

Outcomes of Free Sex

Jose Ferrete
April 30, 2015



Bacchanalian Scene by Auguste Leveque

Sexually transmitted diseases (STDs) and unwanted pregnancies are the two major immediate consequences of free sex behavior. The latter may lead to abortions, another heated controversial topic. This research focuses only on the problem of STDs and explores the health-related side of it. This part – Part I – includes four sections: the proliferation of STDs, their nature, their cultural development and influences, and their impact. The content is extracted from a dissertation, a case study titled, “Is the Education of Abstinence and Faithful Life Partnerships to Young People an Effective, Rational and Practical Approach to Prevent Sexual Transmitted Diseases?”

The Proliferation of STDs

There has been an astounding increase in STDs in recent decades affecting primarily adolescents and young adults. In the United States, the Centers for Disease Control and Prevention (CDC) calculated that almost 19 million new sexually-transmitted infections take place each year, of which almost half are among 15 and 24 year-olds (CDC, Newsroom, 2009).

Many doctors, alarmed by the outbreak of STDs in young people, feel compelled to expose their patient’s experiences in order to reach out, alert and give guidance to young people, parents and the population regarding the spread and the negative implications of these diseases; they do it through a variety of mediums including writing books and articles and giving lectures. Dr. Meg Meeker, M.D., who has been practicing pediatric and adolescent medicine in Michigan and belongs to several medical Associations, has lectured countrywide and writes about her experience dealing with adolescents and STDs:

It came to my office, into my patients, into the schools that my patients attended. Like tiny explosions erupting around our small town, abnormal Pap smears started showing up, pelvic inflammatory diseases, herpes, and HPV came into my exam rooms like rude invaders. . . . My patients were teenagers. They weren’t high risk. Most didn’t have drug problems. What in the world was happening? . . . When I went to medical conferences around the country I asked my colleagues what they were seeing. They told me the same frightening story – STDs, risky behaviors, and in younger and younger kids. Not just in the tough crowds – in all types of crowds (Meeker, 2000, p. xvii).

Another physician, Dr. Jill Grimes, M.D. who practices family medicine in Texas and is a clinical instructor for UMASS Medical School, shares that she was concerned about her patients who have “agonized in my office when I told them that they have a sexually-transmitted disease. Unfortunately, I have seen hundreds of patients with STDs for every one patient portrayed in this book” (Grimes, 2008, p. xii). Furthermore, a psychiatrist at a major university in New York shares: “Coming through my office was a steady stream of students, most of them female, who were paying a high price for their sexual choices. I spent hundreds and hundreds of hours with these students” (Grossman, 2009).

In a relatively short time period STDs skyrocketed to epidemic proportions. Meeker reminds us that an epidemic takes place when a large number of people are affected simultaneously by a disease in a defined community as is the case of the explosion of the STDs within the young population. In fact, by the 1960s only two STDs were known and were easily treated with the application of penicillin starting in 1945; the two were gonorrhea and syphilis, known as venereal diseases or simply VD. Venereal diseases have been known for a long time. Gonorrhea was known as far back as in the Old Testament era and syphilis is mentioned at the time of Columbus, and by World War II they were associated with soldiers and prostitutes (Marr, 2007, p. x). However, Meeker says that just in about four decades, STDs have spread “through our society from the promiscuous to the sophisticated to the young. And adult diseases, such as cervical cancer, PID (pelvic inflammatory disease), genital herpes, and HIV, have become diseases of children” (Meeker, 2007, p. 33).

Soon after the sexual revolution was initiated in the 1960s, health providers started noticing new manifestations of sexually-transmitted diseases that they had not heard of before. For example, Meeker notes that: chlamydia was only identified in 1976 and has become the most known transmitted STD in the

United States; Time magazine is cited for having dedicated in 1982 one front page story as VD of the Ivy League in reference to genital herpes; in the beginning of the 1980s the HIV virus and AIDS disease emerged and infected millions of people worldwide becoming by the 1990s the main cause of death for people between the ages of 25 and 44; the human papilloma virus (HPV), rarely seen up until 1985 and only in women over 55 years old, was identified as the cause of cervical cancer in young women in their 20s in 1996; around 1993, PID was already infecting about 1 million women per year and it became a cause for hospitalization, next to pregnancy, for women between 15 and 55 years old (Meeker, 2007, pp. 32,36).

