

For Review Only

Living with Sexuality Issues addresses parents' concerns about teenage sexuality. What is healthy sexual development? What are the stages of sexual development that children go through in adolescence? How can parents help teenagers deal with the sexual images that confront them every day in the media? How do you tell your child to say "No" to sex?

Living with Sexuality Issues also discusses in a frank and straightforward manner the issue of child sexual abuse, pornography and sex addiction, as well as sexual disorders. It gives all the information that parents, caregivers, teachers and anyone who deals with children and adolescents should know.

Revised and updated, *Living with Sexuality Issues* is part of a series of handbooks on mental health in children written by mental health professionals from the Child Guidance Clinic.

Other titles in the series are:

- Attention Deficit Hyperactivity Disorder (ADHD)
 - Anger
 - Autism
- Discipline Issues
- Divorce and Family Issues
 - Grief
- Intelligence and Learning Difficulties
 - Self-harm Behaviours
 - Stress

visit our website at:
www.marshallcavendish.com/genref

 Marshall Cavendish
Editions



DR DANIEL FUNG, DR ZHENG ZHIMIN

Living with SEXUALITY ISSUES

Marshall Cavendish Editions

DR DANIEL FUNG, DR ZHENG ZHIMIN



Living with SEXUALITY ISSUES

For Review Only



Living with
**SEXUALITY
ISSUES**

DR DANIEL FUNG, DR ZHENG ZHIMIN

For Review Only

© 2015 Marshall Cavendish International (Asia) Private Limited

Illustrations: Julie Davey
Series designer: Bernard Go

First published 2003 by Times Editions

This 2015 edition published by
Marshall Cavendish Editions
An imprint of Marshall Cavendish International
1 New Industrial Road, Singapore 536196

All rights reserved

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior permission of the copyright owner. Requests for permission should be addressed to the Publisher, Marshall Cavendish International (Asia) Private Limited, 1 New Industrial Road, Singapore 536196. Tel: (65) 6213 9300, fax: (65) 6285 4871. E-mail: genrefsales@sg.marshallcavendish.com. Website: www.marshallcavendish.com/genref

The publisher makes no representation or warranties with respect to the contents of this book, and specifically disclaims any implied warranties or merchantability or fitness for any particular purpose, and shall in no event be liable for any loss of profit or any other commercial damage, including but not limited to special, incidental, consequential, or other damages.

Other Marshall Cavendish Offices

Marshall Cavendish Corporation. 99 White Plains Road, Tarrytown NY 10591-9001, USA • Marshall Cavendish International (Thailand) Co Ltd. 253 Asoke, 12th Flr, Sukhumvit 21 Road, Klongtoey Nua, Wattana, Bangkok 10110, Thailand • Marshall Cavendish (Malaysia) Sdn Bhd, Times Subang, Lot 46, Subang Hi-Tech Industrial Park, Batu Tiga, 40000 Shah Alam, Selangor Darul Ehsan, Malaysia

Marshall Cavendish is a trademark of Times Publishing Limited.

National Library Board, Singapore Cataloguing-in-Publication Data

Fung, Daniel, author.

Living with sexuality issues / Dr Daniel Fung, Dr Zheng Zhimin. – Singapore : Marshall

Cavendish Editions, [2015]

pages cm. – (Living with)

ISBN : 978-981-4634-23-6 (paperback)

1. Teenagers – Sexual behavior. 2. Sexual ethics for teenagers. 3. Sexual disorders.
4. Gender identity. 5. Sexual orientation. I. Zheng, Zhimin, author. II. Title. III. Living with.

HQ35

613.9071-- dc23 OCN918980534

Printed in Singapore by Markono Print Media Pte Ltd

**Dedicated to
all the children of the Child Guidance Clinic
and their parents**

For Review Only

CONTENTS

PREFACE	5
INTRODUCTION	6
PART 1 Teens And Sex	7
PART 2 Relationships And Sex	24
PART 3 Child Sexual Abuse	31
PART 4 Sharing Values About Love And Sex	37
PART 5 Pornography And Sex Addiction	45
PART 6 Alternative Sexual Behaviours	49
PART 7 Sexual Disorders	57
PART 8 Support For Sexuality Issues	71
USEFUL RESOURCES	77
ABOUT THE AUTHORS	79

PREFACE

When Dr Fung's wife was asked how she would respond if their children were to ask a sexually related question, her immediate reply was, "I would tell them to ask their father!" Is this not the common response of most adults? "Don't ask me, ask someone else." Sex is often perceived as a taboo subject and the situation in Singapore is no different. One parent even told us that it was against his religion to talk about sex. Does this mean that it is acceptable to find out about sex from pornographic magazines and films?

