

Safe Sex

What They Don't Tell You

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Ever since sex education was introduced into the public school system about thirty years ago, many people have had their sexual lives and values molded by these classes. In the last few years, instead of just encouraging casual heterosexual conduct, these classes have begun to promote homosexual and bisexual activity. Many of those first teenagers exposed to sex education have grown up, had children of their own, and allowed their teenagers to take the new generation of sex-education classes.

Many recognize that a great weakness in those classes is that God and morality are left completely out, giving young people the impression that if it feels good and if they take precautions, then no one gets hurt in the process. However, nothing could be further from the truth. Medical and psychological research proves beyond all doubt that casual sexual contact and sexual relationships outside marriage actually harm the participants whether or not they believe in God and whether or not they practice "safe sex."

Since God and morality are left out of most sex-education classes and, as a result, left out of many people's values, it seems logical to examine the issue from a purely scientific and psychological viewpoint. Thus, the discussion that follows examines "safe sex" from the viewpoint of the person who simply wants to get the most out of the sexual relationship without regard for God's laws. Since sexual stimulants bombard society through sex-education classes, English literature reading assignments, commercials, sitcoms, movies, magazine articles, music, peer pressure, and jokes, nearly everyone desires a fulfilling sexual life. The person, who is not saddled with religious taboos, may falsely assume that he has the best chance of all to get the most out of his sexual contacts with restraint only for safe-sex practices.

For Christians to examine safe sex from the viewpoint of a person, who simply wants to enjoy sex to the fullest without regard for God, is a righteous and noble thing. For example, Solomon wrote the book of Ecclesiastes about "life under the sun," as if there were no God, to discover the secrets of life. What is man's purpose in life? Why is man here? What will make man happy? Using social and psychological facts and experiments, King Solomon proved for all time the emptiness of a life that does not strive to serve God.

Thus, this booklet follows King Solomon's pattern and examines the current sexual conduct of society without considering God's laws and wisdom to see if God can survive the test of impartial scientific and psychological investigation. These facts will be invaluable for the teenager to use in his sex-education classes where law often forbids discussion of God and morals.

Likewise, adults, who allowed the sexual values taught in junior and senior high to shape their lives, will possess the necessary information to re-examine their conduct and form truly safe values. Unfortunately, teachers leave out a lot of medical and psychological information about "safe sex" or "safer sex," as some refer to it, that intelligent teens and adults need to consider.

Since sex education often begins in junior high and continues through senior high, examining what those classes actually teach is the logical beginning place:

In March 1984, the U.S. Department of Education held hearings in seven cities on proposed regulations for the Protection of Pupils Rights Amendment, which has come to be known as the Hatch Amendment. One of those who testified at the Seattle hearings was Mrs. Janet Brossard of Bellevue, Washington, who for three weeks attended her 8th grade daughter's sex-education classes.

As part of her testimony, Mrs. Brossard presented a questionnaire that was given to 13-year-olds in the 8th grade:

"Adolescent sexual behavior instructions. Indicate in the space provided the minimum age at which each of the behaviors listed is considered appropriate or acceptable in your value system. In other words, when is it okay to engage in — — —."

The child is then supposed to fill in the age for 25 activities: "Holding hands; kissing; French kissing; petting; masturbation; . . . love making with persons of the same sex; . . . smoking marijuana; drinking booze; getting drunk or stoned; having intercourse; having a variety of sexual partners; living together; getting married; creating a pregnancy; having an abortion; taking birth control pills; becoming sterilized."

"Then the instructions to the teacher," said Mrs. Brossard, "are that . . . they are to section off the room—'Is it okay before 14 or after 14'—and the children are to physically get up from their seats and go over to these sections and indicate which of these, or how, they answered the questions."

The obvious message sent to these youngsters is that all of these activities are fine; they need only determine for themselves the appropriate age at which to commence. (William F. Jasper, "Teaching the Perversions," *The New American*, 1/19/87, p. 21.)

This example of a discussion in a Seattle-area sex-education class provides a typical list of sexual activities that schools foster among teens as they advise, "Nothing is wrong with these activities. Just decide for yourselves at which age it would be best to engage in them." Each of these sexual items: "French kissing, petting, masturbation, love making with persons of the same sex, having intercourse, having a variety of sexual partners, living together, and getting married" will be discussed in order from a purely medical and psychological standpoint.

This booklet addresses the question, "How can a person have sexual fun?" The person who doesn't follow God's laws has no restrictions on fun; he just wants to get the most out of life. He watches television shows, reads magazines, hears his friends talk. Obviously, sex is very important, and the world thinks a lot about it, so the average person logically wants to know how he can get the most out of the sexual relationship. How can he really have the most fun? Do sex-education classes really teach the best way to have fun? On the following items, God is left out of the discussion until the conclusion. At that point, the relevance of God's basic law is shown:

1 Cor. 6:18: "Flee from sexual immorality. All other sins a man commits are outside his body, but he who sins sexually sins against his own body."

God's law protects His followers from great personal harm because God really can survive the test of modern science. Thus, the nicest thing a person can do for himself, whether he serves God or not, is to practice sexual purity.

French Kissing and Safe Sex

The first item to consider is, "At what age should you start French kissing?" New medical evidence affects the answer to this question since saliva is one of the body fluids found to contain the AIDS virus. The danger of contracting AIDS through saliva is frequently downplayed because the virus is not as concentrated in saliva as it is in blood, semen, and vaginal secretions. Therefore, it would take a lot of episodes of French kissing, an activity that goes on frequently in school halls, to contract AIDS.

However, a *Reader's Digest* article on AIDS warns that a weak exposure to the virus doesn't necessarily mean that a person won't contract AIDS. It may only mean that it will take longer for the disease to develop:

[The] latency period often seems longest when AIDS is transmitted sexually—especially through heterosexual contact—because this does not transmit a lot of the virus. People infected with larger amounts of the virus, such as through blood transfusions, appear to develop AIDS faster. (John Pekkanen, "Are We Closing In On AIDS?" *Reader's Digest*, December, 1989, pp. 79-81.)

With a disease like AIDS, that has such a long incubation period, scientists may not have all the facts for years to come. Each person must decide for himself if French kissing is worth the risk.

One of the co-discoverers of the AIDS virus tells about a wife who contracted AIDS through kissing her husband (there were surely many episodes of kissing over a long period of time):

Dr. Jerome Groopman of Harvard University and Dr. Robert Gallo of the National Cancer Institute (and co-discoverer of the original AIDS virus) reported in a leading British medical journal, *The Lancet* (December 22/29, 1984), that saliva was the mode of transmission from a man with transfusion-acquired AIDS to his wife. Their relationship was, according to Groopman, "limited to kissing." (Kirk Kidwell, "When Perversion Prospers," *The New American*, 1/19/87, p. 10.)

Even homosexuals recognize the potential danger of contracting AIDS through saliva:

The Gay Men's Health Crisis publication *Medical Answers About AIDS* warns: "Deep mouth-to-mouth kissing involving the repeated ingestion of a partner's saliva must be regarded as potentially high-risk activity." (Kidwell, p. 11.)

Many teens feel untouchable by death and disease because of the great health they frequently enjoy in puberty. Unfortunately, statistics do not bear out this confidence. An article on the rise of AIDS among teenagers quotes from a report released from the Washington-based Center for Population Options:

The study said, one in seven teenagers annually contracts a sexually transmitted disease [refers to all STDs—PRD]. . . . The center, a national organization concerned with adolescent sexuality and health, also estimated that only one-third of sexually active teenagers use contraception regularly and less than one-fourth of those who practice contraception use condoms. . . . Thus far, AIDS has been diagnosed in 184 youths aged 13 through 19, according to the federal Centers for Disease Control. . . . However, AIDS has been diagnosed in 9,377 young adults aged 20 through 29, the agency said. Because the incubation period between exposure to the virus and the onset of symptoms can be quite long—up to seven years or more—many young adults with the disease presumably were infected with the virus as adolescents, the agency said. (Marlene Cimon, "Risk of Youths Contracting AIDS Virus Is Seen on Rise," *Los Angeles Times*, 11/6/87, Part I, p. 20.)

A newspaper article shows just how fast AIDS is spreading among teenagers:

AIDS has increased more than tenfold among adolescents nationwide since 1985, when the running total for ages 13-19 was 71 cases. By the end of this January [1992—PRD], the number of adolescent AIDS cases had climbed to 797, with males outnumbering females more than 2 to 1, according to the Centers of Disease Control in Atlanta. ("The Pressure's On: Parents Need to Discuss Sexuality," *Seattle Post-Intelligencer*, 3/12/92, p. C3.)

All the figures in the two previous quotations come from the Centers of Disease Control. Combined, they show how cases of AIDS among teenagers, aged 13 to 19, is growing rapidly:

1985: 71 cases
1987: 184 cases
1992: 797 cases

In just seven years, the confirmed cases of AIDS in teenagers have gone from 71 to 797 cases. Those figures do not take into account the long incubation period for AIDS and do not show how many teenagers have the disease, but are still symptom free.

The mandatory testing of new recruits for AIDS by the military also shows the increase of the disease among young people:

This screening has detected the AIDS virus in the blood of one out of every 500 potential enlistees nationwide. And some groups of recruits show much higher rates of infection: Among 17 to 25 year olds from the New York-New Jersey metropolitan area, where sexually active young people are more likely to come in contact with infected individuals, the rate is more than double the national average—one in 100 has the virus. (Dava Sobel, "AIDS: What You Should Know! What You Should Tell Your Children!" *Good Housekeeping*, June, 1987, p. 71.)

Teenagers are at great risk for all kinds of STDs (sexually transmitted diseases), not just AIDS: A special program called "Sexual Survival," put on by King 5 Television in Seattle on January 15, 1992 for teens and their parents, started off by saying that 50 percent of all Americans will contract a STD at sometime in their lives. It stated that kids, who watch the most TV, have the earliest sexual activity and the highest rate of STDs. The program also said that college students provide an incredible source of STDs. The irony—they are a bigger source of STDs than prostitutes.