Due to a variety of reasons not all STDs are reported and that is why the official number represents only a fraction of its total. For instance, medical practitioners aren't required to report STDs to the local health departments; many people are infected with STDs without knowing it because they were not detected or for lack of symptoms such as the case of chlamydia and gonorrhea (CDC, Newsroom, 2009).

The STDs

Sexually-transmitted diseases are also referred as sexually transmitted infections (STIs) which anyone can contract from another infected person through either vaginal, oral or anal sexual contact. These diseases/infections are caused by bacteria, viruses and parasites. Some STDs can be transmitted from mother to child and others, like HIV and syphilis, can also be transmitted through blood, tissue transfer and needle sharing. The infections caused by bacteria and parasites can be treatable with medicine when diagnosed in time but there is no cure for those caused by viruses. Medicines, however, can maintain the disease under control (Mayo Clinic Staff, 2010).

Not only have the total number of STDs increased but their diversity has multiplied as well. From two venereal diseases around the 1960s there exist presently at least 25 STDs and, when taking in consideration the mutation of several viruses and their resistance to medication, the count could be between 35 to 40 STDs (Jarmulowicz, n.d., Meeker, 2002, p. 32). Following is a list and description of some of the most common STDs:

1) HPV comes from genital human papillomavirus and is the most common STD affecting both men and women. This disease has more than 40 stripes that can infect the genitals as well as the mouth and the throat; most people may not even know that they have it because of a temporary lack of signs, even though it can be transmitted to others in such state. It is passed to other people through vaginal, oral and anal sex. There is no cure for HPV and some high-risk types may lead to cervical, vaginal and anal cancers if the infection is not treated. Condoms do not completely protect one from the HPV infection because it can be passed on from skin to skin. In the United States, about twenty million people are infected with HPV, six million new infections occur each year and 12,000 women get cervical cancer ("STD Fact – HPV," n.d.).

2) Herpes is a very common infection in the United States affecting both men and women that is transmitted through sexual contact. In the United States, among those between the ages 14 and 49 years old, it is estimated that one out of six people have this infection, with one out of five women compared to one out of nine men when accounting for gender. There are two types of this virus and the use of condoms cannot completely protect infection to other person because it can pass from skin to skin. People may not know that they have the infection but still they can pass it on to other people. This disease is not curable but medication can keep it under control. People infected and known to have herpes may feel psychological distress and may contribute to the spread of HIV/AIDS ("STD Fact – Herpes," n.d.).

3) Chlamydia is caused by a bacteria, "chlamydia trachomatis". It is a very common STD and the most reported in the United States. In 2008, 1,210,523 cases were reported to the Centers for Disease Control (CDC) but the estimate is much higher since many people do not know they have it; one reason why it is known as a silent disease. Still, it can be transmitted to other people through vaginal, oral and anal sex. Young girls between 15 and 19 years old were the largest reported group followed by young women between 20 and 24 years old. Teenagers and young women are more vulnerable to this infection because their cervix is not mature yet. Untreated, this disease can cause severe damage through infertility, pelvic inflammatory disease, ectopic pregnancy, damage to the unborn child and an increased vulnerability to HIV ("STDFact-Chlamydia," n.d.).

4) Gonorrhea is caused by the bacteria "neisseria gonorrhoeae" and can grow in the reproductive tract of women and the urinal canal of both men and women, but it can grow in the mouth, throat, eyes and anus as well. The CDC estimates that in the United States more than 700,000 people are newly infected with gonorrhea each year and the highest rates reported are found among young adults, African Americans and sexually active teenagers. This infection can be passed on through contact with the penis, vagina, anus and mouth and from mother to child. Gonorrhea can lead to pelvic inflammatory disease, infertility, ectopic pregnancy and increases the vulnerability to HIV

("STDFact-gonorrhea," 2012).

5) Syphilis is caused by the bacteria "treponema pallidum". This STD was trending to disappear but started emerging again in 2001. There was an increase in 2008 of about 18 percent from the previous year mainly among men who have sex with men (MSM) although the rate among women has increased since 2004 as well. This infection facilitates the transmission of HIV and pregnant women can transmit it to their children resulting in stillbirths, infant deaths, or severe complications in children who survive (CDC, Newsroom, 2009).

