Catholic on Call handbook
Chapter 6- Sexuality

The Catholic MO/HO: Sexuality is not something merely biological but an integral part of the person. Catholic doctors may, through their interactions with their patients, particularly adolescents, help them appreciate the sanctity of this precious gift and to use it wisely. Certain sexual deviations may also be more amenable to correction if sympathetic counselling is commenced early in the clinical course.

6.1 Basic Church teaching

6.1.1 Catechism of the Catholic Church (CCC)

"*Sexuality affects all aspects of the human person in the unity of his body and soul. It especially concerns affectivity, the capacity to love and to procreate, and in a more general way the aptitude for forming bonds of communion with others".* (CCC, 2332)

"Everyone, man and woman, should acknowledge and accept his sexual identity. Physical, moral and spiritual difference and complementarity are oriented toward the goods of marriage and the flourishing of family life. The harmony of the couple and of society depends in part on the way in which the complementarity, needs and mutual support between the sexes are lived out". (CCC, 2333)

"In creating men 'male and female', God gives man and woman an equal personal dignity….both were created in the image and likeness of the personal God". (CCC, 2334)

"….what God has joined together, let not man put asunder". (CCC, 2336)

6.1.2 Excerpts from The Truth and Meaning of Human Sexuality – guidelines for education within the family. The Pontifical Council for the Family.

"*Sexuality is not something purely biological, rather it concerns the intimate nucleus of the person….sexuality is a fundamental component of personality, one of its modes of being, of manifestation, of communicating with others, of feeling, of expressing and of living human love. Sexuality, oriented, elevated and integrated by love acquires truly human quality. But when the sense and meaning of gift is lacking in sexuality, a civilization of things and not of persons takes over, "a civilization in which persons are used in* the *same way as things are used. In the context of a civilization of use, woman can become an object for man, children a hindrance to parents..."*

"*….chastity is not to be understood as a repressive attitude. On the contrary, chastity should be understood rather as the purity and temporary stewardship of a precious and rich gift of love, in view of the self-giving realized in each person's specific vocation. Chastity is thus that "spiritual energy capable of defending love from the perils of selfishness and aggressiveness, and able to advance it towards its full realization"*

"…Chastity includes an apprenticeship in self-mastery which is a training in human freedom….either man governs his passions and finds peace, or he lets himself be dominated by them and becomes unhappy."

"*The revealing sign of authentic married love is openness to life…it makes them(the couple) capable of the greatest possible gift, the gift by which they become co-operators with God for giving life to a new human person."*

"*…parents have the duty and the right to be the first and the principal educators of their children. ….Educating children for chastity strives to achieve three objectives:*

(a) To maintain in the family a positive atmosphere of love, virtue and respect for the gifts of God, in particular the gift of life;

(b) To help children to understand the value of sexuality and chastity in stages, sustaining their growth through enlightening word, example and prayer;

(c) to help them understand and discover their own vocation to marriage or to consecrated virginity for the sake of the Kingdom of Heaven in harmony with and respecting their attitudes and inclinations and the gifts of the Spirit."

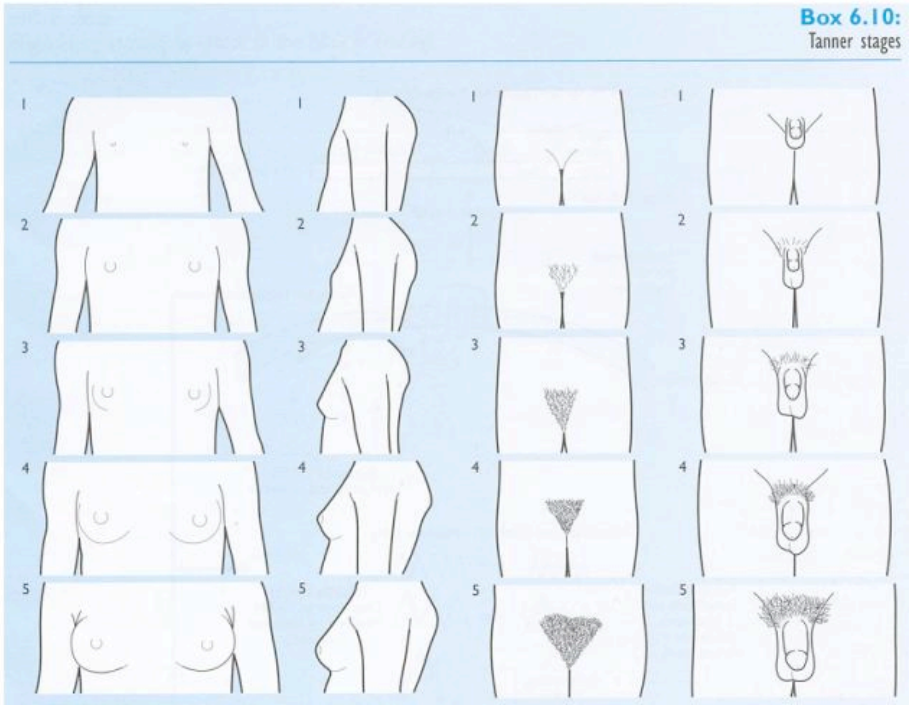
6.2 Issues in clinical practice

6.2.1 Puberty and adolescent development

Physical changes of puberty

Normal physical puberty begins between the ages of 8-13 years in girls and 9-14 years in boys. Girls begin with breast development (thelarche), followed by the appearance of secondary sexual hair (pubarche) and subsequently the beginning of menstruation usually within 2-4 years of onset of thelarche. The first sign of puberty in boys is testicular enlargement, followed by the development of secondary sexual hair and development of the external male genitalia. The physical changes of pubertal development are assessed using Sexual Maturation Rating (SMR), also known as Tanner staging.