The same program showed a doctor examining a young man's mouth for venereal warts that are transmitted during oral sex. These warts are extremely contagious and, even though they might be removed, the virus still lingers and can infect others.

Herpes can also infect the mouth through oral sex. Likewise, Tim LaHaye explains in his book, *The Unhappy Gays*, that other venereal diseases can infect the mouth:

One doctor said, "There's a near epidemic of syphilis and gonorrhea—in the throat," and he went on to point out that most homosexuals don't realize that the throat is as vulnerable to venereal disease as the rectum. (Wheaton, Illinois: Tyndale House, 1978, p. 34.)

Obviously, the mouth can harbor numerous venereal diseases. Whether a person decides to start French kissing early in puberty or later as a young adult, that person risks French kissing someone who may have a lot of exposure to STDs. If there are sores in the mouth, the risk of contracting a disease increases.

For the person who just wants to have fun, the answer to the question, "At what age should you begin French kissing?" is different from what it would have been a couple of generations back. Then all a person had to worry about getting was someone's cold. Now a person has to decide if he wants to risk getting a venereal disease.

Petting and Safe Sex

The person, who just wants to have fun, may think, "There is more to do than French kissing. Maybe I can have fun petting." The person may not care what God says. He wants to know, is petting harmful to someone who just wants to get the most out of the sexual relationship?

I don't know about the physical or emotional danger involved in petting for boys. But girls risk a certain amount of danger in petting if they want to enjoy the most fun with sex.

Through more than twenty years of studying, teaching, counseling, and writing about marriage and the sexual relationship, I discovered that women, who practiced heavy petting during their school years, frequently suffered from serious sexual inhibitions in marriage. Girls may think heavy petting helps them get and keep a boyfriend and they may take pride in going only so far. Yet when these girls marry, they often care more about petting or foreplay than they care for sexual penetration with their husbands. These wives experience tremendous sexual frustration because of their inability to respond in a timely manner to their husbands.

No doubt, their husbands feel frustrated as well, because of the prolonged time spent in foreplay. After a while, sexual intercourse is not worth all the work and effort the husbands must expend to arouse their wives. So perhaps the danger to boys is that through heavy petting, they are turning a girl into a frigid lover for her husband. A boy might not worry about that unless, of course, he happens to become the unsatisfied husband.

Understanding a very basic psychological and physiological characteristic about the human sexual nature explains why this happens. Whether a person chooses to ignore God's laws or is a Christian, all people have the same sexual potential. *This common basic characteristic is that the human sexual nature is developed and learned over a period of time.* Sexual activity during puberty and early adulthood molds and affects the way the body responds sexually for the rest of a person's life. Other examples of this principle besides petting are given as the different sexual activities encouraged in sex-education classes are discussed.

For now, consider the impact of petting on a girl's budding sexuality. When a young woman engages in petting, she teaches her body how to respond sexually. Such activity tricks the body into believing that petting or foreplay is what sex is all about. But prolonged heavy petting is an immature form of love making. Frequently, women become frigid in marriage because their bodies no longer understand that foreplay is just the beginning and often demand prolonged foreplay before becoming sufficiently aroused for penetration.

Dr. Marie Robinson, a highly respected psychiatrist who for decades helped women reach their full potential as lovers, explains that there is very little difference in arousal time between men and women in her book *The Power of Sexual Surrender*: It takes a young woman only about six seconds to reach full readiness for penetration as compared to three seconds for a young man. (New York: New American Library, 1959, p. 23.) Ronald Deutsch, another expert in the field of female sexuality, agrees: "Experts have observed that for the woman who understands her role in intercourse, and has learned to respond to it, there are often times when very little preparation is needed." (*The Key to Feminine Response in Marriage*, New York: Random House, 1968, pp. 88-89.)

As the couple ages, the sexual responses of both the husband and wife slow down, but the wife continues to stay about even with her husband. Whereas it used to take seconds for the man to respond, it now may take several minutes.

Thus, if women do not deceive their bodies during puberty and maintain healthy attitudes toward lovemaking, their bodies respond readily to their husbands' advances. So petting is not safe for girls. It can damage their budding sexuality and trick their bodies into responding in an artificial way. Heavy petting during courtship robs women of the joy of mature lovemaking with their husbands.

If a person desires to get the most out of the sexual relationship and to enjoy a lifetime of sexual fun, a few years of heavy petting during the school years is not the answer. The risk of future misery is too great whether as a frustrated husband or a frustrated wife.

Masturbation and Safe Sex

The next question a person, who just wants to have fun, might consider is, "At what age should a student start to masturbate?" Some educators advocate, "Masturbation is a safe way to drain off your sexual energies without risk of disease. Masturbation won't harm you or anyone else."

Sex-education classes make fun of Victorian teaching about masturbation. At the turn of the twentieth century, doctors taught that masturbation caused bright fiery red pimples with black heads. They also taught that masturbation made girls flat chested. In sex-education classes, teachers point to these ridiculous beliefs and say, "See there! This is what people used to think and now we know this is not true. This was ridiculous and masturbation is harmless."

However, masturbation is not a harmless activity. Masturbation produces profound side effects for both boys and girls. I learned this about fifteen to twenty years ago when *Ms Magazine*, a feminist publication, first came on the market. All the ladies' magazines carried ads, "Send for a free *Ms Magazine*, a brand new ladies' magazine. Try it for free; if you like it, keep it. Don't do anything and we'll bill you later. If you don't like it, just cancel and owe nothing."

My husband saw these ads and said, "You ought to send for this magazine. There will be a lot of good material for your ladies' classes."

So I sent for the magazine. I don't know if the first magazine that came was the premier issue or not, but it was one of the first few issues of *Ms Magazine*. It opened up naturally to the center, which contained a two-page spread of some artist's drawing. Since it was modern art, it took me a little while to figure out what the picture was. After a while, I realized I was looking at some artist's view of a woman's genitalia. As I began reading the article, it soon became obvious that it was written to teach women how to masturbate. As the author taught women how to masturbate, she also openly taught them how to be lesbians.

Becoming a lesbian is a learned response; nobody is born a lesbian. When girls practice masturbation, they deceive their bodies into believing this is a natural sexual response for them. Thus, lesbians learn to respond sexually to other women during the years when their sexuality is budding and forming.

As I began to understand what this article was all about, I thought, "I don't want this in my mind!" and I did not read the rest of it. I later destroyed the magazine because I didn't want it in my home and canceled the subscription.

At this time, we lived in Spokane, Washington, where there was a bookstore called "Past Time," run by feminists. The name was "Past Time" because it was past time for women to stand up for their rights. I frequently went to the bookstore to pick up free literature or buy inexpensive booklets so that I wouldn't be naive about the feminist movement that was just beginning to gain momentum at that time.

I saw their advertisements for lesbian softball games at the local park. As I became more aware of their material, it became clearer that these women knew that lesbianism was a learned response. They continually tried to teach women how to respond sexually to other women. The disposition to be a lesbian is not something a woman is born with. It is learned, and the hard-core feminists know they can teach anybody to be a lesbian. If they take a woman when she is young, just as her sexuality is budding, they can make her think, "I was born this way." She wasn't; she just taught her body that masturbation is what sex is all about. Lesbianism develops through masturbation. Girls sometimes start masturbating with each other and think it is harmless. Masturbation is not harmless.

Tim LaHaye in his book, *The Unhappy Gays*, says that nearly every homosexual he has "counseled or studied has been an early and heavy masturbator. In fact, masturbation seems to be a first sexual step toward homosexuality." LaHaye also says that many homosexuals admit to starting out in groups of other boys who masturbated together. (LaHaye, p. 81.)

Thus, sometimes when young boys get involved in masturbation, it leads them into homosexuality. It also causes boys to think they were born this way. Masturbation deceives a boy's body into responding in an artificial way and teaches his body to think that this is normal for him. He thinks masturbation is what the sexual relationship is all about because it gives him a certain amount of pleasure, when really it is not. Masturbation is not safe. It is not harmless. It teaches the body to respond in an artificial way and blocks the body's ability to respond fully to a member of the opposite sex.

Suppose a person argues, "I'm not going to become a lesbian or a homosexual; I'm not going to carry it that far. I'm just going to use it while I'm in school to drain off my sexual energy so I won't be messing around with girls and getting them pregnant or getting a venereal disease."

Even if a person does not carry masturbation to the point of homosexuality, when it comes into the marriage, it still brings problems. A man who masturbated in his youth learned an artificial way of responding sexually. Thus, a lot of times when such a man marries, he is turned off by sexual intercourse; or he is not as interested in lovemaking as his wife; or he doesn't enjoy it to its fullest. Although such a husband is heterosexual and is interested in women, he has denied his body its supreme joy in the union with his wife.

Tim and Beverly LaHaye say in their book, *The Act of Marriage*, that a man's heavy use of masturbation is the most common cause of a low sex drive in a husband for his wife. They say that a man often gets into the habit in his youth and carries it over into his marriage. When a couple comes to them for counseling because of a husband's low sexual interest, the first question they always asks is if the man masturbates. (Grand Rapids, MI: The Zondervan Corporation, 1976, p. 169.)

The same is true with women. Reading Dr. Ruth's column several times readily shows this is true. Women continually write her and say, "Dr. Ruth, I can masturbate and bring myself to orgasm, but when I'm with my husband I can't do it. He is so hurt; he is so frustrated; what's wrong with me?"

Sometimes, Dr. Ruth gives good advice and says, "You've learned to respond this way in the past, you need to wean yourself off it and teach yourself how to respond with a man." Other times, she says, "What's wrong with that? Just make that part of your relationship with your husband." Because masturbation is not what sex is all about, women many times are not all that satisfied. As a result, Dr. Ruth frequently recommends that women use vibrators to try to replace the missing excitement in their love-lives. Masturbation is not enough by itself to give total satisfaction.

When a student hears a teacher ask, "At what age should you start masturbating?" the answer is, "Never!" Masturbation is too dangerous because it teaches the bodies of young boys and girls artificial ways of responding. It causes problems later on whether or not a person serves God or becomes a homosexual or marries.