6) Human immunodeficiency virus (HIV) is the virus that causes acquired immune deficiency syndrome (AIDS). It is estimated that 56,000 people contracted the virus in 2006 and 14,110 died of AIDS in 2007 in the United States. There are two strains of HIV with both destroying particular blood cells that are important to the body to fight diseases. People infected with HIV may feel healthy for several years without being aware of their status even though the virus continues damaging the body and can be transmitted to others. When treated with medicine, infected people can control the disease, limit transferring the virus to others and live longer. AIDS is the last stage of the disease when the immune system is damaged and does not resist other diseases and cancers. HIV is transmitted through vaginal, oral and anal sex. Anal sex is riskier than vaginal sex. This virus can also be transmitted through the sharing needles, syringes and rinse water, as well other equipment used to prepare illicit drugs for injection. Also, it can be transmitted from mother to child during pregnancy, birth, or breast-feeding. Any person already infected with other STDs is more vulnerable to get HIV and will make the disease more infectious ("STD Fact – HIV," n.d.).

7) Trichomoniasis is a common STD, caused by the parasite "trichomonas vaginalis", affecting both men and women, although it is more common in women. It is estimated that 7.4 million new cases occur each year in the United States. This disease is easily cured but an infected person becomes more vulnerable to contract HIV. Pregnant women can deliver their babies earlier or with low birth weight. The parasite is sexually transmitted with an infected person through penis-to-vagina intercourse or vulva-to-vulva (the genital area outside the vagina) ("STD Fact-Trichomoniasis," n.d.).

8) Pelvic Inflammatory Disease (PID) is a disease that results from the infection of other STDs such as chlamydia and gonorrhea when bacteria move up into the reproductive organs of women from the vagina or cervix. It is estimated that each year in the United States, more than 750,000 women have symptoms of acute PID, more than 75,000 women may become infertile and a large portion of ectopic pregnancies occur due to PID. Women are most at risk during the childbearing years although those under 25 years of age are more susceptible to infection due to the immaturity of their cervix ("STDFact-PID," n.d.).

9) Hepatitis B is a sexually-transmitted virus that exists in blood, semen, saliva, and vaginal secretions. Each year in the United States about 200,000 new hepatitis B infections take place and between 4,000 to 5,000 people die from cirrhosis and liver cancer due to hepatitis B. Adolescents and young adults are in a high-risk group since 50 to 60 percent of hepatitis B is transmitted through sex. A vaccine is recommended for young people to be protected. There other types of hepatitis such as A, C and D but they are less common although they are as dangerous (Meeker, 2002, pp. 52-54).

Other STDs include: public lice, scabies, bacterial vaginosis, chancroid, donovanosis, epididymitis, fungal (yeast) infections, genital warts, lymphogranuloma venereum, molluscum contagiosum, mucopurulent cervicitis, nongonococcal urethritis, proctocolitis, mycoplasma hominis, ureaplasma urealyticum, granuloma inguinale, shigellosis, campylobacter, cytomegalovirus, genital molluscum contagiosum, amebiasis, giardia, candida albicans (Meeker, 2002, p. 14).

Cultural Context and Influences

Only two STDs, the venereal diseases of gonorrhea and syphilis, were known until the 1960s and they were restricted just to a few groups. But since then new brands of STDs started emerging and growing in numbers and diversity, becoming a serious threat to the health of individuals. This trend led parents, educators, policy makers and health professionals to become strongly concerned. Which environment and what possible factors may have influenced and contributed to such trend?

The 1960s saw the growth of a new generation, the baby-boomers, who were born after WWII spanning between 1946 and 1964. The boomers witnessed events such as political assassinations, the civil rights movement, the Vietnam War, the environmental movement, and a gender revolution that shaped their identity as a group (Carroll & Roof, 2002, pp. 17-21). Also, they witnessed the rising of a counterculture movement that brought profound transformations to the American society. There was a widespread

rebellion of young people, particularly college students, against the society and their parents' standards and morals which were regarded as conformist and repressive. One facet of this period was the sexual revolution which very much challenged the traditional family values making the stable and family-oriented society of the 1950s as something of the past. As a consequence, free-sex, contraception with the birth control pill and legalized abortions, delayed marriage and fewer children, a rise in the divorce rate, more single-parent families and more illegitimate children became more entrenched in the society and cultural mindset ("Social Changes, United States," 2008).

