not, placing the other partner at risk because of the one's actions (World Health Organization 2002).

Monogamy means different things to different people. In Christian churches, it is often thought of as two married people who only have sex with their spouse, committed for a lifetime. But for some people, being monogamous means having sex with only one person at a time.

Sometimes one monogamous relationship quickly follows another. This is called serial monogamy. In this case, monogamy doesn't provide protection from STIs because the person is continuously being exposed to potential infections from multiple past partners (World Health Organization 2005).

5.5 Correct, Consistent Use of Condoms

People that engage in unprotected sex frequently become infected with STIs. They bring that STI into every relationship they have from that moment forward. They may infect someone who has never had any other partner, including a faithful spouse.

A person who knows he or she runs a risk of passing an STI to a partner must always practice protected, safer sex with condoms. Even if both partners are infected, a condom should always be used to avoid recontamination (Centers for Disease Control, Condoms and STDs. n.d.).

Condoms are very effective in reducing the spread of certain STIs, but only when used correctly and consistently. They are not 100 percent effective, and they do not guarantee safe sex. A more accurate term is safer sex or protected sex (Centers for Disease Control, Condoms and STDs. n.d.).

Condoms are very effective in reducing the spread of certain STIs, but only when used correctly and consistently. They are not 100 percent effective, and they do not guarantee safe sex.

Condoms are useful in decreasing the spread of STIs transmitted through sexual secretions. However, they do not fully protect against STIs spread through skin-to-skin contact. A male condom cannot offer protection against contamination from an ulcer that is outside of the vagina or on the male's scrotum (Centers for Disease Control, Condoms and STDs. n.d.).

Early in the HIV epidemic, people believed that pores existed in the material of condoms that were larger than HIV. It was taught that HIV could pass through these pores and cause HIV infection. However, countless studies have proven that this is not the case: HIV cannot penetrate the material of an intact latex condom (Centers for Disease Control, Condoms and STDs. n.d.).

The subject of condoms is sometimes controversial in the Christian world. Some churches oppose the use of any type of device or medication that prevents pregnancy, believing that sex is meant to reproduce and any attempt to prevent pregnancy from occurring is wrong. Others Christians with strong beliefs concerning sexual behavior may not be willing to acknowledge actions that do not

conform to their convictions, which make them opposed to anyone using condoms outside of marriage.

Yet when considering this debate, it may be helpful to remember that condoms are a pharmaceutical product, created to reduce a woman's chance of becoming pregnant. If a condom fails and the woman becomes pregnant, condoms cannot cause any harm to the unborn baby. Condoms also reduce the risk of spreading or becoming infected with an STI. People use them for different reasons, based on their personal choices.

6. Condom Facts

Condoms must be used whenever there is a risk that one or both partners have an STI. Unfortunately, in many cases one of the partners may not want to use condoms or may be afraid to bring up the issue of condoms for fear of offending the other person or causing a break-up of the relationship.

Condoms must be used whenever there is a risk that one or both partners have an STI.

In some instances, a woman may face a violent reaction from a man if she dares bring up the subject of condoms. It may take great courage for her to suggest it, and even then her partner may refuse. A man needs to realize that safer sex with condoms is a shared responsibility; he has a responsibility to use a condom if his partner is worried about STIs. As one partner out of two, he has a responsibility to consider the health and well-being of the woman and not just his desire for sex.

The partner should bring up the subject of condoms before an intimate situation arises, and should have condoms readily available. It may be a difficult conversation, but embarrassment or discomfort must not prevent a conversation about such a vital life issue. At first, a partner may refuse to consider using condoms, but may come to a different conclusion after time and reflection. If a partner continues to refuse condom use, the other partner may need to reconsider the relationship.

Types of Condoms

Condoms are made from different types of materials. The most commonly available condoms are made from latex and are readily available in cities, towns, and villages around the world. Condoms made from latex are the most effective in preventing the transmission of STIs, including HIV.

Some condoms are made from polyurethane. People who are allergic to latex may want to consider condoms made from this material. Used correctly, polyurethane condoms are as effective as latex in protecting against the transmission of STIs, including HIV.

Condoms are sometimes made from natural materials. Natural-material condoms do NOT prevent the spread of HIV. They are usually much more expensive and difficult to find.

A female condom is a thin pouch that is inserted into the vagina before sex. It completely covers the vagina, and helps to protect against STIs and pregnancy. The female condom gives a woman some control over her body, even if her partner doesn't want to use a male condom. Unfortunately, female condoms are more expensive than male condoms and may not be available in some areas.

Usage

In order to offer the best protection possible against pregnancy and STIs, condoms must be used exactly as directed on the package. A new latex condom must be used every time a person has penetrative sex.