The impetus for this book came from the many requests for information about teenage sexuality, as well as the increasing number of sexual offenders who are in their adolescent years. Many parents have referred their children to the Child Guidance Clinic because of worrying sexual behaviours and the fear that their children may become sex fiends or deviants. The purpose of this book is therefore two-fold: to describe the normal sexual development of children into the stages of adolescence and adulthood, and to help parents understand the context of sexual disorders and how these come about. The case studies presented in this book are composites of the patients at the clinic, which is Singapore's largest child and adolescent health facility for emotional and behavioural problems. Details of the patients have been changed to protect their identities.

Since this book was published more than 10 years ago, attitudes towards sexuality issues in Singapore has moved some ways. Today, sexuality issues are more openly discussed and youths are questioning the way sex education is taught in school. There is a greater awareness of gender equality and more interest in discussions about sexual orientation and gender identity. There was a call for an update and we felt that there is a need for an evidence-based response to the queries we had received; from parents and their children, from the agencies who dealt with youths, and from policy makers who want a balanced approach to managing youths.

We would like to thank Karen Sik, who works with sex offenders and sex abuse victims, for her help with this edition.

Dr Daniel Fung
Dr Zheng Zhimin
August 2015

For Review Only

INTRODUCTION

There are several ways to define sexuality. A narrow definition of sexuality is that it pertains to anything about sexual intercourse. Such a view sees sexuality as a behaviour and may trivialise its significance. Sexuality has a greater influence and effect on individuals and social groups and is an important aspect of culture and society. A broader definition of sexuality is to describe it as the erotic significance of a person's identity, relationships and behaviours.

Sexuality is therefore the way a person sees himself and the relationships with important people in his lives. From the teen who looks at herself in the mirror when she wakes up in the morning, to two young people holding hands in a darkened cinema during a late night show, sexuality is evident.

Sexuality is not something dirty or unmentionable. On the contrary, it is a part of our daily lives. Sexuality, like eating, drinking and sleeping, is but one part of being alive. Although sexuality is important, it should not be the only aspect of a young person's life. On the other hand, it should not be avoided as it is important part of a young person's development.

The first part of this book highlights the physical, social and emotional changes that the young person goes through. The second part describes the relationships that teens have and dispels the myths about teenage sex. Thereafter are sections on child sexual abuse, acquiring specific skills that teens need in order to handle their developing sexuality, and maladaptive sexual behaviours such as pornography and sexual addictions. An additional section on alternative sexual behaviours is now included. The final section focuses on sexual disorders and how these are distinguished from normal variations of behaviour. Descriptions of gender identity disorders and sexual disorders are explained and discussed. The morality of sexuality is discussed, but this is not a social, religious or cultural guide.

It is our hope that this guide will prove helpful and relevant for parents and other adults who have to be a resource for growing children and teenagers.

TEENS AND SEX

For Review Only

Singapore is a unique country filled with fascinating opposites. Although there is much centralised control and censorship regarding pornography and what is considered acceptable standards of sexual behaviour, there is also a lot of sexually inappropriate material that is readily available to our youths in the media.

But what is sexually inappropriate? When the Austin Powers movie 'The Spy Who Shagged Me' was about to be released in Singapore in 1999, the film distributors considered changing the title to 'The Spy Who Shooked Me', because of the fear that 'shag' would be considered unsavoury. After the television series 'Sex in the City' became wildly successful, running from 1998 to 2004, there are now several TV series that have the word 'sex' in the title.

In 2013, when the Ashley Madison website, which facilitates extramarital affairs, announced its plans to launch in Singapore, the Media Development Authority banned the website to "serve as a symbolic statement of the types of content that the community is opposed to". Whether this reaction was excessive or not, an important issue was brought to light: sexual issues are still uncomfortable topics.

Yet, children and teenagers are constantly being bombarded by suggestive and provocative messages from television, newspapers and magazines. Advertisements in the daily newspapers are excessively titillating, movies and television programmes suggest that promiscuity and regular sexual relationships outside of marriage are a fact of life, while sexual crimes are highlighted almost daily in major newspapers.

The advent of social media has expanded sexual messages on an entirely different level. For example, in 2012 a couple from Malaysia kept a blog of sexually explicit content, including videos, and created a huge controversy on both sides of the Malay peninsula. The chief of the Malaysian Chinese Association Youth condemned the couple, stating that Malaysians are not that "advanced or daring" and in Singapore, the couple were chastised for "not practising behaviour appropriate of a scholarship holder".

As a result of these influences, the children and youths of today are asking questions about sex from a much younger age.

1.1 DOES 'NORMAL' SEXUAL DEVELOPMENT EXIST?

There are several phases of sexual development which encompass the physical, psychological and social aspects of life. Normal sexual development is therefore

dependent on the cultural, social and religious context of and within each country.

