

## **Helping Teens with Their Sexuality**

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Puberty marks the onset of major sexual development in adolescence. A significant part of sexual development is achieving understanding of one's own sexual development and that of others. Teenagers face the challenge of choosing a framework of sexual values which will serve them in managing their sexual energy, protect them from risk-filled behaviors, and enable them to develop in a healthy way to adulthood. Helping teens with their sexuality is a formidable task for Christian parents. The prevailing values of the world run counter to traditional Christian values. It is not unusual to find among teenagers a belief system which includes values like "virginity is not cool," and "sex in a relationship is okay" (Gordon, 2000). Social pressures against sex for girls have dropped sharply (Tracy, 1994; Wolf, 1991). Teenagers now have more unsupervised time at home and opportunities for sexual involvement than did prior generations. In the climate in which teenagers are growing up today, a large portion of the general population accepts sexual intercourse as a natural and healthy part of unmarried, as well as married couples' relationships.

Raising the topic of sexuality with teens can be a frightening task. Not many parents feel comfortable doing it. Laaser (1999) points out that the sin of the first human pair resulted in a sense of sexual shame. "It is part of our nature since the Fall to have difficulty talking about sex" (p. xiv). He goes on to say that the greatest enemy of sexual wholeness is silence and that it's never too late to teach children about healthy sexuality because sexuality is something we learn about throughout life. Sexuality education is part of parents' good relationships with their children (Gordon & Gordon, 1989).

#### **Address Personal Attitudes toward Sexuality**

One of the main reasons parents don't talk to their children about sex is that they are uncomfortable discussing the topic themselves. . . . [T]he first task we must approach as parents is exploring and discussing our own beliefs and feelings about the subject. (Laaser, 1999, p. 2)

Our own sexual history, sexual traumas experienced in the past, or sexual addictions that may afflict us may contribute to our discomfort with discussion of the topic of sexuality. Personal reflection along with healthy dialogue with a spouse, counselor, pastor or friend may contribute to healing and a greater level of comfort with our own sexuality.

Many Christians cling to a philosophical dualism—the idea that things of the body are unholy, while things of the spirit are holy—which prevents a wholesome approach to the topic of sexuality. Scripture affirms that sexuality is God-given and affects every dimension of human nature. Many Christian books are now available which can provide invaluable aids to Scripture study and understanding (Mazat, 1996; Smedes, 1994; Wheat, 1980).

#### **Provide Access to Information about Sexuality**

Adolescence is a period for rounding out a fuller understanding of the male and female reproductive system and the basic principles of birth control. It is a time for a growing understanding of personal worth that leads to an enlarging respect for oneself and for others. Boy-girl relationships will expand, ideally in group activities that allow for many friendships to develop and many opportunities for social interaction. In adolescence, education regarding sexuality moves further into the realm of understanding what it means to be in love, learning about deepening levels of intimacy and trust, and making responsible decisions regarding sexuality.

Parents can make sure that their homes have books about sex which contain full and accurate information. These books will likely be read, though not perhaps in the presence of the parents. Parents can also inform their teen's physician of needs that their son or daughter may have for additional information and discussion about sexuality. Teens are usually interested in more information, but usually do not want to receive that information from parents. Parents should not withhold discussing their sexual beliefs and values, despite any teen reticence they may detect. Often it will be helpful for parents to ask themselves the question, "When I was my child's age, what did I need? What would have been helpful for me to hear? What information did I need? What would have calmed my fears?" (Laaser, 1999). Here are some issues teens have on their minds:

- How do you know if sex is right for you?
- How do you know if your partner cares or if you are just being used?
- How often do couples have intercourse?
- Can sperm swim through your jeans?
- How do you stop if you really feel you love your partner and would like to have sex, but are afraid of getting pregnant?
- What are advantages and disadvantages of different types of birth control?
- Is it true you can get pregnant if the boy pulls out in time?
- If sex is safe with a condom, what's the big deal?
- At what time of the month is a girl most likely to get pregnant? (Buth, 1998, pp. 79, 80)

The question of supplying information about contraception to teenagers, or even the contraceptives themselves is much debated. Many youth counselors are of the opinion that such information need not convey the message that sex is okay. The availability of birth-control methods makes education about sexuality and morality even more imperative.

