

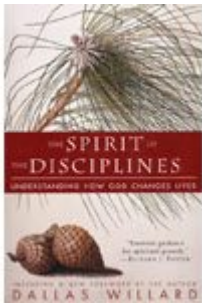
Spiritual Disciplines and the Modern World

The spiritual disciplines help us cooperate with God in our transformation into the likeness of Christ. Don Closson discusses disciplines of abstinence and of engagement.



This article is also available in [Spanish](#).

Spirituality and the Body



As a seminary student I was given the assignment to read a book on Christian spirituality called the *Spirit of the Disciplines* by Dallas Willard.^[1] I obediently read the book and either wrote a paper on it or took a test that covered the material (I can't recall which), but the book didn't have a major impact on my life at that time. Recently, over a decade later, I have gone back to the book and found it to be a jewel that I should have spent more time with. In the book, Willard speaks to one of the most important issues facing individual Christians and churches in our time: "How does one live the Spirit-filled life promised in the New Testament?" How does the believer experience the promise that Jesus made in Matthew 11:29-30: "Take my yoke upon you and learn from me, for I am gentle and humble in heart, and you will find rest for your souls. For my yoke is easy and my burden is light"?



Willard argues that modernity has given us a culture that offers a flood of self-fulfillment programs in the form of political, scientific, and even psychological revolutions. All promise to promote personal peace and affluence, and yet we suffer from an “epidemic of depression, suicide, personal emptiness, and escapism through drugs and alcohol, cultic obsession, consumerism, and sex and violence”[\[2\]](#) Most Christians would agree that the Christian faith offers a model for human transformation that far exceeds the promises of modern scientific programs, but when it comes to delineating the methods of such a transformation there is often confusion or silence.

Christians frequently seek spiritual maturity in all the wrong places. Some submit themselves to abusive churches that equate busyness and unquestioning subservience with Christ-likeness. Others look for spirituality through syncretism, borrowing the spiritualism of Eastern religions or Gnosticism and covering it with a Christian veneer.

According to Willard, Christians often hope to find Christ’s power for living in ways that seem appropriate but miss the mark; for example, through a “sense of forgiveness and love for God” or through the acquisition of propositional truth. Some “seek it through special experiences or the infusion of the Spirit,” or by way of “the presence of Christ in the inner life.” Others argue that it is only through the “power of ritual and liturgy or the preaching of the Word,” or “through the communion of the saints.” All of these have value in the Christian life but do not “reliably produce large numbers of people who really are like Christ.”[\[3\]](#)

We evangelicals have a natural tendency to avoid anything that hints of meritorious works, works that might somehow justify us before a holy God. As a result, we reduce faith to an entirely mental affair, cutting off the body from the process of living the Christian life.

In this article we will consider a New Testament theology of human transformation in order to better understand what it means to become a living sacrifice to God.

A Model for Transformation

Faith in Jesus Christ brings instant forgiveness along with the promise of eventual glorification and spending eternity with God. However, in between the believer experiences something called sanctification, the process of being set apart for good works. Something that is sanctified is holy, so it makes sense that the process of sanctification is to make us more like Christ.

Even though the Bible talks much of spiritual power and becoming like Christ, many believers find this process of sanctification to be a mystery. Since the Enlightenment, there has been a slow removal from our language of acceptable ways to talk about the spiritual realm. Being rooted in this age of science and materialism, the language of spiritual growth sounds alien and a bit threatening to our ears, but if we want to experience the life that Jesus promised, a life of spiritual strength, we need to understand how to appropriate God's Spirit into our lives.

According to Willard, "A 'spiritual life' consists in that range of activities in which people cooperatively interact with God—and with the spiritual order deriving from God's personality and action. And what is the result? A new overall quality of human existence with corresponding new powers."[\[4\]](#) To be spiritual is to be dominated by the Spirit of God. Willard adds that spirituality is another reality, not just a "commitment" or "life-style." It may result in personal and social change, but the ultimate goal is to become like Christ and to further His Kingdom, not just to be a better person or to make America a better place to live.

The Bible teaches that to become a spiritual person one must employ the *disciplines* of spirituality. "The disciplines are activities of mind and body purposefully undertaken to bring our personality and total being into effective cooperation with the divine order."^[5] Paul wrote in Romans 6:13 that the goal of being spiritual is to offer our body to God as instruments of righteousness in order to be of use for His Kingdom. Moving towards this state of usefulness to God and His Kingdom depends on the actions of individual believers.

Many of us have been taught that this action consists primarily in attending church or giving towards its programs. As important as these are, they fail to address the need for a radical inner change that must take place in our hearts to be of significant use to God. The teaching of Scripture and specifically the life of Christ tells us that the deep changes that must occur in our lives will only be accomplished via the disciplines of abstinence such as fasting, solitude, silence, and chastity, and the disciplines of engagement such as study, worship, service, prayer, and confession. These disciplines, along with others, will result in being conformed to the person of Christ, the desire of everyone born of His Spirit.

Salvation and Life

When I first read in the Bible that Jesus offered a more abundant life to those who followed Him, I thought that He was primarily describing a life filled with more happiness and purpose. It does include these things, but I now believe that it includes much more. Salvation in Christ promises to radically change the nature of life itself. It is not just a promise that sometime in the far distant future we will experience a resurrected body and see a new heaven and new earth. Salvation in Christ promises a life characterized by the highest ideals of thought and actions as epitomized by the life of Christ Himself.

Although there is no program or classroom course that can guarantee to give us this new life in Christ, it can be argued that in order to live a life like Jesus we need to do the things that Jesus did. If Jesus had to “learn obedience through the things which he suffered” (Hebrew 5:8 KJV), are we to expect to act Christ-like without the benefit of engaging in the disciplines that Jesus did?

In *The Spirit of the Disciplines*, Willard argues that there is a direct connection between practicing the spiritual disciplines and experiencing the salvation that is promised in Christ. Jesus prayed, fasted, and practiced solitude “not because He was sinful and in need of redemption, as we are, but because he had a body just as we do.”[\[6\]](#) The center of every human being’s existence is his or her body. We are neither to be neo-Platonic nor Gnostic in our approach to the spiritual life. Both of these traditions play down the importance of the physical universe, arguing that it is either evil or simply inferior to the spiritual domain. But as Willard argues, “to withhold our bodies from religion is to exclude religion from our lives.”

Although our spiritual dimension may be invisible, it is not separate from our bodily existence. *Spirituality*, according to Willard, is “a relationship of our embodied selves to God that has the natural and irrepressible effect of making us alive to the Kingdom of God—here and now in the material world.”[\[7\]](#) By separating our Christian life from our bodies we create an unnecessary sacred/secular gulf for Christians that often alienates us from the world and people around us.

The Christian faith offers more than just the forgiveness of sins; it promises to transform individuals to live in such a way that responding to events as Jesus did becomes second nature. What are these spiritual disciplines, and how do they transform the very quality of life we experience as followers of Jesus Christ?

The Disciplines of Abstinence

Although many of us have heard horror stories of how spiritual disciplines have been abused and misused in the past, Willard believes that “A discipline for the spiritual life is, when the dust of history is blown away, nothing but an activity undertaken to bring us into more effective cooperation with Christ and his Kingdom.”^{8} He reminds us that we discipline ourselves throughout life in order to accomplish a wide variety of tasks or functions. We utilize discipline when we study an academic or professional field; athletes must be disciplined in order to run a marathon or bench press 300 lbs. Why, then, are we surprised to learn that we must discipline ourselves to be useful to God?

Willard divides the disciplines into two categories: disciplines of abstinence, and disciplines of engagement. Depending on our lifestyle and past personal experiences, we will each find different disciplines helpful in accomplishing the goal of living as a new creature in Christ. Solitude, silence, fasting, frugality, chastity, secrecy, and sacrifice are disciplines of abstinence. Given our highly materialistic culture, these might be the most difficult and most beneficial to many of us. We are more familiar with the disciplines of engagement, including study, worship, celebration, service, prayer, and fellowship. However, two others mentioned by Willard might be less familiar: confession and submission.

Abstinence requires that we give up something that is perfectly normal—something that is not wrong in and of itself, such as food or sex—because it has gotten in the way of our walking with God, or because by leaving these things aside we might be able to focus more closely on God for a period of time. As one writer tells us, “Solitude is a terrible trial, for it serves to crack open and burst apart the shell of our superficial securities. It opens out to us the unknown abyss that we all carry within us . . .”^{9} Busyness and superficial

activities hide us from the fact that we have little or no inward experience with God. Solitude frees us from social conformity, from being conformed to the patterns of this world that Paul warns us about in Romans 12.

Solitude goes hand in hand with silence. The power of the tongue and the damage it can do is taken very seriously in the Bible. There is a quiet inner strength and confidence that exudes from people who are great listeners, who are able to be silent and to be slow to speak.

The Disciplines of Engagement

Thus, the disciplines of abstinence help us diminish improper entanglements with the world. What about the disciplines of engagement?

Although study is not often thought of as a spiritual discipline, it is the key to a balanced Christian walk. Calvin Miller writes, “Mystics without study are only spiritual romantics who want relationship without effort.”[{10}](#) Study involves reading, memorizing, and meditation on God’s Word. It takes effort and time, and there are no shortcuts. It includes learning from great Christian minds that have gone before us and those who, by their walk and example, can teach much about the power available to believers who seek to experience the light burden that abiding in Jesus offers.

Few Christians deny the need for worship in their weekly routines, even though what constitutes worship has caused considerable controversy. Worship ascribes great worth to God. It is seeing God as He truly is. Willard argues that we should focus our worship through Jesus Christ to the Father. He writes, “When we worship, we fill our minds and hearts with wonder at him—the detailed actions and words of his earthly life, his trial and death on the cross, his resurrection reality, and his work as ascended intercessor.”[{11}](#)

The discipline of celebration is unfamiliar to most of us, yet Willard argues that it is one of the most important forms of engagement with God. He writes that “We engage in celebration when we enjoy ourselves, our life, our world, in conjunction with our faith and confidence in God’s greatness, beauty, and goodness. We concentrate on our life and world as God’s work and as God’s gift to us.”[\[12\]](#) Although much of the scriptural argument for holy celebration is found in the festivals of the Old Testament and the book of Ecclesiastes, Jesus was accused of being a glutton and a drunkard because he chose to dine and celebrate with sinners.