In Singapore, there is increasing pressure for the Board of Censors to allow more variety in media products to be publicly available. Regardless of the arguments for and against the relaxing of censorship rules, there will be increasing opportunities for children to have access to inappropriate materials. Socially acceptable norms change rapidly in such situations.

Physical health will also determine when children attain sexual maturity. With better nutrition and general improvements in healthcare, teenagers attain puberty at an earlier age. At the same time, what parents teach at home, in terms of acceptable sexual behaviour, will serve to mould and formulate the family's standards in the minds of their children. These can include how a child should behave towards members of the opposite gender, home rules regarding development of relationships with friends, freedom to stay out or bring friends home, as well as direct modelling by parents and main caregivers.

The parental role is critical in the sexual development of children. For example, Janet's parents allow her to watch adult shows, which depict sexual relationships, without any supervision or guidance. She sleeps in her parents' room and when they engage in sexual intercourse, she sometimes witnesses it as a curious 6-year-old. It is therefore not surprising that she exhibits sexual themes while at play. Her teacher became alarmed when she pulled a classmate to her one day in class and kissed him, modelling what she had seen at home.

1.2 WHAT ARE THE PHASES OF SEXUAL DEVELOPMENT?

Sexual development is characterised by the interrelationship between physical, psychological and social changes. In essence, it is one of the major challenges of adolescence. However, sexual development is not a single-step process but a continuous process starting from the moment a child is born.

Consider a little newborn baby boy in a new family. His parents will buy him clothes that express his gender. When he is older, he will be treated differently from girls and given toys that state his position as a male member of the family. Gender stereotypes are not just cultural in nature, as they often reflect religious and social norms. This is something that is passed down through the generations.

It is important to think of sexual development as the development of a gender identity that is in keeping with social and cultural norms. Physical changes occur only later although behaviourally, boys do differ from girls. This may be caused

For Review Only

by the way the brain is wired from conception and may be under the influence of important body chemicals called hormones.

Charlie, a 3-year-old boy, is active, energetic and aggressive when compared with his 4-year-old sister, Mary. The reason for this can be explained in a number of interactive ways:

- Charlie has more of the male hormone, testosterone, which is related to aggression. His brain structure differs from his sister in that there may be a larger volume of certain parts (amygdala), while other parts (hippocampus) may be smaller.
- At the same time, Charlie's parents may bring him up differently from his sister, expecting him to be more aggressive and active, even excusing his behaviour with comments such as "Oh, he's just a boy!" This social expectation will be foisted upon Charlie as he goes to playschool, nursery and kindergarten, and even in higher levels of schooling. Boys are expected to show masculine characteristics, like the enjoyment of sports, demonstrating leadership qualities and doing 'rough things' like fighting.

In summary, sexual development encompasses:

- the development of physical characteristics,
- the emotional and psychological make-up,
- the social and cultural acceptance of the particular gender.

1.3 WHAT ARE THE PHYSICAL CHANGES THAT OCCUR IN ADOLESCENCE?

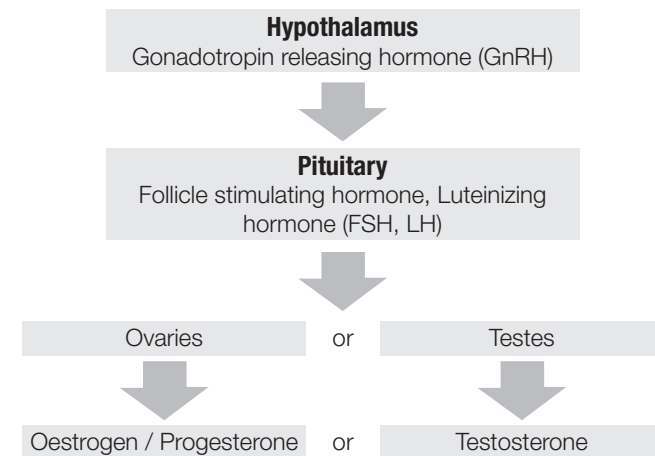
Physical change is the most obvious change in sexual development. Parents should prepare themselves and their children for these changes, which occur when a child approaches puberty. Although adolescence is traditionally defined as starting at age 13 and continues until the teen is legally an adult (at 21 in Singapore), it should be defined as the time puberty starts. In order to understand puberty, we must understand the physiology of this important stage of life.

Physiology

Physiology refers to the organic processes that occur in the human body. Puberty is initiated by hormones. These chemical messengers exist even when a child

is young, although in small amounts. Their effect is unclear during infancy and childhood. But when puberty occurs, the brain will trigger an increase in these hormones that causes the body to start producing sex cells (ova in females and sperm in males). These in turn cause the ovaries to produce oestrogen and progesterone in females, and the testicles to produce testosterone in males.