In addition, consider the following points:

- The storage conditions for condoms must be correct. Extreme heat can destroy the material of the condom, causing it to break or rupture during sex.
- Do not buy condoms that have been sitting in the sun or have been stored in hot conditions. Do not carry condoms in a pocket that is tight and close to the body.
- Before using the condom, check the expiration date on the packet. If it is past the expiration date, use a different package. Do not use the condom if the package has already been opened, if it is dry or cracked, or if it has become sticky with heat and humidity. All these things could cause the condom to fail or break during sex.
- Open the package carefully. Do not tear open the packet with teeth or fingernails.
- Never use two condoms at the same time. This can cause the condom to break during sex.
- Roll the condom over the erect penis before any contact is made between the penis and any part of the partner's body.
- Do not use oil, lotion, or Vaseline to lubricate the condom, which might cause the condom to break or tear. Use only products created specifically for use with condoms.

Dental Dams

A dental dam is a thin square of latex that is used to prevent the spread of STIs during oral sex with a woman. It acts as a barrier between the woman's vulva and the partner's mouth, preventing direct contact with infected skin, sores, or

vaginal fluids. Dental dams also prevent direct oral-anal contact. They can be bought in stores or made by using a condom or latex glove.

Negotiating Condom Use

Unless a man has made a strong commitment to using condoms, a woman may need to convince him to use one before she consents to having sex with him. This negotiation is not only for short-term relationships; even in marriage, a woman may need to talk to her husband about condom use. For many different reasons, she may not want to have sex unless the man agrees to use a condom.

These are some excuses that a man may offer when a woman tries to negotiate condom use and a hesitation that she might feel that prevents her from even trying to talk to him.

EXCUSE	ANSWER
“Don’t you trust me?”	“Trust is not the point; people can have infections without realizing it.”
“It does not feel as good with a condom.”	“I’ll feel more relaxed if you use a condom. If I am more relaxed, I can make it feel better for you.”
“I don’t have a condom with me.”	“I have one right here...”
“You’re on the pill so I don’t need to use a condom.”	“I’d like to use it anyway. It will help to protect us from infections we may not realize we have.”
“I guess you don’t really love me.”	“I do love you, but I’m not willing to risk my health by having unprotected sex.”
“But I love you.”	“Then you’ll help us to protect ourselves.”
“Just this once without a condom...”	“One time is all it takes.”
It is up to him... it is his decision.	It is your health. It should be your decision too!

Conclusion

Many people will feel uncomfortable with the idea of negotiating safer sexual practices. It may be a topic that is not relevant to them. If their lives have never been menaced by the threat of HIV and other life-altering STIs, they have much to be thankful for.

As an organization, the Global AIDS Partnership strongly emphasizes abstinence for unmarried people and sexual fidelity in marriage. While condoms do play a role in preventing the transmission of STIs, they do not eliminate risk. By focusing on abstinence before marriage or fidelity with a non-infected spouse, the risk of exposure is eliminated

Of course, many people make a decision for abstinence or fidelity based on their convictions that this is how the Creator God has asked them to live. Some would never be compelled to follow these principles if it wasn't for their faith in God and their commitment to follow all His commandments. Though sometimes it may be difficult, these spiritual disciplines protect the bodies and spirits of people who practice them.

It is hoped that this unit has begun a dialogue to address these very important issues. Our sexuality is an extremely important part of who we are as individuals, and it is important that we have open discussion on ways in which to live our lives pleasing to God, and in conformity with the Scriptures. By doing so, we can hopefully avoid the consequences of sexual immorality in our lives.

GLOSSARY

Abscess: A localized collection of pus surrounded by a painful pink- or red-colored tissue. A common sign of infection.

Anus: The opening at the end of the digestive tract through which fecal material is eliminated from the body.

Asymptomatic: An infection is present, but the person is not experiencing symptoms.

Birth Canal: The passageway through which the baby passes during birth, leading from the uterus through the cervix, vagina, and vulva.

Birth Control: The use of any practices, methods, devices, or medication that prevent pregnancy from occurring in a sexually active woman. Also referred to as contraception, family planning, and pregnancy prevention.

Cervix: The lowest end of the uterus. It attaches the uterus to the vagina, and provides a passage between the vagina and the uterus.

Cirrhosis: A chronic disease of the liver where normal liver cells are damaged and replaced by scar tissue. Results in painful swelling, loss of liver function, and liver failure.

Conception: When the male reproductive cell (sperm) fuses with the female reproductive cell (ovum).

Condom: A rubber sheath worn over the penis to prevent semen from entering the vagina during intercourse.

Discharge: A flow of fluids that may be normal or may be a sign of infection.

Ectopic Pregnancy: A life-threatening complication of pregnancy, when a fertilized egg implants and grows outside the uterus. Most ectopic pregnancies happen in the fallopian tube, but they can happen in the ovary, cervix, or abdominal cavity.