Christian fellowship and confession go hand in hand. It is within the context of fellowship that Christians build up and encourage one-another with the gifts that God has given to us. It is also in this context that we practice confession with trusted believers who know both our strengths and weaknesses. This level of transparency and openness is essential for the church to become the healing place of deep intimacy that people are so hungry for.

Walking with Jesus doesn’t mean just knowing things about Him; it means living as He lived. This includes practicing the spiritual disciplines that Jesus practiced. As we do, we will be changed through the Spirit to be more like Him and experience the rest that He has offered to us.

Notes

1. Dallas Willard, *The Spirit of the Disciplines*, (New York: HarperCollins, 1991).
2. Ibid., viii.
3. Ibid., x.
4. Ibid., 67.
5. Ibid., 68.
6. Ibid., 29.
7. Ibid., 31.
8. Ibid., 156.

9. Ibid., 161.
10. Ibid., 176.
11. Ibid., 178.
12. Ibid., 179.

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“My Husband Wants to Put Our Daughter on Birth Control!”

Help! During a casual child raising discussion, I found out that my husband insists on putting our (unborn) daughter on birth control when she enters high school. He claims that it is the best thing “just in case” she gets caught up in temptation – he does not want her to “ruin” her life by having a baby so young nor does he want to raise the child for her. I tried to express my disagreement with the idea, indicating that I believe that placing her on birth control is a form of condoning the behavior and I do not want to give that impression to her. I even tried to use an analogy of telling her not to use drugs, but giving her a clean pipe to carry around “just in case” she is at a party one night and is tempted to smoke crack! Of course he saw the drugs as completely different, and he insists that birth control is the way to go. Your personal input backed by theological soundness is greatly appreciated.

I answer your question both as a mom and as someone who ministered to high school girls for several years.

First of all, you can relax. Making policy about unborn children is something lots of parents do and it completely changes when reality sets in.

Secondly, the cross-gender relationship between your husband and his little girl is going to be very different from what he expects. If he's like most fathers he's going to be extremely protective of her, and that means looking at the young men she hangs around with a very wary eye. Instead of putting her on birth control, there's an even better chance he'll have an eyeball-to-eyeball little "chat" with her male friends and let them know how he expects them to take extremely good care of her and that means not touching her sexually in ANY way. (With some dads, that "chat" happens without words by giving them the evil eye. . .<smile>)

Your drug analogy was really very good even if he blew you off about it. Here's another one: what if he bought a Lamborghini that he kept in the garage, washed and waxed every week, was absolutely obsessive-compulsive about keeping it maintained to perfection. . . and then, when your daughter got her license at 16, said, "Here are the keys, honey, and of course, I got you insurance because you might get in a wreck but hey-no big deal. I expect you to wreck a car the first year of driving." Uhh....I'm thinkin', NOT!!! <grin>

When parents get their teenagers birth control, they are making a statement about having low expectations of their kids. It's amazing that we can expect that kids will exercise tremendous self-discipline for sports or academics, but when it comes to sexual activity we assume they are incapable of it! It's entirely possible to start talking about the treasure of virginity and the importance of maintaining modesty as soon as kids are old enough to know what they are, and build a protective wall of positive expectations that help the kids maintain their purity. It has been a joy to see both our teenage sons accept a chastity ring and the challenge to stay virgins until they get married, and to fight the temptations of the flesh out of their own convictions. In other words, it CAN be done.

When my husband and I were growing up, we were told "Just say

no" to sex, but not given any reasons why. When it was our turn to parent, we explained how God's word tells us to keep the marriage bed pure and condemns fornication (sexual immorality), which is any kind of sexual activity outside of marriage. As Josh McDowell communicates in his "Right From Wrong" conferences and book, God's commands are given to both *protect* us from harm and *provide* us with good. We talked to our kids about sexually transmitted diseases (and showed them really gross photos of diseased sexual organs from the [Medical Institute for Sexual Health](http://www.medinstitute.org/) [http://www.medinstitute.org/], where Ray got training for giving lectures on STDs). We also told them that sex in marriage is worth waiting for.

We understand that our kids will make their own decisions about these things, but we gave them all the ammunition to fight temptation (and a culture that is absolutely saturated in sex) that we could.

The great news is that parents today have more help [for example, [Aim for Success](http://www.aimforsuccess.org) at http://www.aimforsuccess.org] in assisting their kids to value purity and chastity than ever before, especially in the church. I hope that by the time your daughter is old enough to handle this issue, there will be even more!

Sue Bohlin
Probe Ministries

“Is It OK for Christians to Drink in Moderation? Didn’t Jesus Drink?”

Is all alcohol “bad,” so to speak? I thought at a point in my studies that if someone imbibed alcohol at any point that it was a sin, but recently I’ve begun to read scripture that might be interpreted differently.

I know that any form of drunkenness is a sin. However, there are allusions to a possible use of alcohol as a healing agent in “a little wine for thy stomach’s sake, and thine often infirmities” (1 Tim. 5:23). The question I have, is that the gospel of Matthew speaks about John, and how he ate sparingly and drank nothing (indicating alcohol, unless by divine favor he could exist without fluid whatsoever). Then it says that the Son of Man, which I have been told is how Jesus referred to himself, ate and drank, even going so far as to say that people called him a “winebibber” (Matt. 11:12-20). Does this mean that Jesus drank wine, meaning that it is not a sin to drink wine? For we know that Jesus did not commit sin while here on earth, therefore if he did drink wine, it is not a sin to do so, unless you cross the boundaries of gluttony or alcoholism. Or is Jesus repeating one of those slanderous terms to refer to the way that people intended to demean his name?

Then we come to another verse that states that we as Christians should not do anything that could be perceived as wrong, that we may not lead another to do the same (1 Cor. 10). Would buying and drinking alcohol fall under this category of sin? Drinking beer or wine may appear sinful to those who believe it to be so, therefore would it not be a sin for me as a Christian to go purchasing a bottle of wine or brandy, even if for cooking or celebrating a special occasion?

Your reasoning appears quite sound from my perspective. I believe that Jesus did drink wine based on the accusation you mentioned and the fact that he turned water into “good” wine at Cana. Even if this wine was of a lesser alcohol content than our current choices, the fact remains he wouldn’t have made wine that he didn’t expect people to drink with his approval.

Your concern about choices we make that concern a weaker brother or sister are valid. This is also a personal choice. However, many Christians I know who do drink alcohol, only do so in the privacy of their home or at a restaurant where they do not expect to see someone who might be offended. This may seem risky but it also has a lot to do with the church you fellowship at. If the vast majority of your fellowship believe any drinking of alcohol is sin, this would seem a large risk not worth taking. Other churches are more tolerant and there may be little risk at all. This does explain why many pastors choose not to drink alcohol and many seminaries and Bible colleges require students, faculty and staff to sign statements promising not to drink while associated with the institution. Many of their constituents would not understand.

Using alcohol in food preparation is a different issue. If there is to be cooking involved, the alcohol from the beer, brandy or wine is boiled off by the time it gets to the dinner table (alcohol boils at a lower temperature than water). It’s the flavor you’re after. Various kinds of alcohol, depending on the recipe, add just the right flavor and no alcohol is consumed.

I see nothing in Scripture which forbids the drinking of any alcohol. There are plenty of warnings for over-indulging. Sometimes the decision of whether to drink at all needs to be based on the ability to resist the temptation to drink too much. Some people never really learn to just enjoy a glass of wine or a beer without adding two or three more. Such an individual is better off not drinking at all. (If your hand

causes you to sin, cut it off, Matt. 5:30.) And I do know of Christians who drink a little wine with certain meals because it actually does aid their digestion! This is not a myth. Some people have trouble digesting beef (a real uncomfortable feeling results) without some red wine. But the decision regarding a weaker brother or sister is one of individual conscience and the particular fellowship in which you reside.

I hope this helps.

Respectfully,

Ray Bohlin
Probe Ministries

Despite Media Claims, Condoms Don't Prevent STDs

If terrorists were caught attempting to manipulate the environment at America's colleges and universities so that 85 percent of all coeds would graduate infected with a life threatening virus, they would be vilified and prosecuted to the full extent of the law. Many media reports on a recent study about the effectiveness of condom use in deterring the spread of HPV have the potential to produce the same result. Irresponsible and/or ignorant journalism producing a false sense of security may be able to accomplish what the most sophisticated terrorist operation would be unable to pull off.

Human papilloma virus (HPV)—which can cause cervical cancer, genital warts and vaginal, vulvar, anal and penile cancers—is the most common sexually transmitted disease, infecting about 80 percent of young women within five years of becoming

sexually active. One of the arguments for abstinence prior to marriage is that condoms have not been shown to be effective in protecting against HPV and other sexually transmitted diseases. A new study report, published in the June 22 edition of the *New England Journal of Medicine*, is titled "Condom Use and the Risk of Genital Human Papillomavirus Infection in Young Women"[\[1\]](#). This study was structured to provide better information on the impact of male condom use on the likelihood of women contracting HPV.