The male sex hormone is testosterone, while the female sex hormones are oestrogen and progesterone. These hormones have direct physical effects on the developing teenager's body. Their effects are not as strong when children are young, although we do see young boys being more aggressive than young girls. As puberty approaches, a surge in these hormones causes a number of physical changes. These can be divided into primary and secondary change.



Primary sexual changes

Primary sexual changes refer to the development of the sex organs.

In males, it refers to the enlargement of the testicles and penis, and the formation of sperm in the testicles. The testicles, which are about the size of a durian seed, are contained in a loose skin bag called the scrotum. The left testicle is usually lower than the right one. Each testicle can contain millions of sperm and these are produced daily. Testicles hang outside the body because they require an environment with a temperature that is slightly lower than that of the

For Review Only

body for sperm to form. Attached to the tube that brings the sperm through the penis are a number of glands which serve to nourish and lubricate the sperm's passage. The penis is a small organ that will engorge with blood during sexual excitement and will stand away from the body resulting in an erection. This allows the penis to fit into the female vagina where the sperm can be deposited. Sperm continues to form in adult males until a very old age, although the amount will reduce as the person ages.

Wet dreams

These are common in boys during puberty and is a natural process through which the body rids itself of excessive sperm.

While the teen sleeps, an erection occurs and semen is ejaculated. This usually occurs during rapid eye movement (REM) sleep when dreams occur. The dreams do not necessarily pertain to sex or sexual intercourse. Sometimes, it may be just a dream about passing urine. Wet dreams are a normal physiological process and parents need not worry about them. If you notice stains on your son's underwear or bedsheet, it would indicate that he is undergoing puberty.

In females, the ovaries, which are sex organs in the abdomen, will enlarge and produce eggs or ova. These eggs are stored in the ovaries. Fully matured ovaries are about the same size or even bigger than a man's testicles. Eggs are in the ovaries from the time a girl is born, but they will mature as hormones fill a young girl's body. The ova will be released into the Fallopian tubes, which connect the ovaries to the womb (or uterus). Usually, one ova is released by an ovary in an alternate pattern every month. This process is called ovulation. Ovulation starts at puberty and continues until menopause (at about 50 years of age). The vagina connects the womb to the outside of a girl's body.

Menstruation

The single most important change for girls in puberty is the onset of the menstrual period. The term 'menses' is derived from the Latin meaning 'month'. The period comes in monthly cycles and can vary from 20 to 35 days. It is the result of the breaking down of the lining of the womb, which was being prepared to allow the ova to embed should they become fertilised. When menses first start, it is usually not regular. The ova mature and are released through the help of a hormone called follicle stimulating hormone (FSH). At day 14 of this process, another hormone,

progesterone, causes the lining of the womb to become spongy and ready for the ova to embed. If the ova are not fertilised, the lining will fall away as the hormone level drops after two weeks. This causes a small amount of bleeding through the vagina and is called the menstrual period.

There are many myths about periods which are the result of old wives' tales and superstitions. Girls can do many things during their periods, including swimming and eating a normal diet.

Periods may vary, especially during the early years of puberty. Some causes of irregular periods include medications, physical illness, stress and mental illness.

Secondary sexual changes

Secondary sexual changes are external and help to make teens attractive to one another. These changes include facial hair, deeper voices, and an increase in height and muscle bulk in boys, and the development of breasts, an increase in height and a widening of hips in girls. Sometimes, these changes cause many problems for teens.

Some girls find the development of underarm hair and even facial and leg hair very unsightly and wish that they do not have them. Current fashion sense dictates that girls remove unwanted hair and the media is full of advertisements implying that such hair is bad. From a scientific viewpoint, there is nothing unhygienic about such hair and is no indication that the teen is less 'womanly'.

Breasts are sexually sensitive to pleasure and they serve two main purposes for women: to attract males and to breastfeed babies. Many girls worry about their breasts being either too big or too small. However, men differ in what they find attractive about women, although the media (especially in the West) tend to highlight the attractiveness of busty women. The size of breasts is dependent on the amount of fat a girl has, and Asian girls as a whole do not have as much fat. Production of breast milk is not dependent on the amount of fat in the breasts (and therefore the size of the breast), but on the milk-producing areas. Exercising will not increase breast size, although it can help to support them better.

Some boys may find their breasts swelling or becoming tender during puberty, but this is the result of the surge in hormones (oestrogen and testosterone) and should disappear after a short time (within 6 months to 2 years). This can occur in one or both breasts and can be associated with pain

For Review Only

and discharge. Breast enlargement in boys can be a sensitive issue, and parents should be aware of it and be supportive should it happen.