Unfortunately, masturbation contains even more dangers: A male needs something else to put with masturbation to get his thrills—he needs fantasy. Thus, young boys and men frequently start reading pornography and then carry that practice into their marriages. Their wives feel rejected because their husbands insist on pornography to get turned on. Their husbands' bodies do not respond to a normal relationship with a woman as they should.

Dr. James Dobson, who has written many books such as *Love Must Be Tough*, *The Strong-Willed Child*, *Hide or Seek*, etc., was on the former Attorney General Edwin Meese's federal Commission on Pornography. During this time, he interviewed Ted Bundy, a serial killer from the Northwest who confessed to raping and killing at least thirty young women. Dr. Dobson's interview shows how pornography is not what sex is all about either and is not all that satisfying:

Ted Bundy said it was "important to me that I'm not blaming pornography, . . . I take full responsibility." But he said hard-core pornography "guided and shaped" what he did.

As a boy of 12 or 13, Bundy said, he began reading violent, hard-core pornography and detective magazines he found in garbage cans. But after a time, Bundy said that no longer satisfied him, and he wondered what it would be like to carry out his urges.

When Bundy noted that there are people who do not commit crimes after being aroused by pornography, Dobson asserted in the interview that "there is a percentage of people affected by hard-core pornography in a very violent way, and you are obviously one of them."

The Meese anti-pornography commission declared in 1986 that links exist between sexually violent materials and "anti-social acts of sexual violence"—contrary to a 1970 presidential commission study on pornography that declared such evidence was lacking. (John Dart, "Porno Foe Has Unusual Ally in Killer Bundy," *Los Angeles Times*, 1/25/89, Part II, p. 3.)

Bundy admitted that he taught his body these things by reading pornographic magazines and thinking about them. Pornographic magazines do not make money by writing articles about husbands loving and being gentle with their wives. They turn to the bizarre and cruel to sell magazines. These are not harmless activities that a person can do for a little while and not reap the penalties.

Sometimes little children touch themselves. The first thing a parent might consider is to get rid of all colored toilet paper—even for little boys. Several different columnists have explained that colored toilet paper contains a dye that causes an allergic reaction in some people. It makes them itch and want to scratch. Sometimes the problem is immediately eliminated by buying plain white toilet paper.

If that doesn't work, parents might treat it like thumb sucking. Parents don't want their children to suck their thumbs because it causes dental problems. Yet parents don't make a big issue of it so that it becomes a bigger problem due to the way they dealt with it. So when parents see their children sucking their thumbs, they pull the thumbs out and say, "Oh, you don't want to do that" and ignore it. Pretty soon, the children aren't sucking their thumbs anymore. So if parents see their children touching themselves, they might treat it in the same casual way so that they do not create a problem, but do not encourage it either.

Parents can also protect their boys by helping them get involved in sports or other physical activity to drain off their excess energy. Parents need to carefully consider this and plan about it.

Another thing parents need to consider is that homosexuals are roaming and always looking for marks. Since many are attracted to young boys, parents need to realize their sons could become victims of someone like this. Thus, parents should continually remind their children that other people may do something to them and tell them, "If you tell your mother or dad, you're going to get into trouble."

Parents can tell their children, "If someone ever tells you you will get in trouble, come tell me, because you will not get into trouble. That person is telling you that because he knows he will get into trouble and he doesn't want to get into trouble." Parents should also deal with the possibility of a threat to kill the parents or the child if the child tells. By keeping dialogues going with their sons, parents can help protect them from getting involved in homosexual activity. Children, in their innocence, do not always recognize dangerous activities. Parents must not be naive about the ways of homosexuals.

As the person, who just wants to have fun, thinks about masturbation and how it leads to other problems, notice the next activity on the list, something that can be the next step up from masturbation:

Love Making with Persons of the Same Sex and Safe Sex

If a person wants to enjoy the most fun in life, wants to delight in the sexual relationship, will he find true love with a member of the same sex? A person may think, "Maybe homosexuals are happy and don't care. Maybe I would be happy this way. It really wouldn't make any difference."

Except gays are not happy, which is where Tim LaHaye's title comes from, *The Unhappy Gays*. This type of activity is not what sexual love and a sexual relationship are all about. For this reason, homosexuality is not very satisfying. Gays are some of the most promiscuous men on the face of this earth. Many authorities say that gays are continually looking for a new body, a new thrill, some new type of artificial technique because they are not satisfied in this relationship. LaHaye quotes one psychologist who says, "It is not uncommon for a homosexual to 'have sex' with as many as 2,000 different people in a lifetime." (LaHaye, p. 30.)

A newspaper story demonstrates this same promiscuousness, even when the homosexual has AIDS:

Police have arrested a man with AIDS who may have had sexual relations with several hundred teenage boys, possibly infecting them with the deadly disease, the district attorney said yesterday.

. . . The defendant was arrested Wednesday and arraigned Thursday on charges of involuntary deviate sexual intercourse, sexual abuse of children, indecent assault and corrupting the morals of a minor.

. . . The district attorney said that after his arrest, he acknowledged he has had AIDS for at least one year, and had been infected with the AIDS virus for one to two years before the onset of the disease . . . She said the man invited boys to his apartment and paid them for their underwear and socks and for sexual contact. (The Associated Press, "AIDS Victim May Have Put Hundreds of Boys at Risk," *Seattle Post-Intelligencer*, 3/28/92, p. A3.)

Many gays brag about monogamous relationships. Yet such relationships for homosexuals typically last only two to three years at the most. Even then, gays may not be faithful to their partners. The suicide rate among the homosexual community is twelve to fourteen times greater than that of the straight community. (LaHaye, pp. 30-40.) Homosexuality does not make people truly happy or satisfy their sexual needs.

Logic shows that the human body is not designed for this type of relationship. Two female bodies or two male bodies do not fit together perfectly. The people involved in these types of relationships are frustrated and continually searching for better ways to stimulate themselves and their partners. They need all kinds of gadgets and techniques to achieve sexual relief. Likewise, because homosexuals use body parts in an artificial way, they traumatize their anuses and make them more susceptible to all kinds of STDs such as warts, etc. They must use drugs to make the anal sphincter muscle respond to purposes for which it was not designed. In spite of drugs, they often damage their sphincter muscles which leads to anal incompetence—dribbling or leaking of the stool. (David A. Noebel, Paul Cameron, Wayne C. Lutton, "AIDS Warning," *The New American*, 1/19/87, p. 13.) and (LaHaye, p. 34.)

In addition, same-sex intercourse is even more dangerous than just the frustration of satisfaction aspect because of AIDS:

Experts agree unanimously that AIDS is transmitted largely by homosexual behavior and intravenous drug use. "Men who have sexual relations with other men are especially at risk," says Surgeon General Koop. "About 70 percent of AIDS victims throughout the country are male homosexuals and bisexuals."

. . . AIDS, originally called GRID (Gay Related Immunodeficiency Disease) and now renamed HIV (Human Immunodeficiency Virus), is a homosexual venereal disease. Unfortunately for the human race, however, this disease has the potential for becoming much more than just a homosexual disease—especially as it mutates and infects the heterosexual population-at-large.

. . . All AIDS carriers and their victims are affected by such incredible homosexual behavior [refers to the homosexual practice of having relations with 100s of men each year—PRD] either immediately (bisexuals, intravenous drug users, prostitutes) or mediately (hemophiliacs, blood recipients). In other words, promiscuous homosexuals are infecting other groups: intravenous drug users, bisexuals, and prostitutes. They in turn pass the virus (presently found in body fluids: semen, blood, feces, sweat, saliva, urine, vaginal secretions, tears) to promiscuous heterosexuals who infect their wives, who infect their children. (Noebel, Cameron, Lutton, pp. 12-13.)

While many people know AIDS originated in Africa, many do not know that the homosexuals there are at the heart of the problem in that country:

Newsweek (November 24, 1986) cited Dr. Jairo Kidenza's explanation for AIDS in Kashenye, Tanzania—"Kashenye was like Sodom and Gomorrah." Homosexuality is part of puberty rites in many tribal customs. . . . Homosexuality, bisexuality, and prostitution are rampant in Central Africa. Studies have shown that Africans with AIDS had an average of 32 sex partners compared to only three partners for a control group of uninfected Africans. (Noebel, Cameron, Lutton, p. 14).

William H. Masters, M.D. and Virginia E. Johnson along with Robert C. Kolodny, M.D. wrote a new book in 1988 called *Crisis: Heterosexual Behavior in the Age of AIDS* that addresses the problem of AIDS. Masters and Johnson exercised tremendous influence on the morals of this country when they came out with their first study titled *Human Sexual Inadequacy* about twenty-five years ago. Scientists today do not voice a lot of confidence in their figures because their test subjects were not typical of the average person. Masters and Johnson used only people who could perform sexually in a laboratory with lights and cameras and all kinds of wires hooked to them. They used people who could perform with multiple partners. If a subject didn't have a partner, they found him one, either live or mechanical. Obviously, the results of Masters and Johnson's tests show only what sexually promiscuous people require to experience orgasm. The things they advocate have nothing to do with God or morality. However, they are concerned about male and female sexual behavior in the age of AIDS and say:

There have been several different mechanisms by which the AIDS virus "crossed over" from the original high-risk groups to the general population. Certainly, bisexual males represented one of the earliest vectors of this crossover. (William H. Masters, M.D., Virginia E. Johnson, and Robert C. Kolodny, M.D., "AIDS: Worse Than We Think?" *Good Housekeeping*, May, 1988, p. 165.)

Sometimes bisexual conduct is popular on college campuses where its champions reason, "If you really want to be loving, then you should be able to respond to people of both sexes." Masters and Johnson continue:

Indications are that the AIDS virus is slowly but surely working its way into the younger population—the 15- to 24-year-old age group—which has, at least in the last quarter-century, been the primary wedge driving epidemics of sexually transmitted diseases (STDs) in the United States and elsewhere across the world. (Masters, Johnson, and Kolodny, p. 165.)