There is no research that supports the idea that talking about any sexual matter, including the use of contraceptives, with a responsible adult encourages an adolescent to become sexually active. Instead, it's far more likely, as with other situations involving difficult decisions, that the more information a teenager has about sexual matters, the better these situations will be handled. (Tracy, 1994, p. 113)

Wolfe (1991) makes a point worthy of consideration when he says:

Someday there may be a cure for AIDS. At this point in time AIDS is a 100 percent fatal disease which can be spread by sexual contact. For children to contract AIDS because of a lack of information they did not get because we adults did not want to give it to them—this is not acceptable. (p. 174)

Lifting high the Bible's sexual standard must be parents' first and primary message, but it cannot be their only message. Despite parents' urging their teen toward sexual chastity and abstinence, and for reasons that may not always be clear or rational, many teens fail to heed the divine call to sexual purity or to avail themselves of the means to avoid compromising circumstances. Mistakes happen, poor judgment is exercised, even deliberate choices are made at times which result in sinful behaviors. Untold negative consequences result from any departure from the divine plan for sexuality.

Responsible parenthood, given the realities of a sexually immoral world and human frailty, is one which demonstrates concern for the safety and preservation of young people from

life-threatening disease and other consequences of sexual promiscuity. Appropriate education to inform youth about contraception and the use of prophylactic methods should be provided. Parents should take great care to anchor such education firmly in a scriptural understanding of the divine plan for sexual intimacy in marriage and to present the material in a manner befitting their teen's moral understanding so as not to be misunderstood.

### **Be Willing to Talk About Sexuality**

One of the greatest gifts we give our children is our willingness to talk about sexual subjects. "We must become as committed to discussing sexual matters and the multitude of experiences in life that influence our children's behavior as we are in discussing other home, school, health, and safety issues. . . . Our aim is to view all topics as worthwhile, interesting subjects for comfortable conversation (Tracy, 1994, pp. 107, 113). Some tips:

- Discussions that deal with choices and options rather than "do's" and "don'ts" are easier for adolescents.
- Keep the focus of the discussion on the teen's feelings, attitudes and beliefs rather than your own.
- Some questions that may help: "How do you feel when you see that?" "What do you and your friends think that means?" "Have you had a chance to talk this over with others?"
- Spring-board into conversation from magazine articles or television reports, such as date-rape, sexual harassment and abuse.
- Affirm adolescents often for the effectiveness of their methods and the things they did well in handling issues of sexuality.
- Confront problematic behavior positively, avoiding over-reaction: "I know you've been looking at those magazines in the garage. I'm not mad at you. I think it's normal for you to be curious about sex. I would like to talk to you about what women are really like and what healthy sexuality means to them." "I know what it's like to be attracted to those kind of videos. I was like that when I was your age. It's pretty normal. I'd like to share some things about sexuality that the videos don't always tell you."
- Empower teenagers with some responses they can use:  
*Explaining why you're not dating:* "I've had several invitations, but I'm only fifteen. My parents won't let me date until I'm sixteen." "My parents want what's best for me, and besides, I'll have chances later on when I'm old enough."  
*Avoiding behavior that is inappropriate:* "Not today, today's just not a good day for me."
- Admit your mistakes:  
 We have asked to sit down and talk with you because we want to try to correct a situation in which we feel we've made a mistake. There are a number of things that we haven't talked to you about. One of those things is sex. We know that what we're about to talk about might be embarrassing. We won't talk long tonight. We won't put you on the spot. We may want to talk to each of you alone about some of these things. Hopefully, this is the beginning of many conversations. (Laaser, 1999, p. 67)
- Become an "askable parent":

Askable parents feel positive about themselves and communicate well with each other. They also have a sense of humor and recognize that not every untoward event is a trauma. Their children tend to confide in them, recognizing that their parents have a lot of common sense. Askable parents can admit, “I’ve a better chance of bringing up children who respect their values than do those who are not responsive to their children’s sexual needs and curiosity.” (Gordon & Gordon, 1989, p. 54)