Gynecomastia is the scientific name for enlarged male breasts. There are many possible causes including medications, drugs, alcohol as well as some medical conditions that affect hormonal levels. Sometimes, gynecomastia can be the result of medical treatment. A case was reported recently in Singapore in which a 19-year-old adolescent developed gynecomastia as a result of taking Agolomelatine. Gynecomastia usually goes away on its own but if persistent, a medical evaluation should be done. There are a few treatments available including medications and surgery, but these should be discussed with a doctor.

1.4 SHOULD I LET MY CHILD GO FOR PLASTIC SURGERY AND OTHER COSMETIC TREATMENTS TO IMPROVE HIS OR HER LOOKS?

In 2011, in the US, there were 76,000 cosmetic procedures performed on teenagers and breast reconstructive surgery represented the top 5 surgical procedures performed in this age group. In South Korea, it is common for adolescents to receive eyelid surgery or nose jobs as birthday presents from their parents. Breast enhancement is also another common procedure. In Singapore, a New Paper report in April 2015 suggest that plastic surgeons in the country are seeing more teens asking for and getting breast augmentation.

Before you think of getting these operations which may have risks like any surgery, you should ask yourself the reasons for wanting them. Besides having knowledge of the procedure, parents must evaluate motivations and expectations, as well as the psychological stability of the teen. The few research studies that have been conducted on teens suggest that teens who have had breast enhancement surgery have a higher risk of psychological difficulties including body image issues and body dysmorphic disorder.

Body Dysmorphic Disorder

This is a disorder in which there is persistent thinking about a perceived flaw in a person's appearance. This can result in low mood and even suicidal ideation. In some cases, the sufferer may seek surgery as a way to correct the flaw. Treatment includes medication and psychological treatment focused on changing the obsessive thoughts.

1.5 HOW CAN I PREPARE MY CHILD FOR THE PHYSICAL CHANGES OF PUBERTY?

Besides educating your child, which is an ongoing process, parents should prepare to handle wet dreams (soiling of underwear and sheets) in boys and menstrual periods in girls.

The choice of whether to use sanitary towels or tampons should be left to the teen and parents may need to set aside pocket money for such purchases (which can be expensive). If mothers are available, they should talk to their daughters about this, just as fathers should be speak to their sons about wet dreams and masturbation.

Girls will also need bras, but whether a teen needs one at any particular time depends on the size of her breasts and the type of activities that she does. If her breasts are large, a bra will help to support them so that the weight of her breasts will not tear the muscle fibres of the chest and cause premature drooping of the breasts. It is also more comfortable to wear a bra for exercise and for sporting games.

1.6 WHAT ARE THE PSYCHOLOGICAL CHANGES THAT OCCUR IN ADOLESCENCE?

As the level of sex hormones increase and the sexual organs mature, teenagers become interested in members of the opposite sex. Some teens find this embarrassing and difficult to handle initially. Sometimes, they also get teased about this.

Many of these psychological reactions have changed in the last decade or so, largely due to the changing social norms. For example, a local survey on sexual attitudes indicates that dating starts as early as 13 years of age. By 14, almost half of these teens would have dated at least once. Fortunately, only 5 percent of these dating teens engage in sexual activity. A recent survey in 2009 of 1169 parents/caregivers showed that adults do consider it important to speak to their children about sexuality issues but only less than 10% actually do. This means that most of the child's knowledge was obtained through other sources.

Psychological changes can be broadly grouped into two main areas: non-sexual emotional change and sexually-related psychological changes. The latter includes sexual fantasies and dreams, sexual urges to befriend members of the opposite sex, and a sexual drive to engage in close and intimate relations.

For Review Only

Non-sexual emotional change

This is largely related to the hormone levels in the blood as puberty starts. There are differences in these hormones between boys and girls, and these result in the differences in emotional makeup between the genders.

Girls, for example, have greater motivation as a result of their hormones and these hormones do play a role in girls being more 'mature' in their emotional state. Mood changes in girls may also be a result of the hormonal changes taking place during the menstrual period.

Boys can become more aggressive or assertive during the teenage years as they have a high level of testosterone.

CASE STUDY

'SHE IS IRRITABLE AND IMPOSSIBLE'

Kaile, 14, has been out of sorts ever since her menses started. During her periods, she is moody and grouchy, refusing to do even the simplest of tasks. Her mother wanted to know what had come over her and took her to see a doctor.

Besides her emotional upheavals, Kaile suffered from mysterious aches and pains, including sore breasts and headaches. The doctor made a diagnosis of pre-menstrual tension (PMT) and prescribed a course of painkillers. By letting her family know of her difficulties and receiving support from them, Kaile started to feel better.

Although menstruation is a normal, healthy process, the hormonal cycle is extremely complex and affects girls much more than boys (the male hormone levels do not wax and wane as in the case with girls). These hormones can affect the way girls feel and change their perceptions during their periods.