Thus, Masters and Johnson warn that for the last twenty-five years (about the length of time that public schools have taught sex-education classes), the 15- to 24-year-olds in this country have caused the epidemics of all sexually transmitted diseases. Since the highest rate of STDs is among this age group, it naturally follows that AIDS is also coming into this group. They continue:

Equally alarming is the not unexpected concentration of infection among heterosexuals with what used to be called "highly promiscuous" patterns of sexual behavior might now be better labeled "sex with multiple partners." People who elect to have numerous sexual contacts with multiple partners in the era of huge medical campaigns about genital herpes and AIDS tend to be people who don't think they are personally at risk for these infections. Their denial of risk not only allows them to maintain their pattern of sexual behavior in a relatively worry-free state, but also means they will be unlikely to use standard precautions for so-called safe sex, such as condoms or avoiding anal intercourse. Since these people are having sex with numerous partners, they are increasing the likelihood of spreading their infection, and the people they are infecting are in turn likely to expose large numbers of people. (Masters, Johnson, and Kolodny, p. 166.)

Masters and Johnson explain the size of the problem:

The immense size of the pool of uninfected but potentially at-risk heterosexuals is so much larger than the pool of homosexual and bisexual men, numerically speaking, that, if no way of containing the rate of spread in the general

population is found, the epidemic will explode in a manner that will make the numbers from 1981 to 1986 seem tame. Under these circumstances we would expect that by 1993 over one-quarter of the new cases of AIDS will occur in the heterosexuals who are not intravenous drug users. By the turn of the century, more than half of AIDS cases will be in the heterosexual population. (Masters, Johnson, and Kolodny, p. 266.)

In their study, Masters and Johnson found twenty-four people who were infected with the AIDS virus. They explain:

If each of the 24 infected people in the non-monogamous group is having sex with 15 others in the course of a year, then these 24 people have directly exposed 360 people to the virus through their sexual meanderings. If each of these 360 people has sexual contact with five additional partners, an additional 1,800 people will have been potentially exposed by the original group of 24. (Masters, Johnson, and Kolodny, p. 267.)

This is just twenty-four people in a small sampling who have AIDS. Notice the result as more and more people contract AIDS:

As larger numbers of people are exposed, larger numbers of infections are transmitted, both sexually and otherwise. With time—perhaps within just a few years—there will be a "trickle-down effect" in which infection with the AIDS virus will be commonplace, not just in persons who have had many sex partners, but in heterosexuals who have had relatively few sex partners in their lives. (Masters, Johnson, and Kolodny, p. 267.)

Masters and Johnson, researchers who do not consider God in their work, give almost unbelievable advice for their first choice for avoiding AIDS:

Abstinence. Although the choice does not have much appeal to most adults, there is something to be said for a deliberate decision to abstain from sexual activity as a means of completely avoiding the risks of sexual exposure to the AIDS virus. To serve this purpose, though, abstinence can't be a part-time proposition: It must become, in effect, a way of life. (Masters, Johnson, and Kolodny, p. 267.)

This is what Masters and Johnson say: If you want to avoid AIDS, *abstinence* is the only sure way to do it. Then they add:

Safe sex. There is one set of circumstances under which all forms of sexual activity can be considered totally and completely safe from the standpoint of exposure to the AIDS virus. This is, of course, *a relationship where both partners have no prior sexual contacts with anyone else* [emphasis mine—PRD] and have not been exposed to the AIDS virus by non sexual means. (Masters, Johnson, and Kolodny, pp. 267-268.)

Notice what Masters and Johnson say "safe sex" is: "Both partners have no prior sexual contacts with anyone else!" Sounds like marriage, doesn't it? Because of the AIDS virus, these researchers, who don't consider God's teaching, realize from a scientific standpoint that this is the way it has to be. Of course, everyone is talking about "safe sex." But consider Masters and Johnson's comment about it:

While it is true that condom use can effectively *reduce* the risks of unsafe sex, it is emphatically not true that condoms provide a foolproof means of avoiding exposure to the AIDS virus. As most people realize, they provide only a flimsy barrier, and they are subject to manufacturing or packaging defects that may cause them to leak. (Masters, Johnson, and Kolodny, p. 268.)

Even Masters and Johnson, who helped pioneer multiple-partner sex, do not endorse condom use as a means of avoiding AIDS. In fact, they advocate giving up multiple partners to avoid AIDS. Masters and Johnson also have "a special word about teens":

Thus far, AIDS has primarily affected adults in the 20- to 40-year-old age bracket, but experts fear that teenagers will be the next major target of the epidemic. Many teens are sexually active and many teens use drugs. Both activities put them right in the path of a speeding locomotive. . . . Many of the curricula supposedly teaching teens about the AIDS epidemic don't discuss homosexuality or bisexuality at all; others don't mention condoms; still others give the message that abstinence is the only way to avoid a terrible death. Unless adolescents and young adults can be convinced that the AIDS virus is a reality in their world right now, it is unlikely that there will be enough of a shift in behavior to keep this epidemic from expanding at an alarming rate. (Masters, Johnson, and Kolodny, pp. 268-269.)

Other medical authorities agree with Masters and Johnson about the lack of safety in using condoms:

While condoms have been shown to be impermeable to the Aids virus *under laboratory conditions* [emphasis mine—PRD], the only study to date on the efficacy of condoms in heterosexual intercourse found that they failed to prevent

transmission 17 percent of the time. [Fischl, Margaret A., et. al. *The Journal of the American Medical Association*, February 6, 1987] This failure rate is similar to the risk of playing Russian roulette. (Kirk Kidwell, "The Truth About Aids: Eighteen Questions and Answers on the Epidemic," *The New American*, 8/13/87, p. 13.)

Think about playing Russian roulette and consider the odds: *The Journal of the American Medical Association* gave the failure rate for protection from AIDS as 17 percent per incidence of intercourse. That compares to playing Russian roulette with a six-shot revolver with only one bullet in the cylinder. The first time the player spins the cylinder and fires, he has a 83 percent chance of not blowing his brains out. By the second time he spins the cylinder and fires, he only has a 70 percent chance of not ending up dead. By the third time he spins the cylinder and fires, his chances decrease to 58 percent. If he is foolhardy enough to continue to play, by the fourth time he spins the cylinder and fires, his chance of survival decreases to only 48 percent.

Yet many people continue to play around with sex and STDs so he spins the cylinder a fifth time and fires. He has only a 40 percent chance of surviving the fifth attempt. Suppose he thinks he is lucky and spins the cylinder yet a sixth time, his chance of surviving the game is only 34 percent. After such odds, you'd think he would quit, but he doesn't. He spins the cylinder a seventh time, and this time his chances of surviving all seven attempts are down to 28 percent. "This is fun and there is only one bullet!" he claims and spins the cylinder an eighth time. His chances of walking out of the room are now down to 23 percent. He didn't do well in math in school and doesn't realize the odds are closing in on him each time he spins the cylinder and fires. He boldly plays a ninth time, and now the odds of him surviving to play again are 20 percent. "I'm getting away with this!" he exclaims as he spins the cylinder a tenth time and fires. Yet his chance of *surviving all ten shots* is only 16 percent.

In this illustration, the player miraculously lived through ten trials from a six-shot pistol with only one bullet and spinning the cylinder each time before firing. Fortunately, few intelligent individuals are willing to play even one round of Russian roulette with a real gun. Yet many of those same individuals play sexual roulette with STDs, including AIDS, and do not give it a second thought. Oh, they know condoms aren't truly safe. That is why they started calling it "*safer sex*." They know that; yet they continue to play.

Dr. Helen Singer Kaplan, a leading expert in sexual behavior, frequently writes for the ladies' magazines. Her articles never refer to God. She always expresses her point of view as that of a psychiatrist. Mr. Kidwell quotes Dr. Kaplan along with doctors Clifford J. Sager and Raul C. Schiavi, all of whom wrote in the *Journal of Sex & Marital Therapy* (Winter 1985) to warn:

There is no such thing as "safe sex." The use of barrier contraception *may* reduce, but does not stop, sexual transmission. Advising persons who are carriers, or persons in high-risk groups who have not been tested and may be carriers, that it is safe to have sex with condoms is false, provides an erroneous sense of security, and can kill partners. (Kidwell, p. 13.)

Thus, medical authorities, who do not appeal to God in their teachings, readily recognize that condom use does not equal safe sex. Even the former Surgeon General of the United States, C. Everett Koop, made a shockingly similar statement about safe sex:

Abstinence is the only way you can be perfectly protected [against AIDS]. The next is through the establishment of a mutually faithful monogamous relationship. If the people who hear this message are foolhardy enough not to accept it, then as a public health officer I have to say there is protection in a condom. (Dava Sobel, "The Surgeon General Talks to GH Parents About AIDS Education," *Good Housekeeping*, June, 1987, p. 74.)

Dr. Steve Brestin and Dee Brestin wrote in "Beyond the Birds & Bees" about the unreliable nature of condoms even for preventing pregnancy:

If you are going to be promiscuous, it is better to use a condom than not to use one. But that is like saying, if you are going to go over Niagara Falls, it is better to have the protection of a barrel. . . .

We need to alert administrators and teachers that condoms do not mean "safe" sex. Here are just a few of the reasons: Condoms are the least effective birth control device, having a failure rate of 14 to 32 percent among married couples. . . . Add to that the fact that while a woman can get pregnant only three to five days of the month, she can get AIDS any day. Due to the nature of homosexual intercourse, there is a thirty to fifty percent breakage rate for condoms. (Steve Brestin, M.D. and Dee Brestin, "Beyond the Birds & the Bees," *Today's Christian Woman*, January/February, 1988, p. 37.)

Dr. and Mrs. Brestin continue by exposing the failure of modern sex-education in the schools to promote safe sex:

Although it seems absurd in the face of AIDS that sex-education programs could be encouraging homosexuality and promiscuity, that is what many are doing. Many contemporary public school health texts embrace the notion that individuals should be encouraged to experiment and to express themselves sexually in any way they choose. Well-intentioned, but deceived, teachers are standing before junior-high school students and describing how to have "safe"

anal sex with condoms. Many school-based health clinics are passing out condoms as if they were aspirin. (Brestin and Brestin, pp. 37, 68.)