Jeffrey Escoffier defines sexual revolution as a social and cultural phenomena when there is a clearly explicit sexual openness of behavior among young people outside the traditional norms of marriage, when young men and women engage in sexual activity before marriage, and it has profound repercussions in the society (Escoffier, 2003). Also, David Allyn says that the sexual revolution encompasses many things that took place during the 1960s and 1970s although it meant the freedom to have sex where and when one wished for those in the counterculture (Allyn, 2001, pp. 3-7). Nevertheless, leading towards the 1960s there were a variety of forces already developing through the culture in the society that had a deep impact in the shaping of the sexual revolution. For example, in the 1950s, Playboy magazine, started by Hugh Hefner, attracted the attention of young men and the rock and roll of Elvis Presley was very exciting and influential on young people and was portrayed as "sexual anarchy loosened upon the world, the prime mover in the forty-year rebellion against crushing middle-class values" (Judge, 2010, p. 89).

Moreover, there were intellectual developments of sexual theories that exerted influence on culture and politics. For instance, the psychoanalyst Wilhelm Reich, who was a disciple of Freud, advocated sexual liberation emphasizing the importance of sexual orgasm for health and happiness. Reich was influential in the sexual movement in Germany and his book *The Sexual Struggle of Youth* was translated in the United States in 1945 under the name *The Sexual Revolution* (Allyn, 2001, p. 4). He was a proponent of sexual revolution in order to bring necessary fundamental changes to promote mental health. Additionally, he opposed the traditional sexual morality and considered pernicious the sexual abstinence imposed on adolescents because it led to "juvenile delinquency, neuroses, perversions and political apathy" (Escoffier, 2003, pp. xiii-xvii). Another influential intellectual was the biologist Alfred Kinsey who researched people's sexual behavior and wrote *Sexual Behavior of the Human Male* (1948) and *Sexual Behavior in Human Female* (1953) advocating freedom for all imagined forms of sexual experimentation. His position as a scientist and his research influenced academia and politics (Panzer & Mosack). His institute, the Kinsey Institute, continues operating today (*The Kinsey Institute for Research in Sex, Gender, and Reproduction*, n.d.).

In the 1960s, other intellectuals continued developing new sexual theories such as Herbert Marcuse and Norman O. Brown. They viewed sexual freedom in a more social and political context and regarded Freud's views too conservative for his opposition to perverse sexual desires that were not compatible with a stable social order. Instead, both Marcuse and Brown advocated sexual liberation which included genital, oral and anal sex. Marcuse emphasized homosexual pleasure and hedonism for going against repressive modes of sexuality which were focused on genital heterosexuality and sex intended only for biological reproduction. By the end of the 1970s, Michel Foucault, among others, continued developing sexual freedom theories emphasizing that the expansion of the discourse on sexuality coming from psychiatry, medicine, statistics or popular culture contributed to liberate those stigmatized by their sexuality (Escoffier, 2003, pp. xxxii-xxxiv).

Another contribution to the development of the sexual revolution came from the challenges for freedom of sexual speech in the courts regarding obscenity, pornography and the First Amendment, specifically by pornographers, stand-up comics and literary writers. In 1967, Congress established a Commission on Pornography and Obscenity to study and set up definitions and guidelines although, years later, this was challenged by another Commission by the Reagan administration. Nevertheless, all these developments contributed to the expansion of sexual explicitness throughout the culture. As a result books started appearing in society, some providing advice, others illustrations, and others were novels and memoirs such as *The Sensuous Woman* (1969), *The Sensuous Man* (1970), *My Secret Garden* (1974), *The Joy of Sex* (1972), *More Joy: A Lovemaking Companion to the Joy of Sex* (1973), *Valley of the Dolls* (1966), *The Happy Hooker* (Escoffier, 2003, pp. xxxii-xxxiv). There were also sexually explicit movies showed on main screens of movie theaters, some of which were reviewed by newspaper critics and some were commercially successful, for instance *I Am Curious* (1967), *Deep Throat* (1972), *Beyond the Green Door* (1973), *The Devil in Miss Jones* (1973), *Boys in the Sand* (1971) (Judge, 2010, p. 121).

By 1970, newspapers in the cities across the nation started offering sexual information, personal ads, sexually explicit photos and art. The response from these developments seemed to show some interest from the public and it suggested that their sexual behavior was going through some transformation as well. Parallel with these developments, there were some people and industries that greatly profited commercially by promoting and selling products associated with sex, especially, when they were targeted to the appropriate audience. This happened with mass media, publishers and sellers of books and magazines, the advertisement industry and the movie industry (Merskin, 2004).