Ejaculation: The forceful ejection of semen from the penis at the climax of sexual intercourse.

Embryo: A baby in the very early stages of development, usually between the second and eighth weeks of pregnancy.

Erection: When the penis becomes enlarged and firm as a result of sexual excitement.

Fallopian Tube: The tubes that connect the two ovaries to the uterus. They carry eggs from the ovary to the uterus during ovulation. Conception happens when an egg and sperm unite in a fallopian tube.

Fertilization: The fusing of an ovum and sperm cell inside a fallopian tube.

Fetus: A baby growing inside its mother is called a fetus from the third month of pregnancy until birth.

Germ: An organism that is too small to be seen by the eye. They cause infection and disease when they enter the body. (Bacteria, viruses, fungi, and protozoa are the main types of germs that cause infection.)

Genitalia: The external sexual organs of a man (penis, testes) and woman (vulva).

Gestation: Pregnancy, from conception to birth.

Groin: The crease where the top of the leg meets with the bottom of the abdomen.

Hormones: Chemicals produced by the body to do a special job. For example, estrogen is a female hormone that regulates a woman's menstrual cycle and is important during pregnancy. Testosterone is a male hormone.

Immune System: The body's defense system, responsible for protecting the body against invading germs that cause infection and disease.

Implantation: The process by which a fertilized egg attaches to the inside of the uterus. Usually happens three to six days after the egg is fertilized.

Infection: An infection occurs when germs penetrate the body, causing symptoms associated with sickness and disease.

Infertility: The inability to conceive a child. Infertility affects both men and women.

Inflammation: Redness, heat, swelling, and pain at an area of infection or injury.

Laboratory Test: A medical test that analyzes samples of blood, urine, stool, tissue, etc., to determine if there is anything abnormal in the sample. Laboratories are equipped with special equipment that allows them to perform these tests.

Lymph Nodes: Serve as filters that attack and destroy germs that cause infection, and other harmful substances. Clusters of lymph nodes are found in the underarms, groin, neck, chest, and abdomen.

Menstrual Cycle: From the start of one menstrual period to the start of the next, usually about 28 days. Various changes occur in the ovaries and uterus during the menstrual cycle, caused by hormones.

Menstruation, Menstrual Period: The flow of blood and tissue from the uterus, usually occurring once a month. It usually lasts 3–7 days. Menstruation starts around ages 12–15, and ends with menopause at around age 45–55.

Monogamous: The practice of having one sexual partner during a period of time.

Mucosa (also called mucous membrane): The moist tissues that line the body's openings and organs.

Ovaries: The two internal female organs that produce ova. The ovaries are connected to the uterus by the fallopian tubes. The ovaries also produce female sex hormones.

Ovulation: The releasing of an ovum from one of the ovaries each month. It usually occurs 14 days before the next menstrual period.

Ovum: The reproductive cell of the female, also called an egg. The plural of ovum is ova.

Penis: The external male sexual organ.

Perineum: The area between the anus and the external genitalia.

Pubic Area: The area around the genitalia.

Rectum: The lower end of the digestive system, where fecal material accumulates before being eliminated from the body.

Reproductive Cells: The sperm cells of the male and ova of the female are the human reproductive cells capable of forming new life when united.

Reproductive Organs: The sexual organs of the body involved in producing a baby. In males: the penis, testicles, the duct system (epididymis and the vas deferens), and the accessory glands (seminal vesicles and the prostate gland). In females: the vagina, uterus, fallopian tubes, and ovaries.

Scrotum: The pouch of skin and muscle between the penis and anus that contains the testicles.

Semen: The thick, whitish fluid that comes out of the man's penis during ejaculation. It contains millions of sperm cells and other components.

Sexual Organ: Any anatomical part of the body that is involved in reproduction.

Sexual Secretions: The fluids that are produced by the sexual organs during sex.

Sperm: The male sex cells formed inside the male testes.

Systemic Disease: A disease that affects a number of organs and tissues or the entire body.

Testicle (Testes): A male reproductive organ located in the scrotum that produces sperm and male hormones.

Transmission: The passing of an infection from an infected individual to a non-infected individual.

Ulcer: An open sore of the skin, eyes, or mucous membrane. Often accompanied by infection and inflammation.

Urethra: The tube that connects the bladder to the outside of the body in both men and women. Urine passes through the urethra in men and women. In men, semen also passes through the urethra.

Urinary Tract: The system that produces, eliminates, and stores urine. The bladder stores the urine, which passes through the urethra on the way out of the body.

Urethritis: Infection and inflammation of the urethra.

Uterus: A muscular organ of the female reproductive system. A fertilized egg grows and develops into a fetus in the uterus until it is ready to be delivered.

Vagina: The passage that extends from the vaginal opening to the cervix.

Vulva: The external female genitalia that surround the opening to the vagina.

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