Tanner stages



A myriad of biological changes occur during puberty including sexual maturation, increases in height and weight, completion of skeletal growth accompanied by a marked increase in skeletal mass, and changes in body composition. The succession of these events during puberty is consistent among adolescents, however, there may be a great deal of deviation in

the age of onset, duration, and tempo of these events between and within individuals. For this reason, adolescents of the same chronological age can vary greatly in physical appearance. Sexual education and counselling must thus be individualised to take into account the adolescent's stage of pubertal development.

Psychological changes of puberty

Psychosocial and cognitive development is best understood when divided into three periods: early adolescence (11-14 years), middle adolescence (15-17 years), and late adolescence (18-21 years). Each of these distinct periods of development is marked by the mastery of new emotional, cognitive and social skills.

Early adolescence: Adjustment to a new body image, adaptation to emerging sexuality. Concrete thinking, early moral concepts**.** Strong peer effect.

Middle adolescence: Establishment of emotional separation from parents**.** Emergence of abstract thinking, expansion of verbal abilities and conventional morality, adjustment to increased school demands. Increased health risk-taking behaviour, sexual interests in peers, early vocational plans.

Late adolescence: Establishment of a personal sense of identity, further separation from parents**.** Development of abstract, complex thinking, emergence of post-conventional morality. Increased impulse control, emerging social autonomy, establishment of vocational capability.

(Ingersoll GM, Psychological and social development. In: McAnarney E. Textbook of adolescent medicine © 1992.)

However, while the physical changes of puberty typically occur during adolescence, the development of human sexuality actually begins in childhood.

Children's principal stages of development *(excerpts from The Truth and Meaning of Human Sexuality, Pontifical Council for the Family)*

1. The years of innocence - from about five years of age until puberty.

This period of tranquillity and serenity must never be disturbed by unnecessary information about sex. During this stage of development, children are normally at ease with their body and its functions. They accept the need for modesty in dress and behaviour. A growing boy or girl is learning from adult example and family experience what it means to be a woman or a man.

Although they are aware of the physical differences between the two sexes, the growing child generally shows little interest in genital functions. **At this stage of development, children are still not capable of fully understanding the value of the affective dimension of sexuality.** They cannot understand and control sexual imagery within the proper context of moral principles and, for this reason, they cannot integrate premature sexual information with moral responsibility. Such information tends to shatter their emotional and educational development and to disturb the natural serenity of this period of life. Carefully limited sexual information may be necessary, usually to correct immoral and erroneous information or to control obscene language.

Parents should encourage a spirit of collaboration, obedience, generosity and self-denial in their children, as well as a capacity for self-reflection and sublimation. An undisciplined or spoilt child is inclined toward a certain immaturity and moral weakness in

future years because chastity is difficult to maintain if a person develops selfish or disordered habits and cannot behave with proper concern and respect for others.

2. Puberty/adolescence

An important task for parents is following the gradual physiological development of their daughters and helping them joyfully to **accept the development of their femininity in a bodily, psychological and spiritual sense.** It is very important for adolescent boys to be helped to understand the stages of physical and physiological development of the genital organs before they get this information from their companions or from persons who are not well-intentioned. **The physiological facts about male puberty should be presented in an atmosphere of serenity, positively and with reserve, in the framework of marriage, family and fatherhood.** Instructing both adolescent girls and boys should also include detailed and sufficient information about the bodily and psychological characteristics of the opposite sex, about whom their curiosity is growing. **In this area, the additional supportive information of a conscientious doctor or even a psychologist can help parents, without separating this information from what pertains to the faith and the educational work of the priest.**

Through a trusting and open dialogue, parents can guide their daughters in facing any emotional perplexity, and support the value of Christian chastity out of consideration for the other sex. Instruction for both girls and boys should aim at pointing out the **beauty of motherhood and the wonderful reality of procreation, as well as the deep meaning of virginity**. In this way they will be helped to go against the hedonistic mentality that is very widespread today and particularly, at such a decisive stage, in preventing the contraceptive mentality, which unfortunately is very common and which girls will have to face later in marriage.