Research indicates that media with sex produced a powerful and pervasive impact in the culture. Barry Gunter argued that sex has been one of the most covered themes by the contemporary mass media which includes books, magazines, newspapers, film, video and television. Gunter notices the existence of an obsession with sex by the media as the news media frequently report sexual scandals of public figures such as politicians and celebrities which tend to be glamorized and exploited in editorials, commentaries and comedian's jokes. In addition, magazines describe ordinary people's sexual lives and offer sex advice (Gunter, 2002, p.1). Also, the researcher M. Gigi Durham denoted a society saturated with messages and images targeted to young girls at early ages and denounces the mainstream media for mistreating and twisting girls' sexuality which disrupts their healthy sexual development. Durham denounced the myths created about girls' sexuality that permeate the culture and society around the world as the Lolita effect in reference to the original Lolita best seller of Nabokov (1958) which originated two film versions in 1962 and 1997 (Durham, 2008, p. 12). Another source, *Sexual Teens, Sexual Media*, stated that "the mass media – television, movies, magazines, music, the internet – are not at all reticent, frequently portraying sexual behavior as riveting, central in everyday life, and emotionally and physically risk free." (Brown, Steele, & Walsh-Childers, ed., p. xi)

The exploitation of Lolita as a sexualized child in the media and culture was explored by Debra Merskin (2000) as well. Accordingly, Merskin argued the existence of an ideology that sexualizes the child as an object of lust and forbidden love who is marketed for male consumption. This ideology creates erotic images which are found in television, movies, video games, music videos and magazines which more resemble pedophilic images. Merskin notes also that Hollywood started the careers of underage beauties by adding some mystique which came to be known as the nymphet syndrome. She pointed out the examples of Carroll Baker, Hayley Mills, Tuesday Weld and Pia Zadora in the 1970s, and in 1980s Brooke Shields and Jody Foster as 12-year-olds playing roles of prostitutes (Merskin, 2000).

Studies show that advertising is one of the most widespread and influential media in marketing sexuality. For Merskin, throughout the 1980s and 1990s advertising became the arena of sexual symbolism and seduction marketing adolescent girls as sexualized beings, shaping sexual desire and manipulating the society in certain ways that make certain beliefs and behaviors looking natural and normal (Merskin, 2004). A joint research conducted by Nicole R. Krassas argued that sexuality is constructed in the popular cultural media in which the magazines have a powerful influence on women's self-images and lives promoting the idea that women's primary concern should be attracting and sexually satisfying men. Krassas' research identifies lifestyle magazines, such as Playboy and Cosmopolitan, and significant sexual scripts portrayed in women's fashion magazines and men's sporting magazines (Krassas, Blauwkamp, & Weesselink, 2001).

Another research found increases in sexual dress and intimacy from 1983 to 2003 in magazine advertisements as sex has been used to promote products and services in the modern advertisement. Additionally, an increase of sexual explicitness of the contents and graphics was noticed which explained the fact that the advertisers push for more provocative and powerful content in order to get attention and to get the job done since "sexual information must become more graphic and intense to evoke the same degree of attention and arousal as it did initially" (Reichert, & Carpenter, 2004).

The research conducted by Elaine Kaplan and Leslie Cole concluded that the distorted media images of adolescent's development and sexuality of teenage girls need to be challenged since girls go anywhere to find information they need regarding pregnancy and STDs. Kaplan and Cole organized focus groups of adolescents who were provided with teen magazines such as American Girl, Girl's Life, Young and Modern, Seventeen and Teen. These researchers recognized that in addition to the ability to transmit ideologies, "teen magazines are a powerful influence, defining what is meaningful to teenage girls and helping to shape their attitudes and behavior (Kaplan, & Cole, 2003).

Anybody can have easy access to any type of information, including any topic referring to sexuality, on the internet or in magazines. At the supermarkets and grocery stores, any child can find a wide selection of magazines with suggestive pictures and read revealing topics displayed at the counter (Meeker, 2007, pp. 124-25).