CASE STUDY

'HE LOVES ME, HE LOVES ME NOT'

Laila was 13 when 17-year-old Hal asked her out on a date. She agreed, as he was suave and had asked her in front of her friends, making her feel special. After going out a few times, they agreed to go 'stead' (a term used by teens to indicate that they are a couple). Not long after, Hal asked her to have sex one night when they were alone at her home. Laila tacitly agreed. After sexual intercourse, Hal stopped calling her and did not return her SMS messages. Laila became anxious and distraught, and fell into a deep depression.

Sexually-related psychological changes

These are more pronounced in boys because of the high levels of testosterone. Studies have shown that this may rise to eight times as high as before puberty. The male sexual drive is largely physical, while the female sexual drive is largely dependent upon emotional involvement and the degree of trust in their partners. It is common to fantasise during puberty and some of these fantasies are sexual in nature. Boys may fantasise about having sex with a pop star or movie star. Some may even make up imaginary characters. At the same time, teens feel an urge to make friends with the opposite sex.

Parents should be aware of the psychological and emotional issues relating to sex which teenagers have to deal with, and offer advice when the situation calls for it. Do not downplay these emotions, but allow the teen to come to terms with them. Acknowledging the teen's feelings helps him to develop a healthy gender identity. Remember, having an interest in sex is natural.

1.7 IS THE START OF PUBERTY THE SAME FOR ALL ADOLESCENTS?

Although it is traditionally believed that puberty starts earlier in girls, the exact age varies. Girls may start experiencing pubertal changes from 8 to 17 years (averaging at 11), while boys may reach puberty between 10 and 18 (averaging at 13). The exact age varies among teens and depends on several factors:

For Review Only

- the weight of the child (children must reach a certain weight before the hormones are released),
- what the child has inherited from his or her parents,
- physical build (short and stout teens develop earlier than thin and tall ones).

Puberty lasts for about three to five years. If pubertal changes occur very early (before 8 years of age), there may be a need to visit the doctor to exclude some rare causes of precocious puberty, which may be related to the brain.

At the same time, if puberty is delayed, an assessment by a doctor should be conducted. In boys, this means no signs of changes by age 14 and for girls, no menarche (onset of menstruation) by age 17. Besides brain disorders and physical illnesses that can delay puberty, eating disorders may be an important cause that needs to be assessed and addressed.

It is therefore clear that the age of puberty is not always fixed but because of the variation, some teens may be embarrassed when they 'develop' sexual features too early, while others may be teased for being slow to do so. In fact, there should be no surprise that some teens may be completing their pubertal changes while others are only beginning. This type of variation is not abnormal and teenagers should not feel embarrassed about it.

1.8 DO BOYS AND GIRLS REACT DIFFERENTLY TO ADOLESCENCE?

Boys and girls are inherently different, due to two reasons—gender stereotypes and physiological differences. Thus, the 'reactions' of teenagers to adolescence will be slightly different.

From a very young age, gender stereotypes are imparted to a child. A girl is expected to be gentle and kind. This is reflected in parents' attitudes and societal expectations. Boys are expected to be rough and tough. Some parents do not even expect boys, especially teens, to cry. Gender stereotypes are less distinct today than in the past, but such expectations are still fairly pervasive.

The second reason is that boys and girls have very different physiology. The male hormone testosterone makes teenage boys generally more assertive and competitive. Female hormones make girls more emotional and gentle.

1.9 WHY DO BOYS THINK THAT ANYTHING HAVING TO DO WITH BODY PARTS IS FUNNY?

There are various factors contributing to such thoughts. Boys, due to gender stereotypes, tend to be bolder in their approach to new and unfamiliar situations. They are less likely to be shy and embarrassed, at least not openly and in a group. And when faced with potentially embarrassing ideas, they often laugh and joke about it. This reaction remains almost exclusively in the domain of boys.

1.10 WHAT IS CIRCUMCISION?

Circumcision is a procedure for surgically removing the foreskin of the penis. Circumcision is also undertaken for religious reasons, for example by the Muslims. The foreskin covers the head (glans) of the penis and will peel away when an erection occurs. Glands underneath the foreskin produce smegma, a creamy white substance that helps to slide the foreskin back during an erection. It is important to wash the area under the foreskin to prevent smegma from accumulating, which can be smelly or, in extreme cases, cause infections. Sometimes, the foreskin is tight and may need to be removed to prevent excessive collection of smegma and infection.

1.11 MY SON'S PENIS IS SMALL. SHOULD I BE WORRIED?

Penile size is not related to body size and when fully erect, most penises differ less in size. Most erect penises are between 12 and 17 cm. The actual size of a penis does not affect the person's ability to enjoy sexual pleasure nor that of his partner. Penile size in children is not important. Excessive foreskin may suggest a problem of phimosis, which may require surgical removal to prevent infection of the foreskin and glans.