During puberty, the psychological and emotional development of boys can make them vulnerable to erotic fantasies and they may be tempted to try sexual experiences. Parents should be close to their sons and **correct the tendency to use sexuality in a hedonistic and materialistic way.** Therefore, they should remind boys about God's gift, received in order to cooperate with him in " transmitting by procreation the divine image from person to person..."; and this will strengthen their awareness that, "Fecundity is the fruit and the sign of conjugal love, the living testimony of the full reciprocal self-giving of the spouses". **In this way sons will also learn the respect due to women.** The parents' task of informing and instructing is necessary, not because their sons would not know about sexual reality in other ways, but so that they will know about it in the right light.

In answering children's questions, **parents should offer well-reasoned arguments about the great value of chastity** and show the intellectual and human weakness of theories that inspire permissive and hedonistic behaviour. They will answer clearly, without giving excessive importance to pathological sexual problems. **Nor will they give the false impression that sex is something shameful or dirty, because it is a great gift of God who placed the ability to generate life in the human body, thereby sharing his creative power with us.** Conjugal love has always been considered a symbol and image of God's love for us (cf. Song of Songs 1-8; Hosea 2; Jeremiah 3: 1-3; Ezekiel 23, etc.).

Since boys and girls at puberty are particularly vulnerable to emotional influences, through dialogue and the way they live, parents have the duty to help their children resist negative outside influences that may lead them to have little regard for Christian formation in love and chastity. Parents should therefore teach their children the **value of Christian modesty, moderate dress, and, when it comes to trends, the necessary autonomy characteristic of a man or woman with a mature personality.**

In terms of personal development, **adolescence represents the period of self-projection and therefore the discovery of one's vocation.** God calls everyone to holiness. Parents should always strive to give example and witness with their own lives to fidelity to God and one another in the marriage covenant. Their example is especially decisive in adolescence, the phase when young people are looking for lived and attractive behaviour models. Parents should help their children to love the beauty and strength of chastity through prudent advice, highlighting the inestimable value of prayer and frequent fruitful recourse to the sacraments for a chaste life, especially personal confession. Furthermore, parents should be capable of giving their children, when necessary, a positive and serene explanation of the solid points of Christian morality such as, for example, the indissolubility of marriage and the relationship between love and procreation, as well as the immorality of premarital relations, abortion, contraception and masturbation.

Awareness of the positive significance of sexuality for personal harmony and development, as well as the person's vocation in the family, society and the Church, always represents the educational horizon to be presented during the stages of adolescent growth. It must never be forgotten that the disordered use of sex tends progressively to destroy the person's capacity to love by making pleasure, instead of sincere self-giving, the end of sexuality and by reducing other persons to objects of one's own gratification. In this way the meaning of true love between a man and a woman (love always open to life) is weakened as well as the family itself. Moreover, this subsequently leads to disdain for the human life that could be conceived, which, in some situations, is then regarded as an evil that threatens personal pleasure.

A **healthy culture of the body leads to accepting oneself as a gift and as an incarnated spirit, called to be open to God and society.** A healthy culture of the body should accompany formation in this very constructive period, which is also not without its risks. Parents should also be sensitive to adolescents' self-esteem, which may pass through a confused phase when they are not clear about what personal dignity means and requires.

Friendships are very important in this period. According to local social conditions and customs, adolescence is a time when young people enjoy more autonomy in their relations with others and in the hours they keep in family life**. Without taking away their rightful autonomy, when necessary, parents should know how to say no to their children and, at the same time, they should know how to cultivate a taste in their children for what is beautiful, noble and true.**

6.2.2 Sexuality education

Human sexuality is a sacred mystery and must be presented according to the doctrinal and moral teaching of the Church, always bearing in mind the effects of original sin. Only information proportionate to each phase of their individual development should be presented to children and young people.

No material of an erotic nature should be presented to children or young people of any age, individually or in a group. No one should ever be invited, let alone obliged, to act in any way that could objectively offend against modesty or which could subjectively offend against his or her own delicacy or sense of privacy.

"...In this regard, we recall what the Holy Father teaches in Familiaris Consortio: "The Church is firmly opposed to an often widespread form of imparting sex information dissociated from moral principles. That would merely be an introduction to the experience of pleasure and a stimulus leading to the loss of serenity - while still in the years of innocence - by opening the way to vice"

On the education of children

1. Each child is a unique and unrepeatable person and must receive individualised formation.

2. Each child's process of maturation as a person is different. Therefore, the most intimate aspects, whether biological or emotional, should be communicated in a personalised dialogue. Experience shows that this dialogue works out better when the parent who communicates the biological, emotional, moral and spiritual information is of the same sex as the child or young person.

3. The moral dimension must always be part of their explanations. Parents should stress that Christians are called to live the gift of sexuality according to the plan of God who is Love.

Methods and Ideologies to Avoid

Today parents should be attentive to ways in which an immoral education can be passed on to their children through various methods promoted by groups with positions and interests contrary to Christian morality. It would be impossible to indicate all unacceptable methods. Here are presented only some of the more widely diffused methods that threaten the rights of parents and the moral life of their children.