What new insights are gained from this study on the relationship of condom use and HPV? The most important result is that sexually active college women whose male partners used condoms 100 percent of the time (both with the women in the study and with other sexual partners) have roughly a 38 percent chance of contracting HPV within the first year of becoming sexually active.[\[2\]](#) If she has at least one different partner per year for four years, the probability that she will leave college with an HPV infection is greater than 85 percent. The obvious conclusion of the study is that **condom use is not an effective means of preventing HPV.**

The study did find that sexually active college women whose male partners used condoms less than 100 percent of the time had a probability of contracting HPV within the first year of becoming sexually active ranging from 62 percent to virtually 100 percent depending upon the regularity of condom use by their male partners. Although the study does show that male condom use did reduce the probability of sexually active women contracting HPV, it did not reduce it to a level that any thinking person would consider safe. Based on the study results, it is reasonable to conclude that any woman who is sexually active with multiple partners during her college years will almost certainly contract HPV whether she ensures their partners use condoms or not.

One would expect the headlines for the media reports on this topic to read, "Condoms Shown to be Ineffective Against HPV."

The body of the article would point out that these results vindicate the proponents' of abstinence emphasis in preventing the spread of sexually transmitted diseases. However, the exact opposite is being purported by the media. Here are some samples from the headlines:

- **Condoms Reduce HPV Risk After All, Without Increasing Likelihood of Sex**

(American Council on Science and Health)

- **Condoms Proven to Protect Against Virus**

(Associated Press, *Yuma Sun*)

- **Condoms Reduce Risk of Cervical Cancer, Survey Says**

(*Dallas Morning News*, June 22, 2006)

These headlines take a half truth and present it in a way that is designed to further a political agenda while endangering the health of America's youth and young adults. Even more dangerous is the first line of the Associated Press report, "For the first time, scientists have proof that condoms offer women **impressive protection** against the virus that causes cervical cancer." I do not consider an 85 percent chance of catching the virus in four years impressive. I would consider it dismal! The AP report then adds insult to injury by including this quote from an obscure expert:

*That's pretty awesome. There aren't too many times when you can have an intervention that would offer **so much protection**, said Dr. Patricia Kloser, an infectious-disease specialist at the University of Medicine and Dentistry of New Jersey who was not a part of the study.*

The use of the words "impressive protection" and "so much protection" in conjunction with the results of this study borders on criminal. We need to hold our journalists to task for such biased (or, in the best case, shoddy) reporting. Even more important, we need to get out the real conclusion supported by the study: Abstinence or a completely monogamous

relationship is the only effective protection against sexually transmitted diseases. As Christians, we would point to marriage as the only valid venue for a monogamous relationship, but that is outside the scope of the study.

To determine the number of coeds at risk, we need to consider how many are sexually active. In order to participate in this study, the college coeds had to have refrained from vaginal intercourse prior to the two weeks preceding the start of the study. In other words, the participants were virgins at the beginning of the study. Over the three year study period, 45 percent of those originally enrolled remained virgins. According to a report from the U.S. Center for Disease Control^[3], in 2002, 70 percent of never-married teens under the age of 18 had not engaged in sex. Taking the 55 percent from the study who started sexual activity in college with the 30 percent who were already sexually active, one would predict that 68.5 percent of college coeds would be sexually active. This tracks well with the CDC data that 68 percent of never-married females have engaged in sex before they were 20. Thus, if coed sexual activity remains at the same level and 100 percent condom use is practiced, we can expect approximately 60 percent of college coeds to graduate with an HPV versus 68 percent with 50 percent condom usage. In contrast, if we could cut the number of sexually active coeds in half, the HPV infection rate among graduates could drop to 33 percent or less regardless of condom usage.

Notes

1. *New England Journal of Medicine*, Volume 354, June 22, 2006, Number 25, "Condom Use and the Risk of Genital Human Papillomavirus Infection in Young Women," Rachel L. Winer, Ph.D., James P. Hughes, Ph.D., Qinghua Feng, Ph.D., Sandra O'Reilly, B.S., Nancy B. Kiviat, M.D., King K. Holmes, M.D., Ph.D., and Laura A. Koutsky, Ph.D.
2. Study actually calculates rate per 100 hundred at risk years which is somewhat different than the probability of

occurrence since some women reported multiple infections over the course of the study.

3. "Teenagers in the United States: Sexual Activity, Contraceptive Use, and Childbearing," 2002, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, December 2004.

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Sex Education

Christians are increasingly confronted with arguments in favor of sex education in the public schools. Often the arguments sound reasonable until the scientific reports that advocate these programs are carefully analyzed. I am going to be discussing a number of these studies and will conclude by providing a biblical perspective on sex education.

I want to begin by looking at reports released by the Alan Guttmacher Institute, the research arm of Planned Parenthood. One of these reports was entitled, "Teenage Pregnancy in Developed Countries: Determinant and Policy Implications."

Alan Guttmacher was president of Planned Parenthood from 1962 until his death in 1974, so it is not surprising that the Guttmacher report supports the Planned Parenthood solution to teenage pregnancy. The Guttmacher report concludes that the adolescent pregnancy rate in the U.S. is the highest among developed nations and implies that this rate will decline if sex-education programs are instituted and contraceptive devices are made readily available.

There are a number of problems with the report, not the least of which is the close connection between the Guttmacher

Institute and Planned Parenthood. But even if we ignore this policy-making symbiosis, we are still left with a number of scientific and social concerns.

First, the authors of the report selected countries that had lower adolescent pregnancy rates than the U.S. and looked at the availability of contraceptive devices. But what about countries like Japan, which has a very low teenage pregnancy rate but does not have a national sex-education program? Japan was excluded from the final "close" comparison of countries. In a footnote, Charles Westoff says that "conservative norms about early marriage and premarital sex may explain this phenomenon better than the availability of fertility control." So we are given only a selected look at developed countries; those with conservative morality (like Japan) were excluded.

Second, the researchers cite statistics that make a case for sex education but seemingly ignore other statistics of concern to society at large. For example, the Guttmacher report suggests we can learn a great deal from Sweden's experience with sex education, which became compulsory in 1954. While it has a much lower teenage pregnancy rate than the U.S., Sweden has paid a heavy price for this rate. Here are a few crucial statistics that should have been cited along with the Guttmacher report.

From 1959 to 1964, the gonorrhea rate in Sweden increased by 75 percent, with 52 percent of the reported cases occurring among young people. Between 1963 and 1974, the number of divorces tripled and the number of people bothering to get married dropped 66 percent. By 1976, one in three children born in Sweden was illegitimate, despite the fact that half of all teenage pregnancies were aborted.

So while it is true that the teenage pregnancy rate in Sweden is down, the percentages of venereal disease, illegitimate births, and teenage disillusionment and suicide are up.

School-Based Health Clinics

With more than one million teenage girls becoming pregnant each year, family-planning groups are pushing school-based health clinics (SBCs) as a means of stemming the rising tide of teenage pregnancy.

These groups argue that studies of teen sexuality demonstrate the effectiveness of these clinics. Yet a more careful evaluation of the statistics suggests that SBCs do not lower the teen pregnancy rate.

The dramatic increase in teen pregnancies has not been due to a change in the teen pregnancy rate but rather to an increase in the proportion of teenage girls who are sexually active (28 percent in 1971, 42 percent in 1982). The approximately \$500 million in federal grants invested in sex-education programs since 1973 has not reduced the number of teen pregnancies. So proponents now argue that health clinics located in the public schools can reduce the rate of teen pregnancy by providing sex information and contraception.

The most oft-cited study involves the experience of the clinic at Mechanics Arts High School in St. Paul, Minnesota. Researchers found that a drop in the number of teen births during the late 1970s coincided with an increase in female participation at the SBCs. But three issues undermine the validity of the study.

First, the Support Center for School-Based Clinics acknowledges that "most of the evidence for the success of that program is based upon the clinic's own records and the staff's knowledge of births among students. Thus, the data undoubtedly do not include all births."

Second, an analysis of the data done by Michael Schwartz of the Free Congress Foundation revealed that the total female enrollment of the two schools included in the study dropped

from 1268 in 1977 to 948 in 1979. The reduction in reported births, therefore, could be attributed to an overall decline in the female population.

Finally, the study shows a drop in the teen birth rate, not the teen pregnancy rate. The reduction in the fertility rate was probably due to more teenagers obtaining an abortion.

A more recent study cited by proponents of clinics is a three-year study headed by Dr. Laurie Zabin at Johns Hopkins University. She and her colleagues evaluated the effect of sex education on teenagers. Their study of two SBCs showed a 30 percent reduction in teen pregnancies.

But even this study leaves many unanswered questions. The size of the sample was small, and over 30 percent of the female sample dropped out between the first and last measurement periods. Moreover, the word abortion is never mentioned in the brief report, leading one to conclude that only live births were counted. On the other hand, an extensive national study done by the Institute for Research and Evaluation showed that community-based clinics used by teenagers actually increase teen pregnancy. A two-year study by Joseph Olsen and Stan Weed (*Family Perspective*, July 1986) found that teenage participation in these clinics lowered teen birth rates. But when pregnancies ending in miscarriage or abortion were factored in, the total teenpregnancy rates increased by as much as 120 pregnancies per 1000 clients. Olsen and Weed's research had been challenged because of their use of weighting techniques and reliance on statewide data. But when they reworked the data to answer these objections for a second report, the conclusion remained.

School-based health clinics are not the answer. They treat symptoms rather than problems by focusing on pregnancy rather than promiscuity. And even if we ignore the morality of handing out contraceptives to adolescents, we are left with a claim that cannot be substantiated.

Planned Parenthood

Planned Parenthood has been running ads in newspapers around the country that adopt a lesson from George Orwell and engage in a heavy dose of “newspeak.” One ad, for example, contains an impassioned plea for the continued legalization of abortion by defeating what they call “compulsory pregnancy laws.”

I take it that by “compulsory pregnancy laws,” they mean anti-abortion laws. But the ads seem to imply that the people who want to stop the killing of unborn babies are also bent on coercing women into getting pregnant. That is not what the ads really mean, but isn’t it a bit odd to label laws against abortion “compulsory pregnancy laws?”