### **Make a Case for Abstinence**

**Scriptural support for sexual chastity.** Human sexuality was created by God and was included in that which He declared to be very good (Gen. 1:31). Sexual sin is a characteristic of the fallen world in which we live (Rom. 1:26-32). Our physical bodies, including our sexual parts, have been redeemed by Christ and belong to God. The Holy Spirit dwells in the body of the believer (1 Cor. 6:19, 20). Since they belong to the Lord, our bodies are not meant for sexual immorality (1 Cor. 6:13). Physical, emotional and spiritual union to form “one flesh” is God’s plan for marriage (Gen. 2:24). Ownership of their bodies is shared by husband and wife with each other (1 Cor. 7:4). Marriage is defiled when husband or wife share their bodies with others (Heb. 13:4). Sex outside of marriage prostitutes that which belongs to God and which He has reserved for marriage (1 Cor. 6:15-17). As a single person, Joseph recognized that sexual immorality was a sin against God (Gen. 39:9). The brothers of Shulamith recognized the importance of sexual chastity for her as a young person in their discussion of her as a “wall” or a “door” (Song of Sol. 8:9). Shulamith maintained her chastity (“I am a wall”) (Song of Sol. 8:10) and came to her husband on their wedding night as a virgin (Song of Sol. 4:12). Unmarried individuals are enjoined to avoid intimate sexual expression and lovemaking outside the bonds of the marriage covenant (Song of Sol. 2:7; 3:5; 8:4).

**Weakening of bonding potential.** Studies of pair-bonding in humans reveal a progressive sequence of interaction between male and female leading to deeper and deeper intimacy (Flowers, 1992; Joy, 1985). Outward physical signs symbolize awholistic process involving the total person—eye to body (attraction), eye to eye (mutual interest), voice to voice (soothing enchantment), hand to hand (caring touch), arm to shoulder (growing sense of belonging), arm to waist (dreaming, visioning, intentional coupleness), face to face (kissing, caressing, disclosing), hand to head (increasing vulnerability and trust), hand to body (familiarity with and thoroughgoing acceptance of the other person), mouth to breast, hand to genital, genital to genital (sexual stimulation and intercourse, complete vulnerability).

The further a person progresses through the sequence, the more difficult it is to abstain from intercourse. Also, as in taking a taxi ride, the further one goes, the greater the cost of getting out. Deep sexual bonding can create emotional involvements that are beyond the emotional capacity of the participants (Wolf, 1991). Many teenagers are brokenhearted after falling in love and then breaking up in the later stages of bonding. Some boys in particular become very upset and cannot pull themselves out of it. They may have serious thoughts of suicide.

Early sexual involvement cuts the process of relationship-building short, and “one fleshness”—the deepest levels of intimacy—may never be achieved. Further, promiscuous sexual involvement weakens one’s potential for permanent bonding. Gordon (2000) thinks of sex as the healing balm that carries married individuals over rough places. “Whenever sex is shared with anyone else before marriage, a little bit of the balm is used up in each encounter, thus leaving only a fraction (if any) balm available for the tough times in marriage” (p. 128). Individuals who do opt for monogamous marriages after earlier promiscuous involvements *can* develop faithful, trusting, fulfilling marriages, but they usually require more intentionality, a

vigilant attention to their exclusive bond, and often require outside support in the form of counseling and therapy.

**Danger of STDs and AIDS.** Sexually active teens run a high risk of contracting a sexually transmitted disease. Some 2.5 million cases of teenage STDs are reported each year. 25 percent of sexually active teens contract venereal disease before graduation from high school. Venereal diseases have serious reproductive tract complications including pelvic inflammatory disease, infertility and pregnancy disorders. AIDS is the seventh leading cause of death among fifteen-to twenty-four-year-olds.

**Risk of pregnancy.** The younger girls are, the more likely they will become impregnated during the first sexual intercourse. Teens who bear children are less likely to complete high school and have low paying jobs. Seventy percent will be on welfare assistance and 60 percent who marry the father will be divorced in five years (Gordon, 2000). Teenage fathers rarely stay involved, thus girls are left to tell parents, go through the pregnancy (or, as is often the case, endure the trauma of abortion), bear the baby, and rear the child.

**No safe sex.** There is no absolutely safe way of having sex. When intercourse occurs, pregnancy or a sexually transmitted disease is always a possibility. Research indicates that condoms have about an 80 percent success rate in prevention of pregnancy and about a 50 percent success rate in prevention of AIDS virus transmission.

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