In the first place, parents must reject secularized and anti-natalist sex education, which puts God at the margin of life and regards the birth of a child as a threat. This sex education is spread by large organisations and international associations that promote abortion, sterilisation and contraception. These organizations want to impose a false lifestyle against the truth of human sexuality. Working at national or state levels, these organisations try to arouse the fear of the threat of over-population among children and young people to promote the contraceptive mentality, that is, the anti-life mentality. They spread false ideas about the reproductive health and sexual and reproductive rights of young people. Furthermore, some anti-natalist organizations maintain those clinics which, violating the rights of parents, provide abortion and contraception for young people, thus promoting promiscuity and consequently an increase in teenage pregnancies. The unreserved gift of self, mastery of one's instincts, and the sense of responsibility - these are notions considered as belonging to another age.

Another abuse occurs whenever sex education is given to children by teaching them all the intimate details of genital relationships, even in a graphic way. Today this is often motivated by the desire to provide education for safe sex, above all in relation to the spread of AIDS. In this situation, parents must also reject the promotion of so-called safe sex or safer sex, a dangerous and immoral policy based on the deluded theory that the condom can provide adequate protection against AIDS. Parents must insist on continence outside marriage and fidelity in marriage as the only true and secure education for the prevention of this contagious disease.

One widely used, but possibly harmful, approach goes by the name of values clarification. Young people are encouraged to reflect upon, to clarify and to decide upon moral issues with the greatest degree of autonomy, ignoring the objective reality of the moral law in general and disregarding the formation of consciences on the specific Christian moral precepts, as affirmed by the Magisterium of the Church. Young people are given the idea that a moral code is something that they create themselves, as if man were the source and norm of morality.

However, the values clarification method impedes the true freedom and autonomy of young people at an insecure stage of their development. In practice, not only is the opinion of the

majority favoured, but complex moral situations are put before young people, far removed from the normal moral choices they face each day, in which good or evil are easily recognizable. This unacceptable method tends to be closely linked with moral relativism, and thus encourages indifference to moral law and permissiveness.

Parents should also be attentive to ways in which sexual instruction can be inserted in the context of other subjects that are otherwise useful (for example, health and hygiene, personal development, family life, children's literature, social and cultural studies etc.). In these situations it is more difficult to control the content of sexual instruction. This method of inclusion is used in particular by those who promote sex instruction within the perspective of birth control or in countries where the government does not respect the rights of parents in this field. But catechesis would also be distorted if the inseparable links between religion and morality were to be used as a pretext for introducing into religious instruction the biological and affective sexual information that the parents should give according to their prudent decision in their own home.

Finally, as a general guideline, one needs to bear in mind, that all the different methods of sexual education should be judged by parents in the light of the principles and moral norms of the Church, which express human values in daily life. The negative effects that various methods can produce in the personality of children and young people should also be taken into account.

Abstinence education – details and evidence

Educating teens about sexual abstinence has actually been effective in delaying sexual initiation as well as increasing reduction and/or discontinuation in adolescent sexual activity.

Excerpts from Abstinence Works. 2013 edition. Publication by the National Abstinence Education Foundation, United States of America. www.AbstinenceWorks.org

The National Abstinence Education Foundation (NAEF) in the United States of America is a not-for-profit organisation that seeks to improve the health and future prospects for children and families through Sexual Risk Avoidance (SRA) abstinence education, to reduce teen pregnancies, STDs (sexually transmitted diseases), and any negative emotional consequences from teen sexual activity.

Douglas Kirby, the former leading Sexual Risk Reduction (SRR) "comprehensive" sex education researcher stated in his published research of Reducing the Risk, a comprehensive sex education program:

"Even though the curriculum was designed to reduce unprotected intercourse, and placed considerable emphasis both on abstinence and using birth control, it (the program, Reducing the Risk) clearly had a greater impact on delaying sexual initiation than on increasing birth control…this suggests that it ***may actually be easier to delay the onset of intercourse than to increase contraceptive practice."*** [3]

Dr. Miguel A. Martinez-Gonzalez, Professor and Chair, Department of Preventive Medicine, University of Navarra, Pamplona, Spain states:

"Thailand (experienced) an increase in STI (sexually transmitted infections) among its youth despite extensive promotion of condoms…In Spain STIs are also on the rise, even though the use of condoms among its youth is the highest in Europe. Recent studies in leading science journals show that ***condoms have not been effective as a primary prevention strategy*** *to tackle the AIDS epidemic in Africa."* [4]

[3] Kirby, D., Barth, R. P., Leland, N., & Fetro, J. V. (1991). Reducing the Risk: Impact of a new curriculum on sexual risk-taking.Family Planning Perspectives, 23(6), 253-263.
[4] The challenge of AIDS. (2009, April 8). *The Economist*.

The Sexual Risk Avoidance (SRA) Approach

SRA abstinence education is an approach that gives teens information and skills that are intended to help them avoid all the possible negative consequences of teen sex, including but not limited to, the physical consequences of STDs and pregnancy. Therefore, it is accurately known as a *Sexual Risk Avoidance (SRA) education* approach. Consistent with a risk avoidance public health model, the SRA approach includes a cessation intervention approach for school-aged children who are sexually active, offering encouragement and skills for youth to return to an optimally healthy lifestyle free of all sexual risk.