Another ad carries the title, “Five Ways to Prevent Abortion (And One Way that Won’t).” According to the ad, outlawing abortion won’t stop abortions. But it will. While it may not stop all abortions, it certainly will curtail hundreds of thousands that are now routinely performed every year. And it will force many women who presently take abortion for granted to consider what they are doing.

But what are some of the ways Planned Parenthood suggests will stop abortion? One of their proposals is to “make contraception more easily available.” The ad states that, since the early 1970s, Title X for national family planning has been supported by all administrations except the Reagan and Bush administrations. The ad therefore encourages readers to lobby for increased funding of Title X.

By the way, Planned Parenthood has been the largest recipient of Title X grants. In other words, the solution to abortion requires we give more of our tax dollars to Planned Parenthood.

Foundational to this proposal is a flawed view of teenage sexuality that sees cause-and-effect in reverse order.

Accepting a distorted fatalism that assumes teenage promiscuity as inevitable, Planned Parenthood calls for easy access to birth control. But isn't it more likely that easy access to contraceptives encourages easy sex? Another proposal listed in the ad is to "provide young people with a better teacher than experience." As commendable as that suggestion may sound, what is really being proposed is increased funding for sex-education courses in public schools and the community. Again, notice the presupposition of this proposal. The ad writers assume promiscuity and propose further sex education in order to prevent pregnancy. The emphasis is on preventing pregnancy, not preventing sexual intercourse.

Hasn't Planned Parenthood ignored a better option? Isn't chastity still the most effective means of preventing pregnancy as well as a multitude of sexual diseases? Shouldn't we be encouraging our young people to refrain from sex before marriage? Shouldn't we teach children that premarital sex is immoral?

Arguments for sex education frequently ignore the reality of human sinfulness. We simply cannot teach sexuality in the schools and expect sexual purity unless we also teach moral principles. The greatest problem among young people today is not a lack of education, but a lack of moral instruction.

Parental Notification

Next I want to focus on state laws that require parental notification when minor children are given prescription birth-control drugs and devices.

Opponents refer to these requirements as "squeal rules" and denounce them as an invasion of privacy. This reaction illustrates how far our society has deviated from biblical morality.

High-school students must routinely obtain parental consent in

order to go on field trips, participate in athletics, or take driver's education classes. Many school districts even require parental consent before a student can take a sex-education class. But opponents of parental notification believe these regulations constitute an invasion of privacy.

Critics argue that such regulations will not change the sexual mores of our teenagers. Perhaps not, but they do encourage parental involvement and instruction in the area of sexual morality. The moral burden is placed upon the parent rather than the family- planning clinic.

Without such rules, government ends up subverting the parent's role. Each year taxpayers subsidize thousands of family-planning clinics that provide medical treatment and moral counsel, yet balk at these meager attempts to inform parents of their involvement with their children.

Ultimately, who has authority over teenagers: the clinics or the parents? Opponents of these "squeal rules" would have you believe that these clinics (and ultimately the government) are sovereign over teenagers. But parents are not only morally but legally responsible for their children and should be notified of birth- control drugs and devices dispensed to teenagers.

But even more important than the question of authority is the question of morality. Premarital sex is immoral. Just because many teenagers engage in it does not make it right. Statistics are not the same as ethics, even though many people seem to have adopted a "Gallup poll" philosophy of morality.

Critics of the squeal rule believe government should be neutral. They argue that government's responsibility does not include "squealing" to teenagers' parents. But in this situation an amoral stance is nothing more than an immoral stance. By seeking to be amoral, government provides a tacit endorsement of immorality. Secretly supplying contraceptives through government-subsidized clinics will not discourage

premarital sex. It will encourage teenage sexual promiscuity.

Again, critics of the squeal rule see cause-and-effect acting in only one direction. They contend that the fact of sexually active teenagers requires birth control clinics. But isn't the reverse more accurate? The existence of birth control clinics, along with the proliferation of sex-education courses, no doubt contributes to teenage promiscuity.

Experience with these rules shows that parental notification will increase parental involvement and thus reduce teenage pregnancy and abortion. Parents should not be denied the opportunity to warn their children about the medical, social, and moral effects of premarital sex.

Make no mistake—parental notification laws will not stop teenage promiscuity; secrecy, however, will do nothing but ignite it.

A Biblical Perspective

I would like to conclude with a biblical discussion of sex education. As Christians, we need to understand the basic assumptions behind the movement to place sex-education programs and clinics in public schools.

Proponents of sex education often make naturalistic assumptions about human sexuality. They tend to argue as if young people were animals in heat who are going to have sexual relations despite what is taught at home, in church, and in school. The Bible clearly teaches that we are created in the image of God and have the capacity to make choices and exercise self-control. Sex-education advocates would have us believe that young people cannot exercise sexual control; thus we must capitulate to the teenager's sexual urges.

A second false assumption is the tendency of sex-education programs to ignore human sinfulness. Although we are created in the image of God, we all are born with a sin nature.

Frequently, sex education panders to that fallen nature.

We cannot teach sexuality and expect sexual purity without also teaching moral principles. Most sex-education programs present data in a so-called value neutral way. But, in trying to be amoral, these programs become immoral. Human sexuality must be related to moral values. Young people need information about sex, but it must be placed in a moral context. The greatest problem among young people today is not a lack of education about sex, but a lack of moral instruction about sex.

I believe we are involved in a moral civil war over teenage sexuality. Here is how we lost a number of battles. First, the old morality was declared passe. The sexual revolution in the 1960s made words like virginity, celibacy, purity, and chastity seem out of date. In previous generations, peer pressure kept young people from sex; today, peer pressure pushes them into it.

We lost a second battle when we turned sexuality over to scientists and took it away from moralists and theologians. Alfred Kinsey's studies "Sexual Behavior in the Human Male" (1948) and "Sexual Behavior in the Human Female" (1953) presented comprehensive statistics, but no moral reflection. Today, discussions about sex are supposed to be done in value-neutral settings. Inevitably, demographics determine morality.

What is the solution? Christians must reassert their parental authority and instruct their children about God's view of sex. We must teach them to flee fornication just as Joseph did in the Old Testament. We must teach them to avoid temptation by making no provision for the flesh. We must teach them to exercise self-control in every area of their lives, including the sexual. In other words, we must educate them about the dangers of premarital sex and the wisdom of obeying God's commands regarding human sexuality. Instead of capitulating to teenager's sexual urges, as sex-education advocates want us to

do, we should provide them with biblical principles and moral leadership in the area of sexuality.

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“My Wife is Seriously Ill: Does That Mean No More Sex Forever?”

I have a serious problem I would like to ask your opinion about. My brain-damaged wife has been unconscious for 5 months and will remain so for the rest of her life. Is it a sin if I masturbate to overcome the sexual need? I have read [“Is Masturbation OK When My Wife and I Are Apart?”](#) Does that mean that I may not enjoy sex ever again?

Please accept my deepest condolences on the tragedy you and your wife are experiencing. I pray God’s continuing comfort for you.

I know this is not what you want to hear, but let me ask you a question: if your wife is not available for sex because of her physical condition, how does that make you any different from unmarried men? How does that make you any different from the Lord Jesus, who lived His entire life without being married and thus without any sexual experience?

The way you glorify God in your sexuality when you are unable to enjoy sex with your wife is by giving it to Him as an offering. Does it mean you will go without sex? Quite possibly, unless you remarry after your wife’s death.

It is VERY difficult for those who have experienced sex to go

without it after divorce or the death of a spouse, but God's plan and command is that sex be limited to marriage. I would also point out that while we do grapple with sexual desires and urges, it is not a NEED like food and water and sleep. Calling it a need only makes it worse because we buy into the lie that we must have it, when God has made it off limits for some people.

Again, I am so very sorry for your pain and the fact that you would even be in such a difficult situation that you'd have to wonder about this question.

Sue Bohlin
Probe Ministries

Cool Stuff About Love and Sex

Hey, kids. Want to read some cool stuff about love and sex that you might never hear from your folks? Hey, parents. Want to learn how to communicate with your kids about these important topics? Read on!

This article is also available in [Spanish](#).



Cool Stuff

Psst! Hey, kids! Want to hear some really cool stuff about love and sex that you might never hear from your parents? Listen up! (But . . . how about closing your ears for the next few seconds?)

Hey, parents! Want to learn how to talk to your kids about sex in a way they will understand and relate to? Keep listening. [\[1\]](#)

OK, kids. You can listen again.

"A fulfilling love life. How can I have one? How can I get the most out of sex?" University students worldwide ask these questions. As I've spoken on their campuses, I've tried to offer some practical principles because I believe both pleasure and emotional fulfillment are important facets of sex. These principles relate to teens, too. Teens of all ages.

Sex is often on our minds. According to two psychologists at the universities of Vermont and South Carolina, 95% of people think about sex at least once each day.^{2} You might wonder, "You mean that 5% of the people *don't*?"

Why does sex exist? One of the main purposes of sex is pleasure. Consider what one wise man named Solomon wrote. Writing sometimes in "PG" (but not "R-rated") terms, he said:

Drink water from your own cistern
And fresh water from your own well.
Should your springs be dispersed abroad,
Streams of water in the streets?
Let them be yours alone
And not for strangers with you.
Let your fountain be blessed,
And rejoice in the wife of your youth.
As a loving hind and a graceful doe,
Let her breasts satisfy you at all times;
Be exhilarated always with her love.^{3}

Solomon's ancient love sonnet, the "Song of Solomon," is one of the best sex manuals ever written. It traces the beauty of a sexual relationship in marriage and is an openly frank description of marital sexual intimacy. You might want to read it yourself. (Would it surprise you to know that it's in the Bible? You can dog-ear the good parts.)

Another purpose of sex is to develop oneness or unity. Fifteen hundred years before Christ, Moses, the great Israeli

liberator, wrote, “For this reason a man shall leave his father and his mother, and be joined to his wife; and they shall become one flesh.”^{4} When two people unite sexually, they “become one flesh.”