Even while the new female condoms, just invented, promise to give greater sexual freedom, they do not hold the answer. They, likewise, have failure built-in:

Women will soon be able to wear condoms, finally giving them the power to protect themselves from the AIDS virus and other sexually transmitted diseases. The new condoms go on sale in Switzerland early in February and in France and Britain later in the year. U.S. health experts could recommend approval at the end of the month.

. . . Unlike the diaphragm, which only stops sperm from passing the cervix, the female condom protects the entire vagina and labia from contact with the human immunodeficiency virus, which causes AIDS.

The condom doesn't tear like latex male condoms, Rowe said, but it is trickier to use. He therefore expects a pregnancy rate of about 4.5 percent. (The Associated Press, "Female Condoms Give Women a New Option," *Seattle Post-Intelligencer*, 1/18/92, p. A1.)

If sperm escapes enough times to give a 4.5 percent pregnancy rate considering that a woman can get pregnant only certain times of the month, just how much protection against AIDS do female condoms really provide since a woman can catch AIDS any day of the month? Even the person, who just wants to get the most out of sex, can see the foolishness of depending upon a condom for protection. A more recent article says that manufacturers give undependable protection rates for the new female condom:

FDA experts and members of the scientific advisory panel repeatedly expressed concern that "Reality," as the condom will be known, may not be as effective as manufacturers say in preventing pregnancy and disease. . . . Preliminary results indicate that if 1,000 American women used the condom for six months, 104 of them would get pregnant. This takes into account instances in which the device is used improperly and is a prevention rate comparable to that of diaphragms and other barrier contraceptives, company officials said. (Cox News Service, "Female Condom Is Endorsed," *Seattle Post-Intelligencer*, 2/1/92, p. A3.)

Dr. and Mrs. Brestin bemoan the harm of sex-education classes in the schools:

The evidence is out: Sex education programs based on the assumption that most teenagers are sexually active (and therefore must be encouraged to use contraceptives) have backfired. They have increased promiscuity. When an authority figure makes such a presentation, teens feel pressured into thinking, *obviously everybody is doing it except me*. But that's not true. A recent study found that nearly half of eighteen-year-old females are virgins; another 20 percent of sexually experienced teenagers ages fifteen to seventeen have had intercourse only once. . . . Kathleen Sullivan, the director of a federally-funded pilot program studying the effectiveness of the abstinence curriculum, *Sex Respect*, has said that teenager after teenager, when presented with this new abstinence curriculum, has responded with an astonished: "I didn't know I didn't have to do it!" Sullivan says we've had twenty-five years of failure with sex-education programs; today's teens have seen the havoc it has wreaked on the lives of older siblings. (Brestin and Brestin), p. 39.)

Girls need to be aware of the tendency of some boys to get involved in heavy masturbation along with homosexual activity and experimenting. While girls assume they are safe, boys and girls hold different views about these things and girls are not safe. How sad for teenagers to think they are getting away with sexual activity in junior high and high school because they don't know anyone their age with AIDS, then go to college and plan an exciting career only to discover that the disease has finally had enough time to incubate. Their lives are essentially over before they even began. Unlike playing Russian roulette with a gun where a person knows he is dead in a few seconds, when he plays sexual roulette with AIDS, he doesn't know it until years later. By that time, he may have exposed other individuals to his disease.

Not only does sexual activity help spread AIDS, but use of needles among teenagers also helps spread it and makes the risk of catching it through sex even greater. Teenagers use needles in many ways:

More than 1% of high school seniors report that they have used heroin and "use is clearly higher among those who have dropped out of school."

Teenagers may also be sharing needles "for reasons besides IV drug use. Many teen girls pierce each other's ears and the same needle may be used by several girls at a session." Tattooing may also involve the sharing of needles, and "some teen athletes may illegally obtain steroids for home injections." (Cimons, p. 20.)

Researchers made a behavior study of teenagers in San Francisco to see how educational programs affected the spread of AIDS. If ever teenagers would practice so-called "safe sex," surely it would be in the San Francisco area. However, the researchers found surprising results:

In the San Francisco survey, resulting in what was termed "disquieting" news, researchers found that though teenagers intellectually understood the dangers of getting acquired immune deficiency syndrome through sex, only a fraction of them acted on the information and adopted safe-sex practices—most notably condom use.

. . . The study of San Francisco youths, ages 14 to 19, was conducted by a research team at UC San Francisco. . . . Between February, 1984, and September, 1985—a period of intensive AIDS education in the Bay Area—the proportion of teenage girls who said their sex partners used condoms declined from 27% to 23%, and the proportion of boys who said they used prophylactics remained at less than half, rising from 41% to 49%.

The results confounded observations that the same teenagers developed a sophisticated awareness of the dangers of AIDS and the risks of sex in general, and unprotected sex in particular. While boys reported a greater commitment to follow through on what they had learned with condom use, girls were surprisingly reluctant.

"These results are disquieting," the research team concluded. "Sexually active adolescents continued to have multiple sex partners and did not substantially increase their use of condoms, thus continuing to place themselves and their partners at risk for [sexually transmitted diseases] and HIV [human immunodeficiency virus, the precursor of AIDS] infection." (Allan Parachini, "AIDS Experts Fear Education Programs Are Insufficient," *Los Angeles Times*, 3/25/88, Part V, pp. 1, 13.)

The report continued with " 'Frightening' Findings":

Dr. Charles Irwin, another San Francisco researcher, said, "I guess what still remains frightening to me is that, given information regarding sexually transmitted diseases [STDs] and that these kids are in an environment in which they're beaten over the head with STD information, that they don't intend to use condoms."

"That's frightening and it really raises questions about how we are dealing with kids who are not really comfortable with the area of sexuality. Are we really giving people an option? I think we have to go backward and deal with basic human biology first before we talk about using condoms." (Parachini, p. 14.)

The researchers also made a similar study of gay men in Massachusetts to assess how education changed their lifestyles and stopped the spread of AIDS:

The researchers in Massachusetts reported that although safe-sex programs in a group of affluent, college-educated gay men produced dramatic decreases in such high-risk behaviors as anal sex, the period of progress lasted only about six months and was far from uniformly or universally effective. . . . There even was a sharp increase in anal sex in which one partner was HIV-positive but the other partner was unaware of his status. (Parachini, pp. 1, 14.)

These findings demonstrate that while some people try to practice "safe sex," the large majority refuse to change their behavior despite in-depth education. This puts the person who practices "safe sex" at even greater risk of having sexual contact with an infected person. Indeed, he is playing Russian roulette with a loaded gun. And each time he plays it, he reduces his odds of winning.

A *Reader's Digest* "Special Report" emphasizes the unhappy state of the spread of AIDS:

According to WHO [World Health Organization], about six million people worldwide may have been infected by the human immunodeficiency virus (HIV) that causes AIDS. Conservative projections are that 15 to 20 million people will have been infected by the year 2000. A person need not have AIDS symptoms to be contagious. He or she needs only to be HIV-infected.

. . . There is evidence of increasing infection among heterosexual men and women in North and South America where, in the past, the epidemic mostly affected homosexual men and IV-drug users. . . . One problem in getting accurate numbers is the disease's long latency period. It can take eight to ten years after the initial infection before symptoms develop. (John Pekkanen, "Are We Closing In on AIDS?" *Reader's Digest*, December, 1989, pp. 79-81.)

An article about a pending lawsuit by Dr. and Mrs. James Watson reveals another danger of associating with people who test positive for AIDS besides contracting AIDS:

A nurse and her husband claim in a \$500 million lawsuit that the refusal of San Francisco General Hospital to allow her to wear gloves while treating AIDS patients exposed her to a virus that caused birth defects in her son. . . . "We can never have more children and my wife can never practice as a nurse again," Dr. Watson said.

. . . The suit claims that she was exposed to Cytomegalovirus (CMV), a herpes virus that can cause birth defects, and tuberculosis from AIDS patients while she worked at the hospital between 1981 and November 1985. . . . Patients with acquired immune deficiency syndrome suffer from a weakened immune system and are vulnerable to a variety of diseases.

"AIDS patients are riddled with CMV and excrete this massively," Watson said. "This is the smoking gun in the AIDS epidemic. The secondary wave of infections are now falling out on female health care workers all across the United States."

"Hospitals, public health officials and politicians are not addressing the issues," Dr. Watson said, "primarily because there is an ongoing nursing shortage, the homosexual cause regarding AIDS would not benefit, and both state and federal funding to AIDS research would be adversely affected if the true story about the array of other contagious infections that these patients have would become known."

. . . Watson said his son was born Jan. 5 with a variety of birth defects, including eye, ear and skull damage caused by CMV. ("Landmark AIDS Suit," *Santa Maria Times*, [AP San Francisco], 12/1/87, p. 19.)

AIDS patients do not die from AIDS; they die from AIDS-related diseases because of their weakened immune systems. Thus, a person can catch all kinds of horrible diseases from people infected with AIDS. AIDS changed dramatically this nurse's whole life and she didn't get AIDS; her son has all kinds of handicaps; and she can never again work as a nurse.

Society needs to realize how promiscuous homosexuals are and to protect itself from this disease the best it can. Every unmarried person, whether a teenager or a widow or widower, should make a pledge to him or herself, that he or she will not marry anyone who will not take a blood test to determine whether or not he or she has AIDS. Girls are too naive about the behavior of boys in this area and it is too easy to be fooled.

Masters and Johnson, in their article, told about a young woman who married a man who she thought was a virgin. It turned out he was a heterosexual virgin. He had a brief homosexual encounter in his freshman year of college, but she was the first girl he had been with. That marriage risks being contaminated with AIDS. (Masters, Johnson, Kolodny, p. 268.)

Another article told about a bitter young woman who had just buried her husband, who had AIDS and had died after about five years of marriage. He was a virgin until the month before they married. He thought he would have only one fling before he married. That one fling gave him AIDS. His wife is very bitter because she had a beautiful life planned with this man. Now he is dead and she has AIDS. She must deal with her bitterness all because he wanted only one fling.