SRA abstinence education classes go beyond discussions surrounding only the physical consequences of teen sex, however. The approach is holistic, in that it also provides information on the non-physical consequences that can accompany teen sex, the practical skills associated with healthy decision-making, and requisite skills to develop healthy relationships. These classes also discuss medically accurate information about condoms, as well as the causes, symptoms, and the best way to avoid the transmission of STDs, which of course, is abstinence.

Contrast this with the *Sexual Risk Reduction (SRR) approach*, in which "Comprehensive" Sex Education is almost entirely focused on skills to help teens reduce the physical consequences of sex through the use of contraception. The *sexual* risk reduction model, however, is considerably different from other reduction approaches in the following ways:

1. The SRR model targets the general teen population, rather than focusing on an individual intervention for those who are actually engaged in the risk behavior, a significant difference from the typical risk reduction model.
2. The SRR model does not seek to move individuals who are engaged in sexual activity toward a renewed risk avoidance (abstinent) behavioral choice, as is true for other risk behavior implementing the public health model. In fact, the SRR model claims "success" even when teens are still participating in behaviors that place them at significant risk.

Of even greater concern is the fact that the sexual risk reduction approach is applied to the broader teen population, sending the false impression that "everyone is doing it" which has the negative effect of normalizing teen sex as an expected standard. The explicit demonstrations and themes then set behavioral standards that can easily provoke sexually inexperienced teens to transition into sexual activity.

There is overwhelming evidence that SRA abstinence education works. Twenty-three peer-reviewed research studies of SRA programs show statistically significant behavioral changes in improving teen outcomes for teens with all levels of sexual experience. Six studies demonstrate significant delay in sexual initiation for one to two years after the program ended. Most research was obtained within the school setting. The results are remarkable and consistently reveal three noteworthy findings - compared to their peers, students in SRA abstinence education programs are:

1. Much more likely to delay sexual initiation.
2. If sexually active, much more likely to discontinue or decrease their sexual activity.
3. No less likely to use a condom if they initiate sex.

An additional 43 studies from the Department of Health and Human Services (HHS) 2010, 2007, and 2005 Abstinence Education Evaluation Conferences showed early-stage positive attitudinal impacts that tend to predict decreased sexual initiation rates.

Most teens choose abstinence. Recent data, released by the National Center for Health Statistics, reveals that 72% of boys and 73% of girls between the ages of 15 and 17 have never had sexual intercourse.

Teens between the ages of 15 and 17 are the most frequently targeted age group to receive sex education, so the data punctuates the fact that abstinence resonates with teens and that it is indeed a realistic approach. The data also begs the questions: "Why doesn't federal sex education policy prioritise messages that encourage these numbers upwards? Shouldn't teens receive reinforcement for the healthy decision they are making?"

Most teens support abstinence until marriage. The U.S. Department of Health and Human Services report, "National Survey of Adolescents and Their Parents: Attitudes and Opinions About Sex and Abstinence indicated overwhelming support by teens. The report found:" Most adolescents support premarital abstinence in general and for themselves:

62% say that it is against their values to have sex before marriage; 75% believe that having sex would make life difficult; 84% oppose sex at their age; 69% oppose sex while in high school. (p. 61)

Most sexually experienced teens wish they had waited. More than two-thirds of sexually experienced teens express regrets about having sex so soon. Broken down by gender, 60% of boys expressed regret and 77% of girls wish they had waited. These statistics indicate that sexually experienced teens are open to a different choice in the future. Renewing an abstinence lifestyle can resonate with sexually experienced teens and research validates this to be the case for many.

Teens have the right to know the truth. Only abstinence - not condoms - completely eliminates the risks of teen sex.

[8] National Center for Health Statistics. (2001). Teenagers in the United States: Sexual activity, contraceptive use, and childbearing, 2006-2010. National Survey of Family Growth. *National Health Statistics Reports* 23(31): 14,15
[9]Accessed February 21, 2011 from: http://acf.hhs.gov/programs/f 9 ysb/content/docs/20090226_abstinence.pdf
[10] Albert, B. (2007). With One Voice 2007. Washington, DC: the National Campaign to Prevent Teen Pregnancy.
[11] Centers for Disease Control and Prevention. *Fact sheet for public health personnel: Male latex condoms and sexually transmitted diseases*. Retrieved Feb 9, 2013 from http://www.cdc.gov/condomeffectiveness/latex.htm

Sex education in local schools

Sexuality Education in the School Curriculum (taken from website of Ministry of Education, Singapore, www.moe.gov.sg)

The MOE Sexuality Education Curriculum is a holistic and secular one that aims to meet students' developmental needs at the different stages. It is part of the larger school curriculum. The Growing Years (*GY*) programme and the Empowered Teens (*eTeens*) programme, which are complementary, are staple Sexuality Education Programmes conducted under Character and Citizenship Education. Sexuality Education is also delivered through subjects such as Science, Health Education, and Civics and Moral Education.