1.12 WHAT IS MASTURBATION?

Masturbation is the handling of genitals to obtain sexual pleasure. Boys masturbate by rubbing their penis backward and forward rhythmically with their hands. Girls generally rub the areas around their clitoris with their fingers. It is a common phenomenon and studies have shown that it occurs in many teens. Often, adolescents discover masturbation quite by accident. However, it can be a concern for parents when it is done excessively or in public.

For Review Only

CASE STUDY

'HE WAS WORRIED ABOUT BEING SMALL'

Muthu was 16 when he felt that his penis was too small after he read an online article that suggested the average length of the penis. He sought ways to help enlarge his penis and became depressed when they all did not work. His parents were not willing to allow him to have surgery to increase the size of his penis which was also not recommended by his doctor. He refused to see a psychiatrist and eventually he committed suicide.

The rubbing of genitals by children may not be sexual in nature, but it may induce a comforting feeling. For young children, do not bring excessive attention to the behaviour as this may reinforce it. Use distractions instead and help the child to develop alternative, similarly comforting behaviours.

For older teens, parents may handle masturbation in the following ways:

- Start sex education and explain it in an age appropriate manner. Provide basic information about the body and answer questions that the teen may have. At the same time, allow the teen to come to you with questions instead of turning to other sources for information.
- Respect the teen's privacy by not barging into his room. Knock before entering. If you walk into a masturbating teen, apologise and walk out. You may suggest to the teen the importance of privacy while masturbating, especially if there are other children around.
- If a teen uses masturbation to relieve stress or tension, teach him alternative methods of stress relief. Encourage active participation in games, sports and exercises.
- Seek professional help if the problem persists or if it is done in public.

There are many myths about masturbation and its bad effects. Masturbation is not unhealthy, except in certain situations where the teen wants to do it all the time, does it in public or masturbates to dangerous fantasies, such as rape or unnatural sex. In such cases, it may lead to a sexual disorder.

CASE STUDY

'SHE WAS LOOKING FOR COMFORT'

Kimberly was 6 years old and she rubbed her genitals before sleeping. When her distraught parents brought her to see me, they had been punishing her and constantly speaking negatively of her behaviour. This made Kimberly shy and frightened. It was obvious to me that Kimberly was looking for something comforting during bedtime. I suggested the use of a mini bolster which she could stroke as she fell asleep. After three weeks, the 'masturbatory' behaviour stopped.

'IS THERE SOMETHING WRONG WITH HIM?'

Hui Meng, 15 years old, was caught by the police for masturbating openly in a staircase in broad daylight. He was doing it near a supermarket on a Saturday morning when a lady in her 40s saw him. He was referred to me as open masturbation was unusual behaviour.

His mother's first words to me were, "Is there something wrong with him?" Hui Meng is the youngest and only male child in a family of four siblings. He comes from a working class family and his father is a mechanic and his mother, a hawker. He has difficulties talking or conversing with his classmates. He could not cope with his studies and often played truant as a result of his failures and dislike of school. In explaining his behaviour, he said that he could not control his sexual impulses after seeing some pretty girls in the supermarket.

Examination showed that he was unable to cope with the emergence of his adolescent sexuality. His masturbation in public was not indicative of any serious mental illness. His behaviour was related to inadequate parental supervision and guidance, as well as a lack of knowledge about sex and social skills towards members of the opposite sex. His poor school results were a further assault on his self-esteem and confidence. Hui Meng was given help in controlling his sexual impulses with behaviour therapy. He was taught to channel his sex drive and energy to more healthy and recreational activities. Social skills training in groups was also provided.

For Review Only

1.13 HOW CAN I DISCUSS THE BIRDS AND THE BEES WITH MY CHILD?

There is no hard and fast rule about discussing sexual development and sexuality. Some parents prefer to leave it entirely to books and educational materials in school. Others take time to hold sessions for going through the subject with their children. Some others may use teaching opportunities when children ask questions in day-to-day life.

It is recommended that you do all that you feel comfortable with. Human beings are sexual creatures and children will find out about sex one way or another, but parents can influence how their children learn and they should be involved in this process. There is no reason for parents to neglect this important phase in their children's development. The following is a simple plan for introducing the subject of sexuality to your budding teenager.

Start with the physical aspects

It is important to prepare the teen for the physical changes that will take place—menarche for girls and wet dreams for boys. There are many books on the market that deal directly with physical changes and the topic will be visited in school as well. This is an easy area to start with as the changes are obvious.