A third purpose for sex is procreation. That, of course, is how we all got here. You learn that in first year biology, right?

OK, so sex is for pleasure, unity, and procreation. But how can people get the most out of love and sex?

How to Have a Most Fulfilling Love Life

One way not to have a fulfilling love life in marriage is to concentrate solely on sexual technique. There is certainly nothing wrong with learning sexual technique—especially the basics—but technique by itself is not the answer.

The qualities that contribute to a successful sex life are the same ones that contribute to a successful interpersonal relationship. Qualities like love, commitment, and communication.

Consider love. As popular speaker and author Josh McDowell points out, those romantic words, “I love you,” can be interpreted several different ways. One meaning is “I love you *if*—If you go out with me . . . if you are lighthearted . . . if you sleep with me.” Another meaning is “I love you *because*—because you are attractive . . . strong . . . intelligent.” Both types of love must be earned.

The best kind of love is unconditional. It says, “I love you, *period*. I love you even if someone better looking comes along, even if you change, even if you have zoo breath in the morning. I place your needs above my own.”

One young engaged couple had popularity, intelligence, good looks, and athletic success that seemed to portend a bright

future. Then the young woman suffered a skiing accident that left her paralyzed for life. Her fiancé deserted her.

This true story—portrayed in the popular film, “The Other Side of the Mountain”—was certainly complex. But was his love for her “love, period”? Or was it love “if” or love “because”? Unconditional love (or “less-conditional”, because none of us is perfect) is an essential building block for a lasting relationship.

Unconditional love with caring and acceptance can help a sexual relationship in a marriage. Sex, viewed in this manner, becomes not a self-centered performance but a significant expression of mutual love.

Commitment is also important for a strong relationship and fulfilling sex. Without mutual commitment, neither spouse will be able to have the maximum confidence that the relationship is secure.

Good communication is essential. If a problem arises, couples need to talk it out and forgive rather than stew in their juices. As one sociology professor expressed it, “Sexual foreplay involves the ‘round-the-clock relationship.’”[\[5\]](#)

Why Wait?

After I’d spoken in a human sexuality class at Arizona State University, one student said, “You’re talking about sex within marriage. What about premarital sex?” He was right. I was saying that sexual intercourse is designed to work best in a happy marriage and recommending waiting until marriage before experiencing sex.

This view is, of course, very controversial. You may agree with me. Or you may think I am from another planet, and I respect your right to feel that way. Here’s why I waited.

First is a moral reason. According to the perspective I represent, the biblical God clearly says to wait.^[6] Some people think that God wants to make them miserable. Actually, He loves us and wants our best. There are practical reasons for waiting.

Premarital sex can detract from a strong relationship and a fulfilling love life. Too often, it's merely a self-gratifying experience. After an intimate sexual encounter, one partner might be saying, "I love you" while the other is thinking, "I love it."

Very often premarital sex lacks total, permanent commitment. This can create insecurity. For instance, while the couple is unmarried, the nagging thought can persist, "If he or she has slept with me, whom else have they slept with?" After they marry, one might think, "If they were willing to break a standard with me before we married, will they with someone else after we marry?" Doubt can chip away at their relationship.

Premarital sex can also inhibit communication. Each might wonder, "How do I compare with my lover's other partners? Does he or she tell them how I perform in bed?" Each may become less open; communication can deteriorate and so can the relationship. Premarital sex can lessen people's chances to experience maximum oneness and pleasure. I'm not claiming that premarital sex eliminates your chances for great sex in marriage. But I am saying that it can introduce factors that can be difficult to overcome.

A recently married young woman told me her perspective after a lecture at Sydney University in Australia. She said, "I really like what you said about waiting. My fiancé and I had to make the decision and we decided to wait." (Each had been sexually active in other previous relationships.) She continued: "With all the other tensions, decisions and stress of engagement, sex would have been just another worry. Waiting 'till our

marriage before we had sex was the best decision we ever made.”

Wise words. I waited because God said to, because there were many practical advantages, and because none of the arguments I heard for not waiting were strong enough.[{7}](#)

The Vital Dimension

So far we’ve looked at “Why sex?”, “How to have a most fulfilling love life,” and “Why wait?”. Consider now the vital dimension in any relationship.

Powerful emotional factors can make it difficult for teens to wait until marriage for sexual intercourse or to stop having sex. A longing to be close to someone or a yearning to express love can generate intense desires for physical intimacy. Many singles today want to wait but lack the inner strength or self esteem. They may fear losing love if they postpone sex.

Often sex brings emptiness rather than the wholeness people seek through it. As one TV producer told me, “Frankly, I think the sexual revolution has backfired in our faces. It’s degrading to be treated like a piece of meat.” The previous night her lover had justified his decision to sleep around by telling her, “There’s plenty of me for everyone.” What I suspect he meant was, “There’s plenty of everyone for me.” She felt betrayed and alone.

I explained to her and to her TV audience that sexuality also involves the spiritual. One wise spiritual teacher understood our loneliness and longings for love. He recognized human emotional needs for esteem, acceptance, and wholeness and offered a plan to meet them. His plan has helped people to become brand “new persons” inside.[{8}](#) He promised unconditional love to all who ask.[{9}](#) Once we know we’re loved and accepted, we can have greater security to be vulnerable in relationships and new inner strength to make wise choices for

safe living.{10}

This teacher said, “You will know the truth, and the truth will make you free.”{11} Millions attest to the safety and security He can provide in relationships. His name, of course, is Jesus of Nazareth. Though I had been a skeptic, I placed my faith in Him personally my freshman year in college. Through a simple heart attitude, I said, “Jesus, I believe you died and rose again for me. I ask you to enter my life, forgive me, and give me the new life you promised.” He forgave all my flaws—and there were (and are) many of those. He said His own death and resurrection—once I accepted His pardon—erased my guilt.{12} That was great news!

Marriage with Jesus involved can be like triangle with God at the apex and the two spouses at the bottom corners. As each partner grows closer to God, they also grow closer to each other. Life doesn’t become perfect, but God’s friendship can bring a vital dimension to any relationship.

Parents and Kids

A nationwide survey of teens asked the question, “When it comes to your decisions about sex, who is most influential?” Forty-nine percent of teens responding said it was their parents. The next closest response was “Friends” (16 percent). Eleven percent said the media influenced their decisions about sex the most. Only 5 percent said it was their romantic partner.{13} Kids, lots of your peers think that it is important to consider how their parents feel about sex.

And teens feel that talking with their parents about sex can make important sexual decisions easier. In a subsequent national survey, teens overwhelmingly expressed that they could more easily postpone sexual activity and avoid getting pregnant if they could only talk about these matters more openly with their folks.{14}

But there's a problem. Too many parents are unaware how important what they think about sex is to their teens. Parents often think that their teenagers' friends are the strongest influence on their teen's decisions about sex. Yet teens don't consider their friends as being nearly as influential as parents think they are.[{15}](#)

And mom, you are really, really important!

A major report based on two University of Minnesota studies involving national data found that teens having close relationships with their mothers are more likely than teens lacking close relationships with their mothers to delay first intercourse. The report authors note, "previous studies have shown that mothers tend to have a greater influence than fathers on teens' sexual decision-making."[{16}](#)

What can a parent do to help their teens develop positive, healthy sexual attitudes and behavior? Here are some ideas:

- Develop close, loving relationships with your kids from the time they are young.
- Model the types of behavior and attitudes you wish them to emulate.
- Listen to them and treat them with respect.
- Talk about sex, your own values, and why you hold them.
- Help your teen think through their life goals, including education, and how teenage sexual activity might affect their dreams.
- Discuss what types of media are appropriate for your son or daughter to consume.

Making sexual decisions can be hard for teens today. Parents and teens can help each other by becoming close friends and by communicating. It's not always easy, but the rewards can be significant.

Notes

1. Parts of this article are adapted from Rusty Wright, ["Dynamic Sex: Unlocking the Secret to Love,"](#) Every Student's Choice, 1996 and Rusty Wright, ["Safe Sex?"](#), Cross & Crescent LXXXI:4, Winter 1994-95, pp. 19-21.
2. Kathleen Kelleher, "Entertaining Fantasies? Don't Worry, Everyone's Doing It," *Los Angeles Times*, August 15, 1995, E1. She cites Harold Leitenberg of the University of Vermont and Kris Henning, "now at the University of South Carolina Medical School".
3. Proverbs 5:15-19 NASB.
4. Genesis 2:24 NASB.
5. Emily Dale, Ph.D., Department of Sociology and Anthropology, Illinois Wesleyan University, Bloomington, Illinois, 1975.
6. 1 Corinthians 6:18; 1 Thessalonians 4:3.
7. For a summary of arguments for premarital sex, with responses, see Wright, "Dynamic Sex: Unlocking the Secret to Love," op. cit.
8. 2 Corinthians 5:17 NLT.
9. John 3:16; 13:34-35; 17:20, 23, 26; 1 John 4:7-21, 5:14-15.
10. Acts 1:8; Ephesians 5:18; Galatians 5:16-24; 1 Corinthians 6:18-20.
11. John 8:32 NASB.
12. Luke 24:44-47; Colossians 2:12-14.
13. "Faithful Nation: What American Adults and Teens Think About Faith, Morals, Religion, and Teen Pregnancy," The National Campaign to Prevent Teen Pregnancy, September 2001, p. 5;
<http://www.teenpregnancy.org/resources/data/pdf/keeping.pdf>.
14. "With One Voice 2002: America's Adults and Teens Sound Off About Teen Pregnancy," The National Campaign to Prevent Teen Pregnancy, December 2002, pp. 2, 26, 27;
http://www.teenpregnancy.org/resources/data/pdf/W0V2002_fulltext.pdf.
15. Ibid., pp. 2, 22-23.
16. "Teens' Closeness With Their Mothers Linked to Delay in Initiation of Sexual Activity, Study Says," Kaiser Daily

Reproductive Health Report, September 5, 2002,
http://www.kaisernetwork.org/daily_reports/print_report.cfm?DR_ID=13275&dr_cat=2. The words quoted are those of the Kaiser Report summary of what the University of Minnesota research authors communicated.