The Sexuality Education curriculum is conducted at the primary level through to the Junior College (JC) / Centralised Institute (CI) level. The themes covered at each stage will be revisited and discussed in greater depth at the next level of education.

The contents for Sexuality Education are grouped into five main themes:

- **Human Development**: the onset of puberty and its psychological and emotional impact;
- **Interpersonal Relationships**: the skills and values for healthy and rewarding relationships, including those with members of the opposite sex;
- **Sexual Health: the information and attitudes to promote sexual health and avoid unwanted consequences of sexual behaviour;**
- **Sexual Behaviour**: expressions of sexuality and their effects; and
- **Culture, Society and Law**: social and cultural influences and the impact of legal positions on sexual identity and sexual expressions.

Growing Years (GY) Programme

The *GY* programme addresses the subject of human sexuality from a holistic perspective, involving the physical, emotional, social, and ethical aspects of sexuality.

The topics in the *GY* programme include building rewarding and responsible relationships, dating, going steady and marriage, issues in sexual health and behaviours, consequences of teenage sexual activity and pregnancies, and influence of the media. Abstinence before marriage is presented and promoted as the best course of action for teenagers to protect them from unwanted pregnancies and STIs.

The *GY* programme has packages developed for the Primary 5-6 (*Curious Minds*), lower secondary (*The Teenage Years*), upper secondary (*Sense and Sexuality*) and JC/CI levels (*Love Matters*) according to the students' developmental needs.

Curious Minds Programme

This programme aims to enable pupils to:

- Navigate changes during puberty and develop respect for themselves and others
- Build healthy peer relationships anchored on the love and support from their families
- Exercise safety in potentially harmful situations

Empowered Teens (eTeens) Programme

eTeens, a STIs/HIV prevention programme, is developed by the Health Promotion Board in collaboration with MOE, and focuses on STIs/HIV education for Secondary 3 and JC/CI Year 1 students. It is conducted in two segments — a one-hour mass talk (which includes a multimedia presentation and video screening) and class-based lesson(s).

The programme raises awareness and knowledge about the following:

- Awareness of the different STIs and HIV/AIDS
- Modes of transmission for HIV and AIDS
- Models of protection against infection, specifically abstinence and the correct use of condoms

- Skills for decision-making, assertiveness, negotiation to say “no” to peer pressure to have premarital sex
- Consequences and impact of STIs/HIV

6.2.3 Offences against chastity

6.2.3.1 Masturbation

“By masturbation is to be understood the deliberate stimulation of the genital organs in order to derive sexual pleasure….masturbation is an intrinsically and gravely disordered action. The deliberate use of the sexual faculty, for whatever reason, outside of marriage is essentially contrary to its purpose.” (CCC, 2352)

From the earliest age, parents may observe the beginning of instinctive genital activity in their child. It should not be considered repressive to correct such habits gently that could become sinful later, and, when necessary, to teach modesty as the child grows.

Masturbation particularly constitutes a very serious disorder that is illicit in itself and cannot be morally justified, although "the immaturity of adolescence (which can sometimes persist after that age), psychological imbalance or habit can influence behaviour, diminishing the deliberate character of the act and bringing about a situation whereby subjectively there may not always be serious fault". Therefore, adolescents should be helped to overcome manifestations of this disorder, which often express the inner conflicts of their age and, in many cases, a selfish vision of sexuality.

Catholic doctors encountering adolescents and young adults struggling with masturbation can help by gently explaining that although sexual urges are biochemically mediated and may be difficult to manage, self-mastery is ultimately the key to true personal freedom. Counselling directed towards strategies for behavioural change in cases where masturbation has become a habit, as well as more general advice to engage in other activities such as sport/exercise that distract from sexual urges, may be useful.

6.2.3.2 Homosexuality

A particular problem that can appear during the process of sexual maturation is homosexuality, which is also spreading more and more within urbanised societies. This phenomenon must be presented with balanced judgement, in the light of the documents of the Church. Young people need to be helped to distinguish between the concepts of what is normal and abnormal, between subjective guilt and objective disorder, avoiding what would arouse hostility. On the other hand, the structural and complementary orientation of sexuality must be well clarified in relation to marriage, procreation and Christian chastity.

"Homosexuality refers to relations between men or between women who experience an exclusive or predominant sexual attraction toward persons of the same sex. It has taken a great variety of forms through the centuries and in different cultures. Its psychological genesis remains largely unexplained". (CCC, 2357)

A distinction must be made between a tendency that can be innate and acts of homosexuality that "are intrinsically disordered" and contrary to natural law as they close the sexual act to the gift of life.