Prepare the teen by giving him responsibilities

Ideally, you should do this before your child reaches puberty. As he enters school, give him pocket money to help him learn about spending money wisely. You should also give him opportunities to develop competence in household chores. Responsibility also refers to taking care of his school-work, coming home on time and informing parents about his whereabouts. Do make an effort to discuss these issues with your teenager as he starts to explore the adult world.

Discuss moral and religious issues

It is important that parents set the moral tone on sexuality issues. Let your children know your views and read books about this in your religion or moral teachings. Teens form opinions about sexual practices based on what they know and who has been informing them. If they hear it from the most important people in their lives, they are more likely to adopt it as their code of conduct.

Look for learning opportunities in daily life

There is no better chance to discuss questions about sexuality than when you are watching a movie with a sexual scene, seeing teenagers hugging or kissing in public, seeing a family of cats nursing their young.

Prepare for puberty

Do this by buying bras and sanitary napkins for girls, and teaching boys about wet dreams and possible staining of underwear and sheets. Leave books of interest lying within easy reach for your teenage child to browse and read. Discuss with your spouse as to who will take responsibility for a particular child. Usually, fathers deal with the boys while mothers deal with the girls.

Contraception and birth control

Birth control refers to the prevention of a live birth of a human infant. There are three aspects to this:

- contraception (methods for preventing conception through fertilisation of the ova),
- anti-implantation (methods that prevent a fertilised ovum from being implanted in the uterus),
- abortion.

There are three main methods of contraception. The first is the use of physical or chemical barriers to prevent fertilisation. Examples of these are the condom for men and the diaphragm for women. The use of chemicals that kill sperm could be a second barrier. Such barrier methods are effective up to 99 per cent of the time against pregnancy, but are less effective against sexually transmitted diseases.

The second method is the use of oral contraceptive pills, which are similar to the consumption of artificial hormones to prevent ovulation. These hormones can be taken orally, through an injection or via an implant under the skin. There is an increased risk of developing cervical cancer and some liver tumours, but a reduced risk of breast and ovarian cancers.

The third method includes surgical sterilization methods, such as vasectomy in men and tubal ligation in women.

For Review Only

ABOUT THE AUTHORS

Dr Daniel Fung

Dr Daniel Fung is married to Joyce and is a full-time father to five wonderful children. He is also a child psychiatrist at the Institute of Mental Health's Child Guidance Clinic. He is currently the Chairman Medical Board of Singapore's Institute of Mental Health.

He graduated from the National University of Singapore's Faculty of Medicine in 1990 and obtained a Masters of Medicine in Psychiatry in 1996 and was awarded the Singapore Psychiatric Association Book prize for being the best candidate. He completed his advanced specialty training in Psychiatry in 1999. Between 2000 and 2001, Dr Fung was sent to the world famous Hospital for Sick Children in Toronto on a government-sponsored fellowship scheme. He served as a research and clinical fellow working with anxious children at the hospital.

Dr Fung is an Adjunct Associate Professor at the Yong Loo Lin Medical School, Duke-NUS Graduate Medical School, National University of Singapore and Lee Kong Chian School of Medicine, Nanyang Technological University.

He is currently the Vice President of the International Association for Child and Adolescent Psychiatry and Allied Professions and the Immediate Past President of the Asian Society of Child and Adolescent Psychiatry and Allied Professions. He is also the President of the Singapore Association for Mental Health, an NGO that supports mentally ill persons and their families in the community. He volunteers with various NGOs in Singapore, including the Singapore Children's Society and the Society of Moral Charities, and is a member of the school board of Paya Lebar Methodist Girl's School.

As a Principal Investigator and Co-Investigator for various studies involving innovative clinical interventions on disruptive behaviour disorders and anxiety disorders, his research is supported by the National Medical Research Council and other funding agencies. Dr Fung has been involved in over 10 national level funded research grants. He has co-authored over 70 peer reviewed research papers, 25 books and 9 book chapters.

Dr Fung is also the programme director of REACH (Response, Early interventions and Assessment in Community mental Health), a community-based mental health programme which is part of the National Mental Health Blueprint.

Dr Zheng Zhimin

Dr Zheng Zhimin currently works as a registrar in the Department of Community Psychiatry at the Institute of Mental Health. She graduated from the National University of Singapore's Faculty of Medicine in 2008, and became a member of the Royal College of Psychiatrists in 2012.

She has been actively involved in various aspects of community psychiatry such as networking and training of community partners and general practitioners in the field of psychiatry. She also has a special interest in transgender psychiatry and is keen to develop services to help individuals suffering from gender identity and sexuality issues, especially youths and young adults.

Dr Zheng is passionate about education of junior doctors and medical students as she believes that adequate knowledge of psychiatric conditions will enable patients to receive more holistic care. In her spare time, she enjoys travelling and exploring new countries with her husband, Jerry.