As a person, who just wants to have fun, continues looking down the list of possible sexual activities, certainly, sex with someone of the same sex poses great risk. If he doesn't care about God and just wants to have sexual fun, sex-education classes give him another option:

Having Intercourse and Safe Sex

The person seeking fun asks a logical question, "What about love making with persons of the opposite sex?" Maybe that is the way to drain off his energies, especially if he maintains a monogamous relationship.

However, the danger exists that without the permanent commitment of marriage, a person has no guarantee that the relationship will last for long. He may simply go from one monogamous relationship to another. Even then, a person doesn't know how many partners the person he is with has had or how many people each of his or her partners has had. So a person may actually expose himself to the diseases of a large number of people. In fact, the younger a person starts having intercourse, the greater the risk of disease:

Acne, athletic injuries, drinking, drugs and getting pregnant—these are the health issues of teenagers. Now, add one that teenagers and their parents never dreamed was a concern—cervical cancer.

It has long been known that the younger women are when they first have intercourse and the more partners they have, the more likely they are to get cervical cancer. And the teen years have become a time of sexual activity for many American women.

There aren't good statistics, but officials at several area health centers as well as some national experts say there seems to be a dramatic increase in precancerous abnormalities found in Pap smears of teenagers and young adult women.

. . . The focus of the concern is the human papilloma virus, which is passed through sexual contact and causes genital warts. Some strains of the virus, and there are about 50 strains, have been associated strongly with cervical cancer. Both papilloma virus infections and cervical dysplasia, an abnormal, precancerous condition, have been showing up on more and more Pap tests of very young women, these officials said.

. . . One 16-year-old girl treated there [the Children's Hospital in Boston] had such advanced cancer that removal of her uterus couldn't cure it, said the clinic's director, Dr. Marian C. Craighill.

. . . Like AIDS, papilloma infection can spread silently from person to person, without either of them knowing the virus is present. Papilloma can cause cauliflower-like warts on male or female genitals, but there may be no warts at all, they can be tiny, or hidden in skin folds. The warts can be removed, but infection with the virus is thought to be lifelong. Most infected people won't get cancer, but no one knows who will or how other factors compound the virus' cancer-causing potential.

. . . About 30 percent of sexually active people are thought to carry papilloma virus, and with more teenagers having sexual intercourse, more are exposed to papilloma. Girls and young women are a source of particular cancer concern, Graighill said, because their cervixes may be especially vulnerable to the papilloma virus. During adolescence, (and pregnancy and menopause) she said, the cervix undergoes cellular changes that may make it more susceptible to invasion by viruses. (Betsy A. Lehman, "Cancer New Threat for Sexually-Active Teens," *Santa Maria Times*, 2/9/88, p. 6.)

A newspaper article exposes more of the dangers from venereal warts:

Though venereal warts have been around for at least 2,000 years, since the days of the Greeks and Romans, only recently have physicians been sounding the alarm about this sexually transmitted disease and reporting cases in record numbers. There is mounting evidence suggesting that certain strains of HPV are linked to cancerous and precancerous changes of the cervix and genitals, researchers say.

"Of the 8,000 women who'll die of genital cancer this year, we'll find HPV in at least 7,000," said Dr. Richard Reid, director of an obstetric-gynecologic research clinic at Detroit's Sinai Hospital and a genital warts specialist. "HPV is probably the thing that sets up the changes that can lead to cancer."

. . . Reid's studies indicate that venereal warts are "several times more common" than herpes, gonorrhea or even chlamydia, until recently considered the No. 1 sexually transmitted disease in the U.S.

. . . At higher risk of infection, researchers say, are women who began intercourse at a young age, those who have had several pregnancies close together, those who have had multiple sexual partners and those who smoke cigarettes or take birth-control pills.

Also puzzling to researchers is why venereal warts appear to be getting bigger, more difficult to cure and more prevalent among young people.

. . . Doctors recommend that women in the high-risk category and those already diagnosed with venereal warts have Pap tests twice a year [rather than once every 1-3 years recommended for the general public]. Using a condom is another good preventive measure, they say, but it is not fail-safe. (Cherri Senders, "Big Increase in Venereal Warts Worries Doctors," *Los Angeles Times*, 2/12/88, Part V, p. 24.)

Chlamydia, which was only recently displaced by warts as the No. 1 sexual disease in the U.S., is not without serious consequences:

Chlamydia is a bacterial infection that can lead to infertility in both sexes. Often there are no symptoms. (Cecelia Goodnow, "Speaking of Sex," *Seattle Post-Intelligencer*, 3/12/92, p. C3.)

Another feature in the same series warns:

"The teenage years are the ones associated with the peak acquisition of (sexually transmitted) disease." said Dr. George Schmid, chief of the clinical research branch in the Division of STD/HIV Prevention at the CDC [Federal Centers for Disease

Control]. Teens 15 to 19 have the highest rate of chlamydia transmission of any group. If you factor out the teens who aren't sexually active at all, the transmission rate is even higher, he said. ("The Pressure's On: Parents Need to Discuss Sexuality," *Seattle Post-Intelligencer*, 3/12/92, p. C3.)

While a monogamous relationship is better than having many partners as far as spreading disease is concerned, outside marriage, a person has no guarantees of a true commitment to a long-term relationship. Many young girls longingly search for love and eagerly believe that a relationship will survive the test of time. Full of trust, they give themselves to their boyfriends. Yet nearly every high school student can name some of his peers who thought the same thing only to breakup sometime later. Likewise, these same high school students can name girls who became so disillusioned after the breakup of a romance that they went from sexual experience to sexual experience on the rebound. That this phenomena happens over and over is common knowledge in high school.

Thus, that first timid sexual encounter that promises great rewards for the future only introduces the participants to sexual intimacy and lays the foundation for subsequent sexual contacts. Each succeeding sexual experience magnifies the exposure to disease, both from the partner plus all the previous experiences of his or her past partners plus the exposure of their dates to disease.

Clearly, AIDS means death. Warts are lifelong and may mean death to the girl. AIDS and warts would certainly turn off any sane-thinking individual from having sex with a person who had them, *if he knew*. But, what guarantee does a person have that the sexual partner will be honest about his diseases and risk rejection? When it comes to promiscuous sex, a person is dealing with a person who is not considering God in his daily life, so what obligation would he feel for telling the truth?

Monogamous sexual intercourse is bad enough, but the sex-education classes do not stop there. The teacher asks, "At what age would you have a variety of sexual partners?"

Having a Variety of Sexual Partners and Safe Sex

Obviously, a variety of sexual partners increases the chances of contracting all kinds of sexual diseases. The person, who just wants to have fun, may wonder why the schools don't condemn having a variety of sexual partners. Do they know something about sex that he doesn't? Just reading the newspaper shows that the schools are leaving out relevant information about "safe sex."

A newspaper article links cervical cancer to promiscuity rather than the age that a woman begins intercourse:

A study of women with radically different sex lives—prostitutes and monogamous Indians—has found new evidence linking promiscuity to transmission of a virus that can cause cervical cancer.

Dr. Jose Azocar compared pap smear samples from prostitutes with those of Piaroa women, part of a strictly monogamous group living in villages scattered in this South American nation's [Venezuela] Amazon jungle.

. . . Azocar and his colleagues were flown by army helicopter to three villages near the Parguaza River, 290 miles south of Caracas, where they took samples from 125 women. No evidence of HPV or cervical cancer was found.

Examining a promiscuous group was easier. He conducted a two-month campaign among prostitutes in several cities nearest Piaroa territory for a cervical screening program and free treatment. Police helped spread the word.

A team of gynecologists took pap smears from 130 prostitutes. Between 25% and 40%, depending on the city they lived in, had HPV, and among these there was a high incidence of different grades of precancerous tumors.

Both the Piaroa and prostitutes began having sex early, had multiple births, have similar blood lines, live in the same climate, eat similar foods and are exposed to roughly the same frontier-style living conditions.

"We showed that women who had many children and who started sex at an early age didn't necessarily have HPV," Azocar said. "This provides solid data that cervical cancer is a sexually transmitted disease—that the virus is the most important factor causing it and that promiscuity is the form of infection." (Carrie Figdor, "Cervical Cancer Virus Linked to Promiscuity," *Los Angeles Times*, 2/5/89, pp. 3, 18.)

Through careful research, scientists ruled out starting sexual intercourse at an early age as the cause of cervical cancer if the person remains monogamous. Having a variety of partners spreads the virus.

A certain cartoon shows a teenage boy talking to his grandfather. He asks, "Gee, Granddad, your generation didn't have all these social diseases. What did you wear to have safe sex?"

Without looking up from his book, his grandfather replies, "A wedding ring." (Steve Kelly, San Diego Union and Copley News Service, 1987.)

Authorities nowadays, who don't even believe in God, say the same thing. After seeing the results of the sexual revolution, they say, "If you want to have safe sex, then the best thing for you to wear is not a condom, because it's not foolproof even in preventing pregnancy, but to wear a wedding ring." Only in this way, does a person really have a chance to live longer and to enjoy the sexual relationship the most.

As a person continues down the sex-education classes' list of ways to have fun, he needs to realize that even if he plays sexual roulette and doesn't catch a venereal disease, he is opening himself up to all kinds of sexual inhibitions. When young people begin experimenting with sex, in effect, they begin to train their bodies how to respond sexually. At the same time, they are also training their minds and affecting the way they respond.

For example, many times, when young people start a relationship in junior high, high school or college, it's not a normal relationship. It may be hurried with a lot of guilt and anxiety attached to it. Sex turns out to be not all that great. Both boys and girls, but especially girls wonder, "What is the big to-do about? It wasn't all that much fun." It becomes the way to catch and hold a boyfriend, rather than a beautiful relationship for their own pleasure. As a result of entering this relationship in an artificial environment, many girls enter marriage with a negative attitude toward the sexual relationship. They make themselves frigid by all their past sexual activity that didn't really please them or give them satisfaction.

Boys experience problems, too. Boys, who initiate sexual encounters in the back seat of a car or even in the girl's own home, worry about someone catching them. As a result of these abnormal relationships, they teach their bodies to respond in an artificial way. A husband and wife in their home, in their bedroom, and in their bed, have all night long to play and enjoy each other and to do whatever they want. They have a wonderful atmosphere free of guilt and fear of being caught to teach their bodies how to respond. However, a young boy and a young girl teach their bodies how to respond in an artificial way.