“The number of men and women who have deep-seated homosexual tendencies is not negligible. This inclination, which is objectively disordered, constitutes for most of them a trial. They must be accepted with respect, compassion and sensitivity. Every sign of unjust discrimination in their regard should be avoided. These persons are called to fulfil God's will in their lives and, if they are Christians, to unite to the sacrifice of the Lord's Cross the difficulties they may encounter from their condition”. (CCC, 2358)

"Homosexual persons are called to chastity. By the virtues of self-mastery that teach them inner freedom, at times by the support of disinterested friendship, by prayer and sacramental grace, they can and should gradually and resolutely approach Christian perfection”. (CCC, 2359)

Especially when the practice of homosexual acts has not become a habit, many cases can benefit from appropriate therapy. In any case, persons in this situation must be accepted with respect, dignity and delicacy, and all forms of unjust discrimination must be avoided. If parents notice the appearance of this tendency or of related behaviour in their children, during childhood or adolescence, they should seek professional help in order to obtain all possible assistance. Referral to qualified counsellors experienced in managing the issues surrounding same-sex attraction may be very beneficial.

6.2.3.3 Fornication

“Fornication is carnal union between an unmarried man and an unmarried woman. It is gravely contrary to the dignity of persons and of human sexuality which is naturally ordered to the good of spouses and the generation and education of children. Moreover, it is a grave scandal where there is corruption of the young” (CCC, 2353)

“Those who are engaged to marry are called to live chastity in continence. They should see in this time of testing a discovery of mutual respect, an apprenticeship in fidelity, and the hope of receiving one another from God. They should reserve for marriage the expressions of affection that belong to married love”. (CCC, 2350)

Catholic doctors encountering sexually active adolescents or young adults in the course of their clinical work have valuable opportunities to provide guidance in the development of self-mastery and appreciation of the gift of sexuality as well as the grave troubles that may arise from sexual intercourse for those unprepared for the consequences e.g. pregnancy.

6.2.3.4 Prostitution

“Prostitution does injury to the dignity of the person who engages in it, reducing the person to an instrument of sexual pleasure. The one who pays sins gravely against himself….While it is always gravely sinful to engage in prostitution, the imputability of the offence can be attenuated by destitution, blackmail, or social pressure”. (CCC, 2355)

Where prostitution involves children and adolescents, there is the added sin of scandal.

Catholic doctors who treat commercial sex workers in their clinics, whether for sexually transmitted infections or other illnesses, should maintain an attitude of non-judgemental compassion and Christ-like love towards them. Contact tracing and infectious disease notification should be performed. Where appropriate, onward referral for financial and social assistance may be helpful.

6.2.3.4 Other sexual deviations – transsexuality, gender reassignment

Sexual identity is about how one sees oneself and comprises many dimensions: chromosomal, genetic, physiological, anatomical, hormonal, psychological, sociological and cultural. The problem of sexual identity might be psychological when a person does not accept his or her own sexual identity as male or female even though the person is anatomically normal.

In this situation, one does not fix the psychological problem by fixing the body. Changing the sexual organs is not the solution. The ethical problem arises for those who have ambiguous genitalia. Sex reassignment surgery is only ethical when the benefits outweigh the risks. There have been cases in which people have been unhappy with the result after such an operation." (" *Priest discusses morality of cosmetic surgery"*. The Catholic News - Aug 28, 2011, Vol 61, No 17).

Doctors are ethically bound not to discriminate against patients because of their sexual practices, and must abide by medical confidentiality requirements unless the law requires disclosure.

6.2.4 Legal issues

6.2.6.1 On statutory rape

Sections 375-377D of Penal Code (covered in chapter 2)

6.2.6.2 On homosexuality

Section 377A of the Penal Code of Singapore is the main remaining piece of legislation which criminalises sex between mutually consenting adult men.

Section 377A ("Outrages on decency") states that:

Any male person who, in public or private, commits, or abets the commission of, or procures or attempts to procure the commission by any male person of, any act of gross indecency with another male person, shall be punished with imprisonment for a term which may extend to 2 years.

6.2.5 What to do: Suggested approaches to clinical scenarios

1. **Adolescent diagnosed with STI**
   A teenage girl comes to your clinic complaining of profuse yellowish vaginal discharge and lower abdominal pain. She admits to being sexually active. What should you do?

   - Pray to God for guidance before beginning the consult
   - Take a comprehensive history (per vaginal bleeding, perineal rash/itch, urinary symptoms, fever, timing of last sexual intercourse, last menstrual period, any intrauterine device *in situ*)
   - Send to A&E if clinically toxic, rebound tenderness positive, renal punch positive, febrile (?disseminated infection, ectopic pregnancy, other diagnosis e.g. appendicitis, pyelonephritis)
   - Gently explain to patient that her symptoms are consistent with a sexually transmitted infection
   - Explain appropriate investigations and treatment