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Condoms, Clinics, or Abstinence

Introduction

For more than thirty years proponents of comprehensive sex education have argued that giving sexual information to young children and adolescents will reduce the number of unplanned pregnancies and sexually transmitted diseases.

Perhaps one of the most devastating popular critiques of comprehensive sex education came from Barbara Dafoe Whitehead. The journalist who said that Dan Quayle was right also was willing to say that sex education was wrong. Her article, "The Failure of Sex Education" in *Atlantic Monthly*, demonstrated that sex education neither reduced pregnancy nor slowed the spread of STDs.

Comprehensive sex education is mandated in at least seventeen states, so Whitehead chose one of those states and focused her analysis on the sex education experiment in New Jersey. Like

other curricula the New Jersey sex education program rests on certain questionable assumptions.

The first tenet is that children are “sexual from birth.” Sex educators reject the classic notion of a latency period until approximately age twelve. They argue that you are “being sexual when you throw your arms around your grandpa and give him a hug.”

Second, children are sexually miseducated. Parents, to put it simply, have not done their job, so we need “professionals” to do it right. Third, if miseducation is the problem, then sex education in the schools is the solution. Parents are failing miserably at the task, so “it is time to turn the job over to the schools. Schools occupy a safe middle ground between Mom and MTV.”

Learning about Family Life is the curriculum used in New Jersey. While it discusses such things as sexual desire, AIDS, divorce, and condoms, it nearly ignores such issues as abstinence, marriage, self-control, and virginity.

Whitehead concludes that comprehensive sex education has been a failure. For example, the ratio of teenage births to unwed mothers was 67 percent in 1980 and rose to 84 percent in 1991. In the place of this failed curriculum, Whitehead describes a better program. She found that “sex education works best when it combines clear messages about behavior with strong moral and logistical support for the behavior sought.”

One example she cites is the Postponing Sexual Involvement program at Grady Memorial Hospital in Atlanta, Georgia, which offers more than a “Just say no” message. It reinforces the message by having adolescents practice the desired behavior and enlists the aid of older teenagers to teach younger teenagers how to resist sexual advances. Whitehead also found that “religiously observant teens” are less likely to

experiment sexually, thus providing an opportunity for church-related programs to help stem the tide of teenage pregnancy.

Condoms

Are condoms a safe and effective way to reduce pregnancy and STDs? Sex educators seem to think so. Every day sex education classes throughout this country promote condoms as a means of safe sex or at least safer sex. But the research on condoms provides no such guarantee.

For example, Texas researcher Susan Weller, writing in the journal *Social Science Medicine*, evaluated all research published on condom effectiveness. She reported that condoms are only 87 percent effective in preventing pregnancy and 69 percent effective in reducing the risk of HIV infection. This 69 percent effectiveness rate is also the same as a 31 percent failure rate in preventing AIDS transmission.

To be effective, condoms must be used “correctly and consistently.” Most individuals, however, do not use them “correctly and consistently” and thus get pregnant and get sexually transmitted diseases.

Contrary to claims by sex educators, condom education does not significantly change sexual behavior. An article in the *American Journal of Public Health* stated that a year-long effort at condom education in San Francisco schools resulted in only 8 percent of the boys and 2 percent of the girls using condoms every time they had sex.

Even when sexual partners use condoms, sometimes condoms fail. Most consumers do not know that the FDA quality-control standards allow for a maximum failure rate of four per 1,000 using a water fill test. And even if condoms are used correctly, do not break, and do not leak, they are still far from 100 percent effective. The Medical Institute for Sexual Health reported that “medical studies confirm that condoms do

not offer much, if any, protection in the transmission of chlamydia and human papillomavirus, two serious STDs with prevalence as high as 40 percent among sexually active teenagers.”

Nevertheless, condoms have become the centerpiece of U.S. AIDS policy and the major recommendation of most sex education classes in America. Many sex educators have stopped calling their curricula “safe sex” and have renamed them “safer sex”—focusing instead on various risk reduction methods. But is this false sense of security and protection actually increasing the risks young people face?

If kids buy the notion that if they just use condoms they will be safe from AIDS or any other sexually transmitted disease whenever they have sex, they are being seriously misled. They should be correctly informed that having sex with any partner having the AIDS virus is life-threatening, condoms or no condoms. It would be analogous to playing Russian roulette with two bullets in your six chambers. Using condoms removes only one of the bullets. The gun still remains deadly with the potential of a lethal outcome.

School-based Health Clinics

As comprehensive sex education curricula have been promoted in the schools, clinics have been established to provide teens greater access to birth control information and devices. Proponents cite studies that supposedly demonstrate the effectiveness of these clinics on teen sexual behavior. Yet a more careful evaluation shows that school-based health clinics do not lower the teen pregnancy rate.

The most often-cited study involved the experience of the clinic at Mechanics Arts High School in St. Paul, Minnesota. Researchers found that a drop in the number of teen births during the late 1970s coincided with an increase in female participation at the school-based clinic. But at least three

important issues undermine the validity of this study.

First, some of the statistics are anecdotal rather than statistical. School officials admitted that the schools could not document the decrease in pregnancies. Second, the total female enrollment of the two schools included in the study dropped significantly. Third, the study actually shows a drop in the teen birth rate rather than the teen pregnancy rate. The reduction in the fertility rate listed in the study was likely due to more teenagers obtaining an abortion.

Today, more and more advocates of school-based health clinics are citing a three-year study headed by Laurie Zabin at Johns Hopkins University, which evaluated the effect of sex education on teenagers. The study of two school-based clinics in Baltimore, Maryland, showed there was a 30 percent reduction in teen pregnancies.

But even this study leaves many unanswered questions. The size of the sample was small and over 30 percent of the female sample dropped out between the first and last measurement periods. Critics point out that some of girls who dropped out of the study may have dropped out of school because they were pregnant. Other researchers point out that the word *abortion* is never mentioned in the brief report, leading them to conclude that only live births were counted.

On the other hand, an extensive, national study done by the Institute for Research and Evaluation shows that community-based clinics used by teenagers actually increase teen pregnancy. A two- year study by Joseph Olsen and Stan Weed found that teenage participation in these clinics lowered teen birth rates. But when pregnancies ending in miscarriage or abortion were factored in, the total teen pregnancy rates increased by as much as 120 pregnancies per one thousand clients.

Douglas Kirby, former director of the Center for Population

Options, had to admit the following: “We have been engaged in a research project for several years on the impact of school-based clinics. . . . We find basically that there is no measurable impact upon the use of birth control, not upon pregnancy rates or birth rates.”

Sex Education Programs

As we’ve seen, the evidence indicates that the so-called “solution” provided by sex educators can actually make problems worse.

The problem is simple: education is not the answer. Teaching comprehensive sex education, distributing condoms, and establishing school-based clinics is not effective. When your audience is impressionable teens entering puberty, explicit sex education does more to entice than educate. Teaching them the “facts” about sex without providing any moral framework merely breaks down mental barriers of shame and innocence and encourages teens to experiment sexually.

A Louis Harris poll conducted for Planned Parenthood found that the highest rates of teen sexual activity were among those who had comprehensive sex education, as opposed to those who had less. In the 1980s, a Congressional study found that a decade-and-a-half of comprehensive, safe sex education resulted in a doubling in the number of sexually active teenage women.

Our society today is filled with teenagers and young adults who know a lot about human sexuality. It is probably fair to say that they know more about sex than any generation that has preceded them, but education is not enough. Sex education can increase the knowledge students have about sexuality, but it does not necessarily affect their values or behavior. Since 1970 the federal government has spent nearly \$3 billion on Title X sex education programs. During that period of time nonmarital teen births increased 61 percent and nonmarital

pregnancy rates (fifteen-to-nineteen-year-olds) increased 87 percent.

Douglas Kirby wrote these disturbing observations in the *Journal of School Health*:

“Past studies of sex education suggest several conclusions. They indicate that sex education programs can increase knowledge, but they also indicate that most programs have relatively little impact on values, particularly values regarding one’s personal behavior. They also indicate that programs do not affect the incidence of sexual activity. According to one study, sex education programs may increase the use of birth control among some groups, but not among others. Results from another study indicate they have no measurable impact on the use of birth control. According to one study, they are associated with lower pregnancy rates, while another study indicates they are not. Programs certainly do not appear to have as dramatic an impact on behavior as professionals once has hoped.”

So, if sex education is not the solution, what is? Let’s look at the benefits of abstinence and the abstinence message in the schools.

Abstinence

Less than a decade ago an abstinence-only program was rare in the public schools. Today, directive abstinence programs can be found in many school districts while battles are fought in other school districts for their inclusion or removal. While proponents of abstinence programs run for school board or influence existing school board members, groups like Planned Parenthood bring lawsuits against districts that use abstinence-based curricula, arguing that they are inaccurate or incomplete.

The emergence of abstinence-only programs as an alternative to

comprehensive sex education programs was due to both popularity and politics. Parents concerned about the ineffectiveness of the safe- sex message eagerly embraced the message of abstinence. And political funding helped spread the message and legitimize its educational value.

Parents and children have embraced the abstinence message in significant numbers. One national poll by the University of Chicago found that 68 percent of adults surveyed said premarital sex among teenagers is “always wrong.” A poll for *USA Weekend* found that 72 percent of the teens and 78 percent of the adults said they agree with the pro-abstinence message.

Their enthusiasm for abstinence-only education is well founded. Even though the abstinence message has been criticized by some as naive or inadequate, there are good reasons to promote abstinence in schools and society.