The great changes that took place after the 1960s, particularly among the youth respecting sexuality, had a major impact in the student population across the campus in United States. A new sexual culture with new scripts developed and became entrenched on the campuses called "hooking-up." It is understood that this trend started in the 1970s. The study of hooking-up by Kathleen Bogle describes the profound changes in the attitudes of the students and in the campus cultural life style as a major transformation from the traditional dating and courtship to more casual and non-committal encounters in male and female relationships. Hooking-up does not have a precise definition but can be understood as the casual, non-committable sexual relationships between male and female students. The hooking-up can be one encounter alone or may last for a longer period and it can take place between two persons who do not know each other or who have some acquaintances between each other or who have been friends for a longer period. Also, sexual relationship can mean different things, from kissing and other sexual plays up to sexual intercourse (Bogle, 2007, pp. 16-24).

Donna Freitas is another researcher into the hooking-up culture who found other phrases to describe these relationships such as “friends with benefits” or “one-night stands” and states that students normally regard hooking-up as a social norm at college. However, Freitas discovers that many students do not find fulfillment, meaning or joy in the hooking-up culture where those living within it take a behavioral attitude of “I don’t care”. Ultimately, many students recognize that it is not healthy to live within the hooking-up culture (Freitas, 2008, pp. xviii, 14).

As a campus psychiatrist working in the health and counseling center of a prestigious American university, Miriam Grossman also revealed her experience dealing with students living in the hooking-up culture. Accordingly, the casual and irresponsible sexual behavior of the students engaged in such culture led the students to unhealthy and harmful consequences both physical and emotional. She noted STDs and abortion which could leave the person physically damaged and with emotional scars for life if not life-threatening. Grossman criticized the institution’s official guidelines of health and behavior since they are unhealthy in themselves for they advocate more a radical agenda driven attitude and ideology in contradiction with the reality of the facts and medical science research (Grossman, 2007).

There are widespread and misleading perceptions among young people in particular, sometimes called myths, that can lead to unhealthy behaviors which are opposite to their expectations such as: 1) If I don’t have any symptoms, I can’t have an STD; 2) If my partner and I get HIV tests and we’re negative, that means we don’t have to worry about using condoms; 3) When I got my yearly Pap smear, my doctor would have told me if anything were wrong; 4) If I use a condom, I can’t get an STD; 5) Oral sex is safe. I can’t get an infection with oral sex so I don’t need to use a condom; 6) Only promiscuous people get STDs; 7) I had chlamydia before, and I had symptoms. Since I don’t have any symptoms now, that means I don’t have an STD; 8) Douching after sex will help prevent me from getting an STD; 9) People with herpes always have symptoms; 10) I can’t transmit herpes if I don’t have an outbreak (Marr, 2007, p. xi).

There exist other misconceptions and mistakes. A common mistake is assuming that all STDs are treatable with antibiotics as it used to be with the original venereal diseases of the past (Meeker, 2002, p. 31). A significant mistake was narrated by Dr. Meg Meeker. She enthusiastically started supporting the birth control campaign by prescribing oral contraceptives and condoms, as other public health officials and doctors were doing as well, in order to fight the rise of pregnancies among young girls. She admitted that she had to help teens avoid life-critical situations that could cause great physical and psychological harm. Indeed, the percentage of pregnancies in this group age decreased, but in the process, she observed in her office and through reported statistics the outburst and growing number of STDs in young people. She concluded that “the sexual freedom that birth control allows teens has done a good deal to promote the rise in disease” (Meeker, 2002, pp. 18-19).

Impact of STDs

The consequences of the STDs lie in three areas: physical, emotional and financial. STDs are not harmless, according to the National Institute of Allergy and Infection Diseases (NIAID) which says that even though the effects of the diseases can be limited when detected and treated earlier the diseases can cause serious and sometimes long-term complications which include blindness, bone deformities, brain damage, cancer, heart disease, infertility, birth defects, mental retardation, and even death. What makes the situation even worse is that certain infections may not show symptoms so that the person can carry it while simultaneously damaging the body and, furthermore, can still transmit the disease to others without knowing it. Additionally, some viruses mutate making the diseases resistant to the treatment of drugs. The most affected by these diseases are women and infants (“Sexually Transmitted Infections,” n.d.). For instance, the cases of HPV have increased substantially among adolescent girls and have been responsible for 99.7% of cervical cancer cases and the death of nearly 5000 women each year (Jarmulowicz, n.d.). Other forms of cancer caused by the STDs include penile, head, neck, liver, uterine, vaginal and vulvar (Meeker, 2002, pp. 16, 37, 52).