One of the causes of premature ejaculation where a man fails to fully satisfy either his wife or himself is premarital sexual relationships where he taught his body how to hurry up and get it over with before he got caught. When such a man marries, he has all night, but he has taught his body how to respond in an artificial way. Now he undergoes a hard time retraining his body. He may even have to seek professional help. Teenagers and young adults need to realize that premarital sex trains their bodies how to respond, how to have fun. As a result, they may teach their bodies something they may deeply regret in later years.

Not only does experimenting with sex outside marriage stunt a person's sexual development, but a *Reader's Digest* article explores how it impedes a young person's emotional maturity as well:

Pregnancy is not the only risk in premature sex. There is also the high risk of contracting a sexually transmitted disease, which can result in chronic infection and, in females, infertility. What's more, premature sex can disrupt the normal process of gradual self-discovery and social growth that takes place in early adolescence.

. . . Sexually active teens feel unpopular. "For many girls, having a boyfriend is vital to their self-esteem. And many girls feel that sex is the price they have to pay for it."

Monica fell victim to this pressure when she was 14. "Everyone at school was always talking like they knew everything about sex," she says. "I felt I was the only one still a virgin. Later I found out most of the kids who were doing the talking hadn't had sex after all."

Boys may also use sex in an attempt to win favor among peers. "At my school, the attitude among the guys was that if you were not having sex, you were a wimp," says Patrick, who had his first experience at 14. "But having sex didn't make me more popular, and it didn't make me feel any better about myself. Being on the debate team and improving my running time have done a lot more."

. . . Young teens need to understand that by moving gradually into adulthood—building friendships, holding hands, experiencing a first kiss, discovering a new interest or talent—they give themselves time to achieve the self-knowledge and self-respect that are the essence of true maturity. (Kathleen McCoy, "Is Your Child Flirting With Sex?" *Reader's Digest*, September, 1989, pp. 111-114.)

Another article regarding self-esteem in premarital sexual contacts notes this same effect:

Yamaguchi, a parent-education instructor at Shoreline Community College, said she thinks children need to hear more about the emotional risks of sex. Yamaguchi ran the nurseries for teenage mothers at Garfield and Lincoln high schools in the 1970's and found that too many teens cling to boyfriends and girlfriends instead of developing independent personalities.

"I think kids get hurt emotionally in early sexual relationships even if they walk away without a baby or a sexual disease," she said. ("The Pressure's On: Parents Need to Discuss Sexuality," *Seattle Post-Intelligencer*, 3/12/92, p. C3.)

As a person thinks about how to have fun, he may say, "Well, casual sex and sex with many partners is out. How about if I just live with someone? Won't that solve all the problems?"

Living Together and Safe Sex

P. Roger Hillerstrom, author of *Intimate Deception: Escaping the Trap of Sexual Impurity* (Multnomah Press), talks about how living together doesn't bring sexual happiness, but actually prevents it as he explains "The Fetish of Sexual Arousal":

The third reason for premarital sexual abstinence may be the most significant. It happens that the sexual arousal of most of us can be conditioned very quickly (perhaps more readily than any other physiological response) by continual exposure to sexually stimulating pictures, books, movies and other objects. We then make a "fetish" of those objects in that they become *necessary* for our sexual arousal.

When a couple are sexually involved prior to the marriage commitment, they are conditioning themselves to respond to a fetish. The process is subtle and often devastating to sexual enjoyment after marriage.

Here's why. There is in nearly everyone, especially those raised in a Judaeo-Christian culture, an awareness that premarital sex is wrong. It may be deeply buried, repressed, ignored or openly justified, but it's there. Something deep inside each person engaged in illicit, premarital sex says, "We shouldn't be doing this." And that's what makes it exciting. There is something definitely stimulating in the wrongness and illicitness of the act.

That illicitness can be translated into other terms: "What if someone finds out? . . . I'll show my folks I can do what I want. . . . See how much we love each other. . . . No outdated church is going to control me." Whatever is said, that illicitness is part of the sexual arousal prior to marriage, and the couple are conditioning themselves to respond to it.

I have talked with many married couples who have said, "Before we were married we had a great sex life! Exciting, fulfilling and enjoyable. But on our wedding night, for some reason, it died. It has never been very good since."

What happened on their wedding night? That illicitness which had become a conditioned sexual stimulation was taken away. After the formal wedding vows, no one would be offended by their living together; they were no longer proving anything to an authority figure. In fact, sex was now mandatory. When the illicitness was taken away, there was only a big, black, gaping hole in their relationship. Intimacy had broken down.

So how does a person recapture that illicitness which makes sex so exciting? One simple method is to have an affair. Bingo! Great sex again! (There is also something in each of us that says extramarital sex is wrong.) This seems to be a common solution today. So the marriage bonds crumble, and the divorce rate climbs. (P. Roger Hillerstrom, M.A., M.F.C.C., "The Eroding Effect of Premarital Sex," *CounselLine*, No. 4, 1990, pp. 2-3.)

Thus, Hillerstrom explains that another way people teach their bodies to respond sexually is through illicit contacts. A person might reason, "The answer is simple! Just never get married and you will always enjoy great sex! Just live with someone!" Even here, the divorce statistic for people who lived together before marriage illustrates the failure of living together to bring lasting sexual happiness.

Couples who lived together before marrying have nearly an 80 percent higher divorce rate than those who did not, according to a study of Swedish women by the National Bureau of Economic Research.

"We are not saying in any way that cohabiting causes higher divorce rates," said Neil Bennett, who teaches sociology at Yale University and is one of the study's three authors.

"What we are saying is that it appears that people who cohabit premaritally are less committed to the institution and are more inclined to divorce than people who don't live together." Bennett said in New Haven, Conn. ("Cohabitors 80% More Likely to Divorce," *The Tennessean*, 12/7/87, p. A-13.)

Obviously, this researcher is saying that people, who live together rather than get married, don't have an attitude of commitment to the relationship. That is what causes the high divorce rate. That same lack of commitment also causes a high rate of break-up among those who live together. That is the main reason they live together, so they won't have to endure a messy divorce. Without this commitment to each other, they are destined to continually take in new live-in partners, increasing their exposure to sexual disease.

We are not even a hundred years past the Victorian age where both men and women suffered tremendous sexual inhibitions. Through false religious beliefs, the Victorians denied themselves the right to enjoy the embrace of love. (See *Marriage: A Taste of Heaven, Vol. II: God's People Make the Best Lovers* for a full discussion of Victorian morals and how they were not from God, but from man's ignorance.) However, as I counsel others, read literature, listen to teenagers, and see how illicit relationships condition bodies and minds, I believe we are entering a new era of extreme sexual inhibitions that will be a hundred times worse than anything during the Victorian age.

For example, society now gives everyone the permission to enjoy sexual fun, whether married or unmarried, whether teen or adult, and whether homosexual or heterosexual. Yet all this freedom has not produced happiness. Instead, it has produced sex-driven individuals who are incapable of responding fully in the arms of a loved one of the opposite sex. They demand sex toys, vibrators, pornographic magazines and movies, mutual masturbation, and bizarre techniques to find relief. Needing novelties for relief is just as sexually crippling as the Victorian's shame of anything sexual, even in marriage.

If a person only wants to have fun and doesn't consider God, he thinks he's free to get the most out of the sexual relationship. However, examining sex education strictly from a medical and psychological standpoint, sexual fun and safety is not found in French kissing, petting, masturbation, love making with persons of the same sex, intercourse with just one person, a variety of sexual partners, or in living together. Even if a person chooses to ignore God's laws, the best and most reliable way to have sexual fun is through abstinence until marriage:

Getting Married and Safe Sex

A lot can be said about two virgins getting married—both the man and woman being virgins and learning together about sexual love. First, medical authorities recognize it is impossible for them to get a STD from each other. Second, as a result, they can enjoy a lifetime of sexual love without a condom to protect one mate from the other's STDs. Third, they do not bring to marriage the inhibitions that cause frigidity, premature ejaculation and impotence that come from experimentation. Fourth, they can delight in discovering the body of the opposite sex with each other and share happy memories of those first beginnings for the rest of their lives. Fifth, neither one of them risks sterility from an undiagnosed STD. Sixth, they don't have to worry about having a baby with birth defects from STDs. Seventh, they can enjoy the embrace of love in all its glory and splendor without the pangs of a guilty conscience.

Some of the "Dear Abby" surveys on faithfulness in marriage show this:

"We're writing because we want to add to the number of couples who have never cheated. I'm 92 and my wife is 88. We've been married for 71 years, still have all our marbles and enjoy every aspect of married life, though we have slowed up some in recent years [arthritis]."

"My husband and I just celebrated our 34th wedding anniversary, and if our sex life was any better, we couldn't handle it. I was 19 and he was 22 when we married. We were both virgins. I swear sex is the fountain of youth. My mother told me that the way to a man's heart was through his stomach, but I think I found a shortcut." (Abigail Van Buren, "Dear Abby: The Results—and Fidelity—Are In," *Los Angeles Times*, 2/24/88, Part V, p. 2.)

Likewise, four surveys on sexual responses of both Christians and non-Christians show that Christians, who avoid promiscuous sexual pleasures, really do make the best lovers and get more out of sex.

Not just theory, reliable statistics show that conservative religious people achieve a greater degree of success in their love lives than people who ignore God's principles. While most statistics show that small percentages of women normally experience orgasm, three prominent surveys of Bible-believing women reveal that large percentages of these morally conservative women delight in total sexual success with their husbands.

For instance, Dr. Herbert Miles, author of *Sexual Happiness in Marriage*, surveyed 151 college-aged couples six months to two years after they married. These couples had strong religious backgrounds and received marriage counseling concerning God's plan for lovemaking

before marriage. Dr. Miles found that 96.1 percent of these wives enjoyed orgasm. Even more remarkably, 78.8 percent of these women successfully reached orgasm on their honeymoons. These results show that young wives who commit themselves to follow God's principles in their love-lives free their bodies for total enjoyment of the embrace of their husbands. (Grand Rapids, Mich.: Zondervan Publishing House, 1967, p. 139.)