Gonorrhoea	Urethral/genital discharge, dysuria, vulvovaginitis, systemic manifestations (arthritis, endocarditis)	Urine nucleic acid testing	Parenteral ceftriaxone (single-dose)
Chlamydia	Non-gonococcal urethritis, epididymitis (males), chronic cervicitis/salpingitis, infertility (females)	Urine nucleic acid testing	PO doxycycline X 10-14 days PO erythromycin X 2 weeks (pregnant women)
Herpes genitalis	Small painful genital vesicles/ulcers/scabs, dysuria, fever/malaise	HSV-PCR testing on blister fluid	PO acyclovir X 5 days, analgesia
Genital warts (HPV types 6, 11)	Flat small lesions on dry areas (labia, perianal region), larger exophytic fungating growths on warm moist areas (cervix, perineum)	HPV-PCR testing	Cryotherapy, laser therapy, local podophyllin 10-25% application Vaccine – controversial, side effects
Infective vaginitis (*may be non-sexually transmitted)	Vulvovaginal irritation/erythema, genital discharge • *Candida albicans* (thick white curd-like vaginal discharge) • *Trichomonas vaginalis* (profuse offensive watery discharge) • *Gardnerella vaginalis* (greenish frothy discharge)	DNA probe testing of vaginal discharge	*C. albicans* – PO fluconazole (single-dose) *T./G. vaginalis* – PO metronidazole X 1 week
Syphilis	1 ° - chancre 2 ° - rash (palms/soles), condyloma lata, generalised lymphadenopathy 3 ° - gummata, neuro/cardiovasculaar syphilis	Serum TPHA/FTA testing	Parenteral penicillin X 10-14 days PO erythromycin (pregnant women) Treatment/follow-up of infants affected *in utero* essential

- Further education – how STIs are spread, risk of long-term consequences e.g. infertility, that some types of STIs are curable and some are not (e.g. HIV), dispel myths about "effectiveness" of condoms in preventing STIs, teach

patient about personal boundaries and ways of saying "no" to sexual intercourse before marriage
- Ask about partner/s for contact tracing – explain that her partner will also require treatment to prevent re-infection
- Notify Centre for Communicable Diseases as needed (online forms)
- Police case if patient under 16 years of age – discuss with patient re informing parents
- KIV refer to family service centre for other social problems as required
- Offer follow-up as required

2. Adolescent/young adult with same-sex attraction

A 15 year-old teenage boy comes to see you for a mild upper respiratory tract infection. He is accompanied by an older male friend who appears to be in his late twenties. In the course of the consult, he discloses that he is a practising homosexual and asks you for general health advice in this context. How should you respond?

- Ask God for guidance before continuing the consult.
- Take a comprehensive history: age when homosexuality first discovered, current and past same-sex relationships, nature of homosexual intercourse (oral, anal), history of sexually transmitted infections (current/previous symptoms, previous screens esp. for HIV), any past psychological trauma/abuse, long-term medications/illnesses
- Gently explain normal adolescent development and rightful desire for meaningful same-sex peer relationships/interpersonal connection, which may not necessarily occur in a sexual context
- Explain increased risk of STI transmission with homosexual intercourse
- Counsel for HIV testing if not already done
- Investigate and treat for other STIs as required
- If appropriate, offer referral for counselling to explore reasons for SSA KIV psychological therapy
- Referral to social services/legal authorities as required in the context of child/sexual abuse. Discuss informing parents as appropriate.
- Offer follow-up as required

3. Parent of preteen comes asking for HPV vaccination for his/her child

One of your patients, a mother of three children, brings her eldest daughter, aged 9 years, to see you. She has heard that the vaccine against the human papillomavirus can prevent cervical cancer and is keen to have her daughter vaccinated. How should you respond?

- Pray to God for guidance before beginning the consult
- Establish the girl's general health status and pubertal stage through appropriate history taking and physical examination
- Explore the mother's reasons for wanting the vaccination for her daughter, including concerns about sexual activity/undesirable peer influence/other risk-taking behaviours (e.g. alcohol/drug use/smoking)
- Explain that HPV infection is sexually transmitted and can thus be prevented through abstinence from sexual intercourse
- Explain that while HPV infection (types 16 & 18 in particular) is a common cause of cervical cancer, it is not the only cause and thus vaccination, while effective in clinical trials in preventing HPV infection, may not be entirely protective against cervical cancer

- Explain that surveillance for cervical cancer can be detected in a timely fashion through Pap smears which should be commenced together with the onset of sexual activity
- Provide updated information about the potentially serious side effects of the HPV vaccine, including syncope and death
- Emphasise the importance of teaching self-mastery and building the self-esteem required to enforce appropriate personal boundaries (saying "no" to sexual intercourse) in her daughter's adolescent development, which will also protect her from other types of risk-taking behaviour
- Refer for social assistance/counselling as required
- Offer follow-up as required

6.2.6 What to say: Questions and answers on sexuality

Q. How can anyone live a chaste life?
A. Someone lives chastely when he is free to love and is not the slave of his drives and emotions. Anything, therefore, that helps one to become a more mature, freer and more loving person and to form better relationships helps that person to love chastely also. One becomes free to love through self-discipline, which one must acquire, practice and maintain at every stage of life.

Q. Do married people have to be chaste?
A. Every Catholic should be loving and chaste, whether he is young or old, lives alone or is married. Not everyone is called to marriage, but everyone is called to love. We are destined to give our lives away; many do so in the form of marriage, others in the form of voluntary celibacy for the sake of the kingdom of heaven, others by living alone and yet being there for others. All human life finds its meaning in love. To be chaste means to love with an undivided heart. The unchaste person is torn and not free.

6.3 References

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