

Hi

I am Dr Lisa Nolland, a sex historian and convenor of the Marriage, Sex and Culture Group of Anglican Mainstream.

My topics for this session are outcomes for sexually active youngsters and why sex is big and often hazardous, especially for youngsters.

As Miriam Grossman MD notes, 'Young people are being taught they can safely play with fire, while [doctors' and therapists'] waiting rooms are being filled by those who have been burned, inside and out' [2011].

Given these huge fields, I can only start you off. But this presentation will be available with its links and resources at the end, including Eight Fast Facts on Sex youngsters need to know.

Most so-called Comprehensive Sex Education minimizes or censors out vital information about sex and bodies, including many of the unintended negative consequences.

Why? Because they counter the unreal but almost mandatory of 'when you feel ready, remember consent and condoms and then enjoy'.

Almost worse though is the false sense of security given to youngsters about what are actually high-risk sexual behaviours and their potentially life-altering consequences.

Hopefully we will run another conference in the autumn which will go into greater detail.

Outcomes

For today, however, what are some outcomes? According to leading Canadian research by Stan E Weed (2014/2018),

Whether or not a pregnancy or STI occurs, sexual initiation has been associated with poorer emotional health for adolescents, including lower self-esteem, regret of sexual activity, depression, and suicide, as well as a higher likelihood of experiencing sexual exploitation, dating violence, and unwanted or forced intercourse/rape.

<https://peaceontario.com/wp-content/uploads/2018/10/Provincial-Sex-Ed-Proposal-Oct.-2018.pdf>

These findings appear elsewhere, as well.

STIs: Who is most at risk?

We have seen how the vulnerability of the female teen cervix places girls at greater risk, and helps explain why, after MSMs (men who have sex with men) girls top the charts for STIs, followed by adolescent boys. There are two dozen plus STIs now; some are incurable and/or can lead to other diseases like cancer. (1)

Among those aged 15 to 24 years, men are three and a half and women seven times more likely to be diagnosed with an STI than their counterparts aged 25 to 64 years. Public Health England 2018

<https://app.box.com/s/j3vcapj7lx0lmxhe7giypakxehpqsf9/file/468477480234>

The message youngsters need to hear: One sex act gone wrong can be game changer which will impact their entire life. Is it worth it?

And this is not to mention the huge and sometimes life-altering ‘choice’ of abortion, adoption or single motherhood,

Why is sex big?

What else goes on in sex which makes it big?

Two answers here.

ONE The brain

The brain is the largest and most important sex organ in the body. Sex releases chemicals in the brain which create emotional bonds between partners; this chemical high can become addictive.

According to sex therapist Dr Patricia Weerakoon in her excellent *Teen Sex by the Book* (2nd ed, 2016),

Teenagers don’t always recognise the significance of sexual activity ... You don’t realise ... that, when you leave someone after having sex with them, you leave a little part of yourself behind (like you’ve superglued yourself to the other person and then ripped the bond apart)’, p. 124.

So bonding occurs, whether or not individuals know or want it: like gravity it is real and happens. After a breakup, depression and difficulties bonding to a new partner can ensue.

TWO Riskier sex

Though all sex is big, some types of sex carry greater risk: not all orifices (openings: mouth, vagina, anus) are equal. Other factors are the age of sexual debut; the numbers of lifetime partners; frequency; what else is involved (i.e. group sex, sex toys, pain or kink (increasingly spoken of as an ‘orientation’, drugs to open the anal sphincter, etc).

The safest sex is vaginal, then oral and finally anal. Because youngsters are increasingly encouraged to ‘explore’ sex, and concerns regarding pregnancy remain, anal intercourse is tacitly promoted to all, regardless of so-called ‘orientation’.

The Brook Traffic Light Tool for 13-17s gives a green light to ‘consenting oral and/or penetrative sex with others of the same or opposite gender who are of similar age and developmental ability’.

https://legacy.brook.org.uk/brook_tools/traffic/Brook_Traffic_Light_Tool.pdf

Why is this problematic? Well, first, what happened to the legal Age of Consent, which is still 16? Brook in effect is promoting illegal behaviour. But secondly, we know that anal sex is normal for many, though not all, MSMs (men who have sex with men), according to their own websites. But as we see below, the costs are high. Sadly, youngsters of both sexes are being told it is safe to practice it. What health risks will they then be looking at?

MSM comprise 82% of syphilis and 65% gonorrhoea cases [Public Health England 2018] and 51% HIV [Terrence Higgins Trust, 2018]. MSM comprise 2% (ish) of the population [ONS 2017].

It is interesting to note that Public Health England does not correlate the tiny sliver of the MSM population with their high rates of STIs, but that does not alter the realities.