First, teenagers want to learn about abstinence. Contrary to the often repeated teenage claim, not “everyone’s doing it.” A study by the Centers for Disease Control found that 43 percent of teenagers from ages fourteen to seventeen had engaged in sexual intercourse at least once. Put another way, the latest surveys suggest that a majority of teenagers are *not* doing it.

Second, abstinence prevents pregnancy. Proponents of abstinence- only programs argue that abstinence will significantly lower the teenage pregnancy rate, and they cited numerous anecdotes and statistics to make their case.

Third, abstinence prevents sexually transmitted diseases. After more than three decades the sexual revolution has taken lots of prisoners. Before 1960, doctors were concerned about only two STDs: syphilis and gonorrhea. Today there are more than twenty significant STDs ranging from the relatively harmless to the fatal.

Fourth, abstinence prevents emotional scars. Abstinence speakers relate dozens and dozens of stories of young people

who wish they had postponed sex until marriage. Sex is the most intimate form of bonding known to the human race, and it is a special gift to be given to one's spouse.

Teenagers want and need to hear the message of abstinence. They want to promote the message of abstinence. Their health, and even their lives, are at stake.

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School-Based Health Clinics and Sex Education

Kerby provides an in-depth critique of how our public schools are addressing sex education and providing sex aids through health clinics. Speaking from a Christian worldview perspective, he looks at the data and concludes that public schools are doing more harm than good in the addressing dangerous sexual activity among teenagers.

School-based Health Clinics

As comprehensive sex education curricula have been promoted in the schools, clinics have been established to provide teens greater access to birth control information and devices. Proponents cite studies that supposedly demonstrate the effectiveness of these clinics on teen sexual behavior. Yet a more careful evaluation of the statistics involved suggests that school-based health clinics do not lower the teen pregnancy rate.

The first major study to receive nationwide attention was

DuSable

High School. School administrators were rightly alarmed that before the establishment of a school-based health clinic, three hundred of their one thousand female students became pregnant. After the clinic was opened, the media widely reported that the number of pregnant students dropped to 35.

As more facts came to light, the claims seemed to be embellished. School officials admitted that they kept no records of the number of pregnancies before the operation of the clinic and that three hundred was merely an estimate. Moreover, school officials could not produce statistics for the number of abortions the girls received as a result of the clinic.

The most often-cited study involved the experience of the clinic at Mechanics Arts High School in St. Paul, Minnesota. Researchers found that a drop in the number of teen births during the late 1970s coincided with an increase in female participation at the school-based clinics. But at least three important issues undermine the validity of this study.

First, some of the statistics are anecdotal rather than statistical. School officials admitted that the schools could not document the decrease in pregnancies. The Support Center for School-Based Clinics acknowledged that "most of the evidence for the success of that program is based upon the clinic's own records and the staff's knowledge of births among students. Thus, the data undoubtedly do not include all births."

Second, an analysis of the data done by Michael Schwartz of the Free Congress Foundation found that the total female enrollment of the two schools included in the study dropped from 1268 in 1977 to 948 in 1979. Therefore the reduction in reported births could have been merely attributable to an overall decline in the female population at the school.

Finally, the study actually shows a drop in the teen birth rate rather than the teen pregnancy rate. The reduction in the fertility rate listed in the study was likely due to more teenagers obtaining an abortion.

Today, more and more advocates of school-based health clinics are citing a three-year study headed by Laurie Zabin at Johns Hopkins University, which evaluated the effect of sex education on teenagers. The study of two school-based clinics in Baltimore, Maryland showed there was a 30 percent reduction in teen pregnancies.

But even this study leaves many unanswered questions. The size of the sample was small and over 30 percent of the female sample dropped out between the first and last measurement periods. Since the study did not control for student mobility, critics point out that some of girls who dropped out of the study may have dropped out of school because they were pregnant. And others were not accounted for with follow-up questionnaires. Other researchers point out that the word abortion is never mentioned in the brief report, leading them to conclude that only live births were counted.

The conclusion is simple. Even the best studies used to promote school-based health clinics prove they do not reduce the teen pregnancy rate. School-based clinics do not work.

Sex Education

For more than thirty years proponents of comprehensive sex education have argued that giving sexual information to young children and adolescents will reduce the number of unplanned pregnancies and sexually transmitted diseases. In that effort nearly \$3 billion have been spent on federal Title X family planning services; yet teenage pregnancies and abortions rise.

Perhaps one of the most devastating popular critiques of comprehensive sex education came from Barbara Dafoe Whitehead.

The journalist who said that Dan Quayle was right also was willing to say that sex education was wrong. Her article, "The Failure of Sex Education" in the October 1994 issue of *Atlantic Monthly*, demonstrated that sex education neither reduced pregnancy nor slowed the spread of STDs.

Comprehensive sex education is mandated in at least seventeen states, so Whitehead chose one of those states and focused her analysis on the sex education experiment in New Jersey. Like other curricula, the New Jersey sex education program rests on certain questionable assumptions.

The first tenet is that *children are sexual from birth*. Sex educators reject the classic notion of a latency period until approximately age twelve. They argue that you are "being sexual when you throw your arms around your grandpa and give him a hug."

Second, *children are sexually miseducated*. Parents, to put it simply, have not done their job, so we need "professionals" to do it right. Parents try to protect their children, fail to affirm their sexuality, and even discuss sexuality in a context of moralizing. The media, they say, is also guilty of providing sexual misinformation.

Third, *if mis-education is the problem, then sex education in the schools is the solution*. Parents are failing miserably at the task, so "it is time to turn the job over to the schools. Schools occupy a safe middle ground between Mom and MTV."

Learning about Family Life is the curriculum used in New Jersey. While it discusses such things as sexual desire, AIDS, divorce, condoms, and masturbation, it nearly ignores such issues as abstinence, marriage, self-control, and virginity. One technique promoted to prevent pregnancy and STDs is noncoital sex, or what some sex educators call "outercourse." Yet there is good evidence to suggest that teaching teenagers to explore their sexuality through noncoital techniques will

lead to coitus. Ultimately, outercourse will lead to intercourse.

Whitehead concludes that comprehensive sex education has been a failure. For example, the percent of teenage births to unwed mothers was 67 percent in 1980 and rose to 84 percent in 1991. In the place of this failed curriculum, Whitehead describes a better program. She found that "sex education works best when it combines clear messages about behavior with strong moral and logistical support for the behavior sought." One example she cites is the "Postponing Sexual Involvement" program at Grady Memorial Hospital in Atlanta, Georgia, which offers more than a "Just say no" message. It reinforces the message by having adolescents practice the desired behavior and enlists the aid of older teenagers to teach younger teenagers how to resist sexual advances. Whitehead also found that "religiously observant teens" are less likely to experiment sexually, thus providing an opportunity for church-related programs to help stem the tide of teenage pregnancy.

Contrast this, however, with what has been derisively called "the condom gospel." Sex educators today promote the dissemination of sex education information and the distribution of condoms to deal with the problems of teen pregnancy and STDs.

The Case Against Condoms

At the 1987 World Congress of Sexologists, Theresa Crenshaw asked the audience, "If you had the available partner of your dreams and knew that person carried HIV, how many of you would have sex, depending on a condom for your protection?" None of the 800 members of the audience raised their hand. If condoms do not eliminate the fear of HIV infection for sexologists and sex educators, why encourage the children of America to play STD Russian roulette?

Are condoms a safe and effective way to reduce pregnancy and

STDs? Sex educators seem to think so. Every day sex education classes throughout this country promote condoms as a means of safe sex or at least safer sex. But the research on condoms provides no such guarantee.

For example, Texas researcher Susan Weller, writing in the 1993 issue of *Social Science Medicine*, evaluated all research published prior to July 1990 on condom effectiveness. She reported that condoms are only 87 percent effective in preventing pregnancy and 69 percent effective in reducing the risk of HIV infection. This 69 percent effectiveness rate is also the same as a 31 percent failure rate in preventing AIDS transmission. And according to a study in the 1992 *Family Planning Perspectives*, 15 percent of married couples who use condoms for birth control end up with an unplanned pregnancy within the first year.

So why has condom distribution become the centerpiece of the U.S. AIDS policy and the most frequently promoted aspect of comprehensive sex education? For many years the answer to that question was an a priori commitment to condoms and a safe sex message over an abstinence message. But in recent years, sex educators and public health officials have been pointing to one study that seemed to vindicate the condom policy.

The study was presented at the Ninth International Conference on AIDS held in Berlin on June 9, 1993. The study involved 304 couples with one partner who was HIV positive. Of the 123 couples who used condoms with each act of sexual intercourse, not a single negative HIV partner became positive. So proponents of condom distribution thought they had scientific vindication for their views.

Unfortunately, that is not the whole story. Condoms do appear to be effective in stopping the spread of AIDS when used "correctly and consistently." Most individuals, however, do not use them "correctly and consistently." What happens to them? Well, it turns out that part of the study received much

less attention. Of 122 couples who could not be taught to use condoms properly, 12 became HIV positive in both partners. Undoubtedly over time, even more partners would contract AIDS.

How well does this study apply to the general population? Not very well. This study group was quite dissimilar from the general population. For example, they knew the HIV status of their spouse and therefore had a vested interest in protecting themselves. They were responsible partners in a committed monogamous relationship. In essence, their actions and attitudes differed dramatically from teenagers and single adults who do not know the HIV status of their partners, are often reckless, and have multiple sexual partners.

And even if condoms are used correctly, do not break, and do not leak, they are still far from 100 percent effective. The Medical Institute for Sexual Health reported that "medical studies confirm that condoms do not offer much, if any, protection in the transmission of chlamydia and human papilloma virus, two serious STDs with prevalence as high as 40 percent among sexually active teenagers."

Abstinence Is the Answer

Less than a decade ago an abstinence-only program was rare in the public schools. Today, directive abstinence programs can be found in many school districts while battles are fought in other school districts for their inclusion or removal. While proponents of abstinence programs run for school board or influence existing school board members, groups like Planned Parenthood bring lawsuits against districts that use abstinence-based curricula, arguing that they are inaccurate or incomplete.