In a similar manner, Tim and Beverly LaHaye surveyed 1700 couples from their Family Life Seminars for their conservative book, *The Act of Marriage*. This group consisted of couples with a wide age spread and different levels of spiritual maturity. However, 89 percent of the women reported succeeding in love with their husbands. These couples not only cared about spiritual matters, but their attendance of the marriage seminars suggested that they worked at applying God's principles to their daily lives. They enjoyed the results in their bedrooms! (Tim and Beverly LaHaye, p. 106.)

A *Redbook* survey of 65,000 women found that the "very religious" woman reaped the most from the love embrace. The "slightly religious" woman earned the honor of being the most likely candidate to fail in all areas of her daily life including the sexual embrace. Fulfilling sexual thrills come to those who commit themselves to marriage and serving God with all their mind, soul, and body. (Claire Safram, "65,000 Women Reveal: How Religion Affects Health, Happiness, Sex, and Politics," *Redbook*, April, 1977, p. 217.)

In contrast, *The Hite Report* by Shere Hite surveyed 3019 women of all ages and philosophies. Ms. Hite recorded a much lower percentage of success—only 49 percent of the women reached orgasm through sexual intercourse. On the other hand, 78 percent claimed to "regularly and easily" achieve orgasm through masturbation. Most of these women failed to find sexual satisfaction through the presence of a man.

What a pity! Women who thought they had discovered the keys to success outside God's word and who looked to themselves for sexual gratification found only 78 percent success. That seems better than Ms. Hite's random sampling of society which achieved only 49 percent success with a man. Either way, what a lonely, inhibited existence! Yet those who looked to God and their husbands for sexual fulfillment enjoyed success 89 to 96.1 percent of the time. (Shere Hite, "The Hite Report," *Reader's Digest*, June, 1977, pp. 121-122.)

The secret? A person who practices premarital sex inhibits himself sexually no matter what his body joyfully consents to do. But a person, who saves himself for marriage and then enters the sexual relationship relaxed and with a clear conscience, liberates his body to respond to the fullest degree in the embrace of love. God's people do not need the artificial stimulation of smut or masturbation to get turned on to the sexual act. They radiate real love and their bodies show it!

Many people who speak of being uninhibited in love refer to the ability to engage in promiscuous acts without being plagued with the pains of a guilty conscience. However, as shown earlier, they continually need new techniques and gimmicks to achieve fulfillment. A truly uninhibited person enjoys his or her spouse to the fullest with the blessings of a clear conscience instead of trying to force sensations onto a seared conscience.

As the Hite Report shows, many sexually-liberated women fail to enjoy the embrace of love with a man. Being liberated to masturbate or read and tell dirty stories, but being unable to enjoy sexual love with a husband is not liberation. Nor is it intelligent. Nor is it a healthy attitude. It is sexual inhibition at its worst!

A letter to "Dear Abby" expresses the value of waiting until marriage to discover sexual love:

Dear Abby: Thank you for telling young people to wait until marriage for sex. My husband and I did 31 years ago, and we have never been sorry. Our sex life is marvelous, and neither one of us has ever been with anybody else.

We have raised three fine daughters. I used to tell them that when some guy would give them the old party line: "You don't know what you're missing," to tell them, "Oh yes I do. I'll be missing VD [genital warts, AIDS, and cervical cancer], and unwanted pregnancy [sterility or babies with birth-defects] and a guilty conscience!"

These daughters will be like their parents, thinking sexual love is marvelous. For everyone, who just wants to get the most out of the sexual relationship, the only safe sex is abstinence until marriage with a disease-free mate.

God's Love and Safe Sex

The person, who chooses to ignore God, must examine a tremendous amount of scientific and psychological evidence and draw on the experiences of life to learn how to get the most out of the sexual relationship. Even then, such a person might be fooled into thinking an activity is safe when, in fact, it is not. Maybe he hasn't heard that the former surgeon general advised using condoms only because he didn't think people would practice truly safe sex—so he gave them a placebo. Or maybe he hasn't heard that the safety statistics on the

new female condoms are unreliable. Or maybe he hasn't heard a researcher talk about the emotional damage of early sexual activity. In this age of AIDS and other horrible sexual diseases, a person plays sexual roulette with his life, his emotions, and his future sexual happiness when he thinks it won't happen to him.

Fortunately, for Christians, God shows His love for them by protecting them from the dangers of promiscuousness even if they haven't had enough education and experience in marriage counseling to recognize the harm:

I Cor. 6:18: "Flee from sexual immorality [fornication—KJV]. All other sins a man commits are outside his body, but he who sins sexually [committeth fornication—KJV] sins against his own body."

This booklet has exposed much of the physical and mental damage that comes from promiscuousness or fornication. Indeed, fornication is a sin against one's own body. Since fornication carries such terrible penalties with it, everyone needs a clear understanding of exactly what fornication involves:

"Sexual immorality" or "fornication" comes from the Greek word *porneian* (which the word pornography comes from) and means "illicit sexual intercourse in general." (*Thayer's Greek-English Lexicon of the New Testament*, p. 532.)

Thayer's definition of fornication presents a problem in understanding because it was written in 1885 and words change in meaning over time. For example, the city "Intercourse, Pennsylvania" was not named for "sexual contact." Rather, its name refers to a bustling, activity-filled city. If Thayer's definition was changed to make it current with modern times, it would read, "fornication" means "illicit sexual activity in general."

Two passages from the Old Testament show that God uses "fornication" to refer to sexual *activity in general* and does not limit it to sexual penetration. The first passage gives God's definition of fornication for a woman:

Ezek. 23:3: ". . . and they played the harlot in Egypt. They played the harlot in their youth; there their breasts were pressed, and there their virgin bosom was handled."

In this passage, God refers to how the Israelites played spiritual harlotry when they got involved in idolatry and forsook God. God uses the analogy of fornication and harlotry to teach this spiritual truth. But this passage also teaches something about fornication as well. The Hebrew word for "harlot" is also translated with the words "fornication" and "whoredom" in the Old Testament. "The literal meaning is illicit heterosexual intercourse." (*Theological Wordbook of the Old Testament*, Vol. I, p. 561.)

Thus, Ezekiel tells what the women did when they engaged in "illicit heterosexual intercourse": "there their breasts were pressed, and there their virgin bosom was handled." Notice that God considers a woman's breasts to be part of her virginity. Loss of virginity includes more than penetration by the man, it also includes the handling of the woman's breasts.

However, the words for "breasts" and "bosom" come from two different Hebrew words. The first word means "the breasts of a woman or animal (as bulging)." (*Strong's Exhaustive Concordance of the Bible*, p. 112). This is a plain old biological term for labeling body parts. The second word means "the breasts (as the seat of love)" (Strong, p. 24). It refers to giving the breasts with an attitude of love.

Prov. 5:19 contrasts these two types of breasts where Solomon talks about how an older wife satisfies her husband differently than a different woman every night can. The word for the older wife's "breasts" includes love, while in verse 20, the word for the foreigner's "bosom" is a biological term—it involves no emotion at all. *A wife's attitude* captures a man's heart and satisfies him in the giving of her body.

The use of these two words for "breasts" in Ezekiel shows that it doesn't matter why a woman gives her breasts to a man. If she gives her breasts to him just as a warm body, the biological term, just for a physical thrill, or if she gives him her breasts because she loves him and she thinks that someday they will marry, it doesn't matter. Fondling the breasts is still part of fornication.

Next Ezekiel shows what fornication is for a man:

Ezek. 23:8: "And she did not forsake her harlotries from the time in Egypt; for in her youth men had lain with her, and they handled her virgin bosom and poured out their lust on her."

"Harlotries" is the same word for "fornication" defined above and refers to the woman. At the end of the verse, Ezekiel says the men "poured out their lust on her." "Lust" is the same Hebrew word that is translated "harlotries" and refers to "illicit heterosexual intercourse." The men did two things to "lust" or commit fornication: 1. They had lain with her, and 2. They handled her virgin bosom.

The word for "bosom" is the word meaning "seat of love." So even if the man does all these things because he loves the woman, it is still part of fornication. Thus, attitudes of love or indifference do not make the fondling right.

As a girl thinks about preserving her body 100 percent a virgin for her husband-to-be, one of the nicest memories a woman can cherish all her life is when her husband touches her breasts for the first time. She can remember what he said and the way he touched her. It is a very beautiful memory to treasure all of her life. It is a wonderful memory to remind him of once in a while. If a man has touched lots of girls' breasts, his wife will not get to thrill to that first experience for him. Likewise, if lots of boys have touched a girl's breasts, as a wife she will not have the same reaction to her husband's first touch as a virgin would have.

The Bible uses the word "fornication" to refer to *all types* of illicit sexual activity. This includes adultery where a spouse commits sexual sin (Rom. 7:2-3). It can refer to two single people when contrasted with adultery (I Cor. 6:9). It includes homosexuality where persons of the same gender engage in sexual activity (I Cor. 6:9 and Rom. 1:26-27). Bestiality, or sexual contact with an animal, is a form of fornication (Lev. 18:23). Likewise, incest, or sexual activity with a relative, is forbidden (I Cor. 5:1). The word "fornication" includes all five of these forms of illicit sexual activity.

Conclusion

This booklet addresses only a few ways promiscuous sexual contact is a sin against the body by producing disease, frigidity, impotence, premature ejaculation, lack of pleasure, sterility, babies with birth defects, etc. God protects His people from these miseries if they will listen to Him. Even if a person doesn't care about serving God, sexual purity is the way to reap the most fun out of the sexual relationship. The medical and psychological evidence proves it beyond all doubt.

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This booklet was adapted from a lesson in the audio album *Song of Solomon: God's Sex Education for Ages 11 to 99*. That study contains a verse-by-verse examination of the beautiful Song of Solomon, which tells the true story of a young Shulammite maiden whom King Solomon tried to take into his harem. The story reveals her inner struggles of who to marry—the rich and powerful King Solomon or the poor shepherd boy whom she loved.