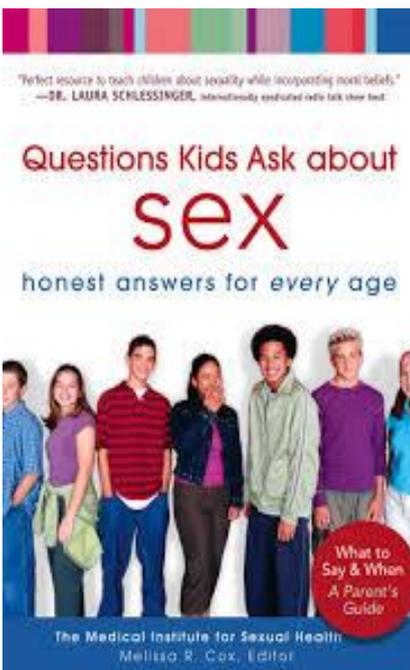
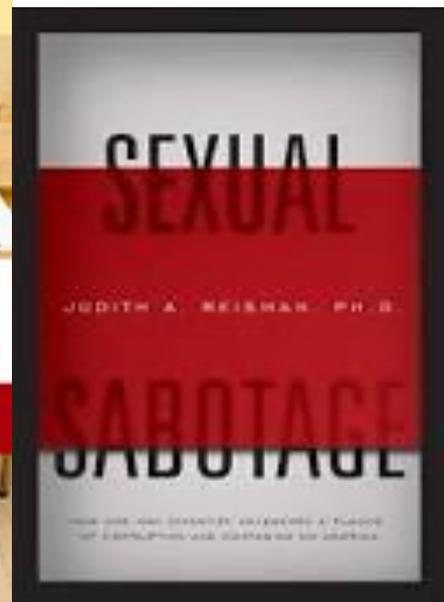
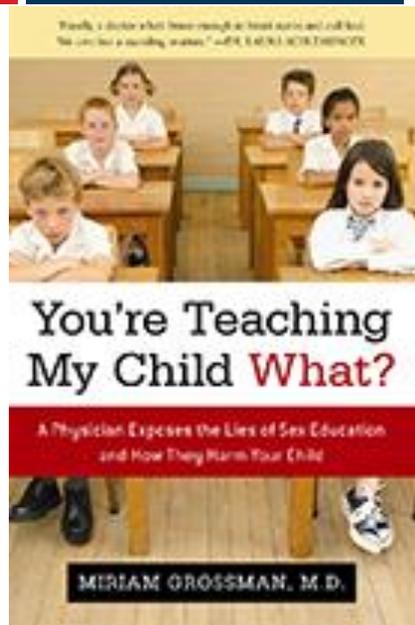
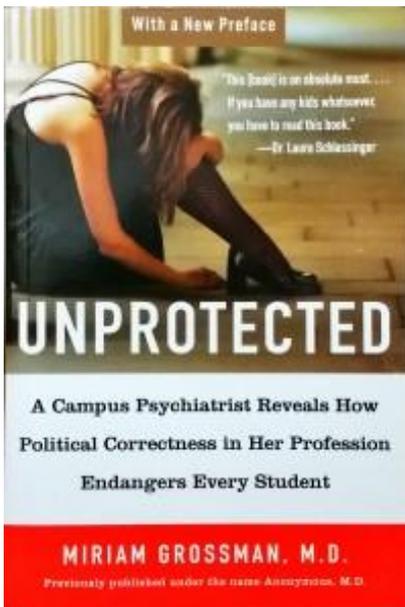
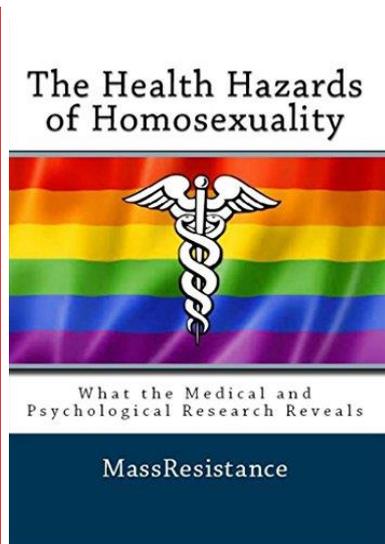
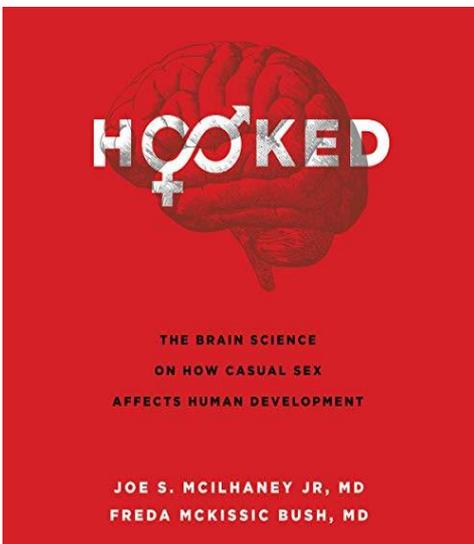
However, going further here, why is it so? Before we hear Miriam Grossman MD explaining the biology, I finish with Eight Fast Facts on Sex youngsters need to know.

1. Sex is big: no small matter
2. Sex is fab: God thought it up!
3. Sex is fire: and not just because of STIs/pregnancy
4. Sex has a bigger impact on your adolescent body than it will have on your adult body
5. Sex is superglue: whether you realize or want it to be or not
6. Sex is often addictive: again, whether you realize or want it to be or not
7. SO: sex is for **later!** Healthy marriage gives best sex!
8. There is always forgiveness and a fresh start: secondary virginity. Use your mistakes to help others and become a better stronger person. God never wastes anything.

And now to Miriam: <https://www.youtube.com/watch?v=21YvYPD56-U> 33.55-37.10



- (1) One of the best resources on STIs is GMFA's <https://www.gmfa.org.uk/Pages/Category/stis> (and to note, GMFA is a leading gay men's sex and sexual 'health' site, but it does engage with some of the hard medical fact); see also <https://www.webmd.com/sexual-conditions/ss/slideshow-std-pictures-and-facts>



Also and very important:

<http://www.miriamgrossmanmd.com/>;
<http://www.miriamgrossmanmd.com/learn/> Miriam's analysis of the New York City's sex ed 'demonstrates, in detail, the substantial flaws of so-called "comprehensive" sex education: the missing facts, inaccuracies, and unsound thinking. Most important, it explains how students are given a false sense of security about high-risk behaviors.

Also addressed is an issue that's usually ignored: definitions of terms. What do "sexual activity", "abstinence", and "risky behavior" mean? To what behaviors do they refer? The answers are troubling. Every discussion about sex ed must start with clarification of this issue'.

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