The Centers for Disease Control and Prevention (CDC) reports that adolescent girls aged between 15-19 years are the most affected, followed by women aged 20-24 years and that the African-American population is more disproportionately affected by STDs. Additionally, it says that even though the numbers of cases of STDs are similar in male and female adolescents, the difference of biological makeup places females at greater risk and with more severe health consequences than males (CDC, Newsroom, 2009). The adolescent girl’s anatomy is also different from older women, from 25 years and up; the cells covering the cervix are physiologically different from older women which make her more vulnerable to infections (Meeker, 2002, p. 21).

There exist the psychological and emotional effects of contracting STDs as well. Dr. Michael Jarmulowicz argued that the psychological impact has been poorly addressed but the existence of some studies indicate that infected adolescents presented lower self-esteem, depression, guilt and shame (Jarmulowicz, n.d.). Nevertheless, health professionals such as doctors who interface directly with young people in their offices are a primary resource that can provide valuable and real information. A

psychiatrist working in the health and counseling center at Columbia University epitomizes the same sentiment as other doctors regarding the number of young people visiting their offices by saying that her schedule is overbooked with appointments made by distressed students. This psychiatrist states that campus counseling centers are very busy because those students “are looking for relief – from their crying jags, sleepless nights, relentless worrying, and thought of death” (Grossman, 2007, pp. 14-15). As an example, this doctor mentions the reaction of her patient Stacey whose Pap test resulted abnormal with HPV infection: “I’m still so chocked ... I’ve only been with a few guys, and they always used a condom...I can’t believe this is happening to me.” Definitely, this student “was in crisis, afraid and confused” (Grossman, 2007, pp. 14-15).

Dr. Meg Meeker also acknowledged the scarcity of research linking sexual activity and depression in adolescents but she found a few already emerging and one of them recommended that all physicians should screen every teenager with an STD for depression. Meeker attributes the meagerness of research to the fact that both the phenomena of STDs and depression in the teens have surged very fast and there was yet not sufficient time to conduct the necessary studies. Based on her experience, Meeker and her colleagues recognized the existence of a correlation between the simultaneous increase of adolescent sexual activity, STDs and depression which she labeled the emotional STD. She confidentially affirmed “I already see – and my observations are not isolated ones. At pediatric conferences many of my colleagues report the same thing: increased post-traumatic stress disorder in sexually active teens” (Meeker, 2002, pp. 67-72).

The other effect of epidemic STDs is the financial burden. For the treatment of STDs, the CDC has recommended early testing and diagnosis for sexually active women under 26 years of age and to all persons considered at high risk. Even recognizing that these services have been underutilized, the CDC estimates the cost to the health care system to be about \$15.9 billion annually (CDC, Newsroom, 2009).

References:

“STDFact-Chlamydia. (n.d.). Centers for Disease Control and Prevention. Retrieved from <http://www.cdc.gov/>.

“STDFact-Gonorrhea. (n.d.). Centers for Disease Control and Prevention. Retrieved from <http://www.cdc.gov/>.

“STDFact-Herpes. (n.d.). Centers for Disease Control and Prevention. Retrieved from <http://www.cdc.gov/>.

“STDFact-HIV. (n.d.). Centers for Disease Control and Prevention. Retrieved from <http://www.cdc.gov/>.

“STDFact-HPV. (n.d.). Centers for Disease Control and Prevention. Retrieved from <http://www.cdc.gov/>.

“STDFact-PID. (n.d.). Centers for Disease Control and Prevention. Retrieved from <http://www.cdc.gov/>.

“STDFact-Trichomoniasis. (n.d.). Centers for Disease Control and Prevention. Retrieved from <http://www.cdc.gov/>.

Allyn, D. (2001). *Make Love, not War: The Sexual Revolution, an Unfettered History*. New York: Routledge.

Bogle, K. A. (2007). *Hooking Up: Sex, Dating, and Relationships on Campus*. New York: New York University Press.

Brown, J. D., Steele, J. R., & Walsh-Childers, K. (Eds.). (2002). *Sexual Teens, Sexual Media: Investigating Media’s Influence on Adolescent Sexuality*. Mahwah, NJ: L. Erlbaum.

Carroll, J. W., & Roof, W. C., (2002). *Bridging Divided Worlds: Generational Cultures in Congregations*. San Francisco, CA: Jossey-Bass.

CDC, Newsroom. (2000, November 16). “Sexually Transmitted Disease Surveillance” [Press Release]. Retrieved from <http://www.cdc.gov/>.