The emergence of abstinence-only programs as an alternative to comprehensive sex education programs was due to both popularity and politics. Parents concerned about the ineffectiveness of the safe-sex message eagerly embraced the

message of abstinence. And political funding helped spread the message and legitimize its educational value. The Adolescent Family Life Act, enacted in 1981 by the Reagan Administration, created Title XX and set aside \$2 million a year for the development and implementation of abstinence-based programs. Although the Clinton Administration later cut funding for abstinence programs, the earlier funding in the 1980s helped groups like Sex Respect and Teen-Aid launch abstinence programs in the schools.

Parents and children have embraced the abstinence message in significant numbers. One national poll by the University of Chicago found that 68 percent of adults surveyed said premarital sex among teenagers is "always wrong." A 1994 poll for USA Weekend asked more than 1200 teens and adults what they thought of "several high profile athletes [who] are saying in public that they have abstained from sex before marriage and are telling teens to do the same." Seventy-two percent of the teens and 78 percent of the adults said they agree with the pro-abstinence message.

Their enthusiasm for abstinence-only education is well founded. Even though the abstinence message has been criticized by some as naive or inadequate, there are good reasons to promote abstinence in schools and society.

First, teenagers want to learn about abstinence. Contrary to the often repeated teenage claim, not "everyone's doing it." A 1992 study by the Centers for Disease Control found that 43 percent of teenagers from ages fourteen to seventeen had engaged in sexual intercourse at least once. Put another way, the latest surveys suggest that a majority of teenagers are not doing it.

A majority of teenagers are abstaining from sex; also more want help in staying sexually pure in a sex-saturated society. Emory University surveyed one thousand sexually experienced teen girls by asking them what they would like to learn to

reduce teen pregnancy. Nearly 85 percent said, "How to say no without hurting the other person's feelings."

Second, abstinence prevents pregnancy. After the San Marcos (California) Junior High adopted the Teen-Aid abstinence-only program, the school's pregnancy rate dropped from 147 to 20 in a two-year period.

An abstinence-only program for girls in Washington, D.C. has seen only one of four hundred girls become pregnant. Elayne Bennett, director of "Best Friends," says that between twenty and seventy pregnancies are common for this age-group in the District of Columbia.

Nathan Hale Middle School near Chicago adopted the abstinence-only program "Project Taking Charge" to combat its pregnancy rate among eighth-graders. Although adults were skeptical, the school graduated three pregnancy-free classes in a row.

Abstinence works. That is the message that needs to be spread to parents, teachers, and school boards. Teenagers will respond to this message, and we need to teach this message in the classroom.

Third, abstinence prevents sexually transmitted diseases (STDs). After more than three decades, the sexual revolution has taken lots of prisoners. Before 1960, doctors were concerned about only two STDs: syphilis and gonorrhea. Today there are more than twenty significant STDs, ranging from the relatively harmless to the fatal. Twelve million Americans are newly infected each year, and 63 percent of these new infections are in people under twenty-five years of age. Eighty percent of those infected with an STD have absolutely no symptoms.

Doctors warn that if a person has sexual intercourse with another individual, he or she is not only having sexual intercourse with that individual but with every person with whom that individual might have had intercourse for the last

ten years and all the people with whom they had intercourse. If that is true, then consider the case of one sixteen-year-old girl who was responsible for 218 cases of gonorrhea and more than 300 cases of syphilis. According to the reporter, this illustrates the rampant transmission of STDs through multiple sex partners. "The girl has sex with sixteen men. Those men had sex with other people who had sex with other people. The number of contacts finally added up to 1,660." As one person interviewed in the story asked, "What if the girl had had AIDS instead of gonorrhea or syphilis? You probably would have had 1,000 dead people by now."

Abstinence prevents the spread of STDs while safe sex programs do not. Condoms are not always effective even when they are used correctly and consistently, and most sexually active people do not even use them correctly and consistently. Sex education programs have begun to promote "outercourse" instead of intercourse, but many STDs can be spread even through this method, and, as stated, outercourse almost always leads to intercourse. Abstinence is the only way to prevent the spread of a sexually transmitted disease.

Fourth, abstinence prevents emotional scars. Abstinence speakers relate dozens and dozens of stories of young people who wish they had postponed sex until marriage. Sex is the most intimate form of bonding known to the human race, and it is a special gift to be given to one's spouse. Unfortunately, too many throw it away and are later filled with feelings of regret.

Surveys of young adults show that those who engaged in sexual activity regret their earlier promiscuity and wish they had been virgins on their wedding night. Even secular agencies that promote a safe-sex approach acknowledge that sex brings regrets. A Roper poll conducted in association with SIECUS (Sexuality Information and Education Council of the United States) of high schoolers found that 62 percent of the sexually experienced girls said they "should have waited."

Society is ready for the abstinence message, and it needs to be promoted widely. Anyone walking on the Washington Mall in July 1993 could not miss the acres of "True Love Waits" pledge cards signed by over 200,000 teenagers. The campaign, begun by the Southern Baptist Convention, provided a brief but vivid display of the desire by teenagers to stand for purity and promote abstinence. For every teenager who signed a card pledging abstinence, there are no doubt dozens of others who plan to do the same.

Teenagers want and need to hear the message of abstinence. They want to promote the message of abstinence. Their health, and even their lives, are at stake.

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Best Way to Avoid AIDS: Know Your Partner

The recent World AIDS Day brought accelerated national and state efforts to combat the deadly disease.

The federal Centers for Disease Control launched a major, campaign to make young Americans aware of AIDS risks, and California's Department of Health Services announced a three-year, \$6 million effort to reduce the spread of HIV in the state.

The advertising, marketing and community relations' strategy is impressive. But is its message completely on target?

The number of AIDS cases diagnosed in the United States,

recently passed 500,000. An estimated one of every 92 American males ages 27 to 39 has the HIV virus. The CDC says AIDS is now the leading killer of people ages 25 to 44. California has more than 87,000 documented AIDS cases. Many people don't realize they're at risk. The campaigns wisely seek to warn them.

The young adult component of the California campaign, "Protect Yourself- Respect Yourself " promotes "safer sex" practices. It says that "latex condoms, when properly used, are an effective way to prevent (HIV) infection." Just how safe are latex condoms?

Theresa Crenshaw, M. D., is past president of the American Association of Sex Educators, Counselors and Therapists. She once asked 500 marriage and family therapists in Chicago, "How many of you recommend condoms for AIDS protection?"

A majority of the hands went up. Then, she asked how many in the room would have sex with an AIDS-infected partner using a condom. Not one hand went up.

These were marriage and family therapists, the "experts" who advise others. Dr. Crenshaw admonished them, "It is irresponsible to give students, clients, patients advice that you would not live by yourself, because they may die by it."

Condoms have an 85 percent (annual) success rate in protecting against pregnancy. That's a 15 percent failure rate. But a woman can get pregnant only about six days per month. HIV can infect a person 31 days per month. Latex rubber, from which latex gloves and condoms are made, has tiny, naturally occurring voids or capillaries measuring on the order of one micron in diameter. Pores or holes 5 microns in diameter have been detected in cross sections of latex gloves. (A micron is one-thou-sandth of a millimeter.) Latex condoms will generally block the human sperm, which is much larger than the HIV virus.

But HIV is only 0.1 micron in diameter. A 5-micron hole is 50 times larger than the HIV virus. A 1-micron hole is 10 times larger. The virus can easily fit through. It's kind of like running a football play with no defense on the field to stop you.

In other words, many of the tiny pores in the latex condom are large enough to pass the HIV virus (which causes AIDS) in its fluid medium. (HIV sometimes attaches to cells such as white blood cells; other times, it remains in the tiny cell-free state.)

Earlier this year, Johns Hopkins University reported research on HIV transmission from infected men to uninfected women in Brazil. The study took pains to exclude women at high risk of contracting HIV from sources other than their own infected sex partners. Of women who said their partners always used condoms during vaginal intercourse, 23 percent became HIV-positive. Risk reduction is not risk elimination.

One U. S. Food and Drug Administration study tested condoms in the laboratory for leakage of HIV-size particles. Almost 33 percent leaked. That's one in three.

Burlington County, New Jersey, banned condom distribution at its own county AIDS counseling center. Officials feared legal liabilities if people contracted AIDS or died after using the condoms, which the county distributed.

Latex condoms are sensitive to heat, cold, light and pressure. The FDA recommends they be stored in "a cool, dry place out of direct sunlight, perhaps in a drawer or closet." Yet they are often shipped in metal truck trailers without climate control. In winter, the trailers are like freezers. In summer, they're like ovens. Some have reached 185 degrees Fahrenheit inside. A worker once fried eggs in a skillet next to the condoms, using the heat that had accumulated inside the trailer.

Is the condom safe? Is it safer? Safer than what?

Look at it this way. If you decide to drive the wrong way down a divided highway, is it safer if you use a seat belt? You wouldn't call the process "safe." To call it "safer" completely misses the point. It's still a very risky—and a very foolish —thing to do.

AIDS expert Dr. Robert Redfield of the Walter Reed Hospital put it like this at an AIDS briefing in Washington, D. C.: If my teenage son realizes it's foolish to drink a fifth of bourbon before he drives to the party, do I tell him to go ahead and drink a six-pack of beer instead?

According to Redfield, when you're talking about AIDS, "Condoms aren't safe, they're dangerous."

"Condom sense" is very, very risky. Common sense says, "If you want to be safe, reserve sex for a faithful, monogamous relationship with an uninfected partner."

At this season of the year, much attention is focused on a teacher from Nazareth, who said, "You shall know the truth, and the truth shall make you free." Could it be that the sexual practice that he and his followers advocated—sexual relations only in a monogamous marriage—is actually the safest, too? AIDS kills. Why gamble with a deadly disease?

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