Durham, M. G. (2008). *The Lolita Effect: The Media Sexualization of Young Girls and What We Can Do About It*. Woodstock, NY: Overlook Press.

Escoffier, J. (Ed.). (2003). *Sexual Revolution*. New York: Thunder Mouth Press.

Freitas, D. (2008). *Sex and the Soul: Juggling Sexuality, Spirituality, Romance, and Religion on America’s College Campus*. New York, NY: Oxford University Press.

Grimes, J. (2008). *Seductive Delusions: How Everyday People Catch STDs*. Baltimore: Johns Hopkins University Press.

Grossman, M. (2007). *Unprotected: A Campus Psychiatrist Reveals How Political Correctness in Her Profession Endangers Every Student*. New York, NY: Penguin Group.

Grossman, M. (2009, October 15). "You're Teaching My Child What? The Truth About Sex Education". Lecture presented in The Heritage Foundation, Washington, DC. Retrieved November 3, 2011, from <http://report.heritage.org/hl1161>.

Gunter, B. (2002). *Media Sex: What Are the Issues?* Mahwah, NJ: Erlbaum.

Jarmulowicz, M. (n.d.). "Medical Facts about Sexually Transmitted Diseases" (Rep.). Retrieved September 30, 2011, from http://www.lifeissues.net/writers/jar/jar_03sexuallytransmitted.html.

Judge, M. G. (2010). *A Tremor of Bliss: Sex, Catholicism, and Rock 'n' Roll*. New York: Image.

Kaplan, E. L., & Cole, L. (2003). "I Want to Read Stuff on Boys: White, Latina and Black Girls Reading Seventeen Magazine and Encountering Adolescence". *Adolescence*, 38(149), 141-59. Retrieved February 21, 2011 from ProQuestEducation Journals. (Document ID: 352784651).

Krassas, N. R., Blauwkamp, J. M. & Wesselink, P.. (2001). "Boxing Helena and Corseting Eunice: Sexual Rhetoric in Cosmopolitan and Playboy Magazines". *Sex Roles*, 44(11/12), 751-771. Retrieved February 21, 2011, from ProQuest Education Journals. (Document ID: 93296956).

Marr, L. (2007). *Sexually Transmitted Diseases: A Physician Tells you What you Need to Know*. Baltimore: Johns Hopkins University Press.

Mayo Clinic Staff. (2010, March 4). "Teens and Sex: Protecting Your Teen's Sexual Health. Mayo Clinic. Retrieved from <http://www.mayoclinic.com>.

Meeker, M. J. (2007). *Your Kids at Risk: How Teen Sex Threatens Our Sons and Daughters*. Washington, DC: Regnery Pub.

Merskin, D. (2004). "Reviving Lolita?: A Media Literacy Examination of Sexual Portrayals of Girls in Fashion Advertising". *The American Behavioral Scientist*, 48(1), 119-129. Retrieved February 22, 2011, from ABI/INFORM Global. (Document ID: 686488791).

Panzer, A. R., & Mosack, M.A. (2009). *The War on Intimacy: How Agenda-Driven Sex Ed Sabotages Committed Relationships & Our Nation's Health*. Westwood, NJ: Center For Relationships Intelligence.

Reichert, T, & Carpenter, C. (2004). "An Update on Sex in Magazine Advertising: 1983 to 2003". *Journalism and Mass Communication Quarterly*, 81(4), 823-837. Retrieved February 21, 2011, from ProQuest Education Journals. (Document ID: 813926331).

Sexual Transmitted Infections. Fact Sheet No. 110. Retrieved January 17, 2011, from <http://www.who.int/mediacenter/factsheets/fs110/en/index.html>.

Social Changes. United States. (2008). In *Encyclopedia Britannica* (Delux ed.). Chicago: Encyclopedia Britannica.

The Kinsey Institute for Research in Sex, Gender, and Reproduction. (n.d.). Retrieved November 25, 2011, from <http://www.kinseyinstitute.org/about>.



Author: Jose M. Ferrete

Unification Theological Seminary (UTS). Doctor of Ministry (D. Min.) (2013). Unification Theological Seminary. Divinity Diploma (1984). Universidade Tecnica de Lisboa (Instituto Superior Tecnico), Portugal. Graduated in Electrotechnical Engineering (1972).

Married with four children. Dr. Ferrete lives in College Park, Maryland